

LCB File No. R182-01

**PROPOSED REGULATION OF THE HEALTH DIVISION
OF THE DEPARTMENT OF ADMINISTRATION**

**CHAPTER 450B
EMERGENCY MEDICAL SERVICES**

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GENERAL PROVISIONS

NAC 450B.010 Definitions. As used in this chapter, unless the context otherwise requires, the words and terms defined in:

1. NAC 450B.013 to 450B.280, inclusive; and
2. NRS 450B.025, 450B.030, 450B.040 and 450B.060 to 450B.110, inclusive, have the meanings ascribed to them in those sections.

(Supplied in codification; A by Bd. of Health, 8-22-86; 11-12-87; 8-1-91)

NAC 450B.013 "Advanced emergency care" defined. "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 under the supervision of a physician or a registered nurse supervised by a physician.

(Added to NAC by Bd. of Health, eff. 8-1-91)

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

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

NAC 450B.040 "Air attendant" defined. "Air attendant" means a qualified person licensed under this chapter whose primary responsibility is attending any patient or other person being transported in an air ambulance.

[Bd. of Health, Ambulance Reg. § 1.002, eff. 12-3-73; renumbered as § 1.3, 2-28-80]

NAC 450B.050 "Applicant" defined. "Applicant" means a person who applies for:

1. A permit, endorsement, license or certification; or
2. Training,

under the applicable provisions of this chapter.

[Bd. of Health, Ambulance Reg. § 1.004, eff. 12-3-73; renumbered as § 1.5, 2-28-80; + Life Support Reg. § 1.3, eff. 1-1-76]-(NAC A 10-14-82)

NAC 450B.055 "Attendant" defined. "Attendant" means a person, including a fireman or a volunteer, who is licensed under the applicable provisions of this chapter to perform the duties of a driver, attendant or air attendant pursuant to this chapter.

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

NAC 450B.061 "Basic emergency care" defined. "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.

(Added to NAC by Bd. of Health, eff. 8-1-91)

NAC 450B.070 "Certificate" defined. "Certificate" means the certificate issued by the health division under this chapter to a person certifying him to be qualified as a first responder, an emergency medical technician, an intermediate emergency medical technician, an advanced emergency medical technician or an instructor in a program of training in emergency medical services.

[Bd. of Health, Life Support Reg. § 1.5, eff. 1-1-76; A 2-28-80]-(NAC A 10-14-82; 8-22-86; 11-12-87)

NAC 450B.090 "Driver" defined. "Driver" means a qualified person, as determined by the department of motor vehicles, who is:

1. Responsible for the operation of an ambulance over the streets, roads and highways within the state; and

2. *Possesses evidence of successful completion of a National Standard Emergency Vehicle Operations Course or its equivalent approved by the health division.* ~~[Licensed as an attendant under NAC 450B.310 to 450B.350, inclusive.]~~

[Bd. of Health, Ambulance Reg. § 1.007, eff. 12-3-73; A and renumbered as § 1.8, 2-28-80]

NAC 450B.100 "Emergency" defined. "Emergency" means:

1. An unforeseen combination of circumstances or the resulting state that calls for immediate action;

2. An unlooked for or sudden occasion;

3. An accident; or

4. An urgent or pressing medical need.

[Bd. of Health, Ambulance Reg. § 1.008, eff. 12-3-73; renumbered as § 1.9, 2-28-80; + Life Support Reg. § 1.7, eff. 1-1-76]-(NAC A 8-22-86)

NAC 450B.103 "Emergency call" defined. "Emergency call" means any call requiring immediate action or response by an ambulance or an agency's vehicle.

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

NAC 450B.105 "Emergency care" defined. "Emergency care" means basic, intermediate or advanced medical care given to a patient in an emergency and before he arrives at a hospital.

(Added to NAC by Bd. of Health, eff. 10-14-82)

NAC 450B.115 "First responder" defined. "First responder" means a person who has successfully completed the national standard course for first responders.

(Added to NAC by Bd. of Health, eff. 8-22-86; A 11-12-87)

NAC 450B.125 "Health division" defined. (NRS 439.200, 450B.120) "Health division" means the health division of the department of human resources.

(Added to NAC by Bd. of Health by R045-97, eff. 10-30-97)

NAC 450B.140 "Health officer" defined. "Health officer" means the state health officer.

[Bd of Health, Ambulance Reg. § 1.012 eff. 12-3-73; A and renumbered as §§ 1.14 & 1.14.1, 2-28-80; + Life Support Reg. § 1.11, eff. 1-1-76; A 2-28-80]

NAC 450B.143 "Industrial operator" defined. "Industrial operator" means an operator of a service which is:

1. Provided for the benefit of the employees of an industry who become sick or are injured at the industrial site; and
2. Staffed by employees who are licensed attendants and perform emergency care primarily for the industry.

(Added to NAC by Bd. of Health, eff. 10-14-82)

NAC 450B.147 "Instructor" defined. *"Instructor" means a person who has successfully completed a national standard course for instructors or its equivalent as approved by the health division.*

~~["Instructor" means a person who has successfully completed the national standard course for instructors.]~~

(Added to NAC by Bd. of Health, eff. 11-12-87)

NAC 450B.148 "Intermediate emergency care" defined. "Intermediate emergency care" means care which includes, in addition to the activities of basic emergency care, invasive procedures and the administration of certain medications for acute life-threatening conditions under the supervision of a physician or a registered nurse supervised by a physician.

(Added to NAC by Bd. of Health, eff. 8-1-91)

NAC 450B.150 "License" defined. "License" means the license issued by, or on behalf of, the health division to a person certifying him as qualified to perform the duties of a driver, attendant, air attendant or volunteer pursuant to this chapter.

[Bd. of Health, Ambulance Reg. § 1.013, eff. 12-3-73; A and renumbered as § 1.15, 2-28-80]

NAC 450B.160 "Licensee" defined. "Licensee" means one who holds a license issued under this chapter.

[Bd. of Health, Ambulance Reg. § 1.014, eff. 12-3-73; renumbered as § 1.16, 2-28-80]

NAC 450B.170 "Local authority" defined. "Local authority" means a district health officer or other person charged with administering the duties of a health officer.

[Bd. of Health, Life Support Reg. § 1.12, eff. 1-1-76]

NAC 450B.175 "Municipal operator" defined. "Municipal operator" means an operator of a service which is:

1. Provided primarily as a public service by an agency of local government; and

2. Staffed by employees of the agency who are licensed attendants. Such a service may be a public service even if charges are imposed to offset the cost of operation.
(Added to NAC by Bd. of Health, eff. 10-14-82)

NAC 450B.177 "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.
(Added to NAC by Bd. of Health, eff. 8-22-86)

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

[Bd. of Health, Ambulance Reg. § 1.015, eff. 12-3-73; A and renumbered as § 1.17, 2-28-80; + Life Support Reg. § 1.13, eff. 1-1-76; A 2-28-80]-(NAC A 8-22-86)

NAC 450B.205 "Physician" defined. "Physician" means a physician licensed pursuant to chapter 630 of NRS or an osteopathic physician licensed pursuant to chapter 633 of NRS.
(Added to NAC by Bd. of Health, eff. 8-1-91)

NAC 450B.210 "Pilot" defined. "Pilot" means the operator of an aircraft who is certified by the Federal Aviation Administration.
[Bd. of Health, Ambulance Reg. § 1.019, eff. 12-3-73; renumbered as § 1.21, 2-28-80]-(NAC A 8-22-86)

NAC 450B.215 "Registered nurse" defined. "Registered nurse" has the meaning ascribed to it in NRS 632.019.
(Added to NAC by Bd. of Health, eff. 10-14-82)

NAC 450B.219 "Report of emergency care" defined. "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 or from Nevada to a location in another state.
(Added to NAC by Bd. of Health, eff. 8-1-91)

NAC 450B.230 "Service" defined. "Service" means an ambulance or air ambulance service, whether or not the service is conducted pursuant to a business license issued by a local government.
[Bd. of Health, Ambulance Reg. § 1.021, eff. 12-3-73; A and renumbered as § 1.23, 2-28-80; + Life Support Reg. § 1.17, eff. 1-1-76; A 2-28-80]-(NAC A 10-14-82)

NAC 450B.240 "State" defined. "State" includes all the incorporated and unincorporated areas within the geographic boundaries of the State of Nevada, except those areas under the jurisdiction of the United States Government.
[Bd. of Health, Ambulance Reg. § 1.022, eff. 12-3-73; renumbered as § 1.24, 2-28-80; + Life Support Reg. § 1.18, eff. 1-1-76]

NAC 450B.245 "State radio system for emergency medical services" defined. "State radio system for emergency medical services" means the radio system of two-way vocal communications between ambulances or agency's vehicles and hospitals which operates throughout this state on the ultrahigh frequencies allocated for this purpose by the Federal Communications Commission.

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

NAC 450B.253 "Transfer" defined. "Transfer" means the movement of a patient by ambulance or air ambulance from one medical facility to another medical facility. As used in this section, "medical facility" has the meaning ascribed to it in NRS 449.0151.

(Added to NAC by Bd. of Health, eff. 8-22-86; A 5-18-92)

NAC 450B.255 "Transport" defined. "Transport" means the movement of a patient by ambulance or air ambulance from the scene of an emergency to a *medical facility* ~~[hospital]~~.

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

NAC 450B.260 "Unit" defined. *"Unit" means an ambulance, air ambulance or fire-fighting agency vehicle.* ~~["Unit" means an ambulance or air ambulance.]~~

[Bd. of Health, Ambulance Reg. § 1.024, eff. 12-3-73; A and renumbered as § 1.26, 2-28-80]

NAC 450B.280 "Volunteer service" defined. (NRS 439.200, 450B.120) "Volunteer service" means a service approved by the health division for the operation of any ambulance or other motor vehicle for the purpose of 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.

[Bd. of Health, Ambulance Reg. § 1.026, eff. 12-3-73; A and renumbered as § 1.28, 2-28-80]-(NAC A 10-14-82; R045-97, 10-30-97)

NAC 450B.295 Variances by local authorities. A local authority may grant a variance to the provisions of this chapter pursuant to subsection 3 of NRS 439.200.

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

NAC 450B.297 Standards for licensing, certification, applicants for training and programs of training. The standards adopted by the board for the qualifications for licensing and certification, the eligibility of applicants for training and the approval of programs of training are the sole standards applied in Nevada.

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

NAC 450B.300 Severability. If any of the provisions of this chapter or any application thereof to any person, thing or circumstance is held invalid, it is intended that such invalidity not affect the remaining provisions, or their application, that can be given effect without the invalid provision or application.

[Bd. of Health, Ambulance Reg. § 22.001, eff. 12-3-73; renumbered as § 24.1, 2-28-80; renumbered as § 25.1, 10-15-81; + Life Support Reg. § 13.1, eff. 1-1-76]

EMERGENCY CARE Licensing and Certification

NAC 450B.310 Licensing of attendants required. 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 or a fire-fighting agency, including a volunteer service or agency, unless he possesses a currently valid card evidencing that he holds a license issued by the health division and authorizing him to act in that capacity .

[Bd. of Health, Ambulance Reg. § 13.001, eff. 12-3-73; renumbered as § 15.1, 2-28-80]-
(NAC A 10-14-82; 8-22-86; 8-1-91)

NAC 450B.320 Licensing of attendants: Qualifications. (NRS 439.200, 450B.120)

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

(a) Is 18 years of age or older as of the date of the application.

(b) If he is applying to become an attendant:

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

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

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

(d) Has been found by a licensed physician within the ~~6~~ **12** months immediately preceding the date on which his application is submitted to be of sound physical and mental health and free of physical defects or diseases which might impair his ability to drive or attend an ambulance, air ambulance or agency's vehicle and that determination is verified by the physician on a form approved by the health division for that purpose.

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

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

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

(g) Submit evidence of skill verification as approved by the health division.

