

RESPIRATORY CARE

CHAPTER 260
RESPIRATORY CARE PRACTITIONERS**645—260.1(152B) Definitions.**

“*Accredited sponsor*” means a person or an organization sponsoring continuing education activities which has been approved by the board as a sponsor pursuant to these rules. During the time an organization, educational institution, or person is an accredited sponsor, all continuing education activities of such person or organization may be deemed automatically approved.

“*Accredited sponsor number*” means the number assigned by the board which identifies an accredited sponsor.

“*Administrator*” means the administrator of the board of respiratory care examiners.

“*Approved program or activity*” means a continuing education program or activity meeting the standards set forth in these rules which has received advance approval by the board pursuant to these rules.

“*Board*” means the board of respiratory care examiners.

“*Department*” means the Iowa department of public health.

“*Hour*” of continuing education means 50 minutes of didactic instruction or independent study.

645—260.2(152B) Availability of information. All information regarding rules, forms, time and place of meetings, minutes of meetings, and records of hearings is available to the public between the hours of 8 a.m. and 4:30 p.m., Monday through Friday, except holidays. Written information may be obtained from the Iowa Board of Respiratory Care Examiners, Iowa Department of Public Health, Lucas State Office Building, Des Moines, Iowa 50319-0075. Inquiries may be made by E-mail address for the board of respiratory care examiners to Khoover@idph.state.ia.us.

645—260.3(147,152B) Organization and proceedings.

260.3(1) The board consists of five members appointed by the governor and confirmed by the senate. The board shall include one licensed physician with training in respiratory care, three respiratory care practitioners who have practiced respiratory care for a minimum of six years immediately preceding their appointment to the board and who are recommended by the society for respiratory care, and one member who is not licensed to practice medicine or respiratory care and who shall represent the general public. A majority of the members of the board shall constitute a quorum.

260.3(2) A chairperson, vice chairperson, and secretary shall be elected at the first meeting after April 30 of each year.

260.3(3) The board shall hold at least an annual meeting and may hold additional meetings called by the chairperson or by a majority of its members. The chairperson shall designate the date, place, and time prior to each meeting of the board. The board shall follow the latest edition of Robert’s Revised Rules of Order at its meeting whenever any objection is made as to the manner in which it proceeds at a meeting.

645—260.4(152B) Requirements for temporary licensure.

260.4(1) Applicants who have not passed the registry examination for respiratory therapists administered by the National Board for Respiratory Care or an entry level certification examination for respiratory therapy technicians administered by the National Board for Respiratory Care shall meet the following requirements prior to receiving a temporary license:

a. The applicant shall complete and submit to the board the application form provided by the board.

b. The applicant shall verify on a form provided by the board that the applicant is presently functioning in the capacity of a respiratory care practitioner as defined by Iowa Code chapter 152B.

260.4(2) Temporary licenses expire on July 1, 1999. An applicant must receive a permanent license on or before July 1, 1999, in order to continue to practice respiratory care.

260.4(3) Applicants who receive a temporary license are subject to all board rules, including continuing education requirements and disciplinary procedures.

645—260.5(152B) Requirements for permanent licensure. An applicant for a license to practice as a respiratory care practitioner shall meet the following requirements:

1. The applicant shall complete and submit to the board the application form provided by the board.

2. The applicant shall satisfactorily complete the registry examination for respiratory therapists or respiratory therapy technicians administered by the National Board for Respiratory Care.

3. The applicant shall have successfully completed a respiratory care education program for training respiratory therapists.

645—260.6(152B) Application.

260.6(1) The application form shall be completed in accordance with the instructions contained in the application.

260.6(2) Each application shall be accompanied by a check or money order in the amount required payable to the Iowa Board of Respiratory Care Examiners. This fee is nonrefundable.

260.6(3) No application will be considered by the board until official copies of academic transcripts, supporting documentation and fee(s) have been received by the board.

260.6(4) Applications for licensure which do not meet the minimum criteria for licensure shall be retained by the professional licensure division for a maximum of three years from the date the application was received. Persons whose applications for licensure are more than three years old must submit a new application and applicable fee(s).

