

81-200. Definitions.

(1) "Qualified Physician Sponsorship" is defined as the existence of a physician permanently licensed in the State with special interest and knowledge in the diagnosis, treatment, and assessment of respiratory problems and assumes the responsibility for supervising all tasks and procedures performed by respiratory care practitioners in the home care of cardiopulmonary patients. The physician sponsor need not be physically present when the respiratory care practitioner is performing respiratory care but must be readily accessible and physically available to the respiratory care practitioner for appropriate consultation.

(2) "Public Notification" is defined as written communication conducted by the Department of Labor, Licensing and Regulation to all current and potential providers, employers, or consumers of respiratory care regarding the statutory and regulatory requirements for the practice of respiratory care. Public notification shall include communication with all health care facilities, hospitals, skilled nursing facilities, rehabilitation facilities, nursing homes, clinics, sleep laboratories, physicians offices, home care providers, and durable medical equipment suppliers. After notification through the State Register, entities will have ninety (90) days from the date of notification to provide written documentation regarding compliance with the statute and regulations.

81-201. Provisional Licensing Requirements.

(1) All respiratory care practitioners in this State certified as of January 1, 1999, will be issued a permanent license within ninety (90) days of the approval of regulations. Any pending disciplinary action, fines, or probationary status will carry forward and remain in effect until final disposition by the committee and board.

(2) Provisional licenses will be issued to individuals who provide evidence that they are practicing respiratory care in November and December of 1998 but cannot meet the professional education and examination requirements. Application for a provisional license must be made within ninety (90) days after public notification by the Department of Labor, Licensing and Regulation.

(3) A provisional license shall remain valid for a period not to exceed three (3) years from the date of issuance of the provisional license and be subject to annual renewal, continuing education and medical direction requirements. When a provisional licensee fails to meet statutory or regulatory requirements, the provisional license is immediately revoked by the board and the individual is no longer eligible to apply for further provisional licenses.

81-202. Continuing Education Requirements.

As a specific condition for the annual renewal of a permanent or provisional license, each licensed respiratory care practitioner must document the completion of at least fifteen

(15) hours of continuing education within the twelve (12) month period prior to the March 1 annual renewal date. These continuing education hours must be approved or sponsored by one of the following organizations:

- (1) American Association for Respiratory Care, Inc. or its sponsoring organizations;
- (2) American Heart Association;
- (3) the Society for Critical Care Medicine;
- (4) American Lung Association;
- (5) South Carolina Society for Respiratory Care;
- (6) Allied Health Education Centers of the South Carolina Consortium of Community Teaching Hospitals; or
- (7) Any other institution, educational medium or organization approved by the board.

HISTORY; Amended by State Register Volume 24, Issue No. 5, eff May 26, 2000.

81-203. Competency Requirements for the Provision of Respiratory Care by Non-RCPs.

(1) Non-RCP's providing respiratory care, regardless of care setting or demographics, shall successfully complete formal training and demonstrate initial competency prior to assuming those duties. Formal training is defined as a supervised, deliberate and systematic continuing educational activity intended to develop new proficiencies with an application in mind. Formal training shall be approved by the board and include supervised didactic, laboratory and clinical activities as well as documentation of competence through a post- testing mechanism. Qualifications of the faculty and educational program must be approved by the medical director. The board must be notified of the intent to medically delegate the practice of respiratory care to non-RCP's prior to implementation of the program or practice.

(2) Certified Nurse Anesthetists and Certified Paramedical and Emergency Medical Technicians (EMT's) are exempt from this regulation so long as they are certified or licensed by the State and do not hold themselves out as respiratory care practitioners or practice respiratory care.

(3) Registered Polysomnographic Technologists (RPSGT's) practicing in an accredited sleep medicine facility are exempt from this regulation so long as they are practicing under physician direction and do not hold themselves out as respiratory care practitioners or practice respiratory care.

81-204. Principles of Medical Ethics.

- (1) A respiratory care practitioner shall be dedicated to providing competent respiratory care with compassion and respect for human dignity.
- (2) A respiratory care practitioner shall deal honestly with patients and colleagues, and strive to expose those respiratory care practitioners deficient in character or competence, or who engage in fraud or deception.
- (3) A respiratory care practitioner shall respect the law and also recognize a responsibility to seek changes in those requirements which are contrary to the best interests of the patient.
- (4) A respiratory care practitioner shall respect the rights of patients, of colleagues, and of other health professionals, and shall safeguard patient confidence within the constraints of the law.
- (5) A respiratory care practitioner shall continue to study, apply and advance scientific knowledge, make relevant information available to patients, colleagues, and the public.

81-205. Reporting of Misconduct.

All employers of respiratory care practitioners shall report to the board, within thirty (30) days, any instances of misconduct leading to suspension or involuntary discharge. Misconduct is defined in "Grounds for Discipline" in Section 40-47-630.

- (2) All respiratory care practitioners with a permanent or provisional license must annually renew that license on or before March 1 of each year. If the respiratory care practitioner fails to timely renew, a penalty fee of ten dollars (\$10) per month shall be levied in addition to the renewal fee. If the respiratory care practitioner has not renewed the license on or before May 31, that license shall be deemed inactive. A respiratory care practitioner may request and be granted inactive status if that individual is no longer practicing respiratory care in this State.