



Item: Consideration and Possible Action to Initiate a Rulemaking for the Proposed Regulation to Adopt California Code of Regulations, Title 16, Section 1399.361, Home and Community-Based Respiratory Tasks and Services

Item Summary: Staff are presenting proposed regulatory language for the Board's consideration to edit and/or approve the regulatory text and to proceed with the rulemaking process accordingly.

Section 1399.361 establishes the specific respiratory care tasks and services that Licensed Vocational Nurses (LVNs) may perform in home health and home and community-based settings under the exemptions provided in Business and Professions Code section 3765. Adoption of this section will clarify permissible respiratory care functions for LVNs, promote patient safety, and provide consistent regulatory guidance to stakeholders.

- Board Action:
1. President calls the agenda item and it is presented by or as directed by the President
  2. President requests motion on Proposed Regulatory Language:
    - move for the Board to approve the proposed regulatory text for section 1399.361 as presented (or as amended during the meeting), direct staff to submit the text to the Director of the Department of Consumer Affairs and to the Business, Consumer Services, and Housing Agency for review, and if no adverse comments are received, authorize the Executive Officer to take all steps necessary to initiate the rulemaking process, make any non-substantive changes to the package, and set the matter for a hearing. If no adverse comments are received during the 45-day comment period or during the public hearing if requested, authorize the Executive Officer to take all steps necessary to complete the rulemaking and adopt the proposed regulations at section 1399.361 of Title 16, California Code of Regulations as noticed.
    - any other appropriate motion.
  3. President may request if there is a second to the motion, if not already made.
  4. Board member discussion/edits (if applicable).
  5. Inquire for public comment / further Board discussion as applicable.
  6. Repeat motion and vote: 1) aye, in favor, 2) no, not in favor, or 3) abstain

## **Background**

### **Legislative Framework and Statutory Authority**

In 2022, Senate Bill 1436 (Chapter 624, Statutes of 2022) amended the Vocational Nursing Practice Act to clarify that Licensed Vocational Nurses (LVNs) do not possess authority to perform respiratory care services or treatments that are not specifically identified by the Respiratory Care Board (RCB). SB 1436 simultaneously authorized the RCB to identify limited “basic respiratory tasks and services” that LVNs may perform under specified conditions. The legislation sought to resolve longstanding uncertainty surrounding the performance of respiratory tasks and services by LVNs, ensure patient safety, and reinforce the RCB’s exclusive authority to define the practice of respiratory care under the Respiratory Care Practice Act.

To implement this directive, the RCB adopted section 1399.365, effective October 1, 2025, defining “basic respiratory tasks and services” that may be performed by LVNs without conducting a respiratory assessment.

While this regulation provided clarity for licensed healthcare facilities, it also prompted questions regarding the level of care permitted in home health and home and community-based settings where LVNs have historically provided respiratory care beyond the basic respiratory care tasks and services. Recognizing this long-standing practice by LVNs in the home health and home and community-based settings, the Legislature enacted Senate Bill 1451 (Chapter 481, Statutes of 2024), which amended Business and Professions Code (B&PC) section 3765 to reaffirm that LVNs employed by home health agencies or working in designated home and community-based settings may perform additional respiratory tasks, beyond the basic level, if they have received appropriate task and patient-specific training.

These amendments authorized the RCB to promulgate regulations identifying (1) the respiratory care tasks and services LVNs may perform in the settings identified in B&PC 3765, and (2) the associated training and certification guidelines.

### **Board and Stakeholder Activity to Date**

The RCB initiated development of these regulations in early 2025. At its March 13, 2025, board meeting, staff presented initial conceptual language for three proposed sections, California Code of Regulations (CCR) sections 1399.361, 1399.362, and 1399.363, implementing the statutory framework created by SB 1451. Board members and stakeholders provided detailed feedback to help refine the draft language.

