

LCB File No. R130-99

NOTICE OF INTENT TO ADOPT A REVISED PROPOSED REGULATION

NOTICE OF PUBLIC WORKSHOPS

NOTICE IS HEREBY GIVEN that the State Health Division will hold public hearing and act on amendments to Nevada Administrative Code (NAC) 445A and 449. **There will be two workshops held on the following dates, times, and locations:**

<p>April 2, 2001 RENO NEVADA</p> <p>Washoe County Health District South Auditorium Ninth and Wells Reno, NV</p> <p>Plan Review 8:30 a.m. – 9:00 a.m.</p> <p>Certification of Environmental Testing Laboratories 9:00 a.m. - 9:30 a.m.</p> <p>Facility For The Treatment Of Abuse Of Alcohol Or Drugs 9:30 a.m. - 10:00 a.m.</p> <p>Facilities For The Treatment Of Irreversible Renal Disease 10:00 a.m. – 10:30 a.m.</p>	<p>April 3, 2001 LAS VEGAS NEVADA</p> <p>Clark County Health District Clemens Room 625 Shadow Lane Las Vegas, NV</p> <p>Facilities For The Treatment Of Irreversible Renal Disease 9:30 a.m. – 10:00 a.m.</p> <p>Certification of Environmental Testing Laboratories 10:00 a.m. –10:30 a.m.</p> <p>Facility For The Treatment Of Abuse Of Alcohol Or Drugs 10:30 a.m. – 11:00 a.m.</p> <p>Plan Review 11:30 a.m. – 12:00 a.m.</p>
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These regulations will be presented at the June 15, 2001, Board of Health meeting. It will be held at Clark County Health District, Clemens Room, 625 Shadow Lane, Las Vegas, Nevada, at 9:00 a.m.

LCB File No. R130-99

PROPOSED REGULATIONS FOR FACILITIES FOR THE TREATMENT OF IRREVERSIBLE RENAL DISEASE

Currently, there are no regulations for state licensure of Facilities for the Treatment of Irreversible Renal Disease. The proposed regulations will fill that gap. The proposed regulations will affect all areas of service in the Facility for the Treatment of Irreversible Renal Disease. They will incorporate patient rights, minimum standards for space, equipment, water treatment and reuse, and sanitary and hygienic conditions, patient care and treatment, home dialysis, qualifications of staff, training, clinical records, and evaluation of quality. The adoption of the proposed regulations should not create an economic or operational impact on licensed facilities because they parallel federal requirements that all facilities for the treatment of irreversible renal disease have been following. The proposed regulations will have a beneficial impact for the public by providing licensing standards for recipients of renal dialysis that are consistent with current standards of practice. The adoption of the proposed regulations will have no economic impact on the Bureau of Licensure and Certification because the proposed regulations parallel federal regulations that the agency has surveyed under contract with the Health Care Financing Administration. The proposed regulations do not duplicate the regulations of other state or local government entities. They parallel federal regulations of the Health Care financing Administration 42 C.F.R. 405.2102 through 405.2171, inclusive. The proposed regulations contain several sections that are more stringent than the federal regulations: Requirements for Tuberculosis testing for employees, fire protection, training curriculum, bacteriologic testing of product water, and water system requirements. The proposed regulations do not change existing fees or add additional fees.

PLAN REVIEW

The revised regulation is needed to allow payment for a review of architectural documents directly from a provider to the private Sector Company that will be conducting the review for new construction and remodeling of existing buildings. The Health Division pursuant to a recommendation from the State Board of Health has provided an “Intent to Award” notice to “P&D Consultants” in Las Vegas, Nevada to conduct the plan reviews. NAC 449.0165 was revised to require that providers submit two sets of architectural documents and specifications directly to the designated plan review agency of the Health Division. The regulation also states that the costs of the review and any subsequent reviews will be borne by the provider and paid directly to the designated plan review agency. The effects will be long term due to the intent of the Health Division to continue to have a private sector company conduct the plan reviews. The benefit to providers is a faster turn around time for the completion of the plan review and qualified architects and engineers will conduct the review. No anticipated effects on the public. The estimated cost to the agency would include the expenses associated with the request for proposal process every few years. Bureau staff that are currently responsible for completing the plan reviews and life safety code/physical environment surveys will be utilized for monitoring and answering questions for the private sector company. At this time we do not anticipate increased personnel costs associated with this regulation modification. Other local county government agencies also require submittal of architectural documents for review as a condition of receiving a building permit. For example, Clark and Washoe Counties. The State Fire Marshal’s office and the Bureau of Health Protection Services require submittal of architectural documents. These agencies all have a fee associated with the review and with the building permit. There is no overlap of a Federal regulation. The Federal regulations do not require a review of architectural documents. The current fee for plan review is \$360.00 and \$130.00 to review any

changes or revisions to the plans. This language has been revised to state the following: “All costs incurred for the review of architectural documents and any changes or revisions made to the documents must be borne by the applicant and paid directly to the health division’s designee conducting the plan review”. The fees will increase, however, they will be equitably based on the size of the building project

CERTIFICATION OF ENVIRONMENTAL TESTING LABORATORIES

The Administrative Code Chapter 445A pertaining to Certification of Environmental Laboratories analyzing drinking water in accordance with the Federal Safe Drinking Water Act as presently constituted has some defects that require resolution. The United States Environmental Protection Agency, along with stakeholders throughout the nation, has developed a consensus standard called the National Environmental Laboratory Accreditation Conference (NELAC) standard. The Bureau of Licensure and Certification has participated in the development of this standard. A program for laboratories to certify according to this nationally accepted standard has been put forth. It is called the National Environmental Laboratory Accreditation Program (NELAP). States may adopt the standard and they may participate in NELAP if they so choose. Participation in NELAP necessitates subscribing to the NELAC standard which is organized in four distinct tiers, namely: 1.) Legal Identity and Mission; 2.) Testing Capability; 3.) Regulatory Program; 4.) Test Methods. Each of these “tiers” are addressed in the current NAC but are not organized efficiently and items referenced therein create areas of confusion due to conflicting instructions or protocols. At one juncture the authority to revoke or downgrade certification based upon information obtained from site surveys was denied the Bureau because not all of the pertinent chapters of the referenced standard were included. Some of the material included in the current NAC, though important, does not apply to

laboratory certification. It should be separated from the certification portion of the code. It is proposed that a completely new version of Chapter 445A pertaining to Environmental Laboratory Certification be adopted in accordance with a template provided by NELAC. This code follows the organizational pattern established by the NELAC standard and includes changes that are required for NELAP participation. Standards that are unique to Nevada will be retained. Since this version is new, the section identification numbers will not coincide with or relate to those of the current code. It is proposed to eliminate the current code and replace it with the new wording. Section numbers can be changed to fit into the surrounding code. Anticipated effects on the environmental laboratory business are beneficial and immediate. Adoption of this revision will affect environmentally sensitive businesses in the following ways:

1. EPA involvement with the Performance Testing program has been changed. The NAC will reflect these changes.
2. Nevada will be able to participate in the NELAP program if it elects to do so.
3. Ambiguous language will be replaced so consistency in agency action will be assured.
4. Laboratories electing to participate in NELAP accreditation may do so with Nevada as their sponsoring authority.
5. NELAP accredited laboratories will have automatic reciprocity among all NELAP participation states. (So far twenty states have applied for NELAP participation and several more have committed.) *Nevada laboratory certification officers recommend that Nevada participate.*
6. NELAP participating laboratories will be held to a common standard.
7. NELAP participating laboratories will be able to participate in Federal contracts.

8. NELAP participating laboratories will not suffer a competitive disadvantage relative to participants.
9. NELAP participating laboratories will be assured a level playing field nationally.
10. NELAP participating laboratories will produce data of known, consistent and comparable quality.
11. Laboratories not electing NELAP accreditation will not be required to do so, but will be held to the NELAC standard in so far as it is appropriate.
12. Agencies and businesses requiring analyses of regulated parameters will be assured that data meet a rigorous nationally accepted standard.

Anticipated effects on the public are beneficial and long-term. The changes will assist in maintaining quality laboratory analytical capacity to ensure that measurements that affect the public health will be trustworthy. The estimated cost to the agency for enforcement of the proposed regulation will not be any different than for the current regulation. In the event Nevada elects to have Bureau of Licensure and Certification Laboratory Certification Officers trained to become NELAP assessors, the cost will be limited to the training expense. The training is required every four years. The regulations do not overlap or duplicate any federal regulations. The regulations will maintain the existing fee structure.

FACILITY FOR THE TREATMENT OF ABUSE OF ALCOHOL OR DRUGS

The proposed revised regulations for a Facility for the Treatment of Abuse for Alcohol and Drugs have had no major revisions since 1976. The revised regulations incorporate current standards for treatment of Abuse for Alcohol and Drugs and allow for a program of Social Model Detoxification. The regulations allow for a 24-hour residential treatment facility to provide treatment for abuse of

alcohol or drugs. If the facility chooses, it may have a special designation for a Social Model detoxification program. A social model detoxification program will be a social model with no requirements for medical professionals except for the initial physical assessment. The clients must have a physical assessment and review of their medical and drug history by a physician, nurse practitioner, registered nurse or physician assistant within 24 hours after the client is admitted to assure the clients are appropriate for a psychosocial detoxification program. Case management services are provided rather than social services; thus allowing for certified or licensed Alcohol and Drug Abuse counselors to provide the services. It is anticipated that the revision will have beneficial effects on the business by allowing for greater access for individuals with alcohol and drug addiction problems. It will allow licensed or certified Alcohol and Drug Abuse counselors to provide case management services rather than social services by a licensed social worker. It is anticipated that the revision of these regulations will be beneficial for the public by allowing for a greater number of individuals with alcohol and drug additions access to rehabilitative services/programs. There will be no increase in cost for the Bureau of Licensure and Certification to enforce the proposed regulations. Sections that may overlap other state agencies are outlined below. These overlap with the Bureau of Alcohol and Drug Abuse certification regulations.

- Section 18 NAC 449.088 Policies and Procedures
- Section 24 NAC 449.108 Residential program
- Section 25 NAC 449.111 Administrator: Qualification and duties
- Section 26 NAC 449.114 Employees: General Provisions
- Section 36 NAC 449.150 Records of clients
- Section 37 NAC 449.153 Discrimination prohibited.

The regulations do not overlap or duplicate any federal regulation. The proposed regulations do not have provisions which are more stringent than a federal regulation that regulates the same activity. The proposed regulations do not establish any new fee or increasing an existing fee.

Members of the public may make oral comments at this meeting. Persons wishing to submit written testimony or documentary evidence in excess of two typed, 8-1/2" x 11" pages must submit the material to Shirley A. Rains, Management Assistant IV, no later than March 22, 2001, at the following address:

Bureau of Licensure and Certification
1550 E. College Parkway, Suite #158
Carson City, Nevada 89706

Members of the public who are disabled and require special accommodations or assistance at the workshop are to notify Shirley A. Rains, Management Assistant IV, in writing at the Bureau of Licensure and Certification, 1550 E. College Parkway, Suite 158, Carson City, Nevada 89706, no later than March 22, 2001.

A copy of this notice and the proposed regulation amendments are on file for inspection at the following locations during normal business hours:

Bureau of Licensure and Certification, 1550 E. College Pkwy, Suite 158, Carson City, Nevada (775) 687-4475).

Bureau of Licensure and Certification, 4220 S. Maryland Parkway, Suite 810, Las Vegas, Nevada (702) 486-6515.

Bureau of Licensure and Certification, 1755 E. Plumb Lane, Suite 241, Reno, Nevada
(775) 688-2888

Emergency Medical Services, 850 Elm Street, Elko, Nevada (775) 753-1154.

Emergency Medical Services, 100 Frankie, Tonopah, Nevada (775) 482-3722.

Copies may be obtained in person, by mail, or by calling (775) 687-4475. Copies are also available for review at all physical locations of program offices (see above) or the following main public libraries in each county:

Carson City Library, 900 North Roop St. Carson City, NV 89701

Churchill County Library, 533 S. Main St. Fallon, NV 89406

Clark County Library, 4020 Maryland Parkway, Las Vegas, NV 89119

Douglas County Library, 1625 Library Lane, (PO Box 337) Minden, NV 89423

Elko County Library, 720 Court St. Elko, NV 89801

Goldfield Public Library (Esmeralda Co.), Corner of Crook and Ramsey, (PO Box 430) Goldfield, NV
89013

Eureka Branch Library, 10190 Monroe St., Eureka, NV 89316

Humboldt County Library, 85 East 5th St., Winnemucca, NV 89445

Battle Mountain Branch Library (Lander Co.), 6255 Broad St., Battle Mountain, NV 89820

Lincoln County Library, 63 Maine St., (PO Box 330) Pioche, NV 89043

Lyon County Library, 20 Nevin Way, Yerington, NV 89447

Mineral County Library, 125 A St., (PO Box 1390) Hawthorne, NV 89415

Pershing County Library, 125 Central, (PO Box 781) Lovelock, NV 89419

Storey County Library, 95 South R St., (PO Box 14) Virginia City, NV 89440

Tonopah Public Library (Nye Co.), 171 Central, (PO Box 449) Tonopah, NV 89049

Washoe County Library, 301 South Center St., (PO Box 2151) Reno, NV 89505

White Pine County Library, 950 Campton St., Ely, NV 89301

Per NRS 233B.064(2), upon adoption of any regulations, the agency, if requested to do so by an interested person, either prior to adoption or within 30 days thereafter, shall issue a concise statement of the principal reasons for and against its adoption, and incorporate therein its reason for overruling the consideration urged against its adoption.

**REVISED PROPOSED REGULATION OF THE
STATE BOARD OF HEALTH**

LCB File No. R130-99

April 17, 2000

EXPLANATION – Matter in *italics* is new; matter in brackets ~~[omitted material]~~ is material to be omitted.

AUTHORITY: §§1-18 and 20-82, NRS 439.200 and 449.037; §19, NRS 439.150, 439.200, 449.037 and 449.050.

Section 1. Chapter 449 of NAC is hereby amended by adding thereto the provisions set forth as sections 2 to 82, inclusive, of this regulation.

