

Errata – LCB File No. R048-22

Blue italic = Proposed language found in LCB File No. R048-22

Red italic in bold = Proposed omitted material found in LCB File No. R048-22

Green italic = New language proposed as Errata

Section 1 is to be omitted from the proposed regulations.

~~***If the Chief Medical Officer determines that a pandemic exists or an epidemic exists within this State, the Chief Medical Officer may require any person or entity in this State to report to the Chief Medical Officer information prescribed by the Chief Medical Officer concerning the disease for which the pandemic or epidemic has been determined to exist.***~~

Section 5 is to be omitted from the proposed regulations.

~~***Sec. 5. 1. Except as authorized by this section, a medical facility, facility for the dependent or other facility required by the regulations adopted by the Board pursuant to NRS 449.0303 to be licensed shall not use audio or video monitoring equipment to monitor a patient or resident.***~~

~~***2. A medical facility, facility for the dependent or other facility required by the regulations adopted by the Board pursuant to NRS 449.0303 to be licensed may use audio or video monitoring equipment to monitor a patient or resident only if:***~~

~~***(a) The patient or resident or a person authorized by subsection 5 or 6 to serve as the representative of the patient or resident has requested or consented to the monitoring and agreed in writing to a specific duration for the monitoring;***~~

~~***(b) The monitoring is only used in the room in which the patient or resident sleeps;***~~

~~***(c) The monitoring does not violate any state or federal law, regulation or rule;***~~

~~***(d) The monitoring is conducted to protect the health, safety or personal property of the patient or resident; and***~~

~~***(e) If the patient or resident has a roommate, the roommate of the patient or resident or a person authorized by subsection 5 or 6 to serve as the representative of the roommate has also consented to the monitoring.***~~

~~***3. A medical facility, facility for the dependent or other facility required by the regulations adopted by the Board pursuant to NRS 449.0303 to be licensed must immediately stop using audio or video monitoring equipment to monitor a patient or resident if the patient or resident, a person authorized by subsection 5 or 6 to serve as the representative of the patient or resident, a roommate of the patient or resident or a person authorized by subsection 5 or 6 to serve as the representative of a roommate withdraws consent or becomes unable to consent.***~~

~~***4. At least quarterly, a medical facility, facility for the dependent or other facility required by the regulations adopted by the Board pursuant to NRS 449.0303 to be licensed that uses audio or video monitoring equipment to monitor a patient or resident shall, in consultation with the patient or resident or a person authorized by subsection 5 or 6 to serve as the representative of the patient or resident, reevaluate in writing the need for continued monitoring. The reevaluation must be:***~~

~~***(a) Signed and dated by the patient or resident or a person authorized by subsection 5 or 6 to serve as the representative of the patient or resident; and***~~

~~***(b) Maintained in the file of the patient or resident.***~~

~~5. A court-appointed guardian or attorney-in-fact for a patient, a resident or the roommate of a patient or resident may serve as the representative of the patient, resident or roommate, as applicable, for the purposes of this section if:~~

~~(a) The patient, resident or roommate, as applicable, is unable to provide or withdraw consent; and~~

~~(b) A court order specifically authorizes the court-appointed guardian or attorney-in-fact to consent to the use of audio or video monitoring equipment to monitor the patient, resident or roommate, as applicable. The facility shall maintain a copy of the court order in the record of the patient, resident or roommate, as applicable.~~

~~6. A surrogate of a patient, a resident or the roommate of a patient or resident may serve as the representative of the patient, resident or roommate, as applicable, for the purpose of providing or withdrawing consent pursuant to this section only to the use of video monitoring equipment without audio capabilities to monitor the patient or resident if the patient, resident or roommate, as applicable, is unable to provide or withdraw consent.~~

~~7. As used in this section, "surrogate" means the following persons, in order of priority:~~

~~(a) The spouse of a patient or resident or of the roommate of a patient or resident;~~

~~(b) An adult child of a patient or resident or of the roommate of a patient or resident or, if there is more than one adult child, a majority of the adult children who are reasonably available for consultation;~~

~~(c) The parents of a patient or resident or of the roommate of a patient or resident;~~

