

**ADOPTED REGULATION OF THE
STATE BOARD OF HEALTH**

LCB File No. R182-01

Effective March 5, 2002

EXPLANATION – Matter in *italics* is new; matter in brackets ~~omitted material~~ is material to be omitted.

AUTHORITY: §§1-5, NRS 439.200, 450B.120 and 450B.155; §§6-11, 16, 28, 29, 32, 35, 37, 41-54, 57, 59-64, 66 and 80, NRS 439.200 and 450B.120; §§12-15, NRS 439.200, 450B.120 and 450B.160; §§17-20 and 25, NRS 439.200, 450B.120 and 450B.180; §§21-24, NRS 439.200, 450B.120 and 450B.191; §§26 and 27, NRS 439.200, 450B.120 and 450B.1915; §§30, 31 and 33, NRS 439.200, 450B.120 and 450B.195; §§34 and 38, NRS 439.200, 450B.120 and 450B.197, §36, NRS 439.200, 450B.120, 450B.1915 and 450B.197; §§39, 40, 55 and 56, NRS 439.200, 450B.120 and 450B.200; §58, NRS 439.200, 450B.120, 450B.155 and 450B.200; §65, NRS 439.200, 450B.120 and 450B.238; §§67-77, NRS 439.200, 450B.120 and 450B.237; §§78 and 79, NRS 439.200, 450B.120 and 450B.490.

Section 1. Chapter 450B of NAC is hereby amended by adding thereto the provisions set forth as sections 2 to 5, inclusive, of this regulation.

Sec. 2. 1. *To be certified as an emergency medical dispatcher, an applicant must:*

(a) Be 18 years of age or older; and

(b) Successfully complete a national standard course for emergency medical dispatchers or an equivalent curriculum approved by the health division.

2. The applicant shall submit proof to the health division, signed by the person responsible for conducting the training, that the applicant has successfully completed the course or curriculum specified in paragraph (b) of subsection 1.

Sec. 3. 1. *The health division may issue a certificate as an emergency medical dispatcher to an applicant who is trained in another state if:*

(a) The applicant:

(1) Is a resident of Nevada;

(2) Will be a resident of Nevada within 6 months after applying for a certificate; or

(3) Is a resident of a state that is contiguous to Nevada and is employed by an agency that is responsible for emergency medical dispatch with the State of Nevada;

(b) The applicant:

(1) Successfully completes a course of training that is approved by the health division and is at least equivalent to the national standard course for emergency medical dispatchers; and

(2) Holds a certificate as an emergency medical dispatcher that is issued by an authorized agency in the other state.

(c) The applicant's certification or registration in the other state has not been revoked, terminated or suspended pursuant to any disciplinary proceeding.

(d) The health division receives verification of his certificate as an emergency medical dispatcher from the issuing agency of the other state on a form provided by the health division.

(e) The applicant submits the appropriate form and the fee prescribed in NAC 450B.700.

2. The health division may require the applicant to pass an evaluation or examination of his competency administered by the health division.

Sec. 4. 1. *A certificate as an emergency medical dispatcher expires on the date of expiration appearing on the certificate and, after the initial period, expires biennially. The health division shall designate the date of expiration of each certificate.*

2. Such a certificate may be renewed if:

(a) The health division determines that the holder of the certificate has, before the date of expiration, successfully completed:

(1) A course of continuing training that is at least equivalent to the national standard refresher course for emergency medical dispatchers and is approved by the health division; or

(2) Any other program of continuing education that is approved by the health division. Such a program must not be approved unless the requirement for attendance for that program for an emergency medical dispatcher is at least 8 hours.

(b) The holder submits, within the 3 months immediately preceding the date his certificate expires, an application indicating that he has complied with the requirements set forth in paragraph (a).

Sec. 5. *If an emergency medical dispatcher is unable to attend an approved course for continuing training required to renew his certificate, or otherwise comply with the requirements for renewal, within the prescribed period, he may submit a written request for a late renewal on a form provided by the health division.*

Sec. 6. NAC 450B.015 is hereby amended to read as follows:

450B.015 “Agency’s vehicle” means a vehicle operated by a *service or* fire-fighting agency under a permit issued pursuant to this chapter, which is staffed and equipped to respond to a medical emergency.

Sec. 7. NAC 450B.090 is hereby amended to read as follows:

450B.090 “Driver” means a qualified person, as determined by the department of motor vehicles, who ~~is:~~

~~1. Responsible] :~~

1. Is responsible for the operation of an ambulance over the streets, roads and highways within ~~the] this~~ state; and

2. ~~[Licensed as an attendant under NAC 450B.310 to 450B.350, inclusive.]~~ *Possesses evidence that he has successfully completed a national standard course for the operation of an emergency vehicle or an equivalent course approved by the health division.*

Sec. 8. NAC 450B.147 is hereby amended to read as follows:

450B.147 “Instructor” means a person who has successfully completed ~~[the]~~ *a national standard course for instructors [.] or an equivalent course approved by the health division.*

Sec. 9. NAC 450B.180 is hereby amended to read as follows:

450B.180 “Patient” means any person who is sick, injured, wounded, or otherwise incapacitated or helpless and who is carried in an ambulance or air ambulance or is cared for at the scene of an emergency by a ~~[licensed attendant of a fire-fighting agency.]~~ *basic, intermediate or advanced emergency medical technician.*

Sec. 10. NAC 450B.255 is hereby amended to read as follows:

450B.255 “Transport” means the movement of a patient by ambulance or air ambulance from the scene of an emergency to a ~~[hospital.]~~ *medical facility as defined in NRS 449.0151.*

Sec. 11. NAC 450B.260 is hereby amended to read as follows:

450B.260 “Unit” means an ambulance, ~~[or]~~ air ambulance ~~[.]~~ *or fire-fighting agency’s vehicle.*

Sec. 12. NAC 450B.320 is hereby amended to read as follows:

450B.320 1. The health division may not issue a license to an applicant unless all the information required by NAC 450B.330 is contained in his application and the health division is satisfied that he meets the following criteria:

- (a) Is 18 years of age or older as of the date of the application.
- (b) If he is applying to become an attendant:

(1) Holds a ~~currently valid~~ class 3 driver's license or its equivalent issued in this state; or

(2) Is employed in Nevada, makes his residence in a contiguous state and is required by reason of his residence to maintain his driver's license issued by that state equivalent to a class 3 license in this state.

(c) Is able to read, speak and understand the English language.

(d) Has been found by a licensed physician within the ~~H2~~ 6 months immediately preceding the date on which his application is submitted to be of sound physical and mental health and free of physical defects or diseases which ~~might~~ *may* impair his ability to drive or attend an ambulance, air ambulance or agency's vehicle and that determination is verified by the physician on a form approved by the health division for that purpose.

(e) ~~Notwithstanding the provisions of paragraph (f), has~~ *Has* not been convicted of any felony or misdemeanor for committing an act which, in the judgment of the health division, indicates that the applicant ~~might~~ *may* not be able to function properly as ~~an attendant~~ *a licensee* or to care for patients for whom he would become responsible.

(f) ~~Has not been convicted of a third or subsequent violation of the provisions of NRS 484.379 within the 7 years immediately preceding the date of his application.~~

~~(g)~~ Possesses a ~~current, valid~~ certificate evidencing his successful completion of a program of training with testing for competency in the ~~basic~~ procedures for emergency care which is equivalent to the national standard course for ~~an~~ *a basic, intermediate or advanced* emergency medical technician.

(g) Submits evidence satisfactory to the health division of verification of his skills.

2. In addition, an applicant for a license as an air attendant must:

(a) Meet all the prerequisites for an attendant ~~as listed~~ *set forth* in NAC 450B.310 to 450B.350, inclusive.

(b) Possess the following:

(1) A ~~currently valid~~ certificate as an intermediate emergency medical technician or as an advanced emergency medical technician which was issued pursuant to chapter 450B of NRS; or

(2) A ~~currently valid~~ license as a registered nurse issued pursuant to chapter 632 of NRS.

(c) Provide to the health division documentation verifying successful completion of a course of training approved by the medical director of the service employing him. The course must include ~~the following:~~ :

(1) Special considerations in attending a patient in an air ambulance;

(2) Aircraft safety and orientation;

(3) Altitude physiology and principles of atmospheric physics;

(4) Familiarization with systems for air-to-ground communications;

(5) Familiarization with the system of emergency medical services in the service area;

(6) Survival procedures in an air ambulance crash;

(7) Response procedures to accidents involving hazardous materials;

(8) Use of modalities for in-flight treatment;

(9) Infection control;

(10) Oxygen therapy in relation to altitude;

(11) Patient assessment in the airborne environment; and

(12) Vital sign determination in the airborne environment.

3. In addition to the qualifications listed in subsections 1 and 2, an advanced emergency medical technician or a registered nurse providing advanced life support care in an air ambulance must possess a valid certification of completion of a course in Advanced Cardiac Life Support issued by the American Heart Association ~~[]~~ *or an equivalent course approved by the health division.*

Sec. 13. NAC 450B.330 is hereby amended to read as follows:

450B.330 1. An application for a license must be made upon the form prepared and prescribed by the health division. The health division shall, within 30 days after receipt of an application, have an investigation made of the applicant and the information contained on his application. Upon completion of the investigation, the health division shall issue the license for which the application was made or notify the applicant in writing, in the manner prescribed in NAC 450B.710, that the application is rejected, setting forth the reasons for the rejection and his right to appeal to the health division in the manner prescribed in NAC 439.300 to 439.395, inclusive.

2. On an initial application for a license, the applicant must submit the following :

~~[information:]~~

(a) His ~~[place of residence for 5 years before he moved to his present address and length of time he has resided in this state;]~~ *complete name;*

(b) His date of birth;

(c) His ~~[height and weight;~~

~~—(d) The color of his eyes;~~

~~—(e) The color of his hair;~~

~~—(f) His]~~ social security number;

~~[(g)]~~ (d) The *address of his current residence*;

(e) *The name and address of his employer and his employer* immediately preceding his current employment ~~;~~

~~—(h)]~~ *if his previous employment related to providing emergency medical services*;

(f) A description of the last two jobs he held immediately before the application is made ~~;~~

~~—(i)]~~ *if those jobs related to providing emergency medical services*;

(g) A statement of whether the applicant, within the ~~[(3)]~~ 5 years immediately preceding the date of the application, has been convicted of, or forfeited bail for, a traffic violation other than a parking violation and, if so, when, where and under what circumstances the violation occurred;

~~[(j)]~~ (h) A statement of whether the applicant ~~[, within the 10 years immediately preceding the date of the application,]~~ has been convicted of a felony or a misdemeanor other than a traffic violation and, if so, when and where the conviction occurred and a description of the offense;

~~[(k)]~~ (i) A description of the applicant's training and experience ~~[(in)]~~ *relating to* the transportation and care of patients;

~~[(l)]~~ (j) A statement of whether the applicant has previously been licensed as a driver, attendant, attendant-driver or air attendant in a service, fire-fighting agency or volunteer service or agency and, if so, where and by what authority that license was issued; ~~[and]~~

~~—(m)]~~ (k) A statement of whether such a license has ever expired or been revoked or suspended and, if so, for what cause ~~;~~;

(l) *A statement indicating that he has complied with the provisions of NRS 450B.183; and*

(m) *The appropriate fee prescribed in NAC 450B.700.*

3. An applicant for ~~[(a)]~~ *an initial* license as an attendant must file with the health division, in addition to the ~~[(items)]~~ *information and fee* specified in subsection 2, a valid certificate

designating him as an emergency medical technician, intermediate emergency medical technician or advanced emergency medical technician.

4. An application for renewal of a license must:

(a) Be made on an abbreviated form of application prescribed by the health division; ~~and~~

(b) Include information relating to any conviction of the applicant for any felony or misdemeanor occurring ~~since~~ *after* the submission of the application for the initial license ~~;~~ *;*
and

(c) Include the appropriate fee prescribed in NAC 450B.700.

5. The health division shall not renew a license if:

(a) An applicant fails to comply with the provisions of subsection 4; or

(b) In the judgment of the health division, the applicant is not able to function properly as an attendant or to provide care for patients for whom he would become responsible.

Sec. 14. NAC 450B.340 is hereby amended to read as follows:

450B.340 1. Upon the request of a holder of a permit to operate a ~~volunteer~~ service, the health division may issue a provisional license *as an attendant* to an applicant who has ~~joined the volunteer service but has~~ not completed the required training for licensure.

2. ~~Such a license may be valid only~~ *A provisional license as an attendant is valid* for the period necessary for the applicant to comply with the requirements prescribed in this chapter for a regular license as an attendant, but not more than 6 months. ~~At the~~ *Upon* completion of the ~~provisional licensee's training,~~ *training for the attendant,* the operator of the ~~volunteer~~ service must submit to the health division the information required in subsection 1 of NAC 450B.320 and NAC 450B.330.

3. A person who holds a provisional license *as an attendant* issued under this section may serve in a ~~[volunteer service in a]~~ training capacity ~~[when]~~ *if, during any period in which he:*

(a) Is at the scene of an emergency, he is accompanied by an attendant who is licensed at or above the level of licensure of the attendant as a basic, intermediate or advanced emergency medical technician; or

(b) Transports a patient to a medical facility, he is accompanied by at least two ~~[Licensed attendants.]~~ attendants, one of whom is licensed at or above the level of licensure of the attendant as a basic, intermediate or advanced emergency medical technician.

Sec. 15. NAC 450B.350 is hereby amended to read as follows:

450B.350 1. The license of an attendant is not assignable or transferable . ~~[to any other person.]~~

2. A license expires on the date of expiration appearing on ~~[it.]~~ *the license*. The date of expiration for ~~[Licenses is July 1, and after the initial period of effectiveness,]~~ a license ~~[expires biennially.]~~ *must be the same as the date of expiration specified on the licensee's certificate as an emergency medical technician*. The health division ~~[shall]~~ *may* designate the same year of expiration for the licenses of all attendants in a particular service or fire-fighting agency.

3. An attendant must renew his license on or before its expiration date.

4. The health division shall renew an attendant's license if ~~[-~~
~~—(a) The]~~ *the* health division is satisfied that, in addition to ~~[meeting]~~ *complying with* the other requirements for a renewal, the applicant has complied with the requirements, limitations, terms and conditions applicable to obtaining an initial license . ~~[-; and~~

~~—(b) A physician determines that the applicant, within the preceding 12 months, is of sound physical and mental health, is free of physical defects or diseases and is able to drive or attend an~~

~~ambulance, air ambulance or agency's vehicle and verifies such a determination in a written report submitted on a form approved by the health division.]~~

5. A service or fire-fighting agency shall ensure that each of its attendants holds a ~~currently~~ valid license.

6. ~~[No]~~ *An* official entry made upon any license ~~[may]~~ **must not** be defaced, removed or obliterated. If any such defacement, removal or obliteration occurs on any portion of a license, ~~[it]~~ **the license** is void.

Sec. 16. NAC 450B.355 is hereby amended to read as follows:

450B.355 1. To be certified as a first responder, an applicant must ~~[be 18]~~ :

(a) Be 16 years of age or older ~~[and have]~~ ;

(b) Have successfully completed the national standard course for first responders or an equivalent curriculum approved by the health division ~~[]~~ ;

(c) Maintain a certificate to provide cardiopulmonary resuscitation issued by the American Heart Association or an equivalent certificate approved by the health division;

(d) Submit a statement indicating he has complied with the provisions of NRS 450B.183;
and

(e) Submit the appropriate form and the fee prescribed in NAC 450B.700.

2. The applicant shall submit verification to the health division, signed by the person responsible for conducting the training, that the applicant has successfully completed the course or curriculum ~~[]~~ *specified in paragraph (b) of subsection 1.*

3. Upon certification, a first responder may ~~[render]~~ :

(a) Provide services in rescue, first aid and cardiopulmonary resuscitation ~~[]~~ ; *and*

(b) Use an automatic or semi-automatic defibrillator to defibrillate a patient.

4. An initial certificate as a first responder is valid for not more than 2 years as determined by the health division and expires on the date appearing on the face of the certificate.