Sec. 2. *As used in sections 2 to 82, inclusive, of this regulation, unless the context otherwise requires, the words and terms defined in sections 3 to 18, inclusive, of this regulation have the meanings ascribed to them in those sections.*

Sec. 3. *“Advanced practitioner of nursing” has the meaning ascribed to it in NAC 632.020.*

Sec. 4. *“Charge nurse” has the meaning ascribed to it in NAC 632.033.*

Sec. 5. *“Competency” means the demonstrated ability to carry out a specified task or activity with reasonable skill and safety in accordance with the prevailing standard of practice of the community in which the task or activity is carried out.*

Sec. 6. *“Dialysis” means the method by which a dissolved substance is removed from the body of a patient by diffusion, osmosis and convection from one fluid compartment to another fluid compartment across a semipermeable membrane.*

Sec. 7. *“Dialysis technician” means a person, other than a registered nurse or physician, who provides dialysis care under the direct supervision of a registered nurse or physician.*

Sec. 8. *“Direct supervision” means the supervision of a task or activity that is provided by a qualified person who is present on the premises of a facility during the period in which the task or activity is performed at the facility.*

Sec. 9. *“End-stage renal disease” means a stage of renal impairment that is irreversible and permanent and requires a kidney transplantation or regular course of dialysis to preserve the life of the person who has the disease.*

Sec. 10. *“Facility” means a facility for the treatment of irreversible renal disease as defined in NRS 449.0046.*

Sec. 11. *“Hemodialysis” means dialysis of the blood.*

Sec. 12. *“Immediate supervision” means the supervision of a task or activity that is provided by a person who:*

- 1. Is present on the premises of a facility during the period in which the task or activity is performed at the facility; and*
- 2. Directly observes the task or activity.*

Sec. 13. *“Intermediate level disinfection” means to treat a surface using a chemical germicide or other disinfectant that, when used in accordance with the instructions of the manufacturer of the chemical germicide or other disinfectant or the guidelines established by the facility concerning the chemical germicide or other disinfectant, inactivates microorganisms other than bacterial endospores, including, without limitation:*

- 1. Viruses;*
- 2. Fungi; and*

3. *Bacteria that are actively growing, including tubercle bacteria.*

FLUSH *The term includes any bleach or any disinfectant that consists of 70 percent or more of ethanol or isopropanol.*

Sec. 14. *“Licensed practical nurse” means a nurse who may collect data and perform a skill, intervention or other duty in accordance with the provisions of NAC 632.242.*

Sec. 15. *“Pediatric patient” means a person who is not more than 14 years of age and is under the care of a facility.*

Sec. 16. *“Product water” means the effluent that is obtained from the final component of the water treatment system of a facility.*

Sec. 17. *“Supervision” means the guidance and direction provided by a qualified person for the accomplishment of a task or activity, including the initial direction and periodic inspection by that person of the actual accomplishment of the task or activity.*

Sec. 18. *“Training” means to learn a task or activity through experience or instruction that is received during employment at a facility by a person who is capable of learning that task or activity through education or experience.*

Sec. 19. 1. *A facility shall notify the bureau in writing at least 30 days before beginning any construction, renovation or modification of the physical plant of the facility.*

2. *A facility must obtain the approval of the bureau before increasing the number of stations for which the facility is licensed. If a facility intends to increase the number of those stations, the facility must, at least 30 days before the proposed date to increase the number of stations, submit to the bureau an application for a new license. The application must be submitted on a form approved by the bureau and include:*

(a) Evidence satisfactory to the bureau that:

(1) The facility has reviewed the availability of the members of the staff of the facility and, if necessary, has increased the number of positions on the staff to accommodate the proposed increase in the number of stations; and

(2) The water treatment system of the facility is sufficient to ensure the availability of water that is safe for the proposed increase in the number of stations; and

(b) A fee of \$160.

3. If a facility submits an application pursuant to the provisions of this section, the bureau may, before considering the application, conduct an inspection of the facility to determine compliance with those provisions.

4. If the bureau approves an application pursuant to the provisions of this section, the facility shall, not later than 21 days after commencing the use of the stations for which the application was approved, submit to the bureau a written report concerning the chemical analysis and bacteriologic cultures of the product water of the stations. The written report must be prepared and submitted in accordance with the provisions of sections 3.2.1 and 3.2.2 of the American National Standard, Hemodialysis Systems, March 1992 edition, which is hereby adopted by reference. A copy of the publication may be obtained from the Association for the Advancement of Medical Instrumentation, 3330 Washington Boulevard, Suite 400, Arlington, Virginia 22201, for the price of \$50 for members and \$100 for nonmembers.

Sec. 20. 1. *Except as otherwise provided in subsection 2, to determine compliance with the provisions of sections 2 to 82, inclusive, of this regulation, each facility shall submit to the bureau for its approval any plans and specifications concerning the construction of a new building of the facility or any alteration, addition, conversion, modernization or renovation of an existing building*

of the facility. The plans and specifications must be submitted in accordance with the provisions of this section.

2. A facility may request the bureau to review any minor alterations or remodeling changes to the facility that, as determined by the bureau, do not:

(a) Alter any load-bearing partitions, change any functional operation or affect the fire safety of the facility; or

(b) Add any additional stations to the facility.

A request submitted pursuant to the provisions of this subsection must be set forth in writing and include a brief description of the minor alterations or changes proposed by the facility.

3. If a facility submits any preliminary plan or specification for a project pursuant to the provisions of this section, the plan or specification must include information that is sufficient to determine the extent of the proposed project and to ensure compliance with the provisions of sections 2 to 82, inclusive, of this regulation concerning the design and space of the project.

4. If a facility submits any final drawings or specifications pursuant to the provisions of this section, the drawings or specifications must include a complete set of the drawings or specifications. Any working drawings submitted pursuant to the provisions of this subsection must:

(a) Be of sufficient quality to ensure that a clear and distinct print may be obtained of the drawings;

(b) Include accurate dimensions of the project for which the drawings are made; and

(c) Include any required explanatory notes, schedules or legends.

5. The bureau shall, upon completion of any construction, renovation or remodeling of a facility, conduct an inspection of the facility to ensure compliance with the provisions of sections 2

to 82, inclusive, of this regulation concerning the design and space of the facility. The inspection must be conducted at a time and date established by the bureau.

Sec. 21. 1. *The bureau shall consider a facility to be in compliance with the provisions of sections 2 to 82, inclusive, of this regulation if:*

(a) The facility was licensed on or before October 1, 2000;

(b) The use of the physical space of the facility does not change after that date; and

(c) The existing construction of the facility does not have any deficiencies that are likely to cause serious injury, harm or impairment to the health and welfare of the members of the general public. If such a deficiency occurs, the facility must correct the deficiency before the facility may continue to operate.

2. Each facility shall provide a physical environment that protects the health and safety of the patients and members of the staff of the facility and the members of the general public. The premises and any structures located on the premises of the facility that are used by a patient of the facility, including, without limitation, any stairwell, corridor or passageway, must satisfy the provisions of any applicable local building or fire safety code relating to the requirements for the design and space of the premises and structures.

3. Each existing or newly constructed facility must be designed and maintained in accordance with the provisions of "N.F.P.A. 101: Life Safety Code," 1997 edition, which is hereby adopted by reference. A copy of those provisions may be obtained from the National Fire Protection Association, 11 Tracy Drive, Avon, Massachusetts 02322, for the price of \$48.50.

4. If a facility provides treatment for a patient who has tested positive for hepatitis B, the facility shall treat the patient with a designated machine, blood pressure cuff, sink and any other equipment that is appropriate for providing treatment to the patient.

Sec. 22. 1. If a facility is equipped with a sprinkler system or any other equipment that is used to suppress fires at the facility, the sprinkler system or other equipment must be inspected and tested at least once each year to maintain the system or other equipment in serviceable condition. The sprinkler system must be installed and maintained in accordance with the provisions of “N.F.P.A. 13: Installation of Sprinkler Systems,” 1999 edition, and “N.F.P.A. 25: Inspection, Testing and Maintenance of Water-Based Fire Protection Systems,” 1995 edition, which are hereby adopted by reference. A copy of those provisions may be obtained from the National Fire Protection Association, 11 Tracy Drive, Avon, Massachusetts 02322, for the price of \$38.75 and \$27, respectively.

2. Each facility shall install a system for lighting the facility that is capable of providing sufficient illumination to allow safe evacuation from each building of the facility during an emergency at the facility. Each battery pack system used by the facility must be maintained and tested at least once each week. If a facility maintains a backup generator, the generator must be installed, tested and maintained in accordance with the provisions of “N.F.P.A. 110: Standard for Emergency and Standby Power Systems,” 1999 edition, which is hereby adopted by reference. A copy of those provisions may be obtained from the National Fire Protection Association, 11 Tracy Drive, Avon, Massachusetts 02322, for the price of \$24.25.

3. If a facility is located in or adjacent to a building that is classified as high hazard industrial occupancy pursuant to the provisions of subsection 1.4.11 of section 28 of the “N.F.P.A. 101: Life Safety Code,” adopted by reference pursuant to the provisions of section 21 of this regulation, the facility shall:

- (a) Install a 2-hour rated fire wall between the facility and the building; and*
- (b) Obtain written approval for the building from the appropriate local government.*

4. Each facility must be equipped with smoke detectors that are maintained in proper operating condition at all times. The smoke detectors must be tested in accordance with the specifications of the manufacturer of the smoke detectors.

Sec. 23. 1. If any construction occurs in or near an area of the facility that is occupied by a patient of the facility, the facility shall ensure the safety and comfort of the patient during the construction.

2. A facility may impose more stringent design and space requirements than the requirements set forth in sections 2 to 82, inclusive, of this regulation.

Sec. 24. 1. Any equipment that is used by a facility, including any equipment used for backup, must be maintained free from any defect that may be hazardous to the patients or members of the staff of the facility or any visitors to the facility. Any maintenance or repair of the equipment must be performed by a member of the staff of the facility who is qualified to conduct the maintenance or repair or by contract personnel.

2. Each facility shall ensure that each person employed on the staff of the facility is able to identify any equipment that malfunctions and report the malfunction to the appropriate person for repair.

3. If any medical equipment of a facility malfunctions, the equipment:

(a) Must be removed immediately from service at the facility; and

(b) Must not be returned to service at the facility unless the malfunction is identified and corrected.

4. Each facility shall maintain written evidence of any activity concerning repair or maintenance that occurs at the facility.

5. If any repair or alteration is made to any equipment or system of a facility, the facility must test the equipment or system to ensure proper operation of the equipment or system before the equipment or system is returned to service at the facility.

6. Each facility shall comply with the provisions of 21 U.S.C. § 360i(b) concerning the reporting of a device, as defined in 21 U.S.C. § 321(h), that has or may have caused or contributed to the injury or death of a patient of the facility.

7. Each facility shall develop and comply with a written policy concerning preventative maintenance to ensure that all equipment that is used by the facility to treat a patient or that is provided by the facility for use by the patient in the patient's residence receives electrical safety inspections, if appropriate, and maintenance at least annually or more often if recommended by the manufacturer of the equipment. Any maintenance conducted pursuant to the provisions of this subsection may be provided by a qualified member of the staff of the facility or by contract personnel.

8. Each facility shall ensure that at least one complete dialysis machine is available for use at the facility as a backup machine for every 14 dialysis machines used by the facility.

9. If a facility provides treatment for a pediatric patient, the facility shall use equipment and supplies, including, without limitation, blood pressure cuffs, dialyzers and blood tubing, that is appropriate for treating that patient.

10. Any appliance or other electrical equipment of a facility must be grounded in accordance with the provisions of sections 3-4.1 and 7-5.1 of "N.F.P.A. 99: Standard for Health Care Facilities," 1999 edition, which is hereby adopted by reference. A copy of those provisions may be obtained from the National Fire Protection Association, 11 Tracy Drive, Avon, Massachusetts 02322, for the price of \$38.75.

11. A facility shall not use any electrical extension cord or cable in any portion of the permanent electrical wiring of the facility.

12. Each facility shall maintain emergency equipment and supplies that are immediately accessible in any area of the facility that is used to treat the patients of the facility. Such equipment and supplies include:

(a) Oxygen;

(b) Ventilatory assistance equipment, including airways, manual breathing bag and mask;

(c) Suction equipment;

(d) Any supplies specified by the medical director of the facility; and

(e) If pediatric patients are treated, the appropriate type and size of emergency equipment and supplies required by subsection 9.

13. Each facility shall establish and comply with a written policy for periodically testing and maintaining all emergency equipment used by the facility. The members of the staff of the facility shall properly maintain the equipment and maintain a written record of the testing and maintenance of that equipment.

14. If a facility uses a central delivery system for bicarbonate dialysate, the system must be:

(a) Drained at the end of each day of treatment; and

(b) Cultured at least once each week to identify any potential bacterial contamination. If the results of a culture conducted pursuant to the provisions of this paragraph indicate the presence of more than 2,000 colony forming units per milliliter, the facility shall disinfect and reculture the system.

Sec. 25. 1. *The design for the water treatment system of a facility must be:*

(a) Based on considerations of the source of water for the facility; and

(b) Prepared by a person who, as determined by the bureau, has obtained education, training or experience in the design of dialysis systems.

2. If a facility does not obtain water from a public water system, any water used by the facility for medical treatment must be subjected to a bacteriological analysis conducted by the appropriate health authority or by a commercial laboratory that is certified by the health division. An analysis must be conducted pursuant to the provisions of this subsection at least once every 3 months.

3. The area in which the water treatment system of a facility is located must be of sufficient size to allow for the maintenance, testing and repair of the equipment. If any dialysate is mixed in the area, the area must be of sufficient size to house and allow for the mixing of the dialysate and for the maintenance, testing and repair of any equipment used to mix the dialysate.

4. Each component of the water treatment system of a facility must be arranged and maintained in such a manner as to ensure that the amount of bacterial and chemical contaminants in the product water does not exceed the standards for hemodialysis water quality specified in section 3.2.1, relating to hemodialysis systems, and section 3.2.2, relating to maximum level of chemical contaminants, of the American National Standard, Hemodialysis Systems, adopted by reference pursuant to the provisions of section 19 of this regulation.

5. Each facility shall prepare and comply with a written policy concerning the operation of the water treatment system of the facility. The written policy must include guidelines for the operation of each component of the water treatment system. The facility shall:

(a) Ensure that each person who operates those components is aware of the guidelines and operates those components in accordance with those guidelines; and

(b) Establish and maintain in the area in which those components are located written procedures describing the actions to be taken if the guidelines are not complied with.

6. *Except as otherwise provided in this subsection, the water treatment system of a facility must be equipped with reverse osmosis membranes or deionization tanks and not less than two carbon tanks arranged in series. If the source of water for the water treatment system is obtained from a private supply that does not use chlorine or chloramine, the water treatment system must be equipped with reverse osmosis membranes or deionization tanks and not less than one carbon tank.*

7. *If the water treatment system of a facility is equipped with reverse osmosis membranes, the membranes must satisfy the requirements set forth in section 3.2.3.5, relating to reverse osmosis, of the American National Standard, Hemodialysis Systems, adopted by reference pursuant to the provisions of section 19 of this regulation.*

8. *If the water treatment system of a facility is equipped with a deionization system, the system must satisfy the requirements set forth in section 3.2.3.3, relating to regenerated or reconstituted devices, and section 3.2.3.4, relating to deionization, of the “American National Standard, Hemodialysis Systems,” adopted by reference pursuant to the provisions of section 19 of this regulation.*

9. *Each carbon tank that is used in the water treatment system of the facility must:*

(a) Contain acid-washed 30-mesh or smaller carbon placed in series with a minimum empty bed contact time of 3 minutes for each tank or bank of tanks; and

(b) Include a testing port that is located between the tanks or bank of tanks.

