

Memorandum #02-14

Date: June 26, 2014

To: SOUTHERN NEVADA DISTRICT BOARD OF HEALTH

From: Mary Ellen Britt, RN, MPH, EMS & Trauma System Manager ^{MEB}
Cassius Lockett, PhD, MS, Director of Community Health ~~CL~~
Joseph P. Iser, MD, DrPH, MSc, Chief Health Officer ~~JPI~~

Subject: Public Hearing to Consider/Adopt Amendments to District Emergency Medical Services Regulations

I. RECOMMENDATION:

Staff recommends the Board of Health consider adoption of proposed amendments to the District Emergency Medical Services (EMS) Regulations.

II. BACKGROUND:

On May 23, 2014, a Public Hearing was scheduled for today related to amendments to the District EMS Regulations. The following sections of the EMS Regulations are being amended: *Terms and Conventions*; Section 100 *Definitions*; Section 200 *Emergency Medical Services Training Centers*; Section 400 *Critical Care/Instructor/EMS RN Training and Endorsement*; Section 1150 *Special Event Medical Coverage*; Section 1200 *Controlled Substances and Dangerous Drugs*; Section 1400 *Do-Not-Resuscitate, Withholding Life-Sustaining Treatment/Physician Order for Life-Sustaining Treatment*; Section 1800 *Disciplinary Action* and Section 1900 *Miscellaneous*.

III. DISCUSSION:

Recommended revisions to the District EMS Regulations are noted in the following way:

- Additions are italicized and underscored
- Deletions are surrounded by brackets and have a ~~striketrough~~
- Comments related to all revisions are shown in the margins

Section 100 was amended to include definitions related to new requirements for special event medical coverage and for Physician Order for Life-Sustaining Treatment (POLST). Sections 200, 400, 1200, 1800 and 1900 include minor language revisions to clarify the intent of the related regulations.

Section 1150 *Special Events Medical Coverage* is a new section that was added to address the provisions of Assembly Bill 286 which became law on June 2, 2013 and effective on October 1, 2013. NRS 450B.650 - NRS 450B.700 *Emergency Medical Services at Special Events* requires host organizations to provide certain emergency medical services at the site of certain special events

under certain circumstances in counties whose population is 100,000 or more. As outlined in the law, the proposed regulations include the specific types of emergency medical resources that are required at a special event, depending on the number of attendees and the nature of the event. The Office of Emergency Medical Services & Trauma System (OEMSTS) staff has worked collaboratively with the fire departments and business license/special events departments for each jurisdiction to develop a process for special event medical plan approval. The proposed regulations describe the responsibilities of the host organization and the plan review authority in ensuring compliance with the new requirements.

Pursuant to NRS 233B.0608, the OEMSTS solicited input from small businesses that may be affected by changes to NRS 450B.650 - NRS 450B.700, and the resultant changes to the District EMS Regulations.

A Small Business Impact Questionnaire was sent by regular mail and/or electronically to over 500 companies and agencies with interests in special events, along with a copy of the proposed changes to EMS Regulations. In accordance with NRS 233B.0608, the OEMSTS conducted an analysis of the likely impact of the proposed regulation on small businesses which included the following considerations:

- 1) The manner in which the analysis was conducted.
- 2) The estimated economic effect of the proposed regulation on small businesses.
- 3) A description of the methods that SNHD considered to reduce the impact of the proposed regulation on small businesses and statement regarding whether the agency actually used those methods.
- 4) The estimated cost to the agency for enforcement of the proposed regulation.
- 5) The total amount that SNHD expects to collect from any fees and the manner in which the money will be used.
- 6) If the proposed regulation is duplicative or more stringent than federal, state or local standards, an explanation of why such provisions are necessary.
- 7) The reasons for the conclusions of the OEMSTS regarding the impact of this regulation on small businesses (Attachment C).

Section 1400 *Do-Not-Resuscitate, Withholding Life-Sustaining Treatment/Physician Order for Life-Sustaining Treatment* of the proposed regulations was amended to include language allowing EMS providers to recognize a Physician Order for Life-Sustaining Treatment (POLST) form. Assembly Bill 344 was unanimously passed by the Legislature in 2013, allowing the POLST form to be honored by any health care provider who treats a patient in any health care setting, including without limitation, a residence, health care facility or at the scene of a medical emergency. The basis for the proposed revisions to the regulations is found in NRS 450B.400 – NRS 450B.590 and NRS 449.691 – NRS 449.697.

Staff conducted five public workshops on May 1, May 5, May 7, June 2, and June 4, 2014 for interested persons to present their views on the proposed EMS Regulations. The EMS Medical Advisory Board reviewed the proposed amendments and unanimously recommended the draft EMS Regulations be forwarded to the Board of Health for adoption.

Attachments:

- A. Notice of Public Hearing dated 5-23-14
- B. Draft Emergency Medical Services Regulations
- C. Small Business Impact Statement Governing Special Event Medical Coverage

NOTICE OF PUBLIC HEARING

NOTICE IS HEREBY GIVEN that a public hearing will be held before the Southern Nevada District's Board of Health on June 26, 2014, at 8:30 a.m. at the Southern Nevada Health District, 330 S. Valley View Blvd., Las Vegas, Nevada, pursuant to Nevada Revised Statutes 439.366 and 450B.130 for the purpose of considering adoption of proposed amendments to the District's Emergency Medical Services Regulations.

The proposed amendments will affect, but are not limited to, the following Sections of Southern Nevada Health District Board of Health Emergency Medical Services Regulations: "Terms and Conventions"; Section 100 "Definitions"; Section 200 "Emergency Medical Services Training Centers"; Section 400 "Critical Care/ Instructor/ EMS RN Training and Endorsement"; Section 1150 "Special Event Medical Coverage"; Section 1200 "Controlled Substances and Dangerous Drugs"; Section 1400 "Do-Not-Resuscitate, Withholding Life-Sustaining Treatment/ Physician Order for Life-Sustaining Treatment"; Section 1800 "Disciplinary Action" and Section 1900 "Miscellaneous".

Copies of the draft regulations will be available for review at the Southern Nevada Health District, Office of EMS & Trauma System, 330 S. Valley View Blvd., Las Vegas, Nevada between the hours of 8:00 a.m. to 4:30 p.m. A copy of the draft regulations may be requested during that time at a charge of one dollar per page. The same may be viewed on the Southern Nevada Health District's website (<http://www.southernnevadahealthdistrict.org/ems/regs-manuals.php>) or emailed upon request (ems@snhdmail.org). If there are special viewing needs, please call 702-759-1050 for assistance.

All interested persons may appear at the hearing and submit data, views or arguments regarding the proposed amendments. Written data, views and arguments may also be submitted to the District Board of Health in advance of the hearing, addressed to the Chairman of the Southern Nevada District Board of Health at P.O. Box 3902, Las Vegas, NV 89127. The District Board of Health will consider fully all written and oral submissions on the proposed amendments prior to taking action thereon. Questions may be directed to Southern Nevada Health District's Office of Emergency Medical Services & Trauma System at (702) 759-1050.

Mary Ellen Britt
Mary Ellen Britt, RN, MPH
EMS & Trauma System Manager

5-22-14
Date

Prior to the above public hearing at the Board of Health meeting on June 26, 2014, there will be a workshop for the public to present its views on the draft EMS Regulations, to include the impact on small businesses:

- 1. June 2, 2014, Monday, 9:00 a.m. at the Southern Nevada Health District, 330 S. Valley View Blvd., Las Vegas, in Conference Room 2.**

EMERGENCY MEDICAL SERVICES REGULATIONS

AMENDED BY BOARD OF HEALTH [~~NOVEMBER 26, 2013~~] JUNE 26, 2014
(REPLACES [~~APRIL 22,~~] NOVEMBER 26, 2013 VERSION)

**CLARK COUNTY
EMERGENCY MEDICAL SERVICES
REGULATIONS**

WHEREAS the Southern Nevada District Board of Health has been created pursuant to Nevada Revised Statutes 439.370, et sequentia, to exercise jurisdiction over all public health matters in the District; and

WHEREAS the participating entities in said District are the cities of Las Vegas, North Las Vegas, Henderson, Boulder City, and Mesquite and the County of Clark; and

WHEREAS the Southern Nevada District Board of Health has from time to time adopted supplemental regulations and amendments to the Emergency Medical Services Regulations as the need arose; and

WHEREAS the people of the State of Nevada, represented in senate and assembly have amended NRS 450B; and

WHEREAS NRS 450B.077 defines the Health Authority in a county whose population is 700,000 or more as the County or District Board of Health;

NOW THEREFORE, in accordance with the provisions of Nevada Revised Statutes 450B.130, the Southern Nevada District Board of Health hereby adopts, promulgates and orders compliance with the following rules and regulations within the jurisdiction of the Health District.

TERMS AND CONVENTIONS

AAMS	means Association of Air Medical Services
AEMT	means Advanced Emergency Medical Technician
AI/DM	means Administer Immunizations/Dispense Medication
ALS	means Advanced Life Support
APN	means Advanced Practitioner of Nursing
BCCTPC	means Board for Critical Care Transport Paramedic Certification
BLS	means Basic Life Support
CAAHEP	means Commission on Accreditation of Allied Health Education Programs
CCT	means Critical Care Transport
CECBEMS	means Continuing Education Coordinating Board for Emergency Medical Services
CPR	means Cardiopulmonary Resuscitation
DOT	means U.S. Department of Transportation
EMS	means Emergency Medical Services
EMT	means Emergency Medical Technician
EMT-B	means Emergency Medical Technician-Basic
EMT-I	means Emergency Medical Technician-Intermediate
EMT-P	means Emergency Medical Technician-Paramedic
EMT-P (CC)	means Emergency Medical Technician-Paramedic (Critical Care)
FAA	means Federal Aviation Administration
FAO	means Fire Alarm Office
NAC	means Nevada Administrative Code
NAEMSP	means National Association of EMS Physicians
NEMSEC	means National EMS Educator Certification
NRS	means Nevada Revised Statutes
OEMSTS	means the Southern Nevada Health District Office of Emergency Medical Services & Trauma System
PA	means Physician Assistant

PHE ----- means Public Health Emergency

POLST ----- *means Physician Order for Life-Sustaining Treatment*

PSAP ----- means Public Safety Answering Point

TFTC ----- means Trauma Field Triage Criteria

Comment [p1]: Per NRS 450B.400
through 450B.590.

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Comment [p2]: Page numbers will be included in the finalized document.

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[Section 500 Emergency Medical Technician-Basic was removed on 11/26/13]
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Comment [p3]: Section added because of amendments to NRS 450B.650-450B.700 related to medical coverage at certain special events.

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Comment [p4]: Housekeeping.

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Comment [p5]: Moved to Section 100.

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Comment [p6]: Housekeeping.

Comment [p7]: Moved to Section 100.

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[Section 1700 Regional Trauma Advisory Board was removed on 5/24/07]

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SECTION 100 DEFINITIONS

- 100.000** **DEFINITIONS.** When a word or term is capitalized, within the body of these Regulations, it shall have the meaning ascribed to it as defined in subsections 100.016 to 100.265 of these Regulations. Unless otherwise expressly stated, words not defined herein shall be given their common and ordinary meaning. The words "shall" and "will" are mandatory; and the word "may" is permissive.
- 100.016** **"ADVANCED EMERGENCY MEDICAL TECHNICIAN (AEMT)"** means a Person who is certified by the Health Officer as having satisfactorily completed 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 as a national standard for certification as an Advanced Emergency Medical Technician pursuant to NRS 450B.191. (Note: This level of certification is effective January 1, 2014.)
- 100.017** **"ADVANCED PRACTITIONER OF NURSING"** means a Person who holds a certificate of recognition as an advanced practitioner of nursing from the Nevada State Board of Nursing.
- 100.020** **"AIR AMBULANCE"** shall have the meaning ascribed to it in NRS 450B.030 that states, "Air Ambulance means an aircraft especially designed, constructed, modified or equipped to be used for the transportation of injured or sick Persons. Air Ambulance does not include any commercial aircraft carrying passengers on regularly scheduled flights."
- 100.022** **"AIR AMBULANCE ATTENDANT"** means a qualified individual licensed under these Regulations and authorized to provide Emergency Medical Care for an Air Ambulance Service.
- 100.025** **"AIR AMBULANCE SERVICE"** means a Permittee who is authorized by the Health District to provide Patient Transport and/or Transfer in an Air Ambulance.
- 100.027** **"AMBULANCE"** shall have the meaning ascribed to it in NRS 450B.040 which states "Ambulance means a motor vehicle which is specifically designed, constructed, equipped and staffed to provide Emergency Medical Care for one (1) or more:
1. Sick or injured Persons; or
 2. Persons whose medical condition may require special observation during transportation or transfer."
- 100.035** **"AMBULANCE SERVICE"** means a Permittee, including Special Purpose Permit and Critical Care Transport services, which is authorized by the Health District to provide Patient Transport and/or Transfer in an Ambulance.
- 100.040** **"APPLICANT"** means a Person who applies for a Permit, Endorsement, License, Certificate or training, under the applicable provisions of these Regulations.
- 100.041** **"ATTENDANT"** shall have the meaning ascribed to it in NRS 450B.050 which states, "Attendant means a Person responsible for the care of a sick or injured Person in an ambulance or air ambulance, and includes the driver of an ambulance but not the pilot of an air ambulance." An Attendant is classified as a qualified individual licensed under these Regulations and authorized to provide Emergency Medical Care for an Ambulance Service or Firefighting Agency.

