

NRS & NAC Chapters 449 include information regarding medical facilities and the licensing of these facilities. The sections specifically related to hospitals have been included in the preceding pages. For a complete version of NRS and NAC chapters please click on the following links.

CHAPTER 449 - MEDICAL FACILITIES AND OTHER RELATED ENTITIES

NRS: <http://www.leg.state.nv.us/NRS/NRS-449.html>

NAC: <http://www.leg.state.nv.us/NAC/NAC-449.html>

NRS CHAPTER 449 - MEDICAL FACILITIES AND OTHER RELATED ENTITIES

NRS 449.012 "Hospital" defined. "Hospital" means an establishment for the diagnosis, care and treatment of human illness, including care available 24 hours each day from persons licensed to practice professional nursing who are under the direction of a physician, services of a medical laboratory and medical, radiological, dietary and pharmaceutical services. (Added to NRS by [1973, 1279](#); A [1985, 1737](#))

NRS 449.0165 "Psychiatric hospital" defined. "Psychiatric hospital" means a hospital for the diagnosis, care and treatment of mental illness which provides 24-hour residential care.
(Added to NRS by [1985, 1735](#))

NRS 449.0177 "Rural hospital" defined. "Rural hospital" means a hospital with 85 or fewer beds which is:

1. The sole institutional provider of health care located within a county whose population is less than 100,000;
2. The sole institutional provider of health care located within a city whose population is less than 25,000; or
3. Maintained and governed pursuant to [NRS 450.550](#) to [450.750](#), inclusive.

(Added to NRS by [1995, 1600](#); A [2001, 1992](#))

NRS 449.202 Classification of hospitals.

1. A hospital which provides only one or two of the following categories of service:
 - (a) Medical;
 - (b) Surgical;
 - (c) Obstetrical; or
 - (d) Psychiatric,

→ shall be designated a medical hospital, surgical hospital, obstetrical hospital or psychiatric hospital or combined-categories hospital, as the case may be.

2. When a hospital offers services in medical, surgical and obstetrical categories, as a minimum, it shall be designated a general hospital.
(Added to NRS by [1971, 933](#); A [1973, 1280](#)) — (Substituted in revision for NRS 449.021)

NRS 449.203 Designation of hospital as comprehensive or primary stroke center; Division to maintain list of hospitals so designated; regulations.

1. A hospital licensed pursuant to [NRS 449.030](#) to [449.2428](#), inclusive, may submit to the Division proof that the hospital is certified as a comprehensive or primary stroke center by the Joint Commission, its successor organization or an equivalent organization approved by the Division. Upon receiving proof that a hospital is certified as a comprehensive or primary stroke center, the Division shall include the hospital on the list established pursuant to subsection 2.
2. On or before July 1 of each year, the Division shall post a list of the hospitals designated as comprehensive or primary stroke centers on an Internet website maintained by the Division.
3. If a hospital wishes to be included as a comprehensive or primary stroke center on the list established pursuant to subsection 2, the hospital must annually resubmit the proof required pursuant to this section.
4. The Division may remove a hospital from the list established pursuant to subsection 2 if the certificate recognizing the hospital as a comprehensive or primary stroke center issued by the Joint Commission, its successor organization or an equivalent organization, as applicable, is suspended or revoked.
5. A hospital that is not included on the list established pursuant to subsection 2 as a comprehensive or primary stroke center shall not represent, advertise or imply that the hospital is designated as a comprehensive or primary stroke center.
6. A hospital that is included on the list established pursuant to subsection 2 as a comprehensive or primary stroke center shall report to the Stroke Registry all consensus measures prescribed by the Paul Coverdell National Acute Stroke Registry of the Centers for Disease Control and Prevention of the United States Department of Health and Human Services, the Joint Commission, the American Heart Association and the American Stroke Association.
7. The provisions of this section do not prohibit a hospital that is licensed pursuant to [NRS 449.030](#) to [449.2428](#), inclusive, from providing care to a victim of stroke if the hospital does not have a designation as a comprehensive or primary stroke center.
8. The Board may adopt regulations to carry out the provisions of this section and to designate hospitals with similar certifications which are recognized by the Joint Commission, its successor organization or an equivalent organization.
9. As used in this section, "Stroke Registry" means the Stroke Registry established pursuant to [NRS 439.5295](#).
(Added to NRS by [2011, 1363](#); A [2015, 249](#))

NRS 449.2035 Designation of hospital as STEMI receiving center; Division to maintain list of hospitals so designated; regulations.

1. A hospital licensed pursuant to [NRS 449.030](#) to [449.2428](#), inclusive, may submit to the Division proof that the hospital is accredited as a STEMI receiving center. Upon receiving proof that a hospital is accredited as a STEMI receiving center, the Division shall include the hospital on the list established pursuant to subsection 2.
2. On or before July 1 of each year, the Division shall post a list of all hospitals designated as STEMI receiving centers on an Internet website maintained by the Division.
3. If a hospital wishes to be included as a STEMI receiving center on the list established pursuant to subsection 2, the hospital must annually resubmit the proof required pursuant to this section.
4. The Division may remove a hospital from the list established pursuant to subsection 2 if the accreditation recognizing the hospital as a STEMI receiving center is suspended or revoked.
5. A hospital that is not included on the list established pursuant to subsection 2 shall not represent, advertise or imply that the hospital is designated as a STEMI receiving center.
6. The provisions of this section do not prohibit a hospital that is licensed pursuant to [NRS 449.030](#) to [449.2428](#), inclusive, from providing care to a victim of a heart attack if the hospital does not have a designation as a STEMI receiving center.
7. The Board may adopt regulations to carry out the provisions of this section and to designate hospitals with accreditations similar to those required for designation as a STEMI receiving center.
8. As used in this section:
 - (a) "STEMI" means a myocardial infarction as indicated by an abnormal elevation of the ST segment of an electrocardiogram that is administered to a patient.
 - (b) "STEMI receiving center" means a hospital that is accredited by the Society of Cardiovascular Patient Care, in conjunction with the initiative developed by the American Heart Association known as the "Mission: Lifeline initiative," or an equivalent organization approved by the Division, as having met specific standards of performance in the receipt and treatment of a patient with STEMI. (Added to NRS by [2013, 507](#))

449.279	Definitions.
449.285	“General hospital” defined.
449.286	“Governing body” defined.
449.287	“Hospital” defined.
449.289	“Inpatient” defined.
449.297	“Outpatient” defined.
449.298	“Outpatient department” defined.
449.299	“Patient” defined.
449.300	“Restraint” defined.

Licensing and Administration

449.307	Applicability of license; coverage against certain liabilities.
449.310	Limitation on number of patients; annual on-site inspection not required under certain circumstances.
449.312	Change in ownership, use or construction; correction of deficiencies.
449.313	Responsibilities and duties of governing body; bylaws; appointment and duties of chief executive officer; protocol for organ donations; annual operating budget.
449.314	Quality of care; scope of services.
449.3152	Quality improvement program.
449.3154	Construction, remodeling, maintenance and change of use: General requirements; prerequisites to approval of licensure.
449.3156	Compliance with certain guidelines for design and construction; correction of deficiencies.

Policies and Procedures for Operation of Hospital

449.316	Physical environment: Safety and well-being of patients; plan for emergency preparedness; safety management.
449.317	Risk management.
449.319	Requirements for personal needs of patients.
449.322	Housekeeping and laundry services.
449.325	Prevention, control and investigation of infections and communicable diseases.
449.327	Preparation, sterilization, storage and distribution of sterile supplies and medical and surgical equipment.
449.329	Admission of patients.
449.331	Emergency services and medical care; transfer agreements.
449.332	Discharge planning.
449.337	Dietary services: General requirements.
449.338	Dietary services: Provision for needs of patients; facilities; standards; permits; records.
449.3385	Dietary services: Personnel.
449.339	Dietary services: Nutritional status of patients.
449.3395	Dietary services: Sanitary conditions; supplies.
449.340	Pharmaceutical services.
449.343	Orders for medication and biologicals.
449.344	Administration of medication; security.
449.346	Rehabilitative services.
449.349	Emergency services.
449.352	Social services.
449.355	Discrimination prohibited.
449.358	Medical staff.
449.361	Nursing services.
449.3622	Appropriate care of patients.
449.3624	Assessment of patients.
449.3626	Rights of patients.
449.3628	Protection of patients; use of physical restraints.
449.363	Personnel policies concerning employment, licensing and certification.
449.364	Obstetrical services: Administration; staffing and equipment.
449.3645	Obstetrical services: Labor rooms; delivery rooms; utility rooms; area for cleaning instruments.
449.365	Obstetrical services: Required services.
449.3655	Obstetrical services: Transfer or discharge of patient.
449.367	Obstetrical services: Nurseries.
449.370	Outpatient services.
449.371	Intensive care services.
449.373	Laboratory services; pathology services; blood and blood products.
449.3735	Transfusions of blood.
449.374	Nuclear medicine services.
449.375	Records for nuclear medicine services; authorization.
449.376	Radiological services.
449.377	Radiological therapeutic services.
449.379	Medical records.
449.382	Medical library.
449.385	Surgical services.
449.388	Anesthesia services.
449.389	Respiratory care services.
449.391	Dental services.
449.394	Psychiatric services.

HOSPITALS

General Provisions

NAC 449.279 Definitions. ([NRS 449.0302](#)) As used in [NAC 449.279](#) to [449.394](#), inclusive, unless the context otherwise requires, the words and terms defined in [NAC 449.285](#) to [449.300](#), inclusive, have the meanings ascribed to them in those sections.

(Supplied in codification; A by Bd. of Health by R050-99, 9-27-99)

NAC 449.285 “General hospital” defined. ([NRS 449.0302](#)) “General hospital” means a hospital that is designated a general hospital pursuant to [NRS 449.202](#).

[Bd. of Health, Health Facilities Reg. Part I part Ch. III, eff. 10-9-69] — (NAC A by R050-99, 9-27-99)

NAC 449.286 “Governing body” defined. ([NRS 449.0302](#)) “Governing body” means the person or group of persons, including a board of trustees, board of directors or other body, in whom the final authority and responsibility is vested for conduct of a hospital.

(Added to NAC by Bd. of Health by R050-99, eff. 9-27-99)

NAC 449.287 “Hospital” defined. ([NRS 449.0302](#)) “Hospital” has the meaning ascribed to it in [NRS 449.012](#).

(Added to NAC by Bd. of Health by R050-99, eff. 9-27-99)

NAC 449.289 “Inpatient” defined. ([NRS 449.0302](#)) “Inpatient” means a person who has been formally admitted into a hospital for diagnosis or treatment.

(Added to NAC by Bd. of Health by R050-99, eff. 9-27-99)

NAC 449.297 “Outpatient” defined. ([NRS 449.0302](#)) “Outpatient” means a person who has been registered or accepted for care in a hospital but who has not been formally admitted as an inpatient, and who does not remain in the hospital for more than 48 hours.

(Added to NAC by Bd. of Health by R050-99, eff. 9-27-99)

NAC 449.298 “Outpatient department” defined. ([NRS 449.0302](#)) “Outpatient department” means that part of a hospital used for the treatment and diagnosis of patients not residing in the hospital.

