

TO BE RESCINDED

4731-1-12

**Application and examination for certificate to practice
massage therapy.**

- (A) No application shall be considered complete until the applicant has complied with the requirements of paragraph (A) of rule 4731-4-02 of the Administrative Code and the board has received the results of criminal records checks and any other forms required to be submitted pursuant to paragraph (A) of rule 4731-4-02 of the Administrative Code.
- (B) All applicants seeking a certificate to practice massage therapy who meet the requirements of section 4731.19 of the Revised Code, shall file a written application under oath on a form prescribed by the board and provide such other facts and materials as the board requires.
- (1) Applications shall be accompanied by an application fee except as otherwise provided herein.
- (2) An applicant who submits an application for the December, 2011 massage therapy examination administered by the board who fails to graduate prior to the examination making the applicant ineligible to take the board administered examination, may file an application for a certificate to practice after passing the MBLEx without paying an application fee.
- (C) Any person seeking a certificate to practice massage therapy shall have passed the MBLEx available through the federation of state massage therapy boards.
- (1) Applicants for the examination will not be required to submit an application to the board or to demonstrate to the board that they meet the requirements to gain admission to the examination. Application will be made directly to the federation of state massage therapy boards.
- (2) The passing performance for the examination as reported by the federation of state massage therapy boards shall constitute successful completion of the examination.

Effective:

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Certification

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Statutory Authority: 4731.05, 4731.15, 4731.16, 4776.03
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Prior Effective Dates: 1/24/12

4731-1-12

Application and examination for certificate to practice massage therapy.

- (A) No application shall be considered complete until the applicant has complied with the requirements of paragraph (A) of rule 4731-4-02 of the Administrative Code and the board has received the results of criminal records checks and any other forms required to be submitted pursuant to paragraph (A) of rule 4731-4-02 of the Administrative Code.
- (B) All applicants seeking a certificate to practice massage therapy who meet the requirements of section 4731.19 of the Revised Code, shall apply to the board in compliance with section 4731.19 of the Revised Code.
- (C) Any person seeking a certificate to practice massage therapy shall have passed the MBLEx available through the federation of state massage therapy boards.
- (1) An applicant for the MBLEx shall apply directly to the federation of state massage therapy boards.
- (2) The passing performance for the examination as reported by the federation of state massage therapy boards shall constitute successful completion of the examination.

4731-1-12

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Replaces: 4731-1-12

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4731-1-16

Massage therapy curriculum requirements.

(A) To qualify to receive a certificate of good standing for a course of instruction in massage therapy, a school's course of instruction shall:

(1) Consist of both practical and theoretical instruction meeting one of the following requirements: covering a period of not less than one year and a minimum of six hundred clock hours. Beginning December 31, 2005, the course of instruction for classes enrolling on or after that date shall include a minimum of seven hundred fifty clock hours covering a period of not less than nine months;

(a) For classes enrolling no later than December 30, 2005, a period of not less than one year and a minimum of six hundred clock hours; or

(b) For classes enrolling on and after December 31, 2005, a minimum of seven hundred fifty clock hours covering a period of not less than nine months;

(2) Beginning with classes enrolling on or after December 31, 2005, teach at least the minimum required hours in the following subjects in dedicated clock hours, as appropriate to massage therapy:

(a) Anatomy and physiology; pathology: three hundred twenty-five clock hours;

(b) Massage theory and practical, including hygiene: three hundred twenty-five clock hours;

(c) Ethics: twenty-five clock hours, at least ten of which shall be in a class dedicated exclusively to ethics. For purposes of this rule, "ethics" shall be defined to include sexual boundary issues and impairment and chemical dependency issues;

(d) Business and law: twenty-five hours; and

(e) Such other subjects as the board deems necessary and appropriate to massage therapy: fifty clock hours; and

(3) Require that each student, prior to completing the course of instruction, perform, on a licensed massage therapist, at least one therapeutic massage. The school shall ensure that the student massage is evaluated as to whether the student demonstrates at least minimally acceptable competency.