Comment [p8]: Formerly 1400.105.

100.045 "ATTENDING PHYSICIAN" means the Physician who has primary responsibility for the treatment and care of the Patient.

100.0[42]50 "AUTHORIZED EMS TRAINING CENTER" means a public or private agency that is authorized by the Health Officer to conduct initial or refresher EMS training programs which must meet the standards set forth in NRS 450B, these Regulations, and Health District Procedures.

100.055 "BOARD" means the Southern Nevada District Board of Health.

100.060 "CERTIFICATE" means a Nevada Certificate issued by the Health Officer as authorized by NRS 450B.180, certifying successful completion of training and testing at the level identified on the Certificate. A Certificate does not authorize the holder to function as an Attendant, pursuant to these Regulations.

100.063 "CLASS" means continuing education subject matter taught to increase knowledge on a particular subject.

100.065 "COMMERCIAL" means an Ambulance Service or Air Ambulance Service that is staffed by paid Attendants and is designed for the purpose of making a financial profit.

100.067 "CONTROLLED SUBSTANCE" means a drug or other substance regulated by the Federal Government, 21 USC Sec. 802(6), Controlled Substance Act.

100.068 "COURSE" means a complete series of study that follows a standard curriculum for the purpose of certification or recertification.

100.070 "COURSE MEDICAL DIRECTOR" means a Physician who has accepted the responsibility for directing the conduct of training Courses and for evaluating the performance of students in such Courses.

100.071 "CRITICAL CARE ENDORSEMENT" means a Paramedic/EMT-Paramedic who is endorsed by the Health Officer as having satisfactorily completed an approved Course of instruction in Critical Care Transport.

100.072 "CRITICAL CARE TRANSPORT" means the Transfer or Transport of a Patient in an appropriately equipped Ambulance/Air Ambulance as defined by the Permittee's Medical Director whose medical condition may require special observation or treatment.

100.073 "DANGEROUS DRUG" means any drug, other than a controlled substance, unsafe for self-medication or unsupervised use as set forth in NRS 454.201, these Regulations, and Health District Procedures.

100.074 "DISPATCH POLICY" means a policy, procedure, or guideline that addresses the medical issues relating to the selection and dispatch of the most appropriate Ambulance, Air Ambulance, or Firefighting Agency Vehicle to the scene of an Emergency.

100.075 "DEDICATED ADVANCED LIFE SUPPORT AMBULANCE" means an Ambulance equipped to provide advanced life support that:

1. Is capable of transporting a Patient from a Special Event to a hospital but, upon delivering the Patient, immediately returns to the site of the Special Event; and
2. Is staffed in accordance with these Regulations.

Comment [p9]: Per NRS 450B.655.

100.07[5]6 "DISTRICT PROCEDURE" means Southern Nevada Health District Standard Operating Procedure.

100.07[6]7 "DO-NOT-RESUSCITATE IDENTIFICATION" means:

1. A form of identification approved by the Health Authority, which signifies that:
 - (a) A Person is a Qualified Patient who wishes not to be resuscitated in the event of cardiac or respiratory arrest; or

(b) The Patient's Attending Physician has:

- (1) Issued a Do-Not-Resuscitate Order for the Patient;
- (2) Obtained the written approval of the patient concerning the order; and
- (3) Documented the grounds for the order in the Patient's medical record.

2. The term ~~[also]~~ includes a valid Do-Not-Resuscitate Identification issued under the laws of another state. (NRS 450B.410)

3. The term also includes a valid Physician Order for Life-Sustaining Treatment if the form provides that the Patient is not to receive life-resuscitating treatment;

4. The term also includes a valid Physician Order for Life-Sustaining Treatment issued under the laws of another state if the form provides that the Patient is not to receive Life-Resuscitating Treatment.

Comment [p10]: Housekeeping.

Comment [p11]: Formerly 1400.110.

Comment [p12]: Per NRS 449.691 through NRS 449.697, and NRS 450B.400 through 450B.590.

Comment [p13]: Formerly 1400.115.

Comment [p14]: Formerly 1400.120.

100.07[7]8 **"DO-NOT-RESUSCITATE ORDER"** means a written directive issued by a Physician licensed in this state that Emergency Life-Resuscitating Treatment must not be administered to a Qualified Patient. The term also includes a valid Do-Not-Resuscitate Order issued under the laws of another state. (NRS 450B.420)

100.07[8]2 **"DO-NOT-RESUSCITATE PROTOCOL"** means the standardized procedure and guidelines established by the Board for the withholding of Emergency Life-Resuscitating Treatment in compliance with a Do-Not-Resuscitate Order or a Do-Not-Resuscitate Identification. (NRS 450B.430)

100.080 **"EMERGENCY"** means any actual or self-perceived event which threatens life, limb, or well-being of an individual in such a manner that a need for immediate medical care is created.

100.081 **"EMERGENCY MEDICAL CARE"** means that Emergency Medical Technician, Advanced Emergency Medical Technician, or Paramedic care given to a Patient in an Emergency before the Patient arrives at a Receiving Facility and until such reasonable transition of care, as set forth in protocol or procedure, is accomplished.

100.082 **"EMERGENCY MEDICAL TECHNICIAN (EMT)"** means a Person who is certified by the Health Officer as having satisfactorily completed 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 as a national standard for certification as an Emergency Medical Technician pursuant to NRS 450B.1905. (Note: This level of certification is effective January 1, 2014.)

100.084 **"EMERGENCY MEDICAL TECHNICIAN BASIC (EMT-B)"** means a Person who is certified by the Health Officer as having satisfactorily completed an approved Course of instruction in basic emergency medical care. (Note: This level of certification will sunset on December 31, 2015.)

100.085 **"EMERGENCY MEDICAL TECHNICIAN INTERMEDIATE (EMT-I)"** means a Person who is certified by the Health Officer as having satisfactorily completed an approved Course of instruction in intermediate emergency medical care. (Note: This level of certification will sunset on December 31, 2015.)

100.090 **"EMERGENCY MEDICAL TECHNICIAN PARAMEDIC (EMT-P)"** means a Person who is certified by the Health Officer as having satisfactorily completed an approved Course of instruction in advanced emergency medical care. (Note: This level of certification will sunset on December 31, 2015.)

100.091 ~~"[EMT]-PARAMEDIC (CC)"~~ or **"EMT-P (CC)"** or "CRITICAL CARE"

PARAMEDIC or **CRITICAL CARE EMT-P** means a Person who is endorsed by the Health Officer as having satisfactorily completed an approved Course of instruction in Critical Care Transport.

Comment [p15]: Housekeeping.

100.095 **"EMERGENCY MEDICAL SERVICES"** means a system comprised of a chain of services linked together to provide Emergency Medical Care for the Patient at the scene of an Emergency, during Transport or Transfer, and upon entry at the Receiving Facility and is sometimes referred to as EMS or EMSS.

100.100 **"EMS FREQUENCIES"** means those radio frequencies allocated for Emergency Medical Services by the Federal Communications Commission. These frequencies are used for two-way voice and telemetry communications between ambulances and Receiving Facilities and serve as the basis for the Clark County EMS radio system.

100.103 **"EMS PRIORITY DISPATCH"** means a reference system whereby certified Emergency Medical Dispatchers (EMDs) give lifesaving pre-arrival instructions to the caller who has requested EMS services using an approved priority card or computer software program. This system may also provide for the dispatch of the appropriate level of response unit based on the severity of the medical Emergency.

100.104 **"EMS REGISTERED NURSE" or "EMS RN"** means a Person who is certified by the State Board of Nursing, in accordance with NRS 450B.160, NAC 632.225, and NAC 632.565 et. Seq. as having met the requirements to function as an Attendant.

100.105 **"EMS RESPONSE VEHICLE"** means any vehicle used by a Permittee as a conveyance for Licensed personnel to or from a scene of an Emergency or Predesignated Physical Premises whether or not a Patient is present.

100.106 **"ENDORSEMENT"** means a provision added to a Certificate, License, or Permit altering the scope of practice or authorization, or a letter and/or identification card authorizing specific activities within the EMS system.

100.108 **"FIELD"** means experience obtained while working as a credentialed Attendant responsible for the care of a sick or injured Person in an Ambulance, Air Ambulance, or Firefighting agency vehicle with an EMS agency that responds to 911 calls.

100.110 **"FIRE ALARM OFFICE (FAO)"** means the Fire and EMS Dispatch Operations Center administered by the City of Las Vegas Fire & Rescue on its own behalf, and that of Clark County, and the City of North Las Vegas.

100.112 **"FIREFIGHTING AGENCY"** means a fire department or fire protection district permitted by the Health District to provide Emergency Medical Care to sick or injured Persons at the scene of an Emergency or during Ambulance Transport or Transfer to a Receiving Facility.

100.115 **"FIREFIGHTING AGENCY VEHICLE"** means any vehicle owned by a Permitted Firefighting Agency which is used for the purpose of providing Emergency Medical Care at the scene of an Emergency, except that a Firefighting Agency Vehicle may be used to Transport or Transfer a Patient only if such vehicle meets the requirements as defined in subsection 100.027.

100.116 **"FIRST AID STATION"** means a fixed location at the site of a Special Event that is staffed by at least one (1) EMT/EMT-B, AEMT/EMT-I, Paramedic/EMT-P Attendant, or a Person with a higher level of skill who is capable of providing Emergency Medical Care within his or her scope of practice.

100.117 **"FIXED WING AIR AMBULANCE"** means a fixed wing type aircraft that is used as an Air Ambulance to Transfer Patients.

Comment [p16]: New definition to support NRS 450B.650 through NRS 450B.700.

- 100.119 **"FRANCHISED AMBULANCE DISPATCH"** means the dispatch center of an Ambulance Service franchised by a local unit of general-purpose government in Clark County.
- 100.121 **"FRANCHISED AMBULANCE SERVICE"** means an Ambulance Service that has a franchise agreement with a city and/or county in which the Ambulance provides services.
- 100.12[3]2 **"FULL TIME UNIT"** means a Unit that is staffed by salaried Attendants 24 hours per day, seven days per week.
- 100.12[4]3 **"HEALTH AUTHORITY"** shall have the meaning ascribed to it in NRS 450B.077 that states, "Health Authority means: ~~in a County whose population is 700,000 or more, the County or District Board of Health.~~"
1. In a county whose population is less than 700,000, the Division.
2. In a county whose population is 700,000 or more, the district board of health."
- 100.124 **"HEALTH CARE FACILITY"** means any medical facility and any facility for the dependent as defined in ~~[NRS 162A.740]~~ NRS 449.0151 and NRS 449.0045, respectively.
- 100.125 **"HEALTH DISTRICT" or "DISTRICT"** means the Southern Nevada Health District, its officers and authorized agents.
- 100.130 **"HEALTH DISTRICT OFFICE OF EMSTS" or "OEMSTS"** means the staff of the Health District charged with the responsibility of administering Emergency Medical Services in Clark County.
- 100.135 **"HEALTH OFFICER"** means the Chief Health Officer of the Southern Nevada Health District or the Chief Health Officer's designee.
- 100.138 **"HOST ORGANIZATION" means:**
1. If a Permit was obtained for a Special Event, the Person who obtained the Permit; or
2. If a Permit was not obtained for a Special Event, the Person who sponsored the Special Event.
- 100.142 **"IMMEDIATE VICINITY"** means a time and distance relationship between the Staff and a Unit whereby the Staff can reach the Unit within three (3) minutes or less.
- 100.146 **"INTERN"** means a Person placed on an Ambulance, Air Ambulance or Firefighting Agency Vehicle for the purpose of gaining supervised, practical experience.
- 100.147 **"LETTER OF APPROVAL" means a written authorization issued by the District that establishes the Host Organization has met the requirements of Section 1150 of these Regulations for the event specified. A Letter of Approval is not transferrable to another Person, date, or location.**
- 00.14[7]8 **"LETTER OF AUTHORIZATION"** means a letter issued by the Health Officer that authorizes a Person to conduct EMS training at the level identified in the letter.
- 100.150 **"LICENSE"** means the License issued by the Health District to a Person authorizing the holder to perform the duties of an Attendant, or Air Ambulance Attendant, pursuant to these Regulations.
- 100.155 **"LICENSEE"** means an individual who holds a License issued pursuant to these Regulations.
- 100.156 **"LIFE-RESUSCITATING TREATMENT"** means cardiopulmonary resuscitation or a component of cardiopulmonary resuscitation, including chest compressions, defibrillation, cardioversion, assisted ventilation, airway intubation or administration of cardiostimulant drugs. (NRS 450B.450)

Comment [p17]: Housekeeping.