Before each patient shift, the facility shall test water from that port to determine the amount of chlorine and chloramine in the water. The initial test conducted each treatment day for chlorine and chloramine must be conducted not less than 15 minutes after the water treatment system is started for that day.

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10. If the results of a test conducted pursuant to the provisions of subsection 9 indicate the presence of more than 0.5 parts per million of chlorine or 0.1 parts per million of chloramine in the water that is obtained from the port between the initial tank and the final tank of the water treatment system, the facility shall replace the initial tank and conduct a test of the water from the final exit of the water treatment system. If the results of that test indicate the presence of chlorine or chloramine in an amount that is greater than the requirements specified in this subsection, the facility shall immediately terminate any dialysis treatment provided to a patient of the facility and notify the medical director of the facility of the results of the test.

11. If a facility uses a water softener in the water treatment system of the facility, the water softener must have the capacity to treat a sufficient amount of water to supply the facility for the entire treatment day.

12. If a facility uses a cartridge filter in the water treatment system of the facility, the cartridge filter must be made of material that does not leach surfactants, formaldehyde or other material that was used to manufacture the material.

13. If a facility uses a cartridge filter housing during disinfectant procedures, the housing must include a mechanism to clear the lower portion of the housing of the disinfecting agents. Each cartridge filter housing must be opaque.

14. The water treatment system of the facility must be:

(a) Continuously monitored during the treatment of a patient of the facility; and

(b) Protected by audible and visual alarms that are capable of being seen and heard in the dialysis treatment area if the quality of the water used in the water treatment system falls below the standards established by the facility for the water treatment system or the manufacturer of the water treatment system.

15. If the deionization tanks of the water treatment system of a facility do not follow a reverse osmosis system, standards for the rate of rejection of the membranes must ensure that the lowest rate accepted will provide product water in compliance with section 3.2.2, relating to maximum level of chemical contaminants, of the American National Standard, Hemodialysis Systems, adopted by reference pursuant to the provisions of section 19 of this regulation.

16. Each facility shall maintain a written record of the operation of the water treatment system for each treatment day. The written record must include the guidelines established by the facility for operating each component of the system and any action taken during that day if the operation of a component was not within the guidelines established by the facility for that component.

Sec. 26. 1. Each facility shall, at least once each month or immediately after any repair or change is made to the water treatment system of the facility, conduct a microbiological test of the product water. The results of any test conducted pursuant to the provisions of this section must indicate that the quality of the product water satisfies the requirements specified in section 3.2.1, relating to hemodialysis systems, of the American National Standard, Hemodialysis Systems, adopted by reference pursuant to the provisions of section 19 of this regulation.

2. Sample sites selected by the facility to conduct the test must include the beginning of the distribution piping, the product water in the reuse room of the facility and the end of the distribution piping. If the results of the test do not satisfy the requirements specified in subsection 1, the facility shall immediately disinfect and reculture the water treatment system. If, after the water treatment system is disinfected and recultured, the results of the test do not satisfy those requirements, the facility shall determine the source of the contamination by immediately reculturing:

- (a) The sample sites;*
- (b) Each patient station of the facility;*
- (c) Each tank of the water treatment system that is used to store water;*
- (d) All water that is used to mix dialysate; and*
- (e) The product water obtained from the final component of the water treatment system.*

3. A calibrated loop must not be used to conduct a test pursuant to the provisions of this section. As used in this subsection, “calibrated loop” means a mechanism that is used to:

- (a) Draw a sample of water from the water treatment system of a facility; and*
- (b) Conduct a test of that water for the presence of chemicals, bacteria or other impurities.*

Sec. 27. 1. *Except as otherwise provided in this section, each facility shall, at least once every 6 months, conduct a chemical test of a sample of the product water of the water treatment system of the facility. The results of any test conducted pursuant to the provisions of this section must indicate that the quality of the product water satisfies the requirements set forth in section 3.2.2, relating to maximum level of chemical contaminants, of the American National Standard, Hemodialysis Systems, adopted by reference pursuant to the provisions of section 19 of this regulation.*

2. A facility shall conduct a chemical test pursuant to the provisions of this section if substantial changes are made to the water treatment system or if the percent of rejection of a reverse osmosis system decreases 5 percent or more from the percent of rejection measured at the time the water sample for the preceding chemical test was taken. If a facility uses a water treatment system that is portable, the facility shall, at least once each year, conduct a chemical test of the product water in accordance with the provisions of this section.

3. The records maintained by a facility concerning the operation of the facility must include:

(a) The results of each test conducted pursuant to the provisions of this section and sections 25 and 26 of this regulation; and

(b) Evidence satisfactory to the bureau that the medical director of the facility reviewed the results of those tests and required corrective action to be taken if indicated by those results.

Sec. 28. 1. *If a facility reuses any hemodialyzer in providing treatment to a patient of the facility, the facility shall:*

(a) Ensure that the reuse of the hemodialyzer is conducted in accordance with the provisions of the American National Standard, Hemodialysis Systems, adopted by reference pursuant to the provisions of section 19 of this regulation.

(b) Ensure that each transducer protector used during the treatment is:

(1) Replaced, if it becomes wet during the treatment; and

(2) Used only for one treatment.

(c) Ensure that, in any area of the facility in which the reuse occurs, the supply of water in that area incorporates a mechanism to prevent any chemical agents from flowing into the water distribution system of the facility.

(d) Ensure that any ventilation system installed in an area specified in paragraph (c):

(1) Is connected to an exhaust system that:

(I) Leads to the outside of the building in which the room is located; and

(II) Is separate from the exhaust system of the building;

(2) Has an exhaust fan that is located at the discharge end of the ventilation system;

(3) Has a system of exhaust ducts that is constructed of material that is noncombustible and resistant to corrosion; and

(4) Has an exhaust outlet that is located above the level of the roof of the building to which the exhaust outlet is attached and, if more than one exhaust outlet is installed, the facility shall ensure that each of those outlets is arranged in such a manner as to minimize any recirculation of exhaust air into the building.

(e) Adopt and comply with a policy that sets forth the criteria for reuse, including the number of reuses allowed by the facility.

(f) Ensure that access to an area of the facility specified in paragraph (c) is restricted to persons who are authorized by the facility to enter that area.

(g) Before providing treatment to the patient:

(1) Consider and address the health and safety of the patient if he is sensitive to disinfectant solution residuals;

(2) Provide to the patient information regarding the policy of reuse for the facility and the opportunity to submit and receive a response to questions concerning the reuse; and

(3) Obtain written consent for the reuse from the patient or legal representative of the patient.

2. A facility shall not transport any dialyzer that has been used in the treatment of a patient of the facility or allow a person to transport that dialyzer for reprocessing to a location that is off the premises of the facility unless the facility:

(a) Requires the use of automated equipment at that location to reprocess the dialyzer;

(b) Remains responsible for the entire process of reuse;

(c) Adopts and complies with a policy which ensures that the transfer and transportation of any used or reprocessed dialyzer to and from the location does not increase the contamination of the dialyzer, the environment or any member of the staff of the facility; and

(d) Allows an employee of the bureau to enter the off-site reprocessing site as part of any inspection of the facility conducted by the bureau.

Sec. 29. A facility may adopt more stringent requirements for the treatment of water and the reuse of hemodialyzers than the requirements set forth in sections 25 to 28, inclusive, of this regulation.

Sec. 30. 1. Any activity relating to the care of a patient of a facility must be provided in accordance with the provisions of 29 C.F.R. 1910.1030(d)(1)-(3), relating to bloodborne pathogens.

2. Each member of the staff of the facility shall wash his hands immediately before and after each contact with a patient that may expose the member of the staff to any blood or fluids of the body of the patient. The location and arrangement of any area of the facility that is used for washing hands must permit ease of access and proper use.

3. A sink that is used for washing hands must be readily accessible in each area of the facility that is used to care for patients of the facility. Each fixture and lavatory located in that area must be trimmed with valves which may be operated without the use of hands. There must be sufficient clearance for the operation of blade-type handles, if those handles are used.

4. Provisions for drying hands must be included in any area of the facility that is used for washing hands.

5. If a patient of a facility or a member of the patient's family intends to assist a member of the staff of the facility in conducting a procedure that may cause the patient or member of the patient's family to come into contact with any blood or body fluids, the member of the staff of the facility shall, before the procedure is conducted:

(a) Explain to the patient or member of the patient's family the potential risks associated with blood and any products of blood; and

(b) Provide to the patient or member of the patient's family the appropriate equipment to protect the patient or member of the patient's family from those risks.

Sec. 31. 1. *Each facility shall designate a person to monitor and coordinate the activities occurring at the facility concerning the control of infections at the facility.*

2. Each facility shall develop and maintain a system to identify, monitor and record the occurrence of infections at the facility. The system must be reviewed as a part of the program to ensure the quality of the facility conducted pursuant to the provisions of section 39 of this regulation. The record maintained by a facility pursuant to the provisions of this subsection must include any trends, corrective actions and improvement actions taken by the facility.

3. Each facility shall establish and comply with a policy concerning nonsmoking at the facility.

Sec. 32. 1. *Each facility shall provide a sanitary environment which minimizes or prevents transmission of infectious diseases at the facility.*

2. The base of each wall that is located in any area of a facility that is subject to frequent cleaning with water or any other liquid must be:

(a) Tightly sealed to the floor and the wall to ensure that the base of the wall is impervious to the water or other liquid; and

(b) Constructed without any voids that may harbor insects.

3. The material that is used for the surface of the floors of a facility must be easily cleanable and have resistance to wear that is appropriate for the location of the material in the facility. In

each area of the facility that is subject to cleaning with water or any other liquid, the material must not be physically affected by germicidal or cleaning solutions.

4. The finish on the interior of each wall of a facility must be washable and, in the immediate area of any plumbing fixtures, must be smooth and resistant to moisture.

5. Each joint of a structural element of a facility and each floor or wall that is penetrated by a pipe, duct or conduit must be tightly sealed to reduce the possibility of entry by rodents or insects into the joint, floor or wall.

6. Each ceiling or ceiling structure that is exposed in an area of a facility that is regularly occupied by patients, staff or visitors of the facility must be finished to ensure that the ceiling or structure is cleanable with equipment that is used in daily housekeeping activities. If any tile that is located in the ceiling of any room of a facility becomes stained with blood, the facility shall clean or replace the tile immediately or as soon as practicable after the tile becomes stained.

7. A facility shall not use a ceiling fan in any area of the facility that is used to treat a patient of the facility.

8. Each spillage of blood that occurs at a facility must be cleaned immediately or as soon as practicable after the spillage occurs using a disposable cloth and an appropriate chemical disinfectant. If a blood spill occurs:

(a) The surface of the area must be subjected to intermediate level disinfection in accordance with the instructions of the manufacturer of the disinfectant that is used to clean the spill, if a commercial liquid chemical disinfectant is used; or

(b) If chlorine bleach or any other solution of sodium hypochlorite is used to clean the spill, the solution must consist of not less than 1 percent of sodium hypochlorite. Each surface that is cleaned with the chlorine bleach or other solution must be compatible with that solution.

Sec. 33. 1. Each facility shall periodically disinfect each active and backup dialysis machine in accordance with the policy of the facility concerning the disinfection of those machines. Any disinfection conducted pursuant to the provisions of this subsection must achieve at least intermediate level disinfection.

2. Each facility shall, at least once each month:

(a) Randomly collect a sample of dialysate from a dialysis machine that is used by the facility;

and

(b) Conduct a culture of the sample.

The results of a culture conducted pursuant to the provisions of this subsection must not exceed 2,000 colony forming units per milliliter. A hemodialysis machine that is used by a patient of a facility at his residence must be cultured at least once each month until results not exceeding 2,000 colony forming units per milliliter are obtained for 3 consecutive months. If those results are obtained, quarterly samples must be cultured.

3. Immediately after each patient shift but before the next patient shift, the staff of the facility shall clean the exterior of each machine that is used for dialysis, treatment chairs, tourniquets and hemostats. Any blood pressure cuff that becomes contaminated with blood must be removed from service, disinfected and allowed to dry before it is returned to service at the facility.

4. Each facility shall comply with the requirements concerning the handling of waste from health care related facilities that are established by this state or by any local government which has authority to regulate that activity at the facility.

5. All sewage or liquid waste must be disposed of in a municipal sewerage system or a septic tank system for which a permit has been obtained by the facility pursuant to state law or local regulations.

Sec. 34. 1. *If any member of the staff of a facility is susceptible to hepatitis B and has not been vaccinated for that disease, the facility shall offer vaccination for the disease to that member of the staff in accordance with the provisions of 29 C.F.R. § 1910.1030(f)(1) and (2), relating to bloodborne pathogens. If a member of the staff of a facility is vaccinated pursuant to the provisions of this subsection, a written record of the vaccination must be included in the health record of the member of the staff maintained by the facility.*

2. *Each facility shall screen each new member of the staff of a facility for the presence of the hepatitis B surface antigen. The results of a screening conducted pursuant to the provisions of this subsection must be reviewed before the member of the staff may provide care to a patient of the facility, unless the new member of the staff provides to the facility documentation indicating a positive serologic response by that member to hepatitis B vaccine.*

3. *Each facility shall establish and comply with a policy to conduct repetitive serologic screening of each member of the staff of the facility. The serologic screening must be conducted to determine whether the hepatitis B surface antigen and any antibody to that antigen is present in the blood of the member of the staff and must comply with the provisions of Appendices I and II of the National Surveillance of Dialysis-Associated Diseases in the United States, 1993 edition, which is hereby adopted by reference. A copy of those provisions may be obtained free of charge from the Public Health Service, Centers for Disease Control and Prevention, National Center for Infectious Diseases, Hospital Infections Program, Mail Stop C01, Atlanta, Georgia 30333.*

Sec. 35. 1. *If advised by and with the consent of a patient's attending nephrologist, each facility shall offer hepatitis B vaccine to each patient who is susceptible to hepatitis B.*

2. Each facility shall, upon request by a patient of the facility, make available to the patient a publication or other information concerning the risks and benefits of receiving the vaccine for hepatitis B.

Sec. 36. *1. Each candidate for dialysis at a facility must be screened for the hepatitis B surface antigen before he is admitted to the facility. The screening may be performed at any time within 30 days before the person is admitted to the facility.*

2. Additional serologic screening must be based on the antigen or antibody status of the patient, as follows:

(a) If the patient tests negative for the hepatitis B surface antigen, the facility shall screen the patient at least once each month.

(b) If the patient tests positive for the hepatitis B surface antigen or anti-hepatitis B surface antigen, the facility may screen the patient less than once each month if the policy of the facility concerning the screening of that patient complies with the provisions of Appendices I and II of the National Surveillance of Dialysis-Associated Diseases in the United States, adopted by reference pursuant to the provisions of section 34 of this regulation.

