



111] BEVM hopes the brochure will prevent frequent consumer complaints that stem from communication problems and unrealistic expectations by all parties involved. The Board is currently working on the language of the brochure, and will discuss methods of distribution in the future.

Also at its September meeting, BEVM set a regulatory goal for 1996 to define minimum standards for equine veterinary practice; BEVM has experienced an increase in complaints submitted regarding equine practices. [13:1 CRLR 74]

BEVM also agreed to support the concept of a specialty license for poultry veterinarians; such veterinarians treat only poultry, may be called to practice around the country, but are often too specialized to pass the national board examination. A limited poultry practice license would allow BEVM to test, license, and regulate poultry specialists without requiring them to pass the broad state examinations.

■ FUTURE MEETINGS

November 17-18 in Sacramento.
January 5-6, 1995 in Davis.

BOARD OF VOCATIONAL NURSE AND PSYCHIATRIC TECHNICIAN EXAMINERS

Executive Officer:

Teresa Bello-Jones
(916) 263-7800 (LVN)
(916) 263-7830 (PT)

As its name suggests, the Board of Vocational Nurse and Psychiatric Technician Examiners (VNPTE) regulates two professions: licensed vocational nurses and psychiatric technicians. Its general purpose is to administer and enforce the provisions of Chapters 6.5 and 10, Division 2, of the Business and Professions Code. A licensed practitioner is referred to as either an "LVN" or a "psych tech."

The Board consists of five public members, three LVNs, two psych techs, and one LVN or registered nurse (RN) with an administrative or teaching background. At least one of the Board's LVNs must have had at least three years' experience working in skilled nursing facilities.

The Board's authority vests under the Department of Consumer Affairs (DCA) as an arm of the executive branch. It licenses prospective practitioners, conducts and sets standards for licensing examina-

tions, investigates complaints against licensees, and may revoke, suspend, and reinstate licenses. The Board is authorized to adopt regulations, which are codified in Division 25, Title 16 of the California Code of Regulations (CCR). The Board currently regulates 76,722 LVNs with active or inactive licenses, and 35,215 LVNs with delinquent active licenses, for a total LVN population of 111,937. The Board's psych tech population includes 12,987 with active or inactive licenses and 4,471 with delinquent active licenses, for a total of 17,458 psych tech practitioners. Inactive licensees include those who have paid their license fees but have not yet completed thirty units of continuing education within two years of reactivation.

Governor Wilson recently appointed Mary A. Humphrey of Carlsbad to VNPTE. Humphrey is the chief executive officer of Humphrey M.S.S. Engineering, a Del Mar bioaugmentation firm.

■ MAJOR PROJECTS

NCLEX-CAT Implementation Update. In October 1993, the National Council of State Boards of Nursing (NCSBN), which oversees LVN and RN exams nationwide, announced its decision to implement computer adaptive testing (CAT) in April 1994, in lieu of "paper and pencil" tests. [14:2&3 CRLR 112; 14:1 CRLR 88; 13:4 CRLR 94] Under the new process, licensure candidates who have completed their educational program are tested by computer at a testing center convenient to their location.

At the Board's September 16 meeting, staff reported that the new NCLEX-CAT system was fully implemented during the summer, although computer glitches continue to plague the system. The Board and the test contractor, Educational Testing Service (ETS), are currently looking into how to solve the problems. ETS released a statistical report showing that 90.9% of all U.S.-educated candidates passed the exam their first time on the NCLEX-CAT system.

Psychiatric Technician Task Force. In November 1993, the Board created a short-term task force of volunteers to study the future trends and practices of psychiatric technicians in California. This recommendation was based on the facts that in 1993, four psych tech programs were either terminated or in danger of termination from a decrease in student enrollment, and state hospital reductions have led to the layoff or termination of a large number of psych techs. [14:2&3 CRLR 112; 14:1 CRLR 88]

The Task Force met in late August to discuss factors which inhibit psychiatric

technicians from fulfilling their roles as licensed professionals. At the Board's September 16 meeting, the Task Force reported that the decline is due to a lack of recognition for psych techs, exclusion by other groups, and poor representation. The Task Force suggested that psych techs might improve their image by developing educational programs and marketing their profession to consumers; another suggestion is to make curriculum changes in the psych tech program. The Task Force is expected to make its final recommendations at VNPTE's November meeting.

Enforcement Committee Activity. At its September 16 meeting, the Board reviewed several recommendations made by its Enforcement Committee. First, the Committee recommended that the Board implement its authority under Business and Professions Code section 125.9 by developing and adopting a system for issuing citations and fines for minor violations of the Board's statutes and regulations. The Committee reviewed a first draft of proposed citation and fine regulations at its May meeting, and noted that it would present a more final version to the Board at its November meeting so a public hearing can be scheduled for the Board's January 1995 meeting. The Board approved this goal.

Second, the Committee noted that it is exploring the possibility of sharing with another board the cost of a toll-free complaint line; the Board instructed the Committee to secure more information about the cost of a toll-free line and report back at a future meeting.

