

# Board of Respiratory Care Newsletter



Fall 2008

A Regulatory Agency of the State of Tennessee

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The mission of the Department of Health is to promote, protect, and improve the health of persons living in, working in, or visiting the state of Tennessee.

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*Elizabeth "Libby" Miller*

## Health Related Boards Director

Elizabeth (Libby) Miller has been appointed as the new director of Health Related Boards. Ms. Miller is a licensed attorney. As of January 1, 2008, she moved to the Department of Health from the Department of Revenue where she served as senior tax counsel. Prior thereto, she was a partner at Blackburn and McCune in downtown Nashville where she managed the firm's largest client and was responsible for a staff of attorneys.

Ms. Miller is not new to health related law, having spent a large portion of her career in the federal sector at the Office of Hearings and Appeals of the Social Security Administration where administrative appeals of disability cases are heard. She started her law career as a litigator, but she chose to make a change when her children were young. Her daughter is now preparing to enter law school, and her son is living in Munich, where she hopes to visit soon.

### BOARD MEETING SCHEDULE for 2009

February 26th  
May 28th  
August 27th  
November 17th

### Respiratory Therapist Member Appointed to the Polysomnography Committee

The Polysomnography Practice Act established the Polysomnography Professional Standards Committee of the Board of Medical Examiners which will license and regulate those who assist physicians in diagnosis and treatment of patients with sleep disorders. The Act was effective July 1, 2007. The Committee has now met and authorized for rulemaking hearing a Chapter of Rules. After the rules become effective, polysomnographers will be required to be licensed by the Committee and the Board in order to perform polysomnography procedures. When the rules become effective, they will be made available on the Department of Health Web site.

### STATISTICAL REPORT FOR ACTIVE LICENSES AS OF NOVEMBER 30, 2008

**Registered Therapists – 2431**  
**Certified Therapists – 1919**  
**Certified Assistants - 27**

### RESPIRATORY CONTINUING EDUCATION AUDIT STATISTICS FOR 2008

Profession: Certified Respiratory Care Assistant

Licensees Audited: 06  
5 Licensees Compliant  
1 Licensee Non Compliant

Profession: Certified Respiratory Therapist

Licenses Audited: 61  
43 Licenses Compliant  
18 Licenses Non Compliant

Profession: Respiratory Therapist

Licenses Audited: 25  
20 Licenses Compliant  
05 Licenses Non Compliant

### **Tennessee Board of Respiratory Care**

The Board of Respiratory Care was created in 1998 to succeed the Board of Medical Examiners Council on Respiratory Care. Its mission is to safeguard the health, safety, and welfare of Tennesseans by requiring that all that practice respiratory care within this state are qualified. The board interprets the laws, rules, and regulations to determine the appropriate standards of practice in an effort to ensure the highest degree of professional conduct. The board is authorized to issue licenses and certificates to qualified candidates who have completed appropriate education and successfully completed required examinations. The board is also responsible for the investigation of alleged violations of the Practice Act and rules, and is responsible for the discipline of licensees who are found guilty of such violation.

The Board currently meets four times per year. The Governor appoints all members of the board, which consists of four respiratory care practitioners holding credentials from the National Board for Respiratory Care, at least two of whom shall be respiratory therapists; one practicing physician with expertise in pulmonary medicine; one hospital administrator; one hospital employee licensed as a respiratory therapist, and one consumer member. A majority of members is required to conduct business. The meetings are open to the public.~~

### **Practice of Respiratory Care**

The "practice of respiratory care" means under the supervision, control and responsibility of a licensed physician, the therapy, management, education and instruction, rehabilitation, diagnostic testing evaluation, and care of patients with deficiencies

and abnormalities that affect the cardiorespiratory system and associated aspects of other system functions. "Practice of respiratory care also means, under the supervision, control and responsibility of a licensed physician, the performance of cardiorespiratory research, cardiorespiratory health promotion and disease prevention, and community wellness and education programs.

"Registered respiratory therapist" means any person who has obtained the credential "Registered Respiratory Therapist" (RRT) from the National Board for Respiratory Care. Under the supervision of a physician, a registered respiratory therapist may be required to exercise considerable independent clinical judgment in the respiratory care of patients.

The registered respiratory therapist must also be capable of serving as a technical resource person to the physician regarding current practices in respiratory care and to the hospital staff regarding effective and safe methods for administering respiratory care.

Under the supervision of a physician, a "certified respiratory therapist" may assume clinical responsibility for specified respiratory care modalities involving the application of well-defined therapeutic techniques.

The certified respiratory therapist's role shall not require the exercising of independent, clinical judgment; however, the certified respiratory therapist may be expected to adjust or modify therapeutic techniques within well-defined procedures based on a limited range of patient responses. Therefore, the effective use of the certified respiratory therapist, especially in the critical care setting, shall require the supervision of a physician experienced in respiratory care. The certified respiratory therapist may accept telephone or verbal orders and responsibilities involving the supervision of respiratory therapists and respiratory assistants.

