

LCB File No. R075-04

**PROPOSED REGULATION OF THE HEALTH DIVISION OF
THE DEPARTMENT OF HUMAN RESOURCES**

FACILITIES FOR TREATMENT OF IRREVERSIBLE RENAL DISEASE

General Provisions

EXPLANATION – Matter *italicized* is new language; matter in brackets **H** is omitted language.

The following sections **have not** been revised or modified:

NAC 449.501, 449.502, 449.504, 449.5045, 449.505, 449.5053, 449.5055, 449.5065, 449.507, 449.508, 449.510, 449.511, 449.513, 449.516, 449.517, 449.519, 449.5205, 449.522, 449.5225, 449.523, 449.5235, 449.525, 449.5255, 449.526, 449.5265, 449.528, 449.5285, 449.529, 449.5295, 449.531, 449.5315, 449.532, 449.5325, 449.534, 449.5345, 449.540, 449.5405, 449.541, 449.543, 449.5435, 449.544, 449.5445, 449.546, 449.5465, 449.547, 449.5475, 449.549, 449.5495, 449.550, 449.5505, 449.552, 449.5525, 449.553, 449.5535, 449.555, 449.5555, 449.556, 449.5565, 449.558, 449.5585, 449.559, 449.5595, 449.561, 449.5615, 449.570, 449.5705, 449.571, 449.5715, 449.573, 449.5735, 449.574, 449.5745, 449.576, 449.5765, 449.577, 449.5775, 449.579 and 449.5795.

Construction; Health and Safety

Section 1 NAC 449.520 is hereby amended to read as follows:

NAC 449.520 New construction or remodeling: Notice; addition of stations; application; fee; inspection; written report by facility. (NRS 439.150, 449.037, 449.050)

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~~ 250.

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 *most recently published edition 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, 1110 North Glebe Road, Suite 220, Arlington, Virginia 22201. ~~[, for the price of \$50 for members and \$100 for nonmembers.]~~

Section 2 NAC 449.5415 is hereby amended to read as follows

NAC 449.5415 Procedures for emergencies and disasters. (NRS 449.037)

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 at the facility. The facility shall rotate the occurrence of the fire drills to ensure that each patient shift participates in a fire drill at least once each year. Each 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 a fire drill, the facility shall prepare and maintain a written report concerning the fire 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.

9. The facility shall adopt procedures to ensure that water is available to the essential areas of the facility if there is an interruption in the facility's normal supply of water.

LCB File No. R075-04

SMALL BUSINESS IMPACT STATEMENT

(Nevada Revised Statutes 233B.0608)

Proposed Amendment of Nevada Administrative Code (NAC)

Plan Review and Dietary Services

Background:

The purpose of the proposed revised regulations for plan review is to require a review of architectural plans for the majority of facility types.

The construction standards regulations were revised to adopt by reference the National Fire Protection Association's (NFPA) 101 Life Safety Code, and the NFPA 99 Health Facilities Standards and the American Institute of Architects Guidelines for Design and Construction of Hospitals and Health Care Facilities throughout all applicable facility types. The revisions included changing the "Uniform Building Code" to local building codes due to changes being made on a national level from the "Uniform Building Code" to the International Codes or the National Fire Protection 5000 codes. It is the intent of the Bureau of Licensure and Certification (BLC) to eliminate a conflict between the state requirements and the local requirements in the area of the building codes.

The regulations addressing the dietary personnel of hospitals were revised to allow the director of the dietetic services department to have professional qualifications in the area of professional chef, hotel-restaurant management, or is certified at minimum as a dietary manager and has additional work experience with medical-therapeutic diets.

The regulations addressing the requirement for a food establishment permit issued by the Bureau of Health Protection Services (BHPS), in Intermediate Care Facilities, Facilities for the Treatment of Alcohol and Drug Abuse, Modified Medical Detoxification Facilities were revised to require facilities with more than 10 clients/residents to have an inspection and permit.