Comment [p18]: Formerly 1400.125. Housekeeping identified after 5/1/14 workshop.

Comment [p19]: Housekeeping.

Comment [p20]: Per NRS 450B.665.

Comment [p21]: New definition.

Comment [p22]: Formerly 1400.130.

- 100.157 "MASTER EMS INSTRUCTOR"** means a Person who holds an Endorsement to conduct EMS Instructor Courses in compliance with standards set forth in these Regulations and the District's EMS Procedure Manual.
- 100.160 "MEDICAL ADVISORY BOARD"** means a board appointed by the Health Officer which advises the Health Officer and Board on matters pertaining to the Emergency Medical Services System in Clark County.
- 100.165 "MEDICAL DIRECTOR"** means a Physician who is specifically designated by an Authorized EMS Training Center or Permittee and has accepted the responsibility for providing medical direction to the Authorized EMS Training Center or Permittee's Ambulance, Air Ambulance, Critical Care Transport, Firefighting Agency, or Special Purpose Permit Service.
- 100.166 "NATIONAL REGISTRY"** means the agency known as the National Registry of EMTs based in Columbus, Ohio, that prepares and administers standardized testing for EMTs, AEMTs and Paramedics for national registration.
- 100.168 "NURSE INTERMEDIARY"** means a Registered Nurse who directs the Emergency Medical Care of Patients by radio or telephone under the direct supervision of a Telemetry Physician.
- 100.170** **"OFFICIAL AEMT/EMT-INTERMEDIATE DRUG INVENTORY"** means the inventory authorized by the Health Officer which lists the approved drugs for administration by AEMT/EMT-I Attendants.
- 100.171** **"OFFICIAL EMT/EMT-BASIC DRUG INVENTORY"** means the inventory authorized by the Health Officer which lists the approved drugs for administration by EMT/EMT-B Attendants.
- 100.172** **"OFFICIAL GROUND AMBULANCE, AIR AMBULANCE AND FIREFIGHTING AGENCY INVENTORY"** means the inventory authorized by the Health Officer which lists the minimum standards and additional requirements for medical and nonmedical equipment and supplies to be carried in Ambulances, Air Ambulances, and Firefighting Agency vehicles.
- 100.173** **"OFFICIAL PARAMEDIC/EMT-PARAMEDIC DRUG INVENTORY"** means the inventory authorized by the Health Officer which lists the approved drugs for administration by Paramedic/EMT-P Attendants.
- 100.174** **"OFFICIAL SPECIAL EVENT MEDICAL INVENTORY"** means the inventory authorized by the Health Officer which lists the minimum standards and additional requirements for medical and nonmedical equipment and supplies to be carried by EMT/EMT-B, AEMT/EMT-I, Paramedic/EMT-P Attendants, or a Person with a higher level of skill who is capable of providing Emergency Medical Care within his or her scope of practice.
- 100.1[69]75 "OPERATIONS DIRECTOR"** means a person specifically designated by a Permittee and has accepted the responsibility for operational decisions on behalf of that Permittee.
- 100.17[0]6 "PARAMEDIC"** means a Person who is certified by the Health Officer as having satisfactorily completed 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 as a national standard for certification as a Paramedic pursuant to NRS 450B.195. (Note: This level of certification is effective January 1, 2014.)

Comment [p23]: Outlined in Sections 500.024 and 1200.000.

Comment [p24]: Outlined in Sections 500.022 and 1200.000.

Comment [p25]: Per NRS 450B.130. Outlined in Section 900.200.

Comment [p26]: Outlined in Sections 500.026 and 1200.000.

Comment [p27]: Outlined in Section 1150.

- 100.17[3]Z "PATIENT"** means any individual that meets at least one (1) of the following criteria: 1) A Person who has a complaint or mechanism suggestive of potential illness or injury; 2) A Person who has obvious evidence of illness or injury; or 3) A Person identified by an informed 2nd or 3rd party caller as requiring evaluation for potential illness or injury.
- 100.17[5]8 "PERMIT"** means a permit issued by the Health District to a Person authorizing the provision of Emergency Medical Care in Clark County through an Ambulance Service, Air Ambulance Service, or Firefighting Agency.
- 100.180 "PERMITTEE"** means the Person who holds a Permit issued pursuant to these Regulations.
- 100.185 "PERSON"** means any natural Person, partnership, corporation or other public or private entity.
- 100.188 "PERSON WHO ADMINISTERS EMERGENCY MEDICAL CARE"** means a paid or volunteer Firefighter, law enforcement officer, Emergency Medical Technician, Attendant or other Person trained to provide Emergency Medical Care.
- 100.195 "PHYSICIAN"** means a Person licensed by the Board of Medical Examiners of the State of Nevada to practice medicine or the Board of Osteopathic Medical Examiners of the State of Nevada to practice osteopathy in Nevada.
- 100.200 "PHYSICIAN ADVISOR"** means a Physician who has verified, on a form provided and approved by the Health Officer, the ability of a Registered Nurse to provide Emergency Medical Care in accordance with NAC 632.225 and has issued written policies or protocols for the performance of those procedures.
- 100.201 "PHYSICIAN ASSISTANT"** means a Person licensed by the Board of Medical Examiners of the State of Nevada to perform medical services under the supervision of a supervising Physician.
- 100.202 "PHYSICIAN SUPERVISOR"** means a Physician who has verified, on a form provided and approved by the Health Officer, the ability of a Physician Assistant to provide Emergency Medical Care in accordance with NAC 630.370. The performance of medical services must be within the scope of the specialty of the Supervising Physician.
- 100.204 "PHYSICIAN ORDER FOR LIFE-SUSTAINING TREATMENT"** *means an order signed by a Physician pursuant to NRS 449.691 through NRS 449.697 inclusive, that records the wishes of the Patient and directs a provider of health care regarding the provision of Life-Resuscitating Treatment and life-sustaining treatment.*
- 100.205 "PILOT"** means the operator of an aircraft who is licensed by the FAA.
- 100.207 "PLAN REVIEW AUTHORITY"** *means the District or agency authorized by the District to review and approve of the Host Organization's Special Event Medical Plan. The Letter of Approval will be issued by the Health Officer.*
- 100.208 "PREDESIGNATED PHYSICAL PREMISES"** means the location of the special event where Standby Medical Coverage is provided on a specific date and time by a Permitted Ambulance Service or Firefighting Agency.
- 100.210 "PREHOSPITAL CARE RECORD"** means a form or format, approved by the Health Officer, used for the reporting of Emergency Medical Care rendered by licensed Attendants.
- 100.212 "PRIMARY EMS INSTRUCTOR"** means a Person who holds an Endorsement to conduct EMS Courses or Classes in compliance with standards set forth in these Regulations and the EMS Procedure Manual.

Comment [p28]: Formerly 1400.135.

Comment [p29]: Per NRS 449.691 through NRS 449.697.

Comment [p30]: New definition to support NRS 450B.650 through NRS 450B.700.

Comment [p31]: Per recommendation at 5/1/14 workshop.

- 100.213** "PROVISIONAL LICENSE" means a license issued by the Health Officer with specific limitations. A Provisional License may be issued for a period not to exceed twelve (12) months and is not renewable per NRS 450B.190.
- 100.214** "PUBLIC AGENCY" means any governmental agency or political subdivision that is a participant in the Clark County Emergency Medical Services System.
- 100.215** "PUBLIC HEALTH EMERGENCY" or "PHE" means an occurrence or threatened occurrence for which, in the determination of the Governor, the assistance of state agencies is needed to supplement the efforts and capabilities of political subdivisions to save lives, protect property and protect the health and safety of Persons in this State, or to avert the threat of damage to property or injury to or the death of Persons in this State.
- 100.216** "PUBLIC SAFETY ANSWERING POINT" means a government/jurisdiction's central access point for the processing of medical, fire, and law enforcement service requests.
- 100.217** "QUALIFIED PATIENT" means:
1. A Patient who is 18 years of age or older who has been determined by the Patient's Attending Physician to be in a terminal condition and who:
 - a) Has executed a declaration in accordance with the requirements of NRS 449.600, ~~or~~
 - b) Has executed a Physician Order for Life-Sustaining Treatment form pursuant to NRS 449.691 to 449.697 inclusive, if the form provides that the Patient is not to receive Life-Resuscitating Treatment; or
 - b) Has been issued a Do-Not-Resuscitate order pursuant to NRS 450B.510.
 2. A Patient who is less than 18 years of age and who:
 - a) Has been determined by the Patient's Attending Physician to be in a terminal condition; and
 - b) Has executed a Physician Order for Life-Sustaining Treatment form pursuant to NRS 449.691 through NRS 449.697 inclusive, if the form provides that the Patient is not to receive Life-Resuscitating Treatment; or
 - [b]c) Has been issued a Do-Not-Resuscitate order pursuant to NRS 450B.510. ~~[(NRS 450B.470)]~~
- 100.218** "QUALITY ASSURANCE DIRECTOR" means that Person who is specifically designated by a Permittee and has accepted the responsibility for the duties specified in subsections 900.050, 1000.050, and 1100.050 of these Regulations.
- 100.219** "RECEIVING FACILITY" means a medical facility as approved by the Health Officer.
- 100.220** "REGISTERED NURSE" means a Person who is licensed by the Nevada State Board of Nursing to practice professional nursing in Nevada under NRS 632.019.
- 100.225** "REPORTS" means any record required by the Health Officer as set forth in these Regulations.
- 100.228** "ROTORWING AIR AMBULANCE" means a helicopter type aircraft that is used as an Air Ambulance to Transfer or Transport Patients.
- 100.229** "ROVING EMERGENCY MEDICAL TECHNICIAN TEAM" means a team at the site of a Special Event that:
1. Consists of two (2) or more Licensed EMTs/EMT-Bs, AEMTs/EMT-Is or Paramedics/EMT-Ps; and
 2. Has the medical supplies necessary to provide Emergency Medical Care.

Comment [p32]: Housekeeping.
Formerly 1400.140.

Comment [p33]: Housekeeping.

Comment [p34]: Per NRS 450B.470.

Comment [p35]: Per NRS 450B.470 and 450B.525.

Comment [p36]: Formerly 1400.140.

Comment [p37]: Housekeeping.

