

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, 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 independent authority to perform respiratory care services or treatments, while authorizing the Respiratory Care Board (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 procedures 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 these concerns, the Legislature enacted Senate Bill 1451 (Chapter 481, Statutes of 2024), which amended Business and Professions Code (B&PC) section 3765(i) and (j) 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 directed the RCB to promulgate regulations establishing (1) the respiratory care tasks and services LVNs may perform in such settings, 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, 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. This 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;

- § 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 participation in respiratory care is coupled with consistent training, supervision, and competency safeguards.

Rationale for Proceeding with Section 1399.361 Only

Since the June 2025 meeting, staff has learned that another agency 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 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, although certain language within the statute may be amended for technical or structural clarity, the legislative intent remains consistent with that established by Senate Bill 1451 (2024). Staff will continue to coordinate closely with the agency to maintain alignment and 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 revisions is confirmed. However, section 1399.361, which identifies the specific respiratory care tasks and services that may be performed by LVNs, remains consistent with current statutory language and is urgently needed to provide clarity to stakeholders.

By moving forward with this section, the Board can 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.

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.)

Conceptual Language with Amendments

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

CONCEPTUAL REGULATORY LANGUAGE CONCERNING HOME AND COMMUNITY-BASED RESPIRATORY TASKS AND SERVICES

Legend:

Changes addressed since June 6, 2025, board meeting:

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

ADD SECTION 1399.361

§ 1399.361. Exemption for Licensed Vocational Nurses to Perform Specified Respiratory Care Tasks and Services in ~~Home Health Agencies and Home and Community-Based Settings~~

- (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) may working in specified home and community-based settings to perform the following respiratory care tasks and services identified by the Board, a LVN may perform the respiratory care tasks and service 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. ~~subdivisions (b) or (c) are met:~~
- (1)[PENDING]
- (b) An LVN ~~employed by a home health agency licensed by the State Department of Public Health,~~ may perform the respiratory care tasks and services identified in subdivision (ad), provided all of the following requirements ~~conditions~~ are met:
- (1) ~~The LVN is performing the~~ The respiratory care task or and service shall be performed pursuant to a valid and lawful order or prescription issued by a California licensed physician and surgeon licensed in California.
- (2) ~~A California licensed physician and surgeon, registered nurse, or respiratory care practitioner, with direct oversight responsibility for the~~ The employer or responsible party shall document, in writing, that the LVN, verifies the following:
- (A) ~~The LVN holds~~ Holds a current and valid license issued by the California Board of Vocational Nursing and Psychiatric Technicians of California.
- (B) ~~The LVN has received employer provided patient specific training and demonstrated competency as required by subdivision (i)(1) or (i)(2) of Section~~ Has met all training and competency requirements specified in subdivisions (i) and (j)(3) of section 3765 of the Business and

~~Professions Code in accordance with the guidelines in section 1399.362 of the CCR 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 employed in a home or community-based setting listed in paragraph (3) may perform the respiratory care tasks identified in subdivision (a), provided all of the following conditions are met: 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.
 - (1) ~~The LVN is performing the respiratory care task and service pursuant to a valid and lawful order or prescription issued by a California licensed physician and surgeon.~~
 - (2) ~~A California licensed physician and surgeon, registered nurse, or respiratory care practitioner, with direct oversight responsibility for the LVN, verifies the following:~~
 - (A) ~~The LVN holds a valid license issued by the California Board of Vocational Nursing and Psychiatric Technicians.~~
 - (B) ~~The LVN has received employer provided patient specific training and demonstrated competency as required by subdivision (j)(1)(B) of Section 3765 of the Business and Professions Code in accordance with the guidelines in section 1399.362 of the CCR.~~
 - (C) ~~The LVN 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 as required by subdivision (j)(1)(C) of Section 3765 of the Business and Professions Code in accordance with the guidelines in section 1399.363 of the CCR.~~
 - (3) ~~This section is applicable to respiratory care tasks and services provided by LVNs in the following home and community-based settings:~~
 - (A) ~~A private residential home.~~
 - (B) ~~A congregate living health facility licensed by the State Department of Public Health that is designated as six beds or fewer.~~
 - (C) ~~An intermediate care facility licensed by the State Department of Public Health that is designated as six beds or fewer.~~
 - (D) ~~An adult day health care center licensed by the State Department of Public Health.~~
 - (E) ~~A pediatric day health and respite care facility licensed by the State Department of Public Health.~~