- (B) Educational objectives shall be clearly defined and simply stated and shall indicate what the educational program can do for reasonably diligent students.
- (C) The course of instruction shall be outlined in detail showing major subjects and clock hours devoted to each subject, entrance requirements and occupational objectives.
- (D) A limited branch school shall submit for approval on an appropriate form its daily or weekly schedule of instruction. The approved schedule shall be made available whenever requested by the board.
- (E) Students may be given credit for off-site clinical activities. Such credit may not exceed ten per cent of the required clock hours in the theory and practical category of the program. The off-site clinical activities shall be conducted under the direction and on-site supervision of an appropriately licensed practitioner. The school shall be required to enter into a written affiliation agreement with a representative of the facility where the off-site clinical activities are being provided. The student participating in off-site clinical activities shall identify him or herself as a massage therapy student and shall obtain signed acknowledgement of receipt of that notice from the patient.

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4731-17-01

Definitions.

For purposes of this chapter of the Administrative Code:

(A) "Licensee" means any person holding or practicing pursuant to a certificate issued by the board under Chapter 4730., 4731., 4760., 4762., or 4774. of the Revised Code.

(B) "Invasive procedure" means any of the following:

(1) Surgical or procedural entry into tissues, cavities, or organs or repair of major traumatic injuries associated with any of the following: an operating or delivery room, emergency department, or outpatient setting, including physicians' offices; cardiac catheterization and angiographic procedures; a vaginal or cesarean delivery or other invasive obstetric procedure during which bleeding may occur; or the manipulation, cutting, or removal of any oral or perioral tissues, including tooth structure, during which bleeding occurs or the potential for bleeding exists.

(2) Any entry into the hair follicle using an electric modality for the purpose of hair removal.

(3) The practice of acupuncture as defined in section 4762.01 of the Revised Code.

(4) The performance of fluoroscopic procedures pursuant to section 4774.08 of the Revised Code.

(5) The performance of cosmetic procedures, such as the injection of botulinum toxin, dermal fillers, permanent makeup, laser hair removal, and hair replacement procedures.

(C) "FDA" means the United States food and drug administration.

(D) "EPA" means the United States environmental protection agency.

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4774.13
Prior Effective Dates: 10/1/94, 12/31/97, 2/28/04, 3/31/10

4731-17-02

Universal precautions.

Licensees who perform or participate in invasive procedures shall, in the performance of or participation in any such procedures or functions, be familiar with, observe and rigorously adhere to the acceptable and prevailing standards for universal blood and body fluid precautions to minimize the risk of being exposed to or exposing others to the hepatitis B virus (HBV), the hepatitis C virus (HCV), and the human immunodeficiency virus (HIV). The acceptable and prevailing universal blood and body fluid precautions which the licensee follows shall include at least the following:

- (A) Appropriate use of hand washing;
- (B) Effective disinfection and sterilization of equipment;
- (C) Safe handling and disposal of needles and other sharp instruments; and
- (D) Appropriate barrier techniques including wearing and disposal of gloves and other protective garments and devices.

4731-17-02

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4731-17-04

Disinfection and sterilization.

Instruments and other reusable equipment classified by the FDA as reusable, used by licensees who perform or participate in invasive procedures shall be appropriately disinfected and sterilized according to acceptable and prevailing standards for disinfection and sterilization which shall include at least the following:

- (A) Instruments and devices that enter the patient's vascular system or other normally sterile areas of the body shall be sterilized before being used for each patient;
- (B) Instruments and devices that touch intact mucous membranes but do not penetrate the patient's body surfaces shall be sterilized when possible, or undergo high-level disinfection if they cannot be sterilized before using for each patient;
- (C) Instruments and devices that are able to withstand repeated exposure to heat shall be heat sterilized. Sterilization shall be accomplished by autoclave, dry heat, unsaturated chemical vapor, ethylene oxide, hydrogen peroxide gas plasma, or any other FDA/EPA-approved method;
- (D) Instruments and items that cannot withstand heat sterilization shall be subjected to a high level disinfection process;
- (E) Heat sterilizing devices shall be tested for proper function on a weekly basis by means of a biological monitoring system that indicates microorganism kill. Documentation shall be maintained either in the form of a log reflecting dates and person(s) conducting the testing or copies of reports from an independent testing entity. The documentation shall be maintained for a period of at least two years. In the event of a positive biological spore test, the licensee must take immediate remedial action to ensure that heat sterilization is being accomplished;
- (F) Surface disinfection:
 - (1) Environmental surfaces that are contaminated by blood or other body fluids shall be disinfected with a chemical germicide that is registered with the environmental protection agency as a "hospital disinfectant" or sodium hypochlorite and is mycobactericidal at use-dilution. The disinfection process shall be followed before each ~~patient-patient;~~ and
 - (2) Impervious backed paper, aluminium foil or plastic wrap shall be used to cover surfaces that may be contaminated by blood or other body fluids and that are difficult or impossible to disinfect. The cover shall be removed, discarded and then replaced between ~~patients;~~ and patients.
- (G) Single use items used in treating a patient, which have become contaminated by

blood or other body fluids, shall be discarded and not reused, unless sterilized and reused in accordance with current guidelines established by the FDA. Single use items being reused in treating a patient shall be adequately cleaned and sterilized. Single use items shall not be reused if the items' physical characteristics and quality have been adversely affected or if the items are incapable of being reused safely and effectively for their intended use.

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4731-17-07

Violations.

- (A) A physician assistant who violates any provision of this chapter shall be subject to discipline pursuant to divisions (B)(2), (B)(3), (B)(19) and (B)(21) of section 4730.25 of the Revised Code.
- (B) An anesthesiologist assistant who violates any provision of this chapter shall be subject to discipline pursuant to divisions (B)(2), (B)(3), (B)(4) and (B)(19) of section 4760.13 of the Revised Code.
- (C) An acupuncturist or oriental medicine practitioner who violates any provision of this chapter shall be subject to discipline pursuant to divisions (B)(2), (B)(3), (B)(4) and (B)(20) of section 4762.13 of the Revised Code.
- (D) A radiologist assistant who violates any provision of this chapter shall be subject to discipline pursuant to divisions (B)(2), (B)(3), (B)(4), and (B)(19) of section 4774.13 of the Revised Code.
- (E) Any other licensee who violates any provision of this chapter shall be subject to discipline pursuant to divisions (B)(6), (B)(20) and (B)(29) of section 4731.22 of the Revised Code.

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4774.13
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TO BE RESCINDED

4731-19-01 **Definitions.**

As used in this chapter of the Administrative Code:

- (A) "The board" means the state medical board of Ohio.
- (B) "ODH" means the Ohio department of health.
- (C) "HIV" means the human immunodeficiency virus.
- (D) "HBV" means the hepatitis B virus with hepatitis E-antigen positive status.
- (E) "Licensee" means any person holding or practicing pursuant to a certificate issued by the board under Chapter 4730., 4731., 4760., 4762., or 4774. of the Revised Code.
- (F) "Invasive procedure" means any of the following:
 - (1) Any surgical or procedural entry into tissues, cavities, or organs or repair of major traumatic injuries associated with any of the following: an operating or delivery room, emergency department, or outpatient setting, including physicians' offices; cardiac catheterization and angiographic procedures; a vaginal or cesarean delivery or other invasive obstetric procedure during which bleeding may occur; or the manipulation, cutting, or removal of any oral or premolar tissues, including tooth structure, during which bleeding occurs or the potential for bleeding exists.
 - (2) Any entry into the hair follicle using an electric modality for the purpose of hair removal;
 - (3) The practice of acupuncture as defined in section 4762.01 of the Revised Code;
or
 - (4) The performance of fluoroscopic procedures pursuant to section 4774.08 of the Revised Code.
- (G) "Exposure-prone invasive procedures" means an invasive procedure in which there is a significant risk of contact between the blood or body fluids of the licensee and the blood or body fluids of the patient.
 - (1) Some characteristics of exposure prone invasive procedures include digital palpation of a needle tip in a body cavity or the simultaneous presence of the

licensee's fingers and a needle or other sharp instrument or object in a poorly visualized or highly confined anatomic site.