Finally, the Committee noted that staff met with representatives of the Board of Registered Nursing (BRN) about BRN's remediation program which employs alternative methods of discipline to bring licensees into compliance with the law. Business and Professions Code section 2876(e) authorizes the Board to take whatever disciplinary action against an LVN as the Board, in its discretion, deems proper. After reviewing BRN's remediation program, the Committee recommended that the Board implement a similar program whereby licensees, if they meet certain criteria (including the condition that the standard behavior did not result in patient harm), would be invited to the Board's office to set up an educational/remediation plan with one of the Board's Nursing Education Consultants. The licensee would have a set period of time in which to complete the remediation program; failure to complete the plan may result in subsequent formal disciplinary action. The Committee also noted that the Board does not have the same statutory authority with



respect to psych techs, and recommended that the Board develop proposed legislative language authorizing it to require psych techs to enter remediation programs. At its September 16 meeting, the Board adopted the Committee's recommendations.

Education and Practice Committee Activities. Also on September 16, the Board approved several recommendations forwarded by its Education and Practice Committee regarding LVN practice. The Board agreed that LVNs may perform the following tasks, provided they receive instruction in the proper procedure, have demonstrated the requisite knowledge, skills, and ability prior to performance of the procedure, and perform the procedure in accordance with a licensed physician's orders: (1) administer an injection of local anesthetic via subcutaneous or intradermal routes prior to insertion of an intravenous needle or catheter; (2) perform allergy skin testing, provided that the LVN perform the procedure only when a licensed physician is present in the immediate area during the administration; (3) remove casts on casted areas where there is not an incision, sutures, clips, staples, skin trauma, or infection; (4) perform deep endotracheal suctioning; (5) administer spray and swish anesthetics; and (6) insert one-piece or outer cannulas of two-piece tracheostomy tubes only if the tracheostomy is considered by a registered nurse or a physician to be well-healed and established and the patient's cardiopulmonary status is stable.

The Committee recommended, and the Board approved, that LVNs should not perform the following procedures: (1) flush peripheral venous tubing with dilute heparin or normal saline; (2) use a hypodermic needle to drain or inject decubitus ulcers or pressure wounds; (3) use scissors or a scalpel to open or incise necrotic tissue; and (4) access peripherally inserted central catheters or midline catheters (including Landmark catheters).

LEGISLATION

AB 2839 (Solis). Existing law requires the Department of Health Services (DHS) to establish certain standards and regulations for health facilities, including staffing with duly qualified licensed personnel, based on the type of health facility and the needs of the persons served by those facilities. As amended April 6, this bill prohibits those standards and regulations from requiring the use during the evening and night shifts of a registered nurse for the performance of any service or staffing of any position in skilled nursing facilities that may be lawfully performed or staffed by an LVN if the facility is unable to obtain

a registered nurse; requires the facility to make a good faith effort to obtain a registered nurse, and if it is unable to do so, to document this effort in its records; and authorizes DHS to require the facility to provide additional staffing if the level of care is determined to be inadequate. This bill was signed by the Governor on September 19 (Chapter 645, Statutes of 1994).

The following is a status update on bills reported in detail in CRLR Vol. 14, Nos. 2 & 3 (Spring/Summer 1994) at page 113:

SB 2036 (McCorquodale), as amended August 26, creates a "sunset" review process for occupational licensing boards within DCA, requiring each to be comprehensively reviewed every four years. SB 2036 imposes an initial "sunset" date of July 1, 1998 for the Board; creates a Joint Legislative Sunset Review Committee which will review the Board's performance approximately one year prior to its sunset date; and specifies 11 categories of criteria under which the Board's performance will be evaluated. Following review of the agency and a public hearing, the Committee will make recommendations to the legislature on whether the Board should be abolished, restructured, or redirected in terms of its statutory authority and priorities. The legislature may then either allow the sunset date to pass (in which case the Board would cease to exist and its powers and duties would transfer to DCA) or pass legislation extending the sunset date for another four years. This bill was signed by the Governor on September 26 (Chapter 908, Statutes of 1994).

SB 2101 (McCorquodale), as amended July 7, requires the Board to meet at least twice each year; deletes a provision requiring the Board to publish a notice of exam dates in newspapers of general circulation; allows for the licensure as an LVN of any person who has served on active duty in the medical corps of any of the armed forces, in which no less than an aggregate of twelve months was spent in rendering patient care and, among other things, whose service has been under honorable conditions; and repeals provisions of law which create a special nursing manpower development program for the purpose of assisting persons in nursing occupations to either upgrade the level of their skills or licensure or both. This bill was signed by the Governor on September 30 (Chapter 1275, Statutes of 1994).

RECENT MEETINGS

At its September 16 meeting, the Board discussed the enforcement of and changes to the process of infection control by health care providers brought about by

AB 1807 (Bronshvag) (Chapter 26, Statutes of 1994) [14:2&3 CRLR 113]; failure to follow proper infection control guidelines is grounds for sanctions by the Board. The Board noted that heightened awareness of infection control is aimed at reducing or preventing the spreading of HIV, the hepatitis-B virus, and other blood-borne pathogens. To inform LVNs and psych techs of the changes in the law, the Board has made informational bulletins available.

In addition, the Board reported its progress on converting all LVN applicant records to its Applicant Tracking System (ATS). [14:2&3 CRLR 113] The program was implemented during the summer, and graduate tracking records were sent to ATS. Although examination records from ETS are supposed to be transferred automatically to ATS, staff reported that there have been some instances where ATS has not received the updates from ETS; at this writing, however, staff believes that the technical problems have been resolved.

FUTURE MEETINGS

November 17-18 in Los Angeles.
January 20, 1995 in San Diego.
March 16-17, 1995 in Los Angeles.