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

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

(b) Possess the following:

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

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

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

- (1) Special considerations in attending a patient in an air ambulance;
- (2) Aircraft safety and orientation;
- (3) Altitude physiology and principles of atmospheric physics;
- (4) Familiarization with systems for air-to-ground communications;
- (5) Familiarization with the system of emergency medical services in the service area;
- (6) Survival procedures in an air ambulance crash;
- (7) Response procedures to accidents involving hazardous materials;
- (8) Use of modalities for in-flight treatment;
- (9) Infection control;
- (10) Oxygen therapy in relation to altitude;
- (11) Patient assessment in the airborne environment; and
- (12) Vital sign determination in the airborne environment.

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

[Bd. of Health, Ambulance Reg. § 13.005 subsecs. (a)-(g) & (i), eff. 12-3-73; A and renumbered as §§ 15.5-15.5.7.7 & 15.5.9-15.5.9.4, eff. 2-28-80]-(NAC A 10-14-82; 8-22-86; 8-1-91; 5-18-92; R045-97, 10-30-97)

NAC 450B.330 Licensing of attendants: Application; renewal. (NRS 439.200, 450B.120)

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

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

- (a) The applicant's full name;**
- (b) His current residence;**
- (c) His date of birth;**
- (d) His social security number;**
- (e) The name and address of his present and if applicable, immediately previous EMS employer;**
- (f) A description of the last two jobs ,if EMS related, he held immediately before the application is made;**
- (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 in 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 child support payment in accordance with NRS 450B.183; and

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

~~On an initial application for a license, the applicant must submit the following information:~~

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

~~[(b) His date of birth;]~~

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

~~[(d) The color of his eyes;]~~

~~[(e) The color of his hair;]~~

~~[(f) His social security number;]~~

~~[(g) The name and address of his employer immediately preceding his current employment;]~~

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

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

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

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

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

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

3. An applicant for *initial licensure* ~~[a license]~~ as an attendant must file with the health division, in addition to the items specified in subsection 2, a valid certificate designating him as an emergency medical technician, intermediate emergency medical technician or advanced emergency medical technician.

4. An application for renewal of a license must:

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

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

(c) The appropriate fee as prescribed in NAC 450B.700.

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

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

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

[Bd. of Health, Ambulance Reg. §§ 13.002-13.004, eff. 12-3-73; A and renumbered as §§ 15.2-15.4, 2-28-80]-(NAC A 10-14-82; 8-22-86; 11-12-87; 8-1-91; R045-97, 10-30-97)

NAC 450B.340 Attendant Trainee License ~~[Provisional license]~~. (NRS 439.200, 450B.120)

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

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

3. A person who holds *an attendant trainee* ~~[a provisional]~~ license issued under this section may serve in a ~~[volunteer service in a]~~ training capacity when: ~~[accompanied by two licensed attendants.]~~

(a) accompanied by an attendant, licensed at or above the level of the trainee, while at the scene of an emergency; or

(b) accompanied by two attendants, one of which is licensed at or above the level of the trainee, while transporting patients to a medical facility.

[Bd. of Health, Ambulance Reg. § 13.005 subsec. (h), eff. 12-3-73; A and renumbered as §§ 15.5.8 & 15.5.8.1, 2-28-80; § 13.006 subsec. (h), eff. 12-3-73; A and renumbered as § 15.5.10, 2-28-80]-(NAC A 10-14-82; 8-1-91; R045-97, 10-30-97)

NAC 450B.350 License: Terms; renewal; responsibility of service or fire-fighting agency. (NRS 439.200, 450B.120)

1. The license of an attendant is not assignable or transferable to any other person.

2. A license expires on the date of expiration appearing on it. The expiration of the license shall be concurrent with the expiration date on the emergency medical technician certificate. A license shall not be valid for more than two years. The health division may designate the same year of expiration for the licenses of all attendants in a particular service or fire-fighting agency upon written request of the service or fire-fighting agency.

~~[2. A license expires on the date of expiration appearing on it. The date of expiration for licenses is July 1 and after the initial period of effectiveness, a license expires biennially] The health division shall designate the same year of expiration for the licenses of all attendants in a particular service or fire-fighting agency.]~~

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

4. The health division shall renew an attendant's license if:

(a) The health division is satisfied that, in addition to meeting the other requirements for a renewal, the applicant has complied with the requirements, limitations, terms and conditions applicable to obtaining an initial license; and

~~[(b) A physician determines that the applicant, within the preceding 12 months, is of sound physical and mental health, is free of physical defects or diseases and is able to drive or attend an ambulance, air ambulance or agency's vehicle and verifies such a determination in a written report submitted on a form approved by the health division.]~~

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

6. No official entry made upon any license may be defaced, removed or obliterated. If any such defacement, removal or obliteration occurs on any portion of a license, it is void.

[Bd. of Health, Ambulance Reg. §§ 13.007-13.010, eff. 12-3-73; A and renumbered as §§ 15.6-15.9, 2-28-80]-(NAC A 10-14-82; 8-22-86; 11-12-87; 8-1-91; R045-97, 10-30-97)

NAC 450B.355 Certification of first responders. (NRS 439.200, 450B.120)j

1. To be certified as a first responder, an applicant must:

(a) Be 16 years of age or older;

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

(c) Have and maintain a current, valid American Heart Association Healthcare Provider CPR card or equivalent;

(d) Submit the appropriate form and the fee prescribed in NAC 450B.700; and statement indicating compliance with child support payment in accordance with NRS 450B.183.

~~[To be certified as a first responder, an applicant must be 18 years of age or older and have successfully completed the national standard course for first responders or an equivalent curriculum approved by the health division.]~~

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.

3. Upon certification, a first responder may render services in rescue, first aid, ~~[and]~~ cardiopulmonary resuscitation, *automatic and semi-automatic defibrillators.*

4. An initial first responder certification shall be for a period not to exceed two years and shall expire on the date of expiration appearing on it.

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

NAC 450B.360 Certification of emergency medical technicians: Qualifications; exception; contents of application; verification of completion of national standard course.

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

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

(b) Be 18 years of age or older *on the date of the application;*

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

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

(e) Submit evidence of skill verification as approved by the health division;

(f) ~~[(e)]~~ Pass a written examination prepared and administered by the health division *or approved by the health division;*

(g) *Have and maintain a current, valid American Heart Association Healthcare Provider CPR card or equivalent;*

(h) *Submit the appropriate form and the fee prescribed in NAC 450B.700; and statement indicating compliance with child support payment in accordance with NRS 450B.183.*

~~[2. A health authority may issue a certificate as an emergency medical technician to a person who is at least 16 years of age but not more than 18 years of age if the health authority determines that the applicant is otherwise qualified for a certificate pursuant to this section.]~~

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

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

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

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

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

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

2. ~~[4]~~ The applicant must submit with his application verification that he has successfully completed the national standard course for emergency medical technicians developed by the United States Department of Transportation and approved by the health division. The verification must be signed by the physician of record who was responsible for the training.

[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)

NAC 450B.363 Certification of emergency medical technician trained in another state. (NRS 439.200, 450B.120)

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

(a) The applicant:

(1) Is currently a resident of Nevada;

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

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

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

(c) The applicant:

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

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

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

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

2. The health division may require the applicant to:

(a) Demonstrate his practical skills.

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

3. *An individual who has been issued a certification pursuant to this section will be subject to the renewal process in accordance with NAC 450B.366.*

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.364 Certification of emergency medical technicians: Issuance of certificate. 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.366 Expiration and renewal of certificate as first responder or emergency medical technician. (NRS 439.200, 450B.120)

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

2. Such a certificate is renewable if:

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

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

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

(I) First responder is at least 20 hours **for certification renewal.**

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

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

3. *An individual who has been issued a Nevada certification through reciprocity will not be allowed to renew their certification through reciprocity and will be subject to the renewal process in accordance with this section.*

(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.374 Late renewal of certificate as emergency medical technician or first responder. (NRS 439.200, 450B.120)

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

2. To be granted a late renewal of his certificate, the applicant must:
 - (a) Successfully meet all of the requirements for renewal;
 - (b) Submit verification that he has met such requirements; and
 - (c) For an emergency medical technician, pass a written ~~[and practical]~~ examination *administered* ~~[as approved]~~ by the health division.

(d) Submit evidence of skill verification as approved by the health division.

3. The applicant for late renewal of a certificate must pay the fee required by NAC 450B.700.

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.

(Added to NAC by Bd. of Health, eff. 11-12-87; A 8-1-91; R045-97, 10-30-97)

NAC 450B.3745 Training and certification of intermediate emergency medical technician. (NRS 439.200, 450B.120) To be trained and certified as an intermediate emergency medical technician, an applicant must:

1. Possess a currently valid certificate as an emergency medical technician;
2. Have successfully completed the national standard course for intermediate emergency medical technicians or an equivalent curriculum approved by the health division;
3. Submit verification signed by the physician of record who was responsible for the training that the applicant has successfully completed the course or curriculum; ~~[and]~~

4. Submit evidence of skill verification as approved by the health division; and

~~[4. Possess or have applied for a license as an attendant.]~~

5. Successfully pass a written examination administered or approved by the health division.

6. Have and maintain a current, valid American Heart Association Healthcare Provider CPR card or equivalent;

(Added to NAC by Bd. of Health, eff. 11-12-87; A 8-1-91; R045-97, 10-30-97)

NAC 450B.375 Late renewal of certificate as intermediate emergency medical technician. (NRS 439.200, 450B.120)

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

2. Upon approval for late renewal the applicant must submit evidence of:

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

(b) Provide evidence of skill verification as approved by the health division.

(c) Successfully pass a written examination administered by the health division with a minimum score of 80%.

(d) Payment of the required fee, required by NAC 450B.700.

late renewal may be authorized for the remainder of the new period of certification.

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

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

~~[(b) Successfully meeting all of the requirements for renewal of a certificate as an emergency medical technician;]~~

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

~~[(d) Payment of the required fee.]~~

3. 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.

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

NAC 450B.378 Certification of intermediate emergency medical technician trained in another state. (NRS 439.200, 450B.120)

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

(a) The applicant:

(1) Is currently a resident of Nevada;

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

(3) Is a resident of a state contiguous to Nevada and is employed by or an active volunteer with a service or fire-fighting agency in Nevada that holds a current 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* ~~[the course approved in Nevada]~~ and holds a valid certificate as an intermediate emergency medical technician or an advanced medical technician issued by an authorized agency in the other state; or

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

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

(e) The health division receives verification of his certificate as 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) Has and maintain a current, valid American Heart Association Healthcare Provider CPR card or equivalent;

2. The health division may require the applicant to:

(a) Provide evidence of skill verification by a qualified instructor.

~~[(a) Demonstrate his practical skills to the medical advisory board or the medical director of a service or fire-fighting agency.]~~

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

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

~~[NAC 450B.379 Reissuance of expired certificate of emergency medical technician or intermediate emergency medical technician.]~~

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

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

~~[(b) At the time of the application for reissuance of his certificate, he successfully completes a written and practical examination, given by or approved by the health division, with a score of at least 80 percent. In the case of an intermediate emergency medical technician, in addition to the examination, he must also successfully demonstrate the authorized intermediate procedures, to a physician designated to evaluate the demonstration of the procedures, at a level of retention of the skills of at least 80 percent.]~~

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

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

~~[(e) He pays the required fee.]~~

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

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

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

**NAC 450B.380 Certificate as intermediate emergency medical technician:
Expiration; examination of holder for retention of skills; renewal. (NRS
439.200, 450B.120)**

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

2. A certified intermediate emergency medical technician must undergo at least one *skill verification* ~~[examination]~~ by *a qualified instructor or* the medical director of the service or fire-fighting agency every 12 months to verify retention of his skills in order to maintain his certification. ~~[The medical director may recommend revocation of certification at any time.]~~

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

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

(b) The administration of approved medications,

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

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

(a) Meet the requirements for renewal of his certificate as an emergency medical technician;
(b) Before his certificate expires, submit an application evidencing that he has met the requirements of this section.

(c) Submit payment of the required fee, required by NAC 450B.700

5. An individual who has been issued a Nevada certification through reciprocity will not be allowed to renew their certification through reciprocity and will be subject to the renewal process in accordance with this section.

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

~~[(e)]~~ Three months before his certificate expires, submit an application evidencing that he has met the requirements of this section.