260.6(5) An applicant who has been denied licensure by the board may appeal the denial and request a hearing on the issues related to the licensure denial by serving a notice of appeal and request for hearing to the board within 30 days following the date of mailing of the notification of licensure denial to the applicant. The request for hearing as outlined herein shall specifically delineate the facts to be contested and determined at the hearing.

645—260.7(152B) License renewal.

260.7(1) The biennial license renewal period shall extend from April 1 of each even-numbered year through March 31 of the next even-numbered year.

260.7(2) At least two months prior to the expiration of the license, the board office shall mail a renewal application and continuing education report form to the licensee. Failure to receive the notice shall not relieve the license holder of the obligation to pay biennial renewal fees on or before the renewal date.

a. The licensee shall submit to the board office, 30 days before licensure expiration, the application and continuing education report form with the renewal fee as specified in rule 260.11(152B).

b. When the licensee has satisfactorily completed the requirements for renewal 30 days in advance of the expiration of the previous license, a renewal license shall be issued and mailed to the licensee before expiration of the previous license.

260.7(3) When the licensee has not satisfactorily completed the requirements for renewal before the previous license expired and prior to its becoming delinquent, the licensee shall be assessed a late fee, as specified in rule 260.11(152B).

260.7(4) If the renewal fees are not received by the board within 60 days after the end of the last month of the renewal period, an application for reinstatement must be filed with the board with a reinstatement fee in addition to the renewal fee and the penalty fee outlined in subrule 260.7(1) and rule 260.11(152B).

645—260.8(152B) Inactive license. Licensees who do not practice respiratory care may be granted a waiver of compliance with continuing education requirements. The licensees shall apply in writing to the board requesting such status. The request shall contain a statement that the licensees will not hold themselves out to the public as being licensed respiratory care practitioners or practice respiratory care during the time the waiver is in effect. Inactive licensees shall pay the reinstatement fees as provided in subrule 260.11(5).

645—260.9(152B) Reinstatement of an inactive license.

260.9(1) *Inactive licensure reinstatement.* Inactive practitioners who have been granted a waiver of compliance as provided in rule 260.8(152B) shall, prior to practicing respiratory care in the state of Iowa, satisfy the following requirements for reinstatement.

a. Submit written application for reinstatement on a form provided by the board.

b. Furnish, in addition to the application, evidence of one of the following:

(1) The full-time practice of respiratory care in another state of the United States or District of Columbia and completion of continuing education for each year of inactive status substantially equivalent as determined by the board to that required under these rules; or

(2) Completion of a total number of hours of approved continuing education computed by multiplying 15 by the number of years the inactive status has been in effect not to exceed 75 hours; or

(3) Successful completion of the approved entry level examination conducted within one year prior to filing of the application for reinstatement; or

(4) Successful completion of a minimum 75-hour refresher course from a school accredited by the Joint Review Committee for Respiratory Care Education within one year prior to filing of the application for reinstatement.

c. Payment of the current biennial license renewal fee and reinstatement fee when applying for reinstatement of an inactive license as provided in rule 260.11(152B).

260.9(2) Reserved.

645—260.10(152B) Reinstatement of lapsed licenses.

- 260.10(1)** A license shall be considered lapsed if not renewed within 30 days of the renewal date.
- 260.10(2)** A licensee who wishes to reinstate a lapsed license shall pay past due renewal fees to a maximum of four years, a reinstatement fee and penalty fees.
- 260.10(3)** Continuing education requirements for the period of time the license was lapsed are not waived.
- 260.10(4)** Application for reinstatement shall be made on a form provided by the board.

645—260.11(152B) Fees.

- 260.11(1)** Application fee for a license to practice as a respiratory care practitioner is \$75.
- 260.11(2)** Biennial renewal fee for a license to practice as a respiratory care practitioner is \$50.
- 260.11(3)** Penalty fee for late payment of renewal fee is \$25.
- 260.11(4)** Penalty fee for earning continuing education late is \$25.
- 260.11(5)** Reinstatement fee is \$25.
- 260.11(6)** Fee for duplicate license is \$10.
- 260.11(7)** Fee for verification of licensure is \$10.
- 260.11(8)** All fees are nonrefundable.

