

PROPOSED REGULATION OF THE STATE BOARD OF HEALTH

LCB File No. R024-14

This is a DRAFT revision with corrections 2/24/14

Proposed Regulation Changes

Matter in *bolded italics* is new; matter between brackets ~~omitted material~~ is material to be omitted.

Authority: NRS 450B.120 & 450B.900

Section 1. Chapter 450B of NAC is hereby amended by adding thereto a new section to read as follows:

“Endorsement” defined. “Endorsement” means the added training above an initial certification that meets an emphasized national standard for a emergency medical dispatcher, emergency medical responder, a emergency medical technician, an advanced emergency medical technician, paramedic, critical care paramedic, or an instructor and requested or recognized in a service protocol.

Section 2. Chapter 450B of NAC is hereby amended by adding thereto a new section to read as follows:

“Fire-fighting agency” defined. “Fire-fighting agency” means a service approved by the Division for the operation of any ambulance, air ambulance, or non-transport unit for the purpose of responding to emergencies, transporting, sick or injured persons or dead bodies with compensation. A “Fire-fighting agency” may be wholly or partly subsidized and may be operated under the auspices of a governmental or public agency or industry.

Section 3. Chapter 450B of NAC is hereby amended by adding thereto a new section to read as follows:

“Category inspections violations” defined. “Category inspections violations” means a violation during a unit inspection.

- 1. Category “A” violations require immediate removal from service.*
- 2. Category “B” violations require fixing unit within 3 days.*

Section 4. NAC 450B.360 is hereby amended to read as follows: Certification of Emergency medical technician advanced emergency medical technician, and paramedic:

1. To be certified as an emergency medical technician, advanced emergency medical technician, or paramedic an applicant must:

- (a) Submit the appropriate Division form and the fee prescribed in NAC 450B.700;*
- (b) Maintain a certificate to provide cardiopulmonary resuscitation issued by the American Heart Association or an equivalent certificate approved by the Division;*
- (c) Submit a statement indicating compliance with the provisions of NRS 450B.183; and*
- (d) A emergency medical technician, advanced emergency medical technician, or paramedic who is registered by the National Registry of Emergency Medical Technicians or its national*

successor organizations shall be deemed to have satisfied the requirements for certification within the state of Nevada.

2. A Paramedic must meet all requirements of section 1 plus the following requirements:

(a) Maintain a certificate to provide Advanced Cardiac Life Support issued by the American Heart Association or an equivalent certificate approved by the Division;

(b) Maintain a certificate to provide Pediatric Advanced Life Support issued by the American Heart Association or an equivalent certificate approved by the Division;

(c) Maintain a certificate to provide International Trauma Life Support or an equivalent certificate approved by the Division.

Section 5. Chapter 450B of NAC is hereby amended by adding thereto a new section to read as follows:

Endorsement of critical care paramedic: Qualifications; authorized activities.

1. To receive an endorsement as a critical care paramedic in emergency medical services, an applicant must:

(a) Provide proof of the successful completion of a course in training equivalent to the national standard as set forth by the National Highway and Traffic Safety Administration and/or approved by Division administrator for a critical care paramedic course; and

(b) Provide verification of current certification as a paramedic issued by the Division.

(c) A person endorsed as an critical care paramedic in emergency medical services may only practice within the role with approved agency protocols from the Division.

Section 6. Chapter 450B of NAC is hereby amended by adding thereto a new section to read as follows:

Endorsement of critical care paramedic: expiration; renewal.

1. An endorsement to be an critical care paramedic in emergency medical services expires on the date of expiration appearing on the certificate for an paramedic.

2. The critical care paramedic endorsement is renewable if the holder of the endorsement verifies participation as an critical care paramedic for 48 hours of emergency medical training beyond the scope of practice of a paramedic training equivalent to the national standard as set forth by the National Highway and Traffic Safety Administration and/or approved by Division administrator for a critical care paramedic.

Penalties and Fines

Section 7. Chapter 450B of NAC is hereby amended by adding thereto a new section to read as follows:

NRS 450B.900 Fees. the Division shall charge and collect the following fees:

Operating without certification:

1. Any service that allows a person to perform the duties of an Ambulance Attendant on a ambulance, Air ambulance or an non-transport unit without a valid Emergency Medical Services certification issued by the Division shall be found non-compliant with NAC 450B.070, NAC 450B.355, NAC 450B.360, NAC 450B.363, NAC 450B.3745 or NAC 450B.400 The service allowing an individual to act in the capacity of an Ambulance Attendant without a valid certification shall be fined \$50.00 per person per day.

2. Upon submission of proper form for certification, the individual will have this request for certification temporarily denied and held for a period not to exceed 30 days prior to issuance. (NAC 450B.070, NAC 450B.355, NAC 450B.360, NAC 450B.363, NAC 450B.3745 or NAC 450B.400)

Operating an Ambulance Service without a permit:

Any service operating a unit without a permit issued by the Division, shall be found non-compliant with NAC 450B.510. Shall be fined \$500.00 per day until a valid permit is received.

Unit Inspection with Category A violations:

Category A violations: An agency unit of a permitted service that has been inspected and found to have category A violations pursuant to the Division's emergency medical services inspection criteria shall be found non-compliant with NAC 450B.640. The agency shall not operate the unit until a re-inspection fee of \$100.00 has been paid and no further Category A violations are found.

Vehicle Inspection with Category B violations:

Category B violations: An agency unit of a permitted service that has been inspected and found to have category B violations pursuant to the Division's emergency medical services inspection criteria shall be found non-compliant with NAC 450B.640. The agency will be required to submit a written statement within 3 working days indicating the violations have been corrected and request a re-inspection of the unit.

Section 8. NAC 450B.013 is hereby amended to read as follows:

“Advanced emergency care” means care which ~~includes, in addition to the activities of intermediate emergency care, advanced invasive procedures for cardiopulmonary emergencies, the administration of additional medications for acute and chronic medical conditions, the recognition of arrhythmia and therapeutic intervention~~ *meets the equivalent to the national standard of education as set forth by the National Highway and Traffic Safety Administration and/or approved by Division administrator* under the ~~supervision~~ *direction* of a physician or a registered nurse supervised by a physician *either by off-line protocol or on-line with a base hospital.*

Section 9. NAC 450B.015 is hereby amended to read as follows: “Agency’s vehicle” defined. (NRS 450B.120) “Agency’s vehicle” means a unit operated by a service ~~for fire-fighting agency~~ under a permit issued pursuant to this chapter, which is staffed and equipped to respond to a medical emergency.

Section 10. NAC 450B.061 is hereby amended to read as follows:

“Basic emergency care” means care ~~which includes assessing life-threatening and nonlife-threatening medical conditions, establishing and maintaining a patient’s airway and ventilation, rendering cardiopulmonary resuscitation, controlling bleeding, treating shock and poisoning, dressing and bandaging wounds, splinting fractures, giving emergency obstetrical assistance and~~

~~caring for newborn infants and executing appropriate rescue and extrication procedures;~~
provided that it is equivalent to the national standard of education as set forth by the National Highway and Traffic Safety Administration and/or approved by Division administrator under the direction of a physician or a registered nurse supervised by a physician, either by off-line protocol or on-line with a base hospital.

Section 11. NAC 450B.070 is hereby amended to read as follows:

“Certificate” means the certificate issued by the ~~{Health}~~ Division under this chapter to a person certifying him or her to be qualified as an *emergency medical dispatcher, emergency ~~{first}~~ medical* responder, an emergency medical technician, an ~~{intermediate}~~ *advanced* emergency medical technician, a ~~{in-advanced emergency medical technician}~~ *paramedic* or an instructor in a program of training in emergency medical services.

Section 12. NAC 450B.090 is hereby amended to read as follows:

“Driver” means a qualified person, as determined by the Department of Motor Vehicles, who:

1. Is responsible for the operation of an ambulance over the streets, roads and highways within this state; and
2. Possesses evidence that the person has successfully completed a national standard course for the operation of an emergency vehicle or an equivalent course approved by the ~~{Health}~~ Division.

Section 13. NAC 450B.105 is hereby amended to read as follows:

“Emergency care” means basic, intermediate or advanced medical care given to a patient in an emergency and ~~{before the patient arrives at a hospital}~~ *may include patient treatment when care is provided or evaluated but no transport is deemed needed.*

Section 14. NAC 450B.115 is hereby amended to read as follows: “~~{First}~~*Emergency medical responder*” defined. “~~{First}~~ *Emergency medical responder*” means a person who has successfully completed the national standard *of education as set forth by the National Highway and Traffic Safety Administration and/or approved by Division administrator* ~~{course}~~ for ~~{first}~~ *emergency medical responders.*

Section 15. NAC 450B.125 is hereby amended to read as follows: “~~{Health}~~ Division” defined. “~~{Health}~~ Division” means the ~~{Health}~~ Division of *Public and Behavioral Health of the Department of Health and Human Services.*

Section 16. NAC 450B.147 is hereby amended to read as follows: “Instructor” defined. “Instructor” means a person who has successfully completed a national standard *of education as set forth by the National Highway and Traffic Safety Administration and/or approved by Division administrator* ~~{course}~~ for instructors or an equivalent course approved by the ~~{Health}~~ Division.

Section 17. NAC 450B.148 is hereby amended to read as follows:

“Intermediate emergency care” means care which includes~~{, in addition to}~~ the activities of basic emergency care, *and is equivalent to the national standard of education as set forth by the National Highway and Traffic Safety Administration and/or approved by Division*

administrator ~~{invasive procedures and the administration of certain medications for acute life-threatening conditions}~~ and is performed under the ~~{supervision}~~ direction of a physician or a registered nurse supervised by a physician *either by off-line protocol or on-line with a base hospital.*

Section 18. NAC 450B.150 is hereby amended to read as follows:

“License” means the license issued by, or on behalf of, the ~~{Health}~~ Division to a person certifying him or her as qualified to perform the duties of a driver, attendant, *or* air attendant ~~{or volunteer}~~ pursuant to this chapter.

Section 19. NAC 450B.177 is hereby amended to read as follows: “National standard ~~{course}~~” defined. “National standard~~{course}~~” means a program of training in procedures and skills for emergency medical care as prepared and authorized by the National Highway Traffic Safety Administration of the United States Department of Transportation, *Association of Emergency Medical Service Educators, Federal Aviation Administration, and/or American Heart Association.*

Section 20. NAC 450B.180 is hereby amended to read as follows:

“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 *an emergency medical dispatcher, emergency medical responder, {advanced emergency medical technician} emergency medical technician {basic, intermediate} advanced medical technician,* or *paramedic and a registered nurse.*

Section 21. NAC 450B.219 is hereby amended to read as follows:

“Report of emergency care” means the record of the care given to a person at the scene of an emergency and the transportation or transfer of any patient within Nevada, *to Nevada* or from Nevada to a location in another state.

Section 22. NAC 450B.230 is hereby amended to read as follows:

“Service” means a ~~{a}~~ *permitted fire-fighting agency, volunteer service, combination agency or career agency providing agency unit response, special event coverage,* ambulance or air ambulance service, whether or not the service is conducted pursuant to a business license issued by a local government.

Section 23. NAC 450B.260 is hereby amended to read as follows:

“Unit” means an *agency* ambulance, air ambulance, *or non-transport unit.* ~~{or fire-fighting agency vehicle.}~~

Section 24. NAC 450B.280 is hereby amended to read as follows:

“Volunteer service” means a service approved by the ~~{Health}~~ Division for the operation of any ambulance, *air ambulance, or non-transport unit* ~~{or other motor vehicle}~~ for the purpose of *responding to emergencies,* transporting sick or injured persons or dead bodies without compensation other than reimbursements to defray the actual expenses of providing the service. A “volunteer service” may be wholly or partly subsidized and may be operated under the auspices of a governmental or public agency or an industrial or nonprofit corporation.

Section 25. NAC 450B.310 is hereby amended to read as follows:

Unless exempted by subsection 6 of [NRS 450B.160](#) or [NRS 450B.830](#), no person may act in the capacity of an attendant of a service ~~for a fire-fighting agency, including a volunteer service or agency~~, unless the person possesses a currently valid card evidencing that he or she holds a license issued by the ~~Health~~ Division and authorizing him or her to act in that capacity.