Sec. 17. NAC 450B.360 is hereby amended to read as follows:

450B.360 1. ~~[Except as otherwise provided in subsection 2, to]~~ *To* be certified as an emergency medical technician, an applicant must:

(a) Submit an application to the health ~~[authority which has jurisdiction where the applicant resides;]~~ *division on a form prepared by it;*

(b) Be 18 years of age or older;

(c) ~~[Have successfully completed]~~ *Successfully complete* the national standard course for emergency medical technicians developed by the United States Department of Transportation and approved by the health division;

(d) Be able to demonstrate proficiency in the oral and written expression of the English language; ~~[and]~~

(e) Pass a written examination *that is* prepared and administered by the health division ~~[~~
~~—2.—A health authority may issue a certificate as an emergency medical technician to a person who is at least 16 years of age but not more than 18 years of age if the health authority determines that the applicant is otherwise qualified for a certificate pursuant to this section.~~

~~—3.—An application for a certificate as an emergency medical technician must include, without limitation:~~

~~—(a) The applicant's name, date of birth, gender, residential address, telephone number and social security number;~~

~~—(b) A statement whether the applicant has been issued a certificate as an emergency medical technician and, if so, the name and location of each agency which issued the certificate and the period during which the certificate was in effect;~~

~~—(c) A statement whether the applicant's certificate as an emergency medical technician has been revoked or suspended;~~

~~—(d) A statement whether the applicant has been denied a certificate as an emergency medical technician; and~~

~~—(e) A statement signed by the applicant that the information contained in the application is true.~~

~~—4.] or approved by it;~~

(f) Submit evidence satisfactory to the health division of verification of his skills;

(g) Maintain a certificate to provide cardiopulmonary resuscitation issued by the American Heart Association or an equivalent certificate approved by the health division;

(h) Submit a statement indicating that he has complied with the provisions of NRS 450B.183; and

(i) Submit the appropriate form and the fee prescribed in NAC 450B.700.

2. The applicant must submit with his application verification that he has successfully completed the national standard course for emergency medical technicians developed by the United States Department of Transportation and approved by the health division. The verification must be signed by the physician of record who was responsible for the training.

Sec. 18. NAC 450B.363 is hereby amended to read as follows:

450B.363 1. The health division may issue a certificate as an emergency medical technician to an applicant trained in another state if ~~[the following requirements are met:]~~ :

(a) The applicant:

(1) Is ~~currently~~ a resident of Nevada;

(2) Will be a resident of Nevada within 6 months after applying for certification; or

(3) Is a resident of a state contiguous to Nevada and is employed by or an active volunteer with a service or fire-fighting agency in Nevada.

(b) The applicant submits the appropriate form and the fee prescribed in NAC 450B.700.

(c) The applicant:

(1) Has successfully completed training in a course approved by the appropriate authority in the other state, which course was at least equivalent to the national standard course for emergency medical technicians, and holds a valid certificate as an emergency medical technician issued by an authorized agency in the other state; or

(2) Holds a valid certificate as an emergency medical technician issued by the national registry for emergency medical technicians.

(d) The applicant's certification or registration in the other state has not been revoked, terminated or suspended pursuant to any disciplinary proceeding.

(e) The health division receives verification of his certificate as an emergency medical technician from the issuing agency of the other state on a form provided by the health division.

2. The health division may require the applicant to:

(a) Demonstrate his practical skills.

(b) Pass a written examination administered by the health division.

3. A certificate as an emergency medical technician issued pursuant to this section must be renewed in accordance with the provisions of NAC 450B.366.

Sec. 19. NAC 450B.366 is hereby amended to read as follows:

450B.366 1. A certificate as a first responder or an emergency medical technician expires on the date of expiration appearing on ~~[it,]~~ *the certificate* and , after the initial period , ~~[of effectiveness, a certificate]~~ expires biennially. The health division shall designate the date of expiration of each certificate.

2. Such a certificate ~~[is renewable]~~ *may be renewed* if:

(a) The health ~~[officer]~~ *division* determines that the holder of the certificate has, before the date of expiration, successfully completed:

(1) A course in continuing training which is equivalent to the national standard refresher course for first responders or emergency medical technicians and is approved by the health division; or

(2) Any other program of continuing education approved by the health division. Such a program may not be approved unless the ~~[attendance]~~ requirement for *attendance for that program for* a:

(I) First responder is at least 20 hours ~~[]~~ *for renewal of certification.*

(II) Emergency medical technician is at least 30 hours ~~[]~~ *for renewal of certification.*

(b) The holder submits, ~~[within the 3 months immediately]~~ before the date his certificate expires, an application evidencing that he has met the requirements as set forth in paragraph (a).

Sec. 20. NAC 450B.374 is hereby amended to read as follows:

450B.374 1. If an emergency medical technician or first responder is unable to attend an approved course for continuing training required for renewal of his certificate, or otherwise comply with the requirements for renewal, within the prescribed period, he ~~[may]~~ *must, if he wishes to renew his certificate,* submit a written request for a late renewal on a form provided by the health division.

2. To be granted a late renewal of his certificate, the applicant must:

- (a) Successfully meet all of the requirements for renewal;
- (b) Submit verification that he has met ~~[such requirements; and]~~

those requirements;

(c) For an emergency medical technician, pass a written ~~[and practical examination as approved]~~ *examination administered* by the health division ~~[;]~~; *and*

(d) Submit evidence satisfactory to the health division of verification of his skills.

3. The applicant for late renewal of a certificate must pay the fee required ~~[by]~~ *pursuant to* NAC 450B.700.

4. The health division shall deny an application for *a* late renewal if more than 3 years have elapsed from the date of the expiration of the certificate.

Sec. 21. NAC 450B.3745 is hereby amended to read as follows:

450B.3745 To be trained and certified as an intermediate emergency medical technician, an applicant must:

1. Possess a ~~[currently]~~ valid certificate as an emergency medical technician;

2. ~~[Have successfully completed]~~ *Successfully complete* the national standard course for intermediate emergency medical technicians or an equivalent curriculum approved by the health division;

3. Submit verification signed by the physician of record who was responsible for the training that the applicant has successfully completed the course or curriculum ~~[; and~~

~~—4. Possess or have applied for a license as an attendant.] specified in subsection 2;~~

4. Submit evidence satisfactory to the health division of verification of his skills;

5. Pass a written examination administered or approved by the health division; and

6. Maintain a certificate to provide cardiopulmonary resuscitation issued by the American Heart Association or an equivalent certificate approved by the health division.

Sec. 22. NAC 450B.375 is hereby amended to read as follows:

450B.375 1. If an intermediate emergency medical technician is unable to renew his certificate when required, he ~~[may]~~ *must, if he wishes to renew the certificate,* submit a request for a late renewal on a form provided by the health division.

2. ~~[If he holds a current license as an attendant issued]~~ *Upon approval* by the health division ~~[, upon:~~

~~—(a) Demonstrating his proficiency in practical skills to the medical director of a service or fire fighting agency;~~

~~—(b)]~~ *of a request for a late renewal, the applicant must submit evidence satisfactory to the health division of:*

(a) Successfully meeting all of the requirements for *the* renewal of a certificate as an emergency medical technician;

~~[(c) Verifying that he is or will be employed by or an active volunteer with a service or fire fighting agency that holds a current permit to operate at the level of intermediate emergency care; and~~

~~—(d)]~~ (b) *Verification of his skills;*

(c) *Receiving a score of not less than 80 percent on a written examination administered by the health division; and*

(d) Payment of the ~~[required fee,~~

~~late]~~ *appropriate fee prescribed in NAC 450B.700.*

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3. *Except as otherwise provided in subsection 4, a late* renewal may be authorized for the remainder of the new period of certification.

~~[3.]~~ 4. The health division shall deny an application for *a* late renewal if more than 3 years have elapsed from the date of the expiration of the certificate.

Sec. 23. NAC 450B.378 is hereby amended to read as follows:

450B.378 1. The health division may issue a certificate as an intermediate emergency medical technician to a person trained in another state if ~~[the following requirements are met:]~~ :

(a) The applicant:

(1) Is ~~[currently]~~ a resident of Nevada;

(2) Will be a resident of Nevada within 6 months after applying for certification; or

(3) Is a resident of a state contiguous to Nevada and is employed by or an active volunteer with a service or fire-fighting agency in Nevada that holds a ~~[current]~~ *valid* permit to operate at the level of intermediate emergency care.

(b) The applicant submits the appropriate form and the fee prescribed in NAC 450B.700.

(c) The applicant:

(1) Has successfully completed training in a course which was at least equivalent to the *national standard* course ~~[approved in Nevada]~~ *for intermediate emergency medical technicians* and holds a valid certificate as an intermediate emergency medical technician or an advanced medical technician issued by an authorized agency in the other state; or

(2) Holds a valid certificate as an intermediate emergency medical technician issued by the national registry for emergency medical technicians.

(d) The applicant's certification or registration in the other state has not been revoked, terminated or suspended pursuant to any disciplinary proceeding.

(e) The health division receives verification of his certificate as *an* intermediate emergency medical technician or advanced emergency medical technician from the issuing agency of the other state on a form provided by the health division.

(f) The applicant maintains a certificate to provide cardiopulmonary resuscitation issued by the American Heart Association or an equivalent certificate approved by the health division.

2. The health division may require the applicant to:

(a) ~~[Demonstrate his practical skills to the medical advisory board or the medical director of a service or fire-fighting agency.]~~ *Submit evidence satisfactory to the health division of verification of his skills by a qualified instructor who is approved by the health division; and*

(b) Pass a written examination administered by the health division.

3. A certificate as an intermediate emergency medical technician issued pursuant to this section must be renewed in accordance with the provisions of NAC 450B.380.

Sec. 24. NAC 450B.380 is hereby amended to read as follows:

450B.380 1. A certificate as an intermediate emergency medical technician expires on the date of expiration appearing on ~~[it,]~~ *the certificate* and , after the initial period , ~~[of effectiveness, a certificate]~~ expires biennially. The health division shall designate the date of expiration of each certificate.

2. ~~[A]~~ *To maintain his certification, a* certified intermediate emergency medical technician must ~~[undergo]~~ , *every 12 months, complete* at least one ~~[examination by the]~~ *verification of his skills conducted by:*

(a) *The* medical director of the service or fire-fighting agency ~~[every 12 months to verify retention of his skills in order to maintain his certification. The medical director may recommend revocation of certification at any time.] ; or~~

(b) *A qualified instructor approved by the health division.*

3. In ~~[making the examination]~~ *verifying the skills* of an intermediate emergency medical technician, the medical director *or qualified instructor* shall determine whether the intermediate emergency medical technician retains his skills in:

(a) Each technique for which certification has been issued; and

(b) The administration of approved medications,

FLUSH and enter that determination on a form provided by the health division. ~~[The medical director shall forward the form to the health division.]~~

4. To renew his certificate, an intermediate emergency medical technician must:

(a) Meet the requirements for renewal of his certificate as an emergency medical technician;

(b) ~~[Be employed by a service or fire-fighting agency or active in a volunteer service or fire-fighting agency which holds an endorsement authorizing its operation at the level of intermediate or advanced emergency care; and~~

~~—(c) Three months before]~~ *Before* his certificate expires, submit an application evidencing that he has met the requirements of this section ~~[.] ; and~~

(c) *Pay the appropriate fee prescribed in NAC 450B.700.*

Sec. 25. NAC 450B.383 is hereby amended to read as follows:

450B.383 1. An emergency medical technician may:

(a) Render services in rescue, first aid and cardiopulmonary resuscitation.

(b) Use an automatic external defibrillator or a semiautomatic external defibrillator to defibrillate a patient.

(c) ~~Apply a pneumatic antishock garment:~~

~~— (1) As] If he is licensed as an attendant [for a service or fire-fighting agency; and~~
~~— (2) In], provide care for a sick or injured person at the scene of an emergency or during transportation of the person in accordance with [procedures established by the medical director of the service or fire-fighting agency.] written medical protocols approved by the health division.~~

2. As used in this section:

(a) “Automatic external defibrillator” means a device that is capable of the automatic analysis of heart rhythm and that will charge and deliver an electrical countershock after electronically detecting the presence of ventricular fibrillation or rapid ventricular tachycardia.

(b) “Semiautomatic external defibrillator” means a device that is capable of electronically detecting ventricular fibrillation and rapid ventricular tachycardia, but which requires a command by the operator to deliver an electrical countershock.

Sec. 26. NAC 450B.385 is hereby amended to read as follows:

450B.385 An intermediate emergency medical technician may, in addition to the authorized activities of an emergency medical technician:

1. During training ~~is~~ *received in a clinical setting*, perform venipuncture and intraosseous infusion, administer parenteral medications and perform esophageal or endotracheal intubation under the supervision of a physician or registered nurse supervised by a physician.

2. ~~Under] If he is licensed as an attendant, under~~ the supervision of a physician or a registered nurse supervised by a physician, or under such prescribed conditions as set forth by

the medical director pursuant to written ~~[standing orders]~~ *protocols* of the service or fire-fighting agency, *and in accordance with any written medical protocols approved by the health division*, perform such procedures and administer such medications as are approved by the ~~[health officer]~~ *board* and recommended by the medical director of the service or fire-fighting agency . ~~[, which may include, but are not limited to:~~

- ~~—(a) Performing venipuncture and intra-osseous infusion for the administration of intravenous therapy and the maintenance of intravenous therapy initiated by other authorized persons;~~
- ~~—(b) Performing esophageal or endotracheal intubation; and~~
- ~~—(c) Administering 50 percent dextrose, naloxone and intravenous solutions other than blood or blood products.]~~

Sec. 27. NAC 450B.390 is hereby amended to read as follows:

450B.390 1. The following are the circumstances and conditions under which the special procedures of venipuncture, management of airways, administration of medication and performance of intraosseous infusion must be documented by a licensed attendant who is an intermediate emergency medical technician:

(a) Any oral order from the physician, or a registered nurse acting on the authority of a physician, authorizing the attendant to perform one of ~~[these]~~ *the* procedures must originate from an emergency department of a hospital or any other site designated by the health division and must be recorded on magnetic tape ~~[.]~~ *or digital disc.*

(b) Each tape *or digital* recording of a physician's oral orders to an attendant concerning ~~[these]~~ *the* procedures must be retained by the hospital or the facility issuing the medical directions , *or the regional dispatch center*, for at least ~~[5 years]~~ *90 days* after the recording is made.

(c) The attendant shall enter the physician's oral order or circumstances under which the emergency medical technician performed pursuant to a written order or protocol on the report of emergency care.

(d) The entry on the report of emergency care must be countersigned by the physician receiving the patient unless the intermediate emergency medical technician was performing pursuant to a written order or protocol.

2. The fluids, tubing and needles used for venipuncture, equipment for the management of airways and the other supplies and medications needed to support the special procedures performed by the authorized attendants must not be carried or stored in any vehicle other than an ambulance or agency's vehicle operated under a permit. The special procedures may be performed only when the attendant is functioning as part of the ambulance's team or as an attendant of a fire-fighting agency at the scene of an emergency.

3. A person may perform one of the special procedures only if he is:

(a) A licensed attendant ~~and~~ *who is licensed as* an intermediate emergency medical technician ; ~~for a registered nurse who is actively employed by or a volunteer with a service or fire fighting agency that holds a current permit to operate at the level of intermediate emergency care;~~ and

(b) Authorized for the procedure by the medical director of the service or fire-fighting agency . ~~for the medical advisory board of the service that provides intermediate emergency care.~~

4. The health division shall suspend the license and certificate of any person who performs one of ~~these~~ *the* procedures without ~~proper~~ authorization or not in accordance with this section.