- 100.230** **"ROVING INTERMEDIATE EMERGENCY MEDICAL TECHNICIAN TEAM"** means a team at the site of a Special Event that:
1. Consists of two (2) or more Licensed AEMTs/EMT-Is or Paramedics/EMT-Ps; and
 2. Has the medical supplies necessary to provide Emergency Medical Care.
- 100.231** **"SECONDARY EMS INSTRUCTOR"** means a Person who holds an Endorsement to conduct EMS training in EMS skills, provide periodic lectures as part of a training program under the supervision of a Primary or Master EMS Instructor, or evaluate Field performance, in compliance with standards set forth in these Regulations and the EMS Procedure Manual.
- 100.235** **"SIGNIFICANT NUMBER"** means, with regard to:
1. Contacts by emergency medical personnel with Persons who attended a Special Event, the number of contacts is 0.07 percent or more of the total number of Persons who attended the Special Event.
 2. Patients transported to a hospital, the number of Patients transported from the Special Event to the hospital by ambulance or private vehicle is 15 percent or more of the total number of contacts at the Special Event as defined in 1.
- 100.238** **"SPECIAL EVENT"** means a temporary event, including, without limitation, a concert or sporting event, at which 2,500 or more Persons are projected to be in attendance at the same time. The term does not include a temporary event held at a location which is designed to host concerts, sporting events, conventions, trade shows and any other similar events and which has permanently established methods for providing first aid or emergency medical services at the location.
- 100.239** **"SPECIAL EVENT MEDICAL PLAN"** means a written plan prepared by or on behalf of the Host Organization regarding the EMS Permittee's methods and procedures for providing Emergency Medical Care during the Special Event.
- 100.241** **"SPECIAL PURPOSE PERMIT SERVICE"** means a Permittee who is authorized by the Health District to provide Standby Medical Coverage in accordance with these Regulations.
- 100.243** **"STAFF"** means those Persons who provide Emergency Medical Care, Transport or Transfer with an Ambulance or Air Ambulance. Staff includes both the driver or Pilot and the Attendant.
- 100.244** **"STANDBY MEDICAL COVERAGE"** means that Emergency Medical Care provided at an event held at Predesignated Physical Premises utilizing the licensed Attendants of a permitted Ambulance Service or Firefighting Agency at appropriate staffing levels per subsection 900.300.
- 100.245** **"TELEMETRY"** means the transmission of voice, data, or video information relating to Patient care.
- 100.246** **"TELEMETRY PHYSICIAN"** means a Physician who directs the Emergency Medical Care of Patients by radio or telephone.
- 100.248** **"TERMINAL CONDITION"** means an incurable and irreversible condition that, without the administration of life-sustaining treatment, will, in the opinion of the Attendant Physician, result in death within a relatively short time.
- 100.250** **"TRANSFER"** means the prearranged movement of a Patient by Ambulance or Air Ambulance from one (1) Receiving Facility to another Receiving Facility, a medical facility, a home, or other location.
- 100.255** **"TRANSPORT"** means the movement of a Patient by Ambulance or Air Ambulance from the scene of an Emergency to a Receiving Facility.

Comment [p39]: Per NRS 450B.675.

Comment [p40]: Per NRS 450B.680.

Comment [p41]: Per NRS 450B.685.

Comment [p42]: New definition to support NRS 450B.650 through NRS 450B.700.

Comment [p43]: Formerly 1400.145.

100.260 **"UNIT"** means an Ambulance, Air Ambulance, or Firefighting Agency Vehicle.

100.265 **"UNPROFESSIONAL CONDUCT"** means that failure of a Person while providing Emergency Medical Care 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 Clark County. Examples of such unprofessional conduct, demeanor and attitude would include, without limitation, the use of obscene, abusive or threatening language, berating, belittling or inappropriate critical remarks or statements regarding others, such as Permittees or Licensees and other professionals participating in the provision of Emergency Medical Service; use of unreasonable force unnecessarily increasing or inflicting pain upon a Patient; callous disregard for personal feelings or sensibilities of Patients, their friends, families or other Persons present while care is being rendered.

SECTION 200

EMERGENCY MEDICAL SERVICES TRAINING CENTERS

200.000 EMERGENCY MEDICAL SERVICES TRAINING CENTERS.

- I. The Health Officer may issue a Letter of Authorization to conduct initial or refresher EMS Courses, or continuing medical education Classes as identified in the letter, to any Applicant who:
 - A. Has submitted the "Application for Authorization/Reauthorization as an EMS Training Center" and all related fees as prescribed by the Board;
 - B. Has provided all information relative to Applicant's pending authorization which the OEMSTS has requested, including a copy of the business license from the appropriate jurisdiction, two (2) complete sets of fingerprints for each Applicant, and written permission authorizing the OEMSTS to forward the fingerprints to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its report;
 - C. Has designated a Medical Director as defined in Section 850 of these Regulations;
 - D. Has the ability to provide training in compliance with the most current *National EMS Education Standards*; and
 - E. If other than a Permitted agency conducting training for their own employees or the employees of another Permitted EMS agency, has a license or a letter of licensure exemption issued by the State of Nevada Commission on Postsecondary Education to conduct EMS training programs.
- II. Any Authorized Training Center holding a Letter of Authorization to conduct a Paramedic Course shall:
 - A. Attain and maintain CAAHEP accreditation within 24 months of the issuance of a Letter of Authorization; and
 - B. Remain in compliance with all other requirements as listed in 200.410.
- III. A Letter of Authorization to conduct a Paramedic Course may only be issued to:
 - A. A Receiving Facility licensed by the Nevada State Health Division; or
 - B. A community college or university, accredited by the Department of Education, in affiliation with a Receiving Facility licensed by the Nevada State Health Division.
- IV. Any Person who proposes to conduct any EMS training shall first obtain a Letter of Authorization from the Health Officer. The Health Officer shall not issue a Certificate to any graduate of an initial EMS training program if the Person conducting the EMS training program did not have a Letter of Authorization prior to conducting the program.
- V. The Health Officer shall suspend and/or revoke the Letter of Authorization from any Person authorized to teach EMS Classes/Courses if the Health Officer finds the Classes/Courses are not being conducted in compliance with the standards set forth in these Regulations. Such suspension and/or revocation shall be done in compliance with Section 1800 of these Regulations.
- VI. An initial Letter of Authorization expires on June 30th following the date of issuance and may be renewed annually on July 1st.

Comment [p44]: Housekeeping in line with the language in 900.000.

- VII. A change in majority ownership or substantive change in structural organization of an existing Authorized Training Center shall require a new "Application for Authorization/Reauthorization as an EMS Training Center" and Letter of Authorization, including all requirements as outlined in subsection I above.
- VIII. An Authorized EMS Training Center may submit an "Application for Authorization/Reauthorization as an EMS Training Center" and all related fees as prescribed by the Board at least 60 days prior to expiration.

200.005 EMERGENCY MEDICAL SERVICES TRAINING CENTERS: DENIAL OF APPLICATION.

- I. The Health Officer may deny an application as an Authorized EMS Training Center if the OEMSTS investigation of the application reveals one (1) or more of the following:
 - A. The Applicant had previously held a business license that was revoked.
 - B. The Applicant, or in the case of a corporation any officer, director or individual in a managerial capacity, has a criminal record which indicates the Applicant would not properly carry out the responsibilities.
 - C. The Applicant is not otherwise in compliance with these Regulations or has not provided adequate assurance it will comply with these Regulations.
- II. The Health Officer shall provide a written notice of a denial of application setting forth the reason for denial and notify the Applicant of the Applicant's right to a hearing pursuant to subsection 1800.400 of these Regulations.

200.010 NOTICE OF INTENT TO CONDUCT EMS TRAINING. Any Person authorized to conduct ~~[initial or refresher EMS training]~~ an EMS Class or Course shall notify the OEMSTS ~~[at least thirty (30) days prior to the date the Course is scheduled to start. The notification must be made on a form prescribed by the Health Officer, and include payment of the]~~ and pay the appropriate fee(s) as prescribed by the Board, if applicable.

- I. Any Person who conducts an EMS Course shall notify the OEMSTS on a form prescribed by the Health Officer at least thirty (30) days prior to the date the Course is scheduled to start.
- II. Any Person who conducts an EMS Class shall notify the OEMSTS on a form prescribed by the Health Officer at least seven (7) days prior to the date the Class is scheduled to start.
- III. Any Person who teaches an EMS Class/Course must hold an EMS Instructor Endorsement unless exempted under subsection 400.550.
- IV. Any Person who teaches or conducts an EMS skills lab must be endorsed as a Secondary, Primary or Master EMS Instructor.
- V. A Primary or Master EMS Instructor must be present at all Class/Course lectures.

Comment [p45]: Changed from "teaches" to "conducts" per recommendation at 5/7/14 workshop.

Comment [p46]: Changed from "teaches" to "conducts" per recommendation at 5/7/14 workshop.

Comment [p47]: Details previously outlined in the District Procedure Manual only.

200.020 RECORD OF EMS COURSE COMPLETION. Any Person who conducts EMS training pursuant to this section shall, within ten (10) days of the completion of any Course, submit to the OEMSTS a Course completion record. The Course completion record shall be on a form prescribed by the Health Officer.

200.030 TESTING.

- I. The Board shall establish fees for testing administered by the OEMSTS.
- II. The OEMSTS shall establish District Procedures for testing.

200.040 COURSE EVALUATION.

- I. Each authorized Course must have individual student evaluation forms, for the evaluation of both the Course and the individual instructors, completed at the end of the Course. These evaluations shall be submitted to the OEMSTS within ten (10) days of Course completion.
- II. If an Authorized EMS Training Center or an individual instructor consistently receives unfavorable student evaluations, the Health Officer will conduct site evaluations, both scheduled and random, of that training center and/or instructor.
- III. Remediation of observed deficiencies may be ordered by the Health Officer.
- IV. Unsatisfactory remediation of either a training center or an individual instructor will result in suspension and/or revocation of the respective Letter of Authorization or instructor Endorsement. Such suspension or revocation shall be done in compliance with Section 1800 of these Regulations.

200.200 EMERGENCY MEDICAL TECHNICIAN TRAINING: ENTRANCE REQUIREMENTS. An Applicant for admission to an EMT Course shall possess a current healthcare provider CPR card, as approved by the OEMSTS. (Online classes must include verifiable documentation of the skills component.)

200.210 EMERGENCY MEDICAL TECHNICIAN TRAINING.

- I. An Emergency Medical Technician Course may be conducted by any Person who has a Letter of Authorization, issued pursuant to subsection 200.000 of these Regulations, to conduct the Course.
- II. EMT Courses shall be conducted in compliance with the most current Emergency Medical Technician: *National EMS Education Standards* and Health Officer approved guidelines as defined in the "District Procedure for EMT Training."
- III. Upon successful completion of the EMT Course and the OEMSTS approved practical and cognitive examinations, the OEMSTS may issue a Clark County Emergency Medical Technician Certificate in compliance with Health Officer approved guidelines as defined in the "District Procedure for EMT Training" and "District Procedure for Certification via Reciprocity."

200.300 ADVANCED EMERGENCY MEDICAL TECHNICIAN TRAINING: ENTRANCE REQUIREMENTS. An Applicant for admission to an AEMT Course shall be currently certified as an EMT or EMT-B.

200.310 ADVANCED EMERGENCY MEDICAL TECHNICIAN TRAINING.

- I. An AEMT Course may be conducted by any Person who has a Letter of Authorization, issued pursuant to subsection 200.000 of these Regulations, to conduct the Course.
- II. AEMT Courses shall be conducted in compliance with the most current AEMT *National EMS Education Standards* and Health Officer approved guidelines as defined in the "District Procedure for Advanced EMT Training."
- III. Upon successful completion of the AEMT Course and the District approved practical and cognitive examinations, the OEMSTS may issue a Clark County Advanced Emergency Medical Technician Certificate in compliance with Health Officer approved guidelines as defined in the "District Procedure for Advanced EMT Training" and "District Procedure for Certification via Reciprocity."

200.400 PARAMEDIC TRAINING: ENTRANCE REQUIREMENTS. An Applicant for admission to a Paramedic Course shall be currently certified as an EMT/EMT-B or

AEMT/EMT-I. (NRS 450B.195)

200.410 PARAMEDIC TRAINING. A Paramedic Course may be conducted by any Person that has a Letter of Authorization, issued pursuant to subsection 200.000 of these Regulations, to conduct the Course..

- I. Paramedic Courses shall be conducted in compliance with the most current *National EMS Education Standards* and Health Officer approved guidelines as defined in the "District Procedure for Paramedic Training."
- II. The OEMSTS shall administer the District approved Paramedic written licensure examination following completion of the didactic and clinical components of the Course.
- III. Upon successful completion of the written licensure examination, the OEMSTS will issue a provisional License as defined in the "District Procedure for Provisional Licensure," allowing the student to enter the Field internship portion of the Paramedic training program.
- IV. Upon successful completion of the Paramedic Course and the District approved practical and cognitive exams, the OEMSTS may issue a Clark County Paramedic Certificate in compliance with Health Officer approved guidelines as defined in the "District Procedure for Paramedic Training."

