

Nevada Revised Statutes

NRS 449.087 License: Amendment required for addition of certain services.

1. A licensee must obtain the approval of the Health Division to amend his license to operate a facility before the addition of any of the following services:
 - (a) The intensive care of newborn babies.
 - (b) The treatment of burns.
 - (c) The transplant of organs.
 - (d) The performance of open-heart surgery.
 - (e) A center for the treatment of trauma.
2. The Health Division shall approve an application to amend a license to allow a facility to provide any of the services described in subsection 1 if the applicant satisfies the requirements contained in NRS 449.080. The Health Division may revoke its approval if the licensee fails to maintain substantial compliance with standards approved by the Board for the provision of such services, or with any conditions included in the written approval of the Director issued pursuant to the provisions of NRS 439A.100.
3. The Board shall consider standards adopted by appropriate national organizations as a guide for adopting standards for the approval of the provision of services pursuant to this section.

(Added to NRS by 1987, 876; A 1989, 1948)

NRS 449.080 License: Issuance; validity; transferability.

1. If, after investigation, the Health Division finds that the:
 - (a) Applicant is in full compliance with the provisions of NRS 449.001 to 449.240, inclusive;
 - (b) Applicant is in substantial compliance with the standards and regulations adopted by the Board;
 - (c) Applicant, if he has undertaken a project for which approval is required pursuant to NRS 439A.100, has obtained the approval of the Director of the Department of Human Resources; and
 - (d) Facility conforms to the applicable zoning regulations,
the Division shall issue the license to the applicant.
2. A license applies only to the person to whom it is issued, is valid only for the premises described in the license and is not transferable.

[Part 3:336:1951]—(NRS A 1963, 959; 1971, 935; 1973, 1283; 1985, 1740; 1987, 777; 1991, 1078)

NRS 439A.100 Approval of Director required for certain projects; criteria for review of application.

1. Except as otherwise provided in this section, in a county whose population is less than 100,000, no person may undertake any proposed expenditure for new construction by or on behalf of a health facility in excess of the greater of \$2,000,000 or such an amount as the Department may specify by regulation, which under generally accepted accounting principles consistently applied is a capital expenditure, without first applying for and obtaining the written approval of the Director. The Health Division of the Department of Human Resources shall not issue a new license or alter an existing license for such a project unless the Director has issued such an approval.

2. The provisions of subsection 1 do not apply to:

(a) Any capital expenditure for:

(1) The acquisition of land;

(2) The construction of a facility for parking;

(3) The maintenance of a health facility;

(4) The renovation of a health facility to comply with standards for safety, licensure, certification or accreditation;

(5) The installation of a system to conserve energy;

(6) The installation of a system for data processing or communication; or

(7) Any other project which, in the opinion of the Director, does not relate directly to the provision of any health service;

(b) Any project for the development of a health facility that has received legislative approval and authorization; or

(c) A project for the construction of a hospital in an unincorporated town if:

(1) The population of the unincorporated town is more than 24,000;

(2) No other hospital exists in the town;

(3) No other hospital has been approved for construction or qualified for an exemption from approval for construction in the town pursuant to this section; and

(4) The unincorporated town is at least a 45-minute drive from the nearest center for the treatment of trauma that is licensed by the Health Division of the Department.

Upon determining that a project satisfies the requirements for an exemption pursuant to this subsection, the Director shall issue a certificate which states that the project is exempt from the requirements of this section.

3. In reviewing an application for approval, the Director shall:

(a) Comparatively assess applications for similar projects affecting the same geographic area; and

(b) Base his decision on criteria established by the Director by regulation. The criteria must include:

(1) The need for and the appropriateness of the project in the area to be served;

(2) The financial feasibility of the project;

(3) The effect of the project on the cost of health care; and

(4) The extent to which the project is consistent with the purposes set forth in NRS 439A.020 and the priorities set forth in NRS 439A.081.

4. The Department may by regulation require additional approval for a proposed change to a project which has previously been approved if the proposal would result in a change in the location of the project or a substantial increase in the cost of the project.