[Bd. of Health, Ambulance Reg. § 14.003 subsec. 4, eff. 6-6-76; A and renumbered as §§ 16.6.3-16.6.4.1, 2-28-80]-(NAC A 10-14-82; 8-22-86; 11-12-87; 8-1-91; R045-97, 10-30-97)

Authorized Activities

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

1. An emergency medical technician may:

(a) Render services in rescue, first aid and cardiopulmonary resuscitation *in accordance with national standard course for emergency medical technician - basic;*

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

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

~~[(1) As an attendant for a service or fire fighting agency; and]~~

~~[(2) In accordance with procedures established by the medical director of the service or fire fighting agency.]~~

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.

3. In addition, as a licensed attendant provide care for sick and injured persons at the scene of an emergency and during transport in accordance with State and local medical protocols as approved by the health division.

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

NAC 450B.384 Emergency medical technician: Practice beyond scope of certificate prohibited; exception. The holder of a certificate issued pursuant to NAC 450B.360 shall not practice beyond the scope of his certificate unless authorized by the health authority which issued the certificate.

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

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

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

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

~~[(a) Performing venipuncture and intra-osseous infusion for the administration of intravenous therapy and the maintenance of intravenous therapy initiated by other authorized persons;]~~

~~[(b) Performing esophageal or endotracheal intubation; and]~~

~~[(c) Administering 50 percent dextrose, naloxone and intravenous solutions other than blood or blood products.]~~

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

NAC 450B.390 Performance of special procedures: Venipuncture, management of airways, administration of medication and performance of intra-osseous infusion. (NRS 439.200, 450B.120)

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

(a) Any oral order from the physician, or a registered nurse acting on the authority of a physician, authorizing the attendant to perform one of these 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 disc* recording of a physician's oral orders to an attendant concerning these procedures must be retained by the hospital, ~~[or]~~ the facility issuing the medical directions *or the dispatch center* for at least **90 days** ~~[5 years]~~ after the recording is made.

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

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

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

3. A person may perform one of the special procedures only if he is:
 - (a) A licensed attendant *at the* ~~[and-an]~~ intermediate emergency medical technician *level*; ~~[or a registered nurse who is actively employed by or a volunteer with a service or fire-fighting agency that holds a current permit to operate at the level of intermediate emergency care;]~~ and
 - (b) Authorized for the procedure by the medical director of the service or fire-fighting agency ~~[or the medical advisory board of the service that provides intermediate emergency care].~~
4. The health division shall suspend the license and certificate of any person who performs one of these procedures without proper 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)

ADVANCED EMERGENCY CARE

NAC 450B.400 Certification: Qualifications. (NRS 439.200, 450B.120) To be certified as an advanced emergency medical technician, an applicant must:

1. Have successfully completed the national standard course for advanced emergency medical technicians or an equivalent curriculum approved by the health division;
2. Submit verification signed by the physician of record who was responsible for the training that he has successfully completed the course or curriculum; ~~[and]~~
3. *Submit evidence of skill verification as approved by the health division;*
~~[3. Possess or have applied for a license as an attendant.]~~
4. *Successfully pass the written exam administered by the health division, with a score of at least 70%;*
5. ~~[4.]~~ *Is 18 years of age or older as of the date of the application;*
6. ~~[5.]~~ *Possess and maintains a current, valid advanced cardiac life support (ACLS) certificate. The ACLS certification shall comply with American Heart Association Standards or equivalent as approved by the health division;*
7. ~~[6.]~~ *Submit the appropriate form and the fee prescribed in NAC 450B.700;*and
8. ~~[7.]~~ *Submit statement indicating compliance with child support payment in accordance with NRS 450B.183.*

[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)

NAC 450B.410 Certification: Person trained in another state. (NRS 439.200, 450B.120)

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

- (a) The applicant:
 - (1) Is a resident of Nevada on the date of the application;
 - (2) Will be a resident of Nevada within 6 months after applying for certification; or
 - (3) Is a resident of a state contiguous to Nevada and is employed by or an active volunteer with a service or fire-fighting agency in Nevada that holds a current 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;*and*

(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 valid certification as an emergency medical technician-paramedic issued by an authorized agency in the other state*; or

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

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

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

(f) *Possess and maintains a current, valid advanced cardiac life support (ACLS) certificate. The ACLS certification shall comply with American Heart Association Standards or equivalent as approved by the health division;*

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

(a) *Provide evidence of skill verification by a qualified instructor or medical director of a service or fire-fighting agency.* ~~Demonstrate his practical skills to the medical advisory board or 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.

[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)

NAC 450B.420 Certification: Expiration; examination for retention of skills; renewal. (NRS 439.200, 450B.120)

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

2. A certified advanced emergency medical technician must undergo at least one examination by *a* ~~the~~ medical director of the service or fire-fighting agency *or a qualified instructor* every 12 months to verify retention of his skills in order to maintain his certification. ~~The medical director may recommend revocation of certification at any time.~~

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

(a) For which certification has been issued; and

(b) In the administration of approved medications, and enter that determination on a form provided by the health division. ~~The medical director shall forward the form to the health division.~~

4. To obtain a renewal of his certificate, the advanced emergency medical technician must:

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

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

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

(d) Before his certificate expires, submit an application evidencing that he has met the requirements of this section.

(e) Submit payment of the required fee, required by NAC 450B.700

An individual who has been issued a Nevada certification through reciprocity will not be allowed to renew their certification through reciprocity and will be subject to the renewal process in accordance with this section.

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

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

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

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

~~[(e) Three months before his certificate expires, submit an application evidencing that he has met the requirements of this section.]~~

[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)

NAC 450B.425 Certification: Late renewal. (NRS 439.200, 450B.120)

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

2. Upon approval for late renewal the applicant must submit evidence of:

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

(b) Provide evidence of skill verification as approved by the health division.

(c) Successfully pass a written examination administered by the health division with a minimum score of 80%.

(d) Payment of the required fee, required by NAC 450B.700.

late renewal may be authorized for the remainder of the new period of certification.

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

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

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

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

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

~~[(e) Providing proof of current certification in advanced cardiac life support; and]~~

~~[(f) Payment of the required fee;]~~

~~[late renewal may be authorized for the remainder of the new period of certification.]~~

3. 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.

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

~~[NAC 450B.427 Certification: Reissuance of expired certificate].~~

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

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

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

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

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

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

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

~~[(g) He pays the required fee.]~~

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

(Added to NAC by Bd. of Health, eff. 8-22-86; A 11-12-87)]

~~[NAC 450B.430 Certification: Suspension and revocation. (NRS 439.200, 450B.120)]
[If an advanced emergency medical technician:]~~

~~[1. Violates any of the provisions of chapter 450B of NRS;]~~

~~[2. Is guilty of any conduct, which impairs his performance;]~~

~~[3. Does not submit proof of continuing training on or before the date specified on his certificate;]~~

~~[4. Develops a physical or mental condition which constitutes a threat to persons needing his services; or]~~

~~[5. Has been found to have exhibited unprofessional conduct, the health division may suspend or revoke his certificate pursuant to the requirements set forth in NAC 439.300 to 439.395, inclusive.]~~

~~[Bd. of Health, Life Support Reg. §§ 6.1-6.2, eff. 1-1-76; A 2-28-80]-(NAC A 10-14-82; 8-22-86; 11-12-87; R045-97, 10-30-97)]~~

NAC 450B.440 Initial training. (NRS 439.200, 450B.120)

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

(a) *Licensed by the State of Nevada Commission on Postsecondary Education to conduct EMS training programs and approved by the health division; [A hospital licensed by the health division]* or

(b) A community college or a university, accredited by the department of education, in conjunction with a hospital licensed by the health division.

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

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

~~[4. On verification of the person's successful completion of this period of evaluation by the supervising physician or medical director of the service or fire fighting agency, the health division shall issue him a certificate as an advanced emergency medical technician. This certificate is valid until the date of expiration appearing on it and is renewable biennially thereafter.]~~

[Bd. of Health, Life Support Reg. §§ 3.1-3.5.2, eff. 1-1-76; A and renumbered as §§ 3.1-3.6.2, 2-28-80]-(NAC A 10-14-82; 8-22-86; 11-12-87; 8-1-91; R045-97, 10-30-97)

NAC 450B.443 Training to maintain certification; reexamination. (NRS 439.200, 450B.120) Each holder of a certificate as an advanced emergency medical technician must receive at least 40 hours of training *for certification renewal [each year]* in courses approved by the *health division [board]* to maintain his certification, and 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)

NAC 450B.447 Authorized activities; oral orders.

1. *A licensed [An]* advanced emergency medical technician may, in addition to the authorized activities of an intermediate emergency medical technician:

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

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

(c) Monitor and treat cardiac arrhythmias.

(d) Under the direct supervision of a physician or a registered nurse supervised by a physician, or under such prescribed conditions as are set forth by the medical director pursuant to written standing orders of the service or fire-fighting agency, perform such procedures and administer such medications as are approved by the board and recommended by ~~the medical advisory board or~~ the medical director of the service or fire-fighting agency, *in accordance with State and local protocols*, which may include, but are not limited to:

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

2. Any oral order from a physician or registered nurse acting on the authority of a physician to the advanced emergency medical technician to perform one of these 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 orders to an advanced emergency medical technician concerning these procedures must be retained by the hospital, ~~or~~ the facility issuing the medical directions *or the dispatch center* for at least **90 days** ~~[5 years]~~ after the recording is made.

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

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

NAC 450B.450 Rendering of care by hospital, service or fire-fighting agency; staffing of ambulance, air ambulance or agency's vehicle.

1. Any hospital, service or fire-fighting agency which meets the minimum requirements established by the board in NAC 450B.461 to 450B.481, inclusive, may use attendants who are licensed advanced emergency medical technicians for the rendering of emergency care to the sick and injured:

(a) At the scene of an emergency and during transport to a hospital;

(b) During transfer of a patient from a hospital to another medical facility or other location;
and

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

2. Any service or fire-fighting agency utilizing advanced emergency medical technicians must provide the supplies and equipment listed in *Official Ambulance and Fire-fighting Agency Inventory as approved by the board* ~~[NAC 450B.560 for the care of the sick and injured]~~.

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

(a) Two licensed attendants who are advanced emergency medical technicians;

(b) One licensed attendant who is an advanced emergency medical technician and one licensed attendant who is a certified emergency medical technician;

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

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

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

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.

[Bd. of Health, Life Support Reg. §§ 4.1-4.1.2, eff. 1-1-76; A 2-28-80; § 4.1.4, eff. 1-1-76; A 6-6-76; 2-28-80]-(NAC A 10-14-82; 8-22-86; 11-12-87; 8-1-91)

NAC 450B.455 Notations on reports of emergency care. 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.

(Added to NAC by Bd. of Health, eff. 10-14-82; A 8-22-86; 11-12-87; 8-1-91)-(Substituted in revision for NAC 450B.494)

CONTROLLED SUBSTANCES AND DANGEROUS DRUGS

NAC 450B.461 Restrictions on authority to administer.

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

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

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

(c) The advanced emergency medical technician was authorized to administer the drug by written protocol approved by the health division.

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

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

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

(c) The intermediate emergency medical technician or advanced emergency medical technician was authorized to administer the drug by written protocol approved by the health division.

3. Basic emergency medical technician shall not administer or assist in administering any dangerous drugs as defined in NRS 454.201.

(Added to NAC by Bd. of Health, eff. 8-1-91)

NAC 450B.465 Storage and security.

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

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

(b) Under appropriately controlled climatic conditions.

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

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

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

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

(Added to NAC by Bd. of Health, eff. 8-1-91)

NAC 450B.471 Administration: Reporting requirements; discarding of unused portion of unit dose.

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

(a) The name of the medication administered;

(b) The dose of the medication administered;

(c) The route of administration;

(d) The date and time of administration;

(e) The name of the physician ordering the medication;

(f) The signature or initials *and emergency medical services number* of the person who administered the medication;

(g) If a registered nurse administered the medication, the emergency medical services number or license number of that nurse; and

(h) The signature of the receiving physician or, if operating pursuant to written standing orders, the name of the medical director of the service or fire-fighting agency.

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

(a) Verified by a witness, who shall sign a statement indicating the unused portion was discarded; and

(b) Noted in the record for controlled substances.