[Bd. of Health, Health Facilities Reg. Part I part Ch. III, eff. 10-9-69]

NAC 449.299 “Patient” defined. ([NRS 449.0302](#)) “Patient” means a person who:

1. Is receiving diagnostic, therapeutic or preventive health services; or
2. Is under observation or treatment for an illness or injury, or under care during and after pregnancy.

(Added to NAC by Bd. of Health by R050-99, eff. 9-27-99)

NAC 449.300 “Restraint” defined. ([NRS 449.0302](#)) “Restraint” means the control of the activity of a patient to protect the patient or others from injury by the seclusion of the patient or the use of mechanical devices. The term does not include the control of the activity of a patient by the use of mechanical supports that are used in rehabilitative situations to achieve proper body alignment.

(Added to NAC by Bd. of Health by R050-99, eff. 9-27-99)

Licensing and Administration

NAC 449.307 Applicability of license; coverage against certain liabilities. ([NRS 449.0302](#))

1. A hospital must be operated and conducted in the name designated on the license, with the name of the person responsible for its operation also appearing on the face of the license. The license is not transferable.

2. Each hospital must retain proof that it is adequately covered against liabilities resulting from claims incurred in the course of operation.

3. Except as otherwise provided in this subsection, separate licenses are required for hospitals which are maintained on separate premises even though the hospitals are under the same management. The provisions of this subsection do not apply to outpatient departments, clinics or separate buildings on the same grounds.

4. A separate license is not required for the provision of special services within a hospital. This subsection does not relieve a hospital to which a special service is being added from the requirement of obtaining the approval of the Division to amend its license pursuant to [NRS 449.087](#) before providing that service.

[Bd. of Health, Health Facilities Reg. Part II Ch. II §§ 1-4, eff. 10-9-69; A 8-26-74] — (NAC A by R044-97, 10-30-97; R050-99, 9-27-99; R117-05, 11-17-2005)

NAC 449.310 Limitation on number of patients; annual on-site inspection not required under certain circumstances. ([NRS 449.0302](#))

1. A hospital shall not have more patients than the number of beds for which it is licensed, except in emergencies. If there is an emergency, the hospital shall notify the Bureau.

2. If a hospital is accredited by the Joint Commission on Accreditation of Healthcare Organizations or the American Osteopathic Association, the Bureau is not required to make an annual on-site inspection of the hospital.

[Bd. of Health, Health Facilities Reg. Part II Ch. II §§ 5-9, eff. 10-9-69; A 8-26-74] — (NAC A by R035-97, 10-30-97; R050-99, 9-27-99)

NAC 449.312 Change in ownership, use or construction; correction of deficiencies. ([NRS 449.0302](#))

1. Upon a change in ownership, change of use or change in construction, a hospital shall notify the Bureau of the changes and identify all areas of noncompliance with the guidelines specified in [NAC 449.3154](#) before the change in ownership, use or construction may take place.

2. Upon a change of use or change in construction, a hospital must come into compliance with the guidelines before it may admit patients into the area in which the change is made.

3. The Bureau shall notify a hospital in writing of the existence of any deficiencies and the hospital shall correct those deficiencies within a reasonable amount of time. Except for major deficiencies, including deficiencies which require structural alterations of a building or a portion of a building, and except as otherwise provided in this subsection, reasonable time for the purposes of this subsection shall be deemed to be not more than 180 days. Upon written request and just cause shown, the Bureau may grant an extension of the time in which a deficiency must be corrected based on extenuating circumstances.

4. If the deficiencies are likely to cause serious injury, serious harm or impairment to public health and welfare, the hospital shall take immediate action to correct the deficiencies or the hospital will not be allowed to continue to operate.

[Bd. of Health, Health Facilities Reg. Part III Ch. I § XVI subsec. F, eff. 10-9-69; A 8-26-74; Ch. II part § XI, eff. 10-9-69] — (NAC A by R050-99, 9-27-99)

NAC 449.313 Responsibilities and duties of governing body; bylaws; appointment and duties of chief executive officer; protocol for organ donations; annual operating budget. ([NRS 449.0302](#))

1. A hospital shall have an effective governing body which is legally responsible for the conduct of the hospital.

2. The governing body of a hospital shall adopt a workable set of bylaws which must be in writing and available to all members. The governing body shall:

(a) Determine, in accordance with state law, which categories of practitioners are eligible for appointment to the medical staff of the hospital;

(b) Appoint members to the medical staff after considering the recommendations of the existing members of the medical staff;

(c) Ensure that the medical staff has bylaws;

(d) Approve the bylaws of the medical staff and any other rules and regulations adopted by the medical staff;

(e) Ensure that the medical staff is accountable to the governing body for the quality of care which the medical staff provides to patients; and

(f) Ensure that the criteria for the selection of members to the medical staff include competence, training, experience and judgment.

3. The governing body shall appoint a qualified chief executive officer using as its criteria the actual experience, nature and duration of hospital administration and graduate work in hospital administration of the appointee. Following his or her selection, the chief executive officer is responsible for the management of the hospital and for providing liaisons among the governing body, medical staff, nursing staff and other departments, units and services within the hospital. The chief executive officer shall keep the governing body fully informed of the conduct of the hospital through regular written reports. The chief executive officer must be allowed sufficient freedom from other responsibilities to provide adequate attention to the administration and management of the hospital.

4. The governing body shall ensure, in accordance with hospital policy, that:

(a) Each patient is under the care of at least one of the following persons:

(1) A doctor of medicine or osteopathy.

(2) A doctor of dental surgery or dental medicine who is licensed to practice dentistry in this State and who is acting within the scope of his or her license.

(3) A doctor of podiatric medicine, but only with respect to those functions which he or she is licensed to perform in this State.

(4) A doctor of optometry who is licensed to practice optometry in this State.

(5) A chiropractor who is licensed to provide chiropractic services in this State, but only with respect to the treatment of the spine by means of manual manipulation to correct a subluxation which is demonstrated by X-ray to exist.

(b) A doctor of medicine or osteopathy is on duty or on call at all times.

(c) A doctor of medicine or osteopathy is responsible for the care of each patient with respect to any medical or psychiatric problem that:

(1) Is present when the patient is admitted into the hospital or develops after the patient is admitted; and

(2) Is not specifically within the scope of practice of a doctor of dental surgery, dental medicine, podiatric medicine or optometry, or of a chiropractor, as that scope of practice is defined by the bylaws, rules and regulations of the medical staff.

5. To identify potential organ donors, a hospital shall have written protocols that:

(a) Ensure that the family of each potential donor knows of its option to donate organs or tissues, or both, or to decline to make such a donation; and

(b) Encourage discretion and sensitivity with respect to the circumstances, views and beliefs of the families of potential donors.

6. A hospital in which organ transplants are performed:

(a) Must be a member of the Organ Procurement and Transplantation Network established and operated in accordance with section 372 of the Public Health Service Act, 42 U.S.C. § 274; and

(b) Shall abide by the rules and regulations of the Organ Procurement and Transplantation Network.

7. A hospital shall have an overall institutional plan which includes an annual operating budget that is prepared according to generally accepted accounting principles. The annual operating budget must include anticipated income and expenses, except that the hospital is not required to identify item-by-item the components of each anticipated income or expense.

8. The governing body is responsible for the services furnished in the hospital, regardless of whether the services are furnished by staff or pursuant to contracts. The hospital shall maintain a list of contracted services which includes the scope and nature of the services provided.

[Bd. of Health, Health Facilities Reg. Part III Ch. I § 1, eff. 10-9-69; A 8-26-74; ch. II § I, eff. 10-9-69] — (NAC A by R050-99, 9-27-99)

NAC 449.314 Quality of care; scope of services. ([NRS 449.0302](#))

1. A hospital must be administered in a manner that enables the hospital to use its resources effectively and efficiently to meet the needs of and provide quality care to its patients. The governing body of a hospital shall develop and provide services for the care of its patients based on the identified needs of those patients.

2. The scope of services provided by each department, unit or service within a hospital must be defined in writing and must be approved by the administration and the medical staff of the hospital. Each department, unit or service within a hospital shall provide patient care in accordance with its scope of services. The policies and procedures of a hospital and of each department, unit or service within the hospital must, to the extent necessary, be integrated with the policies and procedures of the other departments, units and services within the hospital.

3. The governing body of a hospital shall:

(a) Ensure that the competence of all members of the hospital staff is assessed, maintained, demonstrated and improved;

(b) Provide an orientation process for persons hired to work at the hospital that includes initial job training and information; and

(c) Assess the ability of the members of the hospital staff to fulfill their specified responsibilities.

4. A hospital shall ensure that it is staffed by a sufficient number of personnel, whose qualifications are consistent with their job responsibilities, to provide care to the patients of the hospital.

5. The chief executive officer of a hospital is responsible for operating the hospital in accordance with the authority conferred on him or her by the governing body.

(Added to NAC by Bd. of Health by R050-99, eff. 9-27-99)

NAC 449.3152 Quality improvement program. ([NRS 449.0302](#))

1. The governing body of a hospital shall ensure that the hospital has an effective, comprehensive quality improvement program to evaluate the provision of care to its patients.

2. The quality improvement program must:

(a) Be ongoing;

(b) Include a written plan for carrying out the program; and

(c) Provide for the creation of a committee to oversee the program.

3. All services related to patient care, including services furnished by a contractor, must be evaluated by the committee.

4. Nosocomial infections, medication therapy and deaths occurring in the hospital must be evaluated by the committee.

5. All medical and surgical services performed in the hospital must be evaluated by the committee as those services relate to the appropriateness of the diagnosis and treatment.

6. The committee shall initiate an assessment of a service or the provision of care when any statistical analysis detects an undesirable variation in performance.

7. The committee shall take and document appropriate remedial action to address deficiencies found through the quality improvement program. The committee shall document the outcome of any remedial action taken.

8. When the findings of an assessment relate to the performance of an individual licensed practitioner, the medical staff shall determine how such a finding will be used in any peer review, ongoing monitoring and periodic evaluations of the competence of the practitioner. If the findings of the assessment relate to the performance of a person who is not a licensed practitioner, the director of the department, unit or service in which that person works shall determine how the finding will be used in evaluating the competence of the person.

(Added to NAC by Bd. of Health by R050-99, eff. 9-27-99)

NAC 449.3154 Construction, remodeling, maintenance and change of use: General requirements; prerequisites to approval of licensure. ([NRS 449.0302](#))

1. Except as otherwise provided in this section, a hospital shall comply with the provisions of *NFPA 101: Life Safety Code*, adopted by reference pursuant to [NAC 449.0105](#).

2. Except as otherwise provided in this section, any new construction, remodeling or change in the use of a hospital must comply with the *Guidelines for Design and Construction of Hospital and Health Care Facilities*, adopted by reference pursuant to [NAC 449.0105](#), unless the remodeling is limited to refurbishing an area of the hospital, including, without limitation, painting the area, replacing the flooring in the area, repairing windows in the area and replacing window or wall coverings in the area.

3. Except as otherwise provided in subsection 4, a hospital shall meet all applicable:

(a) Federal and state laws;

- (b) Local ordinances, including, without limitation, zoning ordinances; and
 - (c) Life safety, environmental, health, fire and local building codes,
- ↪ related to the construction and maintenance of the hospital. If there are any differences between the state and local codes, the more restrictive standards apply.