Section 26. NAC 450B.320 is hereby amended to read as follows:

1. The ~~Health~~ Division may not issue a license to an applicant unless all the information required by [NAC 450B.330](#) is contained in the application and the ~~Health~~ Division is satisfied that the applicant meets the following criteria:

- (a) Is 18 years of age or older as of the date of the application.
- (b) If applying to become an attendant:
 - (1) Holds a class ~~B~~ C driver's license or its equivalent issued in this state; or
 - (2) Is employed in Nevada, makes his or her residence in *another* ~~contiguous~~ state and is required by reason of residence to maintain a driver's license issued by that state equivalent to a class ~~B~~ C license in th~~is~~*at* state.
- (c) Is able to read, speak and understand the English language.
- (d) Has been found by a licensed physician within the 6 months immediately preceding the date on which the application is submitted to be of sound physical and mental health and free of physical defects or diseases which may impair the applicant's ability to drive or attend an ambulance, air ambulance or *non-transport unit* ~~agency's vehicle~~ and that determination is verified by the physician on a form approved by the ~~Health~~ Division for that purpose.
- (e) 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 may not be able to function properly as a licensee or to care for patients for whom he or she would become responsible *for*.
Notification will be sent in writing, in the manner prescribed in NAC 450B.710, that the application is rejected, setting forth the reasons for the rejection and the right to appeal to the Division in the manner prescribed in NAC 439.300 to 439.395, inclusive.
- (f) Possesses a certificate evidencing successful completion of a program of training with testing for competency in the procedures for emergency care which is equivalent to the national standard *of education as set forth by the National Highway and Traffic Safety Administration and/or approved by Division administrator* ~~course~~ for a ~~basic, intermediate~~ *driver only, emergency medical technician, advanced emergency medical technician* or ~~advanced emergency medical technician~~ *paramedic*.
- (g) Submits evidence satisfactory to the ~~Health~~ Division of verification of the applicant's skills.

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

- (a) Meet all the prerequisites for an attendant set forth in NAC 450B.310 to 450B.350, inclusive.
- (b) Possess the following:
 - (1) A certificate as an ~~intermediate~~ *advanced* emergency medical technician or as ~~an advanced emergency medical technician~~ *a paramedic* which was issued pursuant to chapter 450B of NRS; or
 - (2) A 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 the applicant. The course must include:

- (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~~ *a paramedic* or a registered nurse providing advanced life support care in an air ambulance must ~~possess a valid certification of~~ *provide* completion of a course in:

~~Advanced Cardiac Life Support issued by the American Heart Association~~

(a) Advanced Cardiac Life Support issued by the American Heart Association or an equivalent certificate approved by the Division;

(b) Pediatric Advanced Life Support issued by the American Heart Association or an equivalent certificate approved by the Division;

(c) International Trauma Life Support or an equivalent certificate approved by the Division
~~for an equivalent course approved by the Health Division.~~

Section 27. NAC 450B.330 is hereby amended to read as follows:

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 the 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 the 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:

- (a) His or her complete name;
- (b) His or her date of birth;
- (c) His or her social security number;
- (d) The address of his or her current residence;
- (e) The name and address of the applicant's employer and the employer immediately preceding his or her current employment if the previous employment related to providing emergency medical services;
- (f) A description of the last two jobs he or she held immediately before the application is made if those jobs related to providing emergency medical services;

- (g) A statement of whether the applicant, within the 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;
 - (h) A statement of whether the applicant 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;
 - (i) A description of the applicant's training and experience relating to the transportation and care of patients;
 - (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;
 - (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 compliance with the provisions of NRS 450B.183; and
 - (m) The appropriate fee prescribed in NAC 450B.700.
3. An applicant for an initial license as an attendant must file with the ~~{Health}~~ Division, in addition to the information and fee specified in subsection 2, a valid certificate designating him or her as an emergency medical technician, ~~{intermediate}~~ *advanced* emergency medical technician or ~~{advanced-emergency-medical-technician}~~ *paramedic*.
4. An application for renewal of a license must:
- (a) Be made on an abbreviated form of application prescribed by the ~~{Health}~~ Division ;
 - (b) Include information relating to any conviction of the applicant for any felony or misdemeanor occurring 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 or she would become responsible.

Section 28. NAC 450B.340 is hereby amended to read as follows:

1. Upon the request of a holder of a permit to operate a service, the ~~{Health}~~ Division may issue a provisional license as an attendant to an applicant who has not completed the required training for licensure.
2. 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. Upon completion of the training for the attendant, the operator of the 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 training capacity if, during any period in which the person:
 - (a) Is at the scene of an emergency, he or she is accompanied by an attendant who is licensed at or above the level of licensure of the attendant as ~~{a-basic, intermediate}~~ *an emergency medical technician* or advanced emergency medical technician, *or paramedic*; or
 - (b) Transports a patient to a medical facility, he or she is accompanied by at least two attendants, one of whom is licensed at or above the level of licensure of the attendant as *an* ~~{basic,~~

~~intermediate~~ *emergency medical technician*, ~~or~~ advanced emergency medical technician *or paramedic*.

Section 29. NAC 450B.350 is hereby amended to read as follows: Licensing of attendants: Terms; renewal; responsibility of service ~~for fire-fighting agency~~; alteration of official entry.

1. The license of an attendant is not assignable or transferable.
2. A license expires on the date of expiration appearing on the license. The date of expiration for a license must be the same as the date of expiration specified on the licensee's certificate as an emergency medical technician. The ~~{Health}~~ Division may designate the same year of expiration for the licenses of all attendants in a particular service ~~for fire-fighting agency~~.
3. An attendant must renew his or her license on or before its expiration date.
4. The ~~{Health}~~ Division shall renew an attendant's license if the ~~{Health}~~ Division is satisfied that, in addition to 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.
5. A service ~~for fire-fighting agency~~ shall ensure that each of its attendants holds a valid license.
6. An official entry made upon any license must not be defaced, removed or obliterated. If any such defacement, removal or obliteration occurs on any portion of a license, the license is void.

Section 30. NAC 450B.355 is hereby amended to read as follows: Certification of ~~{first}~~ *emergency medical* responders.

1. To be certified as an ~~{first}~~ *emergency medical* responder, an applicant must:
 - (a) Be 16 years of age or older;
 - (b) Have successfully completed the national standard course for ~~{first}~~ *emergency medical* responders ~~for an equivalent curriculum~~ *developed by National Highway Traffic Safety Administration of the United States Department of Transportation and* 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 or she 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, an ~~{first}~~ *emergency medical* responder may ~~{}~~ *function within their scope of practice.*
~~{(a) Provide services in rescue, first aid and cardiopulmonary resuscitation; and
(b) Use an automatic or semiautomatic defibrillator to defibrillate a patient.}~~
4. An initial certificate as a ~~{first}~~ *emergency medical* 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.

Section 31. NAC 450B.363 is hereby amended to read as follows: Certification of emergency medical technician, *advanced emergency medical technician, and paramedic trained in another state; renewal of certificate.*

1. The ~~{Health}~~ Division may issue a certificate as an emergency medical technician, *advanced emergency medical technician, or paramedic* to an applicant 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 certification; or

~~{a}3~~ (3) Is a resident of *another* state ~~{contiguous to Nevada}~~ and is employed by ~~{for an active volunteer with}~~ a *permitted* 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 *education as set forth by the National Highway and Traffic Safety Administration and/or approved by Division administrator* ~~{course}~~ for emergency medical technicians, *advanced emergency medical technician, or paramedic* 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.

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

(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 the applicant's certificate as an emergency medical technician, *advanced emergency medical technician, or paramedic* 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 or her practical skills.

(b) Pass a written examination ~~{administered}~~ *approved* by the ~~{Health}~~ Division *in accordance with the national standard of education as set forth by the National Highway and Traffic Safety Administration and/or approved by Division administrator.*

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.

4. Submit a statement indicating compliance with the provisions of NRS 450B.183; and

5. A Paramedic must meet all requirements of prior section plus the following requirements:

(a) Maintain a certificate to provide Advanced Cardiac Life Support issued by the American Heart Association or an equivalent certificate approved by the Division;

(b) Maintain a certificate to provide Pediatric Advanced Life Support issued by the American Heart Association or an equivalent certificate approved by the Division;

(c) Maintain a certificate to provide International Trauma Life Support or an equivalent certificate approved by the Division.

Section 32. NAC 450B.366 is hereby amended to read as follows: Expiration and renewal of certificate as ~~first~~ *an emergency medical responder* ~~for emergency medical technician~~.

1. A certificate as a ~~first~~ *emergency medical responder* ~~for an emergency medical technician~~ 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 in continuing training which is equivalent to the national standard *of education as set forth by the National Highway and Traffic Safety Administration and/or approved by Division administrator for a refresher course for first emergency medical responders* ~~for 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 requirement for attendance for that program for a:

(I) ~~First~~ *emergency medical 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, before the date the certificate expires, an application evidencing that he or she has met the requirements as set forth in paragraph (a).

Section 33. NAC 450B.375 is hereby amended to read as follows: Late renewal of certificate as *an emergency medical technician, intermediate advanced emergency medical technician, or paramedic*.

1. If an *emergency medical technician, intermediate advanced emergency medical technician, or paramedic* is unable to renew his or her certificate when required, he or she must, if he or she wishes to renew the certificate, submit a request for a late renewal on a form provided by the ~~Health~~ Division.

2. Upon approval by the ~~Health~~ Division 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, *advanced emergency medical technician, or paramedic*;

(b) Verification of his or her skills;

(c) ~~Receiving a score of not less than 80 percent on~~ *Pass* a written examination ~~administered~~ *approved* by the ~~Health~~ Division *in accordance to national standard of education as set forth by the National Highway and Traffic Safety Administration and/or approved by Division administrator*; and

(d) Payment of the appropriate fee prescribed in NAC 450B.700.

(e) Submit a statement indicating compliance with the provisions of NRS 450B.183.

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

4. The ~~Health~~ Division shall deny an application for late renewal if more than 3 years have elapsed from the date of the expiration of the certificate.

Section 34. NAC 450B.380 is hereby amended to read as follows: Certificate as an *emergency medical technician, ~~intermediate~~ advanced emergency medical technician or paramedic: Expiration; verification of skills of holder for maintenance; renewal.*

1. A certificate as an *emergency medical technician, ~~intermediate~~ advanced* emergency medical technician *,or paramedic* 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. To maintain certification, a certified *emergency medical technician, ~~intermediate~~ advanced* emergency medical technician, *or paramedic* ~~every 12 months,~~ complete at least one *set skills* verification *within the last 12 months prior to expiration* of his or her skills conducted by:

- (a) The medical director of the service ~~for fire-fighting agency~~; or
- (b) A qualified instructor approved by the ~~Health~~ Division.

3. In verifying the skills of an *emergency medical technician, ~~intermediate~~ advanced* emergency medical technician, *or paramedic*, the medical director or qualified instructor shall determine whether the *emergency medical technician, ~~intermediate~~ advanced* emergency medical technician, *or paramedic* retains his or her skills in:

- (a) Each technique for which certification *and local protocol* has been issued; and
- (b) The administration of approved medications,
 and enter that determination on a form provided by the ~~Health~~ Division.

4. To renew his or her certificate, an *emergency medical technician, ~~intermediate~~ advanced* emergency medical technician, *or paramedic* must:

(a) Meet the requirements for renewal of the certificate as an emergency medical technician, *advanced emergency medical technician, or paramedic.* *A course in continuing training which is equivalent to the national standard of education as set forth by the National Highway and Traffic Safety Administration and/or approved by Division administrator for a refresher course;*

(I) ~~EMT~~ Emergency medical technician and advanced emergency medical technician is at least 30 hours for renewal of certification.

(II) Paramedic is at least 40 hours for renewal of certification.

(b) Before the certificate expires, submit an application evidencing that he or she has met the requirements of this section; and

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

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

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

5. *A Paramedic must meet all requirements of prior section plus the following requirements:*

(a) Maintain a certificate to provide Advanced Cardiac Life Support issued by the American Heart Association or an equivalent certificate approved by the Division;

(b) Maintain a certificate to provide Pediatric Advanced Life Support issued by the American Heart Association or an equivalent certificate approved by the Division;

(c) Maintain a certificate to provide International Trauma Life Support or an equivalent certificate approved by the Division.