- ~~(F) A small family home licensed by the State Department of Social Services that is designated as six beds or fewer.~~
- ~~(G) As part of transportation and activities or family respite for patients living in any home or community-based setting.~~
- (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 Setup, 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, 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, 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. 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 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.
- (6) 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.
 - (B) Tasks and services not authorized include:
 - 1. Making clinical decisions regarding the type, size, or style of tracheostomy tube.
- (7) 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.
- (8) 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.
- (9) 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, instruction, assistance, setup, operation, connection, disconnection, and troubleshooting of the following respiratory treatments and devices as applicable:
 - a. Intrapulmonary Percussive Ventilator (IPV) treatments and percussive vest therapy.
 - b. Manual chest percussion therapy.
 - c. Cough assist machines, including activating ventilator cough assist functions when applicable.
 - d. Heater/humidifiers used in line with ventilators.
 - e. Airvo/Optiflow direct tracheostomy interfaces (high flow oxygen/humidifier devices).
 - f. Air compressors for cool mist, heater, and humidifier functions.
 - g. Metered Dose Inhalers (both independent devices and those connected to ventilator or tracheostomy tubes).
 - h. Medication delivery via ventilators.
 - i. Medication delivery via patented Podhaler system for TOBI® (tobramycin).

- j. Treatments delivered via Continuous Positive Airway Pressure (CPAP) and Non-invasive Positive Pressure Ventilation (NiPPV) devices.
 - k. All types of pulse oximeter devices.
 - l. Apnea monitors.
 - m. 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. 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 ~~xxx~~ 3722 and 3765, Business and Profession Code.
Reference: Sections 3717, ~~xxx~~3722, and 3765, Business and Professions Code; Section 1399.377 of the CCR, Title 16, California Code of Regulations.

Conceptual Language – Clean Copy

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

**CONCEPTUAL REGULATORY LANGUAGE CONCERNING
HOME AND COMMUNITY-BASED RESPIRATORY TASKS AND SERVICES**

ADD SECTION 1399.361

**§ 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 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 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 Setup, 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, 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, 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. 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 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.

(6) 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.

(B) Tasks and services not authorized include:

1. Making clinical decisions regarding the type, size, or style of tracheostomy tube.

(7) 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.

(8) 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.

(9) 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, instruction, assistance, setup, operation, connection, disconnection, and troubleshooting of the following respiratory treatments and devices as applicable:
 - a. Intrapulmonary Percussive Ventilator (IPV) treatments and percussive vest therapy.
 - b. Manual chest percussion therapy.
 - c. Cough assist machines, including activating ventilator cough assist functions when applicable.
 - d. Heater/humidifiers used in line with ventilators.
 - e. Airvo/Optiflow direct tracheostomy interfaces (high flow oxygen/humidifier devices).
 - f. Air compressors for cool mist, heater, and humidifier functions.
 - g. Metered Dose Inhalers (both independent devices and those connected to ventilator or tracheostomy tubes).
 - h. Medication delivery via ventilators.
 - i. Medication delivery via patented Podhaler system for TOBI® (tobramycin).

- j. Treatments delivered via Continuous Positive Airway Pressure (CPAP) and Non-invasive Positive Pressure Ventilation (NiPPV) devices.
 - k. All types of pulse oximeter devices.
 - l. Apnea monitors.
 - m. 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. 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.