4. A hospital which is inspected and approved by the State Public Works Division of the Department of Administration in accordance with the provisions set forth in [chapter 341](#) of NRS and [chapter 341](#) of NAC is not required to comply with any applicable local building codes related to the construction and maintenance of the hospital.

5. A complete copy of the building plans for new construction and remodeling of a hospital, drawn to scale, must be submitted to the entity designated to review such plans by the Division of Public and Behavioral Health pursuant to the provisions of [NAC 449.0115](#). Before the construction or remodeling may begin, plans for the construction or remodeling must be approved by the Division of Public and Behavioral Health.

6. The Bureau shall not approve the licensure of a hospital until all construction has been completed and a survey is conducted at the site. The plan review is only advisory and does not constitute prelicensing approval.

7. Notwithstanding any provision of this section to the contrary, a hospital which was licensed on January 1, 1999, shall be deemed to be in compliance with this section if the use of the physical space in the hospital does not change and the existing construction of the hospital does not have any deficiencies which are likely to cause serious injury, serious harm or impairment to public health and welfare.

(Added to NAC by Bd. of Health by R050-99, eff. 9-27-99; A by R076-01, 10-18-2001; R068-04, 8-4-2004)

NAC 449.3156 Compliance with certain guidelines for design and construction; correction of deficiencies. ([NRS 449.0302](#))

1. Notwithstanding any provision of [NAC 449.3154](#) to the contrary, a hospital shall be deemed to be in compliance with the provisions of the *Guidelines for Design and Construction of Hospital and Health Care Facilities*, adopted by reference pursuant to [NAC 449.0105](#), if:

- (a) The hospital submitted architectural plans to the Bureau on or before February 1, 1999;
- (b) The hospital began construction on or before August 1, 1999;
- (c) The plans were determined by the Bureau to be in compliance with the provisions of [NAC 449.002](#) to [449.99939](#), inclusive, that were in effect on December 1, 1998;
- (d) The hospital is built in accordance with those provisions;
- (e) The use of the physical space in the hospital has not changed; and
- (f) There are no deficiencies in the construction of the hospital which are likely to cause serious injury, serious harm or impairment to public health and welfare.

2. If there are deficiencies that are likely to cause serious injury, serious harm or impairment to public health and welfare, the hospital shall take immediate action to correct the deficiencies or the hospital will not be allowed to continue to operate.

(Added to NAC by Bd. of Health by R050-99, eff. 9-27-99; A by R068-04, 8-4-2004)

Policies and Procedures for Operation of Hospital

NAC 449.316 Physical environment: Safety and well-being of patients; plan for emergency preparedness; safety management. ([NRS 449.0302](#))

1. The buildings of a hospital must be solidly constructed with adequate space and safeguards for each patient. The condition of the physical plant and the overall hospital environment must be developed and maintained in a manner so that the safety and well-being of patients are ensured.

2. A hospital shall develop and carry out a comprehensive plan for emergency preparedness which:

- (a) Addresses internal and external emergencies, both local and widespread; and
- (b) Is based on current standards for disaster management and fire safety.

3. A hospital shall ensure that the hospital staff and patients are adequately protected from fire and other disasters. To ensure that it has adequate fire protection, a hospital shall provide for the installation of extinguishers, sprinkling devices, fire barriers and the elimination of fire hazards.

4. The governing body shall analyze identified issues relating to safety management within the environment of care and develop or approve recommendations for addressing those issues. The governing body shall carry out and monitor the effectiveness of the recommendations.

[Bd. of Health, Health Facilities Reg. Part III Ch. I § II part subsec. A & subsec. E, eff. 10-9-69; A 8-26-74; Ch. II part § II, eff. 10-9-69] — (NAC A by R050-99, 9-27-99)

NAC 449.317 Risk management. ([NRS 449.0302](#)) Each hospital shall have in effect a comprehensive program for risk management and shall designate one person to be responsible for the implementation and maintenance of the program for risk management.

(Added to NAC by Bd. of Health by R050-99, eff. 9-27-99)

NAC 449.319 Requirements for personal needs of patients. ([NRS 449.0302](#))

1. A hospital shall provide patients access to their belongings as is appropriate based on the needs of the patients and the phase of treatment of the patients.

2. A hospital shall communicate and enforce a nonsmoking policy throughout the hospital.

3. A hospital shall provide a clean and comfortable bed and mattress for each patient. Bed linen, blankets, pillows, washcloths and towels that are clean and in good condition must be provided to each patient. A hospital shall have such

systems as are necessary to ensure that an adequate supply of clean linen is provided to each patient.

4. A hospital shall provide each inpatient with necessary bedside equipment and supplies based on the needs of the inpatient. The necessary equipment and supplies must include, without limitation, a water pitcher and equipment for personal hygiene. The equipment and supplies must be maintained in a sanitary manner.

5. In public areas and in areas in which patient care is provided, a hospital shall:

- (a) Provide adequate and comfortable lighting levels;
- (b) Provide comfortable and safe temperature levels; and
- (c) Maintain comfortable sound levels.

[Bd. of Health, Health Facilities Reg. Part III Ch. I § II part subsec. A, eff. 10-9-69; A 8-26-74; Ch. II part § II, eff. 10-9-69] — (NAC A by R050-99, 9-27-99)

NAC 449.322 Housekeeping and laundry services. ([NRS 449.0302](#))

1. A hospital shall establish organized housekeeping services planned, operated and maintained to provide a pleasant, safe and sanitary environment. Adequate personnel, using accepted practices and procedures, shall keep the hospital free from offensive odors, accumulations of dirt, rubbish, dust and safety hazards.

2. Suitable equipment and supplies must be provided for cleaning all surfaces. The equipment must be maintained in a safe, sanitary condition. Storage areas, attics and cellars must be kept safe and free from accumulations of extraneous materials such as refuse, discarded furniture and equipment, and old newspapers. Combustibles such as cleaning rags and compounds and hazardous substances must be labeled properly and stored in safe places. Paper towels, tissues and similar supplies must be stored in a manner to prevent their contamination before use.

3. Cleaning must be performed in a manner to minimize the spread of pathogenic organisms. Floors must be cleaned regularly. Polishes on floors must provide a nonslip finish. Throw or scatter rugs must not be used except for nonslip entrance mats.

4. Housekeeping personnel must receive adequate supervision. Continuous in-service training programs must be established for housekeeping personnel.

5. A hospital shall develop and carry out standards and systems for the operation of laundry services. Laundry services, whether owned by the hospital or provided pursuant to a contract, must:

- (a) Maintain standards for a safe work environment for employees;
- (b) Address issues relating to the control of infections; and
- (c) Be operated in a manner that does not disrupt the patient care provided by the hospital.

6. A hospital shall develop and carry out:

- (a) Standards and systems for the storage and handling of clean linen and soiled linen; and
- (b) Written policies relating to the handling, storage, transportation and processing of its linen.

[Bd. of Health, Health Facilities Reg. Part III Ch. I § II part subsec. A, eff. 10-9-69; A 8-26-74; Ch. II part § II, eff. 10-9-69] — (NAC A by R050-99, 9-27-99)

NAC 449.325 Prevention, control and investigation of infections and communicable diseases. ([NRS 449.0302](#))

1. A hospital shall:

- (a) Provide a sanitary environment to avoid sources and transmission of infections and communicable diseases; and
- (b) Develop and carry out an active program for the prevention, control and investigation of infections and communicable diseases.

2. A hospital shall designate at least one person as an infection control officer, who shall develop and carry out policies governing the control of infections and communicable diseases.

3. The infection control officer of a hospital shall:

(a) Develop a system for identifying, reporting, investigating and controlling infections and communicable diseases of patients and personnel of the hospital; and

(b) Maintain a record of incidents within the hospital related to infection and communicable disease.

4. The chief executive officer, the medical staff and the chief administrative nurse of a hospital:

(a) Shall ensure that the quality improvement program established pursuant to [NAC 449.3152](#) and the training program for the entire hospital address those problems identified by the infection control officer of the hospital; and

(b) Are responsible for the implementation of successful corrective plans of action in affected problem areas.

[Bd. of Health, Health Facilities Reg. Part III Ch. I § II part subsec. A & subsec. D, eff. 10-9-69; A 8-26-74; Ch. II part § II, eff. 10-9-69] — (NAC A by R050-99, 9-27-99)

NAC 449.327 Preparation, sterilization, storage and distribution of sterile supplies and medical and surgical equipment. ([NRS 449.0302](#))

1. To meet the ongoing needs of its patients, a hospital shall:

(a) Provide a designated area for the preparation, sterilization and storage of sufficient sterile supplies and medical and surgical equipment; and

(b) Dispense the sterile supplies and equipment to all departments, units and services within the hospital.

2. A hospital which prepares, sterilizes and stores its supplies and equipment directly shall develop systems and standards that are consistent with:

(a) The standards for the control of infection established by the infection control officer of the hospital;

(b) The standards developed by the Occupational Safety and Health Administration for the preparation, sterilization and storage of such supplies and equipment; and

(c) When applicable, the manufacturer's guidelines for the use and maintenance of the equipment.

3. If the supplies and equipment are sterilized on the premises of a hospital, the process of sterilization must be

supervised by a person who has received specialized training in the operation of the process of sterilization, including training in methods of testing the process to verify the efficiency of the process of sterilization.

(Added to NAC by Bd. of Health by R050-99, eff. 9-27-99)

NAC 449.329 Admission of patients. ([NRS 449.0302](#)) A hospital shall:

1. Develop and carry out policies and procedures for admitting patients to the appropriate levels of care; and
2. Ensure that each patient, or the parent, guardian or other person legally responsible for the patient, receives information about the proposed care of the patient.

(Added to NAC by Bd. of Health by R050-99, eff. 9-27-99)

NAC 449.331 Emergency services and medical care; transfer agreements. ([NRS 449.0302](#))

1. A hospital shall develop and carry out policies and procedures to ensure that emergency services and medical care are provided in accordance with [NRS 439B.410](#) and [450B.790](#) and 42 C.F.R. § 489.24 and to ensure compliance with the provisions of [NRS 450B.795](#).

2. All general hospitals not having their own long-term facility shall have transfer agreements with long-term care facilities. Transfer agreements between facilities must be in writing and on file at each facility concerned. The agreements must provide for:

- (a) The transfer of patients between facilities whenever the need for transfer is medically determined; and
- (b) The exchange of appropriate medical and administrative information between facilities.

[Bd. of Health, Health Facilities Reg. Part III Ch. I § XVI subsecs. A, B & D, eff. 10-9-69; Ch. II part § XI, eff. 10-9-69] — (NAC A by R050-99, 9-27-99; R138-07, 1-30-2008)

NAC 449.332 Discharge planning. ([NRS 449.0302](#))

1. A hospital shall:

- (a) Have a process for discharge planning that applies to all inpatients; and
- (b) Develop and carry out policies and procedures regarding the process for discharge planning.

2. The process for discharge planning must include the participation of registered nurses, social workers or other personnel qualified, through education or experience, to perform discharge planning.

3. A hospital shall, at the earliest possible stage of hospitalization, identify each patient who is likely to suffer adverse health consequences upon discharge if the patient does not receive adequate discharge planning. The hospital shall provide for an evaluation of the needs related to discharge planning of each patient so identified.