- (2) An invasive procedure is exposure prone if it presents a recognized risk of percutaneous injury to the licensee, and, in the event such an injury occurs, the licensee's blood is likely to contact the patient's body cavity, subcutaneous tissues or mucous membranes.

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Prior Effective Dates: 7/31/96, 9/22/97, 2/28/04, 3/31/10

TO BE RESCINDED

4731-19-02

Licensee's duty to report infection with HIV or HBV.

- (A) A licensee who believes or has reason to believe that he or she is infected with HIV or HBV and who performs invasive procedures shall report that fact to the ODH or to an institutional review panel approved by ODH within forty eight hours or shall voluntarily refrain from performing invasive procedures until such time as a report has been made in compliance with this rule.
- (B) A licensee who believes or has reason to believe that he or she is infected with HIV or HBV and who performs invasive procedures may report that fact to the board, consistent with paragraph (A) of this rule, in lieu of reporting to the ODH or to an institutional review panel approved by ODH. However, the board will require the infected licensee to submit to review and monitoring by the ODH or to an institutional review panel approved by ODH as provided in paragraph (B) of rule 4731-19-06 of the Administrative Code.
- (C) A licensee who believes or has reason to believe that another licensee who performs invasive procedures is infected with HIV or HBV shall advise the infected licensee of the infected licensee's duty to report under either paragraph (A) or (B) of this rule within forty eight hours of learning of the licensee's HIV or HBV infected status.
- (D) A licensee who believes or has reason to believe that another licensee is infected with HIV but who is prohibited by section 3701.243 of the Revised Code or any other prevailing state or federal law from divulging the basis of the reporting licensee's belief shall nonetheless report to the board as required by division (B) of section 4731.224 of the Revised Code and rule 4731-15-01 of the Administrative Code if the reporting licensee believes the infected licensee is otherwise practicing below minimum standard of care or is unable to practice according to acceptable and prevailing standards of care by reason of mental illness or physical illness or has failed to comply with either paragraph (A) or (B) of this rule. The reporting licensee need not include in his or her report test results or other information which section 3701.243 of the Revised Code or any other prevailing state or federal law prohibits the reporting licensee from divulging.
- (E) For purposes of section 4731.224 of the Revised Code and this rule, "believes" or "reason to believe" does not require absolute certainty or complete unquestioning acceptance; but only an opinion that a licensee is infected with HIV or HBV based upon firsthand knowledge or reliable information.

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4762.13
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TO BE RESCINDED

4731-19-03

Confidentiality; reporting by board.

Except as provided in paragraph (B) of rules 4731-19-02 and 4731-19-06 of the Administrative Code, the board shall hold in strict confidence all information in its possession relating to the HIV status and HBV status of a licensee who is or may be infected with HIV or HBV, provided that if the board initiates formal disciplinary proceedings pursuant to section 4730.25, 4731.22, 4760.13 or 4762.13 of the Revised Code it may disclose such information to the extent the board deems necessary to prove its allegations.

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TO BE RESCINDED

4731-19-04

Voluntary compliance.

