



NORTH CAROLINA RESPIRATORY CARE BOARD
125 Edinburgh South Drive, Suite 100
Cary, NC 27511

**NORTH CAROLINA RESPIRATORY CARE BOARD
POSITION STATEMENT**

MULTISKILLED RESPIRATORY CARE PRACTITIONERS

The North Carolina Respiratory Care Board is issuing this position statement to provide guidance to its licensees and to other healthcare providers, both individuals and organizations, concerning the Board's interpretation of the Respiratory Care Practice Act and the Board's Rules concerning the cross-training of respiratory therapists identified in G.S. 90-661 as Respiratory Care Practitioners (RCP) in non-traditional clinical service areas. This position statement is not a rule with the effect of law. The Board is issuing this position statement to provide advance guidance to reduce confusion and save interested parties from having to prepare and present a specific request to the Board. This position statement will be posted on the Board's website, but since it is not a rule, the Board may change or supplement this position statement without prior notice based on future developments or situations that come to its attention.

Background

Like all licensing boards, the Board is charged with the responsibility of maintaining the integrity of the profession it regulates, and the conduct of the individuals it supervises. Therefore, it has been and will continue to be the position of this Board that the practice of respiratory care in every setting may only be conducted by licensees of this Board and by other professionals who are qualified under N.C. Gen. Stat. § 90-664(1) due to a license or credential from another board or agency. When a procedure falls beyond the traditional scope of practice, the Board's position is not to restrict the RCP from performing the procedure if he or she meets the required industry standards and if he or she has documented training and documented competency and the procedures are approved by the facility or employing organization and the supervising physician.

With increasing frequency, respiratory care practitioners are serving in settings such as freestanding emergency rooms, physician offices, and clinics. For this reason, respiratory care practitioners are asked to cross-train to serve the facilities or other organizations where they are employed. The Board is aware that several



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factors and pressures come to bear in any determination about the credentialing and qualifications of individuals who deliver these services. However, the determination of the individuals who may be qualified to provide respiratory care services has already been made by the North Carolina General Assembly. Under the Respiratory Care Practice Act, "the Practice of Respiratory Care" is defined irrespective of the setting where it is delivered. With this in mind, the following definitions apply:

- ☐ "Respiratory care" means the health care discipline that specializes in the promotion of optimum cardiopulmonary function and health and wellness using scientific principles to identify, treat and prevent acute or chronic dysfunction of the cardiopulmonary system that is taught in accredited educational programs pursuant to G.S. 90-653 or in approved continuing education programs pursuant to the rules of this Chapter and within the practice guidelines established by the American Association for Respiratory Care (AARC) pursuant to G.S. 90-648 (10) (f).
- ☐ "The practice of respiratory care" means the performance of assessments and diagnostic tests, and implementation of treatment procedures and protocols related to the cardiopulmonary system pursuant to G.S. 90-648(10) and the activities defined by the American Association of Respiratory Care clinical guidelines pursuant to G.S. 90-648 (10) (f) which is incorporated by reference including subsequent amendments and editions. The term also means the interpretation and implementation of a physician's written or verbal order pertaining to the acts described in this subdivision.

In accordance with the above definitions, any procedure, skill, or medication identified by the Board as within the scope of practice, including those that fall under N.C. Gen. Stat. § 90-648 (10)(f) constitutes the practice of respiratory care regardless of practice setting and must be provided by a respiratory care practitioner or by some other professional who meets the standards in N.C. Gen. Stat. § 90-664(1) to be exempted from the Act by virtue of holding another appropriate license or credential and whose actions are within the scope of practice of that other license or credential.



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It is the American Association for Respiratory Care's (AARC) position that Respiratory Therapist education, which expands the scope or depth of respiratory care practice, should build upon a solid foundation of didactic and clinical respiratory care. Education leading to expanded practice should, therefore, take place following general respiratory therapist education. Expanded practice education may occur within college programs, in baccalaureate and/or graduate degree programs, in internships, residencies, or fellowships, or as experience-based learning. Credentialing, or recognition, for expanded practice expertise, is in addition to the respiratory therapist credential and may be at either the state or national level [1],[2], [3]. In addition, "the AARC advocates the use of multiskilled or cross-trained RCP [respiratory care practitioners] and has encouraged the assimilation of new competencies and skills by its members [2]."

Board Position

Based on the AARC guidance, the Board recognizes any new procedure or advancement in those procedures that involves the performance of assessments and diagnostic tests, and implementation of treatment procedures and protocols related to the cardiopulmonary system pursuant to G.S. 90-648(10) is within the scope of practice. This includes all therapeutics and diagnostics developed to treat cardiopulmonary conditions, including all pharmacologic agents, mechanical or physiological ventilatory support, insertion and maintenance of artificial airways, aerosolized therapeutics, hyperbaric oxygen therapy, and medical gases except for the purpose of anesthesia as stated in § 90-648 (10) (a). The expectation is that policies should be established in accordance with §485.618.