Authorized Activities

Section 35. NAC 450B.440 is hereby amended to read as follows:

A program of training in the State of Nevada for ~~advanced emergency medical technicians~~ a *paramedic* must be at least equivalent to the national standard *of education as set forth by the National Highway and Traffic Safety Administration and/or approved by Division administrator*; ~~course for emergency medical technician paramedic.~~ The program must be supervised by a physician but may be coordinated by a registered nurse *with an endorsement as an instructor* or a ~~an advanced emergency medical technician~~ *paramedic* 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 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.

Section 36. NAC 450B.384 is hereby amended to read as follows:

The holder of a certificate issued pursuant to NAC 450B.360 shall not practice beyond the scope of the certificate unless authorized by the health authority which issued the certificate.

Section 37. NAC 450B.447 is hereby amended to read as follows: Authorized activities; ~~oral~~ *verbal* orders.

1. An ~~advanced emergency medical technician~~ *Emergency Medical Technician or higher* who is licensed may, in addition to the authorized activities of an ~~intermediate~~ *advanced* emergency medical technician:

(a) During training received in a clinical *facility* setting, ~~administer medications and perform any other authorized activity under the direct supervision of~~ *ambulance or on the scene of an emergency perform skills within the scope of an advanced emergency medical technician or paramedic under the direction of a physician or registered nurse supervised by a physician, preceptor or clinical staff when approved by* a physician or a registered nurse supervised by a physician.

(b) ~~Perform cardiopulmonary resuscitation and defibrillation using a manual defibrillator.~~

(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 protocols of the service for fire fighting agency,~~ perform such procedures and administer such medications as are approved by the board and recommended by the medical director of the service ~~for fire fighting agency~~ 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~~ *verbal* order from a physician or registered nurse acting on the authority of a physician to the ~~advanced emergency medical technicians~~ *Emergency Medical Technician or*

higher to perform one of 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 digital disc.

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

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

Section 38. NAC 450B.450 is hereby amended to read as follows: Provision of care, supplies and equipment by hospital~~;~~ or service ~~{or fire fighting agency}~~; staffing of ambulance, air ambulance or, *non-transport unit*. ~~{agency's vehicle}~~

1. Any hospital~~;~~ or 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}~~ *paramedics* to provide emergency care to the sick and injured:

- (a) ~~{At}~~ *On* the scene ~~{of an emergency}~~ and/or 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}~~ using ~~{advanced emergency medical technicians}~~ *paramedics* must provide the supplies and equipment *as dictated and approved by local agency protocol on file*. ~~{listed in 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}~~;
- (e) ~~{An Emergency Medical Services}~~ registered nurse and a licensed attendant who is ~~{a}~~ certified *as an* emergency medical technician; *advanced emergency medical technician or paramedic* or

(~~{d}~~)b) Two licensed attendants, one of whom is an ~~{advanced emergency medical technician}~~ *paramedic*; or ~~{and one of whom is an intermediate emergency medical technician}~~.

(c) *A registered nurse (not endorsed as an Emergency Medical Services registered nurse) and 2. licensed attendants who are certified as an emergency medical technician, advanced emergency medical technician or paramedic or licensed driver or attendant.*

4. When an air ambulance ~~{providing advanced emergency care}~~ is in operation, it must be staffed by at least one ~~{physician or}~~ *Emergency Medical Services* registered nurse. *When an air ambulance is in operation to provide care at the scene of an emergency, it must be staffed by one Emergency Medical Services registered nurse and one advanced emergency medical technician.*

~~{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.}~~

Section 39. NAC 450B.455 is hereby amended to read as follows:

~~{The attendant who is an advanced emergency medical technician or a registered nurse shall note on the ambulance's report of emergency care:~~

- ~~1. Any procedure initiated under a written standing order; and~~
- ~~2. The reason for any lack of voice communication by radio.}~~ *Documentation of care shall be recorded at all levels of patient contact and submitted to the state in a manner approved by the Division.*

EMERGENCY MEDICAL DISPATCHERS

Section 40. NAC 450B.456 is hereby amended to read as follows:

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.

Section 41. NAC 450B.457 is hereby amended to read as follows:

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 *another* state ~~{that is contiguous to Nevada}~~ and is employed by an agency that is responsible for emergency medical dispatch *with*in 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 the applicant's 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 or her competency administered by the ~~{Health}~~ Division.

Section 42. NAC 450B.458 is hereby amended to read as follows:

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 *of education as set forth by the National Highway and Traffic Safety Administration and/or approved by Division administrator for* 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 the certificate expires, an application indicating compliance with the requirements set forth in paragraph (a).

Section 43. NAC 450B.459 is hereby amended to read as follows:

If an emergency medical dispatcher is unable to attend an approved course for continuing training required to renew his or her certificate, or otherwise comply with the requirements for renewal, within the prescribed period, he or she may submit a written request for a late renewal on a form provided by the ~~{Health}~~ Division.

Section 44. NAC 450B.461 is hereby amended to read as follows:

1. No ~~{advanced emergency medical technician}~~ *paramedic* 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 the controlled substance is named on the inventory of medication issued by the medical director of the service ~~{or fire fighting agency}~~ and:
 - (a) An order is given to the ~~{advanced emergency medical technician}~~ *paramedic* by a physician or a registered nurse supervised by a physician; or
 - (b) The ~~{advanced emergency medical technician}~~ *paramedic* is authorized to administer the controlled substance pursuant to a written protocol that is approved by the *service medical director and on file with the Division*.
2. No ~~{intermediate}~~ *advanced* emergency medical technician or ~~{advanced emergency medical technician}~~ *paramedic* may administer any dangerous drug while serving as an attendant in a service ~~{or fire fighting agency}~~ unless the dangerous drug is named on the inventory of medication issued by the medical director of the service ~~{or fire fighting agency}~~ and:
 - (a) An order is given to the ~~{intermediate}~~ *advanced* emergency medical technician or ~~{advanced emergency medical technician}~~ *paramedic* by a physician or a registered nurse supervised by a physician; or
 - (b) The ~~{intermediate}~~ *advanced* emergency medical technician or ~~{advanced emergency medical technician}~~ *paramedic* is authorized to administer the drug pursuant to a written protocol that is approved by the ~~{Health}~~ Division.
3. An ~~{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.

Section 45. NAC 450B.465 is hereby amended to read as follows:

1. Each dangerous drug and controlled substance used by a service ~~for 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, *non-transport unit* ~~agency's vehicle~~; or
 - (b) Under the direct physical control of a ~~an advanced emergency medical technician~~ *paramedic* or a registered nurse.
3. When a controlled substance is not being used, it must be secured, together with the record for that controlled substance, in a manner approved by the medical director of the service ~~or fire fighting agency~~.

Section 46. NAC 450B.471 is hereby amended to read as follows:

1. Each time a ~~an advanced emergency medical technician~~ *paramedic* or registered nurse administers a controlled substance or an ~~intermediate~~ *advanced* emergency medical technician, ~~advanced emergency medical technician~~ *paramedic* 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(s) administered;
 - (b) The dose of the medication(s) administered;
 - (c) The route of administration;
 - (d) The date and time of administration;
 - (e) The name of the physician ordering the medication(s) *outside of standing protocols*.
2. *Each patient care report must contain:*
 - ~~(a)~~ The signature, *electronic signature* or initials of the person who administered the medication(s) and the emergency medical services number of that person;
 - ~~(g)~~ If a registered nurse administered the medication(s), 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~~3. 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 is a licensed attendant of the permitted service or an employee of the transporting hospital*, who shall sign a statement indicating the unused portion was discarded; and
 - (b) Noted in the record for controlled substances.
- ~~3~~4. If any error is made in administering a medication or the patient has an unusual reaction to a medication, the ~~intermediate~~ *advanced* emergency medical technician, ~~advanced emergency medical technician~~ *paramedic* 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.

Section 47. NAC 450B.475 is hereby amended to read as follows:

1. Controlled substances used by a service ~~{or fire-fighting-agency}~~ must be supplied as follows:

(a) The medical director of the service ~~{or fire-fighting-agency}~~ shall designate one or more commercial or hospital pharmacies for the issuance and resupply of controlled substances.

(b) The initial issue of controlled substances must be made by a prescription signed by the medical director.

(c) The resupply of controlled substances must be made by a prescription signed by the ordering physician, receiving physician or medical director.

(d) If a container of a controlled substance becomes damaged or contaminated:

(1) The medical director shall verify the damage or contamination and sign a prescription for the replacement of the controlled substance~~}; and{.~~

~~{(2) The damaged or contaminated container must be presented to the appropriate designated pharmacy for destruction.~~

~~{(e) If a container of a controlled substance becomes outdated it must be returned to the appropriate designated pharmacy for replacement.}~~

2. The handling and use of any controlled substance or dangerous drug by an emergency medical service must comply with the provisions of chapters 453 and 454 of NRS.

3. Each controlled substance and dangerous drug must be maintained in unit dose containers unless directed otherwise by the medical director of the service ~~{or fire-fighting-agency}~~.

4. Each permitted agency must have a controlled and dangerous drug procedure to address any and all discrepancies according to the pharmacy board rules and regulations.

Section 48. NAC 450B.481 is hereby amended to read as follows:

1. A record of usage must accompany the controlled substances used by a service ~~{or fire-fighting-agency}~~.

2. Each time a controlled substance is administered to a patient, an entry must be made in the record. The entry must include the:

(a) Date and time the medication was administered;

(b) ~~{N}~~ *Incident number, patient number or the* name of the patient to whom the medication was administered;

(c) Dose of medication administered;

(d) Amount of medication wasted, if any;

(e) Name of the ordering physician *outside of standing protocols*; and

(f) Signature of the ~~{advanced-emergency-medical-technician}~~ *paramedic* or registered nurse who administered the medication.

3. Each time the responsibility for the controlled substances changes from one crew to another, an entry must be made in the record. The entry must include the date and time of the transfer, the current inventory upon transfer and the initials of each ~~{advanced-emergency-medical-technician}~~ *paramedic* or registered nurse of the receiving crew.

4. When the controlled substances are removed from service and stored, an entry must be made in the record indicating the date, time and current inventory at the time of transfer. The entry must also include the initials of each ~~{advanced-emergency-medical-technician}~~ *paramedic* or registered nurse verifying the level of inventory of the controlled substances. When the controlled substances are returned to service, the initials of each ~~{advanced-emergency-medical~~

~~technician}~~ *paramedic* or registered nurse on the receiving crew and the name of another ~~{advanced emergency medical technician}~~ *paramedic* or registered nurse must be entered in the record to verify the level of inventory of the controlled substances.

5. Each service ~~{or fire fighting agency}~~ shall conduct an inventory of all controlled substances monthly. The inventory must be verified by an entry in the record of controlled substances. The medical director of the service ~~{or fire fighting agency}~~ or a person designated by the medical director who is authorized to possess a controlled substance shall verify the monthly inventory at least once every year and make an entry in the record of controlled substances verifying the inventory or noting any discrepancy.

6. ~~{If any discrepancy is noted, the affected controlled substance must be removed from service until the discrepancy is resolved.}~~ *The drug will be removed in cooperation with the service medical director when a replacement drug is added to the approved protocol list.*

Section 49. NAC 450B.493 is hereby amended to read as follows: Application; qualifications; proof of certification as ~~{intermediate}~~ *advanced* emergency medical technician or ~~{advanced emergency medical technician}~~ *paramedic*; fee not required.