Sec. 37. *1. If a patient of a facility tests positive for the hepatitis B surface antigen, the facility shall provide treatment for the patient:*

(a) On a dedicated machine; and

(b) In an area of the facility that includes:

(1) A sink for washing hands;

(2) A work area;

(3) An amount of equipment and supplies that is sufficient to care for the patient; and

(4) Sufficient space to prevent contamination of any other patient of the facility.

2. *A patient specified in subsection 1 must be dialyzed on equipment that is reserved and maintained for the exclusive use of that patient.*

3. *If a patient specified in subsection 1 is discharged from the facility, all equipment that is reserved and maintained for that patient pursuant to the provisions of subsection 2 must be given intermediate level disinfection before the equipment is used for a patient who tests negative for the hepatitis B surface antigen.*

4. *If a patient is admitted to a facility for treatment before a test for the hepatitis B surface antigen is conducted, the facility shall provide treatment to that patient as if he had tested positive for that antigen. The facility shall not treat the patient on a machine that is used for a patient of the facility who has tested positive for the antigen.*

5. *If a facility uses a central delivery system, the facility shall treat a patient specified in subsection 4 on a designated machine. The facility may not reuse the dialyzer for that machine until the results of testing for that patient are known by the facility. The dialysis machine used by the patient must be given intermediate level disinfection before the machine may be used by any other patient of the facility.*

6. *The facility shall obtain the results of testing for a patient specified in subsection 4 not later than 3 days after the patient is admitted to the facility.*

Sec. 38. 1. *A facility shall screen each member of the staff of the facility to determine whether the member has tuberculosis. The facility shall screen each member of the staff:*

(a) Upon commencement of employment at the facility or upon receiving privileges as a member of the medical staff of the facility; or

(b) Before the member of the staff has any physical contact with a patient of the facility.

The screening must be conducted in accordance with the provisions of NAC 441A.375.

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2. A facility shall screen each patient of the facility for tuberculosis if indicated by the presence of risk factors for tuberculosis or if the patient experiences any sign or symptom of tuberculosis. The screening must be performed after any possible exposure by a patient of the facility to active laryngeal or pulmonary tuberculosis.

Sec. 39. 1. Each facility shall:

(a) Conduct a systematic and comprehensive review of the facility and the care provided to each patient of the facility; and

(b) Adopt and comply with a program to ensure the quality of the facility. The program must be based on information concerning the facility provided to the facility by the End-Stage Renal Disease Network.

2. The facility shall demonstrate through quality assurance activities that the members of the staff of the facility have:

(a) Evaluated the care and services provided by the facility to the patients of the facility;

(b) Established goals concerning the treatment of those patients;

(c) Identified any available opportunities to improve the care and services provided to those patients;

(d) Developed and carried out a plan to improve the care and services specified in paragraph (c); and

(e) Evaluated the effectiveness of the plan specified in paragraph (d) until a resolution of any problems is obtained.

3. Each core staff member of the facility shall actively participate in the quality assurance activities conducted pursuant to the provisions of this section. As used in this subsection, “core

staff member” means the medical director, supervising nurse, dietitian, social worker and administrator of a facility.

4. Not less than once each quarter, each facility shall conduct a meeting concerning the quality of the facility. The facility shall:

(a) Prepare written minutes of each meeting held; and

(b) Maintain the written minutes in the business office of the facility.

5. If an accident or incident occurs at a facility, including, without limitation, any error in providing medication to a patient of the facility or any adverse reaction of a patient to a drug administered to the patient at the facility, the facility shall immediately prepare a written record of the accident or incident. A written record prepared pursuant to this subsection must be maintained by the facility and be made available for review by the bureau.

6. A facility shall report each of the following events to the bureau within 3 business days after the event occurs:

(a) Each accident or incident concerning a patient of the facility that:

(1) Occurs during dialysis treatment of the patient; and

(2) Results in the death of the patient or requires the admission of the patient to a hospital overnight;

(b) The occurrence of any fire at the facility; or

(c) If a member of the staff of the facility or a patient of the facility converts to positive for the hepatitis B surface antigen.

Sec. 40. 1. *In addition to the requirements set forth in NRS 449.700 to 449.730, inclusive, each facility shall adopt and comply with a policy which ensures that each patient of the facility is:*

- (a) Treated with respect, dignity and complete recognition of the individuality and personal requirements of the patient;*
- (b) Provided with sufficient privacy during treatment to ensure that any unwarranted exposure of the patient does not occur and to ensure confidentiality of the clinical record of that patient;*
- (c) Provided with a safe and comfortable environment for receiving any treatment provided by the facility;*
- (d) Provided with information concerning his treatment in a manner which ensures that the patient, the legal representative of the patient and each member of the patient's family understands that information;*
- (e) Informed by a physician of the medical status of the patient;*
- (f) Informed about all modalities and settings for the treatment of end-stage renal disease;*
- (g) Informed about and participates in, if requested by the patient, each aspect of care, including, without limitation, the right to refuse treatment and the medical consequences of refusing that treatment;*
- (h) Aware of any services that are available to the patient at the facility and the charges for those services; and*
- (i) Informed about any reuse of dialysis supplies by the facility, including hemodialyzers. If any brochures or other printed materials are used to describe the facility or any services provided by the facility, the facility shall ensure that the brochures or other printed materials include a statement specifying the policy of the facility concerning the reuse of those supplies.*

2. Each facility shall ensure that each patient of the facility:

(a) Receives a reasonable response by the facility to any request or requirement of the patient for treatment or service in accordance with any applicable law or regulation and within the capacity of the facility to provide the requested treatment or service;

(b) Is transferred only for:

(1) A medical reason;

(2) The welfare of the patient or any other patient or member of the staff of the facility; or

(3) The nonpayment of fees owed by the patient to the facility;

(c) Is provided with information concerning any advance directive and allowed to prepare the directive to the extent authorized by law; and

(d) Is fully informed of:

(1) The rights specified in this subsection; and

(2) All rules established by the facility concerning the conduct and responsibilities of the patient during the period he is a patient of the facility.

3. Upon admission of a patient to a facility, the facility shall provide to the patient or his legal representative a written copy of the patient's rights and responsibilities. A copy of those rights and responsibilities must be posted:

(a) In the waiting room or other area of the facility to which the members of the general public have access; and

(b) In close proximity to the license of the facility.

4. A facility shall not transfer or discharge a patient of the facility for the nonpayment of fees by the patient unless the facility notifies the patient in writing of the intent of the facility to transfer or discharge the patient. The written notice must include a statement indicating the amount of the fees owed by the patient to the facility.

5. *Upon admitting a patient to a facility, the facility shall provide to the patient a written statement that informs the patient of the manner in which he may file a complaint against the facility. The statement must include, without limitation:*

(a) A statement indicating that the patient may direct such a complaint to the bureau or file the complaint with the health division; and

(b) The telephone number of the local office of the health division.

6. *Except as otherwise provided in subsection 7, if a facility has admitted more than eight patients who read the same language other than English, all written information provided by the facility to any of those patients pursuant to the provisions of this section must be written in that other language.*

7. *In lieu of providing written information in a language other than English pursuant to the provisions of subsection 6, a facility may use the services of an interpreter to provide that information to a patient specified in that subsection if, as determined by the bureau, the facility maintains written documentation which indicates that the information conveyed by the interpreter to the patient was sufficient to ensure the ability of the patient to participate in the decisions made concerning his treatment at the facility.*

Sec. 41. 1. *Each facility shall establish and comply with a policy which specifies that the services provided to each patient of the facility are coordinated using an interdisciplinary team.*

The interdisciplinary team must consist of:

(a) The primary dialysis physician of the patient;

(b) A registered nurse;

(c) A social worker; and

(d) A dietitian.

2. Each interdisciplinary team specified in subsection 1 shall develop a written, individualized and comprehensive plan to provide care to the patient for which the plan is prepared. The plan must:

(a) Specify the services that are required to address the medical, psychological, social and functional needs of the patient; and

(b) Include a statement setting forth the objectives for providing treatment to the patient.

3. Each plan for the care of a patient prepared pursuant to the provisions of subsection 2 must include:

(a) If required to ensure the provision of safe care for the patient, evidence of coordination with any other provider of service for the patient, including a hospital, long-term care facility, an agency that provides residential or community support services, or a provider of transportation;

(b) Evidence indicating that the patient or his legal representative was provided an opportunity to participate in and discuss the preparation of the plan; and

(c) A statement indicating that the contents of the plan were disclosed to the patient or his legal representative.

4. Each plan for the care of a patient must be:

(a) Prepared within 30 days after the patient is admitted to the facility; and

(b) Revised at least once every 6 months or immediately after the occurrence of any change in the medical, nutritional or psychosocial condition of the patient.

5. Evidence of the review of the plan with the patient and each member of the interdisciplinary team to evaluate the progress of the patient toward the objectives specified in the plan and any actions taken by those members, if the objectives are not achieved, must be documented and included in the clinical record of the patient.

Sec. 42. 1. Each facility shall adopt a written procedure to be followed by each patient and member of the staff of the facility if any emergency occurs at the facility, including, without limitation, any fire, equipment failure, power outage, medical emergency or natural disaster that may threaten the health or safety of any patient or member of the staff of the facility or any member of the general public.

2. Each facility shall prepare a plan for obtaining emergency medical services that are available for use by the facility.

3. Each facility shall employ personnel who are qualified to operate emergency equipment at the facility and to provide emergency care at the facility. The personnel must be available to operate the emergency equipment and provide emergency care during each period in which treatment is provided to a patient of the facility. A charge nurse who is qualified to provide basic cardiopulmonary life support must be present at the facility and available in the treatment area during any period in which a patient of the facility is present in that area. Each member of the clinical staff of the facility must maintain current certification and competency in basic cardiopulmonary life support.

4. Each facility shall enter into an agreement with at least one hospital that provides acute dialysis service, inpatient care and other hospital services to the patients of the facility. The agreement must include:

(a) Documentation from the hospital indicating that the patients of the facility will be accepted and treated during any emergency that occurs at the facility; and

(b) Reasonable assurances that:

(1) The transfer or referral of a patient will occur between the hospital and the facility if the transfer or referral is determined to be medically appropriate by the attending physician of the patient;

(2) The exchange of medical and other information necessary or useful in the care and treatment of the patient transferred will occur within 1 working day after the transfer or referral of the patient; and

(3) All personal property belonging to and transferred with the patient will be accounted for and protected from theft, loss or damage.

5. Each facility shall establish and comply with a written plan to protect each patient of the facility if a fire occurs at the facility. The written plan must include:

(a) Provisions concerning the evacuation of each person from each building of the facility during a fire; and

(b) A diagram that specifies the routes to be taken to evacuate each of those buildings. A copy of each diagram prepared pursuant to the provisions of this paragraph must be posted in a conspicuous place in the building for which the diagram is prepared.

6. Each facility shall, not less than once each quarter, conduct a fire drill during each patient shift. The fire drill must include the use of alarms and equipment and a discussion with the patients, visitors, employees and members of the staff of the facility concerning evacuation from each building of the facility. After conducting the fire drill, the facility shall prepare and maintain a written report concerning the drill. The written report must include evidence that the members of the staff and the patients of the facility participated in the fire drill.

7. Each facility shall ensure that each member of the staff of the facility is familiar with the location of all equipment that is used to suppress fires at the facility. The equipment must be

located in such a manner that a person is not required to travel more than 75 feet from any location in the facility to reach the equipment.

8. Each facility shall prepare and comply with a written plan concerning preparation for any disaster that may occur at the facility. The plan must:

(a) Be based on an assessment of the probability and type of disaster in each region and the local resources available to the facility;

(b) Include procedures that are designed to:

(1) Minimize the harm to the patients and members of the staff of the facility; and

(2) Ensure the safe operation of the facility during a disaster; and

(c) Include provisions concerning:

(1) The assignment of responsibilities for each member of the staff of the facility during a disaster, including the assignment of direction and control of the facility;

(2) The maintenance of equipment used for communication during a disaster;

(3) The use of warning systems; and

(4) Evacuation from and closure of the facility because of a disaster.

Sec. 43. 1. *Each facility shall provide pharmaceutical services in accordance with accepted professional principles and any applicable federal and state statutes and regulations.*

2. Medication may be administered to a patient of a facility only if the medication is ordered by the patient's physician or an advanced practitioner of nursing.

3. Any verbal or telephone order for medication must be received by a licensed nurse and countersigned by the physician of the patient for which the order was received.

4. Any medication that is maintained by a facility at the site of the facility must be:

(a) Placed in a container that is of sufficient size to store the medication; and

(b) Stored in a manner which ensures that the medication is not accessible to a person who is not authorized by the facility to obtain the medication. Any refrigerator that is used to store the medication must be maintained at a temperature that is appropriate for that medication.

5. Each facility shall maintain a supply of medications that, as determined by the medical director of the facility, is sufficient to satisfy the requirements of each patient of the facility during an emergency at the facility.

6. Any medication that is prepared for administration to a patient of a facility must be prepared in an area of the facility that includes a work counter and a sink. The area must be located in a portion of the facility that prohibits any contamination of the medication.

7. If any medication is prepared for a patient of a facility and the medication is not administered to the patient immediately after it is prepared, the medication must be labeled with the:

(a) Name of the patient;

(b) Name of the medication;

(c) Dosage prepared;

(d) Initials of the person who prepared the medication; and

(e) Date on which the medication was prepared.

8. Except as otherwise provided in this subsection, any medication that is prepared for a patient of a facility must be administered by the person who prepared the medication. A dialysis technician who is qualified in accordance with the provisions of sections 71 to 81, inclusive, of this regulation may administer intravenous normal saline, intravenous heparin and subcutaneous lidocaine as part of a routine treatment of hemodialysis.

Sec. 44. 1. Each facility shall provide nursing services to each patient of the facility and to each member of the patient's family to prevent or reduce complications and to maximize the functional status of the patient.

2. Each facility shall employ a full-time registered nurse to supervise and manage the care provided to patients of the facility.

3. The registered nurse employed pursuant to the provisions of subsection 2 shall:

(a) Conduct an assessment of a patient during the admission of the patient to the facility;

(b) Conduct an assessment of a patient if requested by the patient or if required because of a change in the medical status of the patient;

(c) Participate in a team review of the progress of the patient pursuant to the provisions of section 41 of this regulation;

(d) Recommend changes in treatment, if appropriate, based on the immediate requirements of the patient;

(e) Facilitate communication between the patient, the patient's family and each member of the interdisciplinary team established for the patient to ensure the delivery of care required for the patient;

(f) Provide oversight and direction to dialysis technicians and licensed practical nurses; and

(g) Participate in activities conducted by the facility to ensure the quality of the facility.

4. Each facility shall ensure that a registered nurse is present at the site of the facility and available to the treatment area to provide care at all times during which treatment is provided to a patient of the facility in that area.