~~In any disciplinary proceeding brought by the board against a licensee alleging violations related to the practitioner's professional activities or mental or physical status while HIV or HBV infected, the licensee may offer evidence that he or she has voluntarily complied with an evaluation, monitoring and any practice restrictions imposed by an ODH review panel, an institutional review panel approved by ODH, or the board. That evidence shall be considered by the board in deciding whether the practitioner has violated a statute upon which discipline may be based and, if it finds a violation, in deciding what, if any, discipline is appropriate.~~

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TO BE RESCINDED

4731-19-05

Duty to refrain from certain procedures.

- (A) ~~A licensee who knows he or she is infected with HIV or HBV shall not perform or participate in an exposure-prone invasive procedure, as that term is defined in paragraph (G) of rule 4731-19-01 of the Administrative Code, until the infected licensee has obtained counsel from the ODH review panel or from an institutional review panel approved by ODH and then, only under the circumstances that the counseling panel decides are appropriate. Such circumstances shall include notifying prospective patients of the licensee's seropositivity before they undergo any exposure-prone invasive procedures identified as such by the infected licensee's ODH review panel or institutional review panel approved by the ODH, and adherence to all guidelines published by the centers for disease control, and the United States department of health and human services.~~
- (B) ~~A licensee who has reason to suspect that he or she may be infected with HIV or HBV shall obtain appropriate testing to reveal the licensee's HIV status and HBV status before the licensee performs or participates in an exposure-prone invasive procedure.~~
- (C) ~~A licensee who knows or should suspect that he or she is infected with HIV or HBV shall practice recommended surgical technique and shall adhere to universal precautions, as delineated in Chapter 4731-17 of the Administrative Code, when performing invasive procedures other than exposure-prone invasive procedures.~~
- (D) ~~A violation of any provision of this rule shall also constitute "a departure from, or the failure to conform to, minimal standards of care of similar practitioners under the same or similar circumstances whether or not actual injury to a patient is established," as that clause is used in division (B)(19) of section 4730.25, division (B)(6) of section 4731.22, division (B)(4) of section 4760.13, division (A)(4) of section 4762.13, and division (B)(4) of section 4774.13 of the Revised Code.~~

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TO BE RESCINDED

4731-19-06

Board procedures.

The following procedures shall be followed if the board receives information suggesting that a licensee is infected with HIV or HBV:

- (A) ~~The board shall record a complaint and investigate to determine whether the licensee is infected with HIV or HBV; whether the licensee is likely to perform or participate in an invasive procedure; and whether there is evidence that the licensee has violated any provision of section 4730.25, 4731.22, 4760.13, 4762.13, or 4774.13 of the Revised Code.~~
- (B) ~~If investigation confirms that the licensee is one who performs invasive procedures and is infected with HIV or HBV but produces insufficient evidence which would support formal discipline based on violations of section 4730.25, 4731.22, 4760.13, 4762.13, or 4774.13 of the Revised Code or any rule of the board, the board will refer the licensee to ODH for evaluation and monitoring as provided in paragraph (B) of rule 4731-19-02 of the Administrative Code.~~
- (1) ~~If the licensee who performs invasive procedures fails to verify to the board his or her compliance with the requirements of the monitoring program established by the ODH review panel or institutional review panel approved by ODH, the board will enter the licensee into its confidential monitoring program as provided in rule 4731-19-07 of the Administrative Code.~~
- (2) ~~The board will refrain from initiating disciplinary proceedings so long as the licensee complies with the requirements of the confidential monitoring program and so long as the board does not have evidence which support charges of violations of section 4730.25, 4731.22, 4760.13, 4762.13, or 4774.13 of the Revised Code.~~
- (C) ~~If investigation produces evidence which would support formal discipline and additionally confirms that the licensee is infected with HIV or HBV, the board shall initiate formal disciplinary proceedings based on the alleged violations of law, and may also enter the licensee into the confidential monitoring program. The board will treat all information relating to the licensee's infection with HIV or HBV as confidential, and will divulge the information only to the extent necessary to prove its allegations in the disciplinary proceedings.~~
- (D) ~~A licensee who has been entered into the confidential monitoring program who fails to comply with the requirements of the program will be subject to discipline for violations of division (B)(20) of section 4731.22, division (B)(3) of section 4730.25, division (B)(3) of section 4760.13, division (B)(3) of section 4762.13, or division (B)(3) of section 4774.13 of the Revised Code, as applicable to the licensee.~~

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4731-19-07

Confidential monitoring program.