SECTION 300

CERTIFICATION/ RECERTIFICATION/ RECIPROCITY

300.100 EMERGENCY MEDICAL TECHNICIAN CERTIFICATION.

- I. The Health Officer may issue an EMT Certificate to the graduate of an EMT Course if the graduate has successfully completed an EMT Course conducted within Nevada which meets the District requirements as set forth in subsection 200.210, as defined in the "District Procedure for EMT Training" and "District Procedure for EMT Certification," and:
 - A. Is at least eighteen (18) years of age;
 - B. Has a current healthcare provider CPR card, as approved by the OEMSTS. (Online classes must include verifiable documentation of the skills component.);
 - C. Has completed the District's "Application for Initial Certification/Licensure" that contains at least the following information regarding the Applicant:
 1. Name;
 2. Address of residence;
 3. Telephone number;
 4. Date of birth;
 5. Gender;
 6. Social security number;
 7. Government issued photo identification; and
 - D. Has submitted a statement that:
 1. The Applicant is able to read, speak and write the English language;
 2. The Applicant's current out of state certificate/license is not under any investigation or review, if applicable;
 3. The Applicant has not been subject to limitation, suspension, or revocation of a certificate/license, including the right to practice in a healthcare occupation, if applicable;
 4. The Applicant has provided any additional information needed to clarify the above relative to the Applicant's pending certification which the OEMSTS has requested, including a statement from the Applicant indicating compliance with child support payment in accordance with NRS 450B.183;
 5. The Applicant's information appearing on the application is accurate; and
 - E. Has submitted the appropriate fee(s) as prescribed by the Board.
- II. An initial EMT Certificate shall be for a period not to exceed two (2) years and shall expire on the date of expiration appearing on it. The OEMSTS may designate the same date and year of expiration for the Certificates of all Attendants of the same Ambulance Service or Firefighting Agency.
- III. The holder of an EMT Certificate shall maintain a current, healthcare provider CPR

card, as approved by the OEMSTS. (Online classes must include verifiable documentation of the skills component.)

- IV. No Person shall act or represent himself or herself as an EMT unless a record verifying a current, valid Certificate is on file with the OEMSTS to verify the level of certification.

300.110 EMERGENCY MEDICAL TECHNICIAN/EMT-BASIC RECERTIFICATION.

- I. The renewal of an EMT/EMT-B Certificate shall be valid for a period not to exceed two (2) years and shall expire on the date appearing on it.
- II. An EMT/EMT-B Certificate may be renewed by the Health Officer if the holder of the Certificate:
 - A. Has submitted proof of residency or EMS employment within Clark County;
 - B. Has a current healthcare provider CPR card, as approved by the OEMSTS (Online classes must include verifiable documentation of the skills component.);
 - C. Has completed the District's "Application for Recertification" to include the information as set forth in subsection 300.100 I.C-D of these Regulations;
 - D. Has submitted the appropriate fee(s) as prescribed by the Board; and
 - E. Has completed the continuing medical education requirements in accordance with subsection 300.321 and the "District Procedure for EMT/EMT-Basic Recertification."

300.120 EMERGENCY MEDICAL TECHNICIAN/EMT-BASIC RECIPROCITY.

- I. The Health Officer may issue an initial Certificate as an EMT/EMT-B to an Applicant who is currently certified by the National Registry of EMTs or the State of Nevada as an EMT/EMT-B or higher if the Applicant:
 - A. Is at least eighteen (18) years of age;
 - B. Has submitted proof of residency, EMS employment within Clark County, or enrollment in EMS training;
 - C. Has a current healthcare provider CPR card, as approved by the OEMSTS (Online classes must include verifiable documentation of the skills component.);
 - D. Has completed the District's "Application for Initial Certification/Licensure" as defined in subsection 300.100 I.C-D of these Regulations;
 - E. Has submitted the appropriate fee(s) as prescribed by the Board; and
 - F. Has disclosed all EMT certifications issued by another state or EMS authority as defined in the "District Procedure for Certification via Reciprocity."

300.200 ADVANCED EMERGENCY MEDICAL TECHNICIAN CERTIFICATION.

- I. The Health Officer may issue an Advanced EMT Certificate to the graduate of an Advanced EMT Course if the graduate has successfully completed an Advanced EMT Course conducted within Nevada which meets the District requirements as set forth in subsection 200.310, as defined in the "District Procedure for Advanced EMT Training" and "District Procedure for Advanced EMT/EMT-Intermediate Certification" and:
 - A. Is at least eighteen (18) years of age;

- B. Has a current healthcare provider CPR card, as approved by the OEMSTS (Online classes must include verifiable documentation of the skills component.);
 - C. Has completed the District's "Application for Initial Certification/Licensure" as defined in subsection 300.100 I.C-D of these Regulations; and
 - D. Has submitted the appropriate fee(s) as prescribed by the Board.
- II. An initial Advanced EMT Certificate shall be for a period not to exceed two (2) years and shall expire on the date of expiration appearing on it. The OEMSTS may designate the same date and year of expiration for the Certificates of all Attendants of the same Ambulance Service or Firefighting Agency.
 - III. The holder of an Advanced EMT Certificate shall maintain a current, healthcare provider CPR card, as approved by the OEMSTS. (Online classes must include verifiable documentation of the skills component.)
 - IV. No Person shall act or represent himself or herself as an Advanced EMT unless a record verifying a current, Certificate is on file with the OEMSTS to verify the level of certification.

300.210 ADVANCED EMERGENCY MEDICAL TECHNICIAN/EMT-INTERMEDIATE RECERTIFICATION.

- I. The renewal of an Advanced EMT/EMT-I Certificate shall be valid for a period not to exceed two (2) years and shall expire on the date appearing on it.
- II. An Advanced EMT/EMT-I Certificate may be renewed by the Health Officer if the holder of the Certificate:
 - A. Has submitted proof of residency or EMS employment within Clark County;
 - B. Has a current healthcare provider CPR card, as approved by the OEMSTS (Online classes must include verifiable documentation of the skills component.);
 - C. Has completed the District's "Application for Recertification" to include the information as set forth in subsection 300.100 I.C-D of these Regulations;
 - D. Has submitted the appropriate fee(s) as prescribed by the Board; and
 - E. Has completed the continuing medical education requirements in accordance with subsection 300.321 and the "District Procedure for Advanced EMT/EMT-Intermediate Recertification."

300.220 ADVANCED EMERGENCY MEDICAL TECHNICIAN/EMT-INTERMEDIATE RECIPROCITY.

- I. The Health Officer may issue an initial Certificate as an Advanced EMT/EMT-Intermediate to an Applicant who is currently certified by the National Registry of EMTs or the State of Nevada as an AEMT/EMT-I or higher if the Applicant:
 - A. Is at least eighteen (18) years of age;
 - B. Has submitted proof of residency, EMS employment within Clark County, or enrollment in EMS training;
 - C. Has a current healthcare provider CPR card, as approved by the OEMSTS (Online classes must include verifiable documentation of the skills component.);
 - D. Has completed the District's "Application for Initial Certification/Licensure"

as set forth in subsection 300.100 I.C-D of these Regulations;

- E. Has submitted the appropriate fee(s) as prescribed by the Board; and
- F. Has disclosed all EMT' certifications issued by another state or EMS authority as defined in the "District Procedure for Certification via Reciprocity."

300.300 PARAMEDIC CERTIFICATION.

- I. The Health Officer may issue a Paramedic Certificate to a graduate of a Paramedic Course if the graduate has successfully completed a Paramedic Course conducted within Nevada which meets the District requirements as set forth in subsection 200.410, as defined in the "District Procedure for Paramedic Training" and "District Procedure for Paramedic Certification" and:
 - A. Is at least eighteen (18) years of age;
 - B. Has current certification of training in:
 - 1. Healthcare provider CPR card, as approved by the OEMSTS (Online classes must include verifiable documentation of the skills component.);
 - 2. Advanced cardiac life support procedures for Patients who require ALS care (Online classes must include verifiable documentation of the skills component.);
 - 3. Life support procedures for pediatric Patients who require ALS care (Online classes must include verifiable documentation of the skills component.); and
 - 4. Prehospital trauma life support procedures. (Online classes must include verifiable documentation of the skills component.)
 - C. Has completed a course of instruction in Weapons of Mass Destruction (WMD) as defined in NRS 450B.180. An Applicant who has not completed this training will be required to do so at time of recertification.
 - D. Has completed a course of instruction in WMD Surveillance and Health Alert Network training as defined in NRS 450B.180. An Applicant who has not completed this training will be required to do so at time of recertification.
 - E. Has completed the District's "Application for Initial Certification/Licensure" as defined in subsection 300.100 I.C-D of these Regulations; and
 - F. Has submitted the appropriate fee(s) as prescribed by the Board.
- II. An Initial Paramedic Certificate shall be for a period not to exceed two (2) years and shall expire on the date of expiration appearing on it. The OEMSTS may designate the same date and year of expiration for the Certificates of all Attendants of the same Ambulance Service or Firefighting Agency.
- III. The holder of a Paramedic/EMT-P Certificate shall maintain current certification of training in classes listed in subsection 300.300.I.B.1-3.
- IV. No Person shall act or represent himself or herself as a Paramedic unless a record verifying a current, valid Certificate is on file with the OEMSTS to verify the level of certification.

300.310 PARAMEDIC/EMERGENCY MEDICAL TECHNICIAN-PARAMEDIC RECERTIFICATION.

- I. The renewal of a Paramedic/EMT-P Certificate shall be valid for a period not to exceed two (2) years and shall expire on the date appearing on it.

- II. A Paramedic/EMT-P Certificate may be renewed by the Health Officer if the holder of the Certificate:
- A. Has submitted proof of residency or EMS employment within Clark County;
 - B. Has current certification of training in:
 - 1. Healthcare provider CPR, as approved by the OEMSTS (Online classes must include verifiable documentation of the skills component.);
 - 2. Advanced cardiac life support procedures for Patients who require ALS care (Online classes must include verifiable documentation of the skills component.); and
 - 3. Life support procedures for pediatric Patients who require ALS care. (Online classes must include verifiable documentation of the skills component.)
 - C. Has completed the District's "Application for Recertification" to include the information as set forth in subsection 300.100 I.C-D of these Regulations;
 - D. Has submitted the appropriate fee(s) as prescribed by the Board; and
 - E. Has completed the continuing medical education requirements in accordance with subsection 300.321 as defined in the "District Procedure for Paramedic/EMT-Paramedic Recertification."

300.320 PARAMEDIC/EMERGENCY MEDICAL TECHNICIAN-PARAMEDIC RECIPROCITY.

- I. The Health Officer may issue an initial Certificate as a Paramedic/EMT-P to an Applicant who is currently certified by the National Registry of EMTs or the State of Nevada as a Paramedic/EMT-P if the Applicant:
- A. Is at least eighteen (18) years of age;
 - B. Has submitted proof of residency or EMS employment within Clark County;
 - C. Provides current certification of training in those classes defined in the "District Procedure for Certification via Reciprocity;"
 - D. Has completed the District's "Application for Initial Certification/Licensure" as set forth in subsection 300.100 I.C-D of these Regulations;"
 - E. Has submitted the appropriate fee(s) as prescribed by the Board; and
 - F. Has disclosed all EMT certifications issued by another state or EMS authority as defined in the "District Procedure for Certification via Reciprocity."

300.321 CONTINUING MEDICAL EDUCATION (CME).

- I. Each EMT/EMT-B, AEMT/EMT-I and Paramedic/EMT-P, prior to recertification, shall complete at least the minimum required hours of CME for their certification level as approved by the Health Officer. The requirement may include categories for CME topics with minimum required hours for each category as set forth in the appropriate district procedure for recertification.
- A. Those Persons whose initial Certificate is issued for two (2) full years shall be required to complete not less than twenty-four (24) hours for EMT/EMT-B recertification, thirty-six (36) hours for AEMT/EMT-I recertification, and sixty (60) hours for Paramedic/EMT-P recertification.
 - B. Those Persons whose initial Certificate is issued for less than two (2) full years

but equal to or greater than one (1) year shall be required to complete not less than half of the required CME hours.