1. To receive an endorsement to administer immunizations, dispense medications and prepare and respond to certain public health needs, an applicant must:

(a) Provide verification of current certification as an ~~{intermediate}~~ *advanced* emergency medical technician or ~~{advanced emergency medical technician}~~ *paramedic* which is issued pursuant to this chapter and chapter 450B of NRS;

(b) Provide proof of the successful completion of a training program for the ~~{influenza}~~ vaccine approved by the ~~{Health}~~ Division; and

(c) Demonstrate ~~{under the direct supervision of a person who is licensed as a physician or physician assistant pursuant to chapter 630 of NRS or as an advanced practitioner of nursing pursuant to chapter 632 of NRS, the administration of an injection of normal saline to a patient or volunteer}~~ *the vaccination skill as part of the renewal skills validation process described in NAC 450B.420 and NAC 450B.380.*

2. An applicant is not required to pay a fee to receive an endorsement pursuant to this section.

Section 50. NAC 450B.496 is hereby amended to read as follows:

1. A person who receives an endorsement pursuant to NAC 450B.493 may participate in:

(a) A public vaccination clinic or training exercise sponsored by a local public health authority if:

(1) A list of the emergency medical technicians with an endorsement who are participating in the clinic or training exercise is approved by the ~~{Health}~~ Division *or validation of endorsement is established* before the clinic or training exercise begins; and

(2) The person who holds the endorsement is under the direct supervision of the local health officer, or his or her designee, of the jurisdiction in which the immunization is administered.

(b) A public vaccination clinic in response to any emergency if:

(1) A list of the *advanced* emergency medical technicians *or paramedics* with an endorsement who are participating in the clinic is provided to the ~~{Health}~~ Division within 48 hours after the event begins; and

(2) The person who holds the endorsement is under the direct supervision of the local health officer, or his or her designee, of the jurisdiction in which the immunization is administered.

2. As used in this section, “emergency” has the meaning ascribed to it in NRS 450B.1975.

Section 51. NAC 450B.497 is hereby amended to read as follows:

1. An endorsement issued pursuant to NAC 450B.493 expires on the date of expiration of the person's certificate as an ~~intermediate~~ **advanced** emergency medical technician or ~~advanced emergency medical technician~~ **paramedic** or on the date the certificate is suspended or revoked.
2. To renew such an endorsement, the person who holds the endorsement must, before the endorsement expires:
 - (a) Submit an application and meet the requirements to renew his or her certificate as an ~~intermediate~~ **advanced** emergency medical technician or ~~advanced emergency medical technician~~ **paramedic** pursuant to NAC 450B.380 or 450B.420, as applicable;
 - (b) Demonstrate, ~~under the direct supervision of a person who is licensed as a physician or physician assistant pursuant to chapter 630 of NRS or as an advanced practitioner of nursing pursuant to chapter 632 of NRS, the administration of an injection of normal saline to a patient or volunteer, or demonstrate, under the direct supervision of the local health officer or his or her designee, the administration of an injection of actual influenza vaccine~~ **the vaccination skill as part of the renewal skills validation process described in NAC 450B.420 and NAC 450B.380;** and
 - (c) Submit an application to renew his or her endorsement to administer immunizations evidencing that he or she has met the requirements of this section.
3. The ~~Health~~ Division shall not renew an endorsement to administer immunizations unless the ~~Health~~ Division also renews the applicant's certificate as an ~~intermediate~~ **advanced** emergency medical technician or ~~advanced emergency medical technician~~ **paramedic**.
4. An applicant is not required to pay a fee to renew an endorsement pursuant to this section.

AMBULANCE SERVICES ~~AND FIRE-FIGHTING AGENCIES~~

Section 52. NAC 450B.505 is hereby amended to read as follows:

1. Each service ~~for 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 ~~for fire-fighting agency~~.
2. The medical director of a service ~~for fire-fighting agency~~ shall:
 - (a) Establish medical standards which:
 - (1) Are consistent with **the national standard of education as set forth by the National Highway and Traffic Safety Administration and/or approved by Division administrator, of the permitted level of service to be provided as approved by the board or another jurisdiction as referenced in NRS 450B.060;**
 - (2) Are equal to or more restrictive than the **national standards of education as set forth by the National Highway and Traffic Safety Administration and/or approved by Division administrator,** ~~of~~ **adopted by** the state emergency medical system; and
 - (3) Must be ~~approved~~ **reviewed and maintained on file** by the ~~Health~~ Division or a physician 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 licensed attendant who is actively employed by ~~for a volunteer with~~ the service ~~for 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 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}~~ ***adult, pediatric and trauma resuscitation.***

(j) Expectation for an out-of-state air services only. The agency may utilize a medical director that meets their home state standards as a medical director. Proof must be submitted to the Division.

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}~~ ***national standard as set forth by the National Highway and Traffic Safety Administration and/or approved by Division administrator***, establish medical protocols and policies for the service ~~{or fire-fighting agency}~~;
- (b) Recommend to the ~~{Health}~~ Division the revocation of licensure of personnel who provide emergency care;
- (c) Approve educational requirements ***that meet the requirements of the national standard as set forth by the National Highway and Traffic Safety Administration and/or approved by Division administrator*** 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}~~ ***national standard as set forth by the National Highway and Traffic Safety Administration and/or approved by Division administrator***;
- (e) Suspend a ~~{n-emergency medical technician}~~ ***licensed attendant*** 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}~~ ***and appropriate emergency medical dispatch care is provided prior to the arrival of the dispatched service***;
- (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 medical criteria for the level of care provided for a treat and release situation on the scene;***

(~~h~~) 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
(~~h~~)k 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 or her duties to any other qualified physician.

(a) He or she shall provide written notification of such intentions to the Division prior to the delegation of duties.

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

(a) Shall provide written notification of such intentions to the ~~{Health}~~ Division and the service ~~{or fire-fighting agency}~~ not less than 30 days before the effective date of the 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 or her responsibilities, he or she shall designate an alternate physician to assume the duties of the medical director.

Section 53. NAC 450B.510 is hereby amended to read as follows:

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 or her proposed service or agency and the information contained in the application; and

(b) Upon completion of the investigation, issue a permit authorizing him or her to operate the service ~~{or agency}~~ or a written rejection of the application on any ground set forth in NAC 450B.520, setting forth the reasons for the rejections and notifying the applicant of the 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 ~~unit {vehicle}~~ to be used in providing the service, including the manufacturer, model, year, serial number, color and identifying marks of those ~~unit {vehicle}~~.

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

(d) A list of the names of attendants staffing each ~~unit {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 a 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 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.}~~ *Level of operation under requested permit to indicate basic, intermediate or advanced level of care.*
3. The ~~{Health}~~ Division shall not issue an original permit to operate a service ~~{or 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 *unit* ~~{vehiele}~~, or aircraft pursuant to the permit are licensed or in the process of being licensed 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.

Section 54. NAC 450B.515 is hereby amended to read as follows:

The fee for an initial application for a permit, in the amount set forth in NAC 450B.700, must accompany the application when submitted to the ~~{Health}~~ Division. *The fee or government issued purchase order number* for a renewal of a permit, in the amount set forth in NAC 450B.700, must accompany any application for a renewal of a permit. These fees are not refundable.

Section 55. NAC 450B.520 is hereby amended to read as follows:

The ~~{Health}~~ Division may disapprove an application for a permit or an application for the renewal of a permit to operate a service ~~{or fire fighting agency}~~ for one or more of the following reasons, regardless of the category of the proposed service or agency or its level of emergency care:

1. The applicant for a permit to operate an ambulance, air ambulance or, *non-transport unit* ~~{agency's vehiele}~~ previously held a business license or any other permit or license to operate such a service and that permit or license was revoked.
2. The applicant for a permit to operate an ambulance, air ambulance or, *non-transport unit* ~~{agency's vehiele}~~ has a criminal record which might reasonably indicate that there is reasonable cause to believe that the applicant might not operate the service ~~{or fire fighting agency}~~ in a manner that would promote the health and general welfare of persons within this state who may need to use the service.
3. The applicant for a permit to operate an ambulance, air ambulance or, *non-transport unit* ~~{agency's vehiele}~~ does not have the equipment, licensed attendants or medical director required by this chapter.

4. The applicant for a permit to operate an air ambulance does not meet the Federal Aviation Rules for certification under CFR Part 91 or Part 135, or both, as published in the Federal Register, January 1, 1985.

Section 56. NAC 450B.526 is hereby amended to read as follows: Application ~~for endorsement~~ to operate a service at the level of *Basic, Intermediate or Advanced level of emergency care*. The ~~Health~~ Division shall prescribe forms for an operator's use in applying for a ~~an endorsement~~ permit to operate a service ~~for fire-fighting agency~~ at the level of *basic, intermediate or advanced level of* emergency care. The following information must be included in the application:

1. The name and address of the applicant's service ~~for fire-fighting agency~~.
2. The name and signature of the medical director of the service ~~for fire-fighting agency~~.
3. A copy of the written agreement between the service ~~for fire-fighting agency~~ and a hospital, signed by an authorized representative of 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 ~~for 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 ~~for 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, as defined in NAC 450B.798, to the hospital.
4. A copy of the protocols of the service ~~for fire-fighting agency~~ for each level of emergency care provided by the service ~~for fire-fighting agency~~ that are approved by the medical director of the service ~~for 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 ~~for fire-fighting agency~~ by the medical director.
7. A copy of the requirements of the service ~~for fire-fighting agency~~ for testing each level of licensure, including the requirements for knowledge of the protocols of the service ~~for 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.

Section 57. NAC 450B.529 is hereby amended to read as follows: ~~Endorsement~~ *Permit: Investigation of applicant; issuance or rejection.* After receiving an application for an ~~endorsement~~ a permit to operate a service ~~for fire-fighting agency~~ at the level of *basic, intermediate or advanced level of* care, ~~for both,~~ *any combination thereof* the ~~Health~~ Division shall, within 30 days after the receipt:

1. Have an investigation made of the applicant's proposed operations and the information contained in the application; and

2. Upon completion of the investigation, issue a ~~renewal~~ *permit* 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 the right to appeal pursuant to NAC 439.300 to 439.395, inclusive.

Section 58. NAC 450B.532 is hereby amended to read as follows: *Renewal of ~~renewal~~ the permit to operate a service at the level of the Basic, Intermediate or Advanced level of emergency care.*

1. ~~The operator of a service or fire-fighting agency must apply for a renewal of his or her endorsement in conjunction with the application for renewal of his or her permit.~~

2. The ~~Health~~ Division may require a review of the applicant's operations or a submission of updated information as a condition of renewal of the ~~renewal~~ *basic, intermediate or advanced level permit or any combination thereof.*

Section 59. NAC 450B.550 is hereby amended to read as follows:

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 60 inches (152 centimeters) of headroom above the level of the primary gurney.

(b) Provide a combined total of at least 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 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 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 the patient's 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 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 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~~ *permit*.
 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 D dated November 1, 1994, which are hereby adopted by reference. A copy of those specifications may be obtained free of charge from General Services Administration, Federal Supply Service Bureau, Specifications Section, Suite 8100, 470 East L'Enfant Plaza, S.W., Washington D.C. 20407.
 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.

Section 60. NAC 450B.560 is hereby amended to read as follows:

Each ambulance, *air ambulance* or, *non-transport unit* ~~{agency's vehicle}~~ must, during any period in which the ambulance, *non-transport unit* ~~{agency's vehicle}~~ is used to provide emergency medical care, carry the equipment and supplies specified for the ambulance or *non-transport unit* ~~{agency's vehicle}~~ set forth in a written inventory that is ~~{prepared by}~~ *on file within the Division* ~~{the Health Division and approved by the board}~~ *as part of the services protocols*.

Section 61. NAC 450B.562 is hereby amended to read as follows:

To be operated as an air ambulance:

1. An aircraft, whether a fixed- or rotary-wing type, must comply with all Federal Aviation Rules as they pertain to maintenance inspections, flight and duty time, contained in 14 CFR Part 135, entitled "Operating Requirements: Commuter and On Demand Operations and Rules Governing Persons On Board Such Aircraft."

~~{2.—An aircraft of a fixed-wing type must be certified by the manufacturer of the aircraft for night and all-weather instrument flight, including flight during known icing conditions.}~~

Section 62. NAC 450B.564 is hereby amended to read as follows:

The ~~{Health}~~ Division shall not issue an original permit or renew a permit to operate an air ambulance service unless the service has received a satisfactory surveillance review for safety and compliance, issued by the local office of the Federal Aviation Administration and the office holding the certificate of responsibility for the aircraft.