645—260.12(152B) Students/graduates.

260.12(1) A student enrolled in a respiratory therapy training program who is employed in an organized training program in an organized health care system may render services defined in Iowa Code sections 152B.2 and 152B.3 under the direct and immediate supervision of a respiratory care practitioner for a limited period as follows:

1. For the duration of the respiratory therapist program, not to exceed four years.
2. For the duration of the respiratory technician program, not to exceed two years.

260.12(2) A graduate of an approved respiratory care training program employed in an organized health care system may render services as defined in Iowa Code sections 152B.2 and 152B.3 under the direction and immediate supervision of a respiratory care practitioner for one year. The graduate shall be identified as a “respiratory care practitioner-license applicant.”

645—260.13(152B) Continuing education requirements for licensees.

260.13(1) The biennial compliance period shall extend from April 1 of each even-numbered year to March 31 of the next even-numbered year. Compliance with the requirement of continuing education is a prerequisite for license renewal to practice as a respiratory care practitioner in each subsequent licensee renewal period.

260.13(2) Thirty continuing education hours shall be required for renewal of a license.

260.13(3) Continuing education hours shall be completed in the license period for which the license was issued. Hours of continuing education shall not be carried over into the next continuing education compliance period. Credit will not be accepted for a duplication of continuing education activities within a license period.

260.13(4) It is the responsibility of licensees to finance their own costs of continuing education.

260.13(5) If a licensee is first licensed during the first 12 months of the continuing education compliance period, the licensee shall complete at least 15 hours of continuing education for the first renewal. If a licensee is first licensed during the second 12 months of the continuing education compliance period, the licensee is not required to complete continuing education for the first renewal.

260.13(6) Licensees will be allowed no more than ten hours of approved independent study for continuing education requirements in a given compliance period. Independent, unsupervised self-study must have a posttest to receive credit.

260.13(7) Program presenters will not receive continuing education credit for programs presented. Presenters may request independent study credit for preparation as stated in subrule 260.13(6).

260.13(8) Licensees shall submit a completed report form which documents the completion of continuing education requirements.

645—260.14(152B) Approval of continuing education programs and activities.

260.14(1) A continuing education program shall be eligible for approval if the board determines that the program complies with the following:

Is an organized program of learning; pertains to subject matters which integrally relate to the practice of a respiratory care practitioner; contributes to the professional competency of the licensee; and is conducted by individuals who have education, training, or experience and are considered qualified to present the subject matter of the program, and provides the attendee with a certificate of attendance at the completion of the program.

260.14(2) Continuing education credit may be granted for the successful completion of academic courses which apply to the field of respiratory care. An official transcript indicating successful completion of the course is required to obtain continuing education credit. One academic semester hour equals 15 continuing education hours of credit; one academic quarter hour equals 10 hours of continuing education credit.

645—260.15(152B) Procedures for approval of continuing education programs.

260.15(1) *Prior approval of continuing education programs.* An organization, educational institution, agency, individual, or licensee that desires approval of a continuing education program prior to its presentation shall apply for approval to the respiratory care office at least 30 days in advance of the commencement of the program on a form provided by the department, including a time schedule, outline and the qualifications of the instructors. The respiratory care office shall approve or deny the application in writing.

260.15(2) *Review of continuing education programs.* The board may monitor and review any continuing education program already approved. Upon evidence of significant variation in the program presented from the program approved, the board may disapprove all or any part of the approved hours granted the program.

260.15(3) *Postapproval of activities.* A licensee seeking credit for attendance and participation in an educational activity which was not conducted by an approved sponsor or otherwise approved shall submit to the board, within 30 days after completion of such activity, an application for credit. This shall include a brief résumé of the activity, its dates, time, subjects, instructors and their qualifications, and the number of credit hours requested and certificate of attendance. A licensee not complying with the requirements of this rule may be denied credit for such activity.

260.15(4) *Retention of records.* The licensee shall maintain a record of verification of attendance for at least four years from the date of completion of the continuing education program.