The use of the "respiratory assistant" requires the supervision of a registered respiratory therapist, certified respiratory therapist, or physician experienced in respiratory care. No assistant shall be permitted to perform the functions for which the assistant is certified on a critical care patient being maintained on mechanical ventilation, unless the assistant possesses a certificate that indicates the assistant has passed the critical care section of the Board approved examination for respiratory assistants.~~



**EMERGENCY SYSTEM  
For Advanced Registration  
Of**

**VOLUNTEER HEALTH PROFESSIONALS**

**--By: Donna G. Tidwell, BSN, RN, EMT-P; Director of EMS  
Personnel Licensure and Education**

Disasters bring out the best in us. During 9/11, healthcare professionals responded to New York City and the Pentagon to provide their services. A concern came with verifying the credentials of nurses, physicians and other multiple health care professionals that volunteered to lend aid during this time of disaster.

Many Federal laws passed in the days after 9/11, including a federal law in 2002 that required states to establish, by August 2008, the capability for physicians, nurses, and other healthcare professionals to volunteer their assistance before a disaster occurs. This law created the Emergency System for Advanced Registration of Volunteer Health Professionals (ESAR-VHP). States began to work toward this goal when, in 2005, Hurricane Katrina came and again taught us the importance of having a way during a disaster to verify credentials of health care professionals in order to properly utilize them.

The responsibility for ESAR-VHP lies with Health Resources and Services Administration (HRSA). The Tennessee Department of Health is working on several options for establishing this database for all healthcare providers. The plan is for a web-based system by which those wishing to volunteer during a disaster can pre-register so their credentials may be verified by the states or federal government at the time of the disaster.

The database will be linked with the licensing Boards in Tennessee. In the event of a disaster anywhere, the database can be accessed by the appropriate personnel to verify that those volunteering have the appropriate credentials. This project is important to Tennesseans as the state could be the recipient of multiple volunteers

should the predicted earthquake in West Tennessee or some other overwhelming disasters occur. A system that is nationally recognized with volunteers from across the United States would be able to assist us. Additionally, the state would not have the concern that the volunteers were not properly credentialed. This system will provide a means to verify credentials of nurses at one web site. In turn, other states where this state's providers might respond during a disaster could verify Tennessee licensees' credentials.

Tennessee has always lived up to its name as the volunteer state by providing assistance to other states in time of need like the hurricanes in Florida and other coastal states and floods in Louisiana. Soon, ESAR-VHP will make it easier and safer to dispatch qualified healthcare providers to areas of need and for healthcare providers to volunteer their services. When ESAR-VHP is live and running, consider signing up as a volunteer.



**PUBLIC ACTS OF 2008**

**Public Chapter 1060  
Child Abuse Reporting**

Public Chapter 1060 provides immunity from civil and criminal liability for reporting abuse of children by a health care examiner when there is harm or reason to believe there is a mandate to report. No immunity is provided for reports by perpetrators of harm to children.

The complete Public Act, including provisions for any areas of exemption; enforcement of the Act; and action to be taken for violations of the Act, is available on the following Web site: [tennessee.gov/sos/index.htm](http://tennessee.gov/sos/index.htm)

This law was effective July 1, 2008

## **Public Chapter 83 Mandatory Domestic Violence Reporting**

The General Assembly passed a new law that mandates health care practitioners shall report cases of suspected or confirmed domestic violence to the Tennessee Department of Health.

The mandatory monthly reporting is by a Web-based system the department's Division of Health Statistics is developing. The system was operational in October 2007 and the department mailed the details of the required data to be reported and the instruction on how to use the reporting tool. The Board will also keep you informed as more information is available.

The complete text of the Public Act, including provisions for any areas of exemption; enforcement of the Act; and action to be taken for violations of the Act, is available on the following Web site: [tennessee.gov/sos/acts/index.htm](http://tennessee.gov/sos/acts/index.htm)

## **Public Chapter 410 Non-Smoker Protection Act**

Public Chapter 410 creates the Non-Smoker Protection Act which **prohibits** smoking in all enclosed public places within the State of Tennessee including, but not limited to, the following places:

(2) **“Areas available to and customarily used by the general public** in businesses and non-profit entities patronized by the public including, but not limited to, banks, laundromats, factories, **professional offices**, and retail service establishments; and

(7) **“Health care facilities”**. (Nursing homes and long-term care facilities are exempt)

The legislation requires offices and health care facilities to do the following:

- Inform all existing employees and any prospective employees upon their application for employment of the prohibition on smoking; and
- “No Smoking” signs or the international “No Smoking” symbol, shall be clearly and conspicuously posted at every entrance to every public place and place of employment where smoking is prohibited.

The Department of Health, shall, while an establishment is undergoing otherwise mandated inspections, inspect for compliance with this Act. Information about these inspections will be communicated with the appropriate offices and/or health care facilities in the future.

The complete text of the Public Act, including provisions for any areas of exemption; enforcement of the Act; and action to be taken for violations of the Act, is available on the following website: [tennessee.gov/sos/acts/index.htm](http://tennessee.gov/sos/acts/index.htm)

## **Public Chapter 529 Prohibition of Employment of Illegal Aliens**

If the Commissioner of Labor and Workforce Development receives a complaint that a person, licensed by a state regulatory Board, knowingly employs, recruits or refers for a fee for employment an illegal alien, that person is subject to an investigation and contested case hearing.