Sec. 28. NAC 450B.400 is hereby amended to read as follows:

450B.400 To be certified as an advanced emergency medical technician, an applicant must:

1. ~~[Have successfully completed]~~ *Be 18 years or older;*
2. *Successfully complete* the national standard course for advanced emergency medical technicians or an equivalent curriculum approved by the health division;
- ~~[2.]~~ 3. Submit verification , signed by the physician of record who was responsible for the training , that he has successfully completed the course or curriculum ~~[; and~~
~~—3. Possess or have applied for a license as an attendant.]~~ *specified in subsection 2;*
4. *Submit evidence satisfactory to the health division of verification of his skills;*
5. *Receive a score of not less than 70 percent on a written examination administered by the health division;*
6. *Maintain a certificate to provide advanced cardiac life support issued in accordance with the requirements of the American Heart Association or an equivalent organization approved by the health division;*
7. *Submit a statement indicating that he has complied with the provisions of NRS 450B.183; and*
8. *Submit the appropriate form and the fee prescribed in NAC 450B.700.*

Sec. 29. NAC 450B.410 is hereby amended to read as follows:

450B.410 1. The health division may issue a certificate for an advanced emergency medical technician to a person trained in another state if:

(a) The applicant:

- (1) Is a resident of Nevada on the date of the application;
- (2) Will be a resident of Nevada within 6 months after applying for certification; or

(3) Is a resident of a state contiguous to Nevada and is employed by or an active volunteer with a service or fire-fighting agency in Nevada that holds a ~~current~~ **valid** permit to operate at the level of advanced emergency care;

(b) The applicant submits the appropriate form and the fee prescribed in NAC 450B.700;

(c) The applicant:

(1) Has successfully completed training in a course which was at least equivalent to the national standard course for emergency medical technicians-paramedic ~~and~~ **and holds a certificate as an emergency medical technician-paramedic issued by an authorized agency in the other state;** or

(2) Is certified by the national registry of emergency medical technicians as a paramedic;

(d) The applicant's certification or registration in the other state has not been revoked, terminated or suspended pursuant to any disciplinary proceeding; ~~and~~

(e) The health division receives verification of his certification as an advanced emergency medical technician from the issuing agency of the other state on a form provided by the health division ~~and~~; **and**

(f) The applicant maintains a certificate to provide advanced cardiac life support issued in accordance with the requirements of the American Heart Association or a similar organization approved by the health division.

2. The health division ~~may~~ **shall** require the applicant to:

(a) ~~Demonstrate his practical skills to the medical advisory board or the~~ **Submit evidence satisfactory to the health division of verification of his skills by:**

(1) A qualified instructor approved by the health division; or

(2) The medical director of the service or fire-fighting agency.

(b) Pass a written examination in procedures for advanced emergency care administered by the health division.

3. A certificate as an advanced emergency medical technician issued pursuant to this section must be renewed in accordance with the provisions of NAC 450B.420.

Sec. 30. NAC 450B.420 is hereby amended to read as follows:

450B.420 1. A certificate as an advanced emergency medical technician expires on the date of expiration appearing on ~~[it,]~~ *the certificate* and , after the initial period , ~~[of effectiveness, a certificate]~~ expires biennially. The health division shall designate the date of expiration of each certificate.

2. ~~[A]~~ *To maintain his certification, a* certified advanced emergency medical technician must ~~[undergo]~~ , *every 12 months, complete* at least one examination by ~~[the]~~ :

(a) *The* medical director of the service or fire-fighting agency ~~[every 12 months to verify retention of his skills in order to maintain his certification. The medical director may recommend revocation of certification at any time.] ; or~~

(b) *A qualified instructor approved by the health division.*

3. In making the examination of an advanced emergency medical technician, the medical director *or qualified instructor* shall determine whether the advanced emergency medical technician retained his skills:

(a) For which certification has been issued; and

(b) In the administration of approved medications,

and enter that determination on a form provided by the health division. ~~[The medical director shall forward the form to the health division.]~~

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4. To ~~[obtain a renewal of]~~ *renew* his certificate, the advanced emergency medical technician must:

(a) Successfully complete the national standard course of training equivalent to a refresher course for advanced emergency medical technicians-paramedic or 40 hours of continuing education or training approved by the ~~[medical director of the service or fire fighting agency;]~~ *health division;*

(b) Submit verification that he has successfully completed such a curriculum;

(c) ~~[Be employed by a service or fire fighting agency or active in a volunteer service or fire fighting agency which holds an endorsement authorizing its operation at the level of advanced emergency care;~~

~~—(d)]~~ Provide proof of ~~[current]~~ certification in advanced cardiac life support; ~~[and~~

~~—(e) Three months before]~~

(d) Before his certificate expires, submit an application evidencing that he has met the requirements of this section ~~[]~~; *and*

(e) Pay the appropriate fee prescribed NAC 450B.700.

Sec. 31. NAC 450B.425 is hereby amended to read as follows:

450B.425 1. If an advanced emergency medical technician is unable to renew his certificate when required, he ~~[may]~~ *must, if he wishes to renew the certificate,* submit a request for a late renewal on a form provided by the health division.

2. ~~[If he holds a current license as an attendant issued]~~ *Upon approval* by the health division ~~[, upon:~~

~~—(a) Demonstrating his practical skills to the medical advisory board or to the medical director of the service or fire fighting agency;~~

~~—(b)~~ *of a request for a late renewal, the applicant must submit evidence satisfactory to the health division of:*

(a) Successfully meeting all ~~{o}~~ the requirements for *the* renewal of a certificate as an advanced emergency medical technician;

~~{c} Verifying that he is or will be employed by or an active volunteer with a service or fire fighting agency that holds a current permit at the level of advanced emergency care;~~

~~—(d) Submitting documentation on a form provided by the health division of successfully completing 40 hours of continuing medical education and training within the 2 years immediately preceding the date of application for late renewal and such course or courses are approved}~~

(b) Verification of his skills;

(c) Receiving a score not less than 80 percent on a written examination administered by the health division;

~~{e} Providing proof of current certification in advanced cardiac life support; and~~

~~—(f) and~~

(d) Payment of the {required fee,

~~late}~~ *appropriate fee prescribed in NAC 450B.700.*

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3. Except as otherwise provided in subsection 4, a late renewal may be authorized for the remainder of the new period of certification.

~~{3}~~ *4.* The health division shall deny an application for *a* late renewal if more than 3 years have elapsed from the date of the expiration of the certificate.

Sec. 32. NAC 450B.440 is hereby amended to read as follows:

450B.440 ~~[H]~~ A program of training in the State of Nevada for advanced emergency medical technicians must be at least equivalent to the national standard course for emergency medical technicians-paramedic. The program must be supervised by a physician but may be coordinated by a registered nurse ~~[H]~~ *or an advanced emergency medical technician with an endorsement as an instructor.* The faculty must be composed of appropriate professional, academic and technical instructors. The program must be approved by the health division and ~~[sponsored by:~~

~~—(a) A hospital licensed by the health division; or~~

~~—(b) A] be:~~

1. Licensed by the commission on postsecondary education to conduct a program of training in emergency medical services; or

2. Conducted by a community college or a university, accredited by the department of education, in conjunction with a hospital licensed by the health division.

~~[2.—Upon a person’s successful completion of a course or courses equivalent to the national standard course, as certified by the health officer, the health division shall issue a temporary authorization for him to function in training as a probationary advanced emergency medical technician during a period of evaluation of not more than 6 months. The health division may, upon request, extend the evaluation for a period not to exceed 12 months.~~

~~—3.—A person authorized to function as a probationary emergency medical technician may also apply to the health division for a license as an attendant. Such a license may be valid only during the period of training.~~

~~—4.—On verification of the person’s successful completion of this period of evaluation by the supervising physician or medical director of the service or fire fighting agency, the health~~

~~division shall issue him a certificate as an advanced emergency medical technician. This certificate is valid until the date of expiration appearing on it and is renewable biennially thereafter.]~~

Sec. 33. NAC 450B.443 is hereby amended to read as follows:

450B.443 Each holder of a certificate as an advanced emergency medical technician must ~~receive~~ :

1. *Receive* at least 40 hours of training ~~each year~~ in courses approved by the ~~board to maintain his certification, and is~~ *health division for the renewal of his certificate; and*

2. *Is* subject to reexamination every 2 years by the health division.

Sec. 34. NAC 450B.447 is hereby amended to read as follows:

450B.447 1. An advanced emergency medical technician *who is licensed* may, in addition to the authorized activities of an intermediate emergency medical technician:

(a) During training ~~is~~ *received in a clinical setting*, administer medications and perform any other authorized activity under the direct supervision of a physician or a registered nurse supervised by a physician.

(b) Perform cardiopulmonary resuscitation and defibrillation using a manual defibrillator. ~~in a pulseless, nonbreathing patient.]~~

(c) Monitor and treat cardiac arrhythmias.

(d) Under the direct supervision of a physician or a registered nurse supervised by a physician, or under such prescribed conditions as are set forth by the medical director pursuant to written ~~standing orders~~ *protocols* of the service or fire-fighting agency, perform such procedures and administer such medications as are approved by the board and recommended by the medical ~~advisory board or the medical~~ director of the service or fire-fighting agency ~~is~~ *in*

accordance with written protocols approved by the health division, which may include, but are not limited to:

- (1) Administering intravenous solutions other than blood or blood products.
- (2) Performing gastric suction.
- (3) Performing needle cricothyroidotomy.
- (4) Performing a needle aspiration of the chest.
- (5) Drawing blood specimens for medical analysis.
- (6) Administering additional medications for acute and chronic conditions.

2. Any oral order from a physician or registered nurse acting on the authority of a physician to the advanced emergency medical technician to perform one of ~~these~~ *the* procedures must originate from an emergency room department of a hospital or any other site designated by the health division and must be recorded on magnetic tape ~~or~~ *or digital disc*.

3. Each tape *or digital* recording of a physician's oral orders to an advanced emergency medical technician concerning ~~these~~ *the* procedures must be retained by the hospital or the facility issuing the medical directions , *or the regional dispatch center*, for at least ~~5 years~~ *90 days* after the recording is made.

4. The advanced emergency medical technician shall enter the physician's oral order on the report of emergency care . ~~and that~~ *The* entry must be countersigned by the physician receiving the patient ~~or~~ *unless the advanced emergency medical technician performed the procedure pursuant to a written order of the physician or a written protocol of the hospital*.

Sec. 35. NAC 450B.450 is hereby amended to read as follows:

450B.450 1. Any hospital, service or fire-fighting agency which meets the minimum requirements established by the board in NAC 450B.461 to 450B.481, inclusive, may use

licensed attendants who are advanced emergency medical technicians ~~for the rendering of~~ *to provide* emergency care to the sick and injured:

- (a) At the scene of an emergency and during transport to a hospital;
- (b) During transfer of a patient from a hospital to another medical facility or other location;

and

(c) While in an emergency department of a hospital until responsibility for care is assumed by the regular staff of the hospital.

2. Any service or fire-fighting agency ~~utilizing~~ *using* advanced emergency medical technicians must provide the supplies and equipment listed in ~~NAC 450B.560 for the care of the sick and injured.~~ *a written inventory prepared for that purpose by the health division and approved by the board.*

3. When an ambulance providing advanced emergency care is in operation, it must be staffed by:

- (a) Two licensed attendants who are advanced emergency medical technicians;
- (b) One licensed attendant who is an advanced emergency medical technician and one licensed attendant who is a certified emergency medical technician;

(c) A registered nurse and a licensed attendant who is a certified emergency medical technician; or

(d) Two licensed attendants, one of whom is an advanced emergency medical technician and one of whom is an intermediate emergency medical technician.

4. When an air ambulance providing advanced emergency care is in operation, it must be staffed by at least one ~~licensed air attendant who is an advanced emergency medical technician or one~~ *physician or* registered nurse.

5. When an agency vehicle providing advanced emergency care is in operation to provide care at the scene of an emergency, it must be staffed by at least one licensed attendant who is an advanced emergency medical technician.

Sec. 36. NAC 450B.461 is hereby amended to read as follows:

450B.461 1. No advanced emergency medical technician may administer any controlled substance as defined in chapter 453 of NRS to a patient while serving as an attendant in a service or fire-fighting agency unless ~~it~~

~~—(a) The~~ *the* controlled substance is named on the inventory of medication issued by the medical director of the service or fire-fighting agency ~~;~~ ~~and~~

~~—(b)~~ *and:*

(a) An order ~~[was]~~ *is* given to the advanced emergency medical technician by a physician or a registered nurse supervised by a physician ~~;~~ *or*

(b) The advanced emergency medical technician is authorized to administer the controlled substance pursuant to a written protocol that is approved by the health division.

2. No intermediate emergency medical technician or advanced emergency medical technician may administer any dangerous drug ~~[as defined in NRS 454.201]~~ while serving as an attendant in a service or fire-fighting agency unless ~~it~~

~~—(a) The~~ *the* dangerous drug is named on the inventory of medication issued by the medical director of the service or fire-fighting agency ~~;~~ ~~and~~

~~—(b)~~ *and:*

(a) An order ~~[was]~~ *is* given to the intermediate emergency medical technician or advanced emergency medical technician by a physician or a registered nurse supervised by a physician ~~;~~ *or*

(b) The intermediate emergency medical technician or advanced emergency medical technician is authorized to administer the drug pursuant to a written protocol that is approved by the health division.

3. A basic emergency medical technician shall not administer or assist in administering any dangerous drug.

4. As used in this section, “dangerous drug” has the meaning ascribed to it in NRS 454.201.

Sec. 37. NAC 450B.465 is hereby amended to read as follows:

450B.465 1. Each dangerous drug and controlled substance used by a service or fire-fighting agency must be stored:

(a) In its original container and each original container must bear a securely attached label which is legibly marked; and

(b) Under appropriately controlled climatic conditions.

2. In addition to the requirements set forth in subsection 1, each controlled substance must be:

(a) Stored in a locked cabinet in the ambulance, air ambulance or agency’s vehicle; or

(b) Under the direct *physical* control of an advanced emergency medical technician or a registered nurse.

3. When a controlled substance is not being used, it must be secured, ~~along~~ *together* with the record for that controlled substance, in a manner approved by the medical director of the service or fire-fighting agency.

Sec. 38. NAC 450B.471 is hereby amended to read as follows:

450B.471 1. Each time an advanced emergency medical technician or registered nurse administers a controlled substance or an intermediate emergency medical technician, advanced emergency medical technician or registered nurse administers a dangerous drug, an entry must be made on the report of emergency care. The entry must contain:

- (a) The name of the medication administered;
- (b) The dose of the medication administered;
- (c) The route of administration;
- (d) The date and time of administration;
- (e) The name of the physician ordering the medication;
- (f) The signature or initials of the person who administered the medication ~~[:]~~ *and the emergency medical services number of that person;*
- (g) If a registered nurse administered the medication, the emergency medical services number or license number of that nurse; and
- (h) The signature of the receiving physician or, if operating pursuant to written standing orders, the name of the medical director of the service or fire-fighting agency.

2. If the entire amount of a unit dose of a controlled substance is not used when it is administered to a patient, the unused portion of that unit dose must be discarded. The discarding of the unused portion of the unit dose must be:

- (a) Verified by a witness, who shall sign a statement indicating the unused portion was discarded; and
- (b) Noted in the record for controlled substances.

3. If any error is made in administering a medication or the patient has an unusual reaction to a medication, the intermediate emergency medical technician, advanced emergency medical

technician or registered nurse who administered the medication shall immediately report the error or reaction to the receiving physician, and when applicable, to the physician who ordered the medication. The error or adverse reaction must be entered on the report of emergency care.

Sec. 39. NAC 450B.505 is hereby amended to read as follows:

450B.505 1. Each service or fire-fighting agency providing emergency care must:

(a) Apply for and receive a permit from the health division; and

(b) Have a medical director who is responsible for developing, carrying out and evaluating standards for the provision of emergency care by the service or fire-fighting agency.

2. The medical director of a service or fire-fighting agency shall:

(a) Establish medical standards which:

(1) Are consistent with standards approved by the board;

(2) Are equal to or more restrictive than the standards of the state emergency medical system; and

(3) Must be approved by the health division or a physician ~~currently~~ active in providing emergency care who is designated by the health division to review and make recommendations to the health division.

(b) Direct the emergency care provided by any ~~certified person~~ *licensed attendant* who is actively employed by or a volunteer with the service or fire-fighting agency.

3. The appointment of a medical director must be approved by the health division or a physician with experience in emergency care who is designated by the health division to approve ~~such~~ *those* appointments. The medical director must:

(a) Be a physician;

- (b) Have experience in and current knowledge of the emergency care of patients who are acutely ill or injured;
- (c) Have knowledge of and access to local plans for responding to emergencies;
- (d) Be familiar with the operations of a base hospital, including communication with, and direction of, personnel who provide emergency care;
- (e) Be actively involved in the training of personnel who provide emergency care;
- (f) Be actively involved in the audit, review and critique of emergency care provided by personnel;
- (g) Have knowledge of administrative and legislative processes affecting local, regional and state systems that provide emergency medical services;
- (h) Have knowledge of laws and regulations affecting local, regional and state systems that provide emergency medical services; and
- (i) Have knowledge of procedures and treatment for advanced cardiac and trauma life support.