4. An evaluation of the needs of a patient relating to discharge planning must include, without limitation, consideration of:

- (a) The needs of the patient for postoperative services and the availability of those services;
- (b) The capacity of the patient for self-care; and
- (c) The possibility of returning the patient to a previous care setting or making another appropriate placement of the patient after discharge.

5. If the evaluation of a patient relating to discharge planning indicates a need for a discharge plan, a discharge plan must be developed under the supervision of a registered nurse, social worker or other person qualified to perform discharge planning.

6. An evaluation of a patient relating to discharge planning and a discharge plan for the patient may be requested by the patient, a physician, a member of the family of the patient or the guardian of the patient, if any.

7. If a hospital finds that a patient does not need a discharge plan, the attending physician may still request a discharge plan for the patient. If the attending physician makes such a request, the physician shall collaborate as much as necessary with the hospital staff in the development of the discharge plan.

8. Activities related to discharge planning must be conducted in a manner that does not contribute to delays in the discharge of the patient.

9. The evaluation of the needs of a patient relating to discharge planning and the discharge plan for the patient, if any, must be documented in his or her medical record.

10. The discharge plan must be discussed with the patient or the person acting on behalf of the patient.

11. The patient, members of the family of the patient and any other person involved in caring for the patient must be provided with such information as is necessary to prepare them for the posthospital care of the patient.

12. If, during the course of a patient's hospitalization, factors arise that may affect the needs of the patient relating to his or her continuing care or current discharge plan, the needs of the patient must be reassessed and the plan, if any, must be adjusted accordingly.

13. A hospital shall arrange for the initial implementation of the discharge plans of its patients.

14. If identified in a discharge plan, referral of a patient to outpatient services or transfer of the patient to another facility must be accomplished in a manner that meets the identified needs of the patient, including the sharing of necessary medical information about the patient with the receiving service or facility.

(Added to NAC by Bd. of Health by R050-99, eff. 9-27-99)

NAC 449.337 Dietary services: General requirements. ([NRS 449.0302](#))

1. A hospital shall provide each patient with a nourishing, palatable, well-balanced diet that meets the daily nutritional and dietary needs of the patient.

2. The menu for a patient must meet the nutritional needs of the patient in accordance with:

- (a) Recognized dietary practices; and
- (b) The orders of the practitioners responsible for the care of the patient.

3. A hospital shall ensure that not less than three meals are served daily to patients and not more than 15 hours elapse between the evening meal and breakfast served the following day.

4. Nourishment and feeding between meals must be provided as required by diet prescription and must be available to each patient unless otherwise ordered by the physician of the patient.

5. Except as otherwise provided in this subsection, menus must be followed. A meal may vary from the planned menu if the change is noted in writing in the records maintained by the dietary services.

6. A hospital shall ensure that the food and religious preferences of a patient are respected to the extent practicable and that substitute food is available through the use of a selective menu or substitutes from appropriate food groups.

7. A hospital shall ensure that persons who are responsible for therapeutic diets have sufficient knowledge of food values to make appropriate substitutions when necessary.

[Bd. of Health, Health Facilities Reg. Part III Ch. I § V, eff. 10-9-69; Ch. II § V, eff. 10-9-69] — (NAC A by R035-97, 10-30-97; R050-99, 9-27-99)

NAC 449.338 Dietary services: Provision for needs of patients; facilities; standards; permits; records. (NRS 449.0302)

1. A hospital shall provide for the general dietary needs of its patients, including the preparation of modified special diets.

2. Adequate space for the preparation and service of food must be provided. Equipment for the preparation and service of food must be placed to provide aisles of sufficient width to permit easy movement of personnel, mobile equipment and supplies.

3. Well-ventilated food storage areas of adequate size must be provided.

4. Adequate space must be maintained to accommodate equipment, personnel and procedures necessary for the proper cleaning and sanitizing of dishes and other utensils.

5. Office or other suitable space must be provided for the dietitian and dietetic service supervisor.

6. In providing for the preparation and serving of food, a hospital shall:

(a) Comply with the standards prescribed in [chapter 446](#) of NRS and the regulations adopted pursuant thereto;

(b) Obtain the necessary permits from the Division;

(c) Maintain a report of each inspection concerning the sanitation of the hospital for at least 1 year after the date of the inspection; and

(d) Maintain a report of each corrective action taken to address a deficiency noted in a report described in paragraph (c) for at least 1 year after the date of the corrective action.

(Added to NAC by Bd. of Health by R050-99, eff. 9-27-99; A by R068-04, 8-4-2004; R155-10, 12-16-2010)

NAC 449.3385 Dietary services: Personnel. (NRS 449.0302)

1. A hospital shall maintain an organized dietary service that is staffed by an adequate number of personnel. The hospital shall ensure that personnel are on duty to provide dietary services for at least 12 hours each day and that the personnel are competent to perform their duties as outlined in their job descriptions. The dietary service must be integrated with the other departments, units and services within the hospital.

2. The dietary service must be under the direction of a licensed dietitian or other professional person who:

(a) Is qualified in the field of institutional management, nutritional sciences or hotel restaurant management;

(b) Has completed an academic program in culinary arts; or

(c) Is certified as a dietary manager by the Association of Nutrition & Foodservice Professionals and has additional work experience with medical and therapeutic diets.

3. The director of the dietary service may be employed on a full-time or part-time basis, or as a consultant.

4. A hospital shall have on staff a licensed dietitian or a consultant who is licensed as a dietitian who shall provide in-service training for all dietetic service personnel and maintain a record of the in-service training provided which includes a description of the subjects covered by the training, the date that the training was given, the duration of the training and a list of the persons who attended the training.

5. Personnel of the dietary service must:

(a) Be trained in basic techniques of food sanitation;

(b) While working in the dietary service, be clean and wear clean clothing, including a cap or hairnet, or both; and

(c) Be excluded from duty when affected by a skin infection or communicable disease.

6. If an employee of the dietary service has a beard or moustache, or both, which is not closely cropped, the employee shall cover the beard or moustache, or both, while on duty.

(Added to NAC by Bd. of Health by R050-99, eff. 9-27-99; A by R068-04, 8-4-2004; R090-12, 12-20-2012)

NAC 449.339 Dietary services: Nutritional status of patients. (NRS 449.0302)

1. A hospital shall carry out a program for the systematic nutritional risk-screening of its patients to detect actual and potential malnutrition at an early stage.

2. A hospital shall ensure that each patient maintains acceptable parameters of nutritional status, including, without limitation, body weight and protein levels, unless the patient's clinical condition demonstrates that the maintenance of those parameters is not possible.

3. A patient who is fed by an enteral feeding system must receive the appropriate treatment and services to prevent complications to the extent possible.

4. Parenteral nutrition support must be used to nourish a patient who meets clinical guidelines that are developed in accordance with nationally recognized standards of practice and approved by the medical staff of the hospital.

5. A patient must receive a therapeutic diet when it is determined that he or she has a nutritional problem.

6. The director of the dietary service shall develop and carry out policies and procedures for nutritional care and dietetic services. The policies and procedures must be readily available to nursing, dietary and medical staff. The director shall evaluate the policies and procedures for nutritional care and services provided by the dietary service on a regular basis and revise those policies and procedures as necessary.

7. If it is determined that the nutritional status of a patient is at risk, nutritional care for that patient must be:

(a) Planned and provided based on an assessment of his or her nutritional status by a licensed dietitian or the attending physician, or both; and

(b) Integrated into his or her plan of care.

↳ The response of the patient must be monitored and reassessed as needed.

8. Pertinent dietary information must be included in a patient's transfer records or discharge records, or both, to ensure continuity of nutritional care.

(Added to NAC by Bd. of Health by R050-99, eff. 9-27-99; A by R090-12, 12-20-2012)

NAC 449.3395 Dietary services: Sanitary conditions; supplies. ([NRS 449.0302](#))

1. A hospital shall store, prepare, distribute and serve food under sanitary conditions.

2. A hospital shall maintain on its premises at least a 1-week supply of staple foods and at least a 2-day supply of perishable foods. The supplies must be appropriate to meet the requirements of the menu. All food must be of good quality and procured from sources approved or considered satisfactory by federal, state and local authorities. Food that is contained in a container or can that:

(a) Is unlabeled, if the contents of the container or can are not readily identifiable without opening the container or can;

(b) Is rusty, leaking or broken; or

(c) Has dents or swelling,

↳ is not acceptable and must not be maintained.

3. All kitchens and kitchen areas in a hospital must be kept clean, kept free from litter and rubbish, and protected from rodents, roaches, flies and other insects. The hospital shall take such measures as are necessary for preventive pest control. All utensils, counters, shelves and equipment must be kept clean, maintained in good repair, and free from breaks, corrosions, open seams, cracks and chipped areas. Plastic ware, china and glassware that is unsightly, unsanitary or hazardous because of chips, cracks or loss of glaze must be discarded.

4. After each use, utensils used for eating or drinking or used in the preparation of food or drink must be cleaned and disinfected, or discarded.

5. Kitchen sinks must not be used for washing hands. Separate facilities for washing hands, which includes soap, running water and individual towels, must be provided.

6. Kitchen wastes that are not disposed of by mechanical means must be:

(a) Kept in containers which:

(1) Are leak proof;

(2) Are made of nonabsorbent materials; and

(3) Can be tightly closed; and

(b) Disposed of as frequently as necessary to prevent a nuisance or unsightliness.

7. Ice which is used in connection with food or drink must be from a sanitary source and must be handled and dispensed in a sanitary manner.

8. A person other than personnel of the dietary service may not be in the kitchen area unless the person is required to be there in the performance of his or her duties.

9. Equipment of the type and in the amount necessary for the proper preparation, service and storage of food and for proper dishwashing must be provided and maintained in good working order.

(Added to NAC by Bd. of Health by R050-99, eff. 9-27-99)

NAC 449.340 Pharmaceutical services. ([NRS 449.0302](#))

1. A hospital shall have a pharmacy directed by a registered pharmacist, who may be a full-time, part-time or consulting pharmacist, or a drug room supervised by no less than a currently licensed professional nurse. If a hospital has an organized pharmaceutical service, the full-time, part-time or consulting pharmacist shall develop, supervise and coordinate all the activities of the service.

2. The pharmacy and area for drug storage must be administered in accordance with all applicable state and federal laws.

3. Except as otherwise provided in this subsection, the medical staff shall develop policies and procedures to minimize errors in the administration of the drugs. The medical staff may designate the organized pharmaceutical service of the hospital to develop the policies and procedures required by this subsection.

4. The pharmaceutical service of a hospital shall have an adequate number of personnel to ensure quality pharmaceutical services, including emergency services.

5. Drugs and biologicals must be controlled and distributed in a manner which is consistent with applicable state and federal laws.

6. When a pharmacist is not available, drugs and biologicals may be removed from the pharmacy or storage area only by personnel designated by the policies of the medical staff and pharmaceutical service, which must be established in accordance with all applicable state and federal laws, to remove the drug or biological.

7. Errors in administering a drug to a patient, adverse reactions by a patient to a drug and incompatibilities between a drug and patient must be immediately reported to the attending physician of the patient and, if appropriate, to the committee that oversees the quality improvement program established pursuant to [NAC 449.3152](#).

8. Abuses and losses of controlled substances must be reported, in accordance with all applicable state and federal

laws, to the person responsible for the pharmaceutical service and the chief executive officer of the hospital.