5. The decision of the Director is a final decision for the purposes of judicial review.

6. As used in this section, "hospital" has the meaning ascribed to it in NRS 449.012.

(Added to NRS by 1971, 568; A 1977, 256; 1979, 491, 968; 1981, 1216; 1983, 1526; 1985, 1360; 1987, 873, 1627; 1989, 1946, 2111; 1991, 1075; 1995, 1486; 2003, 1324)

NRS 439B.410 Hospital required to provide emergency services and care; unlawful acts of hospital or physician working in hospital emergency room; treating hospital may recover penalty from transferring hospital; exceptions; administrative investigations and sanctions.

1. Except as otherwise provided in subsection 4, each hospital in this state has an obligation to provide emergency services and care, including care provided by physicians and nurses, and to admit a patient where appropriate, regardless of the financial status of the patient.

2. Except as otherwise provided in subsection 4, it is unlawful for a hospital or a physician working in a hospital emergency room to:

(a) Refuse to accept or treat a patient in need of emergency services and care; or

(b) Except when medically necessary in the judgment of the attending physician:

(1) Transfer a patient to another hospital or health facility unless, as documented in the patient's records:

- (I) A determination has been made that the patient is medically fit for transfer;
- (II) Consent to the transfer has been given by the receiving physician, hospital or health facility;
- (III) The patient has been provided with an explanation of the need for the transfer; and
- (IV) Consent to the transfer has been given by the patient or his legal representative; or

(2) Provide a patient with orders for testing at another hospital or health facility when the hospital from which the orders are issued is capable of providing that testing.

3. A physician, hospital or other health facility which treats a patient as a result of a violation of subsection 2 by a hospital or a physician working in the hospital is entitled to recover from that hospital an amount equal to three times the charges for the treatment provided that was billed by the physician, hospital or other health facility which provided the treatment, plus reasonable attorney's fees and costs.

4. This section does not prohibit the transfer of a patient from one hospital to another:

(a) When the patient is covered by an insurance policy or other contractual arrangement which provides for payment at the receiving hospital;

(b) After the county responsible for payment for the care of an indigent patient has exhausted the money which may be appropriated for that purpose pursuant to NRS 428.050, 428.285 and 450.425; or

(c) When the hospital cannot provide the services needed by the patient.

No transfer may be made pursuant to this subsection until the patient's condition has been stabilized to a degree that allows the transfer without an additional risk to the patient.

5. As used in this section:

(a) "Emergency services and care" means medical screening, examination and evaluation by a physician or, to the extent permitted by a specific statute, by a person under the supervision of a physician, to determine if an emergency medical condition or active labor exists and, if it does, the care, treatment and surgery by a physician necessary to relieve or eliminate the emergency medical condition or active labor, within the capability of the hospital. As used in this paragraph:

(1) "Active labor" means, in relation to childbirth, labor that occurs when:

(I) There is inadequate time before delivery to transfer the patient safely to another hospital; or

(II) A transfer may pose a threat to the health and safety of the patient or the unborn child.

(2) "Emergency medical condition" means the presence of acute symptoms of sufficient severity, including severe pain, such that the absence of immediate medical attention could reasonably be expected to result in:

(I) Placing the health of the patient in serious jeopardy;

(II) Serious impairment of bodily functions; or

(III) Serious dysfunction of any bodily organ or part.

(b) "Medically fit" means that the condition of the patient has been sufficiently stabilized so that he may be safely transported to another hospital, or is such that, in the determination of the attending physician, the transfer of the patient constitutes an acceptable risk. Such a determination must be based upon the condition of the patient, the expected benefits, if any, to the patient resulting from the transfer and whether the risks to the patient's health are outweighed by the expected benefits, and must be documented in the patient's records before the transfer.

6. If an allegation of a violation of the provisions of subsection 2 is made against a hospital licensed pursuant to the provisions of chapter 449 of NRS, the Health Division of the Department of Human Resources shall conduct an investigation of the alleged violation. Such a violation, in addition to any criminal penalties that may be imposed, constitutes grounds for the denial, suspension or revocation of such a license, or for the imposition of any sanction prescribed by NRS 449.163.