4. A medical director of a service or fire-fighting agency may:

- (a) In consultation with appropriate specialists and consistent with the protocols of regional and statewide systems, establish medical protocols and policies for the service or fire-fighting agency;
- (b) Recommend to the health division the ~~certification or~~ revocation of ~~certification~~ *licensure* of personnel who provide emergency care;
- (c) Approve educational requirements and proficiency levels for instructors and personnel of the service or fire-fighting agency;

(d) Approve educational programs within the service that are consistent with accepted local, regional and state medical practice;

(e) Suspend an emergency medical technician within that service or fire-fighting agency pending review and evaluation by the health division;

(f) Establish medical standards for dispatch procedures to ensure that the appropriate response units are dispatched to the scene of a medical emergency when requested;

(g) Establish criteria and procedures to be used when a patient refuses transportation;

(h) Establish medical criteria for the level of care and type of transportation to be used for emergency care;

(i) Establish standing orders and procedures and the criteria under which the providers of emergency care may operate before initiating contact with a physician at a base station; and

(j) Conduct an audit to ensure the quality of the medical system of the service or fire-fighting agency in conjunction with the activities of the designated base hospital or health facility.

5. The medical director of the service or fire-fighting agency may delegate his duties to any other qualified physician.

6. If a medical director of a service or fire-fighting agency wishes to resign, he:

(a) Shall provide written notification of his intentions to the health division and the service or fire-fighting agency not less than 30 days before the effective date of his resignation; and

(b) May provide recommendations for an interim replacement.

7. If the medical director of a service or fire-fighting agency is unable to carry out his responsibilities, he shall designate an alternate physician to assume the duties of the medical director.

Sec. 40. NAC 450B.510 is hereby amended to read as follows:

450B.510 1. Within 30 days after receipt of an application to operate a service or a fire-fighting agency, including a voluntary service or agency, the health division shall:

(a) Have an investigation made of the applicant, his proposed service or agency and the information contained in his application; and

(b) Upon completion of the investigation, issue a permit authorizing him to operate the service or agency or a written rejection of his application on any ground set forth in NAC 450B.520, setting forth the reasons for the rejections and notifying the applicant of his right to appeal pursuant to NAC 439.300 to 439.395, inclusive.

2. An applicant for a permit to operate a service or a fire-fighting agency must submit the following information:

(a) The name and address of the owner of each unit or vehicle to be used in providing the service.

(b) A description of each vehicle to be used in providing the service, including the manufacturer, model, year, serial number, color and identifying marks of those vehicles.

(c) The base location of each unit or vehicle.

(d) A list of the names of attendants staffing each vehicle.

(e) A schedule of *the* proposed fees to be charged patients for:

(1) Response and transportation;

(2) Administering medication, oxygen or other such treatment;

(3) Using an electrocardiograph monitor or defibrillator; and

(4) Any other supplies, equipment and procedures provided by the service or fire-fighting agency.

(f) Except as otherwise provided in paragraph (h), the name, address and one set of fingerprints of the person designated by the applicant to manage the operations of the service or fire-fighting agency providing emergency care.

(g) The name, address and one set of fingerprints of the applicant.

(h) In the case of a service, if the applicant is a corporation, partnership or sole proprietor engaged in the business to provide ambulance services of any type:

(1) The names and addresses of all the corporate directors and officers or the partners or the sole proprietor and the managing agents and all their businesses. Each person so listed is, for the purposes of this section, an applicant.

(2) A statement of the applicant's financial worth.

(i) If the application is ~~being made~~ for a permit to operate a volunteer service, proof of the applicant's volunteer status verified by the local board of county commissioners.

(j) In the case of a fire-fighting agency, if the applicant does not operate a service, a list of services which will take control of a patient at the scene of a medical emergency and provide transportation for the patient.

3. The health division shall not issue an original permit to operate a service or a fire-fighting agency unless:

(a) All the information required by subsection 2 is contained in the application;

(b) The health division is satisfied that all of the applicant's attendants who will operate or serve any vehicle or aircraft pursuant to the permit are licensed ~~and certified~~ or in the process of being licensed ~~and certified~~ in the appropriate category; and

(c) The service or fire-fighting agency has appointed a medical director as required by NAC 450B.505.

4. The same requirements, limitations, terms and conditions applicable to the issuance of an initial permit apply to the renewal of a permit.

Sec. 41. NAC 450B.526 is hereby amended to read as follows:

450B.526 The health division shall prescribe forms for an operator's use in applying for an endorsement to operate a service or fire-fighting agency at the level of intermediate or advanced emergency care. The following information must be ~~provided on~~ *included in* the application:

1. The name and address of the applicant's service or fire-fighting agency.
2. The name and signature of the medical director of the service or fire-fighting agency.
3. ~~[If a service, the name of each hospital to which patients will be delivered and the signature of]~~ *A copy of the written agreement between the service or fire-fighting agency and a hospital, signed by* an authorized representative of ~~[each hospital which agrees to furnish the equipment, medications, supplies and services described in NAC 450B.578.~~
~~—4.— The name and qualifications of each attendant or registered nurse, including a copy of the license of each registered nurse.]~~ *the hospital, pursuant to which the hospital agrees to:*
 - (a) *Provide 24-hour communication between a physician and a provider of emergency care for the service or fire-fighting agency; and*
 - (b) *Require each physician who provides medical instructions to the provider of emergency care to know:*
 - (1) *The procedures and protocols for treatment established by the medical director of the service or fire-fighting agency;*
 - (2) *The emergency care required for treating an acutely ill or injured patient;*
 - (3) *The ability of the providers of emergency care to provide that care; and*

(4) The policies of any local or regional emergency medical service for providing emergency care and the protocols for referring a patient with trauma to the hospital.

4. A copy of the protocols of the service or fire-fighting agency for each level of emergency care provided by the service or fire-fighting agency that are approved by the medical director of the service or fire-fighting agency and the health division.

5. A list of equipment and supplies, including specific medications and intravenous fluids, proposed for use.

6. A description of the systems to be used for:

(a) Keeping records; and

(b) An audit of the performance of the service or fire-fighting agency by the medical director.

7. A copy of the requirements of the service or fire-fighting agency for testing each level of licensure, including the requirements for knowledge of the protocols of the service or fire-fighting agency for verification of the skills of each attendant for the specified level of licensure, if those requirements are different from the requirements of the health division for testing the attendant.

Sec. 42. NAC 450B.529 is hereby amended to read as follows:

450B.529 ~~[(1)]~~ After receiving an application for an endorsement to operate a service or fire-fighting agency at the level of intermediate or advanced care, *or both*, the health division shall, within 30 days after the receipt:

~~[(a)]~~ **1.** Have an investigation made of the applicant's proposed operations and the information contained in his application; and

~~[(b)]~~ **2.** Upon completion of the investigation, issue an endorsement authorizing the requested level of operations or a written rejection of the application on any ground prescribed in

this chapter, setting forth the reasons for the rejection and notifying the applicant of his right to appeal pursuant to NAC 439.300 to 439.395, inclusive.

~~[2.—A volunteer service operating ambulances which has attendants certified as intermediate emergency medical technicians or advanced emergency medical technicians or uses registered nurses and which has not applied for endorsement at the level of intermediate or advanced emergency care is allowed 12 months after the attendants are certified to obtain the endorsement.]~~

Sec. 43. NAC 450B.535 is hereby amended to read as follows:

450B.535 The operator of a service or fire-fighting agency may apply for an endorsement to operate ~~[individual ambulances or vehicles]~~ *the service or fire-fighting agency* at specified levels of basic, intermediate or advanced emergency care ~~[]~~, *or any combination thereof.*

Sec. 44. NAC 450B.540 is hereby amended to read as follows:

450B.540 1. The holder of a permit or provisional permit must display it prominently in his principal place of business.

2. If an official entry on any permit is altered, defaced or obliterated, the permit immediately becomes void.

3. ~~[No]~~ A permit is *not* transferable. *For the purpose of this subsection, if a permit is issued to a corporation or other business entity, a transfer of 50 percent or more of the voting shares or equitable ownership of the corporation or business entity shall be deemed a transfer of the permit.*

Sec. 45. NAC 450B.550 is hereby amended to read as follows:

450B.550 1. Each ambulance placed in service after August 1, 1991, must contain at least 300 cubic feet (*8.5 cubic meters*) of space and meet the following requirements:

(a) Have at least ~~[45]~~ **60** inches (**152 centimeters**) of headroom above the level of the primary gurney.

(b) Provide a combined total of at least ~~[30]~~ **35** cubic feet (**1 cubic meter**) of enclosed cabinets for storage, compartments and shelves conveniently located for medical supplies and equipment and installed systems as applicable for the level of service intended.

(c) Provide 40 candlepower of interior lighting at the patient's level in the patient's compartment. The lighting must be located so that no glare is directed to the driver's compartment or his line of vision while the vehicle is in motion. The lighting must be shielded with a shatterproof covering which does not reduce the illumination.

(d) Have a bulkhead partition separating the ~~[patients's]~~ **patient's** compartment and the driver's compartment, with a sliding transparent panel in the bulkhead or a system of intercommunication for the driver and attendant.

(e) Provide an adequate seat, equipped with a backrest and a safety belt secured to the floor or bulkhead at the head of the space for the gurney, from which position the attendant may observe the patient and the instruments which indicate his condition during transport.

(f) Contain a squad bench at least 22 inches (**56 centimeters**) wide and 72 inches (**183 centimeters**) long, with a padded top which is covered in material impervious to moisture, is easily sanitized and may be hinged at the sidewall for access to storage.

(g) Have the squad bench equipped with at least three safety belts for use when transporting patients who are ambulatory or able to sit up.

(h) Provide a clear walkway of not less than ~~[12]~~ **18** inches (**46 centimeters**) between the gurney and the squad bench ~~[]~~ **and at least 25 inches (64 centimeters) of kneeling space along the side of the primary gurney to allow the attendant to administer care to a patient.**

(i) Provide a system of heating and air conditioning in both the driver's and patient's compartments which is adequate to maintain comfortable levels of temperature and clean air inside these compartments.

(j) Have shatterproof glass wherever glass is used in the interior of the patient's compartment.

(k) Be designed so that the interior of the patient's compartment is free of any exposed sharp edges or projections. All the interior finish of the patient's compartment must be of material that is impervious to soap and water, disinfectant and mildew and the finish must be fire resistant.

(l) Have at least one wheeled gurney or stretcher with ~~two~~ *three* or more straps with which to secure the patient. *The head of the gurney must be equipped with restraints for the upper torso that are placed over the shoulders of the patient.*

(m) Have gurney fasteners which are secured to the floor or sidewall of the patient's compartment. They must be capable of quick release, adjustable and stable.

(n) Have all the medical equipment and supplies in the patient's compartment placed in closed storage or otherwise secured.

(o) Have a source of power adequate to operate simultaneously all systems for heating, air conditioning, radio communications, interior lighting and devices for audible or visual warnings while the vehicle is in motion.

(p) Have built-in suction apparatus for use in maintaining the patient's airway.

(q) Have built-in equipment for supplying and administering oxygen with a minimum of 122 cubic feet (*3.5 cubic meters*) of storage area for oxygen.

2. The equipment for extrication and the rescue litters must be stored in a secure manner in the patient's compartment or in the outer walls of the vehicle.

3. Automotive equipment, such as spare tires and tire chains, may be:

(a) Placed in the patient's compartment if the equipment is in an area of closed storage which is easily accessible without removal of the patient; or

(b) Stored in the outer wall if the equipment is protected from the weather and is easily accessible.

4. An ambulance must have space for storing medical supplies and equipment applicable to the level of service of endorsement.

5. In lieu of having the design and equipment required by subsections 1, 2 and 3, an ambulance may be configured to meet the standards established by the United States Department of Transportation in its specifications designated Docket KKK-A-1822 ~~[C dated January 1, 1990. These specifications]~~ *D dated November 1, 1994, which* are *hereby* adopted by reference. A copy of ~~[these]~~ *those* specifications may be ~~[purchased]~~ *obtained free of charge* from General Services Administration, ~~[Specifications and Consumer Information Distributions Section, (WFSIS) Washington Navy Yard, Building 197,]~~ *Federal Supply Service Bureau, Specifications Section, Suite 8100, 470 East L'Enfant Plaza, S.W.,* Washington D.C. 20407 . ~~[for \$1.75.]~~

6. Any ambulance which was in service on or before August 1, 1991, is not subject to the requirements set forth in subsections 1, 2 and 3.

Sec. 46. NAC 450B.560 is hereby amended to read as follows:

450B.560 ~~[1.—All of the following equipment, or similar items as approved]~~ *Each ambulance or agency's vehicle must, during any period in which the ambulance or agency's vehicle is used to provide emergency medical care, carry the equipment and supplies specified*

for the ambulance or agency's vehicle set forth in a written inventory that is prepared by the health division ~~[, must be carried in an ambulance, air ambulance or agency's vehicle:~~

- ~~—(a) Portable apparatus for suction with wide bore tubing and rigid pharyngeal suction tip with assorted sizes of sterile suction catheters.~~
- ~~—(b) A bag valve mask unit with an oxygen reservoir operated by hand with clear masks in sizes for adults, children and infants. The unit must be capable of use with an oxygen supply.~~
- ~~—(c) Oropharyngeal airways in sizes for adults, children and infants.~~
- ~~—(d) Portable equipment for supplying and administering oxygen with adequate tubing and semiopen, valveless, transparent masks in sizes for adults, children and infants.~~
- ~~—(e) Nonrebreathing clear oxygen masks in sizes for adults and children.~~
- ~~—(f) Bite sticks, either commercial or made of three tongue blades taped together and padded.~~
- ~~—(g) Sterile pressure pads, either abdominal or universal trauma dressings.~~
- ~~—(h) Sterile gauze pads.~~
- ~~—(i) Soft roller, self-adhering bandages.~~
- ~~—(j) Nasal cannulas.~~
- ~~—(k) Naso-pharyngeal airways with water soluble lubricant in sizes for adults and children.~~
- ~~—(l) Rolls of tape in assorted sizes.~~
- ~~—(m) Traction splints for lower extremities, in sizes for adults and children.~~
- ~~—(n) Devices used to splint fractures of the extremities approved by the health division.~~
- ~~—(o) Bandage scissors used for cutting bandages and other materials.~~
- ~~—(p) A stethoscope and sphygmomanometer with a cuff in sizes for adults and children.~~
- ~~—(q) Sheets for covering burns of the body.~~

~~—(r) A sterile obstetrical kit, or other similar product that is commercially produced, containing at least:~~

~~—(1) Four towels or surgical drapes;~~

~~—(2) Sterile dressings which are 4 inches by 4 inches;~~

~~—(3) Two sterile perineal pads;~~

~~—(4) Tape, clamps and a scalpel to tie and cut the umbilical cord;~~

~~—(5) A bulb syringe for suctioning the baby's mouth;~~

~~—(6) Sterile gloves; and~~

~~—(7) An infant blanket.~~

~~—(s) A kit for the treatment of systemic poisoning, including activated charcoal and syrup of Ipecac.~~

~~—(t) Potable water.~~

~~—(u) Supplies for stabilizing the head and neck, as approved by the medical director of the service or fire-fighting agency.~~

~~—(v) A flashlight.~~

~~—(w) A fully charged ABC fire extinguisher which is not less than 5 pounds.~~

~~—(x) A pneumatic antishock garment.~~

~~—2. In addition to the basic items listed in subsection 1, the following equipment and supplies must be carried in an ambulance, air ambulance or agency's vehicle for the use of an intermediate emergency medical technician, an advanced emergency medical technician or a registered nurse, if such a person will serve on the ambulance, air ambulance or agency's vehicle and emergency care at the intermediate or advanced level will be provided:~~

~~—(a) Sterile intravenous solutions in plastic containers with kits for administration;~~

- ~~—(b) Equipment for advanced management of airway, as approved by the medical director of the service or fire fighting agency;~~
 - ~~—(c) Needles, tubing and other equipment necessary to administer intravenous therapy and perform specialized procedures as approved by the medical director of the service or fire fighting agency;~~
 - ~~—(d) Medications for treatment as approved by the medical director of the service or fire fighting agency and appropriate for intermediate or advanced emergency care;~~
 - ~~—(e) If the service has been issued a permit to operate at the level of advanced emergency care, a device for monitoring the electrical activity of the heart and a manual defibrillator capable of producing a hard copy; and~~
 - ~~—(f) Equipment for telemetric radio communication capable of operating on the channels of the radio designated for emergency medical services, unless exempted by the medical director of the service or fire fighting agency and the health division.~~
- ~~—3.— Any vehicle used to transport or transfer patients must also carry:~~
- ~~—(a) A bed pan, urinal and basin or other equivalent items;~~
 - ~~—(b) A humidifier for use in the administration of built in oxygen which must be discarded after use by each patient; and~~
 - ~~—(c) A supply of clean linen.~~
- ~~—4.— Any vehicle used to transport patients must also carry a short spine board and a long spine board with accessories or similar devices approved by the health division.]~~ ***and approved by the board.***

Sec. 47. NAC 450B.570 is hereby amended to read as follows:

450B.570 1. To be used as an air ambulance, an aircraft, whether a fixed- or rotary-wing type, must, in addition to meeting other requirements set forth in this chapter:

- (a) Be designed and maintained in a safe and sanitary condition;
- (b) Have sufficient space for storage of equipment and supplies which may be locked against unauthorized entry;
- (c) Be designed to accommodate at least one stretcher;
- (d) Have a door ~~large enough~~ *of sufficient size* to allow a stretcher to be loaded without rotating it more than 30 degrees about the longitudinal axis or 30 degrees about the lateral axis; and
- (e) Have the climate controlled in the cabin of the aircraft to prevent extremes in temperature that would adversely affect the care of a patient.