- (A) ~~A licensee who the board's secretary and supervising member have confirmed is infected with HIV or HBV and who performs invasive procedures and who is not participating in the evaluation and monitoring program run by ODH or by an institutional review panel approved by ODH shall participate in the confidential monitoring program. Upon identification of the infected licensee, the secretary will notify the board's compliance officer, who will be responsible for verifying the licensee's identity, license number, license status and specialties.~~
- (B) ~~The compliance officer will contact the licensee being monitored to:~~
- ~~(1) Provide copies of the board's rules in Chapter 4731-17 and 4731-19 of the Administrative Code and request the licensee's written agreement to comply with all requirements of those chapters;~~
 - ~~(2) Request the licensee to identify in writing his or her treating physician, and to notify the board of any change of treating physician;~~
 - ~~(3) Request the licensee to identify in writing the licensee's evaluation and monitoring panel, which shall be an institutional based review panel approved by ODH or an ODH review panel;~~
 - ~~(4) Notify the licensee of the board's monitoring schedule, and request the licensee to contact the licensee's treating physician and evaluation and monitoring panel to authorize release of information to the board as requested; and~~
 - ~~(5) Explain that confidentiality will be maintained so long as the licensee participates in the program and is not subject to board disciplinary action of a nature requiring disclosure of program information.~~
- (C) ~~Three months after the board's initial notification, and every June and December thereafter, the compliance officer shall monitor compliance by contacting the licensee, the licensee's designated treating physician and the licensee's evaluation and monitoring panel. The method of monitoring will be determined by the board's secretary on a case-by-case basis in order to assure confidentiality.~~
- ~~(1) The compliance officer shall request a written report from the licensee verifying the licensee's compliance with the requirements of Chapters 4731-17 and 4731-19 of the Administrative Code, updating the licensee's professional activities, and identifying any malpractice cases filed or decided against the licensee, any privilege actions or peer review organization actions taken against the licensee, and any other problems the licensee has experienced. The licensee shall timely submit the report, providing the information requested.~~

- ~~(2) The compliance officer shall request a written report from the licensee's designated treating physician concerning the licensee's health status, mental health status and the course of treatment being undertaken, including a list of the medications the licensee is on. The treating physician shall timely submit the report, providing all information requested.~~
- ~~(3) The compliance officer shall request a written report from the licensee's designated evaluation and monitoring panel concerning the licensee's professional performance, including the licensee's current ability to practice according to minimum standards of care and the licensee's compliance with all practice restrictions and monitoring requirements imposed by the panel and by the board.~~
- ~~(D) The board's secretary and supervising member will review all reports received to determine if any action is appropriate. If the secretary and supervising member determine that current monitoring and restrictions are inadequate to assure public protection, they may implement additional monitoring requirements or practice restrictions.~~
- ~~(E) The board's compliance officer shall maintain all records related to the confidential monitoring program in a locked, secure location. In order to ensure confidentiality of reporting, all reports, correspondence and memoranda shall use identification codes rather than names. The identification codes shall be provided by the board. Access to the key which identifies licensees to whom identification codes are assigned will be strictly limited to the board's secretary, supervising member, compliance officer, and other board staff as directed by the secretary and supervising member for action on a particular case.~~

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4731-23-01

Definitions.