Section 63. NAC 450B.566 is hereby amended to read as follows:

1. An air ambulance service using helicopters shall make available training in the proper marking and securing of a safe area for landing to emergency medical personnel, *fire agency personnel and* ~~{or}~~ law enforcement personnel used at the landing site.
2. A landing site used for the transport of a patient by an air ambulance service using a helicopter must have:
 - (a) Ground clearance appropriate to the specifications and requirements of the aircraft; and
 - (b) Sufficient lighting to define the landing site.

Section 64. NAC 450B.568 is hereby amended to read as follows:

A patient must not be transferred by air ambulance *from one hospital to another* unless such a transfer has been determined necessary by a physician, *physician assistant or nurse practitioner under direct supervision of a physician* at the medical facility requesting the transfer of the patient *upon confirmation and acceptance from the receiving hospital*.

Section 65. NAC 450B.570 is hereby amended to read as follows:

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}~~ *Federal Aviation Administration Part 135 and may reference a current endorsement of a nationally accredited air ambulance organization such as the Commission on the Accreditation of Medical Transport Services Standards or use an equivalent Federal Aviation Administration national standard or must meet the following criteria:*
 - (a) Be designed and maintained in a safe and sanitary condition;
 - (b) Have sufficient space for storage of *medical* equipment and *medical* supplies which may be locked against unauthorized entry;
 - (c) Be designed to accommodate at least one stretcher;
 - (d) Have a door 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.

- (d) Be constructed of material that may be cleaned and disinfected after each use.
 - (e) Have a mattress or pad that is impervious to liquids.
 - (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 *medical* 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.
 - (3) ~~{(4)}~~ If the air ambulance is used to transport patients *from the scene*, a law enforcement agency.
 - (a) ~~{(e)}~~ Be equipped with:
 - (1) Survival equipment appropriate for mountain, desert and water environments *for the continuation of patient care*.
 - ~~{(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; or~~
 - ~~{(b) A single turbine engine.}~~
5. The installation of any *medical* equipment in a fixed- or rotary-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 fixed- or rotary-wing aircraft that is used as an air ambulance must carry the *medical* equipment and *medical* supplies specified for that aircraft set forth in a written inventory that is ~~{prepared by the Health Division and approved by the board}~~ *on file with the Division as part of the services protocols*.

Section 66. NAC 450B.574 is hereby amended to read as follows:

A *unit* ~~{vehicle}~~ used by a service ~~{for fire-fighting agency}~~ *as an agency unit, non-transport unit or any other configuration* to provide emergency care at the scene of an emergency *without transporting*, when in operation as such, must have at least one attendant licensed at the level ~~{for intermediate or advanced emergency medical care}~~ *in which they are permitted*.

Section 67. NAC 450B.575 is hereby amended to read as follows: Ambulance or *non-transport unit* ~~{agency's vehicle}~~: Requirements for *ground and air services that provide basic, intermediate and advanced level of emergency care.*

1. An ambulance, *air ambulance, or agency unit* that is used to *transport a patient and provide*~~{e}ing {basic}~~ *any permitted level of* 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 service* agency's *unit* ~~{vehicle}~~ may be equipped with a cellular telephone which is capable of providing communication to the hospital]; and

(b) ~~Be~~ **{S}**staffed by licensed attendants *as defined in NAC 450B.450.*

~~2.—An ambulance or agency's vehicle 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, at least one of whom is licensed as an intermediate emergency medical technician.~~

~~3.—An ambulance or agency's vehicle that is used to provide advanced emergency care must have the following equipment and staff:~~

~~(a) 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) Licensed attendants, at least one of whom is licensed as an advanced emergency medical technician or a registered nurse who is qualified to provide advanced emergency care under the regulations of the State Board of Nursing.]~~

Section 68. NAC 450B.578 is hereby amended to read as follows:

An ambulance, air ambulance, *non-transport unit* ~~{agency's vehicle}~~ which is to be used to provide basic, intermediate or advanced *level of* 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, *non-transport unit* ~~{agency's vehicle}~~ regarding care of patients, and retain the tapes or discs for at least 90 days, if the tapes or discs are not retained at a regional dispatch center *or are recorded and stored with Nevada Department of Transportation as part of the Nevada Shared Radio System.*

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 *if requested within 90 days of an event.*

4. Provide the emergency medical technicians, ~~{intermediate}~~ *advanced* emergency medical technicians, ~~{advanced emergency medical technician}~~ *paramedic* and registered nurses with an opportunity for regular participation in continuing education.

5. ~~Supervise the supply of medications, intravenous fluids and other medical supplies to be used in the ambulance, air ambulance or agency's vehicle.~~
6. ~~Include the report of emergency care in the medical record of the hospital for each patient.~~

Section 69. NAC 450B.580 is hereby amended to read as follows:

1. Each ambulance~~, air ambulance~~ or, *non-transport unit* ~~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 the holder has had each ambulance, air ambulance, *non-transport unit* ~~agency's vehicle~~ under his or her 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, ~~400 Seventh Street, S.W., Washington, D.C. 20590~~. The holder shall mail a copy of the certificate to the ~~Health~~ Division with each application for the renewal of a permit or upon request of the ~~Health~~ Division.
2. Each ambulance, air ambulance or, *non-transport unit* ~~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 *if not using the Nevada shared radio system* must contain all of the features incorporated in the state radio system for emergency medical services.
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.
4. No ambulance, air ambulance or, *non-transport unit* ~~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 the ability to carry out his or her responsibilities.
5. No ambulance or air ambulance *or, non-transport unit* may be operated unless all interior portions of the patient's compartment are cleaned and sanitized after each use.
6. No ambulance, air ambulance or, *non-transport unit* ~~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.
7. The operator of a service ~~for fire-fighting agency~~ *providing ground response* shall maintain at least one ambulance, ~~air ambulance~~ or, *non-transport unit* ~~agency's vehicle~~ in a fully operational condition 24 hours per day, 7 days per week. If the operator of a service ~~for fire-fighting agency~~ is unable to provide such service because of an inoperative ambulance or, *non-transport unit* ~~agency's vehicle~~, the operator shall notify the ~~Health~~ Division of that fact ~~within~~ *at the earliest possible time but not later than* 48 hours.

Section 70. NAC 450B.600 is hereby amended to read as follows: Air ambulance: ~~Endorsement~~ *Permit*, equipment and operation of aircraft; staff.

1. An aircraft used by a service operating an air ambulance~~, including a volunteer service~~ in Nevada, must be ~~endorsed~~ *permitted* by the ~~Health~~ Division, must be equipped to provide advanced life support and must be operated by a pilot certified by the Federal Aviation Administration.

2. An air ambulance used to transport a patient must be staffed with a registered nurse or a physician and have the capability of being staffed with two air attendants.
3. Except as otherwise provided in this subsection, an air ambulance used to transfer a patient must be staffed with at least one air attendant and must have the capability of being staffed with two air attendants. An air ambulance used to transfer a patient must be staffed with at least two air attendants, one of which is a registered nurse or a physician, if it is determined by the physician requesting the transfer that the presence of two air attendants is in the best interest of the care of the patient.
4. An air attendant or registered nurse staffing an air ambulance must be examined biennially by a licensed physician and found to be free from physical defects or disease which might impair the ability to attend a patient in an air ambulance. The operator of the air ambulance shall maintain documentation of such examinations.

Section 71. NAC 450B.611 is hereby amended to read as follows:

1. Each service ~~{and fire-fighting agency}~~ shall identify at least one base station providing 24-hour voice communication between a physician and personnel who provide emergency care. The station or stations must be identified in the application for a permit for the service ~~{or fire-fighting agency}~~ submitted to the ~~{Health}~~ Division.
2. The medical director of a service ~~{or fire-fighting agency}~~ shall identify local protocols which define the circumstances under which verbal medical directions must be given by a physician to personnel who provide emergency care.
3. Except as otherwise provided by local protocol, a receiving hospital must be notified before the arrival of each patient transported by the service ~~{or fire-fighting agency}~~.
4. The medical director of the service ~~{or fire-fighting agency}~~ may establish requirements for the training of the physician at the base station to assure that the physician is knowledgeable of the protocols and procedures established by the medical director.
5. A base station with an agreement to provide 24-hour communication between a physician and a provider of emergency care shall require that the physician providing medical directions is knowledgeable of:
 - (a) The procedures for treatment established by the medical director of the service ~~{or fire-fighting agency}~~;
 - (b) The communication system establishing contact between personnel who provide emergency care and the base station;
 - (c) The emergency care of acutely ill or injured patients;
 - (d) The capabilities of the providers of emergency care; and
 - (e) The policies of local and regional emergency medical services and protocols for referring patients with trauma.
6. A physician at a base station providing medical directions to a provider of emergency care may participate in medical audits of that care in conjunction with the medical director regarding the proper use of protocols and procedures.

Section 72. NAC 450B.620 is hereby amended to read as follows:

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 list of all ambulances, air ambulances or, *non-transport unit* ~~{agency's vehicle}~~ 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 or her ambulances or, *non-transport unit* ~~{agency's vehicle}~~ with the ~~{Health}~~ Division before any such *unit* ~~{vehiele}~~ 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:}~~ *meet the minimum data set as defined by the National Emergency Medical Services Information System.*
 - ~~{(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 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. *The Division may add additional items over and above the National Emergency Medical Services Information System minimum data set.*

Section 73. NAC 450B.630 is hereby amended to read as follows:

Records concerning the transportation and transfer of patients within or beyond the boundaries of Nevada must be available for inspection by the ~~{Health}~~ Division at any reasonable time. Copies of the records must be filed with the ~~{Health}~~ Division within 2 weeks after the request of the ~~{Health}~~ Division.

Section 74. NAC 450B.640 is hereby amended to read as follows:

1. The ~~{Health}~~ Division shall inspect or have inspected every ambulance, air ambulance (*medical configuration only*) or, *non-transport unit* ~~{agency's vehicle}~~ to be used in a service ~~{or fire-fighting agency, including a volunteer service or agency}~~, after the issuance of a permit but before it is placed in service, and shall determine whether or not it complies with the requirements of this chapter.
2. After a permit is issued for the operation of an ambulance or air ambulance service ~~{or fire-fighting agency}~~, the ~~{Health}~~ Division shall, at least once a year, inspect or have *caused to have been* inspected, every *ambulance* ~~{ground}~~ or air ambulance or, *non-transport unit* ~~{agency's vehicle}~~ operated in the service ~~{or by the agency}~~. After each inspection pursuant to NRS 450B.220 and this section, the inspector shall prepare a written report describing any violation of any provisions of this chapter with respect to the *unit* ~~{vehiele}~~ or aircraft inspected and shall schedule a date for re-inspection after correction of the violation within 4 weeks after the violation was noted.
3. The inspector shall give a copy of the report to the holder of the permit for the service or fire-fighting agency inspected.

Section 75. NAC 450B.645 is hereby amended to read as follows:

A report of emergency care must be accurate and provided in a format approved by the ~~{Health}~~ Division.

Section 76. NAC 450B.650 is hereby amended to read as follows: ~~{New-p}~~ *Periodic examination or investigation by ~~{Health}~~ Division.* Nothing contained in this chapter prohibits the ~~{Health}~~ Division from periodically examining or investigating any person issued a permit, license or certificate.

1. The Division may charge and collect a fee from any service or person that is involved in a complaint submitted to the Division by a service or person to recover the costs of investigating the complaint after the investigation is completed and the complaint is substantiated. Categories of complaints received will be limited to alleged violations of chapter 453A of NRS or this chapter. The fee will be based upon the hourly rate established for each investigator of the Division as determined by the budget of the Division, along with travel expenses.

2. As used in this section, “substantiated” means supported or established by evidence or proof.

Section 77. NAC 450B.655 is hereby amended to read as follows:

A person exhibits unprofessional conduct if he or she fails, while functioning in the capacity of 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, *gestures or actions*;
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;
4. A callous disregard for personal feelings or sensibilities of patients, their friends, families or other persons present while care is being rendered;
5. Habitual intemperance; and
6. Addiction to the use of any controlled substance as defined in chapter 453 of NRS.