Following additional stakeholder meetings and revisions, staff returned at the June 6, 2025, board meeting with an expanded conceptual draft. That version clarified task lists, aligned the terminology with national respiratory care standards, and separated the rulemaking package into three coordinated components:

- § 1399.361 – Defines the scope of respiratory care tasks and services LVNs may perform in home health and community-based settings identified in B&PC 3765;
- § 1399.362 – Establishes employer-provided patient-specific training guidelines (to be developed in collaboration with the Board of Vocational Nursing and Psychiatric Technicians); and

- § 1399.363 – Sets forth guidelines for Demonstrated Limited-Competency Certification issued by CSRC, CAMPS, or other recognized entities.

This three-part framework was designed to ensure that any expansion of LVN performance of respiratory care is coupled with consistent training, supervision, and competency safeguards as required per statute.

### **Rationale for Proceeding with Section 1399.361 Only**

Since the June 2025 meeting, staff has learned that a stakeholder intends to propose statutory amendments to B&PC sections 3765(i) and (j). These amendments could affect the underlying parameters for employer training and competency certification currently addressed in proposed CCR sections 1399.362 and 1399.363.

The agency has been transparent and collaborative with RCB staff throughout this process and has expressed its commitment to ensuring that the legislative intent of any proposed amendments will remain consistent with that established by Senate Bill 1451 (2024). Staff will continue to coordinate closely with the agency to avoid any regulatory conflicts as the legislative process moves forward.

To avoid inconsistent rulemaking, staff recommends postponing development of sections 1399.362 and 1399.363 until the scope of legislative amendments relating to LVN's performance of respiratory care is confirmed. However, section 1399.361, which identifies the specific respiratory care tasks and services that may be performed by LVNs in the exempted settings, remains consistent with current statutory language and is urgently needed to provide clarity to stakeholders.

By moving forward with this section, the Board will continue to advance its public-protection mandate by ensuring that respiratory care tasks delegated to LVNs in home and home and community-based settings are clearly defined, appropriately limited, and performed under conditions that safeguard patient safety and support continuity of care.

### **October 24, 2025, Stakeholder Input and Resulting Revisions**

At the October 24, 2025, board meeting, staff presented the draft language of CCR section 1399.361 for discussion and received public comment from various stakeholders.

Commenters raised questions regarding terminology, alignment with current care practices, and the clarity of task descriptions.

The Board directed staff to incorporate clarifying edits to further refine the task list, ensure terminology is consistent with current respiratory care practice, and reinforce safety limitations. In response, staff has revised the draft language to address these issues, improve clarity, and enhance internal consistency. The updated language is now being presented to the Board again for consideration.

### **RCB Mandate & Mission**

The RCB's highest priority is protection of the public from the unauthorized or unqualified practice of respiratory care and from unprofessional conduct by licensees, as required under B&PC sections 3701 and 3710.1. The RCB fulfills this mandate by licensing qualified practitioners, enforcing the provisions of the Respiratory Care Practice Act (BPC sections 3700–3779), and advancing public awareness, education, and access to safe, high-quality respiratory care services in alignment with its 2023 Strategic Plan.

## **Legal References: Business and Professions Code**

### **Vocational Nurse Practice Act**

#### **B&PC § 2860**

- (a) This chapter confers no authority to practice medicine or surgery, to provide respiratory care services and treatment, or to undertake the prevention, treatment, or cure of disease, pain, injury, deformity, or mental or physical condition in violation of any provision of law.
- (b) Notwithstanding subdivision (a), a licensed vocational nurse who has received training and who demonstrates competency satisfactory to their employer may, when directed by a physician and surgeon, perform respiratory tasks and services expressly identified by the Respiratory Care Board of California pursuant to subdivision (a) of Section 3702.5.

(Amended by Stats. 2022, Ch. 624, Sec. 1. (SB 1436) Effective January 1, 2023.)