3. If any error is made in administering a medication or the patient has an unusual reaction to a medication, the intermediate emergency medical technician, advanced emergency medical technician or registered nurse who administered the medication shall immediately report the error or reaction to the receiving physician, and when applicable, to the physician who ordered the medication. The error or adverse reaction must be entered on the report of emergency care.

(Added to NAC by Bd. of Health, eff. 8-1-91)

NAC 450B.475 Supplying of controlled substances; handling, use and maintenance of controlled substances and dangerous drugs.

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.

(Added to NAC by Bd. of Health, eff. 8-1-91)

NAC 450B.481 Controlled substances: Record of usage; inventory.

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) 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; and

(f) Signature of the advanced emergency medical technician 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 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 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 or registered nurse on the receiving crew and the name of another advanced emergency medical technician 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.

(Added to NAC by Bd. of Health, eff. 8-1-91)

AMBULANCE SERVICES AND FIRE-FIGHTING AGENCIES

NAC 450B.505 Permit required; appointment, powers and duties of medical director. (NRS 439.200, 450B.120)

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

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

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

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

(a) Establish medical standards which:

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

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

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

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

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

(a) Be a physician;

(b) Have experience in and current knowledge of the emergency care of patients who are acutely ill or injured;

(c) Have knowledge of and access to local plans for responding to emergencies;

(d) Be familiar with the operations of a base hospital, including communication with, and direction of, personnel who provide emergency care;

(e) Be actively involved in the training of personnel who provide emergency care;

- (f) Be actively involved in the audit, review and critique of emergency care provided by personnel;
- (g) Have knowledge of administrative and legislative processes affecting local, regional and state systems that provide emergency medical services;
- (h) Have knowledge of laws and regulations affecting local, regional and state systems that provide emergency medical services; and
- (i) Have knowledge of procedures and treatment for advanced cardiac and trauma life support.

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

- (a) In consultation with appropriate specialists and consistent with the protocols of regional and statewide systems, establish medical protocols and policies for the service or fire-fighting agency;
- (b) Recommend to the health division the ~~[certification or]~~ revocation of *licensure* ~~[certification]~~ of personnel who provide emergency care;
- (c) Approve educational requirements and proficiency levels for instructors and personnel of the service or fire-fighting agency;
- (d) Approve educational programs within the service that are consistent with accepted local, regional and state medical practice;
- (e) Suspend an emergency medical technician within that service or fire-fighting agency pending review and evaluation by the health division;
- (f) Establish medical standards for dispatch procedures to ensure that the appropriate response units are dispatched to the scene of a medical emergency when requested;
- (g) Establish criteria and procedures to be used when a patient refuses transportation;
- (h) Establish medical criteria for the level of care and type of transportation to be used for emergency care;
- (i) Establish standing orders and procedures and the criteria under which the providers of emergency care may operate before initiating contact with a physician at a base station; and
- (j) Conduct an audit to ensure the quality of the medical system of the service or fire-fighting agency in conjunction with the activities of the designated base hospital or health facility.

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

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

- (a) Shall provide written notification of his intentions to the health division and the service or fire-fighting agency not less than 30 days before the effective date of his resignation; and
- (b) May provide recommendations for an interim replacement.

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

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

NAC 450B.510 Permits: Application; renewal. (NRS 439.200, 450B.120)

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

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

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

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

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

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

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

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

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

(1) Response and transportation;

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

(3) Using an electrocardiograph monitor or defibrillator; and

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

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

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

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

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

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

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

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

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

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

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

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

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

[Bd. of Health, Ambulance Reg. §§ 3.001 & 3.002, eff. 12-3-73; renumbered as §§ 3.1-3.2.7 & 3.2.9-3.2.10, 2-28-80; § 3.004, eff. 12-3-73; renumbered as § 3.4, 2-28-80; part § 3.005, eff. 12-3-73; renumbered as §§ 3.5.1 & 3.5.2, 2-28-80]-(NAC A 10-14-82; 8-22-86; 8-1-91; R045-97, 10-30-97)

NAC 450B.515 Ambulance permits: Fee. 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 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.

(Added to NAC by Bd. of Health, eff. 10-14-82)

NAC 450B.520 Permits: Denial of application. (NRS 439.200, 450B.120) 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 agency's vehicle had 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 agency's vehicle 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 agency's vehicle 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.

[Bd. of Health, Ambulance Reg. § 6.001, eff. 12-3-73; renumbered as §§ 6.1-6.1.4, 2-28-80]-(NAC A 10-14-82; 8-22-86; 8-1-91; R045-97, 10-30-97)

NAC 450B.523 Endorsement for operation at intermediate or advanced level. (NRS 439.200, 450B.120) 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 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.526 Application for endorsement. (NRS 439.200, 450B.120) The health division shall prescribe forms for an operator's use in applying for an endorsement to operate a service or fire-fighting agency at the level of intermediate or advanced emergency care. The following information must be provided *upon* ~~on the~~ application:

1. The name and address of the applicant's service or fire-fighting agency.
2. The name and signature of the medical director of the service or fire-fighting agency.

3. *A base station agreement, signed by an authorized representative of the hospital, to provide 24-hour communication between a physician and providers of emergency care that shall require the physician providing medical directions is knowledgeable of:*

(a) *The procedures/protocol for treatment established by the medical director of the service or fire-fighting agency;*

(b) *The emergency care of acutely ill or injured patients;*

(c) *The capabilities of the providers of emergency care; and*

(d) *The policies of local and regional emergency medical services and protocols for referring patients with trauma.*

~~[If a service, the name of each hospital to which patients will be delivered and the signature of an authorized representative of each hospital which agrees to furnish the equipment, medications, supplies and services described in NAC 450B.578.]~~

4. *A copy of the service protocols for each level of care to be provided that have been approved by the service medical director and the health division.* ~~[The name and qualifications of each attendant or registered nurse, including a copy of the license of each registered nurse.]~~

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

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

(a) Keeping records; and

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

7. *A copy of the services testing requirements for each level of licensure that includes knowledge and familiarization of service protocols skill verification of each attendant for the specified level if different than health division testing procedures.*

(Added to NAC by Bd. of Health, eff. 10-14-82; A 8-22-86; 11-12-87; 8-1-91; R045-97, 10-30-97)

NAC 450B.529 Endorsement: Investigation of applicant; issuance or rejection~~;~~
~~limitation on time for obtainment]. (NRS 439.200, 450B.120)~~

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

(a) Have an investigation made of the applicant's proposed operations and the information contained in his application; and

(b) Upon completion of the investigation, issue an endorsement authorizing the requested level *or levels* of operations or a written rejection of the application on any ground prescribed in this chapter, setting forth the reasons for the rejection and notifying the applicant of his right to appeal pursuant to NAC 439.300 to 439.395, inclusive.

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

(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.532 Renewal of endorsement. (NRS 439.200, 450B.120)

1. The operator of a service or fire-fighting agency must apply for a renewal of his endorsement in conjunction with his application for renewal of his 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 endorsement.
(Added to NAC by Bd. of Health, eff. 10-14-82; A 8-22-86; R045-97, 10-30-97)

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

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

NAC 450B.540 Display, alteration, transferability of permit.

1. The holder of a permit or provisional permit must display it prominently in his principal place of business.
2. If an official entry on any permit is altered, defaced or obliterated, the permit immediately becomes void.
3. No permit is transferable. *The transfer of 50% or more of the voting shares or equity ownership shall be deemed a transfer.*

[Bd. of Health, Ambulance Reg. §§ 5.001 & 5.002, eff. 12-3-73; A and renumbered as §§ 5.1-5.2, 2-28-80]-(NAC A 10-14-82)

NAC 450B.550 Ambulance: Design.

1. Each ambulance placed in service after August 1, 1991, must contain at least 300 cubic feet of space and meet the following requirements:
 - (a) Have at least ~~60 [45]~~ inches (*152 cm*) of headroom above the level of the primary gurney.
 - (b) Provide a combined total of at least ~~35 [30]~~ cubic feet (*1 cubic meter*) of enclosed cabinets for storage, compartments and shelves conveniently located for medical supplies and equipment and installed systems as applicable for the level of service intended.
 - (c) Provide 40 candlepower of interior lighting at the patient's level in the patient's compartment. The lighting must be located so that no glare is directed to the driver's compartment or his line of vision while the vehicle is in motion. The lighting must be shielded with a shatterproof covering which does not reduce the illumination.
 - (d) Have a bulkhead partition separating the patient's compartment and the driver's compartment, with a sliding transparent panel in the bulkhead or a system of intercommunication for the driver and attendant.
 - (e) Provide an adequate seat, equipped with a backrest and a safety belt secured to the floor or bulkhead at the head of the space for the gurney, from which position the attendant may observe the patient and the instruments which indicate his condition during transport.
 - (f) Contain a squad bench at least 22 inches (*56 cm*) wide and 72 inches (*183 cm*) 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** ~~[12]~~ inches (**46 cm**) between the gurney and the squad bench **and at least 25 inches (64 cm) in width as kneeling space alongside the primary gurney to allow the attendant room to move in administering 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 **at least three** ~~[two]~~ or more straps with which to secure the patient. **The head of the gurney shall be furnished with upper torso (over shoulder) restraints.**

(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 of storage area for oxygen.

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

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

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

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

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

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

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

[Bd. of Health, Ambulance Reg. §§ 9.1-9.6, eff. 2-28-80]-(NAC A 10-14-82; 8-22-86; 8-1-91)

NAC 450B.560 Ambulance, ~~air ambulance,~~ agency's vehicle or vehicle of a fire-fighting agency ~~used to transport or transfer patients~~: Equipment Required. (NRS 439.200, 450B.120)

1. Any ambulance, agency vehicle or vehicle of a fire-fighting agency which is in service providing emergency medical care shall carry all the equipment and supplies identified on the "Official Ambulance and Agency Vehicle Inventory" and as authorized by the health division.

~~[All of the following equipment, or similar items as approved by the health division, must be carried in an ambulance, air ambulance or agency's vehicle:]~~

~~[(a) Portable apparatus for suction with wide bore tubing and rigid pharyngeal suction tip with assorted sizes of sterile suction catheters.]~~

~~[(b) A bag valve mask unit with an oxygen reservoir operated by hand with clear masks in sizes for adults, children and infants. The unit must be capable of use with an oxygen supply.]~~

~~[(c) Oropharyngeal airways in sizes for adults, children and infants.]~~

~~[(d) Portable equipment for supplying and administering oxygen with adequate tubing and semiopen, valveless, transparent masks in sizes for adults, children and infants.]~~

~~[(e) Nonrebreathing clear oxygen masks in sizes for adults and children.]~~

~~[(f) Bite sticks, either commercial or made of three tongue blades taped together and padded.]~~

~~[(g) Sterile pressure pads, either abdominal or universal trauma dressings.]~~

~~[(h) Sterile gauze pads.]~~

~~[(i) Soft roller, self-adhering bandages.]~~

~~[(j) Nasal cannulas.]~~

~~[(k) Naso-pharyngeal airways with water soluble lubricant in sizes for adults and children.]~~

~~[(l) Rolls of tape in assorted sizes.]~~

~~[(m) Traction splints for lower extremities, in sizes for adults and children.]~~

~~[(n) Devices used to splint fractures of the extremities approved by the health division.]~~

~~[(o) Bandage seissors used for cutting bandages and other materials.]~~

~~[(p) A stethoscope and sphygmomanometer with a cuff in sizes for adults and children.]~~

~~[(q) Sheets for covering burns of the body.]~~

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

~~[(1) Four towels or surgical drapes;]~~

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

~~[(3) Two sterile perineal pads;]~~

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

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

~~[(6) Sterile gloves; and]~~

~~[(7) An infant blanket.]~~

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

~~[(t) Potable water.]~~

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

~~[(v) A flashlight.]~~

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

~~[(x) A pneumatic antishock garment.]~~

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

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

~~[(b) Equipment for advanced management of airway, as approved by the medical director of the service or fire fighting agency;]~~

~~[(c) Needles, tubing and other equipment necessary to administer intravenous therapy and perform specialized procedures as approved by the medical director of the service or fire fighting agency;]~~

~~[(d) Medications for treatment as approved by the medical director of the service or fire fighting agency and appropriate for intermediate or advanced emergency care;]~~

~~[(e) If the service has been issued a permit to operate at the level of advanced emergency care, a device for monitoring the electrical activity of the heart and a manual defibrillator capable of producing a hard copy; and]~~

~~[(f) Equipment for telemetric radio communication capable of operating on the channels of the radio designated for emergency medical services, unless exempted by the medical director of the service or fire fighting agency and the health division.]~~

~~[3. Any vehicle used to transport or transfer patients must also carry:]~~

~~[(a) A bed pan, urinal and basin or other equivalent items;]~~

~~[(b) A humidifier for use in the administration of built-in oxygen which must be discarded after use by each patient; and]~~

~~[(c) A supply of clean linen.]~~

~~[4. Any vehicle used to transport patients must also carry a short spine board and a long spine board with accessories or similar devices approved by the health division.]~~

[Bd. of Health, Ambulance Reg. §§ 8.001-9.003, eff. 12-3-73; A and renumbered as §§ 8.1-8.4.15, 2-28-80]-(NAC A 10-14-82; 8-22-86; 8-1-91; 5-18-92; R045-97, 10-30-97)

AIR AMBULANCE

NAC 450B.562 Air ambulance: Compliance with certain Federal Aviation Rules; required certification of aircraft. 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 Air Taxi Operators and Commercial Operators.