- C. Those Persons whose initial Certificate is issued for less than one (1) full year shall not be required to complete the CME requirement during the initial recertification period (Exception: Reciprocity applicants). Note: An application must be submitted for each recertification period regardless of CME requirement.
- II. All CME hours must be from pre-approved Classes/Courses. All Classes that are not CECBEMS approved must be submitted to the OEMSTS for approval on the appropriate form at least seven (7) days prior to the first day of the Class.
- III. Training Centers must provide the OEMSTS with an annual schedule of all skills training days.
- IV. All Courses that are not CECBEMS approved must be submitted to the OEMSTS for approval on the appropriate form thirty (30) days prior to the first day of the Course.
- V. Documentation of CME hours must be received by the OEMSTS at least sixty (60) days prior to expiration of the Certificate. False or misleading statements or submission of false documents may be grounds for denial of recertification or revocation of certification. The Health Officer shall provide a written notice of denial of recertification or revocation of certification setting forth the reason for denial and notify the Applicant of the Applicant's right to a hearing pursuant to subsection 1800.400 of these Regulations.
- VI. The Health Officer shall conduct audits of recertification documentation.
 - A. Audits shall be conducted by the OEMSTS within thirty (30) days of submission of recertification documentation.
 - B. Should an audit find deficiencies, the Certificate holder shall submit documentation rectifying these deficiencies prior to Certificate expiration.
 - C. If such documentation is submitted prior to Certificate expiration, the Certificate holder shall be eligible for recertification.
 - D. If such documentation is not submitted prior to Certificate expiration, the Certificate holder shall be decertified.
 - E. The Health Officer reserves the right to conduct random audits.
- VII. EMS Instructors may receive one-time credit for Classes/Courses taught during the recertification period.

300.322 RENEWAL OF EXPIRED NEVADA CERTIFICATE.

- I. An EMT/EMT-B, Advanced EMT/EMT-I or Paramedic/EMT-P who holds a Nevada Certificate that has expired within the last two (2) years will be issued a Certificate after completion of the following requirements:
 - A. Submit proof of residency or EMS employment within Clark County;
 - B. Submit the required continuing medical education hours or refresher Course as defined in the EMS Procedure Manual appropriate to the level of certification;
 - C. Successfully pass the District approved practical examination;
 - D. Submit copies of current provider cards appropriate to the level of certification as defined in the EMS Procedure Manual;

- E. Submit documentation of completion of an approved Weapons of Mass Destruction Course (if not previously on file);
- F. Submit the "Application for Initial Certification/Licensure" as set forth in Section 300.100 I.C-D;
- G. Submit the appropriate fee(s) as prescribed by the Board; and
- H. Successfully pass the appropriate District approved examination.

SECTION 400
CRITICAL CARE/ INSTRUCTOR/ EMS RN
TRAINING AND ENDORSEMENT

400.000 CRITICAL CARE TRAINING: ENTRANCE REQUIREMENTS. An Applicant for admission to a Critical Care training Course shall have at least three (3) years of full-time Field experience as a Paramedic/EMT-P in ground or air service, and:

- I. Have current certification of training in:
 - A. Healthcare provider CPR card, as approved by the OEMSTS (Online classes must include verifiable documentation of the skills component.);
 - B. Advanced cardiac life support procedures for Patients who require ALS care (Online classes must include verifiable documentation of the skills component.);
 - C. Life support procedures for pediatric Patients who require ALS care (Online classes must include verifiable documentation of the skills component.); and
 - D. Prehospital trauma life support procedures. (Online classes must include verifiable documentation of the skills component.)
- II. Have a letter from a Permittee indicating intent to utilize the Applicant as a Paramedic (CC).
- III. Successfully demonstrate all EMS skills as defined on the District's "Skills Proficiency Record;" and
- IV. Successfully demonstrate all procedures listed on the "Physician Advisor Verification of Paramedic/~~EMT-P~~ (CC) Skills" form as required by the agency Medical Director."

Comment [p48]: Housekeeping.

400.025 CRITICAL CARE ENDORSEMENT AS PARAMEDIC/EMT-PARAMEDIC (CC): QUALIFICATIONS.

- I. An Applicant for Endorsement as a Critical Care Paramedic/EMT-P ~~{{CC}}~~ shall:
 - A. Successfully complete a Critical Care training Course in accordance with the "District Procedure for Critical Care Training & Endorsement;"
 - B. Complete the District's "Application for Critical Care Paramedic/EMT-P ~~{{CC}}~~ Endorsement;" and
 - C. Submit the appropriate fee(s) as prescribed by the Board.

Comment [p49]: Housekeeping.

Comment [p50]: Housekeeping.

400.050 CRITICAL CARE TRAINING AND ENDORSEMENT.

- I. A Critical Care Course:
 - A. May be conducted by any Person that has a Letter of Authorization, issued pursuant to subsection 200.000 of these Regulations, to conduct the Course; and
 - B. Shall be conducted in compliance with the most current Course material, including skills, as approved by CECBEMS or the Health Officer and defined in the "District Procedure for Critical Care Training and Endorsement."
- II. Following successful completion of the Course, the Applicant may begin the Field internship as defined in the "District Procedure for Critical Care Training and Endorsement."

- III. Following receipt of a letter from the agency Medical Director documenting successful completion of the Field internship, the Applicant will be eligible to take the District approved examination for certification by the Board for Critical Care Transport Paramedic Certification (BCCTPC).
- IV. Upon successful completion of all of the above, the OEMSTS may issue a Clark County Critical Care Endorsement in compliance with Health Officer approved guidelines as defined in the "District Procedure for Critical Care Training and Endorsement."

400.075 CRITICAL CARE PARAMEDIC/EMERGENCY MEDICAL TECHNICIAN-PARAMEDIC (CC): AUTHORIZED ACTIVITIES.

- I. A Paramedic/EMT-P who holds a Critical Care Endorsement may perform activities during Patient Transfer as authorized by the Permittee's Medical Director.
- II. The Permittee's most current critical care procedures and protocols shall be on file with the OEMSTS.
- III. A Paramedic/EMT-P who holds a Critical Care Endorsement may perform activities during a Patient Transport from the scene of an Emergency as authorized by the Permittee's Medical Director, and in accordance with the current franchise agreement.

400.100 CRITICAL CARE ENDORSEMENT AS PARAMEDIC/EMT-PARAMEDIC (CC): EXPIRATION, RENEWAL.

- I. A Critical Care Endorsement expires on the date of expiration appearing on the Certificate for a Paramedic/EMT-P or for no more than two (2) years from the date of a letter granting Critical Care Endorsement.
- II. The Endorsement is renewable if the holder of the Endorsement:
 - A. Is currently certified by the OEMSTS as a Paramedic/EMT-P;
 - B. Has completed the District's application for renewal;
 - C. Has submitted the appropriate fee(s) as prescribed by the Board;
 - D. Verifies participation as a critical care Paramedic/EMT-P in good standing with an authorized critical care Permittee; and
 - E. Has completed continuing education as defined in the "District Procedure for Renewal of Critical Care Endorsement."

400.200 EMS INSTRUCTOR TRAINING: ENTRANCE REQUIREMENTS. An Applicant for EMS Instructor training shall:

- I. Be either:
 - A. Currently certified as an AEMT/EMT-I or Paramedic/EMT-P with at least two (2) years of full-time or five (5) years of volunteer/part-time EMS Field experience at the level being requested, as determined by the OEMSTS; or
 - B. Currently licensed in the State of Nevada as a Physician, Physician Assistant, Advanced Practitioner of Nursing, or Registered Nurse with at least two (2) years of prehospital experience, as determined by the OEMSTS.
- II. Have a letter from an Authorized Training Center indicating intent to utilize the Person as an EMS Instructor.
- III. Submit the appropriate fee(s) as prescribed by the Board.

- IV. Successfully demonstrate the ability to perform EMS skills to an EMS Instructor as defined in the "District Procedure for Secondary EMS Instructor Endorsement."
 - A. Applicants currently certified as an AEMT/EMT-I or Paramedic/EMT-P shall demonstrate all EMS skills up to and including the applicant's level of certification as listed on the District's "Skills Proficiency Record."
 - B. Applicants currently licensed as a Physician, Physician Assistant, Advanced Practitioner of Nursing, or Registered Nurse shall demonstrate all EMS skills as defined on the District's "Skills Proficiency Record."
- V. Score a minimum of 80% on the District approved EMS Instructor examination.

400.250 ENDORSEMENT AS INSTRUCTOR: QUALIFICATIONS.

- I. The Health Officer may issue a Secondary EMS Instructor Endorsement if the Applicant:
 - A. Has completed the District's application for Endorsement;
 - B. Has submitted the appropriate fee(s) as prescribed by the Board; and
 - C. Has successfully:
 - 1. Completed the EMS Instructor entrance requirements and training Course as set forth in subsections 400.200 and 400.300 of these Regulations and as defined in the "District Procedure for Secondary EMS Instructor Endorsement;" or
 - 2. Met all of the requirements as defined in the "District Procedure for EMS Instructor Endorsement via Challenge."
- II. The Health Officer may issue a Primary EMS Instructor Endorsement if the Applicant has met all the requirements of paragraph I. of this subsection and as defined in the "District Procedure for Primary EMS Instructor Endorsement."
- III. The Health Officer may issue a Master EMS Instructor Endorsement if the Applicant has met all the requirements of paragraphs I. and II. of this subsection and as defined in the "District Procedure for Master EMS Instructor Endorsement" or "District Procedure for EMS Instructor Endorsement via Challenge" and has passed the District approved examination(s).
- IV. An EMS Instructor may not teach at their level of certification until they have obtained at least two (2) years of experience at that level of certification, as defined in the "District Procedure for Secondary EMS Instructor Endorsement."

400.300 EMS INSTRUCTOR TRAINING.

- I. An EMS Instructor Course may be conducted by the holder of a Letter of Authorization, issued pursuant to subsection 200.000 of these Regulations, to conduct the Course.
- II. EMS Instructor Courses shall be conducted by a Master EMS Instructor in compliance with the most current Health Officer approved curriculum.

400.350 EMS INSTRUCTOR TRAINING: COURSE COMPLETION REQUIREMENTS AND ENDORSEMENT.

- I. An Applicant for EMS Instructor Endorsement shall:
 - A. Successfully complete an EMS Instructor Course as set forth in subsection 400.250 of these Regulations; and

- B. Complete within ninety (90) days:
 - 1. One (1) hour monitored lecture instruction; and
 - 2. One (1) hour monitored skills lab instruction in compliance with Health Officer approved guidelines as defined in the "District Procedure for Secondary EMS Instructor Endorsement."
- II. Monitoring evaluation forms shall be completed by a Primary or Master EMS Instructor.
- III. Applicants who successfully complete the EMS Instructor Course will initially be issued a Secondary EMS Instructor Endorsement.

400.400 ENDORSEMENT AS INSTRUCTOR: AUTHORIZED ACTIVITIES

- I. A Person endorsed as a Secondary EMS Instructor may:
 - A. Conduct training in EMS skills up to the level specified on their instructor Endorsement.
 - B. Provide periodic lectures as part of a program of training in Emergency Medical Services, not to exceed the level of the instructor's Endorsement issued by the Health Officer, as set forth in subsection 200.010 of these Regulations.
 - C. Evaluate Field performance up to the level specified on their instructor Endorsement.
- II. A Person endorsed as a Primary EMS Instructor may also:
 - A. Serve as the lead instructor for a program of training in Emergency Medical Services not to exceed the level specified on their instructor Endorsement.
 - B. Serve as a Course coordinator.
- III. A Person endorsed as a Master EMS Instructor in Emergency Medical Services may perform all of the authorized activities listed above and conduct EMS Instructor Courses.

400.450 ENDORSEMENT AS INSTRUCTOR: EXPIRATION, RENEWAL.

- I. An Endorsement as an EMS Instructor expires on the date of expiration appearing on the Certificate for an Advanced EMT/EMT-I or Paramedic/EMT-P or for no more than two (2) years from the date of a letter granting Endorsement as an instructor.
- II. The Endorsement is renewable if the holder of the Endorsement is currently certified by the OEMSTS as an Advanced EMT/EMT-I or Paramedic/EMT-P, or provides documentation verifying current Nevada licensure as a Physician, Physician Assistant, Advanced Practitioner of Nursing, or Registered Nurse; and
 - A. Has completed the District's application for renewal;
 - B. Has submitted the appropriate fee(s) as prescribed by the Board;
 - C. Is an instructor in good standing with an Authorized EMS Training Center; and
 - D. Has completed continuing education as defined in the "District Procedure for Renewal of EMS Instructor Endorsement."
- III. An Endorsement as an EMS Instructor that has been expired for no more than two (2) years may be reinstated by the OEMSTS provided the following requirements have been met:

- A. The Applicant submits a letter from an Authorized Training Center indicating intent to utilize the Applicant as an EMS Instructor; and
 - B. The Applicant has met all of the requirements of paragraph II.A., B. and D. of this subsection.
- IV. An Endorsement as an EMS Instructor that has been expired for more than two (2) years may be reinstated after all requirements have been met as defined in the "District Procedure for EMS Instructor Endorsement via Challenge."