2. The stretcher or litter must:

- (a) Be positioned in the aircraft so as to allow the attendant a clear view of and access to any part of the patient's body that may require attention. The attendant must always have access to the patient's head and upper body.
- (b) *Be of sufficient size to carry full length and in the supine position a person whose height is at least equal to the 95th percentile of all adult patients in the United States.*
- (c) Have a rigid surface suitable for performing cardiac compressions.
- ~~(e)~~ (d) Be constructed of material that may be cleaned and disinfected after each use.
- ~~(d)~~ (e) Have a mattress or pad that is impervious to liquids.
- ~~(e)~~ (f) Be capable of elevating the head of the patient to a 45-degree angle from the base.

3. Each air ambulance must, when in use as such:

(a) Have an electrical system capable of servicing the power needs of all equipment for patient care carried on board the aircraft. The electricity may be supplied by the electrical system of the aircraft or by a portable source carried in the aircraft. Any modification to the electrical system on the aircraft must be approved by the Federal Aviation Administration.

(b) Have adequate interior lighting, so that patient care can be given and patient status monitored without interfering with the vision of the pilot.

(c) Have adequate tie-down fixtures within the aircraft for securing any additional equipment as necessary.

(d) Have a system for air-to-ground communications that provides for the exchange of information internally among the crew and provides for air-to-ground exchange of information between members of the crew and agencies appropriate to the mission, including, but not limited to:

(1) The physician or registered nurse who is providing instructions of medical care.

(2) The air traffic control center.

(3) The dispatch center.

(4) If the air ambulance is used to transport patients, a law enforcement agency.

(e) Be equipped with **[survival]** :

(1) Survival equipment appropriate for mountain, desert and water environments.

(2) A fire extinguisher that is accessible to the pilot and any medical personnel in the air ambulance.

4. A fixed-wing aircraft must not be operated as an air ambulance unless it **is capable of pressurizing the cabin and** has:

(a) Two or more engines **[; and**

~~—(b) The capability of pressurizing the cabin.]; or~~

(b) A single turbine engine.

5. The installation of any equipment in a rotary- or fixed-wing aircraft must be in a manner consistent with any applicable requirements of the Federal Aviation Administration and must receive the approval of the Federal Aviation Administration.

6. Any rotary- or fixed-wing aircraft that is used as an air ambulance must carry the equipment and supplies specified for that aircraft set forth in a written inventory that is prepared by the health division and approved by the board.

Sec. 48. NAC 450B.574 is hereby amended to read as follows:

450B.574 A vehicle used by a *service or* fire-fighting agency to provide emergency care at the scene of an emergency, when in operation as such, must have at least one attendant ~~[certified]~~ *licensed* at the level for intermediate or advanced emergency medical care.

Sec. 49. NAC 450B.575 is hereby amended to read as follows:

450B.575 1. An ambulance ~~[or air ambulance which is to be]~~ *that is* used to provide basic emergency care must be:

(a) Equipped with a two-way voice radio capable of operating on the state radio system for emergency medical services, except that an ~~[air ambulance]~~ *agency's vehicle* may be equipped with a ~~[radio telephone or patch system]~~ *cellular telephone* which is capable of providing communication ~~[from the aircraft]~~ to the hospital; and

(b) Staffed by licensed attendants.

2. An ambulance ~~[, air ambulance]~~ or agency's vehicle ~~[which is to be]~~ *that is* used to provide intermediate emergency care must be:

(a) Equipped with a two-way voice radio which is capable of operating on the state radio system for emergency medical services ~~[;]~~, *except that an agency's vehicle may be equipped with a cellular telephone which is capable of providing communication to the hospital;* and

(b) Staffed by licensed attendants ~~[certified under this chapter]~~, *at least one of whom is licensed as an intermediate emergency medical ~~[technicians.] technician.~~*

3. An ambulance ~~[, air ambulance]~~ or agency's vehicle ~~[which is to be]~~ *that is* used to provide advanced emergency care must have the following equipment and staff:

(a) A two-way voice radio ~~[and a radio set for biomedical telemetry which are]~~ *which is* capable of operating on the state radio system for emergency medical services ~~[;~~

~~—(b) In the case of an air ambulance, an approved radio telephone system which is capable of communication with the hospital, and equipment for cardiac monitoring,~~

~~—(c)]~~, *except that an agency's vehicle may be equipped with a cellular telephone which is capable of providing communication to the hospital; and*

(b) Licensed attendants ~~[certified]~~, *at least one of whom is licensed as an advanced emergency medical ~~[technicians ambulance] technician~~ or a registered ~~[nurses] nurse who is~~ qualified to provide advanced emergency care under the regulations of the state board of nursing . ~~[, or both.]~~*

Sec. 50. NAC 450B.578 is hereby amended to read as follows:

450B.578 An ambulance, air ambulance or agency's vehicle which is to be used to provide basic, intermediate or advanced emergency care must be equipped for 24-hour communication by radio with a hospital and the hospital must agree to:

1. Have its emergency department supervised 24 hours a day by a physician or registered nurse supervised by a physician. The physician must be available in the hospital or be able to be present in the hospital within 30 minutes.

2. Record on magnetic tape *or digital disc* all transmissions between the hospital and the ambulance or agency's vehicle regarding care of patients, and retain the tapes *or discs* for at least ~~[5 years.]~~ *90 days, if the tapes or discs are not retained at a regional dispatch center.*

3. Make available to the medical director of the service or fire-fighting agency or the health division the tapes *or discs* concerning patients for the purposes of auditing performance and investigating any alleged violation of this chapter by an ambulance, air ambulance service or fire-fighting agency or one of its attendants or registered nurses.

4. Provide ~~[biomedical telemetry if the proposed service or fire-fighting agency is at the advanced level.~~

~~—5.—~~ ~~Provide~~ the emergency medical technicians, intermediate emergency medical technicians, advanced emergency medical technicians and registered nurses with an opportunity for regular participation in continuing education.

~~[6.]~~ 5. Supervise the supply of medications, intravenous fluids and other medical supplies to be used in the ambulance, air ambulance or agency's vehicle.

~~[7.]~~ 6. Include the report of emergency care in the medical record of the hospital for each patient.

Sec. 51. NAC 450B.580 is hereby amended to read as follows:

450B.580 1. ~~[No ambulance or agency's vehicle may be used to respond to a call unless it is fully operational and staffed with at least two attendants.]~~

~~—2.]~~ Each ambulance, air ambulance or agency's vehicle must be maintained in safe operating condition, including all of its engine, body and other operating parts and equipment. The health division shall periodically, at least every 12 months, require the holder of a permit to certify that he has had each ambulance, air ambulance or agency's vehicle under his control inspected by a professional mechanic who has found it to be in safe operating condition. In the case of an air ambulance, maintenance must be in accordance with Federal Aviation Rules Parts 43, 91 and 135, as applicable, which are hereby adopted by reference and are available *without charge* from the United States Department of Transportation, ~~[at no cost.]~~ *400 Seventh Street, S.W., Washington, D.C. 20590*. The holder shall mail a copy of ~~[this]~~ *the* certificate to the health division with each application for the renewal of a permit or upon request of the health division.

~~[3.]~~ 2. Each ambulance, air ambulance or agency's vehicle must be equipped with equipment that provides two-way radio communications which provides an attendant with communication 24 hours a day for dispatch and medical information. At least one radio must operate on the ultra high frequencies allocated by the Federal Communications Commission for transmission of medical communications and must contain all of the features incorporated in the state radio system for emergency medical services.

~~[4.]~~ 3. The name of the service, including a volunteer service, or its operator must be printed on both sides of an ambulance or on a sign placed in the window of an air ambulance.

~~[5.]~~ 4. No ambulance, air ambulance or agency's vehicle may be operated while an attendant, pilot or air attendant serving on the vehicle or craft is under the influence of any alcoholic beverage or any drug or prescribed medication that impairs his ability to carry out his responsibilities.

~~[6.]~~ 5. No ambulance or air ambulance may be operated unless all interior portions of the patient's compartment are cleaned and sanitized after each use.

~~[7.]~~ 6. No ambulance, air ambulance or agency's vehicle may be used to respond to any call if it contains any soiled, dirty or otherwise contaminated bandages, dressings, bedding, materials or equipment.

~~[8.]~~ 7. The operator of a service or fire-fighting agency shall maintain at least one ambulance, air ambulance or agency's vehicle in a fully operational condition 24 hours per day, 7 days per week. If the operator of a service or fire-fighting agency is unable to provide such service because of an inoperative ambulance or agency's vehicle, he shall notify the health division of that fact within 48 hours.

Sec. 52. NAC 450B.620 is hereby amended to read as follows:

450B.620 1. Each holder of a permit to operate a service or fire-fighting agency, including a volunteer service or agency, shall file with the health division a ~~[current]~~ list of all ambulances, air ambulances or agency's vehicles operated pursuant to the permit. The list must contain the same information as is required to be submitted with an application for a permit.

2. The operator shall file an amended list of his ambulances or agency's vehicles with the health division before any such vehicle or aircraft is placed in or removed from the service.

3. The operator of such a service or agency shall maintain a record of each patient on the report of emergency care in a format approved by the health division. In addition to the information required in NAC 450B.766, the record must include , *without limitation*, the following information:

(a) The time an ambulance or vehicle was dispatched.

(b) The date and time when and place where the patient was provided care or transportation by the crew of the ambulance or agency's vehicle.

(c) The time of departure with the patient.

(d) The time of arrival at the destination.

(e) An identification of the destination.

(f) A description of the care given by the attendant.

4. The completed report of emergency care must contain accurate information and be delivered to the ~~[hospital upon]~~ *receiving facility within 24 hours after* the patient's arrival.

5. Each service shall submit the information required by subsection 3 and NAC 450B.766 to the health division on forms or in a format approved by the health division. The information submitted may be used for compiling statistics.

Sec. 53. NAC 450B.645 is hereby amended to read as follows:

450B.645 A report of emergency care must be accurate and ~~[written on forms provided or prescribed]~~ *provided in a format approved* by the health division.

Sec. 54. NAC 450B.655 is hereby amended to read as follows:

450B.655 A person exhibits unprofessional conduct if he fails, while functioning in the capacity of ~~[an attendant or certified person,]~~ *a person who is licensed or certified pursuant to this chapter*, to maintain that standard of performance, to exercise that degree of skill, care, diligence and expertise or to manifest that professional demeanor and attitude which is ordinarily exercised and possessed by licensees in Nevada. Unprofessional conduct includes, without limitation:

1. The use of obscene, abusive or threatening language;

2. Berating or belittling or making critical remarks or statements regarding competing services or other licensees and professionals participating in the system for emergency medical care;

3. The use of unreasonable force which unnecessarily increases or inflicts pain upon a patient; ~~and~~

4. A callous disregard for personal feelings or sensibilities of patients, their friends, families or other persons present while care is being rendered ~~and~~;

5. Habitual intemperance; and

6. Addiction to the use of any controlled substance as defined in chapter 453 of NRS.

Sec. 55. NAC 450B.660 is hereby amended to read as follows:

450B.660 1. Whenever the health division determines that any ambulance, air ambulance, agency's vehicle or its equipment which is faulty, malfunctioning or otherwise in violation of this chapter constitutes an immediate, serious hazard or a detriment to any person who may use the services provided by it, the health division shall immediately inform the operator of the service or fire-fighting agency, including a volunteer service or agency, of the condition. The health division may immediately issue an order temporarily suspending the equipment, service or fire-fighting agency from operation pending the institution of appropriate proceedings to revoke the permit for the service or fire-fighting agency or the license or certificate of an attendant, or may suspend the permit, license or certificate pending the correction of the condition if the operator of the service or fire-fighting agency agrees to make the correction within a reasonable period.

2. Any type of permit or endorsement issued to operate a service or fire-fighting agency, including a volunteer service or agency, may be revoked or suspended if, after an inspection by a

representative of the health division, the holder of the permit does not correct the violation within a reasonable period after receiving an order by the health division to do so. As used in ~~the preceding sentence,~~ *this subsection*, “reasonable” means a period necessary to take immediate action with due regard for the public interest and for the ordering of necessary supplies or parts.

3. The health division may immediately suspend from service or duty any attendant, volunteer, pilot or air attendant of a service or, in the case of a fire-fighting agency, including a volunteer service or agency, suspend an attendant from medical duty who the health division determines has violated any of the provisions of this chapter, has been found to have exhibited unprofessional conduct or who constitutes an immediate risk to persons needing his services. Upon such a suspension, the person may request a hearing pursuant to the requirements set forth in NAC 439.300 to 439.395, inclusive.

4. The health division may suspend *or revoke* the holder’s license, certificate, permit or endorsement if he continues to fail to comply with any applicable provisions of this chapter or any other applicable laws or ordinances after *a* warning by the health division. Upon such a suspension ~~or~~ *or revocation*, the holder may request a hearing pursuant to the requirements set forth in NAC 439.300 to 439.395, inclusive.

Sec. 56. NAC 450B.690 is hereby amended to read as follows:

450B.690 1. Any person whose permit or endorsement to operate a service or fire-fighting agency, including a volunteer service or agency, or whose certification or license to act as an attendant or volunteer attendant has been suspended or revoked or otherwise terminated in accordance with the provisions of this chapter may apply to the health division for a reinspection or reexamination for the purpose of reinstating the permit, endorsement, certificate or license.

The application must be submitted within 180 days after a final decision is issued by the health

division relating to the suspension, revocation or termination of the permit, endorsement, certificate or license, or not later than the scheduled date of expiration of the permit, endorsement, certificate or license, whichever is earlier.

2. The health division shall conduct a complete inspection or examination within 10 working days after receipt of a written application for such a reinstatement. After ~~[this]~~ *the* inspection or examination , the health division shall:

(a) Reinstatement or reissue the permit, endorsement, certificate or license; or

(b) Notify the person, in the ~~[same manner as]~~ *manner* described in NAC 450B.710, that the permit, endorsement, certificate or license may not be reinstated or reissued because of his failure to comply with specified sections of this chapter.

Sec. 57. NAC 450B.695 is hereby amended to read as follows:

450B.695 A person whose certificate was revoked, terminated or suspended pursuant to disciplinary action at the time the certificate expired may not apply for ~~[reissuance]~~ *a renewal* of his certificate pursuant to NAC ~~[450B.379 or]~~ 450B.425.