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.

(Added to NAC by Bd. of Health, eff. 5-18-92)

NAC 450B.564 Air ambulance: Surveillance review for safety and compliance. (NRS 439.200, 450B.120) 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.

(Added to NAC by Bd. of Health, eff. 5-18-92; A by R045-97, 10-30-97)

NAC 450B.566 Air ambulance: Landing site for helicopters.

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 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.

(Added to NAC by Bd. of Health, eff. 5-18-92)

NAC 450B.568 Air ambulance: Restriction on transfer of patients. A patient must not be transferred by air ambulance unless such transfer has been determined necessary by a physician at the medical facility requesting the transfer of the patient.

(Added to NAC by Bd. of Health, eff. 5-18-92)

NAC 450B.570 Air ambulance: Design and equipment.

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

- (a) Be designed and maintained in a safe and sanitary condition;
- (b) Have sufficient space for storage of equipment and supplies which may be locked against unauthorized entry;
- (c) Be designed to accommodate at least one stretcher;
- (d) Have a door large enough to allow a stretcher to be loaded without rotating it more than 30 degrees about the longitudinal axis or ~~30~~ 45 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 large enough to carry the 95th percentile adult American patient, full length in the supine position.

- (c) ~~(b)~~ Have a rigid surface suitable for performing cardiac compressions.
- (d) ~~(e)~~ Be constructed of material that may be cleaned and disinfected after each use.
- (e) ~~(d)~~ Have a mattress or pad that is impervious to liquids.
- (f) ~~(e)~~ Be capable of elevating the head of the patient to a 45-degree angle from the base.

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

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

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

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

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

- (1) The physician or registered nurse who is providing instructions of medical care.
- (2) The air traffic control center.
- (3) The dispatch center.
- (4) If the air ambulance is used to transport patients, a law enforcement agency.

(e) Be equipped with survival equipment appropriate for mountain, desert and water environments.

(f) A fire extinguisher accessible to medical personnel and pilot.

4. A fixed-wing aircraft must not be operated as an air ambulance unless it has:

(a) Two or more engines; ~~and~~ or

(b) Single turbine engine; and

(c) ~~(b)~~ The capability of pressurizing the cabin.

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

6. Any fixed wing air ambulance shall carry all equipment and supplies identified on the "Official Fixed Wing Air Ambulance Inventory" as authorized by the health division.

7. Any rotorwing air ambulance shall carry all equipment and supplies identified on the "Official Rotorwing Air Ambulance Inventory" as authorized by the health division.

[Bd. of Health, Ambulance Reg. §§ 10.001-10.003, eff. 12-3-73; A and renumbered as §§ 10.1-10.4.2, 2-28-80]-(NAC A 10-14-82; 5-18-92)

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

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

NAC 450B.575 Ambulance, ~~[air ambulance]~~ or agency's vehicle: Requirements for basic, intermediate and advanced care.

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

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

(b) Staffed by licensed attendants.

2. An ambulance~~[, air ambulance]~~ or agency's vehicle which is to be 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 vehicle may be equipped with a cellular telephone which is capable of providing communication to the hospital*; and

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

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

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

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

(b) ~~[(c)]~~ Licensed attendants, *at least one of which is licensed* ~~[certified]~~ as advanced emergency medical technician~~[s ambulance]~~ or registered nurse~~[s]~~ qualified to provide advanced emergency care under the regulations of the state board of nursing~~[-, or both]~~.

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

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

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

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

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

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

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

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

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

(Added to NAC by Bd. of Health, eff. 10-14-82; A 8-22-86; 11-12-87; 8-1-91)

NAC 450B.580 Ambulance, air ambulance or agency's vehicle: Standards and procedures for operation. (NRS 439.200, 450B.120)

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

1 ~~[2]~~. Each ambulance, air ambulance or agency's vehicle must be maintained in safe operating condition, including all of its engine, body and other operating parts and equipment. The health division shall periodically, at least every 12 months, require the holder of a permit to certify that he has had each ambulance, air ambulance or agency's vehicle under his control inspected by a professional mechanic who has found it to be in safe operating condition. In the case of an air ambulance, maintenance must be in accordance with Federal Aviation Rules Parts 43, 91 and 135 as applicable which are hereby adopted by reference and are available from the United States Department of Transportation, at no cost. The holder shall mail a copy of this certificate to the health division with each application for the renewal of a permit or upon request of the health division.

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

3 ~~[4]~~. 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 ~~[5]~~. No ambulance, air ambulance or agency's vehicle may be operated while an attendant, pilot or air attendant serving on the vehicle or craft is under the influence of any alcoholic beverage or any drug or prescribed medication that impairs his ability to carry out his responsibilities.

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

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

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

[Bd. of Health, Ambulance Reg. § 8.001, eff. 12-3-73; A and renumbered as §§ 7.1-7.1.8, 2-28-80]-(NAC A 10-14-82; 8-22-86; 8-1-91; R045-97, 10-30-97)

NAC 450B.590 Operation of ambulance by unlicensed person. 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.600 Air ambulance: Endorsement, equipment and operation of aircraft; staff. (NRS 439.200, 450B.120)

1. An aircraft used by a service operating an air ambulance, including a volunteer service, must be endorsed 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 his ability to attend a patient in an air ambulance. The operator of the air ambulance shall maintain documentation of such examinations.

[Bd. of Health, Ambulance Reg. § 11.013, eff. 12-3-73; A and renumbered as § 14.4, 2-28-80]-(NAC A 10-14-82; 8-22-86; 8-1-91; 5-18-92; R045-97, 10-30-97)

NAC 450B.611 Base stations, protocols and procedures. (NRS 439.200, 450B.120)

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.

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

NAC 450B.620 Reports required. (NRS 439.200, 450B.120)

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

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

3. The operator of such a service or agency shall maintain a record of each patient on the report of emergency care in a format approved by the health division. In addition to the information required in NAC 450B.766, the record must include *but is not limited to* the following information:

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

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

(c) The time of departure with the patient.

(d) The time of arrival at the destination.

(e) An identification of the destination.

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

4. The completed report of emergency care must contain accurate information and be delivered to the *receiving facility within 24 hours of* ~~hospital upon~~ 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.

[Bd. of Health, Ambulance Reg. §§ 11.002 & 12.001, eff. 12-3-73; A and renumbered as §§ 11.1-11.3.1, 2-28-80]-(NAC A 10-14-82; 8-22-86; 8-1-91; R045-97, 10-30-97)

NAC 450B.630 Records concerning transportation and transfer of patients. (NRS 439.200, 450B.120) 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.

[Bd. of Health, Ambulance Reg. part § 1.021, eff. 12-3-73; A and renumbered as part § 1.020, 2-28-80; + Life Support Reg. part § 1.16, eff. 1-1-76; A 2-28-80]-(NAC A 8-22-86; R045-97, 10-30-97)

NAC 450B.640 Inspections. (NRS 439.200, 450B.120)

1. The health division shall inspect or have inspected every ambulance, air ambulance or 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 inspected every ground or air ambulance or 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 vehicle or aircraft inspected and shall schedule a date for reinspection 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.

[Bd. of Health, Ambulance Reg. §§ 11.003-11.005, eff. 12-3-73; renumbered as §§ 12.1-12.3, 2-28-80]-(NAC A 10-14-82; 8-22-86; 8-1-91; R045-97, 10-30-97)

NAC 450B.645 Reports of emergency care. (NRS 439.200, 450B.120) A report of emergency care must be accurate and *provided in a format* ~~[written on forms provided or prescribed]~~ *approved* by the health division.

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

DISCIPLINARY ACTION

NAC 450B.650 New periodic examination or investigation by health division. (NRS 439.200, 450B.120) Nothing contained in this chapter prohibits the health division from periodically examining or investigating any person issued a permit, license or certificate.

[Bd. of Health, Ambulance Reg. § 16.006, eff. 12-3-73; A and renumbered as § 18.6, 2-28-80]-(NAC A 8-22-86; R045-97, 10-30-97)

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

1. The use of obscene, abusive or threatening language;
2. Berating or belittling or making critical remarks or statements regarding competing services or other licensees and professionals participating in the system for emergency medical care;
3. The use of unreasonable force which unnecessarily increases or inflicts pain upon a patient; ~~[and]~~
4. A callous disregard for personal feelings or sensibilities of patients, their friends, families or other persons present while care is being rendered;~~[and]~~
5. *Habitual intemperance, addiction to the use of any controlled substance as defined in chapter 453 of NRS.*

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

NAC 450B.660 Grounds for disciplinary action; suspension *or revocation*. (NRS 439.200, 450B.120)

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

2. Any type of permit or endorsement issued to operate a service or fire-fighting agency, including a volunteer service or agency, may be revoked or suspended if, after an inspection by a representative of the health division, the holder of the permit does not correct the violation within a reasonable period after receiving an order by the health division to do so. As used in the preceding sentence, "reasonable" means a period necessary to take immediate action with due regard for the public interest and for the ordering of necessary supplies or parts.

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

4. The health division may suspend *or revoke* the holder's license, certificate, permit or endorsement if he continues to fail to comply with any applicable provisions of this chapter or any other applicable laws or ordinances after 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.

[Bd. of Health, Ambulance Reg. §§ 11.006-11.009, eff. 12-3-73; A and renumbered as §§ 13.1-13.4, 2-28-80]-(NAC A 10-14-82; 8-22-86; R045-97, 10-30-97)

NAC 450B.680 Notification of other licensing authorities of disciplinary action. (NRS 439.200, 450B.120) 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.

[Bd. of Health, Ambulance Reg. § 11.010, eff. 12-3-73; A and renumbered as § 13.5, 2-28-80]-(NAC A 10-14-82; 8-22-86; R045-97, 10-30-97)

NAC 450B.690 Reinstatement of permit, endorsement, certificate or license. (NRS 439.200, 450B.120)

1. Any person whose permit or endorsement to operate a service or fire-fighting agency, including a volunteer service or agency, or whose certification or license to act as an attendant or volunteer attendant has been suspended or revoked or otherwise terminated in accordance with the provisions of this chapter may apply to the health division for a reinspection or reexamination for the purpose of reinstating the permit, endorsement, certificate or license *after 180 days of a final decision, but not later than it's scheduled expiration date*.

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

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

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

[Bd. of Health, Ambulance Reg. § 11.011, eff. 12-3-73; A and renumbered as §§ 13.6 & 13.7.1, 2-28-80]-(NAC A 10-14-82; 8-22-86; R045-97, 10-30-97)

NAC 450B.695 Revoked, terminated or suspended certificate not eligible for reissuance.