### **Respiratory Care Practice Act**

#### **B&PC § 3702.5**

Except for the board, a state agency may not define or interpret the practice of respiratory care for those licensed pursuant to this chapter, or develop standardized procedures or protocols pursuant to this chapter, unless authorized by this chapter or specifically required by state or federal statute. The board may adopt regulations to further define, interpret, or identify all of the following:

- (a) Basic respiratory tasks and services that do not require a respiratory assessment and only require manual, technical skills, or data collection.
- (b) Intermediate respiratory tasks, services, and procedures that require formal respiratory education and training.
- (c) Advanced respiratory tasks, services, and procedures that require supplemental education, training, or additional credentialing consistent with national standards, as applicable.

(Added by Stats. 2018, Ch. 180, Sec. 1. (SB 1003) Effective January 1, 2019.)

#### **B&PC § 3765**

This act does not prohibit any of the following activities:

- (a) ....
  - (i) The performance, by a vocational nurse licensed by the Board of Vocational Nursing and Psychiatric Technicians of the State of California who is employed by a home health agency licensed by the State Department of Public Health, of respiratory tasks and services identified by the board, if the licensed vocational nurse complies with the following:
    - (1) Before January 1, 2028, the licensed vocational nurse has completed patient-specific training satisfactory to their employer.
    - (2) (2) On or after January 1, 2028, the licensed vocational nurse has completed patient-specific training by the employer in accordance with guidelines that shall be promulgated by the board no later than January 1, 2028, in collaboration with the Board of Vocational Nursing and Psychiatric Technicians of the State of California.
  - (j) The performance of respiratory care services identified by the board by a licensed vocational nurse who satisfies the requirements in paragraph (1) in the settings listed in paragraph (2).

- (1)
  - (A) The licensed vocational nurse is licensed pursuant to Chapter 6.5 (commencing with Section 2840).
  - (B) The licensed vocational nurse has completed patient-specific training satisfactory to their employer.
  - (C) The licensed vocational nurse holds a current and valid certification of competency for each respiratory task to be performed from the California Association of Medical Product Suppliers, the California Society for Respiratory Care, or another organization identified by the board.
- (2) A licensed vocational nurse may perform the respiratory care services identified by the board pursuant to this subdivision in the following settings:
  - (A) At a congregate living health facility licensed by the State Department of Public Health that is designated as six beds or fewer.
  - (B) At an intermediate care facility licensed by the State Department of Public Health that is designated as six beds or fewer.
  - (C) At an adult day health care center licensed by the State Department of Public Health.
  - (D) As an employee of a home health agency licensed by the State Department of Public Health or an individual nurse provider working in a residential home.
  - (E) At a pediatric day health and respite care facility licensed by the State Department of Public Health.
  - (F) At a small family home licensed by the State Department of Social Services that is designated as six beds or fewer.
  - (G) As a private duty nurse as part of daily transportation and activities outside a patient's residence or family respite for home- and community-based patients.
- (3) This subdivision is operative on January 1, 2028.

(Amended by Stats. 2024, Ch. 481, Sec. 13. (SB 1451) Effective January 1, 2025.)

## Proposed Regulatory Language with Amendments

California Code of Regulations  
Title 16. Professional and Vocational Regulations  
Division 13.6. Respiratory Care Board  
Article 6. Scope of Practice

### PROPOSED REGULATORY LANGUAGE CONCERNING HOME AND COMMUNITY-BASED RESPIRATORY TASKS AND SERVICES

Legend:

Changes addressed since October 24, 2025, board meeting:

- Deleted text is indicated by ~~strikethrough~~
- Added text is indicated with an underline