Section 78. NAC 450B.660 is hereby amended to read as follows:

1. Whenever the ~~{Health}~~ Division determines that any ambulance, air ambulance (*medical configuration only*) *or, non-transport unit* ~~{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, *or* 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 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 *service medical director* 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 or her 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 the holder 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 revocation, the holder may request a hearing pursuant to the requirements set forth in NAC 439.300 to 439.395, inclusive.

Section 79. NAC 450B.680 is hereby amended to read as follows:

Whenever any permit, endorsement, certificate or license issued pursuant to this chapter is suspended, revoked or otherwise terminated, the ~~{Health}~~ Division shall immediately notify the appropriate licensing authorities of the action taken and shall request that they immediately institute proceedings to revoke any business license or other license issued to the person operating the service ~~{or fire fighting agency or}~~ acting in the capacity of a driver, attendant, ~~volunteer~~ or air attendant if the permit or license was issued on the condition that the approval of the ~~{Health}~~ Division was necessary.

Section 80. NAC 450B.690 is hereby amended to read as follows:

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 re-inspection 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}~~ *coordinate a written examination in accordance with the national standard of education as set forth by the National Highway and Traffic Safety Administration and/or approved by Division administrator*, within 10 working days after receipt of a written application for such a reinstatement. After the inspection or ~~{examination}~~ *results of a written examination*, the ~~{Health}~~ Division shall:

- (a) Reinstatement or reissue the permit, endorsement, certificate or license; or
- (b) Notify the person, in the manner described in NAC 450B.710, that the permit, endorsement, certificate or license may not be reinstated or reissued because of the person’s failure to comply with specified sections of this chapter.

Section 81. NAC 450B.700 is hereby amended to read as follows:

The ~~{Health}~~ Division shall charge and collect the following fees:

1. For licenses:
 - (a) For issuing a new license to an attendant *or reciprocity based on current National Registry Emergency Medical Technician certification*..... \$10.00
 - (b) For renewing the license of an attendant..... \$5.00
2. For issuing a new certificate or renewing a certificate as an emergency medical dispatcher, *emergency medical responder*, emergency medical technician, ~~{intermediate}~~ *advanced* emergency medical technician or ~~{advanced emergency medical technician}~~ *paramedic or by adding an endorsement to any level of certification*..... \$10.00
3. To apply:
 - (a) For an or ~~{advanced emergency medical technician}~~ *paramedic* by *state* reciprocity..... \$50.00
 - (b) For an ~~{intermediate}~~ *advanced* emergency medical technician by *state* reciprocity..... \$40.00
 - (c) For an emergency medical dispatcher, *emergency medical responder* or emergency medical technician by *state* reciprocity..... \$30.00
 - (d) For late renewal of a certificate..... \$10.00
4. For issuing a new permit to operate a service ~~{or fire fighting agency}~~ for an operator who will provide emergency care *or provide medical support at special events*..... \$200.00
5. For renewing a permit:
 - (a) For a ~~{n operator providing emergency care}~~ *permitted service*..... \$30.00
plus \$5.00
Per *unit*
~~{Vehicle}~~
 - (b) For making a late renewal, an additional..... \$25.00
6. For replacing or duplicating documents or furnishing copies of records:
 - (a) Permit..... \$2.00
 - (b) License..... \$3.00
 - (c) Certificate or identification card..... \$5.00
 - (d) Copies of personnel records or any other material:
 - (1) ~~{For less than 100}~~ *Electronic* copies..... No charge
 - (2) For ~~{100}~~ *printed* copies ~~{or more}~~..... \$0.10 per copy
~~{0.02 per copy}~~

Section 82. NAC 450B.710 is hereby amended to read as follows:

If any application for:

1. A permit to operate a service ~~{or fire fighting agency, including a volunteer service or agency}~~ *at any level of care*.
2. ~~{An endorsement authorizing emergency care at the level of intermediate or advanced emergency care;}~~ or
- ~~{3}~~ A license as an attendant of such a service ~~{or fire fighting agency}~~,

□ 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 the rejection and the applicant's right of appeal pursuant to NAC 439.300 to 439.395, inclusive.

Section 83. NAC 450B.715 is hereby amended to read as follows:

1. Except as otherwise provided in this section, the ~~Health~~ Division shall not renew the certificate of a person who holds a certificate issued in Nevada as an ~~first~~ *emergency medical dispatcher, emergency medical responder, an emergency medical technician, an ~~intermediate~~ advanced emergency medical technician, an ~~advanced emergency medical technician~~ paramedic* or an instructor in emergency medical services if the person is no longer a resident of this state *and is not employed by an active permitted agency*.
2. The ~~Health~~ Division may issue one renewal to such a person if he or she needs a renewed certificate to obtain reciprocal certification in the new state of residence. The person must meet the other requirements for renewal, including the requirement that a certificate must be renewed on or before the date on which it expires.
3. To renew the certificate of such a person, the ~~Health~~ Division may give him or her credit for training which he or she has received in the new state if:
 - (a) The training is approved by the agency which regulates emergency medical services in the new state;
 - (b) The person submits documentary evidence of having received the training; and
 - (c) The person makes a written request of the ~~Health~~ Division to accept the training before the final date for renewing the certificate.
4. This section does not apply to the renewal of certificates of persons certified pursuant to the provisions of NAC 450B.363, 450B.378 or 450B.410.

Section 84. NAC 450B.720 is hereby amended to read as follows:

1. The ~~Health~~ Division shall, within the limits of its appropriated money, conduct or contract with other persons to conduct the programs of training necessary to bring each service ~~and fire-fighting agency,~~ including a volunteer service or agency, and 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. 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.

5. Conferences, on-line courses and Continuing education that are Continuing Education coordinating Board for Emergency Medical Services approved meet the renewal requirement if in the appropriate category of training.

Section 85. NAC 450B.723 is hereby amended to read as follows:

1. To receive an endorsement as an instructor in emergency medical services, an applicant must:

(a) Provide proof of the successful completion of a course or courses in training equivalent to the national standard *of education as set forth by the National Association of Emergency Medical Service Educators and/or approved by Division administrator for a instructor* course; and

(b) Provide verification of current certification as a(n) ~~{first}~~ *emergency medical dispatcher, emergency medical responder, emergency medical technician, {intermediate} advanced emergency medical technician or {advanced emergency medical technician} paramedic* issued by the ~~{Health}~~ Division.

2. A person certified as an instructor in emergency medical services may teach a program of training in emergency medical services less than or equal to the level of the instructor's emergency medical certification ~~{issued}~~ *but must stay within the scope of the instructor level following the national standards indicated by the National Association of Emergency Medical Service Educators or equivalent standard recognized Division.*

Section 86. NAC 450B.725 is hereby amended to read as follows:

1. An endorsement to be an instructor in emergency medical services expires on the date of expiration appearing on the certificate for an ~~{first}~~ *emergency medical dispatcher, emergency medical responder, emergency medical technician, {intermediate} advanced emergency medical technician or {advanced emergency medical technician} paramedic or the endorsement level attached to the certification.*

2. The *instructor* endorsement is renewable if the holder of the endorsement verifies participation as an instructor ~~{in 6}~~ *for 10* hours of emergency medical training within the 2 years immediately preceding the expiration date of the endorsement.

Section 87. NAC 450B.730 is hereby amended to read as follows:

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}~~ *traffic accident* or *Federal Aviation Administration reportable* 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}~~ *or agency unit*, he or she shall report the full details of the ~~{crash}~~ *traffic accident*, hard landing ~~{or accident}~~ within 5 days after it occurs. 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. *The report to the Division must be made immediately if the traffic accident or Federal Aviation Administration reportable hard landing includes an injury or death.*

Section 88. NAC 450B.760 is hereby amended to read as follows:

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

1. "Center for the treatment of trauma" has the meaning ascribed to it in NAC 450B.786.

2. “Glasgow Coma 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 center for the treatment of trauma” has the meaning ascribed to it in NAC 450B.799.
4. “Receiving hospital” means a hospital licensed in this State with emergency services which has not been designated as a center for the treatment of trauma or a pediatric center for the treatment of trauma, but which has been assigned a role by the ~~Health~~ Division in the system for providing treatment for trauma as defined in NAC 450B.810.
5. “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*, Volume 29, No. 5, 1989.

Section 89. NAC 450B.764 is hereby amended to read as follows:

The ~~Health~~ Division shall develop a standardized system for the collection of information concerning the treatment of trauma and carry out a system for the management of that information. The system must provide for the recording of information concerning treatment received before and after admission to a hospital.

Section 90. NAC 450B.766 is hereby amended to read as follows: Submission of information by licensee who provides emergency medical care at *the* scene of *an* injury.

1. A 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 a 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 format approved by the ~~Health~~ Division.
3. Information concerning treatment received before admission to a hospital must include ~~at least the following:~~ *all elements as described by the National Emergency Medical Services Information System data set and any data added to the Nevada State Emergency Medical Services minimum data set approved by the Board of Health, and all elements as described by the American College of Surgeons National Trauma Data Standard and any data added to the Nevada Public Health Preparedness minimum data set approved by the Board of Health.*
 - ~~(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 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 permit number and name of the ambulance service that transported the patient to a receiving hospital or a 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 or her residence.~~
 - ~~(4) Vital signs, including his or her:

 - ~~(I) Blood pressure;~~
 - ~~(II) Pulse rate; and~~
 - ~~(III) Respiratory rate.~~~~
 - ~~(j) Other clinical signs which are appropriate to determine the patient's 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 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.]~~
4. As used in this section, "patient with trauma" has the meaning ascribed to it in NAC 450B.798.

Section 91. NAC 450B.768 is hereby amended to read as follows: Submission to ~~{Health}~~ Division of quarterly reports concerning patients treated by hospital; annual reports by ~~{Health}~~ Division.

1. 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: *all elements as described by the American College of Surgeons National Trauma Data Standard and any data added to the Nevada Public Health Preparedness minimum data set approved by the Board of Health.*
- ~~{(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 revised trauma score upon arrival in the emergency department or receiving area and upon discharge or transfer from the emergency department, if the patient is discharged or transferred less than 1 hour after the 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 or her:

 - ~~(1) Blood pressure;~~
 - ~~(2) Pulse rate;~~
 - ~~(3) Respiratory rate; and~~
 - ~~(4) Temperature.~~~~
 - ~~(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 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 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 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 center for the treatment of trauma or other specialized facility:
 - ~~(I) The revised trauma score of the patient at the time the transfer was requested.~~
 - ~~(II) The date and time the center for the treatment of trauma, pediatric 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 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 or her residence.]~~~~
2. The information must be submitted 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.
- ~~5.—As used in this section:~~
- ~~(a) “Injury severity score” means a number given retrospectively for the quantification of injury to a patient based upon anatomical and physiological considerations as described in The Journal of Trauma, Volume 14, 1974, at pages 187 to 196, inclusive.]~~
 - ~~[(b) “Trauma team” means the group of persons who have been chosen by a designated center for the treatment of trauma or a pediatric center for the treatment of trauma to render care to patients with trauma and are led by a general surgeon credentialed in trauma care or, in the case of a pediatric center for the treatment of trauma, a pediatric surgeon credentialed in trauma care.]~~

Section 92. NAC 450B.770 is hereby amended to read as follows:

A licensee providing emergency medical care to a patient at the scene of an injury shall use the *national standard as set forth by the National Highway and Traffic Safety Administration, American College of Surgeons or the and/or approved by Division administrator* following procedures to identify and care for patients with traumas:

~~1. — Step 1: If the patient's:~~

~~(a) Score on the Glasgow Coma Scale or, if the patient is a pediatric patient, his or her 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) Revised trauma score is less than 11;~~

~~□ 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 assess the patient's condition based upon the degree of injury to the anatomy and the mode of injury.~~

~~2. — Step 2: If the patient:~~

~~(a) Has a penetrating injury to the head, neck, torso or the extremities proximal to the elbow or knee;~~

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

~~(c) Has a fracture of the pelvis;~~

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

~~(e) Has a flail chest;~~

~~(f) Has an amputation proximal to the wrist or ankle;~~

~~(g) Has acute paralysis;~~

~~(h) Has an open and depressed fracture of the skull; or~~

~~(i) Has major burns;~~

~~□ 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:~~

~~(a) A fall of at least 20 feet;~~

~~(b) A motor vehicle accident in which:~~

~~(1) The motor vehicle was traveling at a speed of at least 20 miles per hour immediately before the accident occurred;~~

~~(2) There was at least 20 inches of severe damage to the body of the motor vehicle;~~

~~(3) There was a 12-inch intrusion into the passenger's compartment;~~

~~(4) The patient was ejected from the motor vehicle;~~

~~(5) The period required to extricate the patient from the motor vehicle was more than 20 minutes;~~

~~(6) The motor vehicle rolled over;~~

~~(7) A person riding in the motor vehicle with the patient died as a result of the accident;~~

~~(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 or her;~~

~~(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 6 miles per hour;~~

~~□ 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:~~

~~(a) Have a cardiac or respiratory disease;~~

~~(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;~~

~~□ 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.]~~

~~§ 1. If the licensee providing emergency medical care is not certain whether to transport the patient to a center for the treatment of trauma, the licensee shall transport the patient to a center pursuant to NAC 450B.772.~~

Section 93. NAC 450B.772 is hereby amended to read as follows:

The person licensed to provide emergency medical care at the scene of an injury shall determine the time required to transport a patient to a designated center for the treatment of trauma and determine the destination based on the following criteria:

1. If the time required to transport a patient to a level I center for the treatment of trauma is not more than 30 minutes, the patient must be transported to that center and the medical directions for the treatment of the patient must originate at that center.