400.550 EMS INSTRUCTOR: GUEST LECTURERS. Physicians, Physician Assistants, Advanced Practitioners of Nursing, Registered Nurses and other lecturers who are subject matter experts in a specific area of the EMS system are exempt from subsection 400.250 when teaching a Class/Course that is part of a training program or continuing education.

400.600 ENDORSEMENT TO ADMINISTER IMMUNIZATIONS AND DISPENSE MEDICATION (AI/DM) IN RESPONSE TO A PUBLIC HEALTH EMERGENCY.

- I. An Applicant for Endorsement to administer immunizations and dispense medication in response to a Public Health Emergency (PHE) shall:
 - A. Possess a current, valid AEMT/EMT-I or Paramedic/EMT-P Certificate;
 - B. Provide proof of the successful completion of a training program for administering immunizations and dispensing medications in response to a PHE, as approved by the OEMSTS; and
 - C. Pay the appropriate fee(s) as prescribed by the Board, if applicable.
- II. The Health Officer may issue an AI/DM Endorsement if the Applicant has met all of the requirements of paragraph I. of this subsection and as defined in the "District Procedure for Endorsement to Administer Immunizations and Dispense Medication in Response to a Public Health Emergency."
- III. The holder of an AI/DM Endorsement may participate in a public vaccination clinic or training exercise sponsored by a local public health authority if:
 - A. A list of the AEMT/EMT-I and Paramedic/EMT-P Persons who are participating in the clinic or training exercise is approved by the District before the clinic or training exercise begins; and
 - B. The holder of the Endorsement is under the direct supervision of the Health Officer.
- IV. The holder of an AI/DM Endorsement may participate in a public vaccination clinic in response to a PHE if:
 - A. A list of the AEMT/EMT-I and Paramedic/EMT-P Persons who are participating in the clinic is provided to the District within 48 hours after the event begins; and
 - B. The holder of the Endorsement is under the direct supervision of the Health Officer.
- V. An AI/DM Endorsement expires on the date of expiration appearing on the Certificate or on the date the Certificate is suspended or revoked.
- VI. An AI/DM Endorsement is renewable if the holder of the Endorsement:
 - A. Has completed the District's "Application for Recertification" to include the information as set forth in subsection 300.100 I.C-D of these Regulations;
 - B. Has met all of the requirements as defined in the "District Procedure for

Endorsement to Administer Immunizations and Dispense Medication in Response to a Public Health Emergency;" and

- C. Has submitted the appropriate fee(s) as prescribed by the Board, if applicable.

VII. The holder of an AI/DM Endorsement is not required to be licensed as an Attendant as a condition of eligibility for an Endorsement pursuant to this section.

400.700 ENDORSEMENT AS EMS RN: ENTRANCE REQUIREMENTS.

- I. An Applicant for EMS RN Endorsement shall have a letter from a Permittee indicating intent to utilize the Applicant as an EMS RN.
- II. An Applicant for EMS RN Endorsement shall have:
 - A. Five (5) years of nursing experience that includes a minimum of three (3) years of critical care nursing experience in hospital, air or ground critical care (rotorwing/CCT); or
 - B. Five (5) years of nursing experience that includes a minimum of two (2) years of critical care nursing experience in hospital, air, or ground critical care (fixed wing).
- III. An Applicant for EMS RN Endorsement shall have current certification in:
 - A. Healthcare provider CPR, as approved by the OEMSTS (Online classes must include verifiable documentation of the skills component.);
 - B. Advanced cardiac life support procedures for Patients who require ALS care (Online classes must include verifiable documentation of the skills component.);
 - C. Life support procedures for pediatric Patients who require ALS care (Online classes must include verifiable documentation of the skills component.); and
 - D. Prehospital trauma life support procedures (Online classes must include verifiable documentation of the skills component.).

400.715 ENDORSEMENT AS EMS RN: TRAINING AND ENDORSEMENT.

- I. An Applicant for EMS RN Endorsement shall complete the minimum didactic and clinical course content to meet both AAMS and local requirements as outlined in the "District Procedure for EMS RN Training & Endorsement."
- II. Upon completion of the didactic and clinical portions of the EMS RN training program, the Applicant must successfully pass the Health District's ALS Licensure Examination.
- III. An Applicant for EMS RN Endorsement must successfully demonstrate:
 - A. All procedures as listed on the most current version of the Health District "Skills Proficiency Record" (within the last six months); and
 - B. All procedures listed on the "Physician Advisory Verification of EMS Registered Nurse Skills" form as required by the agency Medical Director.
- IV. If working for a Rotorwing or Critical Care Transport agency, the Applicant must successfully complete an internship that consists of no less than 120 hours of Field experience under the direction of an EMS RN who is at least a Secondary EMS Instructor, as outlined in the "District Procedure for EMS RN Training & Endorsement."
- V. Upon completion of the above listed requirements, the Health District will issue a letter of endorsement and an identification card permitting the EMS RN to function as

an EMS RN with a Clark County permitted agency.

400.720 ENDORSEMENT AS EMS RN: EXPIRATION, RENEWAL.

- I. An Endorsement as an EMS RN expires on the date of expiration appearing on the RN and EMS RN licenses or for no more than two (2) years from the date of a letter granting Endorsement as an EMS RN.
- II. The Endorsement is renewable if the holder of the Endorsement provides documentation verifying current Nevada licensure as a RN/EMS RN and submits a letter from a Permittee indicating intent to utilize the holder as an EMS RN.

400.800 SUSPENSION, REVOCATION OF ENDORSEMENT. The Health Officer shall suspend or revoke an Endorsement as set forth in NRS 450B, these Regulations and District procedures. Such suspension or revocation shall be in compliance with Section 1800 of these Regulations.

SECTION 500 LICENSURE

500.000 LICENSE REQUIRED. No Person may act in the capacity of an Attendant or Air Ambulance Attendant in Clark County unless:

- I. That Person has a current, valid License issued by the OEMSTS authorizing such activities; or
- II. That Person is exempted by subsection 500.800 of these Regulations.

500.020 LICENSEE RESPONSIBILITIES.

Each Licensee in the Clark County EMS system must:

- I. Maintain a valid EMS Certificate;
- II. Maintain current provider cards appropriate to the level of certification;
- III. Work within the authorized activities as defined in Section 500.022, 500.024, and 500.026 of these Regulations;
- IV. Be responsible for all equipment on the Unit while on duty;
- V. Maintain a professional demeanor at all times; and
- VI. Be in compliance with these Regulations.

500.022 EMERGENCY MEDICAL TECHNICIAN/EMERGENCY MEDICAL TECHNICIAN-BASIC: AUTHORIZED ACTIVITIES.

- I. An EMT who is Licensed as an Attendant may perform those procedures identified in the most current EMT curriculum as defined in the *National EMS Education Standards* as approved by the Health Officer.
- II. An EMT-B who is Licensed as an Attendant may perform those procedures identified in the most current Emergency Medical Technician-Basic: National Standard Curriculum as approved by the Health Officer.
- III. An initial EMT/EMT-B Certificate shall only be issued to an Applicant who has successfully completed an approved training Course conducted within Clark County or meets the requirements for reciprocity certification as set forth in subsection 300.120 of these Regulations.
- IV. No person may independently perform the activities authorized pursuant to these Regulations.

500.024 ADVANCED EMERGENCY MEDICAL TECHNICIAN/EMERGENCY MEDICAL TECHNICIAN-INTERMEDIATE: AUTHORIZED ACTIVITIES.

- I. An AEMT/EMT-I who is Licensed as an Attendant may, in addition to the authorized activities of an EMT/EMT-B, perform activities as authorized by the Health Officer, and as outlined in the most current Emergency Medical Care protocols.
- II. Phlebotomy or drawing blood specimens for non-medical purposes is hereby prohibited.
- III. An initial AEMT/EMT-I Certificate shall only be issued to an Applicant who has successfully completed an approved training Course conducted within Clark County or meets the requirements for reciprocity certification as set forth in subsection 300.220 of these Regulations.

- IV. An AEMT/EMT-I Licensed as an Attendant may, prior to receiving an order from a Telemetry Physician or Nurse Intermediary, perform any procedure or administer any medication which the Health Officer has authorized in writing, in a specific protocol which does not require an order and which is relevant to the Patient's condition.
- V. No Person may independently perform the activities authorized pursuant to these Regulations.

500.026 PARAMEDIC/EMERGENCY MEDICAL TECHNICIAN-PARAMEDIC: AUTHORIZED ACTIVITIES.

- I. A Paramedic/EMT-P who is Licensed as an Attendant or Air Ambulance Attendant may, in addition to the activities of an AEMT/EMT-I, perform activities as authorized by the Health Officer, and as outlined in the most current Emergency Medical Care protocols.
- II. An initial Paramedic/EMT-P Certificate shall only be issued to an Applicant who has successfully completed an approved training Course conducted within Clark County or meets the requirements for reciprocity certification as set forth in subsection 300.320 of these Regulations.
- III. A Paramedic/EMT-P Licensed as an Attendant may, prior to receiving an order from a Telemetry Physician or Nurse Intermediary, perform any procedure or administer any medication which the Health Officer has authorized in writing, in a specific protocol which does not require an order and which is relevant to the Patient's condition.
- IV. No Person may independently perform the activities authorized pursuant to these Regulations.

500.030 APPLICATION FOR LICENSE. An application for a License shall be made as defined in the "District Procedure for Licensure." The Health Officer shall, within thirty (30) days after receipt of an application, have an investigation made of the Applicant and the information contained on the application.

- I. On an application for a License, the Applicant shall submit, at a minimum, the following as requested by the OEMSTS:
 - A. A statement that the Applicant is able to read, speak and write the English language;
 - B. A statement that the Applicant's current out of state certificate/license is not under any investigation or review, if applicable;
 - C. A statement that the Applicant has not been subject to limitation, suspension, or revocation of a certificate/license, including the right to practice in a healthcare occupation, if applicable;
 - D. Any additional information needed to clarify the above relative to the Applicant's pending certification which the OEMSTS has requested, including a statement from the Applicant indicating compliance with child support payment in accordance with NRS 450B.183;
 - E. A statement of whether or not the Applicant has ever been convicted of any felony, gross misdemeanor, or misdemeanor which, in the judgment of the Health Officer, indicates that the Applicant might not be able to function properly as a Licensee;
 - F. A statement that the information appearing on the application is accurate; and
 - G. The appropriate fee(s) as prescribed by the Board.

- II. Incomplete applications or applications containing fraudulent information may be rejected.

500.050 LICENSING OF ATTENDANTS.

- I. The Health Officer may issue an Attendant License to an Applicant as defined in the "District Procedure for Licensure" who:
 - A. Has obtained from a Permittee a letter verifying employment or intent for employment at the specific level the Applicant will be utilized, not to exceed the Applicant's level of Certification;
 - B. Has submitted the appropriate fee(s) as prescribed by the Board;
 - C. Has, within the last six (6) months, successfully completed the skills as defined on the District Skills Proficiency Record or OEMSTS approved equivalent;
 - D. Has provided evidence that, within the last twelve (12) months the Applicant has been found by a Physician, Physician Assistant or Advanced Practitioner of Nursing, to be of sound physical and mental health and free of physical defects or diseases, including TB test, which might impair the Applicant's ability to function as a Licensee. The results of the examination shall be reported to the OEMSTS on a form provided or approved by the Health Officer;
 - E. Has submitted two (2) complete sets of fingerprints and written permission authorizing the OEMSTS to forward the fingerprints to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its report; and
 - F. Has, within the last six (6) months, passed the District licensure examination appropriate to the Applicant's level of Certification.
- II. Prior to approval for licensure, Paramedic/EMT-P reciprocity applicants and Clark County certified Paramedics/EMT-Ps who have never been licensed or whose license has lapsed for more than one (1) year must successfully complete the requirements outlined in the "District Procedure for Provisional Licensure."
- III. Upon satisfactory completion of the above requirements, the Health Officer may issue the License for which the application was made, or reject the application in writing. The Health Officer shall provide a written notice of denial of licensure setting forth the reason for denial and notify the Applicant of the Applicant's right to a hearing pursuant to subsection 1800.400 of these Regulations.