Interested individuals can obtain a copy of the information packet, including the Small Business Impact Questionnaire, sent to all licensed facilities, from Shirley Rains, Administrative Assistant III, Bureau of Licensure and Certification, 1550 East College Parkway, Suite 158, Carson City, Nevada 89703

1. A description of the manner in which comment was solicited from affected small businesses, a summary of their response and an explanation of the manner in which other interested persons may obtain a copy of the summary.

Pursuant to NRS 233B.0608 (2) (a), the BLC has requested input from operators of the following facility types:

Obstetric Care
 Facilities for the Treatment of drug and Alcohol Abuse
 Facilities for Treatment of Irreversible Renal Disease
 Hospitals
 Independent Centers for Emergency Medical Care
 Mobile Units
 Facilities for Modified Medical Detoxification
 Facilities for the Care of Adults During the Day
 Surgical Centers for Ambulatory Patients
 Intermediate Care Facilities

A Small Business Impact Statement Questionnaire was sent to the facilities in the table above along with written correspondence detailing the proposed amendments, including a copy of the proposed regulations, on February 27, 2004. The questions on the questionnaire were:

- 2) Will a specific regulation have an adverse economic effect upon your business?
- 3) Will the regulation(s) have any beneficial effect upon your business?
- 4) Do you anticipate any indirect adverse effects upon your business?
- 5) Do you anticipate any indirect beneficial effects upon your business?

Facility Type	Number of Responses
Ambulatory Surgery Center	3
Hospital	4
End Stage Renal Dialysis Center	1

Saint Rose Dominican Hospitals responded by indicating the regulations will have an adverse economic effect upon our business. A comment was included that stated they feel plan review should be conducted early in the process for identification of any potential oversight in the specifications before the licensing inspection is conducted.

This respondent states that NAC 449.3156(1) (d) should read ...the use of the physical space has not changed in such a way to not comply with the Guidelines for Design and Construction of Hospitals and Health Care Facilities or cause serious injury, serious harm or impairment to public health and welfare.

Additionally, this respondent stated that the regulations at NAC 449.3385(2) will have a beneficial effect upon the hospital because the changes in the regulation will make this position much easier to fill, and still contains the clinical dietetic advantages.

2. The estimated economic effect of the proposed regulation on the small business which it is to regulate including without limitation both adverse and beneficial effects and both direct and indirect effects.

There will be an added economic effect to those facilities previously not required to submit architectural plans for review, however, the benefit in identifying potential non-compliance at a point where changes must be made to plans, rather than a constructed building, balance the costs of the plan review.

The proposed revisions to the dietary personnel requirements will not have additional economic effect on a facility.

The regulations revising the requirement for facilities with more than 10 clients/residents to have an inspection and permit issued by the Bureau of Health Protection Services (BHPS), in Intermediate Care Facilities, Facilities for the Treatment of Alcohol and Drug Abuse, Modified Medical Detoxification Facilities provides a cost saving in these facilities not being required to purchase commercial grade kitchen equipment to obtain a food establishment permit in a facility with less than 10 clients.

3. A description of the methods that BLC considered to reduce the impact of the proposed regulation on small businesses and statement regarding whether the agency actually used those methods.

The BLC considered the impact of facilities in certain counties with populations over 50,000 of the potential of having multiple building codes adopted. The BLC revised the construction standards regarding building codes to eliminate duplicity and possible contradictory requirements.

4. The estimated cost to the agency for enforcement of the proposed regulation.

The estimated cost to the agency for enforcement of the proposed amendments to NAC 449.016 and 449.0168 is negligible.

5. Total amount BLC expects to collect from any fees and the manner in which the money will be used.

The revisions to the plan review and dietary services regulations will not increase licensing fees.

6. An explanation of why any duplicative or more stringent provisions than federal, state or local standards regulating the same activity are necessary.

No duplication or more stringent provision are either created or already in existence.