2. If the time required to transport a patient to a level I center for the treatment of trauma is more than 30 minutes, but the time required to transport the patient to a level II center for the treatment of trauma is not more than 30 minutes, the patient must be transported to the level II center for the treatment of trauma and the medical directions for the treatment of the patient must originate at that center.

3. If the time required to transport a patient to a level I or II center for the treatment of trauma is more than 30 minutes, but the time required to transport the patient to a level III center for the treatment of trauma is not more than 30 minutes, the patient must be transported to the level III center for the treatment of trauma and the medical directions for the treatment of the patient must originate at that center.

4. If the time required to transport a patient to a center for the treatment of trauma is more than 30 minutes, the patient must be transported to the nearest medical facility which can provide a higher level of emergency medical care than can be provided by personnel at the scene of the injury and the medical directions for the treatment of the patient must originate at that facility *or by the service protocol approved by the medical director and on file with the state of Nevada, Division which meet or exceed the nationally approved trauma designation criteria.*

Section 94. NAC 450B.774 is hereby amended to read as follows:

1. If a patient at the scene of an injury refuses to be transported to a center for the treatment of trauma after a determination has been made that the patient's physical condition meets the triage

criteria requiring transport to the center, the person providing emergency medical care shall evaluate the mental condition of the patient. If the person determines that the patient is competent, the patient must be advised of the risks of not receiving further treatment at the center.

2. If the patient continues to refuse to be transported to the center for the treatment of trauma, the person providing emergency medical care shall request the patient to sign a statement indicating that the patient has been advised of the risks of not receiving further treatment at the center and continues to refuse to be transported to the center.

3. The person providing emergency medical care shall inform a physician at the ~~center for the treatment of trauma~~ *intended transport location* of the patient's refusal to be transported ~~to the center for treatment~~ before the person leaves the scene of the injury.

4. As used in this section, "triage criteria" has the meaning ascribed to it in NAC 450B.814.

Section 95. NAC 450B.786 is hereby amended to read as follows:

Center for the treatment of trauma" means a general hospital licensed in this State which has been designated as a level I, II or III center by the Administrator of the ~~Health~~ Division, pursuant to the provisions of NAC 450B.780 to 450B.875, inclusive.

(Added to NAC by Bd. of Health, eff. 3-15-88; A 10-22-93; 11-1-95; R139-07, 1-30-2008)

Section 96. NAC 450B.799 is hereby amended to read as follows:

Pediatric center for the treatment of trauma" means a facility that is designated by the Administrator of the ~~Health~~ Division pursuant to the provisions of NAC 450B.780 to 450B.875, inclusive, to provide comprehensive surgical, medical and nursing care to persons who are less than 15 years of age.

Section 97. NAC 450B.810 is hereby amended to read as follows:

"System for providing treatment for trauma" means a formally organized arrangement of resources providing health care which is described in writing by a center for the treatment of trauma or a pediatric center for the treatment of trauma and approved by the ~~Health~~ Division, whereby patients with trauma are treated at a designated center for the treatment of trauma or a pediatric center for the treatment of trauma.

Section 98. NAC 450B.819 is hereby amended to read as follows:

1. A hospital applying for designation as a level I, II or III center for the treatment of trauma or as a pediatric center for the treatment of trauma must submit an application in the format specified in this section and the fee prescribed in NAC 450B.832.

2. 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 the date of the verification review conducted pursuant to NAC 450B.820.

3. Any hospital in a county whose population is 400,000 or more must include with its application a letter for provisional authorization from the district board of health for that county.

4. Within 30 days after receipt of an application for designation as a center for the treatment of trauma or a pediatric center for the treatment of trauma, the ~~Health~~ Division shall:

(a) Review the application and verify the information contained within; and

(b) Upon review, notify the applicant in writing if any section of the application is incomplete or unclear.

5. 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 23 of Resources for Optimal Care of the Injured Patient or, if applying for designation as a pediatric center for the treatment of trauma, the standards set forth in chapters 5, 10 and 23 of Resources for Optimal Care of the Injured Patient;
 - (d) A description of the service area of the hospital to be served;
 - (e) 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;
 - (f) A description of how the hospital's facilities comply with or exceed the standards set forth in the Guidelines for Design and Construction of Hospital and Health Care Facilities;
 - (g) 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
 - (h) Written policies for:
 - (1) The transfer of patients with trauma to other centers for the treatment of trauma which have been designated at a higher level, a pediatric center for the treatment of trauma or other specialized facilities; and
 - (2) 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.

Section 99. NAC 450B.820 is hereby amended to read as follows:

- 1. Before a hospital is designated as a center for the treatment of trauma or a pediatric center for the treatment of trauma, a verification review of the hospital must be conducted.
- 2. The cost to verify the proposed center's capability as a level I, II or III center for the treatment of trauma or a pediatric center for the treatment of trauma must be borne by the hospital applying for such a designation.
- 3. A hospital must not be designated as a center for the treatment of trauma or a pediatric 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.
- 4. The ~~Health~~ Division shall ensure that the appropriate members of its staff are present during any preliminary meetings and on-site reviews conducted by the American College of Surgeons, or an equivalent medical organization or agency approved by the Board, in relation to a verification review.

Section 100. NAC 450B.8205 is hereby amended to read as follows:

- 1. Before the designation of a level I, II or III center for the treatment of trauma or a pediatric center for the treatment of trauma is renewed, an application for renewal must be submitted to the ~~Health~~ Division and a verification review of the center must be conducted.
- 2. The verification review team for the renewal of a designation as a level I, II or III center for the treatment of trauma or for a pediatric center for the treatment of trauma must be appointed by

the American College of Surgeons, or an equivalent medical organization or agency approved by the Board.

3. A level I, II or III center for the treatment of trauma or a pediatric 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;

(2) A letter for provisional authorization from the district board of health if the hospital is located in a county whose population is 400,000 or more;

(3) Evidence of compliance with the reporting requirements set forth in NAC 450B.768; and

(4) 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 verification review to be conducted directly with the agency which will conduct the review; and

(c) Notify the **{Health}** Division of the date of the verification review.

4. The cost of the verification review must be borne by the center for the treatment of trauma or pediatric center for the treatment of trauma seeking renewal.

5. The designation of a hospital as a level I, II or III center for the treatment of trauma or as a pediatric 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 center for the treatment of trauma set forth in chapters 5, 10, 16 and 23 of Resources for Optimal Care of the Injured Patient.

(Added to NAC by Bd. of Health, eff. 8-10-90; A 10-22-93; 1-18-94; 11-1-95; R182-01, 3-5-2002; R139-07, 1-30-2008)

Section 101. NAC 450B.824 is hereby amended to read as follows:

The **{Health}** Division shall give written notice of its decision to any hospital which submits an application for designation as a center for the treatment of trauma or as a pediatric center for the treatment of trauma or for the renewal of such a designation.

Section 102. NAC 450B.826 is hereby amended to read as follows:

1. Except as otherwise provided in subsection 3, the initial designation of a level I, II or III center for the treatment of trauma or a pediatric center for the treatment of trauma is valid for the period verified by the American College of Surgeons or the medical organization or agency which conducted the verification review required by NAC 450B.820, but for not more than 3 years.

2. The renewal of a designation of a level I, II or III center for the treatment of trauma or a pediatric center for the treatment of trauma is valid for the period verified by the American College of Surgeons, or an equivalent medical organization approved by the Board, but not for more than 3 years.

3. If the **{Health}** Division finds that extenuating circumstances exist while an application for the renewal of a designation is pending and that the withholding of the renewal of the designation may have a detrimental impact on the health of the public, it may recommend to the Administrator of the **{Health}** Division that a provisional designation be issued. The Administrator may issue a provisional designation for not more than 1 year on an application for

the renewal of a level I, II or III center for the treatment of trauma or a pediatric center for the treatment of trauma. The Administrator may impose such conditions on the issuance of the provisional designation as he or she deems necessary.

Section 103. NAC 450B.830 is hereby amended to read as follows:

1. If a center for the treatment of trauma or a pediatric 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 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 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, 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 center for the treatment of trauma set forth in chapters 5, 10, 16 and 23 of Resources for Optimal Care of the Injured Patient.

Section 104. NAC 450B.832 is hereby amended to read as follows:

A hospital applying for a designation as a level I, II or III center for the treatment of trauma or a pediatric center for the treatment of trauma or to renew such a designation must pay a fee of \$3,000 at the time it submits its application to the ~~{Health}~~ Division.

Section 105. NAC 450B.834 is hereby amended to read as follows:

The ~~{Health}~~ Division may suspend or revoke the designation of a center for the treatment of trauma or a pediatric center for the treatment of trauma on the following grounds:

1. Any violation of any provision of NAC 450B.780 to 450B.875, inclusive, by the center for the treatment of trauma or pediatric center for the treatment of trauma.
2. Any conduct or practice detrimental to the health and safety of the patients or employees of any facility of the center.

Section 106. NAC 450B.836 is hereby amended to read as follows:

1. Except as otherwise provided in this section, if the ~~{Health}~~ Division intends to deny, suspend or revoke a designation as a center for the treatment of trauma or a pediatric center for the treatment of trauma, it shall follow the requirements set forth in NAC 439.300 to 439.395, inclusive.
2. Advance notice is not required to be given if the ~~{Health}~~ Division determines that the protection of the public health requires immediate action. If it so determines, the ~~{Health}~~ Division may order a summary suspension of the designation pending proceedings for revocation or other action.
3. If a center for the treatment of trauma or a pediatric center for the treatment of trauma wishes to contest the enforcement action of the ~~{Health}~~ Division taken pursuant to this section, it must follow the procedure for appeals set forth in NAC 439.300 to 439.395, inclusive.

Section 107. NAC 450B.886 is hereby amended to read as follows:

1. A county or district board of health may submit to the ~~Health~~ Division a request for the State Board of Health to delegate its duties set forth in NRS 450B.795. The ~~Health~~ Division shall forward a request submitted pursuant to this subsection to the State Board.
2. A request submitted pursuant to subsection 1 must be in writing and must include, without limitation, a:
 - (a) Statement which indicates that the county or district board of health has the ability to carry out the duties set forth in NRS 450B.795;
 - (b) Statement which indicates that each hospital and each provider of emergency medical services located in the county will participate in the collection of data;
 - (c) Description of the system that will be used to collect data in the county;
 - (d) List of the persons appointed to the advisory committee required pursuant to subsection 7 of NRS 450B.795;
 - (e) Description of the process that will be used to review the circumstances of waiting times for the provision of emergency services and care which exceed 30 minutes; and
 - (f) Statement which indicates whether the county or district board of health will require each hospital and provider of emergency medical services located in the county to contribute to the cost of carrying out the collection of data pursuant to NRS 450B.795 and how those costs will be allocated, if applicable.
3. Upon receiving a written request pursuant to subsection 1, the State Board of Health will determine at its next regularly scheduled meeting whether to delegate to the county or district board of health its duties set forth in NRS 450B.795. The State Board will provide written notice to the county or district board of health of its decision to approve or deny the request.
4. Upon receiving notification of the approval of a request submitted pursuant to subsection 1, the county or district board of health shall carry out the duties of the State Board of Health set forth in NRS 450B.795.
5. A county or district board of health that carries out the duties set forth in NRS 450B.795 shall submit to the State Board of Health a quarterly report in the form prescribed by the State Board. Each quarterly report must include, without limitation:
 - (a) The dates of the meetings of the advisory committee required pursuant to subsection 7 of NRS 450B.795;
 - (b) A summary of each incident in which the waiting time for the provision of emergency services and care exceeds 30 minutes; and
 - (c) A summary of the circumstances surrounding waiting times for the provision of emergency services and care that exceed 30 minutes.