5. *At least one registered nurse must be available at the site of each facility to provide care for every 14 patients or portion thereof admitted to the facility. The registered nurse may be the charge nurse of the facility.*

6. *If a facility provides pediatric dialysis to a pediatric patient of the facility who is less than 14 years of age or weighs less than 35 kilograms, a registered nurse who has experience or training in providing pediatric dialysis must be available to provide care for that patient.*

7. *Each facility shall ensure that a sufficient number of the members of the staff of the facility are available at the site of the facility to provide care directly to each patient of the facility and to satisfy the requirements of each of those patients.*

8. *A licensed nurse or dialysis technician shall evaluate each patient before and after treatment is provided to the patient in accordance with the policy of the facility and the amount of training received by the licensed nurse or dialysis technician.*

9. *A registered nurse shall conduct an initial nursing assessment of each patient of the facility at the time the patient receives his first treatment at the facility. The assessment must be completed by the registered nurse within 2 weeks after the beginning of that treatment.*

Sec. 45. 1. *The provisions of sections 2 to 82, inclusive, of this regulation do not prohibit a licensed practical nurse from practicing in accordance with the regulations adopted by the state board of nursing. If a licensed practical nurse acts in the capacity of a licensed practical nurse during the treatment of a patient of a facility, the licensed practical nurse must be certified to give intravenous injections by a board that is approved by the state board of nursing.*

2. *If a licensed practical nurse acts in the capacity of a dialysis technician at a facility, the facility must, before the licensed practical nurse acts in that capacity, determine whether the licensed practical nurse is qualified in accordance with the provisions of sections 71 to 81,*

inclusive, of this regulation. If the facility determines that the nurse is not qualified pursuant to those provisions, the facility shall not allow the licensed practical nurse to act in the capacity of a dialysis technician until the licensed practical nurse becomes qualified pursuant to those provisions.

Sec. 46. *A dialysis technician who provides care directly to a patient of a facility must demonstrate knowledge of and competency to carry out the responsibilities specified in sections 71 to 81, inclusive, of this regulation.*

Sec. 47. 1. *Each facility shall provide nutrition services to each patient of the facility and the provider of care for that patient to maximize the nutritional status of the patient.*

2. *The dietitian for a patient of a facility shall:*

(a) Conduct an assessment of the nutrition of the patient;

(b) Participate in a team review of the progress of the patient in accordance with the provisions of section 41 of this regulation;

(c) After consulting with the physician of the patient, recommend a therapeutic diet for the patient based on:

(1) The cultural preferences of the patient;

(2) Changes in the treatment of the patient; and

(3) The nutritional requirements of the patient;

(d) Except as otherwise provided in subsection 7:

(1) Counsel the patient and each member of the family of the patient concerning any diet prescribed for the patient at the facility; and

(2) Monitor the patient's adherence and response to that diet;

(e) Refer the patient for assistance with any resources that are available to the patient, including, without limitation, financial assistance, community resources or assistance at the residence of the patient;

(f) Participate in activities conducted at the facility to ensure the quality of the facility; and

(g) Monitor the nutritional status of the patient to determine the need for intervention and follow-up by the facility. In making that determination, the dietitian shall consider:

(1) Changes in the weight of the patient;

(2) The chemistry of the blood of the patient;

(3) The adequacy of the dialysis treatment provided to the patient; and

(4) Changes in the medication prescribed for the patient.

3. Each facility shall collect data to assess the nutritional status of a patient of the facility not later than 2 weeks after the patient is admitted to the facility or immediately after the patient receives 7 treatments at the facility, whichever occurs later. A comprehensive assessment of the nutritional status of the patient must be completed within 30 days after the patient is admitted to the facility or immediately after the patient receives 13 treatments at the facility, whichever occurs later. Such an assessment must include a determination by the dietitian of the degree to which the patient understands the diet prescribed for him by the facility.

4. Each facility shall conduct a reassessment of the nutritional status of each patient specified in subsection 3. The reassessment must be conducted annually or more often if required by the circumstances concerning the treatment of the patient.

5. Each facility shall employ or contract with a dietitian to provide nutrition services for each patient of the facility. If a facility provides treatment for 100 or more patients, the facility shall ensure that one full-time equivalent dietitian is available at the facility.

6. Nutrition services must be available at each facility during scheduled periods for treatment.

The facility may require a patient to obtain an appointment with a dietitian before receiving those services.

7. The provisions of paragraph (d) of subsection 2 do not apply to a correctional institution.

Sec. 48. 1. *Each facility shall provide social services to each patient of the facility and to each member of the family of the patient. The facility shall ensure that the social services support and maximize the adjustment, social functioning and rehabilitation of each patient of the facility.*

2. The social worker shall:

(a) Conduct a psychosocial evaluation of each patient of the facility;

(b) Participate in a team review of the progress of the patient in accordance with the provisions of section 41 of this regulation;

(c) Recommend changes in the treatment of the patient based on the psychosocial requirements of the patient;

(d) Except as otherwise provided in subsection 7, provide case work and group work services to the patient and each member of his family concerning the problems associated with treating end-stage renal disease;

(e) Except as otherwise provided in subsection 7, identify public agencies that may provide social services for the patient or other resources that are available to the patient and assist the patient and each member of his family in the use of those resources; and

(f) Participate in activities conducted at the facility to ensure the quality of the facility.

3. Each facility shall ensure that the initial contact between the social worker and each patient of the facility occurs and is documented in writing not more than 2 weeks after the patient is admitted to the facility or immediately after the patient receives 7 treatments at the facility,

whichever occurs later. A comprehensive psychosocial assessment of the patient must be completed within 30 days after the patient is admitted to the facility or immediately after the patient receives 13 treatments at the facility, whichever occurs later.

4. Each facility shall conduct a psychosocial reassessment of each patient specified in subsection 3. The reassessment must be conducted annually or more often if required by the circumstances concerning the treatment of the patient.

5. Each facility shall employ or contract with a social worker to meet the psychosocial requirements of each patient of the facility. If a facility provides treatment for 100 or more patients, the facility shall ensure that one full-time equivalent social worker is available at the facility.

6. Social services must be available at each facility during scheduled periods for treatment. The facility may require a patient to obtain an appointment with a social worker before receiving those services.

7. The provisions of paragraphs (d) and (e) of subsection 2 do not apply to a correctional institution.

Sec. 49. 1. *Each facility shall establish a governing body that is legally responsible for developing and carrying out the policies of the facility regarding the management and operation of the facility.*

2. The policies established and carried out pursuant to the provisions of subsection 1 must include, without limitation:

- (a) The governance of the governing body;*
- (b) The care and safety of the patients of the facility;*
- (c) The general operation of the facility; and*

(d) The protection of the personal and property rights of each patient of the facility.

3. The governing body shall:

(a) Receive and act upon any recommendation submitted to the governing body by a member of the staff of the facility;

(b) Appoint a medical director for the facility pursuant to the provisions of section 50 of this regulation; and

(c) Ensure that the facility complies with all state and local statutes, ordinances and regulations that apply to the facility.

Sec. 50. 1. The medical director of a facility:

(a) Must be certified in nephrology or pediatric nephrology or eligible for that certification by a board that is approved by the American Medical Association; or

(b) During the 5 years immediately preceding October 1, 2000, must have served for at least 12 months as the director of a dialysis program.

2. The medical director shall:

(a) Develop objectives for the treatment of patients of the facility based on a review of data assessed through activities conducted at the facility to ensure the quality of the facility;

(b) Ensure that each licensed nurse and dialysis technician employed at the facility has received adequate training;

(c) Monitor the care and treatment provided to each patient of the facility; and

(d) Develop and carry out each policy that the facility is required to establish pursuant to the provisions of sections 2 to 82, inclusive, of this regulation.

Sec. 51. 1. Each patient of a facility must be under the care of a physician who is a member of the medical staff of the facility.

2. If a patient of the facility receives pediatric dialysis at the facility, the treatment provided to the patient must be supervised by a pediatric nephrologist. If a pediatric nephrologist is not available to serve as the primary physician for the patient, an adult nephrologist may serve as the primary physician for the patient if a direct patient evaluation is prepared by a pediatric nephrologist at the initiation of care for the patient and annually until the patient reaches 6 years of age.

3. Each patient who receives treatment at the facility must be examined at least once each month by a physician who is a member of the medical staff of the facility. If a patient of the facility performs dialysis for himself at his residence, the patient must be examined by such a physician at least once every 3 months. The record of any examination conducted pursuant to the provisions of this subsection must include evidence of:

- (a) A monthly assessment concerning any new or recurrent problems; and*
- (b) A review of the adequacy of the treatment provided to the patient.*

4. Each facility shall ensure that at least one physician who is a member of the medical staff of the facility is available, in person or by telecommunication, 24 hours each day to patients and members of the staff of the facility.

5. Any order concerning the treatment of a patient of a facility must be prepared in writing and signed by the physician preparing the order. If a physician prepares a routine order for treatment, the order must:

- (a) Be revised at least annually; and*
- (b) Include a statement indicating the:*
 - (1) Periods for providing treatment to the patient;*
 - (2) Dialyzer to be used for that treatment;*

- (3) Rate of the flow of blood for the patient during that treatment;*
- (4) Target weight of the patient;*
- (5) Medications required for the patient, including heparin; and*
- (6) Specific measures that are required to control infection.*

Sec. 52. 1. *If an advanced practitioner of nursing or a physician's assistant provides treatment for a patient of a facility, the facility shall ensure that there is evidence of communication with the treating physician of the patient if the advanced practitioner of nursing or physician's assistant changes any order for treatment in accordance with the provisions of chapter 630 or 632 of NRS.*

2. An advanced practitioner of nursing or a physician's assistant specified in subsection 1 may not replace the treating physician of the patient concerning:

- (a) Participation in planning for the care of the patient; or*
- (b) Activities conducted at the facility to ensure the quality of the facility.*

3. If a medical emergency occurs concerning a patient of a facility, the treating physician for that patient:

- (a) Must be immediately notified; and*
- (b) Shall direct the provision of care for the patient during the emergency.*

Sec. 53. 1. *If a facility provides training to a patient of the facility concerning the performance of dialysis by the patient, a licensed nurse who has at least 12 months of experience in the applicable dialysis modality, including hemodialysis or peritoneal dialysis, must be responsible for training the patient and each member of the family of the patient who intends to assist the patient in conducting the dialysis. The licensed nurse shall supervise all other members of the staff of the facility who assist in providing that training.*

2. If a patient of a facility performs dialysis for himself at his residence, the facility shall provide the following services to the patient:

- (a) A yearly physical examination;*
- (b) Monthly communication from a member of the staff of the facility by:
 - (1) Telephone;*
 - (2) Visits to the facility by the patient; or*
 - (3) Visits to the patient's residence by the member of the staff;**
- (c) A visit to the facility at least once every 3 months;*
- (d) Communication with the appropriate member of the interdisciplinary team that is established for the patient pursuant to the provisions of section 41 of this regulation;*
- (e) Routine laboratory work in accordance with the policy of the facility; and*
- (f) A method by which the patient may contact a member of the staff of the facility, including the primary physician of the patient, at any time if an emergency concerning the condition of the patient occurs.*

3. If a patient of a facility performs hemodialysis for himself at his residence, the facility shall provide the following services to the patient:

- (a) Surveillance of the patient's home adaptation, including provisions for visits to his residence;*
- (b) Consultation with a registered nurse, social worker and dietitian;*
- (c) A system for maintaining a record of treatment which ensures continuity of care for the patient;*
- (d) Installation and maintenance of the equipment required to perform the hemodialysis;*
- (e) Testing and appropriate treating of the water used for the hemodialysis; and*

(f) Ordering of supplies on a continual basis.

Sec. 54. *If a facility provides continuous ambulatory peritoneal dialysis for a patient of the facility, the facility shall provide the following services to the patient:*

- 1. Consultation with a registered nurse, social worker and dietitian;*
- 2. A system for maintaining a record of treatment which ensures continuity of care for the patient; and*
- 3. Ordering of supplies on a continual basis.*

Sec. 55. *If a facility provides continuous cycling peritoneal dialysis to a patient of the facility, the facility shall provide the following services to the patient:*

- 1. Surveillance of the patient's home adaptation, including provisions for visits to his residence;*
- 2. Consultation with a registered nurse, social worker and dietitian;*
- 3. A system for maintaining a record of treatment which ensures continuity of care for the patient;*
- 4. Installation and maintenance of the equipment required to perform the dialysis; and*
- 5. Ordering of supplies on a continual basis.*

Sec. 56. *1. If a facility provides services to a patient of the facility by contract, the facility remains responsible for supervising the treatment of the patient and providing adequate care for the patient in accordance with the provisions of sections 2 to 82, inclusive, of this regulation.*

2. If a facility maintains a laboratory for use by the facility, the laboratory must be licensed in accordance with the provisions of chapter 652 of NRS.

Sec. 57. *1. Each facility shall develop and carry out a program to orient and familiarize each new employee of the facility with:*

(a) The policies and operation of the facility; and

(b) The responsibilities of the position for which the employee is employed by the facility.

2. Each new member of the staff of a facility who will provide care directly to patients of the facility must be allowed a sufficient period to become familiar with the facility. The orientation program provided by the facility for each of those new members must:

(a) Be at least 2 weeks in duration, if the new member has experience concerning the performance of dialysis; and

(b) Include 2 weeks of training concerning the direct care of patients of the facility, if the new member has no experience concerning the performance of dialysis.

3. If a facility employs a licensed nurse who has no experience concerning the performance of dialysis, the orientation program provided by the facility to that nurse must be at least 6 weeks in duration and must include training in the following subjects:

(a) Fluid, electrolyte and acid-base balance;

(b) Kidney disease and the treatment of that disease;

(c) Dietary management of kidney disease;

(d) Principles of dialysis;

(e) Dialysis technology;

(f) Techniques for performing venipuncture;

(g) Care of the dialysis patient;

(h) Psychological, social, financial and physical complications of long-term dialysis;

(i) Prevention of hepatitis and other diseases; and

(j) Risks and benefits of reusing hemodialyzers, if the facility reuses any hemodialyzer in providing treatment to a patient of the facility.

4. Each facility shall ensure that each member of the staff of the facility who provides care to a patient of the facility completes a course of continuing education concerning end-stage renal disease. The course must be at least 5 hours in duration and must be completed annually by each such member of the staff of the facility. The course may be provided by a member of the staff of the facility.

Sec. 58. 1. *Each physician who is a member of the medical staff of a facility must be licensed to practice medicine in this state.*

2. The membership of the medical staff of a facility may include a nephrologist or any other physician who has training or demonstrated experience in providing care for a patient who is diagnosed with end-stage renal disease.

3. If a facility employs an advanced practitioner of nursing or a physician's assistant:

(a) The advanced practitioner of nursing must be qualified in accordance with the provisions of chapter 632 of NRS; and

(b) The physician's assistant must be qualified in accordance with the regulations adopted by the board of medical examiners.