#### **§ 1399.361. Exemption for Licensed Vocational Nurses to Perform Specified Respiratory Care Tasks and Services**

- (a) For the purposes of subdivisions (i) and (j) of section 3765 of the Business and Professions Code, ~~which authorizes a licensed vocational nurses (LVN) working in specified home and community-based settings to perform respiratory care tasks and services identified by the Board, a LVN may perform the following respiratory care tasks and services; set forth in this section, provided all conditions of this section and section 3765 are satisfied. This section shall be operative in accordance with the dates set forth in subdivisions (i) and (j)(3) of section 3765 of the Business and Professions Code.~~
- (b) ~~A LVN may perform the respiratory tasks and services identified in subdivision (d) provided all of the following requirements are met:~~
- ~~(1) The respiratory task or service shall be performed pursuant to a valid and lawful order issued by a physician and surgeon licensed in California.~~
  - ~~(2) The employer or responsible entity shall document, in writing, that the LVN:~~
    - ~~(A) Holds a current and valid license issued by the Board of Vocational Nursing and Psychiatric Technicians of California.~~
    - ~~(B) Has met all training and competency requirements specified in subdivisions (i) and (j) of section 3765 of the Business and Professions Code and any regulations adopted by the Board.~~
  - ~~(3) Documentation required under subdivision (b)(2) shall be maintained by the employer or responsible entity for a period of four years from the date the LVN's most recent training is completed and shall be made available to the Board upon request.~~
  - ~~(4) For purposes of this section, "employer or responsible entity" means:~~
    - ~~(A) In a facility-based or agency-based setting, the licensed facility operator or employing agency.~~
    - ~~(B) In the case of an individual nurse provider or private duty nurse arrangement where no licensed facility or agency serves as the employer, the LVN shall be considered the responsible entity.~~
- (c) ~~An LVN may perform the respiratory tasks and services identified in subdivision (d) of this section only in the settings specified in subdivisions (i) and (j) of section 3765 of the Business and Professions Code.~~

~~(d) An LVN may perform the following respiratory care tasks and services, subject to the limitations in subdivisions (a) through (c) of this section:~~

(1) Ventilator Reconnection, Change-Out, and Circuit Management Tasks and Services

(A) Authorized tasks and services include:

1. Connecting a patient to a ventilator who may breathe independently at other times of the day.
2. Transferring a patient from a stationary ventilator to a travel ventilator that has been preprogrammed by a physician or respiratory care practitioner.
3. Changing out to a backup ventilator that has been preprogrammed by a physician or respiratory care practitioner when necessary.
4. Reassembling or reattaching a ventilator circuit using standardized components as directed by the manufacturer or as prescribed by a physician, after cleaning, replacement, ventilator change-out, or in response to an emergency.
5. Connecting or disconnecting the ventilator circuit as needed.
6. Changing to an alternative ventilator setting that has been preprogrammed by a physician or respiratory care practitioner.
7. ~~Initial set-up~~, Reconnection, change out or replacement of heat moisture exchanger (HME) or other humidification device.
8. Filling, refilling, or cleaning a heater humidifier water chamber.
9. Using a manual resuscitation device (bag-valve mask) for a ventilated patient during an emergency.

(B) Tasks and services not authorized include:

1. Programming or configuring a ventilator pursuant to prescription for initial use by a home care provider.
2. Initiating or modifying any ventilator setting.
3. Performing the initial build or configuration of a ventilator circuit.

(2) Ventilator Alarm Management Tasks and Services

(A) Authorized tasks and services include:

1. Verifying and testing ventilator alarms prior to patient connection.
2. Responding to ventilator alarms by identifying the cause and either taking corrective action within the LVN's training and competency or escalating to the supervising provider.
3. Silencing alarms temporarily when the cause has been or is being resolved within the LVN's training and competency.

(B) Tasks and services not authorized include:

1. Programming or adjusting alarm parameters from a locked settings menu.

(3) Non-Invasive Ventilation (NIV) Mask and Strap Management Tasks and Services

(A) Authorized tasks and services include:

- ~~1. Fitting a new NIV mask for initial use of a ventilator.~~
- ~~2.~~ 1. Applying the NIV mask to a patient for ventilator use, including securing straps to ensure proper fit and seal.

(4) Ventilator Oxygen Concentration Management Tasks and Services

(A) Authorized tasks and services include:

1. ~~Initiating or a~~ Adjusting the oxygen concentration delivered through a ventilator, provided it does not involve changing the ventilator's programmed settings.