9. Information relating to drug interactions, drug therapy, side effects, toxicology, dosage indications for use and routes of administration must be made available to the professional members of the hospital staff.

10. A formulary system must be established by the medical staff to ensure the provision of quality pharmaceuticals at reasonable costs.

[Bd. of Health, Health Facilities Reg. Part III Ch. I § VII subsecs. A-C, eff. 10-9-69; Ch. II part § VII, eff. 10-9-69] — (NAC A by R050-99, 9-27-99)

NAC 449.343 Orders for medication and biologicals. ([NRS 449.0302](#))

1. Except as otherwise provided in this section, an order for medication or biologicals for a patient must be in writing and signed by the practitioner, or other appropriate professional person authorized by state or federal law to order the medication or biological, who is responsible for the care of the patient.

2. When a telephone or verbal order is used to order medications or biologicals, the order must be:

(a) Accepted only by a person who is authorized by the policies and procedures of the medical staff, which must be consistent with state law, to accept such an order; and

(b) Signed or initialed by the prescribing practitioner in accordance with hospital policy.

3. An order for a medication or a biological must include the name of the medication or biological and the dosage, time or frequency of administration and route of administration of the medication or biological.

4. Medication and biologicals that are not specifically prescribed as to time or number of doses must be automatically stopped after a reasonable time that has been predetermined by the medical staff for that medication or biological.

5. Emergency medications approved by the medical staff or advisory physician must be kept readily available in the pharmacy or drug room and in compliance with all federal, state and local laws.

[Bd. of Health, Health Facilities Reg. Part III Ch. I § VII subsecs. D-H, eff. 10-9-69; Ch. II part § VII, eff. 10-9-69] — (NAC A by R050-99, 9-27-99)

NAC 449.344 Administration of medication; security. ([NRS 449.0302](#))

1. Only members of the hospital staff who are legally authorized to administer medications may do so.

2. Security of all medications must be maintained in accordance with applicable state law.

3. The quality improvement program established pursuant to [NAC 449.3152](#) must include a system of security to monitor and improve the process of administering medications.

(Added to NAC by Bd. of Health by R050-99, eff. 9-27-99)

NAC 449.346 Rehabilitative services. ([NRS 449.0302](#))

1. Rehabilitative services are those activities used in restoring, maintaining and improving the physical and mental well-being of a patient. A hospital shall provide rehabilitative services consistent with its overall role in the treatment of a patient by or under the supervision of persons professionally licensed in this State to render such services.

2. If a hospital provides rehabilitative services, including, without limitation, physical therapy, occupational therapy, audiology or speech-language pathology, the services must be organized and staffed to ensure the health and safety of the patients. The organization of the services must be appropriate to the scope of the services offered.

3. The director of the rehabilitative services must have the necessary knowledge, experience and capabilities to supervise and administer properly the services provided.

4. Rehabilitative services provided by a hospital in accordance with this section must be provided by persons who meet the qualifications specified by the medical staff.

5. Rehabilitative services must be furnished to each patient in accordance with his or her written plan of treatment. The services must be provided pursuant to the order of a practitioner who is authorized by the medical staff to order such services, and those orders must be incorporated into the record of the patient.

[Bd. of Health, Health Facilities Reg. Part III Ch. I § XII, eff. 10-9-69; Ch. II § VIII, eff. 10-9-69] — (NAC A by R050-99, 9-27-99)

NAC 449.349 Emergency services. ([NRS 449.0302](#))

1. A hospital shall meet the emergency needs of its patients in accordance with nationally recognized standards of practice.

2. If a hospital does not have an emergency department on-site, the policies and procedures for meeting the emergency needs of patients must be under the direction of a qualified member of the medical staff.

3. If a hospital provides emergency services through an emergency department:

(a) The services must be organized under the direct supervision of a qualified member of the medical staff;

(b) The services must be integrated with the other departments, units and services within the hospital; and

(c) The policies and procedures governing the provision of medical care in the emergency department must be established by and are the continuing responsibility of the medical staff.

4. A hospital shall have sufficient medical and nursing personnel who are qualified in emergency medical care to carry out the written emergency procedures of, and to meet the emergency needs anticipated by, the hospital.

[Bd. of Health, Health Facilities Reg. Part III Ch. I § XIV, eff. 10-9-69; Ch. II § IX, eff. 10-9-69] — (NAC A by R050-99, 9-27-99)

NAC 449.352 Social services. ([NRS 449.0302](#))

1. A hospital shall have effective written policies and procedures for the provision of social services by the hospital staff.

2. Social services must be provided or supervised in accordance with [chapter 641B](#) of NRS by a professional, qualified social worker who is appropriately trained and has adequate experience to meet the social and emotional needs of the patients and their families. If the social worker does not have the educational and experiential requirements of a qualified social worker, an ongoing plan for consultation between the social worker and a qualified social worker must be developed.

3. A hospital shall provide to each patient access to related social services based on the assessed needs of the patient.

4. As used in this section, "qualified social worker" means a licensed social worker who has had at least 1 year of actual work experience in a hospital setting.

[Bd. of Health, Health Facilities Reg. Part III Ch. I § XV, eff. 10-9-69; Ch. II § X, eff. 10-9-69] — (NAC A by R050-99, 9-27-99)

NAC 449.355 Discrimination prohibited. ([NRS 449.0302](#)) A hospital shall not discriminate in the admission of, or the provision of services to, a person on the basis of his or her race, color, religion, national origin, age, gender, disability or ability to pay.

[Bd. of Health, Health Facilities Reg. Part III Ch. I § XVI subsec. E, eff. 10-9-69; Ch. II part § XI, eff. 10-9-69] — (NAC A by R050-99, 9-27-99)

NAC 449.358 Medical staff. ([NRS 449.0302](#))

1. A hospital shall have a well-organized medical staff that operates in accordance with the bylaws approved by the governing body.

2. The medical staff must be appointed by the governing body and be composed of:

- (a) Doctors of medicine or osteopathy; and
- (b) To the extent authorized by state law, other practitioners.

3. The medical staff shall periodically conduct appraisals of its members.

4. The members of the medical staff shall examine the credentials of candidates for membership to the medical staff and make recommendations to the governing body on the appointment of those candidates to the medical staff.

5. The medical staff is accountable to the governing body for the quality of the medical care provided to the patients of the hospital.

6. If the medical staff has an executive committee, a majority of the members of the executive committee must be doctors of medicine or osteopathy.

7. The responsibility for the organization and conduct of the medical staff must be assigned only to a doctor of medicine or osteopathy.

8. The medical staff shall adopt and enforce bylaws to carry out its responsibilities. The bylaws must:

- (a) Be approved by the governing body of the hospital.
- (b) Include a statement of the duties and privileges for each category of the medical staff, including, without limitation, active status and courtesy privileges.
- (c) Describe the organization of the medical staff.
- (d) Describe the qualifications that a candidate for membership to the medical staff must have before the medical staff will consider the recommendation of the candidate for membership.
- (e) Include criteria for determining the privileges to be granted to individual practitioners and a procedure for applying the criteria to persons requesting privileges.

(f) Include a requirement that a physical examination and medical history be done on each patient not more than 7 days before or more than 48 hours after the patient is admitted into the hospital by a member of the medical staff who is a doctor of medicine or osteopathy.

9. The medical staff shall attempt to secure autopsies in all cases in which the death of the patient is unusual or is of legal, medical or educational interest. The medical staff shall:

- (a) Specifically define a mechanism for documenting permission to perform an autopsy;
- (b) Establish a system for notifying the members of the medical staff and the attending physician when an autopsy is to be performed; and
- (c) Ensure that all autopsies performed in the hospital are authorized pursuant to [NRS 451.010](#).

[Bd. of Health, Health Facilities Reg. Part III Ch. I § III, eff. 10-9-69] — (NAC A by R050-99, 9-27-99)

NAC 449.361 Nursing services. ([NRS 449.0302](#))

1. A hospital shall have a well-organized plan that provides for 24-hour nursing services. The nursing services must be furnished or supervised by a registered nurse.

2. The governing body and the hospital shall ensure that the nursing services provided at the hospital are provided in accordance with all applicable federal and state laws and regulations.

3. The nursing service shall have a sufficient number of licensed registered nurses, licensed practical nurses and other personnel to provide nursing care to all patients as needed. A sufficient number of registered nurses and other members of the nursing staff must be on duty at all times to ensure that proper care is provided to each patient. A person who is not a registered nurse may be assigned to care for a patient, if:

- (a) The extent of care provided by the person is consistent with his or her education and experience and is within his or her scope of practice; and
- (b) The person is supervised by a registered nurse while providing that care.

4. A hospital shall have a system for determining the nursing needs of each patient. The system must include assessments made by a registered nurse of the needs of each patient and the provision of staffing based on those assessments.

5. The plan for providing nursing services must include a plan of administrative authority and a delineation of responsibilities for patient care.

6. A hospital shall ensure that the nursing staff develops and keeps current a plan for nursing care for each inpatient.

7. The nursing services must be under the direct supervision of a chief administrative nurse. The chief administrative nurse must be knowledgeable, skilled and competent in clinical practice and nursing management. The chief administrative nurse shall direct and supervise the nursing services in compliance with [chapter 632](#) of NRS and nationally recognized professional standards for organized nursing services.

8. The chief administrative nurse shall define the policies, procedures and standards relating to the provision of nursing services and shall ensure that the members of the nursing staff carry out those policies, procedures and standards. The policies, procedures and standards must be documented and accessible to each member of the nursing staff in written or electronic form. The chief administrative nurse must approve each element of the policies, procedures and standards before the element may be used or put into effect.

9. A hospital shall ensure that its patients receive proper treatment and care provided by its nursing services in accordance with nationally recognized standards of practice and physicians' orders.

[Bd. of Health, Health Facilities Reg. Part III Ch. I § IV, eff. 10-9-69] — (NAC A by R050-99, 9-27-99)

NAC 449.3622 Appropriate care of patients. ([NRS 449.0302](#))

1. Each patient must receive, and the hospital shall provide or arrange for, individualized care, treatment and rehabilitation based on the assessment of the patient that is appropriate to the needs of the patient and the severity of the disease, condition, impairment or disability from which the patient is suffering.

2. The governing body shall ensure that each person's role in providing care to a patient is determined by:

(a) The professional skills, competence and credentials of the person providing care;

(b) The care or rehabilitation to be provided to the patient;

(c) The policies of the hospital; and

(d) The relevant required licensure or certification, regulation, privileges, scope of practice and job description of the person.

(Added to NAC by Bd. of Health by R050-99, eff. 9-27-99)

NAC 449.3624 Assessment of patients. ([NRS 449.0302](#))

1. To provide a patient with the appropriate care at the time that the care is needed, the needs of the patient must be assessed continually by qualified hospital personnel throughout the patient's contact with the hospital. The assessment must be comprehensive and accurate as related to the condition of the patient.

2. Each patient must be reassessed according to hospital policy:

(a) When there is a significant change in the patient's condition;

(b) When there is a significant change in the patient's diagnosis; or

(c) To determine the patient's response to the care that he or she is receiving.

3. The hospital shall ensure that the hospital staff develop and keep current a plan of care for each inpatient based on the assessed needs of the inpatient.