Sec. 59. 1. *Each nurse employed by a facility must be licensed to practice nursing in this state.*

2. Except as otherwise provided in subsection 3, each nurse of a facility who is assigned charge responsibilities must:

(a) Be a registered nurse; and

(b) Have at least 6 months of experience as a nurse in performing hemodialysis. The experience required pursuant to the provisions of this paragraph must be obtained within the 2

years immediately preceding the date on which the nurse is assigned charge responsibilities by the facility.

3. The provisions of paragraph (b) of subsection 2 do not apply to a registered nurse who holds a current certificate in nephrology nursing or hemodialysis issued by a board that is nationally recognized.

4. Each charge nurse of a facility shall:

(a) Make daily assignments based on the requirements of each patient of the facility for treatment;

(b) Provide immediate supervision of the care provided to each of those patients;

(c) Conduct an assessment of a patient of the facility if required by the circumstances concerning the treatment of the patient; and

(d) Communicate with each physician, social worker and dietitian of the facility concerning the treatment of the patient.

5. If a facility provides training concerning self-care for patients of the facility, a registered nurse who has at least 12 months of experience in performing dialysis and experience in the applicable dialysis modality must:

(a) Be responsible for training the patient and each member of the family of the patient who intends to assist the patient in providing care for the patient; and

(b) Supervise other members of the staff of the facility who assist in providing that training.

Sec. 60. *Each dietitian employed by a facility must:*

1. Be registered or eligible for registration by the Commission on Dietetic Registration for the American Dietetic Association; and

2. After becoming registered or eligible for registration, obtain at least 1 year of experience in clinical dietetics.

Sec. 61. *Each social worker employed by a facility must:*

1. Be licensed as a social worker in this state and hold a master's degree in social work from a graduate school of social work that is accredited by the Council on Social Work Education; or

2. Have worked for at least 2 years as a social worker, 1 year of which was in a facility or transplantation program before September 1, 1976, and have established a consultative relationship with a social worker who has a master's degree in social work from a graduate school of social work that is accredited by the Council on Social Work Education.

Sec. 62. *1. Each member of the staff of a facility who is responsible for operating the water treatment system of the facility must demonstrate to the satisfaction of the bureau that he understands the risks to patients of exposure to water that has not been treated by the water treatment system. The facility shall, for each of those members, prepare and maintain at the facility a written record of the training provided to those members concerning the safe operation of the water treatment system of the facility.*

2. A facility shall not allow a person to repair or replace any component of the water treatment system of the facility unless the person is qualified to repair or replace the component pursuant to the provisions of section 63 of this regulation. If the facility allows a person who is qualified pursuant to those provisions to repair or replace any component of the water treatment system of the facility, the facility shall prepare and maintain at the facility a written record of the training, education and experience of the person.

Sec. 63. *A facility shall not allow a member of the staff of the facility to repair or maintain any equipment of the facility that is used to provide care to a patient of the facility unless the*

member has completed a course of instruction and demonstrated competency in repairing or maintaining that equipment. The course must include instruction in the following subjects:

- 1. The prevention of the transmission of hepatitis through any equipment that is used for dialysis;*
- 2. The requirements for safety of systems that are used to deliver dialysate;*
- 3. The control of bacteria;*
- 4. Standards for water quality; and*
- 5. The repair and maintenance of equipment used for dialysis or other equipment used by the facility to provide care to a patient of the facility.*

Sec. 64. *1. Each facility shall establish a system for preparing and maintaining a clinical record for each patient of the facility. The system must be developed to ensure that the care provided to each patient of the facility is:*

- (a) Completely and accurately documented;*
 - (b) Readily available for retrieval by the facility; and*
 - (c) Systematically organized to facilitate the compilation and retrieval of information.*
- 2. If the facility maintains any clinical record on microfilm, optical disc or by any other electronic means, the facility shall ensure that the clinical record is available for review by the bureau within 48 hours after the facility receives a request for the clinical record from the bureau.*
- 3. All information concerning the medical history or care provided to or treatment received by a patient at the facility must be:*
- (a) Maintained in the clinical record of the patient; and*
 - (b) Protected by the facility against theft, loss or damage.*

4. Each facility shall establish an area in which to store the clinical records of the facility. The area must be separate from any area of the facility that is used to provide treatment for patients of the facility and must have adequate space for reviewing, dictating, sorting or recording the information included in the clinical records. If a facility uses an optical disc, microfilm or any other electronic means to create or maintain a clinical record, the area used to store the clinical record must have adequate space for transcribing the information created or maintained on the optical disc, microfilm or by any other electronic means. If the facility determines that the clinical record of a patient of the facility is active, the facility shall store the active clinical record at the site of the facility.

5. Each facility shall ensure that:

(a) The clinical record of a patient of the facility remains confidential and is retained in accordance with the provisions of NRS 629.051; and

(b) Each entry or other information that is placed in the clinical record regarding the delivery of care to the patient is not altered without evidence and explanation of that alteration. A signature stamp must not be used to authenticate an entry in the clinical record of a patient of the facility.

6. If a facility determines that a clinical record is inactive, the facility shall store that clinical record. The facility may store the record on microfilm, optical disc or by any other electronic means and may store the clinical record at a location other than at the site of the facility if the facility ensures that:

(a) The clinical record remains secure from unauthorized access at that location; and

(b) The record is readily retrievable for review by the health division.

7. Each clinical record must include:

(a) Information concerning the identity of the patient for whom the clinical record is prepared;

(b) Each written notice provided to the patient at the facility and each written consent obtained from the patient at the facility;

(c) Each order prepared by a physician concerning the patient;

(d) Each progress note prepared by the facility concerning the patient;

(e) A list that specifies all problems incurred concerning the treatment and care of the patient;

(f) The physical and medical history of the patient;

(g) Each assessment concerning the patient prepared by a registered nurse, social worker or dietitian employed by the facility;

(h) The record of each medication administered by the facility to the patient:

(1) During treatment at the facility; or

(2) For use at his residence;

(i) The record of each transfusion received by the patient at the facility;

(j) Each laboratory report prepared or received by the facility concerning the patient;

(k) Each diagnostic study conducted concerning the patient;

(l) Each record of the hospitalization of the patient;

(m) Each record of consultation with the patient;

(n) If practicable, the record of creation and revision of access for each dialysis treatment provided to the patient;

(o) Each plan prepared by the facility concerning the care of the patient, including the plan developed for the patient pursuant to the provisions of section 41 of this regulation and all amendments to that plan;

(p) Evidence indicating that the facility has complied with the provisions of sections 2 to 82, inclusive, of this regulation concerning the furnishing of educational materials to the patient;

(q) Each record of the daily treatment received by the patient at the facility; and

(r) A discharge summary, if the patient is discharged from the facility.

8. As used in this section, “progress note” means a note or other written statement that:

(a) Is signed and dated by a member of the staff of a facility; and

(b) Summarizes the facts concerning the care provided to a patient of the facility and the

response of the patient to that care for the period specified in the note or other written statement.

Sec. 65. 1. *In addition to the provisions of section 64 of this regulation, the clinical record of each patient of a facility must include:*

(a) An accurate assessment of the progress of the patient, including all changes in the medical status of the patient;

(b) The results of each diagnostic test concerning the patient;

(c) Consultation reports; and

(d) All unusual occurrences concerning the care and treatment of the patient.

2. Each member of the interdisciplinary team created pursuant to the provisions of section 41 of this regulation shall prepare a written record concerning the progress of the patient. The written record must be prepared at least once every 6 months or more often if required by a change in the medical, nutritional or psychosocial condition of the patient.

3. The condition of each patient of a facility and the response of the patient to treatment must be noted on the daily treatment record of the patient.

Sec. 66. *Each facility shall prepare a medical history of each patient of the facility and conduct a physical examination of the patient. The medical history and physical examination must be completed within 30 days before the patient is admitted to the facility or within 2 weeks after he is admitted to the facility. Before the patient receives his first treatment at the facility, the physician*

for the patient must notify the charge nurse for the facility of the diagnoses, medications, hepatitis status, allergies and prescription for dialysis of the patient. All information provided by the physician to the charge nurse pursuant to the provisions of this section must be included in the clinical record of the patient.

Sec. 67. 1. *The clinical record of each transient patient of a facility must include:*

(a) Each order for the treatment of the patient at the facility;

(b) Each laboratory report concerning the patient that is prepared within 30 days after receiving treatment at the facility, including hepatitis B antigen status;

(c) The most recent patient care plan and treatment records received from the home facility of the patient; and

(d) Each record concerning the care and treatment of the patient received at the home facility of the patient.

2. *As used in this section, “transient patient” means a patient of a facility who:*

(a) Is not a resident of the community in which the facility is located; and

(b) Does not receive treatment at the facility for more than 6 weeks.

Sec. 68. 1. *If a patient of a facility is discharged from the facility, the facility shall, within 30 days after the patient is discharged, prepare a discharge summary concerning the patient. The discharge summary must specify the disposition of the patient and include:*

(a) A diagnosis of the patient or, if the patient has died, the cause of death;

(b) The date of the discharge or, if the patient has died, the date and location of his death;

(c) If the patient receives a kidney transplant or is relocated, information concerning the kidney transplant or relocation; and

(d) If the patient is discharged for a reason other than kidney transplantation or death, the reason for the discharge.

2. All clinical records prepared or maintained by a facility are the property of the facility and must not be removed from the area in which the clinical records are stored except pursuant to a subpoena or order of a court or to preserve the clinical records if a disaster or other emergency occurs at the facility.

3. If a patient of a facility is transferred to another facility, the facility from which the patient is transferred shall provide to the other facility a copy of the clinical record of the patient. The copy of the clinical record must include:

(a) The most recent orders for dialysis treatment;

(b) The last three records of treatment;

(c) The most recent hepatitis status of the patient;

(d) The most recent plan of care concerning the patient; and

(e) If the patient is transferred to an outpatient facility, the most recent medical history and physical examination of the patient and the assessment of each member of the interdisciplinary team established for the patient pursuant to the provisions of section 41 of this regulation.

Sec. 69. *If a facility ceases to operate, the facility shall:*

1. Ensure the preservation of the clinical records of the facility; and

2. Not more than 30 days after the facility ceases to operate, notify the bureau in writing of the location of the clinical records of the facility. The written notice must include the name and address of the custodian of the clinical records.

Sec. 70. *1. A person may not act as a dialysis technician at a facility unless he is qualified in accordance with the provisions of sections 71 to 81, inclusive, of this regulation.*

2. If a dialysis technician receives training in any area of a facility in which treatment is provided to a patient of the facility, the dialysis technician shall, during the period in which he is located in that area, wear a tag or similar device which identifies the dialysis technician. The tag or similar device must be worn in a visible manner.

3. Until a dialysis technician becomes qualified in accordance with the provisions of sections 71 to 81, inclusive, of this regulation, the dialysis technician may provide care to a patient of a facility only if the care is provided:

(a) As part of the training received by the dialysis technician at the facility; and

(b) Under the immediate supervision of a registered nurse or preceptor who is assigned for that purpose by the facility.

4. A person shall not act as a preceptor for a facility unless he:

(a) Is a licensed nurse or dialysis technician who has at least 1 year of experience in performing hemodialysis obtained within the 24 months immediately preceding the date he becomes a preceptor for the facility;

(b) Obtains a recommendation from the supervising nurse of the facility to be a preceptor; and

(c) Files with the facility a current written list concerning his knowledge and skills that is prepared in accordance with the provisions of section 77 of this regulation.

Sec. 71. 1. *Each program for training a dialysis technician provided by a facility must consist of a written curriculum which specifies the objectives for each portion of the course.*

2. The written curriculum must include at least the following subjects:

(a) Introduction to dialytic therapies, including:

(1) The history of dialysis;

(2) Definitions and terminology;

- (3) Communication skills;*
- (4) Ethics and confidentiality;*
- (5) The multidisciplinary process;*
- (6) The roles of the members of an interdisciplinary team created pursuant to the provisions of section 41 of this regulation; and*
- (7) Information concerning renal organizations and resources;*
- (b) The principles of hemodialysis, including:*
 - (1) The principles of dialysis;*
 - (2) Access to the circulatory system; and*
 - (3) Anticoagulation, local anesthetics and normal saline;*
- (c) Understanding a person who suffers from kidney failure, including:*
 - (1) Basic renal anatomy, physiology and pathophysiology;*
 - (2) The effect of renal failure on the systems of the body;*
 - (3) The symptoms and findings related to the uremic state;*
 - (4) The modes of renal replacement therapy, including kidney transplantation;*
 - (5) Basic renal nutrition;*
 - (6) Basic psychosocial aspects of end-stage renal disease;*
 - (7) The medications commonly administered to a patient who is diagnosed with end-stage renal disease, including the manner of administering and the effects of those medications;*
 - (8) Confidentiality of the personal and clinical records of a patient of a facility;*
 - (9) Professional conduct;*
 - (10) The rights and responsibilities of a patient of a facility; and*
 - (11) Rehabilitation of a patient of a facility;*

(d) Procedures relating to dialysis, including:

(1) Using aseptic techniques;

(2) The technical aspects of dialysis, operation and monitoring of equipment, and the commencement and termination of dialysis;

(3) Delivering dialysis treatment adequately and circumstances which may result from inadequate treatment;

(4) Observing and reporting the reaction of a patient to treatment;

(5) Monitoring glucose and hemoglobin or hematocrit monitoring;

(6) Emergency procedures and responses, including cardiopulmonary resuscitation, the management of an air embolism and the proper response to line separation and hemolysis;

(7) External and internal disasters, fire, natural disasters and preparation for an emergency; and

(8) Safety, control of quality and improvement of quality;

(e) Information concerning devices used for hemodialysis, including:

(1) The theory and practice of conventional, high efficiency and high flux dialysis;

(2) Dialysate composition, options, indications, complications and safety;

(3) Monitoring and safety; and

(4) Disinfecting equipment;

(f) The treatment of water, including:

(1) Standards for water treatment used for dialysis as described in the American National Standard, Hemodialysis Systems, adopted by reference pursuant to the provisions of section 19 of this regulation;

(2) Systems and devices;

(3) Monitoring; and

(4) The risk of harm to a patient who uses untreated water;

(g) If the facility reuses water, information concerning the reprocessing of water, including:

(1) Principles of reuse;

(2) Safety, control of quality, standard precautions and water treatment; and

(3) Standards for reuse as described in the American National Standard, Hemodialysis

Systems, adopted by reference pursuant to the provisions of section 19 of this regulation;

(h) Providing instruction for a patient of a facility, including:

(1) The role of the technician in supporting the goals of the patient concerning education;

and

(2) The principles of adult education;

(i) Safety and the control of infection, including:

(1) The risk of harm to a patient from nosocomial infections and from accidents and errors

in providing treatment;

(2) Standard precautions, aseptic and sterile techniques and proper handling of a specimen;

(3) Basic bacteriology and epidemiology;

(4) The risk of harm to an employee of a facility resulting from exposure to blood and

chemicals; and

(5) Electrical, fire, disaster, environmental safety and hazardous substances; and

(j) The assurance and improvement of quality, including:

(1) The role of the dialysis technician in activities concerning the assurance of quality;

(2) The principles of the assurance and improvement of quality; and

(3) The importance of the assurance of quality to ensure that safe dialysis treatments are provided to each patient of the facility.