Sec. 58. NAC 450B.700 is hereby amended to read as follows:

450B.700 The health division shall charge and collect the following fees:

1. For licenses:

(a) For issuing a new license to ~~[a paid]~~ *an* attendant..... ~~[\$5.00]~~ *\$10.00*

(b) For renewing the license of ~~[a paid]~~ *an* attendant ~~[\$2.50]~~ *5.00*

~~—[(c) For making a late renewal for a paid or volunteer attendant, an additional..... 2.00]~~

2. For issuing a new certificate or renewing a certificate as an emergency medical *dispatcher, emergency medical* technician, intermediate emergency ~~[\$5.00]~~ *\$10.00*

medical technician or advanced emergency medical technician

3. To apply:

(a) For an advanced emergency medical technician by reciprocity	[\$25.00] \$50.00
(b) For an intermediate emergency medical technician by reciprocity.....	[20.00] 40.00
(c) For an emergency medical <i>dispatcher or emergency medical</i> technician by reciprocity.....	[15.00] 30.00
(d) For late renewal of a certificate.....	5.00
—(e) For reissuance of a certificate as an advanced emergency medical technician.....	25.00
—(f) For reissuance of a certificate as an intermediate emergency medical technician.....	20.00
—(g) For reissuance of a certificate as an emergency medical technician.....	15.00] 10.00
—4. For issuing a new permit [for operation of] to operate a service or fire fighting agency [:	
—(a) For a commercial] for an operator who will provide [advanced] emergency care.....	[\$50.00
—(b) For a municipal operator which will provide advanced emergency care...	30.00
—(c) For a commercial operator who will provide basic emergency care.....	25.00
—(d) For an industrial operator who will provide basic emergency care.....	30.00
—(e) For a municipal operator which will provide basic or intermediate emergency care, whether by paid or volunteer attendants.....	15.00
—(f) For a volunteer service which will provide basic or intermediate emergency care.....	15.00

~~—(g) For a fire-fighting agency which will provide intermediate or advanced emergency care 30.00] 200.00~~

5. For renewing a permit:

(a) For an operator providing ~~[advanced]~~ emergency care ~~[\$15.00]~~ **\$30.00**
 plus \$5.00
 per vehicle

~~—(b) For [an operator providing basic or intermediate emergency care 5.00
 plus \$5.00
 per vehicle~~

~~—(c) For] making a late renewal, an additional [10.00] 25.00~~

6. For replacing or duplicating documents or furnishing copies of records:

(a) Permit \$2.00

(b) License ~~[2.00]~~ **3.00**

(c) Certificate or identification card ~~[3.00]~~ **5.00**

~~—(d) Copies of personnel records[, per page 1.00~~

~~—(e) Copies of] or any other material : [, per page 0.25]~~

(1) For less than 100 copies No charge

(2) For 100 copies or more 0.02 per copy

Sec. 59. NAC 450B.710 is hereby amended to read as follows:

450B.710 If any application for:

1. A permit to operate a service or fire-fighting agency, including a volunteer service or agency;

2. An endorsement authorizing emergency care at the level of intermediate or advanced emergency care; or

3. A license as an attendant ~~[for volunteer attendant]~~ of such a service or fire-fighting agency,

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is rejected by the health division for the applicant's failure to comply with the requirements of this chapter, the applicant must be notified of the action, the reasons for ~~[it]~~ *the rejection* and the applicant's right of appeal pursuant to NAC 439.300 to 439.395, inclusive.

Sec. 60. NAC 450B.720 is hereby amended to read as follows:

450B.720 1. The health division shall, within the limits of its appropriated money, conduct or contract with others to conduct the programs of training necessary to bring ~~[every]~~ *each* service and fire-fighting agency, including a volunteer service or agency, and ~~[every attendant and volunteer]~~ *each* attendant into compliance with the requirements of this chapter for training.

2. Any person proposing to conduct a program within this state for training for certification issued under this chapter must apply to the health division for approval at least 20 working days before the program is to begin. The health division shall not issue a certificate of completion of the program to any trainee unless the health division has approved the program. The person conducting the program shall not start the program until approval by the health division has been granted.

3. The division shall not issue retroactive approval for a program which has been conducted without its approval.

4. ~~[A person may not enter a program of training in intermediate or advanced emergency care after eligibility of the proposed candidates for the program has been verified and approval issued for the program by the division.~~

~~—5.]~~ Curriculum and procedures for testing submitted as part of a request for approval of a program must not be changed after approval has been granted for the program except upon prior written approval from the health division. The proposed change or modification, with an alternative acceptable to the health division, must be submitted in writing to the health division not less than 15 working days before the effective date of the use of the changed or modified curriculum or test.

Sec. 61. NAC 450B.730 is hereby amended to read as follows:

450B.730 If the holder of a permit to operate a service or fire-fighting agency or any licensee in the service or agency is involved in any *crash or hard landing with an air ambulance or any* traffic accident with one of the ambulances or , in the case of an agency's vehicle, involved in a traffic accident while in service on a medical call, he shall report the full details of the *crash, hard landing or* accident within 5 days after it occurs . ~~[to]~~ *The report must be submitted to* the health division by certified mail, postmarked within 5 days after the *crash, hard landing or* accident, or by personal delivery of a written report.

Sec. 62. NAC 450B.760 is hereby amended to read as follows:

450B.760 As used in NAC 450B.760 to 450B.774, inclusive, unless the context otherwise requires:

1. ~~["Champion trauma score" means the numerical measure of the severity of an injury determined by using the scale used to determine the Glasgow Coma Score, reduced by~~

~~approximately one-third, and measurements of cardiopulmonary function as described in the article “Trauma Score” in Critical Care Medicine, Vol. 9, No. 9, 1981.~~

~~—2.]~~ “Glasgow Coma ~~[Score]~~ *Scale*” means a *system of valuation that provides a* numerical measure of the level of consciousness of a patient based on responses to verbal and motor stimuli.

~~[3.—“Pediatric regional resource center for the treatment of trauma” means a facility that is designated by the administrator of the health division to provide comprehensive surgical, medical and nursing care to persons who are less than 15 years of age.]~~

2. *“Revised trauma score” means the numerical measure of the severity of an injury computed from coded values that are assigned to specified intervals of the Glasgow Coma Scale, systolic blood pressure and respiratory rate, as described in the article “A Revision of the Trauma Score” set forth in The Journal of Trauma, Vol. 29, No. 5, 1989.*

Sec. 63. NAC 450B.762 is hereby amended to read as follows:

450B.762 The article ~~["Trauma]~~ *“A Revision of the Trauma Score” set forth in [Critical Care Medicine, Vol. 9, No. 9, 1981,] The Journal of Trauma, Vol. 29, No. 5, 1989,* is hereby adopted by reference. The article may be obtained ~~[free of charge]~~ from the ~~[Director of Surgical-Critical Care Services, Washington Hospital Center, 110 Irving Street N.W., Washington D.C. 20010.]~~ *Savitt Medical Library, University of Nevada School of Medicine, Mailstop 306, Reno, Nevada 89557-0046, for the price of \$10.*

Sec. 64. NAC 450B.766 is hereby amended to read as follows:

450B.766 1. A ~~[person]~~ *licensee* providing emergency medical care at the scene of an injury shall submit to:

(a) The health division, information concerning patients with traumas who are not transported to a receiving hospital or center for the treatment of trauma; and

(b) The receiving hospital or center for the treatment of trauma, information concerning a patient with trauma upon the delivery of that patient to the receiving hospital or center for the treatment of trauma.

2. The information required by subsection 1 must be submitted in a ~~form~~ *format* approved by the health division.

3. Information concerning treatment received before admission to a hospital must include at least the following:

(a) The date and estimated time of the injury.

(b) The *date and* time the call for emergency medical care was received.

(c) The time the person providing emergency medical care arrived at the scene of the injury.

(d) The time of physical access to the injury by the ~~person~~ *licensee* providing emergency medical care.

(e) The location of the scene of the injury, including the city or county and the state, in a format prescribed by the health division.

(f) The cause of the injury.

(g) Any safety restraints or protective equipment used.

(h) The ~~vehicle~~ permit number *and name* of the ambulance *service* that transported the patient to a receiving hospital or center for the treatment of trauma.

(i) The patient's:

(1) Age.

(2) Gender.

(3) Residential code assigned pursuant to the Federal Information Processing Standards, or the city or county and the state of his residence.

(4) Vital signs, including his:

(I) Blood pressure;

(II) Pulse rate; and

(III) Respiratory rate.

(j) Other clinical signs which are appropriate to determine the patient's ~~champion~~ *revised* trauma score or as may be requested by the health division.

(k) The receiving hospital or medical facility of initial destination.

(l) The criteria used in performing triage.

(m) The emergency medical procedures performed or initiated.

(n) The patient's ~~champion~~ *revised* trauma score at the scene of the injury.

(o) The time of departure from the scene of the injury.

(p) The time of arrival at a center for the treatment of trauma or another receiving facility.

Sec. 65. NAC 450B.768 is hereby amended to read as follows:

450B.768 1. ~~All hospitals~~ *Each hospital* shall submit to the health division quarterly reports which comply with the criteria prescribed by the health division and which contain at least the following information for each patient treated for trauma ~~;~~ *by the hospital:*

(a) The *date and* time the patient arrived in the emergency department or the receiving area or operating room, or both.

(b) The patient's ~~champion~~ *revised* trauma score upon arrival in the emergency department or receiving area and ~~;~~

~~(1) One hour after arrival; or~~

~~(2) When the patient is discharged or transferred~~ upon *discharge or transfer* from the emergency department, if he is discharged or transferred less than 1 hour after his time of arrival.

(c) The method of arrival at the hospital. If the patient arrived by ambulance or air ambulance, the information required by subsection 3 of NAC 450B.766 must also be submitted.

(d) The time the surgeon or the trauma team was requested.

(e) The time the surgeon arrived at the requested location.

(f) The patient's vital signs, including his:

(1) Blood pressure;

(2) Pulse rate;

(3) Respiratory rate; and

(4) Temperature . ~~[in centigrade degrees.]~~

(g) The results of diagnostic blood alcohol or drug screening tests, or both, if obtained.

(h) Other clinical signs which are appropriate to determine the patient's ~~[champion]~~ *revised* trauma score, including the *patient's score on the* Glasgow Coma Scale ~~[.]~~ *and, if appropriate for a pediatric patient, the patient's score on the modified Glasgow Coma Scale.*

(i) The *date and* time the initial surgery began ~~[and ended.]~~ and the surgical procedures *that were* performed ~~[.]~~ *during the period in which the patient was anesthetized and in an operating room.*

(j) The number of days the patient was in the hospital.

(k) The number of days the patient was in the intensive care unit, if applicable.

(l) Any complications which developed while the patient was being treated at the hospital.

(m) Information concerning the patient's discharge from the hospital, including:

- (1) The diagnosis of the patient.
- (2) The patient's source of payment.
- (3) The severity of the injury as determined by the patient's injury severity score.
- (4) The condition of the patient.
- (5) The disposition of the patient.
- (6) Information concerning the transfer of the patient, if applicable.
- (7) If the reporting hospital is a center for the treatment of trauma or a pediatric regional resource center for the treatment of trauma, the amount charged by the hospital, including charges for the treatment of trauma.
- (8) If the hospital is not a center for the treatment of trauma or if the patient was transferred from a center for the treatment of trauma to another center for the treatment of trauma, pediatric regional resource center for the treatment of trauma, or other specialized facility:
 - (I) The ~~champion~~ revised trauma score of the patient at the time his transfer was requested.
 - (II) The *date and* time the center for the treatment of trauma, pediatric regional resource center for the treatment of trauma, or other specialized facility was notified.
 - (III) The time the patient left the receiving hospital or center for the treatment of trauma for a center for the treatment of trauma, pediatric regional resource center for the treatment of trauma, or other specialized facility.
- (n) The patient's residential code assigned pursuant to the Federal Information Processing Standards, or the city or county and the state of his residence.

2. The information must be submitted ~~no~~ *not* later than 60 days after the end of each quarter in a form approved by the health division.

3. The quarterly reports must be submitted on or before:

(a) June 1 for the period beginning on January 1 and ending on March 31.

(b) September 1 for the period beginning on April 1 and ending on June 30.

(c) December 1 for the period beginning on July 1 and ending on September 30.

(d) March 1 for the period beginning on October 1 and ending on December 31.

4. The health division shall prepare an annual report not later than July 1 for the preceding calendar year summarizing the data submitted by hospitals on patients with traumas.

Sec. 66. NAC 450B.770 is hereby amended to read as follows:

450B.770 A ~~person~~ *licensee* providing emergency medical care to a patient at the scene of an injury shall use the following procedures to identify and care for patients with traumas:

1. Step 1: ~~If a patient's airway is obstructed or he has cardiac-pulmonary arrest, he must be transported to the nearest center for the treatment of trauma if the time required to transport the patient is not more than 10 minutes. If the time required to transport the patient is more than 10 minutes, the patient must be transported to the nearest hospital or center for the treatment of trauma. If the patient does not have an obstructed airway or is not in cardiac-pulmonary arrest, the person providing emergency medical care shall measure the patient's vital signs and level of consciousness.~~

~~2. Step 2: If~~ the patient's:

(a) *Score on the* Glasgow Coma ~~Score~~ *Scale or, if the patient is a pediatric patient, his score on the modified Glasgow Coma Scale* is not more than 13;

(b) Systolic blood pressure is less than 90;

(c) Respiratory rate is less than 10 or greater than 29; or

(d) ~~[Champion]~~ *Revised* trauma score is less than ~~[14,]~~ *11*,

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the patient must be transported to a center for the treatment of trauma. If ~~[not, the person]~~ *the patient is not required to be transported, the licensee* providing emergency medical care shall assess the patient's condition based upon the degree of injury to the anatomy and the mode of injury.

~~[3.—Step 3:]~~

2. Step 2: If the patient:

(a) Has a penetrating injury to the ~~[chest, abdomen,]~~ head, neck ~~[or groin,]~~, *torso or the extremities proximal to the elbow or knee;*

(b) Has at least two proximal long bone fractures;

(c) Has a ~~[combination of burns over at least 15 percent of his body or on his face or in an airway,]~~ *fracture of the pelvis;*

(d) Has a *combination of trauma with burns;*

(e) *Has a* flail chest;

~~[(e)]~~ (f) *Has an amputation proximal to the wrist or ankle;*

(g) *Has* acute paralysis; ~~[or]~~

~~—(f)]~~ (h) *Has an open and depressed fracture of the skull; or*

(i) *Has major burns,*

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the patient must be transported to a center for the treatment of trauma. If the patient is not required to be transported, the licensee providing emergency medical care shall evaluate the patient to determine the method of injury and the existence of any high-energy impact.

3. *Step 3: If the patient has* experienced a high-impact blow to the body which may include:
- ~~[(1)]~~ (a) A fall of at least 20 feet;
 - ~~[(2)]~~ (b) A motor vehicle accident in which:
 - ~~[(1)]~~ (1) The motor vehicle was traveling at a speed of at least 20 miles per hour ~~[when it crashed, resulting in]~~ *immediately before the accident occurred;*
 - (2) *There was* at least ~~[30]~~ 20 inches of *severe* damage to the body of the motor vehicle;
 - ~~[(II)]~~ ~~The front axle of the motor vehicle was displaced toward the rear;~~
 - ~~[(III)]~~ (3) There was ~~[an 18]~~ a 12-inch intrusion into the passenger's compartment ~~[where the patient was riding or a 24-inch intrusion on the opposite side of the motor vehicle;~~
 - ~~[(IV)]~~;
 - (4) The patient was ejected from the motor vehicle;
 - ~~[(V)]~~ (5) The *period required to extricate the patient from the motor vehicle was more than 20 minutes;*
 - (6) *The* motor vehicle rolled over; ~~[or~~
 - ~~[(VI)]~~ (7) A person riding in the motor vehicle with the patient died as a result of the accident; ~~[or~~
 - ~~[(3)]~~ (8) *The patient was riding on a motorcycle that was traveling at a speed of at least 20 miles per hour when the accident occurred; or*
 - (9) *The patient was thrown from a motorcycle driven by him;*
 - (c) *As a pedestrian, being run over by a vehicle or thrown any distance by the impact of a vehicle, regardless of the rate of speed of the vehicle; or*

(d) Being struck as a pedestrian *or bicyclist* by a vehicle traveling at a speed of at least ~~20~~ 6 miles per hour,

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the patient must be transported to a center for the treatment of trauma.

4. Step 4: If the patient is less than 5 years of age or more than 55 years of age or is known to ~~have~~ :

(a) *Have* a cardiac or respiratory disease ~~[, the person]~~ ;

(b) *Have insulin-dependent diabetes;*

(c) *Have cirrhosis;*

(d) *Be morbidly obese;*

(e) *Be pregnant;*

(f) *Have a suppressed immune system;*

(g) *Have a bleeding disorder; or*

(h) *Be taking any anticoagulant,*

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the licensee providing emergency medical care shall communicate with a physician at a center for the treatment of trauma *or comply with any local protocol approved by the health division* to determine the need to transport the patient to that center.

