

**Oregon Health Licensing Agency
Respiratory Therapist Licensing Board
Minutes of February 9, 2007**

MEMBERS PRESENT

Richard Larson, Chairperson
Cheryl Vial, Vice Chairperson
Marilyn Barclay, Respiratory Care Practitioner
Bruce Kromer, Respiratory Care Practitioner
Michael Nurre, Respiratory Care Practitioner (by telephone)

STAFF PRESENT

Susan Wilson, Director
Larry Peck, Regulatory Operations Manager
Samantha Patnode, Board Liaison

CALL TO ORDER

Richard Larson, Chair, called the meeting of the Respiratory Therapist Licensing Board to order at 10:08 a.m. February 9, 2007, at the Oregon Health Licensing Agency (OHLA) in the Rhoades Conference Room, 700 Summer St NE, Suite 320, Salem, Oregon.

APPROVAL OF AGENDA

MOTION

Ms. Barclay made a motion and Ms. Vial seconded to approve the agenda with changes to move Executive Session prior to the working lunch. The motion passed with Mr. Nurre, Ms. Vial, Mr. Larson, Ms. Barclay, Mr. Kromer voting aye.

MINUTES

MOTION

Mr. Nurre made a motion and Ms. Vial seconded to approve the minutes of October 20, 2006. The motion passed with Mr. Nurre, Ms. Vial, Mr. Larson, Ms. Barclay, and Ms. Kromer voting aye.

REPORTS

Revenues and Expenditures (tape 1, counter number 11)

Ronald Riggs, OHLA Fiscal Services Division Manager, provided members with an overview of the Board's fiscal status including revenue and expenditures for July 1, 2005 – December 31, 2006, reporting a \$438,889 cash balance.

Mr. Riggs reported that at the last board meeting discussion was raised regarding a fee reduction of \$25. He stated that since the OHLA budget is proposing a uniform fee of \$21 for all licensees, decreasing the license fee to \$50 would not be administratively prudent. Ms. Wilson stated that all fee changes require ratification by the legislature, and that decreasing the fee to \$50 would add more reporting than necessary. Mr. Riggs stated that if the OHLA budget is passed the uniform fee decrease should take effect in September 2007.

Online Renewals (tape 1, counter number 49)

Mr. Riggs stated there were a total of 405 online renewals from June through December 2006 for respiratory therapists. He explained that the agency is working on ways to encourage and provide incentives for future use of the online renewal system.

Compliance (tape 1, counter number 61)

Mike Tryon, Chief Enforcement Officer, reported the Respiratory Therapy Licensing Board percentage of overall OHLA complaints received for 2006.

January 1 through December 31, 2006:

- Total Number of Licenses – 1,323
- Total Number of Complaints – 6
- Overall Percent of OHLA Complaints – 2%

He presented statistical complaint information for January 1, 2006 through December 31, 2006;

January 1, 2006 to December 31, 2006

- Complaints received – 6
- Proposed Orders – 5
- Final Orders – 3

Licensing (tape 1, counter number 90)

Cerynthia Murphy, Licensing Supervisor, provided the Board with statistics from January 16, 2007 which include the following;

- Total number of **active** – 1,323
- Total number of **inactive** – 406
- Total number of **expired** – 586

She reported statistics for January 1, 2006 to December 31, 2006 which reflects the licensing total for the following areas:

January 1, 2006 through December 31, 2006

Original Licenses Issued – 142

Licenses Renewed – 1,207

Late Renewals – 42

Original Temporary Licenses Issued – 33

Ms. Murphy presented a four year comparison report detailing the increase and decrease in licensing transactions from 2003 to 2006.

Ms. Murphy presented a 1998-06 Workload Trend Report Graph that shows licenses issued, temporary licenses and licenses renewed.