260.15(5) Approval of accredited sponsors.

a. An institution, organization, agency or individual desiring to be designated as an approved, accredited sponsor of continuing education activities shall apply on a form provided by the board. If approved by the board, such institution, organization, agency or individual shall be designated as an approved, accredited sponsor of continuing education activities; and the activities of such an approved sponsor which are relevant to respiratory care shall be deemed automatically approved for continuing education credit. Each accredited sponsor will be assigned a number for identification.

b. All approved, accredited sponsors shall issue a certificate of attendance to each licensee who attends a continuing education activity. The certificate shall include sponsor name and number; date of program; name of participant; total number of clock hours excluding introductions, breaks, and meals; program title and presenter; program site; and whether the program is approved for respiratory care.

c. All approved, accredited sponsors shall maintain a copy of the continuing education activity, a list of attendees, license number, and number of continuing education clock hours awarded for a minimum of four years from the date of the continuing education activity.

260.15(6) Report of licensee. Each licensee shall file, if requested, a certificate of attendance form signed by the educational institution or organization sponsoring the continuing education. The report shall be sent to the Board of Respiratory Care Examiners, Iowa Department of Public Health, Lucas State Office Building, Des Moines, Iowa 50319-0075.

645—260.16(152B) Hearings regarding continuing education. In the event of denial, in whole or part, of any application for approval of a continuing education program or credit for a continuing education activity, the applicant or licensee shall have the right to request a hearing. The request must be sent within 20 days after receipt of the notification of denial. The hearing shall be held within 90 days after receipt of the request for hearing. The hearing shall be conducted by the board. The final decision shall be rendered by the board.

645—260.17(152B) Disability or illness. The board may, in individual cases involving disability or illness, grant waivers of the minimum education requirements or extensions of time within which to fulfill the same or make the required reports. A written request for waiver or extension of time shall be submitted by the licensee and shall be accompanied by a verifying document signed by a physician licensed by the board of medical examiners or a licensed psychologist. Waivers of the minimum educational requirements or extensions of time within which to fulfill the same may be granted by the board for any period of time not to exceed one calendar year. In the event that the disability or illness upon which a waiver or extension has been granted continues beyond the period of the waiver or extension, the licensee must reapply for the waiver or extension. The board may, as a condition of any waiver granted, require the applicant to make up a certain portion or all of the minimum educational requirements waived by the board.

645—260.18(152B) Complaint. A complaint shall be made in writing by any person to the Board of Respiratory Care Examiners, Professional Licensure Division, Lucas State Office Building, Des Moines, Iowa 50319-0075. The complaint shall identify the licensee, and shall give the address and any other information about the licensee which the complainant may have concerning the matter. A complaint may also be initiated upon the board's own motion.

645—260.19(152B) Report of malpractice claims or actions. Each licensee shall submit a copy of any judgment or settlement in a malpractice claim or action to the board within 30 days after the occurrence.

645—260.20(152B) Investigation of complaints or malpractice claims. The chairperson of the board of respiratory care examiners may request department of inspections and appeals to investigate the complaint or malpractice claim or may assign an investigation of a complaint or malpractice claim to a member of the board who will be known as the investigating board member. The investigating board member or employee of the department may request information from any peer review committee which may be established to assist the board. The investigating board member or employee of the department may consult with an assistant attorney general concerning the investigation or evidence produced from the investigation. The investigating board member, if the board member investigates the complaint, shall make a written determination whether there is probable cause for a disciplinary hearing. The investigating board member shall not take part in the decision of the board, but may appear as a witness.

645—260.21(152B) Alternative procedures.

260.21(1) *Informal settlement—parties.* A contested case may be resolved by informal settlement. Negotiation of an informal settlement may be initiated by the state of Iowa represented by the prosecuting attorney, the respondent, or the board. The board may designate a board member with authority to negotiate on behalf of the board.

260.21(2) *Informal settlement—waiver of notice and opportunity to be heard.* Consent to negotiation by the respondent constitutes a waiver of notice and opportunity to be heard pursuant to Iowa Code section 17A.17 during informal settlement negotiation. Thereafter, the prosecuting attorney is authorized to discuss informal settlement with the board's designee.