~~(d) An adult sibling of a patient or resident or of the roommate of a patient or resident or, if there is more than one adult sibling, a majority of the adult siblings who are reasonably available for consultation;~~

~~(e) The nearest other adult relative of a patient or resident or of the roommate of a patient or resident by blood or adoption who is reasonably available for consultation; or~~

~~(f) An adult who has exhibited special care or concern for a patient or resident or for the roommate of a patient or resident, is familiar with the values of the patient, resident or roommate, as applicable, and is willing and able to make health care decisions for the patient, resident or roommate, as applicable.~~

Section 13 proposed changes are as follows:

Sec. 13. 1. An ambulatory surgical center ~~[may]~~ must be designated as Class A, Class B, Class C, Class E or Endoscopy Only.

2. An ambulatory surgical center that is designated as Class A may provide minor surgical procedures performed under local or topical anesthesia. An operating room in an ambulatory surgical center that is designated as Class A must have a minimum clear area of 130 square feet (12.077 square meters) and a minimum clear dimension of 10 feet (3.05 meters).

3. An ambulatory surgical center that is designated as Class B may provide any surgical procedure authorized for an ambulatory surgical center that is designated as Class A and any surgical procedure performed under conscious or deep sedation. An operating room in an ambulatory surgical center that is designated as Class B must have a minimum clear area of 250 square feet (23.23 square meters) and a minimum clear dimension of 15 feet (4.57 meters).

4. An ambulatory surgical center that is designated as Class C may provide any surgical procedure authorized for an ambulatory surgical center that is designated as Class A or B and any surgical procedure that requires general anesthesia. An operating room in an ambulatory surgical center that is designated as Class C must have a minimum clear area of 400 square feet (37.16 square meters) and a minimum clear dimension of 18 feet (5.49 meters).

5. An ambulatory surgical center that is designated as Class E must have been licensed before August 5, 2004.

6. An ambulatory surgical center that is designated as Endoscopy Only may only provide endoscopy procedures. An operating room in an ambulatory surgical center that is designated as Endoscopy Only must have a minimum clear area of 180 square feet (16.7225 square meters).

7. As used in this section:

(a) "Clear area" means the open area of an operating room, excluding fixed cabinets and built-in shelves.

(b) "Clear dimension" means the open space between the operating room and another area of the building.

Section 26 proposed changes are as follows:

Sec. 26. NAC 449.0187 is hereby amended to read as follows:

449.0187 A facility for hospice care must comply with the following requirements:

1. A program of hospice care must be provided for each inpatient pursuant to a written plan of care established pursuant to NAC 449.0186.

2. Nursing services must be provided 24 hours per day in accordance with the plan of care for each patient.

3. Medication must be dispensed to each patient according to the instructions of the patient's physician or the medical director.

4. Treatment must be administered to a patient pursuant to the instructions of the physician of the patient or the plan of care for the patient.

5. Each patient must be maintained in a clean and well-groomed manner.

6. Each patient must be protected from accidents, injuries and infections. --35-- LCB Draft of Revised Proposed Regulation R048-22

7. At least one registered nurse must be on duty for each work shift, providing direct care to patients.

8. A written plan of the procedures to be followed during a local disaster, a widespread disaster or a disaster which occurs within the facility for hospice care must be adopted. The plan must:

(a) Provide procedures designed to protect each patient and to care for any casualty which may arise from such a disaster;

(b) Be reviewed and the procedures set forth therein rehearsed by all members of the staff at least once in each quarter of the year; and

(c) Be approved by the Division.

9. A private room with an adjoining bath must be provided for each patient.

10. An anteroom, a room adjoining the room of each patient or a private area must be provided and furnished with a bed and chairs for use by the members of the patient's family.

11. A facility for hospice care must comply with the provisions of ~~NFPA 101: Life Safety Code, adopted by reference in NAC 449.0105.~~ 42 Code of Federal Regulation §418.110 (d) Standard: Fire protection.

Section 41 proposed changes are as follows:

Sec. 41. 1. *A hospital shall have written policies concerning the qualifications, responsibilities and conditions of employment for each type of hospital personnel, including the licensure and certification of each employee when required by law.*

2. The written policies must be reviewed and updated as needed and must be made available to the members of the hospital staff.

