



October 10, 2024

Members, Respiratory Care Board of California
Stephanie Nunez, Executive Officer
3750 Rosin Court, Suite 100
Sacramento, CA 95834

Dear Colleagues:

The Board of Vocational Nursing and Psychiatric Technicians (Board) recognizes and appreciates the intent of the Respiratory Care Board of California's (RCB's) legislation (SB 1451, Ashby 2024) and the current rulemaking proposal. We understand these seek to clarify the roles and responsibilities of the licensed professionals, by codifying the basic respiratory care tasks which an LVN can perform. We support and look forward to working with RCB on developing training programs.

We submitted comments on the proposed regulatory language as written before your August hearing. We appreciated the opportunity in June to work together on potential amendments to the language and believe that some steps were made, but we do not believe that those changes are adequate to ensure patient safety.

The Board, at its August 16, 2024 meeting, delegated authority to the Legislative and Regulations Committee to discuss and possibly take action on behalf of Board to consider authorizing positions or make further comments on the Respiratory Care Board's Rulemaking to adopt Title 16, California Code of Regulations Section 1399.365, Basic Respiratory Tasks and Services.

Based on the working draft from the June effort, we have drafted our recommended language. These drafts are attached, along with a clean copy.

Chiefly, we urge you to include preoxygenation or nasal suctioning; tracheal suctioning, cuff inflation/deflation, use or removal of an external speaking valve, or removal and replacement of the tracheostomy tube or inner cannula, and adjusting O2 as directed in the list of basic respiratory tasks. These are common and essential tasks performed by LVNs, and are specifically included in their licensure training.

Overview of Licensed Vocational Nursing

The Licensed Vocational Nurse (LVN) plays a crucial role in the team providing comprehensive care to the patient. The LVN's ability to demonstrate critical thinking and clinical judgment is evident in their use of assessment, planning, implementation, and evaluation of the patient's condition under a physician's or registered nurse's

supervision. The LVN looks at the patient as a whole person and at all body systems, as each system depends on the others.

It is critical to note that LVNs are not independent practitioners. They must work under the direction of a licensed physician/surgeon or a Registered Nurse (RN). As such, they do not make diagnostic or treatment decisions, unless a patient's life is in danger. However, they are the key and often the only professional at the patient's bedside, observing the patient for changes, keeping the patient safe, clean and comfortable, and administering treatments and medications as ordered.

In practice, the LVN reduces the potential for patients to develop complications or health problems related to treatments, procedures or existing conditions. This includes the following tasks:

- Check and monitor vital signs.
- Reinforce patient teaching about normal and abnormal vital signs (e.g., hypertension, tachypnea, bradycardia, fever).
- Perform diagnostic testing (e.g., blood glucose, oxygen saturation, testing for occult blood).
- Reinforce teaching about diagnostic tests.
- Perform calculations needed for medication administration.
- Reinforce teaching regarding medications.
- Evaluate patient response to medication (e.g., adverse reactions, interactions, therapeutic effects, critical laboratory values).
- Administer medication by ear, eye, nose, inhalation, rectum, vagina or skin route, as directed.

LVN Training and Education

On September 20 and 23, 2024, the BVNPT sent curriculum plans from the California Community Colleges and Unitek Colleges, one of the largest groups of nursing programs in the state, outlining specific lessons regarding the respiratory system and nursing tasks. While curriculum and plans can vary from program to program, the curriculum in California approved schools as set forth in CCR Title 16, Chapter 25, article 5, Section 2525 et seq, train LVNs to do all the following:

- Provide care for drainage device (e.g., wound drain, chest tube).
- Provide care for a tracheostomy.
- Provide care to patient on ventilator.
- Provide care to correct patient alteration in body system.
- Intervene to improve patient respiratory status (e.g., breathing treatment, suctioning, repositioning).
- Reinforce education to patient regarding care and condition.
- Notify primary health care provider of a change in patient status.

- Document response to interventions for alteration in body systems (e.g., pacemaker, chest tube).
- Identify signs and symptoms related to acute or chronic illness.
- Consider general principles of patient disease process when providing care (e.g., injury and repair, immunity, cellular structure).
- Apply knowledge of pathophysiology to monitoring patient for alterations in body systems.
- Respond and intervene to a life-threatening situation (e.g., cardiopulmonary resuscitation).
- Notify primary health care provider about unexpected response/emergency situations.
- Recommend change in emergency treatment based upon patient response to interventions.

Licensure Examination

The National Licensing Examination for Vocational/Practical Nurses (NCLEX-PN) is administered by the National Council of State Boards of Nursing (NCSBN). Per NCSBN's Practice Analysis survey, which was forwarded to the RCB on September 20, 2024, LVNs must be able to demonstrate knowledge and competence in the following areas:

- Intervene to improve the patient respiratory status (e.g., breathing treatment, suctioning, repositioning).
- Respond and intervene to a patient life-threatening situation (e.g., cardiopulmonary resuscitation).
- Provide care for a patient with a tracheostomy.
- Provide care to patient on ventilator.
- Provide care for patient drainage device (e.g., wound drain, chest tube).
- Provide care to patient on ventilator.
- Assist with care for patient before and after surgical procedure.

Closing

The state and the nation need more healing arts professionals, deployed where their training and expertise are best utilized and who work together as a team. In California, the need for respiratory care is expected to grow in the coming years, with the after-effects of long-COVID, exposure to wildfires, rise in asthma and allergies, and the silvering of our population. Our licensees can't replace the focused expertise of the Respiratory Care Therapists, but they care for patients with general or stable respiratory needs, so that RCTs are able to provide specialized care to patients with serious specific respiratory conditions.

Respiratory Care Board of California
October 10, 2024

We hope that the RCB will consider this information and move forward accordingly. Our goal, like yours, is to ensure that California consumers are provided with safe, consistent health care.

Respectfully,

ALETA CARPENTER, CHAIR
Legislative and Regulations Committee

Cc: Members, Board of Vocational Nursing and Psychiatric Technicians
Director Kimberly Kirchmeyer, Department of Consumer Affairs
Christine Lally, Chief Deputy Director, Department of Consumer Affairs
Grace Arupo Rodriguez, Assistant Deputy Director for Legal Affairs
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