

NORTH CAROLINA RESPIRATORY CARE BOARD POSITION STATEMENT

PARTICIPATION IN VASCULAR ACCESS PROGRAMS

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 Care Practitioners (RCP) in non-traditional clinical service areas. 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 the Board may change or supplement this position statement based on future developments or situations that come to its attention.

Like all licensing boards, the Board is charged with the responsibility of maintaining the integrity of the profession that it regulates, and the conduct of the individuals whom 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 is beyond the traditional scope of practice, the Board's position is not to restrict the RCP from performing a procedure if he or she meets the required industry standards and if he or she has documented training and annual documented competency and the procedures are approved by the facility and 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 where employed. The Board is aware that a number of factors and pressures come to bear in determinations 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 already has 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 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. Thus, any procedure, skill, or medication identified by the Board as within the scope practice of Respiratory Care, 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.

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 take place 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 a 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].”

In a 2015 position statement titled, *Insertion and Maintenance of Vascular Catheters by Respiratory Therapists*, the American Association for Respiratory Care (AARC) endorsed the use of qualified and appropriately educated Respiratory Therapists to insert and perform maintenance of vascular catheters.

“Vascular access catheters (VAC) are important instruments in the care of acute and critically ill, and those with chronic illnesses. Increasing needs for more timely VAC insertion as well as the need to manage adverse events of mal-positioned catheters, pneumothorax, pulsatile blood flow, and daily site maintenance provides the impetus for respiratory therapists to perform these tasks. Because respiratory therapists are available around the clock seven (7) days a week, they are excellent resources for inserting and maintaining vascular access devices. The respiratory therapist’s education provides extensive training in cardiorespiratory anatomy, physiology, and pathophysiology. These fundamentals of Respiratory Care education make the respiratory therapist uniquely qualified to undertake further education to be competent in this procedure. The requisite education for a respiratory therapist to be qualified to insert and maintain VACs should include specific training, proof of competence and continuing education as outlined by those institutions that use respiratory therapists to perform this procedure [4]”

In summary, the Board acknowledges that some of these procedures are not customarily taught as part of Respiratory Therapy education. Furthermore, the Board’s position is not to restrict the RCP from performing task or procedures if he or she meets the required industry standards and when the licensed health facility employing the respiratory care practitioner develops policies and procedures for the appropriate training and competencies that would ensure this function is provided in a manner that would be safe when administered to the public. For this reason, the RCP must have

documented training, and annual documented competencies once approved for these functions by the facility and supervising physician.

Furthermore, all advanced procedures, the Board has determined that a respiratory care practitioner licensed by the Board may participate in vascular access programs if he or she has at a minimum of two years post-graduate experience a critical care environment, holds the National Board for Respiratory Care (NBRC) Registered Respiratory Therapist (RRT) credential, and maintains all relevant advanced life savings competencies offered by the American Heart Association. The facility or program where these procedures are performed must maintain policies and guidelines for performing these procedures, as it would for any procedures provided by the respiratory care practitioners that it employs. 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).

Adopted this 12th day of April 2018

References

- [1] "Respiratory therapists in the emergency department." American Association for Respiratory Care, 2012.
- [2] "The respiratory care practitioner as a multiskilled health care provider," *American Association of Respiratory Care*, 2001. [Online]. Available: http://www.aarc.org/members_area/resources/multiskill.asp. [Accessed: 13-Dec-2011].
- [3] "Respiratory Therapist Education." American Association for Respiratory Care, 2015.
- [4] "Insertion and Maintenance of Vascular Catheters by Respiratory Therapists." American Association for Respiratory Care, 2015.