(5) Aerosol Treatment Administration Tasks and Services

(A) Authorized tasks and services include:

1. Configuring and applying tracheostomy masks, face masks, and inline ventilator circuits for the purpose of administering nebulized medications.
2. Connecting and disconnecting aerosol delivery circuits as needed.
3. Performing pre-treatment assessments.
4. Administering preoxygenation.
5. Using prescribed medical gas mixtures during treatments.
6. Conducting post-treatment assessments.
7. Activating ventilator controls (e.g., pushing nebulizer delivery buttons) when applicable to provide aerosol treatments.
8. Aerosolized Medication Delivery, for example:
  - a. Metered dose inhalers (both independent devices and those connected to ventilator or tracheostomy tubes).
  - b. Medication delivery via ventilators.
  - c. Specialized medication delivery for antibiotics.
  - d. Treatments delivered via Continuous Positive Airway Pressure (CPAP) and Non-invasive Positive Pressure Ventilation (NiPPV) devices.

(6) Ventilator Weaning Tasks and Services

(A) Authorized tasks and services include:

1. Performing "sprints" off the ventilator for progressively increasing periods of time.

(B) Tasks and services not authorized include:

1. Independently managing or directing the ventilator weaning process.

(7) Oxygen Management Tasks and Services

(A) Authorized tasks and services include:

1. Reconnection, change-out, or replacement of the oxygen circuit or tubing.
2. Adjustment of oxygen liter flow or oxygen concentration from oxygen tanks.
3. Applying, adjusting, or maintaining tracheostomy oxygen interfaces.

(8) Tracheostomy Care Tasks and Services

(A) Authorized tasks and services include:

1. Inflating and deflating the tracheostomy cuff.

2. Placement or removal of an external speaking valve or tracheostomy cap as prescribed by a physician.
3. Removal or replacement of the tracheostomy tube, including inner and outer cannula.
4. Reconnection, change out or replacement of heat moisture exchanger (HME) or other humidification device from a tracheostomy tube.
5. Filling, refilling, or cleaning a heater humidifier water chamber.
6. Using a manual resuscitation device (bag-valve mask) to provide emergency ventilation for a patient with a tracheostomy.

(B) Tasks and services not authorized include:

1. Clinical assessment of whether a speaking valve or tracheostomy cap is appropriate for use.

(9) Troubleshooting Artificial Airway Management Tasks and Services

(A) Authorized tasks and services include:

1. Checking that the tracheostomy tube is correctly positioned and clear.
2. Identifying and correcting common airway issues such as blockages or dislodgement.
3. Making selections or adjustments only within the options explicitly prescribed by a physician.

(B) Tasks and services not authorized include:

1. Making clinical decisions regarding the type, size, or style of tracheostomy tube beyond the options prescribed by a physician.

~~(10) Ventilator Weaning Tasks and Services~~

~~(A) Authorized tasks and services include:~~

- ~~1. Performing “sprints” off the ventilator for progressively increasing periods of time.~~

~~(B) Tasks and services not authorized include:~~

- ~~1. Independently managing or directing the ventilator weaning process.~~

~~(11) Oxygen Setup and Management Tasks and Services~~

~~(A) Authorized tasks and services include:~~

- ~~1. Initial set-up, change-out, or replacement of the oxygen circuit or tubing.~~
- ~~2. Adjustment of oxygen liter flow or oxygen concentration from oxygen tanks.~~

~~(12) Tracheostomy Care Tasks and Services~~

~~(A) Authorized tasks and services include:~~

- ~~1. Inflating and deflating the tracheostomy cuff.~~
- ~~2. Placement or removal of an external speaking valve or tracheostomy cap.~~

- ~~3. Removal or replacement of the tracheostomy tube, including inner and outer cannula.~~
- ~~4. Initial set-up, change out or replacement of heat moisture exchanger (HME) or other humidification device from a tracheostomy tube.~~
- ~~5. Filling, refilling, or cleaning a heater humidifier water chamber.~~
- ~~6. Using a manual resuscitation device (bag-valve mask) to provide emergency ventilation for a patient with a tracheostomy.~~