7. If an allegation of a violation of the provisions of subsection 2 is made against:

(a) A physician licensed to practice medicine pursuant to the provisions of chapter 630 of NRS, the Board of Medical Examiners shall conduct an investigation of the alleged violation. Such a violation, in addition to any criminal penalties that may be imposed, constitutes grounds for initiating disciplinary action or denying licensure pursuant to the provisions of subsection 3 of NRS 630.3065.

(b) An osteopathic physician licensed to practice osteopathic medicine pursuant to the provisions of chapter 633 of NRS, the State Board of Osteopathic Medicine shall conduct an investigation of the alleged violation. Such a violation, in addition to any criminal penalties that may be imposed, constitutes grounds for initiating disciplinary action pursuant to the provisions of subsection 1 of NRS 633.131.

(Added to NRS by 1987, 867; A 1989, 1660; 2003, 1178)

NRS 450B.236 Approval required for operation of center for treatment of trauma. A person shall not operate a center for the treatment of trauma without first applying for and obtaining the written approval of the Administrator of the Health Division.

(Added to NRS by 1987, 1042)

NRS 450B.237 Establishment of program for treatment of trauma; designation of hospital as center for treatment of trauma.

1. The State Board of Health shall establish a program for treating persons who require treatment for trauma and for transporting and admitting such persons to centers for the treatment of trauma. The program must provide for the development, operation and maintenance of a system of communication to be used in transporting such persons to the appropriate centers.

2. The State Board of Health shall adopt regulations which establish the standards for the designation of hospitals as centers for the treatment of trauma. The State Board of Health shall consider the standards adopted by the American College of Surgeons for a center for the treatment of trauma as a guide for such regulations. The Administrator of the Health Division shall not approve a proposal to designate a hospital as a center for the treatment of trauma unless the hospital meets the standards.

3. Upon approval by the Administrator of the Health Division of a proposal to designate a hospital as a center for the treatment of trauma, he shall issue written approval which designates the hospital as such a center. As a condition of continuing designation the hospital must comply with the following requirements:

(a) The hospital must admit any injured person who requires medical care.

(b) Any physician who provides treatment for trauma must be qualified to provide that treatment.

(c) The hospital must maintain the standards specified in the regulations adopted pursuant to subsection 2.

(Added to NRS by 1987, 1042; A 1993, 2835)

NRS 450B.238 Regulations requiring hospital to record and maintain information. The State Board of Health shall adopt regulations which require each hospital to record and maintain information concerning the treatment of trauma in the hospital. The Board shall consider the guidelines adopted by the American College of Surgeons which concern the information which must be recorded.

(Added to NRS by 1987, 1043; A 1993, 2836)

NRS 450B.239 Health Division to cooperate with American College of Surgeons. In addition to the education and training required by this chapter, the Health Division shall cooperate with the American College of Surgeons to provide training in the treatment of trauma.

(Added to NRS by 1987, 1043)

Nevada Administrative Code

NAC 449.331 Emergency services and medical care; transfer agreements. (NRS 449.037)

1. A hospital shall develop and carry out policies and procedures to ensure that emergency services and medical care are provided in accordance with NRS 439B.410 and 42 C.F.R. § 489.24.

2. All general hospitals not having their own long-term facility shall have transfer agreements with long-term care facilities. Transfer agreements between facilities must be in writing and on file at each facility concerned. The agreements must provide for:

(a) The transfer of patients between facilities whenever the need for transfer is medically determined; and

(b) The exchange of appropriate medical and administrative information between facilities.

[Bd. of Health, Health Facilities Reg. Part III Ch. I § XVI subsecs. A, B & D, eff. 10-9-69; Ch. II part § XI, eff. 10-9-69]—(NAC A by R050-99, 9-27-99)

NAC 449.349 Emergency services. (NRS 449.037)

1. A hospital shall meet the emergency needs of its patients in accordance with nationally recognized standards of practice.

2. If a hospital does not have an emergency department on site, the policies and procedures for meeting the emergency needs of patients must be under the direction of a qualified member of the medical staff.

3. If a hospital provides emergency services through an emergency department:

(a) The services must be organized under the direct supervision of a qualified member of the medical staff;

(b) The services must be integrated with the other departments, units and services within the hospital; and

(c) The policies and procedures governing the provision of medical care in the emergency department must be established by and are the continuing responsibility of the medical staff.