Continuing Education Audit (tape 1, counter number 100)

Ms. Murphy stated that a continuing education audit was conducted on 39 licensees. She reported licensees are required to attest to meeting CE hourly requirement for renewal. The OHLA audits the records of each renewal cycle and notifies licensees requiring they submit verification of completion of 15 hours of continuing education during the renewal period under review. She noted that out of the 39 licensees audited, 31 licensees complied with continuing education hours to meet the audit requirements within the initial 30-day period and four licensees were forwarded to the enforcement section to have disciplinary action taken against their license, and (4) licensees were given until November 30, 2006 to comply with the audit.

Outreach and Communication (tape 1, counter number 105)

Kraig Bohot, OHLA Communications Officer, presented the OHLA board and council orientation video. He explained that the volunteer citizens that serve on eight different boards and councils are invaluable regulatory resources, providing professional knowledge and a consumer perspective. Mr. Bohot stated that the video and handbook highlights the roles and responsibilities of volunteer citizen boards and council members, the OHLA regulatory model and professions, and legislation and administrative rulemaking, and additional resources.

Mr. Bohot thanked members of OHLA's Customer Connection Committee for reviewing the handbook.

2007 Legislation (tape 1, counter number 200)

Ms. Wilson presented an overview on how a bill becomes a law. She stated that OHLA's budget and performance measures will be presented to the Legislature in early February. Ms. Wilson provided the Board with Oregon House of Representatives 2007 Committee Assignments and Joint Committee Assignments. She pointed out that HB 5027 is OHLA's budget and HB 5028 is the uniform fee for all professions.

EXECUTIVE SESSION – Enforcement ORS 192.6609(2)(f)

(tape 1, counter number 247)

Chair Larson called for the Respiratory Therapist Licensing Board to enter into Executive Session under ORS 192.660(2)(f) at 10:36 a.m. for the purpose of considering information obtained as part of an investigation of a licensee or applicant by a health professional regulatory board.

Executive Session concluded at 11:00 a.m. and the following actions were taken:

05-4632 – Michael Nurre stated that he has a potential conflict of interest due to family members owning and operating the facility, which the person is being investigated is employed. Mr. Nurre said that he can remain unbiased in his vote and decision making. The board agreed to the following:

- Licensee will be on probation for five years
- Licensee will register with and participate in random drug and alcohol testing through a substance abuse rehabilitation facility approved by OHLA. Results to OHLA – no less than 1 test per month.
- Licensee shall submit to tests to determine the presence of unauthorized substance immediately upon request by OHLA staff, employer, or the substance abuse rehabilitation facility. Licensee is responsible for the cost of the testing. The presence of unauthorized substance may be considered a violation of the terms of this order.
- Licensee will participate in a continued care treatment at a substance abuse rehabilitation facility approved by OHLA until discharged by assigned counselors and provide evidence to OHLA of at least weekly attendance at a 12 step meeting through initialed attendance logs submitted each month. Licensee is responsible for any costs incurred for this care.
- Licensee shall inform OHLA in writing of his employment, if any, at the time of the signing of this order. He shall also inform OHLA, in writing, before any changes in

address or employment, providing the new address and the name and address of the new employer.

- Licensee shall not be employed for home care services unless working within home care facility and not providing services to patients in their home.
- OHLA will review licensee's file at least yearly during the probationary period. Licensee shall full cooperate with OHLA or its authorized agents in the supervision and investigation of compliance with this order.
- Licensee agrees that continued conduct described in the amended proposed order constitutes a serious danger to public health and safety. Additionally, the licensee understands and agrees that the continued conduct and/or violation of this settlement agreement will result in revocation of license. Further, the licensee agrees that, if he continues this conduct or violates this agreement, he waives all rights to a hearing or to otherwise challenge the revocation order.
- Licensee is responsible for any costs incurred as a result of compliance with the order.

MOTION

Ms. Vial made a motion and Ms. Barclay seconded to approve above recommendations on File Number 05-4632. The motion passed with Mr. Nurre, Ms. Vial, Mr. Larson, Ms. Barclay, and Ms. Kromer voting aye.