~~(B) Tasks and services not authorized include:~~

- ~~1. Clinical assessment of whether a speaking valve or tracheostomy cap is appropriate for use.~~

(10) Assessment and Response to Patient Respiratory Status Tasks and Services

(A) Authorized tasks and services include:

1. Observing patients for signs and symptoms of respiratory distress.
2. Taking appropriate action, such as calling 911, in response to respiratory distress.

~~(B) Tasks and services not authorized include:~~

- ~~1. Performing any task for which the LVN does not feel competent or has not received training.~~

(11) Respiratory Treatments, Therapies, and Device Management Tasks and Services

(A) Authorized tasks and services include:

1. ~~Initiation, I-~~Instruction, assistance, setup assembly, operation, connection, disconnection, and troubleshooting of the following respiratory treatments and devices as applicable:
2. Lung Inflation Techniques, for example:
  - a. Intrapulmonary Percussive Ventilator (IPV) treatments and percussive vest therapy.
3. Bronchial Hygiene, for example:
  - a. Manual chest percussion therapy.
  - b. Cough assist machines, including activating ventilator cough assist functions when applicable.
4. Humidifier Techniques, for example:
  - ~~c. Heater/humidifiers used in line with ventilators.~~
  - ~~d. Airvo/Optiflow direct tracheostomy interfaces (high flow oxygen/humidifier devices).~~
  - a. Air compressors for cool mist, heater, and humidifier functions.
5. Respiratory Monitors, for example:
  - ~~b. Metered Dose Inhalers (both independent devices and those connected to ventilator or tracheostomy tubes).~~
  - ~~c. Medication delivery via ventilators.~~

- ~~d. Medication delivery via patented Podhaler system for TOBI® (tobramycin).~~
    - ~~e. Treatments delivered via Continuous Positive Airway Pressure (CPAP) and Non-invasive Positive Pressure Ventilation (NiPPV) devices.~~
    - ~~f. All types of pulse oximeter devices.~~
      - a. Apnea monitors.
      - b. Pulse oximetry.
  - 6. Oxygen Delivery, for example:
    - a. Nasal cannula.
    - b. Oxygen mask.
    - c. Direct tracheostomy interfaces (high flow oxygen/humidifier devices).
  - 7. Device power supply management.
    - ~~b. Device power supply management.~~
- (12) Suctioning Tasks and Services
- (A) Authorized tasks and services include:
    - 1. Nasal tracheal suctioning, including deep suctioning.
    - 2. Suctioning via tracheostomy, including surface and deep suctioning.
    - 3. Suctioning via stoma, including surface and deep suctioning.
    - 4. Oral suctioning.
  - (B) Tasks and services not authorized include:
    - 1. Endotracheal suctioning.
- (13) Documentation Tasks and Services
- (A) Authorized tasks and services include:
    - 1. Documenting all care provided.
    - 2. Recording observations of patients' status and responses.
- (14) Education and Instruction Tasks and Services
- (A) Authorized tasks and services include:
    - 1. Providing instruction on the proper operation or application of respiratory devices, procedures, or therapies for which the LVN has received training.
    - 2. Offering advice or instruction regarding safety hazards related to respiratory care.

Note: Authority cited: Sections 3722 and 3765, Business and Professions Code.  
Reference: Sections 3722, 3717, and 3765, Business and Professions Code; Section 1399.377, Title 16, California Code of Regulations.