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

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

MISCELLANEOUS PROVISIONS

NAC 450B.700 Fees. (NRS 439.200, 450B.120, 450B.155) The health division shall charge and collect the following fees:

1. For licenses:

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

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

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

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

3. To apply:

(a) For an advanced emergency medical technician by reciprocity *\$50.00* ~~[\$25.00]~~

(b) For an intermediate emergency medical technician by reciprocity *\$40.00* ~~[20.00]~~

(c) For an emergency medical technician *or emergency medical dispatcher* by reciprocity *\$30.00* ~~[15.00]~~

(d) For late renewal of a certificate *\$10.00* ~~[5.00]~~

~~[(e) For reissuance of a certificate as an advanced emergency medical technician 25.00]~~

~~[(f) For reissuance of a certificate as an intermediate emergency medical technician 20.00]~~

~~[(g) For reissuance of a certificate as an emergency medical technician 15.00]~~

4. For issuing a new permit for operation of a service or fire-fighting agency:

(a) For *an [a-commercial]* operator who will provide ~~[advanced]~~ emergency care *\$200.00* ~~[\$50.00]~~

~~[(b) For a municipal operator which will provide advanced emergency care 30.00]~~

~~[(e) For a commercial an operator who will provide basic emergency care 25.00 \$100.00]~~

~~[(d) For an industrial operator who will provide basic emergency care \$30.00]~~

~~[(e) For a municipal an operator which will provide basic or intermediate emergency care, whether by paid or volunteer attendants 15.00]~~

~~[(f) For a volunteer service which will provide basic or intermediate emergency care 15.00]~~

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

5. For renewing a permit:

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

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

~~(b) [(e)]~~ For making a late renewal, an additional **\$25.00** ~~[\$10.00]~~

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

(a) Permit \$2.00

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

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

(d) Copies of personnel records, **0-99 copies no charge, \$0.02 per copy counting from the first copy for 100+ copies** ~~[per page 1.00]~~

(e) Copies of other material, **0-99 copies no charge, \$0.02 per copy counting from the first copy for 100+ copies** ~~[per page 0.25]~~

[Bd. of Health, Ambulance Reg. §§ 24.1-24.5, eff. 10-15-81]-(NAC A 10-14-82; 8-22-86; 11-12-87; R045-97, 10-30-97; R050-98, 5-18-98)

NAC 450B.705 Restrictions on licenses. 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)

NAC 450B.710 Notice to applicant of rejection of permit, endorsement or license. (NRS 439.200, 450B.120) If any application for:

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

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

3. A license as an attendant ~~[or volunteer 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 it and the applicant's right of appeal pursuant to NAC 439.300 to 439.395, inclusive.

[Bd. of Health, Ambulance Reg. §§ 15.001-15.004 & part § 15.005, eff. 12-3-73; A and renumbered as §§ 17.1-17.5.1, 2-28-80]-(NAC A 10-14-82; 8-22-86; R045-97, 10-30-97)

NAC 450B.715 Renewal of certification of nonresident.

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 a first responder, an emergency medical technician, an intermediate emergency medical technician, an advanced emergency medical technician or an instructor in emergency medical services if the person is no longer a resident of this state.

2. The health division may issue one renewal to such a person if he needs a renewed certificate to obtain reciprocal certification in his 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 credit for training which he has received in his new state if:

(a) The training is approved by the agency which regulates emergency medical services in his new state;

(b) He submits documentary evidence of having received the training; and

(c) He makes a written request of the health division to accept the training before the final date for renewing his 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.

(Added to NAC by Bd. of Health, eff. 10-14-82; A 8-22-86; 11-12-87; 8-1-91)-(Substituted in revision for NAC 450B.498)

NAC 450B.720 Programs of training.

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

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

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

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

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

[Bd. of Health, Ambulance Reg. § 21.001, eff. 12-3-73; renumbered as § 23.1, 2-28-80]-
(NAC A 10-14-82; 8-22-86)

NAC 450B.723 Endorsement as instructor: Qualifications; authorized activities. (NRS 439.200, 450B.120)

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 course; and
 - (b) Provide verification of current certification as a first responder, emergency medical technician, intermediate emergency medical technician or advanced emergency medical technician 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 by the health division.

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

NAC 450B.725 Endorsement as instructor: Expiration; renewal.

1. An endorsement to be an instructor in emergency medical services expires on the date of expiration appearing on the certificate for a first responder, emergency medical technician, intermediate emergency medical technician or advanced emergency medical technician.

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

(Added to NAC by Bd. of Health, eff. 8-1-91)

NAC 450B.730 Report of traffic accident. (NRS 439.200, 450B.120) 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 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 an air ambulance experiences a hard landing or crash*, he shall report the full details of the accident within 5 days after it occurs to the health division by certified mail, postmarked within 5 days after the accident, or by personal delivery of a written report.

[Bd. of Health, Ambulance Reg. § 16.007, eff. 12-3-73; A and renumbered as § 18.7, 2-28-80]-(NAC A 10-14-82; 8-22-86; R045-97, 10-30-97)

~~[NAC 450B.735 Portable masks and face shields used during cardiopulmonary resuscitation.]~~
~~[1. Portable masks and face shields used to prevent the spread of communicable diseases during the administration of cardiopulmonary resuscitation must:]~~

- ~~[(a) Weigh no more than 1 pound;]~~
- ~~[(b) Be constructed of material which allows the user to see the oral cavity of the person in cardiopulmonary arrest;]~~
- ~~[(c) Be designed to prevent the exchange of oral secretions, blood or vomitus between the person in cardiopulmonary arrest and the user; and]~~
- ~~[(d) Be disposed of after being used once or be decontaminated according to the requirements established by the manufacturer and the requirements specified in the article "Safety in Training for and Providing CPR," contained in The Journal of the American Medical Association in issue number 21 of volume 255 at pages 2926, 2927 and 2928, June 1986.]~~

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

~~[(Added to NAC by Bd. of Health, eff. 9-14-89)]~~

TREATMENT OF TRAUMA

Initial Procedures and Collection of Information

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

~~[1. "Champion trauma score" means the numerical measure of the severity of an injury determined by using the scale used to determine the Glasgow Coma Score, reduced by approximately one-third, and measurements of cardiopulmonary function as described in the article "Trauma Score" in Critical Care Medicine, Vol. 9, No. 9, 1981.]~~

[2] **1** "Glasgow Coma ~~[Score]~~ *Scale*" means a *valuation system that provides a* numerical measure of the level of consciousness of a patient based on responses to verbal and motor stimuli.

2. "Revised trauma score" means the numerical measure of the severity of an injury computed from coded values 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" in The Journal of Trauma, Vol. 29, No. 5, 1989.

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

~~(Added to NAC by Bd. of Health, eff. 3-15-88; A 1-18-94)~~

NAC 450B.762 Adoption of article by reference. The article ~~["Trauma Score" in Critical Care Medicine, Vol. 9, No. 9, 1981,]~~ *"A Revision of the Trauma Score" in The Journal of Trauma, Vol. 29, No. 5, 1989.* is hereby adopted by reference. The article may be obtained ~~[free of charge]~~ from the *Savitt Medical Library, University of Nevada School of Medicine, Mailstop 306, Reno, Nevada 89557-0046, for the price of \$10.00* ~~[Director of Surgical-Critical Care Services, Washington Hospital Center, 110 Irving Street N.W., Washington D.C. 20010.]~~

~~(Added to NAC by Bd. of Health, eff. 3-15-88)~~

NAC 450B.764 Development of system for collection of information concerning treatment of trauma. 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.

(Added to NAC by Bd. of Health, eff. 3-15-88)

NAC 450B.766 Provision of information by person providing emergency medical care at scene of injury.

1. A *licensed* person providing emergency medical care at the scene of an injury shall submit to:

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

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

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

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

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

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

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

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

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

(f) The cause of the injury.

(g) Any safety restraints or protective equipment used.

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

(i) The patient's:

(1) Age.

(2) Gender.

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

(4) Vital signs, including his:

(I) Blood pressure;

(II) Pulse rate; and

(III) Respiratory rate.

(j) Other clinical signs which are appropriate to determine the patient's *revised* ~~[champion]~~ 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* ~~[champion]~~ 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.

(Added to NAC by Bd. of Health, eff. 3-15-88; A 8-10-90)

NAC 450B.768 Submission to health division of quarterly reports concerning patients treated by hospital; annual reports by health division.

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

- (a) The *date and* time the patient arrived in the emergency department or the receiving area or operating room, or both.
- (b) The patient's *revised* ~~[champion]~~ trauma score upon arrival in the emergency department or receiving area and :
- ~~[(1) One hour after arrival; or]~~
(1) ~~[(2)]~~ *Upon discharge or transfer* ~~[When the patient is discharged or transferred]~~ from the emergency department if he is discharged or transferred less than 1 hour after his time of arrival.
- (c) The method of arrival at the hospital. If the patient arrived by ambulance or air ambulance, the information required by subsection 3 of NAC 450B.766 must also be submitted.
- (d) The time the surgeon or the trauma team was requested.
- (e) The time the surgeon arrived at the requested location.
- (f) The patient's vital signs, including his:
- (1) Blood pressure;
 - (2) Pulse rate;
 - (3) Respiratory rate; and
 - (4) Temperature ~~[in centigrade degrees]~~.
- (g) The results of diagnostic blood alcohol or drug screening tests, or both, if obtained.
- (h) Other clinical signs which are appropriate to determine the patient's *revised* ~~[champion]~~ trauma score, including the *patient's score on the* Glasgow Coma Scale.*or the modified Glasgow Coma Scale for pediatric patients as appropriate.*
- (i) The *date and* time the initial surgery began ~~[and ended]~~, and the surgical procedures *that were performed.on the patient while the patient was under an anesthetic and in an operating room.*
- (j) The number of days the patient was in the hospital.
- (k) The number of days the patient was in the intensive care unit, if applicable.
- (l) Any complications which developed while the patient was being treated at the hospital.
- (m) Information concerning the patient's discharge from the hospital, including:
- (1) The diagnosis of the patient.
 - (2) The patient's source of payment.
 - (3) The severity of the injury as determined by the patient's injury severity score.
 - (4) The condition of the patient.
 - (5) The disposition of the patient.
 - (6) Information concerning the transfer of the patient, if applicable.
 - (7) If the reporting hospital is a center for the treatment of trauma or a pediatric regional resource center for the treatment of trauma, the amount charged by the hospital, including charges for the treatment of trauma.
 - (8) If the hospital is not a center for the treatment of trauma or if the patient was transferred from a center for the treatment of trauma to another center for the treatment of trauma, pediatric regional resource center for the treatment of trauma, or other specialized facility:
- (I) The *revised* ~~[champion]~~ trauma score of the patient at the time his transfer was requested.
 - (II) The *date and* time the center for the treatment of trauma, pediatric regional resource center for the treatment of trauma, or other specialized facility was notified.

(III) The time the patient left the receiving hospital or center for the treatment of trauma for a center for the treatment of trauma, pediatric regional resource center for the treatment of trauma, or other specialized facility.

(n) The patient's residential code assigned pursuant to the Federal Information Processing Standards, or the city or county and the state of his residence.

2. The information must be submitted no 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.

(Added to NAC by Bd. of Health, eff. 3-15-88; A 8-10-90; 1-18-94)

NAC 450B.770 Procedures for initial identification and care of patients with traumas. A licensed person providing emergency medical care to a patient at the scene of an injury shall use the following procedures to identify and care for patients with traumas:

1. Step 1: If the patient's:

(a) Glasgow Coma Scale or the modified Glasgow Coma Scale for pediatric patients, as appropriate 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 not, the person 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 to 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;

(i) Major burns.

The patient must be transported to a center for the treatment of trauma. If not, the person providing emergency medical care shall evaluate for evidence of mechanism of injury and high-energy impact.

3. Step 3: If the patient:

(a) Has experienced a high-impact blow to the body which may include:

(1) A fall of at least 20 feet;

(2) A motor vehicle crash in which:

- (I) The motor vehicle was traveling at a speed of at least 40 miles per hour immediately before it crashed;*
- (II) There was at least 20 inches of severe damage to the body of the motor vehicle;*
- (III) There was a 12-inch intrusion into the passenger's compartment;*
- (IV) The patient was ejected from the motor vehicle;*
- (V) The time required to extricate the patient from the motor vehicle was more than 20 minutes;*
- (VI) The motor vehicle rolled over; or*
- (VII) A person riding in the motor vehicle with the patient died as a result of the crash;*
- (VIII) The patient was riding on a motorcycle that was traveling at a speed of at least 20 miles per hour when it crashed;or*
- (IX) The patient was thrown off the motorcycle he was driving.*

(3) As a pedestrian, being run over by a vehicle or being thrown by impact of a vehicle regardless of the rate of speed the vehicle was traveling.