5. If the ~~person~~ *licensee* providing emergency medical care is not certain whether to transport the patient to a center for the treatment of trauma, he shall transport the patient to a center pursuant to NAC 450B.772.

Sec. 67. NAC 450B.796 is hereby amended to read as follows:

450B.796 “Patient with a major trauma” means a person who has sustained an acute injury which has:

1. The potential of being fatal or producing a major disability; and

2. A ~~champion~~ *revised* trauma score of less than 11 or an injury severity score that is greater than 15.

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As used in this section, ~~“champion”~~ *“revised”* trauma score” has the meaning ascribed to it in NAC 450B.760.

Sec. 68. NAC 450B.816 is hereby amended to read as follows:

450B.816 1. The *World Journal of Surgery*, Vol. 7, 1983, is hereby adopted by reference. The publication may be obtained from R.J.A. Goris, M.D., University ~~Hospital~~ *Medical Center* Saint Radboud , Nijmegen, The Netherlands, for the price of \$1.40 per copy.

2. ~~Chapters 5, 6, 11 and 16 of~~ *Resources for Optimal Care of the Injured Patient*, ~~1993 edition, are~~ *1999 edition*, is hereby adopted by reference. ~~These chapters~~ *The publication* may be obtained from the American College of Surgeons, ~~55 East Erie~~ *633 North Saint Clair* Street, Chicago, Illinois ~~60611,~~ *60611-3211*, for the price of ~~\$10.~~ *\$15.*

Sec. 69. NAC 450B.819 is hereby amended to read as follows:

450B.819 1. The health division shall reject an application from a hospital wishing to be designated as a center for the treatment of trauma or as a pediatric regional resource center for the treatment of trauma or to renew such a designation if the application is incomplete or if the hospital has not received prior approval to add services in accordance with NRS 449.087.

2. An application must include the following information:

(a) A description of the qualifications of the hospital’s personnel to provide care for patients with trauma;

(b) A description of the facilities and equipment to be used to provide care for patients with trauma;

(c) A description of how the hospital's facilities and personnel comply with or exceed the standards set forth in chapters 5 and ~~6~~ 23 of *Resources for Optimal Care of the Injured Patient* or, if applying for designation as a pediatric regional resource center for the treatment of trauma, the standards set forth in chapters 5, ~~6 and 11~~ 10 and 23 of *Resources for Optimal Care of the Injured Patient*;

(d) A statement submitted by the medical director of the proposed program for the treatment of trauma that indicates that the hospital has adequate facilities, equipment, personnel, and policies and procedures to provide care for patients with trauma at the level requested;

(e) A statement submitted by the chief operating officer of the hospital that the hospital is committed to maintaining sufficient personnel and equipment to provide care for patients with trauma at the level requested; and

(f) Written policies for:

(1) The activation of the trauma team;

(2) The transfer of patients with trauma to other centers for the treatment of trauma which have been designated at a higher level, a pediatric regional resource center for the treatment of trauma or other specialized facilities; and

(3) Performing evaluations and assessments to ensure that the quality of care for patients with trauma meets the standards set forth in chapter 16 of *Resources for Optimal Care of the Injured Patient*.

3. A hospital applying for designation as a level I, II, III or IV center for the treatment of trauma or as a pediatric regional resource center for the treatment of trauma, or for the renewal of such a designation, must submit an application to the health division in a form approved by the division. Except as otherwise provided in subsection 4, the application must be submitted to the

health division and a written request for verification made to the American College of Surgeons, or another equivalent medical organization or agency approved by the board at least 6 months before:

(a) The date of the survey of the hospital conducted pursuant to NAC 450B.820 if the application is for an initial designation as a level I or II center for the treatment of trauma or as a pediatric regional resource center for the treatment of trauma; or

(b) The date of the expiration of the designation if the application is for the renewal of a designation of a level I or II center for the treatment of trauma.

4. If the application is for an initial designation as a level III center for the treatment of trauma or for an initial designation or the renewal of a designation as a level IV center for the treatment of trauma, the application must be submitted to the health division 6 months before the date of the survey by the staff of the health division.

Sec. 70. NAC 450B.820 is hereby amended to read as follows:

450B.820 1. Persons appointed to conduct surveys of proposed centers for the treatment of trauma or pediatric regional resource centers for the treatment of trauma must:

(a) Be knowledgeable in systems for providing treatment for trauma, ~~currently~~ affiliated with a level I, II, III or IV center for the treatment of trauma which has been verified by the American College of Surgeons or, in the case of a pediatric regional resource center for the treatment of trauma, ~~currently~~ affiliated with a pediatric regional resource center which has been verified by the American College of Surgeons; and

(b) Declare no conflict of interest.

2. Except as otherwise provided in subsection 4, the survey team for a level I, II, III or IV center for the treatment of trauma or a pediatric regional resource center for the treatment of trauma must be:

(a) Appointed by the American College of Surgeons or an equivalent medical organization or agency approved by the board; and

(b) Composed of:

(1) If the survey team is appointed to conduct a survey for an initial designation or the renewal of a designation as a level I or II center for the treatment of trauma or for the renewal of a designation as a level III center for the treatment of trauma, two trauma surgeons or a trauma surgeon and a surgical subspecialist;

(2) If the survey team is appointed to conduct a survey for an initial designation or the renewal of a designation as a pediatric regional resource center for the treatment of trauma, two pediatric trauma surgeons or a pediatric trauma surgeon and a pediatric surgical subspecialist; or

(3) If the survey team is appointed to conduct a survey for the renewal of a designation of a level IV center for the treatment of trauma, two general surgeons or a general surgeon and a physician with experience in the assessment of injured patients.

3. The health division shall appoint members of its staff to act as staff for the survey team.

4. For a hospital that applies for an initial designation as a level III or IV center for the treatment of trauma, the administrator shall appoint members of the staff of the health division to conduct the survey of the proposed center. The survey must:

(a) Consist of a review of the personnel, equipment and program criteria set forth in the hospital's application which meets the standards set forth in chapters 5, ~~6 and~~ 16 *and 23* of *Resources for Optimal Care of the Injured Patient*; and

(b) Be conducted at the site of the proposed center for the treatment of trauma.

5. The cost of:

(a) A survey by the American College of Surgeons, or an equivalent medical organization or agency approved by the board, to verify the proposed center's capability as a level I, II or III center for the treatment of trauma or a pediatric regional resource center for the treatment of trauma; or

(b) A survey requested by the administrator of the division of health for the renewal of a designation as a level IV center for the treatment of trauma,

FLUSH must be borne by the hospital applying for a designation or the renewal of a designation.

6. Except as otherwise provided in subsection 7, a hospital must not be designated as a center for the treatment of trauma or a pediatric regional resource center for the treatment of trauma if it does not receive a verification from the American College of Surgeons or an equivalent medical organization or agency approved by the board.

7. A hospital may comply with the requirements for:

(a) An initial designation as a level III center for the treatment of trauma; or

(b) An initial designation or the renewal of a designation as a level IV center for the treatment of trauma,

FLUSH without meeting the requirements of subsection 6 if the staff that conducts the survey pursuant to subsection 4 finds that the hospital has the personnel, equipment and program criteria required to meet the standards set forth in chapters 5, ~~6 and~~ 16 *and* 23 of *Resources for Optimal Care of the Injured Patient*.

Sec. 71. NAC 450B.8205 is hereby amended to read as follows:

450B.8205 1. Before the designation of a level I, II, III or IV center for the treatment of trauma or a pediatric regional resource center for the treatment of trauma is renewed, an application for renewal must be submitted to the health division and a survey of the center must be conducted.

2. The survey team for the renewal of a designation as a level I, II or III center for the treatment of trauma or for a pediatric regional resource center for the treatment of trauma must be:

(a) Appointed by the American College of Surgeons or an equivalent medical organization or agency approved by the board; and

(b) Composed of:

(1) If the survey team is for a level I, II or III center for the treatment of trauma, two trauma surgeons or a trauma surgeon and a surgical subspecialist; or

(2) If the survey team is for a pediatric regional resource center for the treatment of trauma, two pediatric trauma surgeons or a pediatric trauma surgeon and a pediatric surgical subspecialist.

3. The survey team for the renewal of a designation as a level IV center for the treatment of trauma must be:

(a) Appointed by the administrator of the health division or a person designated by him; and

(b) Composed of two general surgeons or a general surgeon and a physician with experience in the care of injured patients.

4. A level I, II or III center for the treatment of trauma or a pediatric regional resource center for the treatment of trauma must:

(a) At least 6 months before its designation expires, submit:

(1) An application for renewal to the health division that contains a proposal for continuing the hospital's designation; and

(2) A written request for verification to the American College of Surgeons or an equivalent medical organization or agency approved by the board;

(b) Arrange for the survey to be conducted directly with the agency which will conduct the survey; and

(c) Notify the health division of the date of the survey.

5. A level IV center for the treatment of trauma must, at least 6 months before its designation expires, submit:

(a) An application for renewal to the health division that contains a proposal for continuing the hospital's designation; and

(b) A written request for verification to the administrator of the health division or a person designated by him.

6. The cost of the survey must be borne by the center for the treatment of trauma or pediatric regional resource center for the treatment of trauma.

7. The designation of a hospital as a level I, II or III center for the treatment of trauma or as a pediatric regional resource center for the treatment of trauma must not be renewed unless the hospital receives verification from the American College of Surgeons, or an equivalent medical organization or agency approved by the board, which indicates that the hospital has complied with the standards for a level I, II or III center for the treatment of trauma or a pediatric regional resource center for the treatment of trauma set forth in chapters 5, ~~6, 11 and~~ 10, 16 and 23 of *Resources for Optimal Care of the Injured Patient*.

8. The designation of a hospital as a level IV center for the treatment of trauma must not be renewed unless the hospital receives verification from the survey team appointed by the administrator of the health division or a person designated by him for the renewal of a hospital as a level IV center for the treatment of trauma which indicates that the hospital has complied with the standards set forth in chapters 5, ~~[6, 11 and]~~ **10**, 16 **and 23** of *Resources for Optimal Care of the Injured Patient*.

Sec. 72. NAC 450B.830 is hereby amended to read as follows:

450B.830 1. If a center for the treatment of trauma or a pediatric regional resource center for the treatment of trauma does not wish to continue to be designated as such, it must submit a notice to the administrator of the health division at least 6 months before it discontinues the provision of services as a center for the treatment of trauma or as a pediatric regional resource center for the treatment of trauma.

2. The health division may withdraw or refuse to renew the designation of a center for the treatment of trauma or a pediatric regional resource center for the treatment of trauma if the center:

(a) Fails to comply with the requirements of its designation or fails to maintain the standard of care which meets the requirements of chapters 5, ~~[6, 11 and]~~ **10**, 16 **and 23** of *Resources for Optimal Care of the Injured Patient*; or

(b) Does not receive verification from the American College of Surgeons, or an equivalent medical organization approved by the board, indicating that it has complied with the criteria established for a level I, II or III center for the treatment of trauma or a pediatric regional resource center for the treatment of trauma set forth in chapters 5, ~~[6, 11 and]~~ **10**, 16 **and 23** of *Resources for Optimal Care of the Injured Patient*.

Sec. 73. NAC 450B.838 is hereby amended to read as follows:

450B.838 To be designated as a level I center for the treatment of trauma, a licensed general hospital must:

1. ~~Based upon reasonable predictions, treat at least 600 patients with major trauma per year.~~
~~—2.]~~ Meet all of the criteria for a level I center for the treatment of trauma set forth in chapters ~~[6, 7 and]~~ 16 *and 23 and appendix D* of *Resources for Optimal Care of the Injured Patient*.
- ~~[3.]~~ 2. Receive a verification from the American College of Surgeons, or an equivalent medical organization approved by the board, that confirms that the center meets the standards for a level I center for the treatment of trauma.

Sec. 74. NAC 450B.845 is hereby amended to read as follows:

450B.845 To be designated as a pediatric regional resource center for the treatment of trauma, a licensed general hospital or licensed medical-surgical hospital must:

1. Meet all of the criteria for a pediatric regional resource center for the treatment of trauma set forth in chapters 5, ~~[6, 11 and]~~ 10, 16 *and 23* of *Resources for Optimal Care of the Injured Patient*.
2. Meet the minimum criteria for a level I center for the treatment of trauma and demonstrate a commitment to the treatment of persons who are less than 15 years of age in accordance with chapters ~~[6 and 11]~~ 10 *and 23* of *Resources for Optimal Care of the Injured Patient*.
3. Receive a verification from the American College of Surgeons, or an equivalent organization approved by the board, that confirms that the center meets the standards for a pediatric regional resource center for the treatment of trauma.

Sec. 75. NAC 450B.852 is hereby amended to read as follows:

450B.852 To be designated as a level II center for the treatment of trauma, a licensed general hospital must:

1. ~~Based upon reasonable predictions, treat at least 350 patients with a major trauma per year.~~
- ~~—2.]~~ Meet all of the criteria for a level II center for the treatment of trauma set forth in chapters ~~[6, 7 and]~~ 16 *and 23 and appendix D* of *Resources for Optimal Care of the Injured Patient*.
- ~~[3.]~~ 2. Receive a verification from the American College of Surgeons, or an equivalent organization approved by the board, that confirms that the center meets the standards for a level II center for the treatment of trauma.

Sec. 76. NAC 450B.866 is hereby amended to read as follows:

450B.866 To be designated as a level III center for the treatment of trauma, a licensed general hospital must:

1. Be located more than 30 minutes from a designated level I or II center for the treatment of trauma.
2. Operate a service for the treatment of trauma or maintain a multidisciplinary committee to provide for the implementation of the requirements of NAC 450B.780 to 450B.875, inclusive.
3. Comply with all of the criteria for a level III center for the treatment of trauma set forth in chapters ~~[6, 7 and]~~ 16 *and 23 and appendix D* of *Resources for Optimal Care of the Injured Patient*.
4. If the hospital is applying for the renewal of a designation as a level III center for the treatment of trauma, receive a verification from the American College of Surgeons, or an

equivalent medical organization approved by the board, that confirms that the center complies with the standards for a level III center for the treatment of trauma.

Sec. 77. NAC 450B.871 is hereby amended to read as follows:

450B.871 To be designated as a level IV center for the treatment of trauma, a licensed general hospital must:

1. Be located more than 30 minutes from a designated level I, II or III center for the treatment of trauma;
2. Meet all of the criteria for a level IV center for the treatment of trauma set forth in chapters ~~[6, 7 and]~~ 16 *and 23 and appendix D* of *Resources for Optimal Care of the Injured Patient* ; ~~[]~~
3. Ensure that a nurse with experience and training in the care of patients with trauma is present at the hospital at all times ; ~~[]~~
4. Ensure that there is an adequate number of physicians with experience and training in the treatment of patients with trauma who will be immediately available to provide medical treatment to the patients in the hospital ~~[]~~ ; *and*
5. Have the ability to perform computer axial tomography (CAT) scans or otherwise assess the patient's traumatic injuries and determine the medical center to which the patient will be transferred.

Sec. 78. NAC 450B.955 is hereby amended to read as follows:

450B.955 In a county whose population is less than 400,000:

1. A do-not-resuscitate identification must be in the form of an identification card, document , *bracelet* or medallion that has been approved or issued by the health division.

2. The health division shall issue a do-not-resuscitate identification in one of the forms described in subsection 1 to a qualified patient who submits:

(a) A completed application containing the items described in NRS 450B.520 and NAC 450B.950; and

(b) A fee in the following amount:

(1) For a do-not-resuscitate identification in the form of an identification card or document, \$5.

(2) For a do-not-resuscitate identification in the form of a *bracelet or* medallion, the actual cost to the health division of manufacturing or obtaining the *bracelet or* medallion from a manufacturer, including the cost of shipping, handling and engraving the *bracelet or* medallion.

Sec. 79. NAC 450B.960 is hereby amended to read as follows:

450B.960 1. For a do-not-resuscitate identification *or do-not-resuscitate order* to be honored by a person who administers emergency medical services, the identification *or order* must:

(a) Be in a form approved or issued by a health authority of this state or be a do-not-resuscitate identification *or do-not-resuscitate order* issued pursuant to the laws of another state;

(b) Not bear any mark or other indication that the identification *or order* has been modified or altered; and

(c) Be in plain sight or be presented to the person who administers emergency medical services by the patient or by another person present at the scene.