**DEPARTMENT OF CONSUMER AFFAIRS  
TITLE 16. RESPIRATORY CARE BOARD OF CALIFORNIA**

**PROPOSED REGULATORY LANGUAGE  
Home and Community-Based Respiratory Tasks and Services**

|                |                                                                                                                                                     |
|----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Legend:</b> | Added text is indicated with an <u>underline</u> .<br>Omitted text is indicated by (* * * *)<br>Deleted text is indicated by <del>strikeout</del> . |
|----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|

**ADD SECTION 1399.361 of Division 13.6 of Title 16 of the California Code of Regulations to read as follows:**

**§ 1399.361. Exemption for Licensed Vocational Nurses to Perform Specified Respiratory Care Tasks and Services**

(a) For the purposes of subdivisions (i) and (j) of section 3765 of the Business and Professions Code, a licensed vocational nurse may perform the following respiratory care tasks and services:

(1) Ventilator Reconnection, Change-Out, and Circuit Management Tasks and Services

(A) Authorized tasks and services include:

1. Connecting a patient to a ventilator who may breathe independently at other times of the day.
2. Transferring a patient from a stationary ventilator to a travel ventilator that has been preprogrammed by a physician or respiratory care practitioner.
3. Changing out to a backup ventilator that has been preprogrammed by a physician or respiratory care practitioner when necessary.
4. Reassembling or reattaching a ventilator circuit using standardized components as directed by the manufacturer or as prescribed by a physician, after cleaning, replacement, ventilator change-out, or in response to an emergency.
5. Connecting or disconnecting the ventilator circuit as needed.
6. Changing to an alternative ventilator setting that has been preprogrammed by a physician or respiratory care practitioner.
7. Reconnection, change out or replacement of heat moisture exchanger (HME) or other humidification device.
8. Filling, refilling, or cleaning a heater humidifier water chamber.
9. Using a manual resuscitation device (bag-valve mask) for a ventilated patient during an emergency.

(B) Tasks and services not authorized include:

1. Programming or configuring a ventilator pursuant to prescription for initial use by a home care provider.

2. Initiating or modifying any ventilator setting.
  3. Performing the initial build or configuration of a ventilator circuit.
- (2) Ventilator Alarm Management Tasks and Services
  - (A) Authorized tasks and services include:
    1. Verifying and testing ventilator alarms prior to patient connection.
    2. Responding to ventilator alarms by identifying the cause and either taking corrective action within the LVN's training and competency or escalating to the supervising provider.
    3. Silencing alarms temporarily when the cause has been or is being resolved within the LVN's training and competency.
  - (B) Tasks and services not authorized include:
    1. Programming or adjusting alarm parameters from a locked settings menu.
- (3) Non-Invasive Ventilation (NIV) Mask and Strap Management Tasks and Services
  - (A) Authorized tasks and services include:
    1. Applying the NIV mask to a patient for ventilator use, including securing straps to ensure proper fit and seal.
- (4) Ventilator Oxygen Concentration Management Tasks and Services
  - (A) Authorized tasks and services include:
    1. Adjusting the oxygen concentration delivered through a ventilator, provided it does not involve changing the ventilator's programmed settings.
- (5) Aerosol Treatment Administration Tasks and Services
  - (A) Authorized tasks and services include:
    1. Configuring and applying tracheostomy masks, face masks, and inline ventilator circuits for the purpose of administering nebulized medications.
    2. Connecting and disconnecting aerosol delivery circuits as needed.
    3. Performing pre-treatment assessments.
    4. Administering preoxygenation.
    5. Using prescribed medical gas mixtures during treatments.
    6. Conducting post-treatment assessments.
    7. Activating ventilator controls (e.g., pushing nebulizer delivery buttons) when applicable to provide aerosol treatments.
    8. Aerosolized Medication Delivery, for example:
      - a. Metered dose inhalers (both independent devices and those connected to ventilator or tracheostomy tubes).
      - b. Medication delivery via ventilators.
      - c. Specialized medication delivery for antibiotics.

- d. Treatments delivered via Continuous Positive Airway Pressure (CPAP) and Non-invasive Positive Pressure Ventilation (NiPPV) devices.

(6) Ventilator Weaning Tasks and Services

(A) Authorized tasks and services include:

- 1. Performing “sprints” off the ventilator for progressively increasing periods of time.

