

**Board of Respiratory Care
Task Force Meeting
Minutes**

Date: April 30, 2009

Time: 1:30 p.m. C.S.T.

Location: Health Related Boards
Poplar Conference Room
227 French Landing Drive
Heritage Place, Metro Center
Nashville, TN 37243

Members Present: Gene Gantt, RRT, Chair, RC Board Member
Candace Partee, RRT, RC Board Member
Roger Major, RRT, RC Board Member
Carol Thompson, APN, Board of Nursing Member

Member Absent: Colleen Schabacker, RRT, RC Board Member

Staff Present: Marva Swann, Unit Director
Mary Webb, Board Administrator
Ernie Sykes, Advisory Attorney

Mr. Gantt called the meeting to order at 1:30 p.m.

Topics of Discussion

Scope of Practice for LPN's Providing Ventilator Care in the Home Setting

The Attorney General issued Opinion No. 08-76 to answer the question whether a licensed practical nurse (LPN) may lawfully provide home health care to a patient who requires the use of a ventilator; and if so to what extent.

Pursuant to Health Care Facilities T.C.A. 68-11-201 (21)(H) an LPN employed by a home care organization is permitted to provide physician-ordered respiratory care to a patient, except for the maintenance and management of life support equipment. As interpreted by the Board of Respiratory Care and the Board of Nursing, this statute authorizes such LPN to provide home health care to a ventilator-dependent patient that falls within the LPN's lawful and authorized scope of practice, including tracheostomy care and suctioning. However, the LPN may neither manage nor maintain the ventilator equipment itself. Rather, the LPN may monitor the ventilator to ensure it is functioning properly, and call for assistance from a qualified health care professional if the LPN detects an issue that requires the ventilator to be adjusted, connected, disconnected, cleaned, or otherwise serviced.

Both the Tennessee Board of Respiratory Care and the Tennessee Board of Nursing have issued official interpretations of the above statutory provision. The Board of Respiratory Care has enacted regulations that define the terms “maintain” and “manage,” as they are used in the provision to limit the allowable life support equipment activities of home care organization LPN’s. “Maintain” is defined as the “setting up, attaching to or replacement of devices onto a life support system, and includes initiation of, replacement of and/or maintenance on any type of life support system.” Tenn. Adm. R. & Regs. 1330-1-.01 (21) The Board of Respiratory Care defines “manage” as the “making of adjustments to the controls or setting or any life support system.” Tenn. Adm. R. & Regs. 1330-1-.01 (22)

The Board of Nursing has adopted a “Position Statement on LPN’s Providing Care to Ventilator-Dependent Patients in the Home Health Setting.” This position statement provides that an LPN may provide home health care to a ventilator-dependent patient, but he/she may only provide those services which fall within her scope of practice as an LPN, including tracheostomy care and suctioning. Her scope of practice authorizes he/she merely to monitor the ventilator only.

Mr. Gantt provided a list of basic ventilator patient care procedures which the panel determined whether or not each procedure could or could not be performed by an LPN. Mr. Gantt is to compile a new list that includes the committee’s recommendations.

Ventilator Transports by Paramedics and Recognition of Training

The Emergency Medical Services Board (EMS) in the year 2000 initiated a training program for paramedics who transport ventilator patients. The task force recognized that the training is extensive and instruction is given by a licensed Respiratory Therapist; however, they would like three points of concern addressed by the EMS board.

1. There should be a way to readily identify transport personnel that have been trained in ventilator patient transports
2. The EMS Board should set-up a registry identifying who has been trained on ventilator patient transports
3. Type of ventilator used for transport patients should be clarified.

This training will be superseded by a new critical care training program when it is it is up and running for the state. Joe Phillips, Director of EMS, is to be invited to the next meeting.

Language for Health Care Facilities Rulemaking for Standards of Ventilator Care

Mr. Gantt presented for comments by the committee rules to be amended at a rulemaking hearing for HCF on standards of care for ventilator patients. The language recommended for the rules is the same language used in the position statement on standards of care approved in the year 2005 by the Tennessee Society for Respiratory Care and the Board of Respiratory Care. The committee did not have any further recommendations or comments.

The meeting was adjourned at 3:15 p.m

These minutes were ratified at the June 25, 2009 board meeting..

Respiratory Care Task Force Meeting
April 30, 2009