4. A hospital shall have sufficient medical and nursing personnel who are qualified in emergency medical care to carry out the written emergency procedures of, and to meet the emergency needs anticipated by, the hospital.

[Bd. of Health, Health Facilities Reg. Part III Ch. I § XIV, eff. 10 9 69; Ch. II § IX, eff. 10-9-69]—(NAC A by R050-99, 9-27-99)

NAC 450B.770 Procedures for initial identification and care of patients with traumas. (NRS 450B.120, 450B.237) A licensee providing emergency medical care to a patient at the scene of an injury shall use the following procedures to identify and care for patients with traumas:

1. Step 1: If the patient's:

- (a) Score on the Glasgow Coma Scale or, if the patient is a pediatric patient, his score on the modified Glasgow Coma Scale is not more than 13;
- (b) Systolic blood pressure is less than 90;
- (c) Respiratory rate is less than 10 or greater than 29; or
- (d) Revised trauma score is less than 11,

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

2. Step 2: If the patient:

- (a) Has a penetrating injury to the head, neck, torso or the extremities proximal to the elbow or knee;
- (b) Has at least two proximal long bone fractures;
- (c) Has a fracture of the pelvis;
- (d) Has a combination of trauma with burns;
- (e) Has a flail chest;
- (f) Has an amputation proximal to the wrist or ankle;
- (g) Has acute paralysis;
- (h) Has an open and depressed fracture of the skull; or
- (i) Has major burns,

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

3. Step 3: If the patient has experienced a high-impact blow to the body which may include:

- (a) A fall of at least 20 feet;
- (b) A motor vehicle accident in which:

- (1) The motor vehicle was traveling at a speed of at least 20 miles per hour immediately before the accident occurred;
- (2) There was at least 20 inches of severe damage to the body of the motor vehicle;
- (3) There was a 12-inch intrusion into the passenger's compartment;
- (4) The patient was ejected from the motor vehicle;
- (5) The period required to extricate the patient from the motor vehicle was more than 20 minutes;
- (6) The motor vehicle rolled over;
- (7) A person riding in the motor vehicle with the patient died as a result of the accident;
- (8) The patient was riding on a motorcycle that was traveling at a speed of at least 20 miles per hour when the accident occurred; or
- (9) The patient was thrown from a motorcycle driven by him;

(c) As a pedestrian, being run over by a vehicle or thrown any distance by the impact of a vehicle, regardless of the rate of speed of the vehicle; or

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

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

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

- (a) Have a cardiac or respiratory disease;
- (b) Have insulin-dependent diabetes;
- (c) Have cirrhosis;
- (d) Be morbidly obese;
- (e) Be pregnant;
- (f) Have a suppressed immune system;
- (g) Have a bleeding disorder; or
- (h) Be taking any anticoagulant,

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

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

(Added to NAC by Bd. of Health, eff. 3-15-88; A by R182-01, 3-5-2002)

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.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. (NRS 450B.120, 450B.237) “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 trauma score of less than 11 or an injury severity score that is greater than 15.

As used in this section, “revised 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; R182-01, 3-5-2002)

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. (NRS 450B.120, 450B.237)

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 Medical Center Saint Radboud, Nijmegen, The Netherlands, for the price of \$1.40 per copy.
2. Resources for Optimal Care of the Injured Patient, 1999 edition, is hereby adopted by reference. The publication may be obtained from the American College of Surgeons, 633 North Saint Clair Street, Chicago, Illinois 60611-3211, for the price of \$15.

(Added to NAC by Bd. of Health, eff. 3-15-88; A 10-22-93; 1-18-94; R182-01, 3-5-2002)

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. (NRS 450B.120, 450B.237)

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 of Resources for Optimal Care of the Injured Patient or, if applying for designation as a pediatric regional resource center for the treatment of trauma, the standards set forth in chapters 5, 10 and 23 of Resources for Optimal Care of the Injured Patient;

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

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

(f) Written policies for:

- (1) The activation of the trauma team;

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

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

3. A hospital applying for designation as a level I, II, III or IV center for the treatment of trauma or as a pediatric regional resource center for the treatment of trauma, or for the renewal of such a designation, must submit an application to the health division in a form approved by the division. Except as otherwise provided in subsection 4, the application must be submitted to the health division and a written request for verification made to the American College of Surgeons, or another equivalent medical organization or agency approved by the board at least 6 months before:

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

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

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

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

NAC 450B.820 Surveys for designation as centers; verification required. (NRS 450B.120, 450B.237)

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, 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, 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, 16 and 23 of Resources for Optimal Care of the Injured Patient; and

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

5. The cost of:

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

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

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 of 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; R182-01, 3-5-2002)

NAC 450B.8205 Prerequisites to renewal of designation. (NRS 450B.120, 450B.237)

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 of Resources for Optimal Care of the Injured Patient.

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

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

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 450B.120, 450B.237)

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. (NRS 450B.120, 450B.237)

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 of Resources for Optimal Care of the Injured Patient; or

(b) Does not receive verification from the American College of Surgeons, or an equivalent medical organization approved by the board, indicating that it has complied with the criteria established for a level I, II or III center for the treatment of trauma or a pediatric regional resource center for the treatment of trauma set forth in chapters 5, 10, 16 and 23 of 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; R182-01, 3-5-2002)

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 450B.120, 450B.237)

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. (NRS 450B.120, 450B.237) To be designated as a level I center for the treatment of trauma, a licensed general hospital must:

1. Meet all of the criteria for a level I center for the treatment of trauma set forth in chapters 16 and 23 and Appendix D of Resources for Optimal Care of the Injured Patient.

2. Receive a verification from the American College of Surgeons, or an equivalent medical organization approved by the board, that confirms that the center meets the standards for a level I center for the treatment of trauma.

(Added to NAC by Bd. of Health, eff. 3-15-88; A 10-22-93; R182-01, 3-5-2002)

NAC 450B.845 Pediatric regional resource center: Requirements for designation. (NRS 450B.120, 450B.237) 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 of Resources for Optimal Care of the Injured Patient.
2. Meet the minimum criteria for a level I center for the treatment of trauma and demonstrate a commitment to the treatment of persons who are less than 15 years of age in accordance with chapters 10 and 23 of Resources for Optimal Care of the Injured Patient.
3. Receive a verification from the American College of Surgeons, or an equivalent organization approved by the board, that confirms that the center meets the standards for a pediatric regional resource center for the treatment of trauma.

(Added to NAC by Bd. of Health, eff. 1-18-94; A by R182-01, 3-5-2002)

NAC 450B.852 Level II center: Requirements for designation. (NRS 450B.120, 450B.237) To be designated as a level II center for the treatment of trauma, a licensed general hospital must:

1. Meet all of the criteria for a level II center for the treatment of trauma set forth in chapters 16 and 23 and Appendix D of Resources for Optimal Care of the Injured Patient.
2. Receive a verification from the American College of Surgeons, or an equivalent organization approved by the board, that confirms that the center meets the standards for a level II center for the treatment of trauma.

(Added to NAC by Bd. of Health, eff. 3-15-88; A 10-22-93; R182-01, 3-5-2002)

NAC 450B.866 Level III center: Requirements for designation. (NRS 450B.120, 450B.237) 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 and 23 and Appendix D of Resources for Optimal Care of the Injured Patient.
4. If the hospital is applying for the renewal of a designation as a level III center for the treatment of trauma, receive a verification from the American College of Surgeons, or an

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

(Added to NAC by Bd. of Health, eff. 3-15-88; A 10-22-93; 11-1-95; R182-01, 3-5-2002)

NAC 450B.871 Level IV center: Requirements for designation. (NRS 450B.120, 450B.237) 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 and 23 and Appendix D of Resources for Optimal Care of the Injured Patient;
3. Ensure that a nurse with experience and training in the care of patients with trauma is present at the hospital at all times;
4. Ensure that there is an adequate number of physicians with experience and training in the treatment of patients with trauma who will be immediately available to provide medical treatment to the patients in the hospital; and
5. Have the ability to perform computer axial tomography (CAT) scans or otherwise assess the patient's traumatic injuries and determine the medical center to which the patient will be transferred.

(Added to NAC by Bd. of Health, eff. 11-1-95; A by R182-01, 3-5-2002)

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 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)