(4) Being struck as a pedestrian or as a bicyclist by a vehicle traveling at a speed of at least 6 miles per hour, the person providing emergency medical care shall communicate with a physician at a center for the treatment of trauma or follow local protocols as approved by the health division to determine the need to transport the patient to the center.

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) Be immunosuppressed;*
- (g) Have a bleeding disorder; or*
- (h) Be taking anticoagulants,*

the person providing emergency medical care shall communicate with a physician at a center for the treatment of trauma or follow local protocols as approved by the health division to determine the need to transport the patient to that center.

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

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

~~*[2. Step 2: If the patient's:]*~~

~~*[(a) Glasgow Coma Score is not more than 13;]*~~

~~*[(b) Systolic blood pressure is less than 90;]*~~

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

~~[(d) Champion trauma score is less than 14;]~~

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

~~[3. Step 3: If the patient:]~~

~~[(a) Has a penetrating injury to the chest, abdomen, head, neck or;]~~

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

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

~~[(d) Has a flail chest;]~~

~~[(e) Has acute paralysis; or]~~

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

~~[Has experienced a high impact blow to the body which may include:]~~

~~[(1) A fall of at least 20 feet;]~~

~~[(2) A motor vehicle accident in which:]~~

~~[(I) The motor vehicle was traveling at a speed of at least 20 miles per hour when it crashed, resulting in]~~

~~[(II) The front axle of the motor vehicle was displaced toward the rear;]~~

~~[(III) There was an 18-inch intrusion into the passenger's compartment where the patient was riding or a 24-inch intrusion on the opposite side of the motor vehicle;]~~

~~[(IV) The patient was ejected from the motor vehicle;]~~

~~[(V) The motor vehicle rolled over; or]~~

~~[(VI) A person riding in the motor vehicle with the patient died as a result of the accident; or]~~

~~[(3) Being struck as a pedestrian by a vehicle traveling at a speed of at least 20 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 have a cardiac or respiratory disease, the person providing emergency medical care shall communicate with a physician at a center for the treatment of trauma to determine the need to transport the patient to that center.]~~

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

~~(Added to NAC by Bd. of Health, eff. 3-15-88)~~

NAC 450B.772 Criteria for determining destination for transportation and treatment of patients with traumas. 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 level I, II or III center for the treatment of trauma is more than 30 minutes, but the time required to transport the patient to a level IV center for the treatment of trauma is not more than 30 minutes, the patient must be transported to the level IV center for the treatment of trauma and the medical directions for the treatment of the patient must originate at that center.

5. 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.

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

NAC 450B.774 Procedure when patient refuses transportation to center for treatment of trauma.

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 he 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 he 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 of the patient's refusal to be transported to the center for treatment before he leaves the scene of the injury.

(Added to NAC by Bd. of Health, eff. 3-15-88)

Centers for Treatment of Trauma

NAC 450B.780 Definitions. As used in NAC 450B.780 to 450B.875, inclusive, unless the context otherwise requires, the words and terms defined in NAC 450B.782 to 450B.814, inclusive, have the meanings ascribed to them in those sections.

(Added to NAC by Bd. of Health, eff. 3-15-88; A 8-10-90; 10-22-93; 1-18-94; 11-1-95)

NAC 450B.782 "Advanced Trauma Life Support" defined. "Advanced Trauma Life Support" means the course of advanced trauma life support theory and techniques sponsored by the American College of Surgeons.

(Added to NAC by Bd. of Health, eff. 3-15-88)

NAC 450B.784 "Burn center" defined. "Burn center" means a licensed hospital with specialized services for the treatment of injuries resulting from burns.

(Added to NAC by Bd. of Health, eff. 3-15-88)

NAC 450B.786 "Center for the treatment of trauma" defined. "Center for the treatment of trauma" means a general hospital licensed in this state which has been designated as a level I, II, III or IV 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)

NAC 450B.788 "Emergency department" defined. "Emergency department" means the area of a general hospital licensed in this state which customarily receives patients in need of emergency medical evaluation and care.

(Added to NAC by Bd. of Health, eff. 3-15-88)

NAC 450B.790 "Immediately available" defined. "Immediately available" means the ability to respond without conflicting duties or responsibilities and without delay when notified, arriving within the specified area of a center for the treatment of trauma or pediatric regional resource center for the treatment of trauma when a patient arrives pursuant to the policies and procedures of the center.

(Added to NAC by Bd. of Health, eff. 3-15-88; A 1-18-94)

NAC 450B.792 "Implementation" defined. "Implementation" means the development and activation of a plan to provide treatment for trauma by a designated center for the treatment of trauma or pediatric regional resource center for the treatment of trauma.

(Added to NAC by Bd. of Health, eff. 3-15-88; A 1-18-94)

NAC 450B.794 "Injury severity score" defined. "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 World Journal of Surgery, Vol. 7, 1983, at pages 12 to 18, inclusive.

(Added to NAC by Bd. of Health, eff. 3-15-88)

NAC 450B.796 "Patient with a major trauma" defined. "Patient with a major trauma" means a person who has sustained an acute injury which has:

1. The potential of being fatal or producing a major disability; and
2. A *revised* ~~champion~~ trauma score of less than 11 or an injury severity score that is greater than 15. ~~[As used in this section, "champion trauma score" has the meaning ascribed to it in NAC 450B.760.]~~

(Added to NAC by Bd. of Health, eff. 3-15-88; A 10-22-93)

NAC 450B.798 "Patient with trauma" defined. "Patient with trauma" means a person who has sustained injury and meets the triage criteria used to evaluate the condition of the patient.
(Added to NAC by Bd. of Health, eff. 3-15-88)

NAC 450B.799 "Pediatric regional resource center for the treatment of trauma" defined. "Pediatric regional resource center for the treatment of trauma" means a facility that is designated by the administrator of the health division to provide comprehensive surgical, medical and nursing care to persons who are less than 15 years of age.
(Added to NAC by Bd. of Health, eff. 1-18-94)

NAC 450B.800 "Promptly available" defined. "Promptly available" means the ability to be within the area receiving patients with trauma, the emergency department, the operating room or any other specified area of a center for the treatment of trauma or pediatric regional resource center for the treatment of trauma within a period of time which is medically prudent and proportionate to the patient's clinical condition pursuant to the policies and procedures of the center as set forth in the center's application for designation as a center for the treatment of trauma or pediatric regional resource center for the treatment of trauma or any revision of such an application that is approved by the health division.
(Added to NAC by Bd. of Health, eff. 3-15-88; A 10-22-93; 1-18-94)

NAC 450B.802 "Qualified specialist" defined. "Qualified specialist" means a physician licensed in this state who has taken postgraduate medical training, or has completed other specified requirements, and is certified in the corresponding specialty recognized by the American Board of Medical Specialties within 5 years after becoming eligible for certification or within 5 years after joining a trauma team if more than 5 years have elapsed since becoming eligible for certification.
(Added to NAC by Bd. of Health, eff. 3-15-88; A 10-22-93)

NAC 450B.804 "Receiving hospital" defined. "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 pediatric regional resource center for the treatment of trauma, but which has been formally assigned a role by the health division in the system of providing treatment for trauma.
(Added to NAC by Bd. of Health, eff. 3-15-88; A 1-18-94)

NAC 450B.806 "Senior resident" defined. "Senior resident" means a physician licensed in this state who:

1. Is in the last year of his residency for that specialty under consideration;
2. Can initiate treatment, including surgery, if the clinical situation demands; and
3. Is in training as a member of the residency program of a designated center for the treatment of trauma or pediatric regional resource center for the treatment of trauma which is approved by the appropriate Residency Review Committee of the Accreditation on Graduate Medical Education.

The term includes a resident in general surgery if he has completed 3 years of his residency.
(Added to NAC by Bd. of Health, eff. 3-15-88; A 1-18-94)

NAC 450B.808 "Service area" defined. "Service area" means the geographical area described by a center for the treatment of trauma or pediatric regional resource center for the treatment of trauma in its plan for providing treatment for trauma as the area served by that center.

(Added to NAC by Bd. of Health, eff. 3-15-88; A 1-18-94)

NAC 450B.810 "System for providing treatment for trauma" defined. "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 pediatric regional resource center for the treatment of trauma and approved by the health division, whereby patients with major trauma are treated at a designated center for the treatment of trauma or pediatric resource center for the treatment of trauma.

(Added to NAC by Bd. of Health, eff. 3-15-88; A 1-18-94)

NAC 450B.812 "Trauma team" defined. "Trauma team" means the group of persons who have been chosen by a designated center for the treatment of trauma or pediatric regional resource center for the treatment of trauma to render care to patients with trauma and are lead by a general surgeon credentialed in trauma care or, in the case of a pediatric regional resource center for the treatment of trauma, a pediatric surgeon credentialed in trauma care.

(Added to NAC by Bd. of Health, eff. 3-15-88; A 1-18-94)

NAC 450B.814 "Triage criteria" defined. "Triage criteria" means a measure or method of assessing the severity of a person's injuries which is used to evaluate the patient's condition in the field and is based on anatomical considerations, physiological conditions and the mechanism of injury.

(Added to NAC by Bd. of Health, eff. 3-15-88; A 1-18-94)

NAC 450B.816 Adoption of publications by reference.

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

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

(Added to NAC by Bd. of Health, eff. 3-15-88; A 10-22-93; 1-18-94)

NAC 450B.818 Development of process for accepting applications for designation or renewal of designation.

1. The health division shall develop a process for accepting an application from a hospital wishing to be designated as a center for the treatment of trauma or as a pediatric regional resource center for the treatment of trauma or to renew such a designation.

2. The process must include written approval by the health division in advance of the application in accordance with NRS 449.087 and descriptive information concerning:

(a) The number of copies of the application which must be submitted to the health division;

- (b) Standardized reporting requirements and the records required to be maintained; and
- (c) Required supporting information and documents, including written agreements to ensure responses by the trauma teams.

3. The health division's process for reviewing applications must include surveys of the proposed center and interviews with personnel at all hospitals which submit complete applications.

(Added to NAC by Bd. of Health, eff. 3-15-88; A 8-10-90; 10-22-93; 1-18-94)

NAC 450B.819 Submission, contents and rejection of applications for designation or renewal of designation; requests for verification.

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

2. An application must include the following information:

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

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

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

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

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

(f) Written policies for:

(1) The activation of the trauma team;

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

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

3. A hospital applying for designation as a level I, II, III or IV center for the treatment of trauma or as a pediatric regional resource center for the treatment of trauma, or for the renewal of such a designation, must submit an application to the health division in a form approved by the division. Except as otherwise provided in subsection 4, the application must be submitted to the health division and a written request for verification made to the American College of Surgeons, or another equivalent medical organization or agency approved by the board at least 6 months before:

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

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

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

(Added to NAC by Bd. of Health, eff. 8-10-90; A 10-22-93; 1-18-94; 11-1-95)

NAC 450B.820 Surveys for designation as centers; verification required.

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

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

(b) Declare no conflict of interest.

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

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

(b) Composed of:

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

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

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

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

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

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

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

5. The cost of:

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

(b) A survey requested by the administrator of the division of health for the renewal of a designation as a level IV center for the treatment of trauma, must be borne by the hospital applying for a designation or the renewal of a designation.

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

7. A hospital may comply with the requirements for:

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

(b) An initial designation or the renewal of a designation as a level IV center for the treatment of trauma, without meeting the requirements of subsection 6 if the staff that conducts the survey pursuant to subsection 4 finds that the hospital has the personnel, equipment and program criteria required to meet the standards set forth in chapters 5, 16 and 23 ~~[6 and 16]~~ of The Resources for Optimal Care of the Injured Patient.

(Added to NAC by Bd. of Health, eff. 3-15-88; A 8-10-90; 10-22-93; 1-18-94; 11-1-95)

NAC 450B.8205 Prerequisites to renewal of designation.