2. A person who administers emergency medical services shall, upon being presented with or upon discovering a do-not-resuscitate identification ~~or~~ *or do-not-resuscitate order*, make a reasonable effort to verify that the identification *or order* belongs to the patient. If the person

who administers emergency medical services determines that the identification *or order* belongs to the patient, the person who administers emergency medical services shall:

(a) Provide appropriate emergency medical or supportive care if the patient is not experiencing cardiac or respiratory arrest;

(b) Withhold life-resuscitating treatment from a patient if the patient is experiencing cardiac or respiratory arrest; and

(c) Closely observe the patient for any indication that the patient is attempting to remove or destroy the identification ~~or~~ *or order*, thus invalidating his identification pursuant to NRS 450B.530, or is otherwise indicating that he wishes to revoke his authorization to withhold life-resuscitating treatment. Upon observing such an attempt by the patient, the person who administers emergency medical services shall attempt to communicate with the patient to confirm that the patient wishes to revoke his authorization to withhold life-resuscitating treatment. If the person who administers emergency medical services confirms that the patient wishes to revoke his authorization to withhold life-resuscitating treatment, the person who administers emergency medical services shall inform subsequent providers of medical care that the patient has so indicated and shall document in the report of emergency care the name and identifying number that is unique to the patient and any action or request made by the patient that indicated that the patient wishes to revoke his authorization to withhold life-resuscitating treatment.

3. If the person who administers emergency medical services to a patient with a do-not-resuscitate identification *or do-not-resuscitate order* is unable or unwilling to comply with paragraph (b) of subsection 2, the person shall promptly:

(a) Transfer care of the patient to a person who administers emergency medical services who is able and willing to comply with paragraph (b) of subsection 2; or

(b) Transport the patient to a physician or health care facility at which the do-not-resuscitate protocol may be followed.

Sec. 80. NAC 450B.379, 450B.427, 450B.430 and 450B.735 are hereby repealed.

TEXT OF REPEALED SECTIONS

450B.379 Reissuance of expired certificate of emergency medical technician or intermediate emergency medical technician.

1. A person who allows his certificate as an emergency medical technician or intermediate emergency medical technician to expire may have his certificate reissued if the following conditions are met:

(a) Within 12 months after the date of the expiration of the certificate, he notifies the health division in writing of his intent to go on inactive status. Upon receipt of the written notice, the health division shall release to him his personnel file to retain for resubmission at the time he applies for reissuance of his certificate.

(b) At the time of the application for reissuance of his certificate, he successfully completes a written and practical examination, given by or approved by the health division,

with a score of at least 80 percent. In the case of an intermediate emergency medical technician, in addition to the examination, he must also successfully demonstrate the authorized intermediate procedures, to a physician designated to evaluate the demonstration of the procedures, at a level of retention of the skills of at least 80 percent.

(c) If he will be actively engaged as an attendant for an ambulance or air ambulance or an attendant assigned to the duty of medical rescue on an agency's vehicle, he holds or has applied for a current license as an attendant issued by the health division.

(d) He provides a letter from the operator of a service, a fire-fighting agency holding a permit or the chief officer of a fire department, governmental agency or other organization recognized by the health division which responds to medical emergencies that he is an active employee or volunteer of the service, agency, department or other agency or organization.

(e) He pays the required fee.

(f) He successfully completes a probationary period on the job of not less than 3 and not more than 5 months and a written recommendation is received by the health division from the service, agency or organization for whom he works or serves as a volunteer that the certificate be reissued.

2. An applicant who fails the examination or the demonstration of procedures with a score of 70 percent to 79 percent, inclusive, may retake the examination one time, or be provided another opportunity to demonstrate the procedures, no earlier than 30 days and no later than 90 days after the first examination or demonstration.

450B.427 Certification: Reissuance of expired certificate.

1. A person who allows his certificate as an advanced emergency medical technician to expire may have his certificate reissued if the following conditions are met:

(a) Within 12 months after the date of the expiration of the certificate, he notifies the health division in writing of his intent to go on inactive status. Upon receipt of the written notice, the health division shall release to him his personnel file to retain for resubmission at the time he applies for reactivation.

(b) At the time of the application for reissuance of his certificate, he provides documentation that he has had continuing training in the basic skills and in current advanced procedures, including cardiac care, trauma and shock, at a level equivalent to the amount of training required for the renewal of a certificate for the current 2-year period of certification, and the training is approved by the health division.

(c) He successfully completes a written and practical examination, given by or approved by the health division, with a score of at least 80 percent.

(d) He holds or has applied for a current license as an attendant issued by the health division.

(e) He provides a letter from the operator of a service or fire-fighting agency holding a permit and endorsed at the level of advanced emergency care that he will be employed by it as an attendant who is an advanced emergency medical technician after his certificate is reissued.

(f) He successfully completes a period of temporary authorization as a probationary advanced emergency medical technician of not less than 4 and not more than 6 months and written recommendation is received by the health division from the local medical advisory board that the certificate be reissued.

(g) He pays the required fee.

2. An applicant who fails the examination with a score of 70 percent to 79 percent, inclusive, may retake the examination one time no earlier than 30 days and no later than 90 days after the first examination.

450B.430 Certification: Suspension and revocation.

If an advanced emergency medical technician:

1. Violates any of the provisions of chapter 450B of NRS;
 2. Is guilty of any conduct which impairs his performance;
 3. Does not submit proof of continuing training on or before the date specified on his certificate;
 4. Develops a physical or mental condition which constitutes a threat to persons needing his services; or
 5. Has been found to have exhibited unprofessional conduct,
- the health division may suspend or revoke his certificate pursuant to the requirements set forth in NAC 439.300 to 439.395, inclusive.

450B.735 Portable masks and face shields used during cardiopulmonary resuscitation.

1. Portable masks and face shields used to prevent the spread of communicable diseases during the administration of cardiopulmonary resuscitation must:
 - (a) Weigh no more than 1 pound;
 - (b) Be constructed of material which allows the user to see the oral cavity of the person in cardiopulmonary arrest;

(c) Be designed to prevent the exchange of oral secretions, blood or vomitus between the person in cardiopulmonary arrest and the user; and

(d) Be disposed of after being used once or be decontaminated according to the requirements established by the manufacturer and the requirements specified in the article “Safety in Training for and Providing CPR,” contained in The Journal of the American Medical Association in issue number 21 of volume 255 at pages 2926, 2927 and 2928, June 1986.

2. The health division hereby adopts by reference “Safety in Training for and Providing CPR,” contained in issue number 21 of volume 255 of The Journal of the American Medical Association at pages 2926, 2927 and 2928, June 1986. This issue of the journal may be obtained from The Journal of the American Medical Association, 535 North Dearborn Street, Chicago, Illinois 60610, for the price of \$1.40.

**NOTICE OF ADOPTION OF PROPOSED REGULATION
LCB FILE No. R182-01**

The Bureau of Licensure and Certification of the Health Division of the Department of Human Resources adopted recommended changes to chapter 450B of NAC on January 25, 2002.

Notice date: 12/26/01
Hearing Date 1/25/02

Date of Adoption by Agency: 1/25/02
Filing date: 3/5/02

INFORMATIONAL STATEMENT

Emergency Medical Services

1. DESCRIPTION OF HOW PUBLIC COMMENT WAS SOLICITED, SUMMARY OF PUBLIC RESPONSE, AND AN EXPLANATION OF HOW OTHER INTERESTED PERSONS MAY OBTAIN A COPY OF THE SUMMARY.

A Small Business Impact Questionnaire was mailed to permitted ambulance services and fire-fighting agencies on October 25, 2001. Attached is a copy of the small business impact summary.

Notice of public workshops held on November 13, 2001, in Las Vegas, November 14, 2001, in Carson City and November 15, 2001, in Elko was published in the Las Vegas Review Journal and Reno Gazette on or before October 30, 2001. Notices of public workshops and proposed regulations were mailed to all county libraries in Nevada, permitted ambulance services, fire-fighting agencies, members of the Committee on Emergency Medical Services, and interested parties on October 26, 2001. The small business impact summary was available at all workshops.

Notice of public hearing regarding the Board's intent to adopt amendments was published in the Las Vegas Review Journal and Reno Gazette on or before December 26, 2001. Notices of public hearing, proposed regulations and small business impact summary were mailed to all county libraries in Nevada, permitted ambulance services, fire-fighting agencies, members of the Committee on Emergency Medical Services, and interested parties on December 20, 2001.

On January 10, 2002, the Bureau of Licensure and Certification received the Legislative Counsel Bureau version of the Emergency Medical Services regulations (LCB File No. R182-01). This version, along with an explanation letter, was mailed to all county libraries in Nevada, permitted ambulance services, fire-fighting agencies, members of the Committee on Emergency Medical Services, and interested parties on January 11, 2002.

2. THE NUMBER OF PERSONS WHO:

(A) ATTENDED THE HEARING;

Approximately 44 people attended the January 25, 2002, Board of Health hearing.

(B) TESTIFIED AT EACH HEARING; AND

Fergus Laughridge, Supervisor, Emergency Medical Services, gave the opening presentation.

(C) SUBMITTED TO THE AGENCY WRITTEN STATEMENTS.

John Fildes, MD

3. A DESCRIPTION OF HOW COMMENT WAS SOLICITED FROM AFFECTED BUSINESSES, A SUMMARY OF THEIR RESPONSE, AND AN EXPLANATION HOW OTHER INTERESTED PERSONS MAY OBTAIN A COPY OF THE SUMMARY

Comment was solicited from affected or potentially affected businesses by mailing appropriate services and all interested parties the proposed regulations, a small business impact questionnaire, a copy of the small business impact summary, and the notices for the workshops and Board of Health hearings. Copies the workshop minutes and Board of Health hearing minutes may be obtained by calling the Bureau of Licensure and Certification at (775) 687-4475.

4. IF THE REGULATION WAS ADOPTED WITHOUT CHANGING ANY PART OF THE PROPOSED REGULATION, A SUMMARY OF THE REASONS FOR ADOPTING THE REGULATION WITHOUT CHANGE.

None.

5. THE ESTIMATED ECONOMIC EFFECT OF THE REGULATION ON THE BUSINESS WHICH IT IS TO REGULATE AND ON THE PUBLIC. THESE MUST BE STATED SEPARATELY, AND IN EACH CASE MUST INCLUDE:

- (A) BOTH ADVERSE AND BENEFICIAL EFFECTS; AND**
- (B) BOTH IMMEDIATE AND LONG TERM EFFECTS.**

The Bureau of Licensure and Certification (BLC) Emergency Medical Services Program has determined that revision of the regulations for Emergency Medical Services will not impose a significant economic burden on the small business, which it is to regulate.

6. THE ESTIMATED COST TO THE AGENCY FOR ENFORCEMENT OF THE PROPOSED REGULATION.

The estimated cost to the agency for enforcement of the proposed amendments to NAC 450B. will not increase over the current cost for regulation enforcement.

7. A DESCRIPTION OF ANY REGULATIONS OF OTHER STATE OR GOVERNMENT AGENCIES WHICH THE PROPOSED REGULATION OVERLAPS OR DUPLICATES AND A STATEMENT EXPLAINING WHY THE DUPLICATION OR OVERLAPPING IS NECESSARY. IF THE REGULATION OVERLAPS OR DUPLICATES A FEDERAL REGULATION, NAME THE REGULATING FEDERAL AGENCY.

There is no duplication or overlap of other state or local government agency's regulations. Additionally, there is no overlap or duplication of a federal agency's regulations.

8. IF THE REGULATION INCLUDES PROVISION WHICH ARE MORE STRINGENT THAN A FEDERAL REGULATION WHICH REGULATES THE SAME ACTIVITY, A SUMMARY OF SUCH PROVISION.

None.

9. IF THE REGULATION PROVIDES A NEW FEE OR INCREASES AN EXISTING FEE, THE TOTAL ANNUAL AMOUNT THE AGENCY EXPECTS TO COLLECT AND THE MANNER IN WHICH THE MONEY WILL BE USED.

The proposed amendments to NAC 450B. are calculated to generate approximately \$10,000 dollars in each State Fiscal Years 03 (July 1, 2002-June 30, 2003) and 04 (July 1, 2003-June 30, 2004). The proposed fee increase is calculated to generate revenue sufficient to cover the projected cost of training for volunteer rural providers without adding new staff or activities.

**SMALL BUSINESS IMPACT STATEMENT
(Nevada Revised Statutes 233B.0608)**

Pertaining To: Proposed Amendment of Nevada Administrative Code (NAC) 450B Emergency Medical Services

Background

The purpose of the proposed revised regulations for Emergency Medical Services Section NAC 450B, is to update the existing regulations to reflect current standards of practice for emergency medical services and personnel. The Bureau of Licensure and Certification (BLC) has determined that revision of the regulations for Emergency Medical Services will not impose a direct and significant economic burden upon a small Business or directly restrict the formation, operation, or expansion of a small business in Nevada. A small business is defined in Nevada Revised Statutes (NRS) 233B as a “Business conducted for profit which employs fewer than 150 full-time or part-time Employees.” This small business impact statement complies with the requirements of NRS 233B.0609.

1. A description of the manner in which comment was solicited from affected small businesses, a summary of their response and an explanation of the manner in which other interested persons may obtain a copy of the summary.

Pursuant to NRS 233B.0608 (2)(a), provider comment was solicited throughout the development of the proposed revisions through work sessions sponsored by the Health Division’s Bureau of Licensure and Certification’s Emergency Medical Services Program and the Committee on Emergency Medical Services. The 1999 Legislature amended Nevada Revised Statutes (NRS) Chapter 233B to require that state agencies assess the impact of regulation changes or development on small businesses. In keeping with this requirement, all ambulance and fire-fighting agencies which qualified as a small business under NRS 233B, were contacted and provided with questionnaire October 24, 2001 to allow them to express their concerns over the economic impact of these proposed regulation revisions on their businesses.

Two (2) responses were received from agencies that met the definition of a small business. The following is a summary of their responses:

Wendover Ambulance felt that a private, for-profit service should be eligible to apply for training grant money which is currently only available to volunteer agencies and that not allowing renewal of certification via reciprocity could hurt providers in border communities where personnel maintain certification in another state. This agency also attached specific comments on the regulations with requests for explanations of particular sections.

Care Flight Reno and REMSA Ground stated that adding certification for Emergency Medical Dispatch, with the associated fees was redundant as the county the provider serves already regulates it. This agency also attached specific comments on the regulations with requests for explanations of particular sections.

Interested individuals can obtain a copy of the information packet, including the Small Business Impact Questionnaire, sent to all licensed facilities, from Ms. Shirley Rains, Administrative Assistant III, Bureau of Licensure and Certification, 1550 East College Parkway, Suite #158, Carson City, Nevada 89706

2. The estimated economic effect of the proposed regulation on the small business which it is to regulate including, without limitation both adverse and beneficial effects and both direct and indirect effects.

The Bureau of Licensure and Certification (BLC) Emergency Medical Services Program has determined that revision of the regulations for Emergency Medical Services will not impose a significant economic burden on the small business, which it is to regulate.

3. A description of the methods that BLC considered to reduce the impact of the proposed regulation on small businesses and statement regarding whether the agency actually used those methods.

The agency sought to reduce the impact of the proposed regulation on small businesses by the solicitation of provider comment throughout the development of the proposed revisions through work sessions sponsored by the Health Division's Bureau of Licensure and Certification's Emergency Medical Services Program and the Committee on Emergency Medical Services. Wherever possible, in keeping with existing state laws, these changes have been made and are reflected in the regulations provided at the workshop.

4. The estimated cost to the agency for enforcement of the proposed regulation.

The estimated cost to the agency for enforcement of the proposed amendments to NAC 450B will not increase over the current cost for regulation enforcement.

5. Total amount BLC expects to collect from any fees and the manner in which the money will be used.

The proposed amendments to NAC 450B are calculated to generate approximately \$10,000 dollars in each State Fiscal Years 03 (July 1, 2002-June 30, 2003) and 04 (July 1, 2003 – June 30, 2004). The proposed fee increase is calculated to generate revenue sufficient to cover the projected cost of training for volunteer rural providers without adding new staff or activities.

6. An explanation of why any duplicative or more stringent provisions than federal, state or local standards regulating the same activity are necessary.

No duplication or more stringent provision are either created or already in existence.