If there is proof a person knowingly employed, recruited or referred for a fee for employment, an illegal alien, which occurred while acting within the scope of practice of his/her license, the regulatory Board will be required to revoke, suspend, or deny the person's license.

For the first violation, the regulatory board will be required to suspend the person's license until they show they no longer employ, recruit or refer for a fee for employment, an illegal alien. This can be made by the person filing a sworn statement that they no longer employ illegal aliens.

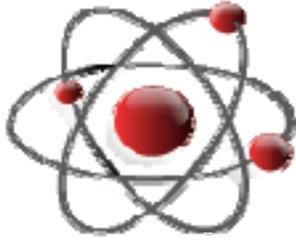
If a second violation occurs within three years from the first order, the regulatory Board will be required to suspend the person's license for one year.

The complete text of the Public Act, including provisions for any areas of exemption; enforcement of the Act; and action to be taken for violations of the Act, is available on the following Web site: [tennessee.gov/sos/acts/index.htm](http://tennessee.gov/sos/acts/index.htm).

**The act took effect January 1, 2008**

**Public Chapter 1190  
Long Term Care**

The long term care system shall recognize that aging is not a disease, but rather a natural process that often includes increasing needs for assistance with daily living activities. To the maximum extent possible and appropriate, the system shall be based on a model of care delivery which acknowledges that services delivered in the home and community-



**REGULATING THE PROFESSION**

**Tennessee Board of Respiratory Care  
Position Statement Recommended Minimum  
Standards For Ventilator Care in Rehabilitation  
Facilities**

Qualified respiratory care practitioners are an essential component for ensuring continuity and quality of care for patients transferred from acute care hospitals to alternate rehabilitative facilities such as skilled nursing facilities. The Board of Respiratory Care therefore supports the creation and adoption of the following minimum standards for ventilator services at skilled nursing facilities and other rehabilitation facilities:

1. A licensed respiratory care practitioner should be on site 24/7 for ventilator care, administration of medical gases, administration of aerosol medications, and to perform diagnostic testing and monitoring of life support systems.
2. A Pulmonologist or physician experienced in ventilator care should direct the plan of care.
3. The facility should establish admissions criteria to ensure the medical stability of patients
4. Arterial Blood Gas (ABG) should be readily available to document acid base status, and/or End Tidal Carbon Dioxide (etCO<sub>2</sub>) and continuous pulse oximetry measurements should be performed in lieu of ABG studies. prior to transfer from the acute care setting.

5. There should be an audible, redundant external alarm system located outside the patient's room to alert caregivers of a patient ventilator disconnection or ventilator failure.
6. Ventilator and emergency equipment should be connected to electrical outlets with back up generator power in the event of power failure.
7. Ventilators should be equipped with battery back up systems.
8. Facilities should be equipped to employ the use of current ventilator technology consistent with meeting patients' needs for mobility and comfort.
9. A back up ventilator should be available at all times if mechanical ventilation is provided to a patient.

Adopted by the Tennessee Board of Respiratory Care on the 25th day of May, 2005

**Tennessee Board of Respiratory Care  
Policy Statement on Applicants Who Have  
Misdemeanor Convictions**

Misdemeanor criminal conviction(s) that occurred more than 10 years before an applicant files a licensure application with the Tennessee Board of Respiratory Care are not grounds to bring such applicant before the board.

Ratified by the Board on November 15, 2007

**SAVE TIME AND RENEW YOUR PROFESSIONAL  
LICENSE ON LINE**

The due date for license renewal is the last day of the month in which a birth date falls pursuant to the Division's biennial birth date renewal system. The due date is contained on the renewal document designated as the expiration date.

Internet Renewals - Individuals may apply for renewal and pay the necessary fees via the Internet. The application to renew can be accessed at:

[www.tennesseeanyttime.org](http://www.tennesseeanyttime.org)

Board of Respiratory Care  
 227 French Landing, Suite 300  
 Heritage Place, MetroCenter  
 Nashville, TN 37243



**Tennessee Board of Respiratory Care  
 Board Members**

Candace Partee Lebanon, TN Board Chair Registered Respiratory Therapist Term Expiry Date: 03/31/09	Roger M. Major Hendersonville, TN Board Secretary Registered Respiratory Therapist Term Expiry Date: 03/31/09	Colleen Schabacker Cookeville, TN Certified Respiratory Therapist Term Expiry Date: 03/31/11
Teresa Dudley Hatcher Lebanon, TN Consumer Member Term Expiry Date: 03/31/11	Gene Gantt Livingston, TN Registered Respiratory Therapist Term Expiry Date: 03/31/10	Darryl L. Jordan, MD Fairview, TN Physician Term Expiry Date: 03/31/10
	Delmar Mack, Ed.D Johnson City, TN Registered Respiratory Therapist Term Expiry Date 03/31/09	

**Board Staff**

Mary V. Webb Board Administrator	Marva Swann Administrative Director	Patricia Monyei Licensing Tech
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