3. In addition to the requirements set forth in subsection 2, if a dialysis technician intends to assist in providing training or treatment to a patient of the facility who receives peritoneal dialysis, the program of training for the dialysis technician must include the following subjects:

- (a) The principles of peritoneal dialysis;*
- (b) Sterile techniques;*
- (c) The systems for the delivery of peritoneal dialysis;*
- (d) The symptoms of peritonitis; and*
- (e) The complications of peritoneal dialysis.*

4. In addition to the requirements set forth in subsection 2, if a dialysis technician intends to cannulate a dialysis access during the treatment of a patient of the facility or administer normal saline, heparin or lidocaine to that patient, the program of training for the dialysis technician must include the following subjects:

- (a) Access to circulation, including:*
 - (1) Fistula: creation, development, placement of needles and prevention of complications;*
 - (2) Grafts: materials used, creation, placement of needles and prevention of complications;*

and

- (3) Symptoms to report;*
- (b) Safe administration of medications, including:*
 - (1) Identifying the patient;*
 - (2) Ensuring the proper administration of medication;*
 - (3) Measuring the correct dose;*

(4) Ascertaining the correct route to administer the dose; and

(5) Ensuring the correct time to administer the dose;

(c) Administration of normal saline, including:

(1) The reasons for administration;

(2) Potential complications;

(3) The limits of administration; and

(4) Information to report and record;

(d) Administration of heparin, including:

(1) The reasons for administration;

(2) The methods of administration;

(3) The preparation of an ordered dose;

(4) Potential complications; and

(5) Information to report and record; and

(e) Administration of lidocaine, including:

(1) The reasons for administration;

(2) The method of administration;

(3) The preparation of an ordered dose;

(4) Potential complications and risks; and

(5) Information to report and record.

5. The instructor of a course of training provided to a dialysis technician shall:

(a) Maintain a roster of attendance for each dialysis technician enrolled in the course; and

(b) At least once each week during the course, evaluate each dialysis technician enrolled in the

course to determine the progress of the dialysis technician in completing the course.

6. Except as otherwise provided in subsection 7, each dialysis technician specified in subsection 5 must complete a written examination. The examination must include each of the subjects specified in subsections 2 and 3. If the dialysis technician intends to cannulate a dialysis access during the treatment of a patient of the facility or administer normal saline, heparin or lidocaine to that patient, the examination must include the subjects specified in subsection 4. To pass the written examination, the dialysis technician must achieve a score of not less than 80 percent on each of the subjects required to be included in the written examination pursuant to the provisions of this subsection.

7. The provisions of subsection 6 do not apply to a dialysis technician who is certified as a dialysis technician by an organization that is approved by the bureau.

Sec. 72. Each instructor who provides instruction pursuant to a program of training specified in section 71 of this regulation must be:

1. A physician who is qualified as a medical director in accordance with the provisions of section 50 of this regulation;

2. A registered nurse who:

(a) Has at least 12 months of experience in performing hemodialysis obtained within the 2 years immediately preceding the date he begins instruction pursuant to the program; and

(b) Has provided to the facility a current written list concerning his knowledge and skills that is prepared pursuant to the provisions of section 77 of this regulation;

3. A registered nurse who provides instruction for a course of training for a dialysis technician at an accredited college or university; or

4. A qualified dietitian or social worker who provides instruction within his area of expertise.

Sec. 73. If a licensed nurse or dialysis technician has at least 1 year of experience in performing hemodialysis and has filed with the facility a current written list concerning his knowledge and skills prepared in accordance with the provisions of section 77 of this regulation, the licensed nurse or dialysis technician may:

- 1. Assist in providing instruction to a dialysis technician at the facility; and*
- 2. Serve as a preceptor at the facility.*

Sec. 74. 1. Except as otherwise provided in subsection 2, each program of training specified in section 71 of this regulation must consist of at least 80 hours of education in the classroom and 200 hours of directly supervised clinical training for each dialysis technician who is enrolled in the program.

2. A training program for a dialysis technician who has experience in providing care directly to a patient of a facility may consist of not less than 80 hours of combined education in the classroom and clinical training if the dialysis technician demonstrates to the satisfaction of the facility that he is competent to provide that care.

Sec. 75. Each facility shall appoint a committee to review the training provided pursuant to a program of training specified in section 71 of this regulation. The membership of the committee must consist of at least the medical director, supervising nurse, chief technician and administrator of the facility. The committee shall:

- 1. Review the records of each dialysis technician enrolled in the program, including:*
 - (a) The results of each examination taken by the dialysis technician pursuant to the provisions of section 71 of this regulation; and*
 - (b) Each written list concerning the knowledge and skills of the dialysis technician prepared pursuant to the provisions of section 77 of this regulation;*

2. Receive and consider all comments concerning the dialysis technician submitted to the committee by an instructor or preceptor; and

3. Verify that the dialysis technician has successfully completed the program of training.

Sec. 76. 1. If a person completes an orientation program of a facility pursuant to the provisions of section 57 of this regulation and has been determined by the facility to be qualified to provide dialysis treatment before October 1, 2000, the person may qualify as a dialysis technician if he:

(a) Except as otherwise provided in subsection 2, passes the written examination specified in section 71 of this regulation and demonstrates competency by obtaining a written list concerning his knowledge and skills prepared in accordance with the provisions of section 77 of this regulation; or

(b) Demonstrates to the satisfaction of an instructor or supervising nurse for the facility that he is competent to assume the responsibilities of a dialysis technician and obtains from the instructor or supervising nurse a written list concerning his knowledge and skills prepared in accordance with the provisions of section 77 of this regulation.

2. In lieu of passing the written examination pursuant to the provisions of paragraph (a) of subsection 1, a dialysis technician who is certified as a dialysis technician by a nationally recognized testing organization may provide a copy of that certification to the facility.

Sec. 77. The supervising nurse or a registered nurse of a facility who qualifies as an instructor for the facility shall complete a written list to determine the knowledge and skills of each dialysis technician in performing the following activities:

1. Assembling supplies required to provide treatment to a patient of the facility;

2. Preparing dialysate according to procedure and dialysis prescription;

3. *Assembling and preparing the dialysis extracorporeal circuit;*
4. *Securing the correct dialyzer for the patient;*
5. *Installing and rinsing the dialyzer and all required tubing for the dialyzer;*
6. *Testing monitors and alarms, conductivity and, if applicable, testing for the presence or absence of residual sterilants;*
7. *Setting monitors and alarms in accordance with the protocols of the facility and the instructions of the manufacturer of the monitor or alarm;*
8. *Obtaining predialysis vital signs, weight and temperature of a patient of the facility in accordance with the protocols of the facility and, after obtaining that information, notifying the supervising nurse or registered nurse of all unusual findings;*
9. *Inspecting the dialysis access of the patient for patency and, after cannulation is performed and heparin is administered, initiating dialysis in accordance with the patient's prescription, observing universal precautions and reporting all unusual findings to the supervising nurse or registered nurse;*
10. *Adjusting the rate of the flow of blood in accordance with the protocols of the facility and the prescription of the patient;*
11. *Calculating and setting the dialysis machine to allow the removal of fluid at a rate established in accordance with the protocols of the facility and the prescription of the patient;*
12. *Monitoring the patient and equipment during treatment, responding appropriately to the requirements of the patient and to machine alarms and reporting all unusual occurrences to the supervising nurse or registered nurse;*
13. *Changing the rate of the removal of fluid, placing the patient in the Trendelenburg position and administering replacement normal saline as directed by:*

- (a) The supervising nurse or registered nurse;*
- (b) An order of a physician; or*
- (c) The protocols of the facility;*
- 14. Documenting all findings and actions in accordance with the protocols of the facility;*
- 15. Describing the appropriate response to:*
 - (a) Emergencies relating to dialysis, including, without limitation, cardiac or respiratory arrest, needle displacement or infiltration, clotting, blood leaks or air emboli; and*
 - (b) Nonmedical emergencies, including, without limitation, power outages or equipment failures;*
- 16. Discontinuing dialysis and establishing hemostasis, including:*
 - (a) Inspecting, cleaning and dressing the dialysis access of the patient in accordance with the protocols of the facility; and*
 - (b) Reporting all unusual findings or occurrences to the supervising nurse or registered nurse;*
- 17. Obtaining and recording the temperature, weight and postdialysis vital signs of the patient and reporting all unusual findings to the supervising nurse or registered nurse;*
- 18. Discarding supplies and sanitizing the equipment and treatment chair in accordance with the protocols of the facility;*
- 19. Communicating all emotional, medical, psychological or nutritional concerns of the patient to the supervising nurse or registered nurse;*
- 20. Obtaining current certification in cardiopulmonary resuscitation; and*
- 21. Maintaining professional conduct, good communication skills and confidentiality concerning the care of the patients of the facility.*

Sec. 78. *In addition to the written list required pursuant to the provisions of section 77 of this regulation, if a dialysis technician who is enrolled in a course of training pursuant to the provisions of section 71 of this regulation intends to provide training or treatment for a patient of the facility who receives peritoneal dialysis, each of the following activities must be completed satisfactorily by the dialysis technician:*

- 1. Assisting patients in ordering supplies;*
- 2. Performing an exchange of dialysate by draining and refilling the peritoneal space with dialysate, including procedures for conducting a continuous ambulatory peritoneal dialysis exchange and the commencement or discontinuation of continuous cycling peritoneal dialysis;*
- 3. Observing peritoneal effluent;*
- 4. Recognizing and understanding the appropriate observations to report;*
- 5. Collecting a specimen of dialysate;*
- 6. Performing a change of transfer tubing; and*
- 7. Setting up and operating the equipment required to conduct continuous cycling peritoneal dialysis.*

Sec. 79. *In addition to the written list required pursuant to the provisions of section 77 of this regulation, if a dialysis technician who is enrolled in a course of training pursuant to the provisions of section 71 of this regulation intends to cannulate a dialysis access of a patient of the facility or administer normal saline and heparin to that patient, each of the following activities must be completed satisfactorily by the dialysis technician:*

- 1. Cannulation, including:*
 - (a) Inspecting the dialysis access of the patient for patency;*
 - (b) Preparing the skin;*

- (c) Using aseptic techniques;*
- (d) Placing needles correctly;*
- (e) Establishing blood access;*
- (f) Replacing needles;*
- (g) Recognizing the circumstances under which a call for assistance may be required; and*
- (h) Securing needles;*

2. The administration of heparin, including:

- (a) Checking the prescription of the patient;*
- (b) Preparing the dose;*
- (c) Labeling the prepared syringe;*
- (d) Administering the dose; and*
- (e) Observing the patient for complications experienced by the patient;*

3. The administration of normal saline, including:

- (a) Understanding unit protocol;*
- (b) Checking the prescription of the patient;*
- (c) Recognizing signs of hypertension experienced by the patient;*
- (d) Notifying the registered nurse;*
- (e) Administering normal saline; and*
- (f) Rechecking vital signs; and*

4. The administration of lidocaine, including:

- (a) Checking the prescription of the patient;*
- (b) Identifying the correct vial of medication for the patient;*
- (c) Preparing the dose;*

(d) Administering the dose; and

(e) Observing the patient for complications experienced by the patient.

Sec. 80. *If a dialysis technician intends to cannulate a dialysis access during the treatment of a patient of the facility or administer normal saline, heparin or lidocaine, the medical director of the facility must, before the dialysis technician performs those tasks at the facility, verify and document whether the dialysis technician is competent to perform those activities.*

Sec. 81. 1. *A facility shall issue to each dialysis technician who successfully completes a program of training and receives an evaluation of his competency provided to him by the facility pursuant to the provisions of sections 71 to 81, inclusive, of this regulation a document indicating that he has successfully completed the program of training.*

2. Each document issued pursuant to the provisions of subsection 1 must include a statement indicating that the program for which the document is issued satisfies the requirements of sections 71 to 81, inclusive, of this regulation.

3. A document issued pursuant to the provisions of subsection 1 may be accepted by any other facility that employs the dialysis technician. The document may be accepted only for 6 months after the date on which the document is issued. If the dialysis technician is employed by any other facility after that date, the dialysis technician shall obtain from the facility that employs the dialysis technician a written list concerning his knowledge and skills prepared in accordance with the provisions of section 77 of this regulation.

Sec. 82. *A dialysis technician of a facility shall not:*

1. Initiate the provision of education for any patient of the facility;

2. Alter any treatment that is ordered for a patient of the facility, including shortening the period for providing treatment to the patient;

- 3. Administer any medication to a patient of the facility other than the administration of normal saline, heparin or lidocaine during the regular course of treatment for the patient;*
- 4. Administer any blood or products of blood to a patient of the facility;*
- 5. Perform a venipuncture other than a venipuncture at the point of access for dialysis;*
- 6. Perform an arterial puncture;*
- 7. Accept the order of a physician; or*
- 8. Provide hemodialysis treatment to a pediatric patient of the facility who is under 14 years of age or weighs less than 35 kilograms.*

Errata Sheet for LCB File No. R130-99RP

Based on comments solicited from providers of Treatment for End Stage Renal Disease as part of the development of a Small Business Impact Statement, BLC will recommend that the following changes be made to the Proposed Regulations for Facilities for the Treatment of End Stage Renal Disease.

Matter in *bold print* is the recommended change, matter in brackets ~~[omitted material]~~ is to be omitted.