As used in Chapter 4731-23 of the Administrative Code:

- (A) "Administer" means the direct application of a drug, whether by injection, inhalation, ingestion, or any other means to a person.
- (B) "Delegate" means to transfer authority for the performance of a medical task to an unlicensed person.
- (C) "On-site supervision" means that the physical presence of the physician is required in the same location (e.g., the physician's office suite) as the unlicensed person to whom the medical task has been delegated while the medical task is being performed. "On-site supervision" does not require the physician's presence in the same room.
- (D) "Physician" means an individual authorized by Chapter 4731. of the Revised Code to practice medicine and surgery, osteopathic medicine and surgery, or podiatric medicine and surgery.
- (E) "Task" includes, but is not limited to, ~~the administration of drugs in accordance with this chapter of the Administrative Code~~ a routine medical service not requiring the special skills of a licensed provider.
- (F) "Unlicensed person" means an individual who is not licensed or otherwise specifically authorized by the Revised Code to perform the delegated medical task.
- (G) "Drug" means the same as in section 4729.01(E) of the Revised Code.

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4731-23-02

Delegation of medical tasks.

- (A) A physician shall not delegate the performance of a medical task unless that physician has complied with all of the requirements of this chapter of the Administrative Code and the delegation otherwise conforms to minimal standards of care of similar physicians under the same or similar circumstances.
- (B) Prior to a physician's delegation of the performance of a medical task, that physician shall determine each of the following:
- (1) That the task is within that physician's authority;
 - (2) That the task is indicated for the patient;
 - (3) The appropriate level of supervision;
 - (4) That no law prohibits the delegation;
 - (5) That the person to whom the task will be delegated is competent to perform that task; and,
 - (6) That the task itself is one that should be appropriately delegated when considering the following factors:
 - (a) That the task can be performed without requiring the exercise of judgment based on medical knowledge;
 - (b) That results of the task are reasonably predictable;
 - (c) That the task can safely be performed according to exact, unchanging directions;
 - (d) That the task can be performed without a need for complex observations or critical decisions;
 - (e) That the task can be performed without repeated medical assessments; and,
 - (f) That the task, if performed improperly, would not present life threatening consequences or the danger of immediate and serious harm to the patient.

(C) When a physician delegates the administration of drugs, that physician shall provide on-site supervision, except in the following situations:

- (1) When the physician has transferred responsibility for the on-site supervision of the unlicensed person who is administering the drug to another physician and that physician has knowingly accepted that responsibility on a patient-by-patient basis; or
- (2) In the routine administration of a topical drug, such as a medicated shampoo.
- (3) When delegation occurs pursuant to section ~~5126.356~~ 5126.36 of the Revised Code within the programs and services offered by a county board of ~~mental retardation and~~ developmental disabilities.
- (4) When delegation occurs pursuant to section ~~5123.193~~ 5123.42 of the Revised Code.
- (5) When written policies and procedures have been adopted for the distribution of drugs by an unlicensed person to individuals incarcerated in state correctional institutions as defined in division (A) of section 2796.01 of the Revised Code, other correctional facilities including county and municipal jails, workhouses, minimum security jails, halfway houses, community residential centers, regional jails and multi-county jails, or any other detention facility as defined in division (F) of section 2921.01 of the Revised Code.

(D) This chapter of the Administrative Code shall not apply if the rules contained herein:

- (1) Prevent an individual from engaging in an activity performed for a handicapped child as a service needed to meet the educational needs of the child, as identified in the individualized education program developed for the child under Chapter 3323. of the Revised Code;
- (2) Prevent delegation from occurring pursuant to section ~~5126.356~~ 5126.36 of the Revised Code within the programs and services offered by a county board of ~~mental retardation and~~ developmental disabilities;
- (3) Conflict with any provision of the Revised Code that specifically authorizes an individual to perform a particular task;
- (4) Conflict with any rule adopted pursuant to the Revised Code that is in effect on the effective date of this section, as long as the rule remains in effect,

specifically authorizing an individual to perform a particular task;

- (5) Prohibit a perfusionist from administering drugs intravenously while practicing as a perfusionist.

Effective:

Five Year Review (FYR) Dates: 08/16/2016

Certification

Date

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