(Added to NAC by Bd. of Health by R050-99, eff. 9-27-99)

NAC 449.3626 Rights of patients. ([NRS 449.0302](#)) A governing body shall develop and carry out policies and procedures that protect and support the rights of patients as set forth in [NRS 449.700](#) to [449.730](#), inclusive.

(Added to NAC by Bd. of Health by R050-99, eff. 9-27-99)

NAC 449.3628 Protection of patients; use of physical restraints. ([NRS 449.0302](#))

1. A governing body shall develop and carry out policies and procedures that prevent and prohibit:

(a) Verbal, sexual, physical and mental abuse of patients; and

(b) The involuntary seclusion of a patient without clinical justification for that seclusion.

2. The governing body shall develop and carry out policies and procedures that prevent and prohibit neglect and misappropriation of the personal property of a patient.

3. The governing body shall develop policies and procedures for the identification and investigation of neglect and abuse of patients.

4. The governing body shall develop and carry out organizational policies and procedures that limit the use of physical restraints on patients to only those situations in which the use of physical restraints is appropriate and for which there is adequate clinical justification.

5. The governing body shall ensure that the use of any physical restraints on a patient is initiated only pursuant to a physician's order or protocols approved by the medical staff and the hospital administration.

6. If the use of physical restraints is permitted pursuant to approved protocols, the approved protocols must include:

(a) A thorough assessment of the patient before the use of physical restraints is initiated;

(b) A provision that requires the initiation of the use of the physical restraints by a registered nurse or other authorized person according to hospital policy;

(c) A provision for notifying the physician within 12 hours after the use of the physical restraints is initiated;

(d) A requirement that a verbal or written order of the physician be obtained and entered into the medical record of the patient; and

(e) A requirement that the continued use of physical restraints beyond the first 24 hours be authorized by the physician through the renewal of the original order. The issuance of an order for the continued use of physical restraints on a patient must occur no less often than once each calendar day.

7. Organizational policies and procedures, protocols, physician's orders and the individual needs of a patient must be used to establish the frequency, nature and extent of monitoring of a patient upon whom physical restraints are being used.

8. The hospital shall have a process for quality improvement to identify appropriate opportunities for reducing the use of physical restraints. The process for quality improvement must include areas for measurement and assessment to identify opportunities to reduce the risks associated with the use of physical restraints through the introduction of preventive strategies, innovative alternatives to the use of physical restraints and improvements to the process of using physical restraints.

(Added to NAC by Bd. of Health by R050-99, eff. 9-27-99)

NAC 449.363 Personnel policies concerning employment, licensing and certification. (NRS 449.0302)

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.

(Added to NAC by Bd. of Health by R050-99, eff. 9-27-99)

NAC 449.364 Obstetrical services: Administration; staffing and equipment. (NRS 449.0302)

1. If a hospital provides obstetric services, the obstetric services must be provided through an obstetric department which is well-organized and sufficiently staffed to ensure the health and safety of the patients.

2. The obstetric department must be under the direction and supervision of a qualified member of the medical staff. The director of the obstetric department is responsible for the quality of medical care provided to patients by the obstetric department and for the review of the professional practices of the medical staff within the obstetric department, including, without limitation:

(a) The delineation of the privileges accorded to members of the medical staff and members of allied health professional persons in the obstetric department; and

(b) The reappraisal and appointment of each such member.

3. A roster of the privileges relating to the provision of obstetric services of each member of the medical staff must be kept in the files of the obstetric department. The roster must specify the privileges awarded to each member.

4. A hospital shall ensure that the obstetric department has adequate staffing and equipment, including, without limitation:

(a) A sufficient number of registered nurses, trained in perinatal care of a maternal patient and in newborn care, who are on duty at all times to ensure that proper care is provided to each patient;

(b) Appropriate equipment maintained in good working order;

(c) Drugs and oxygen necessary to provide obstetric care to a maternal patient and a newborn;

(d) Appropriate clinical laboratory services available to provide safe obstetric care according to the needs of the patient and medical staff of the department; and

(e) Sufficient personnel on the premises and immediately available for each delivery of a newborn who:

(1) Are trained and experienced in performing cardiopulmonary resuscitation on adults and newborns; and

(2) Have successfully completed the Neonatal Resuscitation Program endorsed by the American Academy of Pediatrics and the American Heart Association.

5. A hospital shall ensure that the obstetric department has the capability of providing:

(a) Initial evaluation of the risk-status of each patient needing obstetric services, including the appropriateness of admitting the patient; and

(b) Support of patients in labor.

[Bd. of Health, Health Facilities Reg. Part III Ch. I § XI subsec. D pars. 1-8, eff. 10-9-69] — (NAC A by R050-99, 9-27-99)

NAC 449.365 Obstetrical services: Labor rooms; delivery rooms; utility rooms; area for cleaning instruments. (NRS 449.0302)

1. Each hospital which has an organized obstetric service shall have at least one labor room, with the need for additional labor rooms to be determined by the amount of use of the labor room.

2. Each hospital shall have at least one properly equipped delivery room, with the need for additional delivery rooms to be determined by the amount of use of the delivery room. The delivery room must have:

(a) An emergency call system that is operable without the use of hands and an adequate signal system.

(b) Emergency sterilizing facilities to support the delivery area.

(c) A heated bassinet and warmer, and resuscitation equipment for newborns which is readily available.

(d) A device for easy, positive identification of a newborn before the newborn is removed from the delivery room.

(e) Adequate storage space for sterile supplies and equipment.

(f) Sinks and dispensers which are equipped with foot, knee or elbow controls or an alternative method of control.

3. A hospital shall have a clean utility room with adequate storage for cleaning supplies and other cleaning equipment needed for the delivery and labor rooms.

4. Major cleaning of instruments and other utensils used in the delivery or labor room must take place in a specified cleanup area or holding area for soiled materials.

(Added to NAC by Bd. Health by R050-99, eff. 9-27-99)

NAC 449.365 Obstetrical services: Required services. ([NRS 449.0302](#))

1. An obstetric department of a hospital shall provide services for labor, delivery, newborn care and recovery care, and shall maintain the areas in which these services are provided in a safe and clean manner.

2. The obstetric department must be equipped with those items needed to provide obstetrical care and emergency procedures in life-threatening situations to a mother or her baby.

(Added to NAC by Bd. Health by R050-99, eff. 9-27-99)

NAC 449.3655 Obstetrical services: Transfer or discharge of patient. ([NRS 449.0302](#))

1. No person may be transferred or discharged from an obstetric department of a hospital unless:

- (a) The transfer or discharge is appropriate based on a risk assessment of the patient;
- (b) A physician determines that the patient is not in active labor; or
- (c) A physician determines that the medical needs of the patient exceed the capability of the obstetric department.

2. The criteria for the transfer of a patient must be in writing and included in the manual for policies and procedures of the obstetric department.

3. A patient in the obstetric department may be transferred only to a hospital capable of providing a higher level of obstetrical and neonatal care and for which there are written documents which verify that the receiving hospital agrees to accept emergency patients without regard to their ability to pay.

4. The obstetric department shall establish written protocols for the discharge of patients from the hospital, which include, without limitation:

- (a) The provision of instructions to the mother regarding the care and feeding of her newborn;
- (b) Plans for the examination of the mother and newborn after discharge;
- (c) The provision of instructions to the mother regarding the availability of consultation services by telephone or home visit, as needed or requested by the mother; and

(d) The criteria and conditions under which a patient or newborn should be considered for transfer. Such a determination must be made by a qualified member of the medical staff and the criteria and conditions must be included in the written policies and procedures of clinical practices for the obstetric department. The written policies must be reviewed periodically by a qualified member of the medical staff and a review of all such transfers must be included in the quality improvement program established pursuant to [NAC 449.3152](#).

(Added to NAC by Bd. Health by R050-99, eff. 9-27-99)

NAC 449.367 Obstetrical services: Nurseries. ([NRS 449.0302](#))

1. An obstetric department shall have a nursery which is organized under the direction of a qualified member of the medical staff.

2. Nurseries must be completely equipped for any neonatal emergencies.

3. The total number of bassinets in a nursery service must be at least equal to the number of beds for postpartum patients.

4. A separate storage room must be available to support the requirements of the entire nursery.

5. The following must be made available for each unit for infants:

- (a) A bassinet for each infant with storage space for the infant's supplies, such as diapers, shirts and thermometers.
- (b) Incubators for infants needing supplemental oxygen, heat or humidity and for all infants with a low birth weight.
- (c) A scale for weighing babies.
- (d) Oxygen.

6. If a nursery for premature infants exists, it must be designed to provide for maximum observation and supervision and must include:

- (a) An electrical outlet for each incubator located in the nursery; and
- (b) Oxygen for every incubator.

[Bd. of Health, Health Facilities Reg. Part III Ch. I § XI subsec. D pars. 9-13, eff. 10-9-69] — (NAC A by R050-99, 9-27-99)

NAC 449.370 Outpatient services. ([NRS 449.0302](#))

1. If a hospital provides outpatient services, the services must meet the needs of the patients in accordance with nationally recognized standards of practice.

2. A hospital shall ensure that its outpatient unit is appropriately organized and integrated with inpatient services.

3. A hospital which provides outpatient services shall:

- (a) Assign a person to be responsible for the outpatient unit;
- (b) Have sufficient numbers of professional and nonprofessional personnel available to provide the outpatient services; and

(c) Ensure that nursing services provided in the outpatient unit are provided under the direction of a registered nurse.

4. Equipment and supplies necessary to meet the anticipated needs of the outpatients must be readily available and in good working order.

5. The outpatient unit shall have a sufficient number of examination and treatment rooms for the outpatient service

based on the volume and nature of work performed.

6. Laboratory, radiology and pharmaceutical services must be readily available to the outpatient unit.
 7. If outpatient surgery is performed in the outpatient unit, the basic facilities that must be available to perform the surgery include, without limitation:
 - (a) A fully equipped and staffed operating room and postanesthesia recovery area;
 - (b) Means of control against hazards of infection, electrical or mechanical fire, and explosion;
 - (c) Sterile supplies that are readily available to meet the needs of the outpatients; and
 - (d) Equipment and instrumentation for anesthesia and emergency cardiopulmonary resuscitation.
 8. If beds are provided in an outpatient unit, the number of outpatient beds must not be included in the licensed bed capacity of the hospital. Inpatients may not occupy an outpatient bed. An outpatient shall not remain in an outpatient bed for more than 48 consecutive hours.
- [Bd. of Health, Health Facilities Reg. Part III Ch. I § XIII, eff. 10-9-69] — (NAC A by R050-99, 9-27-99)

NAC 449.371 Intensive care services. (NRS 449.0302)