ITEMS FOR BOARD ACTION

Proposed Administrative Rules (tape 1, counter number 274)

Samantha Patnode, Board Liaison, reviewed the proposed administrative rules. She stated that during the October 26, 2006 board meeting questions were raised regarding safety and infection control standards for Respiratory Therapists working outside a clinical or hospital setting. Examples of specific incidents were provided by staff that when they were being fitted for C-PAP masks, disinfection was not done on the reusable mask between each patient. The Board deferred the issue to the Rules Advisory Committee. The Rules Committee met on January 19, 2007 and recommended that further clarification be added to Professional Standards, Oregon Administrative Rule (OAR) 331-715-0030 including Centers for Disease Control Standard Safety Precautions and disinfecting requirements for items that come in direct contact with patients. Ms. Patnode explained that the proposed rule schedule and rule revisions are recommended to be approved and filed with the Secretary of State's Office on February 15, 2007.

OAR 331-715-0030 Professional Standards

(3) Respiratory care practitioners must comply with the following safety and infection control requirements:

- (a) All items that come in direct contact with the client's skin that do not require disinfecting shall be clean.**
- (b) All items that come in direct contact with the client's skin that cannot be cleaned or disinfected shall be disposed of in a covered waste receptacle immediately after use.**
- (c) All disinfecting solutions and/or agents shall be kept at adequate strengths to maintain effectiveness, be free of foreign material and be available for immediate use at all times.**
- (d) The agency shall authorize the use of high-level and low level disinfecting agents provided those agents are EPA registered. High-level disinfectant means a chemical agency which has demonstrated tuberculocidal activity. Low-level disinfectant means a chemical agent which has demonstrated bactericidal, germicidal, fungicidal and limited virucidal activity.**

(e) All devices fitted for use by a client shall be cleaned and/or disinfected according to the manufacturer's instructions.

(f) Before use, disposable pre-packed products and sterilized re-usable instruments shall be stored in clean, sterilized containers that can be closed between treatments to maintain effective sterilization of the instrument until removed from the container.

~~(3)~~**(4)** Respiratory care practitioners shall observe **and follow** the Standard Precautions adopted by the Centers for Disease Control **and Prevention (CDC)** as defined in Oregon Administrative Rule 437 Division 2, Subdivision Z ~~and~~ OAR 331-705-0050(16), **and the CDC Standard Precautions for public service workers regarding personal protection equipment and disposal of blood or bodily fluid contaminated articles, tools and equipment** when providing services to patients.

Ms. Vial raised concern that manufacturers do not provide instructions for disinfecting. Ms. Patnode suggested adding CDC precaution guidelines. The following provision was added to (e) ... "or standard CDC precautions".

Mr. Kromer stated that the sleep lab that he works at does not have disinfecting solutions and/or agents onsite because the hospital does all of their disinfecting and there may be other sleep labs that do the same thing. Mr. Peck stated that (c) should be amended to say, "unless equipment is prepackaged and pre-sterilized".

MOTION

Ms. Vial made a motion and Mr. Kromer seconded to accept the practice standards with (3)(c) amended to add "...unless prepackaged and sterilized and (3)(e) amended to add "...or standard CDC precautions". The motion passed with Mr. Nurre, Ms. Vial, Mr. Larson, Ms. Barclay, Mr. Kromer voting aye.

Miscellaneous/Public Comment

None

Board Interest File

None

Mr. Larson invited OHLA to come to the Oregon Society of Respiratory Care State meeting.

Mr. Larson inquired if the \$21 fee is covered by the projected \$316,000 total biennium estimated balance or \$438,000 biennium balance. Mr. Riggs explained that the projected \$21 fee is based on the total cash balance of the agency and projected expenditures.

Meeting adjourned at 11:30 a.m.

Samantha Patnode, Board Liaison