260.21(3) *Informal settlement—board approval.* All informal settlements are subject to approval of a majority of the full board. No informal settlement shall be presented to the board for approval except in final written form executed by the respondent. If the board fails to approve the informal settlement, it shall be of no force or effect to either party.

260.21(4) *Informal settlement—disqualification of designee.* A board member who is designated to act in negotiation of an informal settlement is not disqualified from participating in the adjudication of the contested case.

645—260.22(152B) Notice of hearing. If there is a finding of probable cause for a disciplinary hearing, the department shall prepare the notice of hearing and transmit the notice of hearing and the statement of charges to the respondent by certified mail, return receipt requested, at least 30 days before the date of the hearing.

645—260.23(152B) Hearings open to the public. A hearing of a licensing board concerning licensee discipline or an applicant shall be open to the public unless the licensee or the licensee's attorney requests in writing that the hearing be closed to the public.

645—260.24(152B) Hearings. The board adopts the rules of the department of public health found in 641—Chapter 173, Iowa Administrative Code, as the procedure for hearings before the board. The board may authorize an administrative law judge to conduct the hearings, administer oaths, issue subpoenas, and prepare written findings of fact, conclusions of law and decision at the direction of the board.

645—260.25(152B) Appeal. Any appeal to the district court from disciplinary action of the board or denial of license shall be taken within 30 days from the issuance of the decision by the board. It is not necessary to request a rehearing before the board to appeal to the district court.

260.25(1) Transcript. The party who appeals a decision of the board to the district court shall pay the cost of the preparation of a transcript of the administrative hearing for the district court.

260.25(2) Publication of decisions. Final decisions of the board relating to disciplinary proceedings shall be transmitted to the appropriate professional association, the news media, and employer.

645—260.26(152B,272C) Method of discipline. The board has authority to impose the following disciplinary sanctions:

1. Revoke a license.
2. Suspend a license until further order of the board or for a specified period.
3. Prohibit permanently, until further order of the board or for a specified period, the engaging in specified procedures, methods or acts.
4. Place a license on probation.
5. Require additional education, training or treatment.
6. Require a reexamination.
7. Impose civil penalties not to exceed \$1000.
8. Issue a citation and warning.
9. Impose such other sanctions allowed by law as may be appropriate.

645—260.27(152B,272C) Discretion of board. The following factors may be considered by the board in determining the nature and severity of the disciplinary sanction to be imposed:

1. The relative seriousness of the violation as it relates to assuring the citizens of this state a high standard of professional care.
2. The facts of the particular violation.
3. Any extenuating circumstances or other countervailing considerations.
4. Number of prior violations or complaints.
5. Seriousness of prior violations or complaints.
6. Whether remedial action has been taken.
7. Such other factors as may reflect upon the competency, ethical standards and professional conduct of the licensee.

645—260.28(152A,272C) Grounds for discipline. The board may impose any of the disciplinary sanctions set forth in rule 260.29(152B,272C) when the board determines that the licensee is guilty of any of the following acts or offenses:

1. The grounds listed in Iowa Code section 272C.10.
2. Violations of 645—Chapter 260.
3. Fraud in procuring a license. Fraud in procuring a license includes, but is not limited to, false representations of a material fact, whether by word or conduct, false or misleading allegations, or concealment of that which should have been disclosed when making application for a license in this state, or attempting to file or filing with the board any false or forged diploma, or certificate, affidavit, identification, or qualification in making application for licensure in this state.
4. Fraud in representations as to skill or ability. Fraud in representations as to skill or ability includes, but is not limited to, a respiratory care practitioner having made misleading, deceptive, or untrue representations as to the practitioner's competency to perform professional services which the respiratory care practitioner is not qualified to perform.
5. Professional incompetence. Professional incompetence includes but is not limited to:
 - A substantial lack of knowledge or ability to discharge professional obligations within the scope of practice;
 - A substantial deviation from the standards of learning or skill ordinarily possessed and applied by other respiratory care practitioners in the state of Iowa acting in the same or similar circumstances;
 - A failure by a respiratory care practitioner to exercise in a substantial respect that degree of care which is ordinarily exercised by the average respiratory care practitioner acting in the same or similar circumstances;
 - A willful or repeated departure from or the failure to conform to the minimal standard of acceptable and prevailing practice of respiratory care in the state of Iowa.
6. Knowingly making misleading, deceptive, untrue or fraudulent representations in the practice of the profession or engaging in unethical conduct or practice harmful to the public. Proof of actual injury need not be established.
7. Habitual intoxication or addiction to the use of drugs. The inability of a respiratory care practitioner to practice respiratory care with reasonable skill and safety by reason of the excessive use of alcohol, drugs, narcotics, chemicals, or other material on a continuing basis, or the excessive use of alcohol, drugs, narcotics, chemicals, or other material which may impair a respiratory care practitioner's ability to practice the profession with reasonable skill and safety.