1. If a hospital provides intensive care services, the services must be well-organized and provided in accordance with nationally recognized standards of practice.
 2. An intensive care unit must be under the direction of a qualified member of the medical staff.
 3. Written policies and procedures must be developed and maintained by the director of the intensive care unit, in consultation with other appropriate health-care professionals and the administration of the hospital. The administration and medical staff of the hospital must approve procedures to be used by the intensive care unit when approval of such procedures is appropriate.
 4. The responsibility and the accountability of the intensive care unit to the medical staff and administration must be set forth in writing by the director of the intensive care unit.
 5. Whenever a patient is present in the intensive care unit, a registered nurse, with training and experience in intensive care nursing, shall supervise the nursing care and nursing management of the intensive care service.
 6. All licensed nurses working in an intensive care unit must:
 - (a) Have training and experience in intensive care nursing; or
 - (b) Work under the direct supervision of a registered nurse who has training and experience in intensive care nursing.
 7. The hospital shall establish a system for determining the nursing needs of each patient in the intensive care unit that includes an assessment made by a registered nurse trained in critical care of the patient's needs and the provision of staffing based on that assessment.
 8. The hospital shall follow the written policies for the plans for nurse staffing, which are dependent upon the acuity level of the patients in the intensive care unit, to ensure that the needs of the patients are met.
 9. A respiratory therapist or respiratory technician, physical therapist and other supportive personnel must be available depending upon the requirements of the intensive care unit.
 10. The equipment and supplies for the intensive care unit must be adequate to meet the needs of the patients in the intensive care unit.
- (Added to NAC by Bd. of Health by R050-99, eff. 9-27-99)

NAC 449.373 Laboratory services; pathology services; blood and blood products. (NRS 449.0302)

1. Each hospital shall maintain or have available adequate laboratory services to meet the needs of its patients and medical staff. Each hospital shall ensure that all laboratory services provided to its patients are provided by a medical laboratory licensed pursuant to [chapter 652](#) of NRS.
2. Laboratory services must be available 24 hours a day, 7 days a week, including holidays.
3. While a patient is under the care of a hospital, all laboratory testing must be performed:
 - (a) In the laboratories of the hospital;
 - (b) By a reference laboratory that is certified pursuant to 42 U.S.C. § 263a; or
 - (c) In accordance with [NRS 652.217](#).
4. The director of a laboratory that provides laboratory services to a hospital shall establish procedures to ensure that patients who have been transfused with blood or blood products which have tested positive for the human immunodeficiency virus are promptly notified of that fact.
5. Each laboratory which provides laboratory services to a hospital shall provide for the proper receipt and reporting of tissue specimens. All reports of tissue specimens must be signed by a pathologist. The medical staff of the hospital and a pathologist shall determine which tissue specimens require a macroscopic (gross) examination and which require both macroscopic and microscopic examinations.
6. If provided in a hospital, pathology services must be under the supervision of a pathologist in a full-time, regular part-time or regular consultative basis and he or she shall participate in staff, departmental and clinicopathologic conferences.
7. Facilities for the procurement, safekeeping and transfusion of blood and blood products must be provided in each hospital, or readily available, with adequate control and supervision by an authorized physician. The refrigerator for the storage of blood must have an adequate recording thermograph and temperature alarm system, must be regularly inspected and must be otherwise safe and adequate to prevent the deterioration of the blood and blood products.
8. If the hospital depends on outside blood banks, there must be an agreement governing the procurement, transfer and availability of blood which is reviewed and approved by the medical staff, administration and governing body. Provision must be made for prompt blood typing, cross-matching and investigation of transfusion reactions. A committee of the medical staff, or its equivalent, shall review all transfusions of blood or blood derivatives, and blood or blood derivative reactions, occurring in the hospital and make recommendations concerning policies governing these practices.

[Bd. of Health, Health Facilities Reg. Part III Ch. I § VIII, eff. 10-9-69] — (NAC A 10-22-93; R050-99, 9-27-99)

NAC 449.3735 Transfusions of blood. ([NRS 449.0302](#))

1. To perform a transfusion of blood safely and efficiently, hospital personnel shall follow the policies and procedures developed by the hospital, with input from the medical staff, for performing a transfusion of blood.
2. Hospital personnel may administer blood only within the scope of their practice and after they have been trained to administer blood.
(Added to NAC by Bd. of Health by R050-99, eff. 9-27-99)

NAC 449.374 Nuclear medicine services. ([NRS 449.0302](#))

1. If a hospital provides nuclear medicine services, those services must meet the needs of the patients receiving those services in accordance with nationally recognized standards of practice.
2. The nuclear medicine services must be under the supervision of a doctor of medicine or osteopathy who is qualified in nuclear medicine. The director of the nuclear medicine services is responsible for the medical direction of those services.
3. The qualifications, training, functions and responsibilities of the personnel of the nuclear medicine services must be specified by the administration of the hospital and approved by the medical staff.
4. Radioactive materials used in providing nuclear medicine services must be prepared, labeled, used, transported, stored and disposed of in accordance with nationally recognized standards of practice.
5. In-house preparation of radiopharmaceuticals must be made by, or under the direct supervision of, an appropriately trained registered pharmacist or a doctor of medicine or osteopathy.
6. A radionuclide must be stored, used and disposed of in accordance with the requirements set forth in [chapter 459](#) of NAC.
7. If laboratory tests are performed in the nuclear medicine services, the services must meet the applicable requirements for laboratory services specified in 42 C.F.R. § 482.27.
8. Equipment and supplies used for the nuclear medicine services must be appropriate for the types of nuclear medicine services offered by the hospital and must be maintained for safe and efficient performance. The equipment must be:
 - (a) Maintained in safe operating condition; and
 - (b) Inspected, tested and calibrated at least annually by persons who are qualified to do such inspections, tests and calibrations.
 (Added to NAC by Bd. of Health by R050-99, eff. 9-27-99)

NAC 449.375 Records for nuclear medicine services; authorization. ([NRS 449.0302](#))

1. A hospital shall maintain signed and dated reports of nuclear medicine interpretations, consultations and procedures.
2. The hospital shall maintain nuclear medicine reports, or copies thereof, for at least 5 years after the date on which the report was made.
3. A practitioner approved by the medical staff to interpret diagnostic procedures must sign and date his or her interpretation of the tests.
4. The hospital shall maintain records of the receipt and disposition of radiopharmaceuticals.
5. Nuclear medicine services may be ordered only by a practitioner whose scope of licensure and defined staff privileges authorize the practitioner to make such orders.
(Added to NAC by Bd. of Health by R050-99, eff. 9-27-99)

NAC 449.376 Radiological services. ([NRS 449.0302](#))

1. A hospital shall have diagnostic radiological facilities available. If therapeutic services are also provided, they, as well as the diagnostic services, must meet professionally approved standards for safety and personnel qualifications.
2. The hospital shall maintain or have available radiological services according to the needs of the patients.
3. Radiological services, particularly ionizing radiological procedures, must be conducted in a manner that monitors and controls hazards so that safety is maintained for patients and personnel.
4. Proper safety precautions must be maintained against radiation hazards, including, without limitation:
 - (a) Adequate shielding for patients, personnel and facilities; and
 - (b) Appropriate storage, use and disposal of radioactive materials.
5. Equipment used for providing radiological services must be periodically inspected, and any hazards identified in the inspection must be promptly corrected.
6. Radiological technicians and other persons who work with radiation must be checked periodically by the use of exposure meters or badge tests for the amount, if any, of radiation exposure.
7. Radiological services must be provided only upon the order of:
 - (a) A practitioner who has clinical privileges or is authorized by state law to order such services; or
 - (b) Other practitioners authorized by the medical staff and governing body to order such services.
8. A qualified full-time, part-time or consulting radiologist shall supervise the ionizing radiological services and shall interpret only those radiological tests that are determined by the medical staff to require the specialized knowledge of the radiologist.
9. Only personnel designated as qualified personnel by the medical staff may use radiologic equipment and administer radiological procedures.
10. Records of radiology services provided to patients must be maintained.

11. A radiologist or other practitioner who performs radiology services shall sign any report of his or her interpretation.
12. A hospital shall maintain the following information for at least 5 years:
 - (a) Copies of reports and printouts of radiology services; and
 - (b) Films, scans and other image records of radiology services that have been provided.
13. As used in this section, "radiologist" means a doctor of medicine or osteopathy who is qualified by education and experience in radiology.

[Bd. of Health, Health Facilities Reg. Part III Ch. I § IX, eff. 10-9-69] — (NAC A by R050-99, 9-27-99)

NAC 449.377 Radiological therapeutic services. (NRS 449.0302)

1. If a hospital provides radiological therapeutic services, the services must meet professionally nationally recognized standards for safety and personnel qualifications.
 2. A radiological therapeutic department must be under the direction of a physician who is:
 - (a) Certified or eligible for certification in therapeutic radiology by the American Board of Radiology; or
 - (b) Certified or eligible for certification in radiology by the American Board of Radiology and has 2 years of full-time experience in radiation therapy.
 3. Other personnel who may provide radiological therapeutic services, on a full-time, part-time or consultative basis, depending on the activity of the department, include:
 - (a) A radiological physicist who is certified in radiological physics or in therapeutic radiological physics by the American Board of Radiology;
 - (b) A dosimetrist, or treatment plan technologist, who is a qualified and experienced radiation therapy technologist and who has at least 1 year of additional clinical training in dosimetry;
 - (c) A certified therapeutic radiological technologist; and
 - (d) Appropriate support personnel, including licensed nurses, as required by the patient load.
 4. Written policies and procedures must be developed and maintained by the director of the department in consultation with other appropriate health professional persons and the administration of the hospital.
 5. Radiation therapy must be given only under the direction of a radiation therapist.
 6. All cancer patients accepted for curative radiation must have adequate histological substantiation of diagnosis, unless convincing alternative evidence for diagnosis is presented.
 7. Documentation of the initial evaluation and treatment plan of each patient, and dosimetry, clinical, technical and follow-up notes on each patient, must be maintained.
 8. Adequate communication must be maintained between the department and the referring physicians, including periodic review of case management, complications and treatment results.
 9. Calibration and operation of equipment for radiation therapy must meet the requirements specified in [chapter 459](#) of NAC.
 10. Radiation protection for patients and staff must comply with the requirements specified in [chapter 459](#) of NAC.
 11. Periodic follow-ups of a patient following the completion of his or her treatment must be coordinated with the physician who referred the patient.
 12. Equipment and supplies for the radiological therapeutic services must conform to the requirements specified in [chapter 459](#) of NAC.
 13. The rooms in which radiation therapy machines are used must be of adequate size to permit the easy use of the machines by patients on stretchers. Shielding of those rooms must meet the requirements specified in [chapter 459](#) of NAC.
 14. Sufficient examination rooms must be available to accommodate all patients receiving the therapeutic services.
- (Added to NAC by Bd. of Health by R050-99, eff. 9-27-99)

NAC 449.379 Medical records. (NRS 449.0302)

1. A hospital shall maintain a medical record for each person evaluated or treated in the hospital.
2. The organization of the medical records service at the hospital must be appropriate to the scope and complexity of the services performed at the hospital. A hospital shall employ adequate personnel to ensure prompt completion, filing and retrieval of the medical records.
3. Medical records must be accurately written, promptly completed, properly filed and retained, and accessible. A hospital shall use a system for author identification and record maintenance that ensures the integrity of the authentication of the record and protects the security of all entries to a medical record.
4. Except as otherwise provided in this subsection, medical records must be retained in their original form or in a legally reproduced form for at least 5 years. The medical staff may identify specific items in a medical record that must be kept for at least 10 years. The hospital shall have a system for coding and indexing its medical records. The system must allow for the timely retrieval of information by diagnosis and procedure to support studies evaluating the medical care provided at the hospital.
5. A hospital must have a procedure for ensuring the confidentiality of the medical records of its patients. Information from or copies of medical records may be released only to authorized persons, and the hospital shall ensure that unauthorized persons cannot gain access to or alter the medical records of its patients. Original medical records may be released by the hospital only in accordance with state or federal law, court orders or subpoenas.
6. A medical record must include information:
 - (a) Demonstrating the justification for the admission and continued hospitalization of a patient;
 - (b) Supporting the diagnosis of the patient; and
 - (c) Describing the progress of the patient and his or her response to the medications and services received during his or her hospitalization.

