



## Ohio Administrative Code

### Rule 3701-22-55 Personnel/staffing - pediatric cardiac catheterization service.

Effective: August 31, 2025

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(A) Each pediatric cardiac catheterization service will designate a medical director for the pediatric cardiac catheterization service. The medical director will:

(1) Possess the experience and leadership qualities that are necessary to manage the laboratory appropriately and to ensure safe and effective delivery of catheterization services to pediatric patients; and

(2) The medical director will actively perform pediatric cardiac catheterization procedures at the hospital where they are the medical director.

(B) The medical director of the pediatric cardiac catheterization service will be board-certified in pediatric cardiology by the American board of pediatrics or the American osteopathic board of pediatrics and have additional education or experience in pediatric cardiac catheterization and intervention, or in lieu of the board certification requirements specified in this chapter, will be:

(1) A physician who is board-certified by a foreign board and is eligible to take the examination of an American board of medical specialties recognized board or an American osteopathic association board may serve as medical director of an HCS; or

(2) In accordance with rule 3701-22-19 of the Administrative Code, a HCS may request a waiver from the department of health for physicians who are board-certified by a foreign board who are not eligible to take the examination of an American board of medical specialties recognized board or an American osteopathic association board.

(C) Each pediatric cardiac catheterization service will have at least two licensed physicians credentialed to provide pediatric cardiac catheterization services on staff who are knowledgeable of the laboratory's protocols and equipment by providing pediatric cardiac catheterization services at the hospital. Only physicians appropriately credentialed to provide pediatric cardiac catheterization



services may be the primary operator of a pediatric cardiac catheterization procedure.

(D) At a minimum, all physicians who perform pediatric cardiac catheterization procedures will be:

(1) A fully-accredited member of the HCS's staff; and

(2) Will participate in laboratory quality assurance programs, including peer review.

(E) In addition to the requirements of paragraphs (A) and (C) of this rule, each pediatric cardiac catheterization service will have available a sufficient number of qualified staff, who are able to supervise and conduct the cardiac catheterization service and are skilled in pediatric cardiopulmonary resuscitation, including the following, as applicable:

(1) Support staff comprised of individuals skilled in the following:

(a) Radiographic techniques;

(b) Digital imaging;

(c) Systematic quality control testing;

(d) Patient observation;

(e) Critical care;

(f) Monitoring and recording electrocardiographic and hemodynamic data; and

(g) For catheterization laboratories where physiological studies are performed:

(i) Managing blood samples;

(ii) Performing blood gas measurements and calculations; and



(iii) Assisting with indicator dilution studies.

(2) Nursing personnel in sufficient number and type based on the caseload and types of procedures performed, which may include nurse practitioners, registered nurses, licensed practical nurses, and nursing assistants.

(a) Nursing personnel involved in the provision of pediatric cardiac catheterization services will have experience in pediatric critical care and knowledge of operating room techniques;

(b) Nurse practitioners, registered nurses, and licensed practical nurses involved in the provision of pediatric cardiac catheterization services will have:

(i) Knowledge of cardiovascular medications;

(ii) The ability to begin administration of intravenous solutions and administer drugs;

(iii) Experience with sterile techniques; and

(iv) Skills in monitoring vital signs, neurologic status and pain level.

(c) Nurse practitioners may assume some of the duties of a physician as permitted by law, however, ultimate responsibility for procedures will always remain with the physician on record.

(F) Respiratory therapists and pediatric critical care staff will be immediately available to care for pediatric patients.

(G) Biomedical, electronic, and radiation safety experts will be involved in maintaining the cardiac catheterization laboratory.

(H) Cardiovascular anesthesiologists and perfusion teams will be immediately available to care for patients.

(I) Staffing requirements of this rule may be met by individuals with equivalent or greater



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qualifications if the replacement's scope of practice encompasses the duties of the required staff.