8. Involuntary commitment for treatment of mental illness, drug addiction, or alcoholism.
9. Being adjudged mentally incompetent by a court of competent jurisdiction.
10. Making suggestive, lewd, lascivious, or improper remarks or advances to a patient.
11. Verbally, physically, or sexually abusing a patient.
12. Any sexual intimidation or sexual relationship between a respiratory care practitioner and a patient.
13. Unethical practices, including:
 - Betraying a professional confidence;
 - Falsifying patient records;
 - Engaging in a professional conflict of interest;
 - Misappropriation of funds;
 - Violation of rule 260.32(152B,272C).
14. Use of untruthful or improbable statements in advertising. Use of untruthful or improbable statements in advertising includes, but is not limited to, an action by a respiratory care practitioner in making information or intention known to the public which is false, deceptive, misleading, or promoted through fraud or misrepresentation and includes statements which may consist of, but are not limited to, the following:
 - Inflated or unjustified expectations of favorable results.
 - Self-laudatory claims that imply that the respiratory care practitioner is skilled in a field or specialty of practice for which the practitioner is not qualified.
 - Extravagant claims or proclaiming extraordinary skills not recognized by the respiratory care profession.
15. Knowingly aiding, assisting, procuring, or advising a person to unlawfully practice respiratory care.
16. Failing to exercise due care in the delegation of respiratory care services to or supervision of assistants, employees, or other individuals, whether or not injury results.
17. Permitting another person to use one's license.
18. Practicing outside the scope of the license.
19. Obtaining any fee by fraud or misrepresentation.
20. Willful or repeated gross malpractice or willful or gross negligence.
21. Obtaining, possessing, attempting to obtain or possess, or administering controlled substances without lawful authority; or selling, prescribing, or giving away controlled substances.
22. Violating a lawful order of the board, previously entered into by the board in a disciplinary or licensure hearing, or violating the terms and provisions of a consent agreement or informal settlement between a licensee and the board.
23. Violating a statute or law of this state, another state, or the United States, without regard to its designation as either felony or misdemeanor, which statute or law relates to the practice of respiratory care.
24. Conviction of a felony related to the profession, or the conviction of any felony which would affect the licensee's ability to practice within the profession. A copy of the record of conviction or plea of guilty shall be conclusive evidence.
25. Revocation, suspension, or other disciplinary action taken by a licensing authority of another state, territory, or country.

26. Failure to report a license revocation, suspension, or other disciplinary action taken by a licensing authority of another state, territory, or country, within 30 days of the final action by the licensing authority. A stay by an appellate court shall not negate this requirement; however, if such disciplinary action is overturned or reversed by a court of last resort, such report shall be expunged from the records of the board.

27. Failure of a licensee or an applicant for licensure in this state to report any voluntary agreement to restrict the practice of respiratory care entered into in another state, district, territory, or country.

28. Knowingly submitting a false report of continuing education or failure to submit the annual report of continuing education.

29. Failure to notify the board within 30 days after occurrence of any judgment or settlement of a malpractice claim or action.

30. Failure to report a change of name or address to the office of the board within 30 days after occurrence.

31. Failure to comply with a subpoena issued by the board.

32. Failure to report to the office of the board any violation of 260.30(152B,272C) by another licensee.

33. Noncompliance with a support order or with a written agreement for payment of support as evidenced by a certificate of noncompliance issued pursuant to Iowa Code chapter 252J. Disciplinary proceedings initiated under this subrule shall follow the procedures set forth in Iowa Code chapter 252J.