Sec.21 – The bureau shall consider a facility to be in compliance with the provisions of ~~[sections 2 to 82, inclusive, of this regulation if:]~~ *construction, space and design of these regulations if:*

Sec 21.1 (a) – The facility was licensed on or before ~~[October 1, 2000]~~ *July 1, 2001; and*

~~[(b) The use of the physical space of the facility does not change after that date; and]~~

Delete

Sec 21 ~~[3.Each existing or newly constructed facility must be designed and maintained in accordance with the provisions of “N.F.P.A. 101: Life Safety Code,” 1997 edition, which is hereby adopted by reference. A copy of those provisions may be obtained from the National Fire Protection Association, 11 Tracy Drive, Avon, Massachusetts 02322, for the price of \$48.50.]~~ **Delete**

Sec 22 ~~[1. If a facility is equipped with a sprinkler system or any other equipment that is used to suppress fires at the facility, the sprinkler system or other equipment must be inspected and tested at least once each year to maintain the system or other equipment in serviceable condition. The sprinkler system must be installed and maintained in accordance with the provisions of “N.F.P.A. 13: Installation of Sprinkler Systems,” 1999 edition, and “N.F.P.A. 25: Inspection, Testing and Maintenance of Water Based Fire Protection Systems,” 1995 edition, which are hereby adopted by reference. A copy of those provisions may be obtained from the National Fire Protection Association, 11 Tracy Drive, Avon, Massachusetts 02322, for the price of \$38.75 and \$27, respectively.]~~ **Delete**

Sec 22 ~~[2]~~ *1.* Each facility shall install a system for lighting the facility that is capable of providing sufficient illumination to allow safe evacuation from each building of the facility during an emergency at the facility. Each battery pack system used by the facility must be maintained and tested at least once each ~~[week]~~ *month*. If a facility maintains a backup generator, the generator must be installed, tested and maintained in accordance with the ~~[provisions of “N.F.P.A. 110: Standard for Emergency and Standby Power Systems,” 1999 edition, which is hereby adopted by reference. A copy of those provisions may be obtained from the National Fire Protection Association, 11 Tracy Drive, Avon, Massachusetts 02322, for the price of \$24.25.]~~ *manufacturers instruction. The facility must document the testing of the generator at least once every six months.*

~~[3. If a facility is located in or adjacent to a building that is classified as high hazard industrial occupancy pursuant to the provisions of subsection 1.4.11 of section 28 of the “N.F.P.A. 101: Life Safety Code,” adopted by reference pursuant to the provisions of section 21 of this regulation, the facility shall:~~

~~(a) Install a 2-hour rated fire wall between the facility and the building; and~~

~~(b) Obtain written approval for the building from the appropriate local government.] Delete~~

Sec 22.2 A facility can not be located in or adjacent to a building that is considered high hazard and meets the requirements of group H of the 1997 “Uniform Building Code, Volume I” which is hereby adopted by reference. A copy of these provisions may be obtained from the International Conference of Building Officials, 5360 Workman Mill Road, Whittier, California, 90601, for the price of \$191.55.

~~[4]~~ *3.* Each facility must be equipped with smoke detectors that are maintained in proper operating condition at all times. The smoke detectors must be tested in accordance with the specifications of the manufacturer of the smoke detectors. **Number change only.**

Sec 24 - 10. Any appliance or other electrical equipment of a facility must be grounded in accordance with the provisions of sections ~~[3-4.1 and]~~ 7-5.1 of “N.F.P.A. 99: Standard for Health Care

Facilities,” 1999 edition, which is hereby adopted by reference. A copy of those provisions may be obtained from the National Fire Protection Association, 11 Tracy Drive, Avon, Massachusetts 02322, for the price of \$38.75.

Sec 25.9 - (b) Include a testing port that is located between the tanks or bank of tanks. ~~[Before each patient shift,]~~ *once daily prior to treating patients*, the facility shall test water from that port to determine the amount of chlorine and chloramine in the water. The initial test conducted each treatment day for chlorine and chloramine must be conducted not less than 15 minutes after the water treatment system is started for that day.

Sec 34 - 2. Each facility *must offer Hepatitis B vaccine to all health care personnel*. ~~[shall screen each new member of the staff of a facility for the presence of the hepatitis B surface antigen. The results of a screening conducted pursuant to the provisions of this subsection must be reviewed before the member of the staff may provide care to a patient of the facility, unless the new member of the staff provides to the facility documentation indicating a positive serologic response by that member to hepatitis B vaccine.]~~

3. Each facility shall establish and comply with a policy to conduct ~~[repetitive serologic]~~ *post vaccination* screening of each member of the staff of the facility. The serologic screening must be conducted *within one to two months after the final dose of vaccine. Further screening and follow-up must be based on the results of the antiHB's testing. Responders as defined in Appendix I* ~~[to determine whether the hepatitis B surface antigen and any antibody to that antigen is present in the blood of the member of the staff and must comply with the provisions of Appendices I and]~~ II of the National Surveillance of Dialysis-Associated Diseases in the United States, 1993 edition, which is hereby adopted by reference *need no further testing. Non-responders as defined in Appendix II should be considered susceptible to HBV infection and tested every six months.* A copy of *Appendix II* ~~[those provisions]~~ may be obtained free of charge from the Public Health Service, Centers for Disease Control and Prevention, National Center for Infectious Diseases, Hospital Infections Program, Mail Stop C01, Atlanta, Georgia 30333.

Sec. 36. 1. Each candidate for dialysis at a facility ~~{must}~~ *should* be screened for the hepatitis B surface antigen before he is admitted to the facility. The screening may be performed at any time within 30 days before the person is admitted to the facility.

Sec. 37. 1. If a patient of a facility tests positive for the hepatitis B surface antigen, the facility shall provide treatment for the patient:

(a) On a ~~{dedicated machine}~~ *machine dedicated for Hepatitis B positive patients*; and

(b) In an area of the facility that includes:

(1) A sink for washing hands;

(2) A work area;

(3) An amount of equipment and supplies that is sufficient to care for the patient; and

(4) Sufficient space to prevent contamination of any other patient of the facility.

2. A patient specified in subsection 1 must be dialyzed on ~~{equipment that is reserved and maintained for the exclusive use of that patient.}~~ *equipment dedicated to Hepatitis B positive patients.*

Sec 37 - 6. The facility shall obtain the results of testing for a patient specified in subsection 4 not later than ~~{3}~~ *7 calendar* days after the patient is admitted to the facility.

Sec 39 - 6. A facility shall report each of the following events to the bureau within ~~{3-business}~~ *7 calendar* days after the event occurs:

Sec 40 – 1 (d) Provided with information concerning his treatment in a manner which ensures that the patient, *or* the legal representative of the patient ~~{and each member of the patient's family}~~ understands that information;

Sec 40 – 2 (c) Is provided with information concerning ~~[any]~~ advance directives ~~[and allowed to prepare the directive to the extent authorized by law;]~~ *and statutes on “do not resuscitate orders” and “do not resuscitate identification” as defined in NRS 450 B. 400 to 450 B.530 inclusive.*

Sec 41 – 2 (b) Evidence indicating that the *contents of the plan were disclosed to the* patient or his legal representative *and they were* ~~[was]~~ provided an opportunity to participate in and discuss the preparation of the plan; and

~~[3(c) A statement indicating that the contents of the plan were disclosed to the patient or his legal representative.] delete~~

Sec 41 - 5. Evidence of the review of the plan with the patient. ~~[and]~~ Each member of the interdisciplinary team ~~[to]~~ *shall* evaluate the progress of the patient toward the objectives specified in the plan and any actions taken by those members, if the objectives are not achieved, must be documented and included in the clinical record of the patient.

Sec 42 - 6. Each facility shall, ~~[not less than once each quarter;]~~ conduct a fire drill *each quarter.* ~~[during each patient shift.]~~ *The occurrence of the drills shall be rotated to ensure each patient shift participates at least once annually.* The fire drill must include the use of alarms and equipment and a discussion with the patients, visitors, employees and members of the staff of the facility concerning evacuation from each building of the facility. After conducting the fire drill, the facility shall prepare and maintain a written report concerning the drill. The written report must include evidence that the members of the staff and the patients of the facility participated in the fire drill.

Sec. 44. -1. Each facility shall provide nursing services to each patient of the facility ~~[and to each member of the patient’s family]~~ to prevent or reduce complications and to maximize the functional status of the patient.

Sec 44 - 4. Each facility shall ensure that a registered nurse *or physician* is present at the site of the facility and available to the treatment area to provide care at all times during which treatment is provided to a patient of the facility in that area.

Sec 44 - 5. ~~[At least one registered nurse must be available at the site of each facility to provide care for every 14 patients or portion thereof admitted to the facility. The registered nurse may be the charge nurse of the facility.]~~ *Nursing services must be furnished or supervised by a registered nurse. The registered nurse may be the charge nurse of the facility. The facility shall have a sufficient number of licensed registered nurses, licensed practical nurses and other personnel to provide nursing care to all patients as needed.*

Sec 44 – ~~[6. If a facility provides pediatric dialysis to a pediatric patient of the facility who is less than 14 years of age or weighs less than 35 kilograms, a registered nurse who has experience or training in providing pediatric dialysis must be available to provide care for that patient.]~~ **delete**

Sec 44 – ~~[7]~~ **6.** Each facility shall ensure that a sufficient number of the members of the staff of the facility are available at the site of the facility to provide care directly to each patient of the facility and to satisfy the requirements of each of those patients. **Number change only.**

Sec 44 – ~~[8]~~ **7.** A licensed nurse or dialysis technician shall evaluate each patient before and after treatment is provided to the patient in accordance with the policy of the facility and the amount of training received by the licensed nurse or dialysis technician. **Number change only.**

Sec 44 – ~~[9]~~ **8.** A registered nurse shall conduct an initial nursing assessment of each patient of the facility at the time the patient receives his first treatment at the facility. The assessment must be completed by the registered nurse within 2 weeks after the beginning of that treatment. **Number change only.**

Sec 47 – 2 (d) Except as otherwise provided in subsection 7:

(1) Counsel the patient and ~~[each member of the family]~~ *if necessary the caregiver* of the patient concerning any diet prescribed for the patient at the facility; and

Sec 47 - 4. Each facility shall ~~[conduct a reassessment]~~ *revise the assessment* of the nutritional status of each patient specified in subsection 3~~[-The reassessment must be conducted]~~ annually or more often if required by the circumstances concerning the treatment of the patient.

Sec. 48 - 1. Each facility shall provide social services to each patient of the facility and ~~[to each member of the family]~~ *if necessary to the caregiver* of the patient. The facility shall ensure that the social services support and maximize the adjustment, social functioning and rehabilitation of each patient of the facility.

Sec 48 – 2 (d) Except as otherwise provided in subsection 7, ~~[provide case work and group work services]~~ to the patient and ~~[each]~~ members of his family *as needed*, concerning the problems associated with treating end-stage renal disease;

Sec 48 - 4. Each facility shall ~~[conduct a]~~ *revise the* psychosocial ~~[re]~~ assessment of each patient specified in subsection 3~~[-The reassessment must be conducted]~~ annually or more often if required by the circumstances concerning the treatment of the patient.

Sec 50 – 1 (b) During the 5 years immediately preceding ~~[October 1, 2000]~~ *July 1, 2001*, must have served for at least 12 months as the director of a dialysis program.

Sec 51 - 2. If a patient of the facility receives pediatric dialysis at the facility, the treatment provided to the patient must be supervised by a pediatric nephrologist *or pediatrician*. If a pediatric nephrologist is not available to serve as the primary physician for the patient, an adult nephrologist may serve as the primary physician for the patient if a direct patient evaluation is prepared by a pediatric nephrologist *or pediatrician* at the initiation of care for the patient and annually until the patient reaches 6 years of age.

Sec 51 - 3. Each patient who receives treatment at the facility must be ~~examined~~ *evaluated* at least once each month by a physician who is a member of the medical staff of the facility. If a patient of the facility performs dialysis for himself at his residence, the patient must be examined by such a physician at least once every 3 months. The record of any examination conducted pursuant to the provisions of this subsection must include evidence of:

Sec 51 - 5. Any order concerning the treatment of a patient of a facility must be prepared in writing and signed by the physician preparing the order. If a physician prepares a routine order for treatment, the order must:

- (a) Be revised at least annually; and
- (b) Include a statement indicating the:
 - (1) ~~Periods for providing treatment to the patient~~ *Duration of treatment*;
 - (2) Dialyzer to be used for that treatment;
 - (3) Rate of the flow of blood for the patient during that treatment;
 - (4) Target weight of the patient;
 - (5) Medications required for the patient, including heparin. ~~and~~
 - ~~(6) Specific measures that are required to control infection.~~ **delete**

Sec 53 – 2 (b) Monthly communication from a member of the staff of the facility by:

- (1) Telephone;
- (2) Visits to the facility by the patient; or

(3) Visits to the patient's residence by ~~the~~ a member of the staff;

Sec 59 - 2. Except as otherwise provided in subsection 3, each nurse of a facility who is assigned charge responsibilities must:

(a) Be a registered nurse; and

(b) Have at least 6 months of experience as a nurse in ~~performing hemodialysis~~ *nursing care of a patient with permanent kidney failure and/or performing hemodialysis*. The experience required pursuant to the provisions of this paragraph must be obtained within the 2 years immediately preceding the date on which the nurse is assigned charge responsibilities by the facility.

Sec 60 - 2. After becoming registered or eligible for registration, obtain at least 1 year of experience in clinical dietetics *or work under the supervision of an otherwise qualified dietician*.

Sec 64 - 7. Each clinical record must include:

(a) Information concerning the identity of the patient for whom the clinical record is prepared;

(b) Each written notice provided to the patient at the facility and each written consent obtained from the patient at the facility;

(c) Each order prepared by a *facility* physician concerning the patient;

(d) Each progress note prepared by the facility concerning the patient;

Sec 64 – 7 (k) Each diagnostic study ~~conducted~~ concerning the patient *ordered by the attending nephrologist*;

- (l) Each ~~[record of the hospitalization of the patient]~~ *appropriate hospitalization record*;
- (m) Each record of consultation with the patient *requested by the attending nephrologist*;
- (n) If practicable, the record of creation and revision of access for each dialysis treatment provided to the patient;

Sec 65 – 1 (b) The results of each diagnostic test concerning the patient *requested by the attending nephrologist*;

Sec 67 - 1. The clinical record of each transient patient of a facility must include:

- (a) Each order for the treatment of the patient at the *treating* facility;
- (b) Each laboratory report *ordered by the treating facility* concerning the patient that is prepared within 30 days after receiving treatment at the facility, including hepatitis B antigen status;
- (c) The most recent patient care plan and treatment records received from the home facility of the patient; and
- (d) ~~[Each record concerning the care and treatment of the patient received at the home facility of the patient.]~~ *All records received from the home facility concerning the care and treatment of the patient.*

Sec 70 - 4. A person shall not act as a preceptor for a facility unless he:

- (a) Is a licensed nurse or dialysis technician who has at least ~~[1-year]~~ *six months* of experience in performing hemodialysis obtained within the 24 months immediately preceding the date he becomes a preceptor for the facility;

Sec. 75. Each facility shall appoint a committee to review the training provided pursuant to a program of training specified in section 71 of this regulation. The membership of the committee must consist of at least the medical director, supervising nurse~~[,]~~ *and* chief technician ~~[and administrator]~~ of the facility. The committee shall:

Sec. 76. 1. If a person completes an orientation program of a facility pursuant to the provisions of section 57 of this regulation and has been determined by the facility to be qualified to provide dialysis treatment before ~~[October 1, 2000]~~ *July 1, 2001*, the person may qualify as a dialysis technician if he:

Sec 82 ~~[8. Provide hemodialysis treatment to a pediatric patient of the facility who is under 14 years of age or weighs less than 35 kilograms.]~~ **delete**

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