(B) Tasks and services not authorized include:

- 1. Independently managing or directing the ventilator weaning process.

(7) Oxygen Management Tasks and Services

(A) Authorized tasks and services include:

- 1. Reconnection, change-out, or replacement of the oxygen circuit or tubing.
- 2. Adjustment of oxygen liter flow or oxygen concentration from oxygen tanks.
- 3. Applying, adjusting, or maintaining tracheostomy oxygen interfaces.

(8) Tracheostomy Care Tasks and Services

(A) Authorized tasks and services include:

- 1. Inflating and deflating the tracheostomy cuff.
- 2. Placement or removal of an external speaking valve or tracheostomy cap as prescribed by a physician.
- 3. Removal or replacement of the tracheostomy tube, including inner and outer cannula.
- 4. Reconnection, change out or replacement of heat moisture exchanger (HME) or other humidification device from a tracheostomy tube.
- 5. Filling, refilling, or cleaning a heater humidifier water chamber.
- 6. Using a manual resuscitation device (bag-valve mask) to provide emergency ventilation for a patient with a tracheostomy.

(B) Tasks and services not authorized include:

- 1. Clinical assessment of whether a speaking valve or tracheostomy cap is appropriate for use.

(9) Troubleshooting Artificial Airway Management Tasks and Services

(A) Authorized tasks and services include:

- 1. Checking that the tracheostomy tube is correctly positioned and clear.
- 2. Identifying and correcting common airway issues such as blockages or dislodgement.
- 3. Making selections or adjustments only within the options explicitly prescribed by a physician.

- (B) Tasks and services not authorized include:
1. Making clinical decisions regarding the type, size, or style of tracheostomy tube beyond the options prescribed by a physician.
- (10) Assessment and Response to Patient Respiratory Status Tasks and Services
- (A) Authorized tasks and services include:
1. Observing patients for signs and symptoms of respiratory distress.
  2. Taking appropriate action, such as calling 911, in response to respiratory distress.
- (11) Respiratory Treatments, Therapies, and Device Management Tasks and Services
- (A) Authorized tasks and services include:
1. Instruction, assistance, assembly, operation, connection, disconnection, and troubleshooting of the following respiratory treatments and devices as applicable:
  2. Lung Inflation Techniques, for example:
    - a. Intrapulmonary Percussive Ventilator (IPV) treatments and percussive vest therapy.
  3. Bronchial Hygiene, for example:
    - a. Manual chest percussion therapy.
    - b. Cough assist machines, including activating ventilator cough assist functions when applicable.
  4. Humidification Techniques, for example:
    - a. Air compressors for cool mist, heater, and humidifier functions.
  5. Respiratory Monitors, for example:
    - a. Apnea monitors.
    - b. Pulse oximetry.
  6. Oxygen Delivery, for example:
    - a. Nasal cannula.
    - b. Oxygen mask.
    - c. Direct tracheostomy interfaces (high flow oxygen/humidifier devices).
  7. Device power supply management.
- (12) Suctioning Tasks and Services
- (A) Authorized tasks and services include:
1. Nasal tracheal suctioning, including deep suctioning.
  2. Suctioning via tracheostomy, including surface and deep suctioning.
  3. Suctioning via stoma, including surface and deep suctioning.
  4. Oral suctioning.

(13) Documentation Tasks and Services

(A) Authorized tasks and services include:

1. Documenting all care provided.
2. Recording observations of patients' status and responses.

(14) Education and Instruction Tasks and Services

(A) Authorized tasks and services include:

1. Providing instruction on the proper operation or application of respiratory devices, procedures, or therapies for which the LVN has received training.
2. Offering advice or instruction regarding safety hazards related to respiratory care.

Note: Authority cited: Sections 3722 and 3765, Business and Professions Code.  
Reference: Sections 3722, 3717, and 3765, Business and Professions Code; Section 1399.377, Title 16, California Code of Regulations.