645—260.29(152B,272C) Code of ethics.

260.29(1) The respiratory care practitioner shall practice acceptable methods of treatment, and shall not practice beyond the competence or exceed the authority vested in the practitioner by physicians.

260.29(2) The respiratory care practitioner shall continually strive to increase and improve knowledge and skill, and render to each patient the full measure of the practitioner's ability. All services shall be provided with respect to the dignity of the patient, regardless of social or economic status, personal attributes or the nature of the patient's health problems.

260.29(3) The respiratory care practitioner shall be responsible for the competent and efficient performance of assigned duties, and shall expose incompetent, illegal or unethical conduct of members of the profession.

260.29(4) The respiratory care practitioner shall hold in confidence all privileged information concerning the patient and refer all inquiries regarding the patient to the patient's physician.

260.29(5) The respiratory care practitioner shall not accept gratuities and shall guard against conflict of interest.

260.29(6) The respiratory care practitioner shall uphold the dignity and honor of the profession and abide by its ethical principles.

260.29(7) The respiratory care practitioner shall have knowledge of existing state and federal laws governing the practice of respiratory therapy and shall comply with those laws.

260.29(8) The respiratory care practitioner shall cooperate with other health care professionals and participate in activities to promote community, state, and national efforts to meet the health needs of the public.

645—260.30(152B,272C) Reporting of judgments or settlements. Each licensee shall report to the board every adverse judgment in a malpractice action to which the licensee is a party, and every settlement of a claim against the licensee alleging malpractice. The report together with a copy of the judgment or settlement must be filed with the board within 30 days from the date of said judgment or settlement.

645—260.31(152B,272C) Investigation of reports of judgments and settlements. Reports received by the board from the commissioner of insurance, insurance carriers and licensees involving adverse judgments in a professional malpractice action, and settlement of claims alleging malpractice, which involve acts or omissions which constitute negligence, careless acts or omissions in the practice of respiratory care, shall be reviewed and investigated by the board in the same manner as is prescribed in these rules for the review and investigation of written complaints.

645—260.32(152B,272C) Reporting of acts or omissions. Each licensee, having firsthand knowledge of acts or omissions set forth in rule 260.31(152B,272C), shall report to the board those acts or omissions when committed by another person licensed to practice respiratory care. The report shall include the name and address of the licensee and the date, time and place of the incident.

645—260.33(152B,272C) Failure to report licensee. Upon obtaining information that a licensee failed to file a report required by rule 260.32(152B,272C) within 30 days from the date the licensee initially acquired the information, the board may initiate a disciplinary proceeding against the licensee who failed to make the required report.

645—260.34(152B,272C) Immunities. A person shall not be civilly liable as a result of filing a report or complaint with the board or peer review committee, or for the disclosure to the board or its agents, or employees, whether or not pursuant to a subpoena of records, documents, testimony or other forms of information which constitute privileged matter concerning a recipient of health care services or some other person, in connection with proceedings of a peer review committee, or in connection with duties of the board. However, such immunity from civil liability shall not apply if such act is done with malice.

These rules are intended to implement Iowa Code chapter 152B.

[Filed 7/20/88, Notice 6/1/88—published 8/10/88, effective 9/14/88]

[Filed 11/9/89, Notice 5/31/89—published 11/29/89, effective 1/3/90]

[Filed emergency 7/12/90—published 8/8/90, effective 7/12/90]

[Filed 5/10/91, Notice 11/14/90—published 5/29/91, effective 7/3/91]

[Filed 11/22/91, Notice 8/7/91—published 12/11/91, effective 1/15/92]

[Filed 3/10/93, Notice 9/16/92—published 3/31/93, effective 5/5/93]

[Filed 9/17/93, Notice 6/9/93—published 10/13/93, effective 11/17/93]

[Filed 6/12/97, Notice 5/7/97—published 7/2/97, effective 8/6/97]

[Filed 9/19/97, Notice 7/16/97—published 10/8/97, effective 11/12/97]