7. All entries to a medical record must be legible and complete, and authenticated and dated promptly by the person who is responsible for ordering, providing or evaluating the service provided. In authenticating a medical record, the person shall include his or her name and discipline. Authentication may include the signature or written initials of the person or a computer entry by the person.

8. All medical records must document the following information, as appropriate:

(a) Evidence that a physical examination, including a history of the health of the patient, was performed on the patient not more than 7 days before or more than 48 hours after his or her admission into the hospital.

(b) The diagnosis of the patient at the time of admission.

(c) The results of all consultative evaluations of the patient and the appropriate findings by clinical and other staff involved in caring for the patient.

(d) Documentation of any complications suffered by the patient, infections acquired by the patient while in the hospital and unfavorable reactions by the patient to drugs and anesthesia administered to the patient.

(e) Properly executed informed consent for all procedures and treatments specified by the medical staff, or federal or state law, as requiring written patient consent.

(f) All orders of practitioners, nursing notes, reports of treatment, records of medication, radiology and laboratory reports, vital signs and other information necessary to monitor the condition of the patient.

(g) A discharge summary that includes a description of the outcome of the hospitalization, disposition of the case and the provisions for follow-up care that have been provided to the patient.

(h) The final diagnosis of the patient.

9. The medical record of a patient must be completed not later than 30 days after the date on which he or she is discharged.

[Bd. of Health, Health Facilities Reg. Part III Ch. I § VI, eff. 10-9-69; A 8-26-74] — (NAC A by R050-99, 9-27-99)

NAC 449.382 Medical library. ([NRS 449.0302](#)) A hospital shall have a medical library to meet the requirements of the facility, with access to current periodicals on clinical services which are offered.

[Bd. of Health, Health Facilities Reg. Part III Ch. I § X, eff. 10-9-69] — (NAC A by R050-99, 9-27-99)

NAC 449.385 Surgical services. ([NRS 449.0302](#))

1. If a hospital provides surgical services, the services must be well-organized and provided in accordance with nationally recognized standards of practice. If outpatient surgical services are offered, the services must be consistent in quality, in accordance with the complexity of the services, with similar services provided to inpatients.

2. The operating rooms must be supervised by an experienced registered nurse or a doctor of medicine or osteopathy.

3. A licensed practical nurse or a surgical or operating room technician may act as a scrub nurse or scrub technician only under the direct supervision of a registered nurse.

4. Circulating duties in an operating room must be performed by a qualified registered nurse, who shall not perform circulating duties in more than one operating room at a time.

5. Surgical privileges must be delineated for all practitioners performing surgery in accordance with the competency of each practitioner. A hospital shall maintain a roster of practitioners that specifies the surgical privileges accorded to each practitioner.

6. Policies governing surgical care must be designed by the medical staff to ensure the achievement and maintenance of high standards of medical practice and patient care.

7. Except in emergency cases and except as otherwise provided in this subsection, a complete history and physical work-up must be completed and placed in a patient's chart before the patient undergoes surgery. A patient may undergo surgery before his or her complete history or physical work-up is placed in his or her chart if the complete history or physical work-up has been dictated but not yet recorded and a statement of that fact and an admission note have been placed in the patient's chart by the practitioner who admitted the patient.

8. Except in emergency cases, an informed consent form properly executed by a patient for the surgery must be placed in his or her chart before the surgery is performed.

9. Each surgical suite must have readily available and in good working condition:

- (a) A call system;
- (b) A cardiac monitor;
- (c) A resuscitator;
- (d) A defibrillator;
- (e) An aspirator; and
- (f) A tracheotomy set.

10. A hospital shall make adequate provision for immediate postoperative care.

11. The operating room register must be complete and up-to-date at all times.

12. Immediately following surgery on a patient, the surgeon shall write or dictate an operative report, which must be included in the medical record of the patient, describing the techniques used, findings and tissues removed or altered. The surgeon shall sign the report.

13. The medical staff shall define which surgeries require the presence of a first assistant. A list of the surgeries that require the presence of a first assistant must be readily available to the surgical staff of the hospital.

14. A registered nurse or operating room technician may serve as a first assistant if:

(a) The medical staff has not otherwise required that the first assistant in a surgery be a physician; and

(b) The medical staff has designated the nurse or technician as having sufficient training to assist in the procedure adequately and properly.

15. A hospital shall establish and carry out policies and procedures relating to the cleaning and sanitation of a surgical

suite.

[Bd. of Health, Health Facilities Reg. Part III Ch. I § XI subsec. A, eff. 10-9-69] — (NAC A by R050-99, 9-27-99)

NAC 449.388 Anesthesia services. ([NRS 449.0302](#))

1. If a hospital furnishes anesthesia services, the services must be provided in a well-organized manner under the direction of a qualified doctor of medicine or osteopathy. The service is responsible for all anesthesia administered in the hospital.

2. The organization of the anesthesia service must be appropriate to the scope of the services offered by the hospital. Anesthesia may only be administered by:

- (a) A qualified anesthesiologist;
- (b) A doctor of medicine or osteopathy, other than an anesthesiologist;
- (c) A dentist, oral surgeon or podiatrist who is legally authorized, under state law, to administer anesthesia; or

(d) A certified registered nurse anesthetist who is under the direction of the operating practitioner or of an anesthesiologist who is immediately available if needed. This paragraph does not affect the requirements for qualification as a certified registered nurse anesthetist as specified in [chapter 632](#) of NRS, and any regulations adopted pursuant thereto.

3. Anesthesia services must be consistent with the needs and resources of the hospital. Policies on anesthesia procedures must include the delineation of preanesthesia and postanesthesia responsibilities. The policies must ensure that each patient receives:

(a) A preanesthesia evaluation by a person qualified to administer anesthesia, as set forth in subsection 2, that must be performed within 48 hours before surgery.

(b) An intraoperative anesthesia record.

(c) For inpatients, a postanesthesia follow-up report by the person who administered the anesthesia. The follow-up report must be written not later than 48 hours after the surgery.

(d) For outpatients, a postanesthesia evaluation for proper anesthesia recovery, performed in accordance with the policies and procedures approved by the medical staff.

4. If the hospital does not have a department of anesthesia, the department of surgery is responsible for the organization and implementation of the policies and procedures relating to the provision of anesthesia services.

[Bd. of Health, Health Facilities Reg. Part III Ch. I § XI subsec. B, eff. 10-9-69] — (NAC A by R050-99, 9-27-99)

NAC 449.389 Respiratory care services. ([NRS 449.0302](#)) A hospital shall meet the needs relating to respiratory care of its patients in accordance with nationally recognized standards of practice. If the hospital has a unit to provide respiratory care services:

1. The director of the unit must be a doctor of medicine or osteopathy who has the knowledge, experience and capabilities to supervise and administer the respiratory care services properly. The director may serve on a full-time or part-time basis.

2. The hospital shall ensure that there are an adequate number of respiratory therapists, respiratory therapy technicians and other personnel who meet the qualifications, which must be consistent with state law, specified by the medical staff to provide respiratory care services.

3. Personnel qualified to perform specific procedures relating to the provision of respiratory care services and the amount of supervision required for such personnel to carry out specific procedures must be designated in writing.

4. If blood gases or other clinical laboratory tests are performed in the respiratory care unit, the unit must meet the requirements for clinical laboratories with respect to management, adequacy of facilities, proficiency testing and quality control.

5. Respiratory care services must be provided only upon and in accordance with the orders of a doctor of medicine or osteopathy.

6. Diagnostic studies and treatment modalities relating to respiratory care must be recorded in the patient's medical record, including, without limitation:

- (a) The type of diagnostic or therapeutic procedures used;
- (b) The dates and times of the use of such procedures; and
- (c) The effects of such procedures, including adverse reactions.

7. The unit shall have sufficient types and quantities of equipment to provide for the appropriate inhalation of the several gases, aerosols and such other modalities required for the anticipated nature and variety of procedures that will be performed in the unit. Equipment must be calibrated in accordance with the manufacturer's instructions and records of such calibrations must be maintained.

8. The unit shall have sufficient space for:

- (a) The storage of necessary equipment;
- (b) Work areas for:
 - (1) Cleaning, sterilizing and repairing equipment; and
 - (2) Performing studies of pulmonary function and blood analyses, if such studies and analyses are performed in the unit; and
- (c) Office space for the personnel of the unit.

9. The unit shall establish and carry out procedures for the safe handling and storage of medical gas cylinders. Only certified persons and persons trained by the hospital may transfer gas from one cylinder to another. Such a transfer must be completed in accordance with safety protocols.

(Added to NAC by Bd. of Health by R050-99, eff. 9-27-99)

NAC 449.391 Dental services. ([NRS 449.0302](#))

1. If a hospital provides dental services, the services must be well-organized and provided in accordance with nationally recognized standards of practice.
 2. The dental service must be under the direct supervision of a dentist, who has overall responsibilities for the dental service.
 3. Dental hygienists, dental assistants or dental laboratory technicians may be employed by the hospital if the dental hygienist, assistant or laboratory technician works under the direct supervision of a dentist.
 4. Members of the dental staff must be currently licensed in this State for the positions to which they are appointed.
 5. Patients admitted for dental services must be admitted by the dentist, either to the department of dentistry or, if there is no department, to an organized clinical service.
 6. Equipment and supplies necessary to meet the anticipated dental needs of patients must be available.
 7. Equipment for the sterilization of instruments and supplies must be provided directly in the dental service or through another department, unit or service within the hospital.
 8. If the dental service offers primary dental care, the dental service must:
 - (a) Have adequate space to provide that care; and
 - (b) Facilities for dental radiography.
 9. There must be specific bylaws concerning the dental staff written in combination with the bylaws of the medical staff or as separate dental bylaws.
- [Bd. of Health, Health Facilities Reg. Part III Ch. I § XI subsec. C, eff. 10-9-69] — (NAC A by R050-99, 9-27-99)

NAC 449.394 Psychiatric services. (NRS 449.0302)

1. A general hospital which has a designated area set aside for use on a continuous basis for the treatment and care of psychiatric patients is deemed to operate a psychiatric service and shall comply with the requirements in this section.
 2. A licensed physician may render psychiatric care in any licensed general hospital on a short term or emergency basis.
 3. A hospital shall develop and carry out policies and procedures for the provision of psychiatric treatment and behavioral management services that are consistent with [NRS 449.765](#) to [449.786](#), inclusive, to ensure that the treatment and services are safely and appropriately used. The hospital shall ensure that the policies and procedures protect the safety and rights of the patient.
 4. The medical direction of the psychiatric unit and the psychiatric services provided by the hospital must be under the direct supervision of a qualified member of the medical staff.
 5. All nursing services provided with regard to the provision of psychiatric care must be provided under the direction of a registered nurse.
 6. A consulting medical staff composed of qualified persons in appropriate specialties must be available at all times to the patients in the psychiatric unit.
- [Bd. of Health, Health Facilities Reg. Part III Ch. I § XI subsec. E, eff. 10-9-69] — (NAC A by R050-99, 9-27-99)