In 42 Code of Federal Regulations §485.618, titled *"Condition of Participation: Emergency Services,"* the critical access hospital (CAH) standard requires providing emergency care necessary to meet the needs of both inpatients and outpatients [4]. The interpretation of this rule adopted by CMS in the State Operations Manual includes an explicit direction that "emergency care necessary



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to meet the needs of its inpatients and outpatients would include the provision of respiratory services as needed by the CAH's emergency patients. When respiratory services are provided, those services must be provided in accordance with acceptable standards of practice. The scope of diagnostic and/or therapeutic respiratory services offered by the CAH should be defined in writing and approved by the medical staff ...The qualifications, including job title, licensure requirements, education, training, and experience of personnel authorized to perform each type of respiratory care service and whether they may perform it without supervision [4, p. 66]."

For this reason, the facility policy guides the requirements, not the Board. However, in the hospital condition of participation regarding respiratory care services, facilities are required to adhere to state laws governing licensing requirements: 42 C.F.R. §482.57(a)(2), states "there must be adequate numbers of respiratory therapists, respiratory therapy technicians, and other personnel who meet the qualifications specified by the medical staff, consistent with State law [5, p. 407]."

Additionally, the Board acknowledges that some new and innovative procedures are not part of the traditional scope of practice and are not taught customarily as part of Respiratory Therapy education. The Board's position is to avoid unnecessary burdens on healthcare facility operations by restricting the RCP from performing procedures if he or she meets the required industry standards, has documented training and documented competency, and is approved to perform such procedures by the facility and supervising physician.

For these reasons, all non-traditional procedures listed in the attached skills list should have policies and procedures approved by the Supervising Physician (Medical Director) for Respiratory Therapy and should be performed as ordered by a licensed physician or their representative. Furthermore, for all procedures allowed under N.C. Gen. Stat. § 90-648 (10)(f), the Board recommends that a respiratory care practitioner licensed by the Board:



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- 1) Have a minimum of two years post-graduate experience;
- 2) Earn the National Board for Respiratory Care (NBRC) Registered Respiratory Therapist (RRT) credential;
- 3) Maintain all relevant advanced life-saving competencies offered by the American Heart Association, the American Red Cross, or the American Safety and Health Institute; and
- 4) Ensure that the facility or program where these procedures are performed maintains policies and guidelines for such procedures, consistent with those for any other services provided by its respiratory care practitioners.

The Board reserves the right to review any new and innovative procedures that may be allowed under N.C. Gen. Stat. § 90-648 (10)(f), as well as those procedures not part of the traditional scope of practice and not customarily taught as part of Respiratory Therapy education.

Originally Adopted: July 12, 2018

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Attachment: Approved Medications and Procedures.



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References

- [1] "Respiratory therapists in the emergency department." American Association for Respiratory Care, 2012. [Online]. Available: https://c.aarc.org/resources/position_statements/documents/emergency.pdf
- [2] "The respiratory care practitioner as a multiskilled health care provider," American Association of Respiratory Care. Accessed: Dec. 13, 2011. [Online]. Available: http://www.aarc.org/members_area/resources/multiskill.asp
- [3] "Respiratory Therapist Education." American Association for Respiratory Care, 2015. Accessed: Mar. 12, 2018. [Online]. Available: <https://www.aarc.org/resources/professional-documents/position-statements/>
- [4] "CMS Regulations: State Operations Manual Appendix W - Survey Protocol, Regulations and Interpretive Guidelines for Critical Access Hospitals (CAHs) and Swing-Beds in CAHs." N.C. Department of Health and Human Services, 2020. [Online]. Available: <https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/bp102c15.pdf>
- [5] "CMS Regulations: State Operations Manual Appendix A - Survey Protocol, Regulations and Interpretive Guidelines for Hospitals." NC Department of Health and Human Services, 2024. [Online]. Available: <https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/bp102c15.pdf>



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NON-TRADITIONAL PROCEDURE APPROVAL LIST



Access	1. Narcotics
Administer	1. ACLS & PALS Medications 2. NRP-PALS Fluids Saline Locks 3. Ambien in Sleep Lab Setting 4. Allergy Testing 5. B12 Injections 6. Steroidal Injections required to treat respiratory care disease. 7. Vaccinations for the prevention of respiratory infections. 8. Tuberculin Skin Testing
Perform	1. Arterial Lines Insertion 2. Arterial Lines Suturing and Securing 3. Airway-Needle Cricothyrotomy 4. Airway-Gastric Intubation 5. Blood Thinner Monitoring 6. Chest Drainage System Maintenance 7. COPD Patients Staging 8. Defibrillation 9. Glucose Measurement 10. Intravenous Line Insertion 11. Intravenous Line Blood Draws 12. Medication Refills within Protocols 13. Ordering of Chlorhexidine Gluconate 14. Orthostatic Blood Pressure Monitoring 15. Patient Restraints 16. Peripheral Venous Blood Draws 17. Splinting 18. Spinal Immobilization 19. Trach Sutures Removal
Witness	1. Wasting Medications