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

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

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

(b) Composed of:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

NAC 450B.8215 Disqualification of member of survey team for bias or prejudice.

1. A member of a survey team shall not participate in a survey if he has an actual bias or prejudice for or against the center for the treatment of trauma or pediatric regional resource center for the treatment of trauma which is being surveyed. Actual bias or prejudice may be found if the member of the survey team:

(a) Is related within the third degree of consanguinity or affinity to an officer, director, chief of staff or major shareholder of the center being surveyed; or

(b) Has, or has had within the 3 preceding years, a contractual relationship with the center being surveyed, including, but not limited to, a contractual relationship to act as an employee, independent contractor, consultant, lessee or lessor for the center or any other contractual relationship from which the member of the survey team derived a financial benefit.

2. A center for the treatment of trauma or pediatric regional resource center for the treatment of trauma may request the administrator of the health division to disqualify a member of the survey team for actual bias or prejudice. The center seeking the disqualification must, within 10 working days after receiving the names of the members of the survey team, file an affidavit with the administrator specifying the facts upon which the disqualification is sought. The affidavit must be:

(a) Personally delivered to the office of the administrator; and

(b) Accompanied by a certificate stating that the affidavit is being filed in good faith and not for the purpose of delaying the survey.

3. If the administrator disqualifies a member of a survey team:

(a) Appointed to conduct a survey for an initial designation or the renewal of a designation as a level I or II center for the treatment of trauma or as a pediatric regional resource center for the treatment of trauma or the renewal of a designation as a level III center for the treatment of trauma, he shall request the agency conducting the survey to appoint a new member to the survey team.

(b) Appointed to conduct a survey for an initial designation as a level III center for the treatment of trauma or an initial designation or the renewal of a designation as a level IV center for the treatment of trauma, he shall appoint a new member to the survey team.

(Added to NAC by Bd. of Health, eff. 8-10-90; A 1-18-94; 11-1-95)

NAC 450B.824 Notice of decision regarding application for designation or renewal of designation. 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 regional resource center for the treatment of trauma or for the renewal of such a designation.

(Added to NAC by Bd. of Health, eff. 3-15-88; A 10-22-93; 1-18-94)

NAC 450B.826 Duration of designation and renewal of designation; provisional designation. (NRS 439.200, 450B.120)

1. Except as otherwise provided in subsection 4, the initial designation of a level I or II center for the treatment of trauma or a pediatric regional resource 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 survey required by NAC 450B.820, but for not more than 3 years.

2. The initial designation of a level III center for the treatment of trauma or the initial designation or renewal of a designation of a level IV center for the treatment of trauma is valid for the period established by the health division, but for not more than 2 years.

3. The renewal of a designation of a level I, II or III center for the treatment of trauma or a pediatric regional resource 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.

4. 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, III or IV center for the treatment of trauma. The administrator may impose such conditions on the issuance of the provisional designation as he deems necessary.

(Added to NAC by Bd. of Health, eff. 3-15-88; A 8-10-90; 10-22-93; 1-18-94; 11-1-95; R045-97, 10-30-97)

NAC 450B.828 Addition of centers to system of providing treatment for trauma. A center for the treatment of trauma or a pediatric regional resource center for the treatment of trauma may be added to the system of providing treatment for trauma on the basis of a demonstrated change in need, including a change in the population and the number of patients in the area being served, if the addition is made pursuant to the requirements of NRS 449.087 and NAC 450B.780 to 450B.875, inclusive.

(Added to NAC by Bd. of Health, eff. 3-15-88; A 10-22-93; 1-18-94)

NAC 450B.830 Discontinuance of designation by center; withdrawal of or refusal to renew designation.

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

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

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

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

(Added to NAC by Bd. of Health, eff. 3-15-88; A 10-22-93; 1-18-94)

NAC 450B.832 Fees for designation and renewal of designation; exception.

1. A hospital applying for a designation as a level I or II center for the treatment of trauma or to renew such a designation must pay a fee of \$12,500 at the time it submits its application to the health division.

2. A hospital applying for designation as a level III center for the treatment of trauma or to renew its designation must pay a fee of \$3,000 at the time it submits its application to the health division.

3. A hospital applying for designation as a pediatric regional resource center for the treatment of trauma must pay a fee of \$25,000 at the time it submits its application to the health division.

4. A hospital applying for designation as a level IV center for the treatment of trauma or to renew its designation is not required to submit a fee with its application to the health division.

(Added to NAC by Bd. of Health, eff. 3-15-88; A 8-10-90; 10-22-93; 1-18-94; 11-1-95)

NAC 450B.834 Grounds for suspension or revocation of designation. The health division may suspend or revoke the designation of a center 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 regional resource center for the treatment of trauma.

2. Any conduct or practice detrimental to the health and safety of the patients or employees of the facility.

(Added to NAC by Bd. of Health, eff. 3-15-88; A 10-22-93; 1-18-94)

NAC 450B.836 Notice of intent to deny, suspend or revoke designation; summary suspension of designation; appeal of action. (NRS 439.200, 450B.120)

1. Except as otherwise provided in this section, if the health division intends to deny, suspend or revoke a designation, 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 pediatric regional resource 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.

(Added to NAC by Bd. of Health, eff. 3-15-88; A 1-18-94; R045-97, 10-30-97)

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

~~1. Based upon reasonable predictions, treat at least 600 patients with major trauma per year.~~

~~1~~ ~~2~~. Meet all of the criteria for a level I center for the treatment of trauma set forth in chapters ~~16, 23 and appendix D~~ ~~6, 7 and 16~~ of The Resources for Optimal Care of the Injured Patient.

~~2~~ ~~3~~. Receive a verification from the American College of Surgeons, or an equivalent medical organization approved by the board, that confirms that the center meets the standards for a level I center for the treatment of trauma.

(Added to NAC by Bd. of Health, eff. 3-15-88; A 10-22-93)

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

1. Meet all of the criteria for a pediatric regional resource center for the treatment of trauma set forth in chapters 5, ~~10, 16 and 23~~ ~~6, 11 and 16~~ of The Resources for Optimal Care of the Injured Patient.

2. Meet the minimum criteria for a level I center for the treatment of trauma and demonstrate a commitment to the treatment of persons who are less than 15 years of age in accordance with chapters ~~10 and 23~~ ~~6 and 11~~ of The Resources for Optimal Care of the Injured Patient.

3. Receive a verification from the American College of Surgeons, or an equivalent organization approved by the board, that confirms that the center meets the standards for a pediatric regional resource center for the treatment of trauma.

(Added to NAC by Bd. of Health, eff. 1-18-94)

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

~~{1. Based upon reasonable predictions, treat at least 350 patients with a major trauma per year.}~~

~~1~~ ~~{2}~~. Meet all of the criteria for a level II center for the treatment of trauma set forth in chapters *16, 23 and appendix D* ~~{6, 7 and 16}~~ of The Resources for Optimal Care of the Injured Patient.

~~2~~ ~~{3}~~. Receive a verification from the American College of Surgeons, or an equivalent organization approved by the board, that confirms that the center meets the standards for a level II center for the treatment of trauma.

(Added to NAC by Bd. of Health, eff. 3-15-88; A 10-22-93)

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

1. Be located more than 30 minutes from a designated level I or II center for the treatment of trauma.

2. Operate a service for the treatment of trauma or maintain a multidisciplinary committee to provide for the implementation of the requirements of NAC 450B.780 to 450B.875, inclusive.

3. Comply with all of the criteria for a level III center for the treatment of trauma set forth in chapters *16, 23 and appendix D* ~~{6, 7 and 16}~~ of The Resources for Optimal Care of the Injured Patient.

4. If the hospital is applying for the renewal of a designation as a level III center for the treatment of trauma, receive a verification from the American College of Surgeons, or an equivalent medical organization approved by the board, that confirms that the center complies with the standards for a level III center for the treatment of trauma.

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

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

1. Be located more than 30 minutes from a designated level I, II or III center for the treatment of trauma;

2. Meet all of the criteria for a level IV center for the treatment of trauma set forth in chapters *16, 23 and appendix D* ~~{6, 7 and 16}~~ of The Resources for Optimal Care of the Injured Patient.

3. Ensure that a nurse with experience and training in the care of patients with trauma is present at the hospital at all times.

4. Ensure that there is an adequate number of physicians with experience and training in the treatment of patients with trauma who will be immediately available to provide medical treatment to the patients in the hospital.

5. Have the ability to perform computer axial tomography (CAT) scans or otherwise assess the patient's traumatic injuries and determine the medical center to which the patient will be transferred.

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

NAC 450B.875 Establishment of programs to ensure quality of care. Each level I, II, III and IV center for the treatment of trauma and each pediatric regional resource center for the treatment of trauma must establish a program for performing evaluations and assessments to ensure the quality of care for patients with trauma. The program must meet the standards set forth in chapter 16 of The Resources for Optimal Care of the Injured Patient.

(Added to NAC by Bd. of Health, eff. 10-22-93; A 1-18-94; 11-1-95)

WITHHOLDING LIFE-SUSTAINING TREATMENT

NAC 450B.950 Do-not-resuscitate identification: Application to include statement regarding disclosure of decision. (NRS 450B.490) In addition to the items required pursuant to NRS 450B.520, an application for a do-not-resuscitate identification must include, without limitation, a statement from the patient that he has informed each member of his family within the first degree of consanguinity or affinity, whose whereabouts are known to him, or if no such members are living, his legal guardian, if any, or if he has no such member living and has no legal guardian, his caretaker, if any, of his decision to apply for an identification.

(Added to NAC by Bd. of Health by R043-98, eff. 5-18-98)

NAC 450B.955 Do-not-resuscitate identification: Form; issuance to qualified patient upon submission of application and fee. (NRS 450B.490) 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.

(Added to NAC by Bd. of Health by R043-98, eff. 5-18-98; A by R054-99, 9-27-99)

NAC 450B.960 Do-not-resuscitate identification: Procedures to be followed by persons who administer emergency medical services. (NRS 450B.490)

1. For a do-not-resuscitate identification to be honored by a person who administers emergency medical services, the identification must:

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

(b) *A do-not-resuscitate order pursuant to NRS 450B.510;*

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

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

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

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

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

4. The parent or legal guardian of a minor may revoke the authorization to withhold life-resuscitating treatment by removing or destroying or requesting the removal or destruction of the identification or otherwise indicating to a person who administers emergency medical care that he wishes to have the identification removed or destroyed.

5. If, in the opinion of the attending physician, the minor is of sufficient maturity to understand the nature and effect of withholding life-resuscitating treatment:

(a) The do-not resuscitate identification obtained pursuant to this section is not effective without the assent of the minor.

(b) The minor may revoke the authorization to withhold life-resuscitating treatment by removing or destroying or requesting the removal or destruction of the identification or otherwise indicating to a person who administers emergency medical services that he wishes to have the identification removed or destroyed.

(Added to NAC by Bd. of Health by R043-98, eff. 5-18-98)

EMERGENCY MEDICAL DISPATCHERS

Certification of Emergency Medical Dispatchers.

1. To be certified as an emergency medical dispatcher, an applicant must be 18 years of age or older and have successfully completed a national standard course for emergency medical dispatchers or an equivalent curriculum approved by the health division.

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.

Certification of Emergency Medical Dispatcher Trained in Another State.

1. The health division may issue a certificate as an emergency medical dispatcher to an applicant trained in another state if the following requirements are met:

(a) The applicant:

(1) Is currently a resident of Nevada;

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

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

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

(c) The applicant has successfully completed training in a course approved by the appropriate authority in the other state, which course was at least equivalent to the national standard course for emergency medical dispatchers and holds a valid certificate as an emergency medical dispatcher issued by an authorized agency in the other state.

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

(e) The health division receives verification of his certificate as an emergency medical dispatcher 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 successfully pass a competency evaluation and/or examination administered by the health division.

Expiration and Renewal of Certificate as an Emergency Medical Dispatcher.

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

2. Such certificate is renewable 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 refresher course for emergency medical dispatchers and is approved by the health division; or

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

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

Late Renewal of Certificate as an Emergency Medical Dispatcher.

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