Section 108. NAC 450B.955 is hereby amended to read as follows:

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.

Section 109. NAC 450B.960 is hereby amended to read as follows:

1. For a do-not-resuscitate identification(~~)~~ ~~do-not-resuscitate order~~ *or an executed Physician Order for Life-Sustaining Treatment form pursuant to sections 2 to 26 of NRS 449, inclusive, of this act if the form provides that the patient is not to receive life resuscitating treatment is* 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, ~~be a do-not-resuscitate identification~~ *approved or issued by a health authority of this state, be a Physician Order for Life-Sustaining Treatment form approved or issued by a health authority of this state* or *be a* 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 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 order, thus invalidating the identification pursuant to NRS 450B.530, or is otherwise indicating that the patient wishes to revoke the 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 the authorization to withhold life-resuscitating treatment. If the person who administers emergency medical services confirms that the patient wishes to revoke the 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 the authorization to withhold life-resuscitating treatment.

3. If the person who administers emergency medical services to a patient with a do-not-resuscitate identification, ~~do-not-resuscitate order~~ *or Physician Order for Life-Sustaining Treatment form* 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.

TEXT OF REPEALED SECTIONS

Note: NAC 450B.360 is repealed with new section to replace repealed section

NAC 450B.360 Certification of emergency medical technicians: Requirements. (NRS 450B.120, 450B.180)

1. To be certified as an emergency medical technician, an applicant must:
 - (a) Submit an application to the Health Division on a form prepared by it;
 - (b) Be 18 years of age or older;
 - (c) 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;
 - (e) Pass a written examination that is prepared and administered by the Health Division or approved by it;
 - (f) Submit evidence satisfactory to the Health Division of verification of his or her 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 compliance 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 the application verification that he or she 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.

[Bd. of Health, Ambulance Reg. §§ 14.001 & 14.002, eff. 12-3-73; A and renumbered as §§ 16.2 & 16.3, 2-28-80]—(NAC A 8-22-86; 11-12-87; 8-1-91; 11-1-95; R182-01, 3-5-2002

NAC 450B.364 Certification of emergency medical technicians: Issuance of certificate by health authority without jurisdiction. (NRS 450B.120, 450B.180) A health authority shall not issue a certificate as an emergency medical technician to an applicant who resides outside the jurisdiction of that health authority unless that health authority and the health authority which has jurisdiction where the applicant resides agree that the health authority which does not have jurisdiction may issue the certificate.

(Added to NAC by Bd. of Health, eff. 11-1-95)

NAC 450B.374 Late renewal of certificate as emergency medical technician or first responder. (NRS 450B.120, 450B.180)

1. If an emergency medical technician or first responder is unable to attend an approved course for continuing training required for renewal of his or her certificate, or otherwise comply with the requirements for renewal, within the prescribed period, he or she must, if he or she wishes to renew the 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 the certificate, the applicant must:
 - (a) Successfully meet all of the requirements for renewal;
 - (b) Submit verification that he or she has met those requirements;
 - (c) For an emergency medical technician, pass a written examination administered by the Health Division; and
 - (d) Submit evidence satisfactory to the Health Division of verification of his or her skills.
3. The applicant for late renewal of a certificate must pay the fee required 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.
(Added to NAC by Bd. of Health, eff. 11-12-87; A 8-1-91; R045-97, 10-30-97; R182-01, 3-5-2002)

NAC 450B.3745 Training and certification of intermediate emergency medical technician. (NRS 450B.120, 450B.191) To be trained and certified as an intermediate emergency medical technician, an applicant must:

1. Possess a valid certificate as an emergency medical technician;
2. 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 specified in subsection 2;
4. Submit evidence satisfactory to the Health Division of verification of his or her 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.
(Added to NAC by Bd. of Health, eff. 11-12-87; A 8-1-91; R045-97, 10-30-97; R182-01, 3-5-2002)

NAC 450B.378 Certification of intermediate emergency medical technician trained in another state; renewal of certificate. (NRS 450B.120, 450B.191)

1. The Health Division may issue a certificate as an intermediate emergency medical technician to a person 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 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 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 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 or her 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) Submit evidence satisfactory to the Health Division of verification of his or her 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.

(Added to NAC by Bd. of Health, eff. 8-22-86; A 8-1-91; R045-97, 10-30-97; R182-01, 3-5-2002)

NAC 450B.383 Emergency medical technician: Authorized practices. (NRS 450B.120, 450B.180)

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) If licensed as an attendant, provide care for a sick or injured person at the scene of an emergency or during transportation of the person in accordance with 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.

(Added to NAC by Bd. of Health, eff. 8-1-91; A by R055-99, 9-27-99; R182-01, 3-5-2002)

NAC 450B.385 Intermediate emergency medical technician: Authorized practices. (NRS 450B.120, 450B.1915) An intermediate emergency medical technician may, in addition to the authorized activities of an emergency medical technician:

1. During training 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. If 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 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 board and recommended by the medical director of the service or fire-fighting agency.

(Added to NAC by Bd. of Health, eff. 11-12-87; A 8-1-91; R182-01, 3-5-2002)

NAC 450B.390 Performance of special procedures: Venipuncture, management of airways, administration of medication and performance of intraosseous infusion. (NRS 450B.120, 450B.160, 450B.180, 450B.1915)

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 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 the procedures must be retained by the hospital or the facility issuing the medical directions, or the regional dispatch center, for at least 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 the person is:

(a) A licensed attendant who is licensed as an intermediate emergency medical technician; and

(b) Authorized for the procedure by the medical director of the service or fire-fighting agency.

4. The Health Division shall suspend the license and certificate of any person who performs one of the procedures without authorization or not in accordance with this section.

(Bd. of Health, Ambulance Reg. § 14.003 subsec. 3, eff. 6-6-76; A and renumbered as § 16.6.2, 2-28-80; §§ 16.6-16.6.1.4 & 16.7-16.9, eff. 2-28-80; § 14.003 subsec. 5, eff. 6-6-76; A and renumbered as § 16.10, 2-28-80]—(NAC A 10-14-82; 8-22-86; 8-1-91; R045-97, 10-30-97; R182-01, 3-5-2002)

NAC 450B.400 Certification: Qualifications. (NRS 450B.120, 450B.195) To be certified as an advanced emergency medical technician, an applicant must:

1. 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;

3. Submit verification, signed by the physician of record who was responsible for the training, that he or she has successfully completed the course or curriculum specified in subsection 2

4. Submit evidence satisfactory to the Health Division of verification of his or her 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 compliance with the provisions of NRS 450B.183; and
8. Submit the appropriate form and the fee prescribed in NAC 450B.700.
[Bd. of Health, Life Support Reg. §§ 2.1-2.2.1, eff. 1-1-76; A 2-28-80]—(NAC A 10-14-82; 11-12-87; 8-1-91; R045-97, 10-30-97; R182-01, 3-5-2002)

NAC 450B.410 Certification: Person trained in another state; renewal of certificate.
(NRS 450B.120, 450B.195)

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 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 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;
- (e) The Health Division receives verification of his or her certification as an advanced emergency medical technician from the issuing agency of the other state on a form provided by the Health Division; 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 shall require the applicant to:

- (a) Submit evidence satisfactory to the Health Division of verification of his or her 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.

[Bd. of Health, Life Support Reg. § 8.1, eff. 1-1-76; A and renumbered as §§ 8.1-8.1.5, 2-28-80]—(NAC A 10-14-82; 8-22-86; 11-12-87; 8-1-91; R045-97, 10-30-97; R182-01, 3-5-2002)

NAC 450B.420 Certification: Expiration; examination of retention of skills of holder for maintenance; renewal. (NRS 450B.120, 450B.195)

1. A certificate as an advanced emergency medical technician 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. To maintain certification, a certified advanced emergency medical technician must, every 12 months, complete at least one examination by:

- (a) The medical director of the service or fire-fighting agency; 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 or her 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.

4. To renew the 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 Health Division;

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

(c) Provide proof of certification in advanced cardiac life support;

(d) Before the certificate expires, submit an application evidencing that he or she has met the requirements of this section; and

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

[Bd. of Health, Life Support Reg. §§ 7.1 & 7.1.1, eff. 1-1-76; A 2-28-80]—(NAC A 10-14-82; 8-22-86; 11-12-87; 8-1-91; R045-97, 10-30-97; R182-01, 3-5-2002)

NAC 450B.425 Certification: Late renewal. (NRS 450B.120, 450B.195)

1. If an advanced emergency medical technician is unable to renew his or her certificate when required, he or she must, if he or she wishes to renew the certificate, submit a request for a late renewal on a form provided by the Health Division.

2. Upon approval by the Health Division of a request for a late renewal, the applicant must submit evidence satisfactory to the Health Division of:

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

(b) Verification of his or her skills;

(c) Receiving a score not less than 80 percent on a written examination administered by the Health Division; and

(d) Payment of the appropriate fee prescribed in NAC 450B.700.

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

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.

(Added to NAC by Bd. of Health, eff. 8-22-86; A 11-12-87; 8-1-91; R045-97, 10-30-97; R182-01, 3-5-2002)

NAC 450B.443 Renewal of certificate; reexamination. (NRS 450B.120, 450B.195) Each holder of a certificate as an advanced emergency medical technician:

1. Must receive at least 40 hours of training in courses approved by the Health Division for the renewal of the certificate; and
2. Is subject to reexamination every 2 years by the Health Division.

(Added to NAC by Bd. of Health, eff. 11-12-87; A by R045-97, 10-30-97; R182-01, 3-5-2002)

NAC 450B.523 Endorsement for operation at intermediate or advanced level. (NRS 450B.120, 450B.200) Any person who proposes to operate a service or fire-fighting agency at the level of intermediate or advanced emergency care must apply for an endorsement authorizing his or her operation at that level. The application must be made on the form prescribed by the Health Division.

(Added to NAC by Bd. of Health, eff. 10-14-82; A 8-22-86; 8-1-91; R045-97, 10-30-97)

NAC 450B.535 Endorsement to operate service or fire-fighting agency at specified levels of emergency care. (NRS 450B.120, 450B.200) The operator of a service or fire-fighting agency may apply for an endorsement to operate the service or fire-fighting agency at specified levels of basic, intermediate or advanced emergency care, or any combination thereof.

(Added to NAC by Bd. of Health, eff. 10-14-82; A 8-22-86; 8-1-91; R182-01, 3-5-2002)

NAC 450B.590 Operation of ambulance by unlicensed person. (NRS 450B.120) In any geographic area for which the board has granted an exception to the requirement that an ambulance be occupied by two licensed attendants, an unlicensed person may drive the ambulance but it must also be occupied by a licensed attendant to care for the patient.

(Bd. of Health, Ambulance Reg. § 14.3.1, eff. 2-28-80)

NAC 450B.705 Restrictions on licenses. (NRS 450B.120, 450B.160) The Health Division may:

1. Issue an initial license, which restricts the allowed activity or the length of the term of the license, or both, to an applicant who has a history of driving violations or a background of abuse of alcohol or drugs; and
2. Impose restrictions on an existing license if the licensee is found, after proper investigation, to have developed a history of driving violations or abuse of alcohol or drugs.

(Added to NAC by Bd. of Health, eff. 8-22-86)