3. Personnel policies must provide for: (a) The orientation of all health personnel to the policies and objectives of the hospital; and (b) The maintenance of records of current employees which confirm that the personnel policies are being followed.

4. *The hospital shall have evidence of a current license or certification on file at the hospital for each person employed by the hospital, or under contract with the hospital, who is required to be licensed or certified by law to perform his or her job.*
5. *The hospital shall ensure that the health records of its employees contain documented evidence of surveillance and testing of those employees for tuberculosis in accordance with chapter 441A of NAC.*
6. *A hospital shall: ~~(a) Provide the training required by~~ comply with the requirements of paragraph (f) of subsection 1 of NRS 449.0302 by:
 - a) *Ensuring each employee who provides care to victims of sexual assault or attempted sexual assault has access to the most current version of the document developed pursuant to NRS 449.1885 (1)(a);*
 - b) *Reviewing the most current version of the document developed pursuant to NRS 449.1885 (1)(a) with each employee who provides care to victims of sexual assault or attempted sexual assault; and*
 - c) *Having a competency evaluation completed for each employee who provides care to victims of sexual assault or attempted sexual assault within 30 days of receiving the training, which shows the employee is competent to provide medically and factually accurate information concerning emergency contraception and prophylactic antibiotics, including, without limitation, possible side effects of using those medications.**
7. *Ensuring ~~to~~ each employee who provides care to victims of sexual assault or attempted sexual assault receives the training pursuant to subsection 6 not later than 60 days after the date on which the employee commenced his or her employment and at least biennially thereafter; and ~~(b) Maintains~~ evidence of compliance with the requirements of ~~paragraph (a)~~ subsection 6 in the personnel file for each employee who is subject to those requirements.*

Section 47 proposed changes are as follows:

Sec. 47.

Except as otherwise provided in NAC 449.61322, the governing body of an independent center for emergency medical care shall appoint a person to administer the center. The administrator is responsible for:

1. *The daily operation of the center;*
2. *Serving, along with any committee appointed for the purpose of serving, as a liaison between the governing body, the medical staff and all the departments of the center;*
3. *Reporting the pertinent activities of the center to the governing body at regular intervals;*
4. *Appointing a person responsible for the center in the absence of the administrator; [and]*
5. *Planning for the services provided by the center and the operation of the center [.] ; and*
6. *Ensuring that: (a) Each employee who provides care to victims of sexual assault or attempted sexual assault is provided the training required by paragraph (f) of subsection 1 of NRS 449.0302 by:
 - a) *Ensuring each employee who provides care to victims of sexual assault or attempted sexual assault has access to the most current version of the document developed pursuant to NRS 449.1885 (1)(a);*
 - b) *Reviewing the most current version of the document developed pursuant to NRS 449.1885 (1)(a) with each employee who provides care to victims of sexual assault or attempted sexual assault; and*
 - c) *Having a competency evaluation completed for each employee who provides care to victims of sexual assault or attempted sexual assault within 30 days of receiving the training, which shows the employee is competent to provide medically and factually accurate information**

concerning emergency contraception and prophylactic antibiotics, including, without limitation, possible side effects of using those medications.

7. Ensuring that each employee who provides care to victims of sexual assault or attempted sexual assault receives the training pursuant to subsection 6 not later than 60 days after the date on which the employee commenced his or her employment and at least biennially thereafter; and

(b) Maintains Evidence of compliance with the requirements of ~~paragraph (a)~~ subsection 6 is maintained in the personnel file for each employee who is subject to those requirements.

Sec. 80. This regulation is hereby amended by adding thereto the following transitory language which has the force and effect of law but which will not be codified in the Nevada Administrative Code:

A hospital or the administrator of an independent center for emergency medical care shall:

1. Ensure that each employee of the hospital or independent center for emergency medical care, as applicable, who is employed on the effective date of this regulation and provides care to victims of sexual assault or attempted sexual assault is provided the training required by paragraph (f) of subsection 1 of NRS 449.0302, *subsection 6 of section 41 and subsection 6 of section 47* not later than 60 days after the effective date of this regulation and at least biennially thereafter; and 2. Maintain evidence of compliance with the requirements of paragraph (a) in the personnel file for each employee who is subject to those requirements.