500.100 LICENSING OF AIR AMBULANCE ATTENDANTS. The Health Officer may issue a License to an Air Ambulance Attendant Applicant who has satisfied all requirements in subsection 500.050 of these Regulations, and:

- I. Possesses a current, valid Paramedic/EMT-P Certificate and:
 - A. Has at least three (3) years of Field experience as a Paramedic/EMT-P, as determined by the OEMSTS;
 - B. Has obtained from a Permittee a letter verifying employment or intent for employment;
 - C. Has completed a District approved air ambulance attendant Course; and
 - D. Has submitted an application as defined in the "District Procedure for Licensure" and "District Procedure for Air Ambulance Attendant" and is otherwise in compliance with these Regulations.
- II. Upon satisfactory completion of the above requirements, the Health Officer may issue the License for which the application was made, or reject the application in

writing. The Health Officer shall provide a written notice of denial of licensure setting forth the reason for denial and notify the Applicant of the Applicant's right to a hearing pursuant to subsection 1800.400 of these Regulations.

500.400 PROVISIONAL LICENSE.

- I. The Health Officer may issue a provisional License to an Applicant as defined in the "District Procedure for Provisional Licensure" who:
 - A. Has filed an application for a provisional License per subsections 500.030, 500.050 and 500.100 and is otherwise in compliance with these Regulations;
 - B. Has submitted the appropriate fee(s) as prescribed by the Board; and
 - C. Has provided all information relative to the Applicant's pending licensure which the OEMSTS has requested, including a statement from the Applicant indicating compliance with child support payment in accordance with NRS 450B.183.
 - D. If a Paramedic/EMT-P Applicant, has within the last six (6) months, passed the District Paramedic/EMT-Paramedic licensure examination, and:
 1. Successfully completed the didactic and clinical sections of a DOT approved Paramedic/EMT-P Course and needs to complete the internship section of the EMT-P training program as set forth in subsection 200.410 of these Regulations; or
 2. Completed the District's "Application for Initial Certification/Licensure" for Paramedic/EMT-P reciprocity and needs to complete the Field internship as defined in the "District Procedure for Provisional Licensure;" or
 3. Is currently certified in Clark County as a Paramedic/EMT-P and has not held a license within the last year.
- II. The holder of a provisional License may only perform approved procedures under the direct supervision of an EMS Instructor that is licensed at or above the level of the Applicant's provisional licensure level.
- III. A provisional License will expire at the completion of the training Course and/or issuance of a Clark County License; and shall not be valid for more than one (1) year from the date of issuance and is not renewable.
- IV. Upon satisfactory completion of the above requirements, the Health Officer may issue the License for which the application was made, or reject the application in writing. The Health Officer shall provide a written notice of denial of licensure setting forth the reason for denial and notify the Applicant of the Applicant's right to a hearing pursuant to subsection 1800.400 of these Regulations.

500.700 TERM OF LICENSE.

- I. The License of an Attendant or Air Ambulance Attendant is not assignable or transferable.
- II. The expiration date for the License shall be concurrent with the expiration date on the individual's Certificate. A License shall not be valid for more than two (2) years.
- III. The Health Officer shall renew a License if:
 - A. The appropriate fee(s) has been submitted as prescribed by the Board;
 - B. The Applicant has satisfied all the continuing medical education requirements

for that level of certification;

C. The Applicant maintains employment with a permitted agency; and

D. The Health Officer is satisfied that the Applicant is not otherwise in violation of any of these Regulations.

- IV. 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 immediately becomes invalid.

500.750 LICENSE AS ATTENDANT: WITHDRAWAL. The Health Officer shall withdraw and invalidate the License of a Person who is no longer acting in the capacity of an Attendant or Air Ambulance Attendant in Clark County.

500.800 EXEMPTIONS. The following Persons are exempted from Section 500:

- I. Physicians and Physician Assistants who comply with NAC 630.370. Any Physician Assistant who performs such procedures shall file with the OEMSTS a form signed by the Physician Supervisor as provided for in subsection 100.202.
- II. Emergency Medical Services Registered Nurses (EMS RNs) who perform any nursing procedure beyond basic nursing education in accordance with NAC 632.225. Any EMS RN who performs such procedures shall file with the OEMSTS a form signed by the nurse's Physician Advisor as provided for in subsection 100.200.
- III. Each Physician, Physician Assistant and EMS RN who serves as an Attendant must pass the District Paramedic/EMT-P licensure examination and have current certification of training in:
 - A. Healthcare provider CPR, as approved by the OEMSTS (Online classes must include verifiable documentation of the skills component.);
 - B. Advanced cardiac life support procedures for Patients who require ALS care (Online classes must include verifiable documentation of the skills component.);
 - C. Life support procedures for pediatric Patients who require ALS care (Online classes must include verifiable documentation of the skills component.);
 - D. Prehospital trauma life support procedures (Online classes must include verifiable documentation of the skills component.); and
 - E. In the case of an Air Ambulance Attendant, has provided documentation verifying the successful completion of an Air Ambulance Attendant Course as approved by the OEMSTS.
- IV. A Registered Nurse employed by a medical facility may render medical care to a Patient being transferred from that medical facility to another medical facility.
- V. Persons rendering service as Attendants in case of an Emergency or major catastrophe if Attendants cannot be reasonably secured.
- VI. Attendants based outside the state, as defined in NRS 450B.830.

SECTION 800
PERMIT ENDORSEMENT
(NRS 450B.200)

800.000 EMERGENCY MEDICAL SERVICES PERMIT REQUIRED.

- I. No Person shall operate an Ambulance Service, Air Ambulance Service, or Firefighting Agency unless such Person has a current, valid Permit issued by the District authorizing such operation.
 - A. This Permit authorizes the provision of Emergency Medical Care that can be provided by a licensed EMT/EMT-B.
 - B. Any Person who proposes to operate an Ambulance Service, Air Ambulance Service or Firefighting Agency at the AEMT/EMT-I or Paramedic/EMT-P Endorsement level, including Critical Care Transport, shall apply for an Endorsement authorizing operation at that level.
 - C. All Air Ambulance Services must apply for an Endorsement at the Paramedic/EMT-P level.
- II. No Person shall operate an Ambulance for any purpose other than that for which it was designed, constructed, and equipped.

800.010 APPLICATION FOR PERMIT ENDORSEMENT: INITIAL.

- I. The Health Officer shall issue a Permit to operate an Ambulance Service, Air Ambulance Service, or Firefighting Agency, within thirty (30) days after receipt of an application, if the Applicant:
 - A. Has submitted all related fees as prescribed by the Board;
 - B. Has submitted the "Application for Initial Ambulance Permit;"
 - C. Has provided all information relative to the Applicant's pending Permit which the OEMSTS has requested, including:
 1. Two (2) complete sets of fingerprints for each Applicant, and written permission authorizing the OEMSTS to forward the fingerprints to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its report;
 2. Documentation of incorporation/partnership/sole proprietorship, as applicable;
 3. Copy of business license from the appropriate jurisdiction;
 4. Copy of Red Lights and Siren Permit as issued by the Nevada Highway Patrol;
 5. Copy of FAA certification, if applicable;
 6. Sample of the Patient care report;
 7. Copy of 911 dispatch plan, if applicable;
 8. Copy of personnel roster of all EMTs and/or EMS RNs;
 9. Description of all Units;
 10. Designation of a Medical Director as defined in Section 850 of these Regulations. (Note: Medical Director must complete the Personal

Information Request Form as part of the application.);

11. Designation of a QA Director as defined in subsection 900.050 of these Regulations;
 12. Designation of an Operational Director/Manager;
 13. Proposed plan for compliance with recertification requirements;
 14. Proposed plan for storage and replacement of expended medications;
 15. Proposed plan for medical record keeping, together with any other information that the Health Officer may require;
 16. Copy of the schedule of rates charged for Transport/service as required by NRS 450B.235; and
- D. Has had all Units inspected as set forth in subsection 1300.510 of these Regulations.
- II. A temporary Permit may be issued by the Health Officer to allow an Applicant who meets the technical requirements of these Regulations relating to equipment and/or staffing and is substantially in compliance with all remaining Regulations, as determined by the Health Officer, to operate as an Ambulance Service, Air Ambulance Service or Firefighting Agency. The temporary Permit may be limited as to time, place and purpose, as determined by the District. A temporary Permit may be issued for a period no longer than six (6) months and will expire upon issuance of a Permit.
- III. An initial Permit to operate an Ambulance Service, Air Ambulance Service, or Firefighting Agency, expires on June 30 following the date of issuance, and said Permit may be renewed annually on July 1.
- IV. An Applicant shall apply for an Endorsement in conjunction with the application for initial Permit.
- V. An Applicant shall not operate an Ambulance Service or Air Ambulance Service in a local government jurisdiction within Clark County which has enacted an ordinance making it unlawful to operate a service without a franchise or business license issued by it, unless the Applicant has first obtained such a franchise or business license.

800.050 APPLICATION FOR PERMIT ENDORSEMENT: RENEWAL.

- I. The Health Officer shall issue a renewal Permit to operate an Ambulance Service, Air Ambulance Service, or Firefighting Agency if the Applicant:
 - A. Has submitted all related fees as prescribed by the Board;
 - B. Has submitted the "Application for Renewal of Ambulance Permit" at least thirty (30) days prior to the date on which the current Permit expires;
 - C. Has provided all information relative to the Applicant's pending Permit which the OEMSTS has requested, including:
 1. Documentation of incorporation/partnership/sole proprietorship, as applicable;
 2. Copy of business license from the appropriate jurisdiction, as applicable;
 3. Description of all Units;
 4. Personal Information Request Form completed by the Medical Director;
 5. Copy of the schedule of rates charged for Transport/service as required by NRS450B.235; and

- D. Has had all Units inspected as set forth in subsection 1300.510 of these Regulations.
- II. A renewal Permit to operate an Ambulance Service, Air Ambulance Service, or Firefighting Agency, expires on June 30 following the date of issuance, and said Permit may be renewed annually on July 1.
- III. An Applicant shall apply for an Endorsement renewal in conjunction with the application for renewal of Permit.
- IV. An Applicant shall not operate an Ambulance Service or Air Ambulance Service in a local government jurisdiction within Clark County which has enacted an ordinance making it unlawful to operate a service without a franchise or business license issued by it, unless the Applicant has first obtained such a franchise or business license.

800.110 PERMIT AND RENEWAL OF PERMIT: DENIAL OF APPLICATION.

- I. The Health Officer may deny an application for a Permit to operate an Ambulance Service, Air Ambulance Service, or Firefighting Agency if the OEMSTS investigation of the application reveals one (1) or more of the following:
 - A. The Applicant had previously held a business license or any other Permit or License to operate such a service and that Permit or License was revoked.
 - B. The Applicant, or in the case of a corporation, any officer, director or individual in a managerial capacity has a criminal record which indicates the Applicant would not properly carry out the responsibilities of operating such a service.
 - C. There is reasonable cause to believe that the Applicant might not operate such a service in a manner that would promote the health and general welfare of Persons within this state that may need to use the service.
 - D. The Applicant is not otherwise in compliance with these Regulations or has not provided adequate assurance it will comply with these Regulations.
- II. The Health Officer shall provide a written notice of a denial of application setting forth the reason for denial and notify the Applicant of the Applicant's right to a hearing pursuant to subsection 1800.400 of these Regulations.

800.120 DISPLAY, ALTERATION, TRANSFERABILITY OF PERMIT.

- I. The Permittee shall display its Permit prominently in the principal place of business.
- II. If an official entry on any Permit is altered, defaced or obliterated, the Permit immediately shall become void.
- III. No Permit is transferable. A change in majority ownership shall require an application for a new Permit.

800.140 PERMIT: VEHICLE REPLACEMENT. The Permittee shall file an amended list of its Units with the Health Officer within ten (10) days after any of the Permittee's vehicles are removed from service.

800.150 PERMIT: ATTENDANT CHANGES. The Permittee shall file monthly with the Health Officer an up-to-date list of all Attendants functioning pursuant to said Permit.

SECTION 850

MEDICAL DIRECTOR, QUALIFICATIONS AND DUTIES

850.000 QUALIFICATIONS

- I. A Medical Director shall submit the Emergency Medical Services Medical Director Personal Information Request form and possess the following minimum qualifications:
 - A. Be a Physician currently licensed in the State of Nevada;
 - B. Be actively involved in the operational activities of the permitted agency's Emergency Medical Services;
 - C. Evidence of completion of the NAEMSP National EMS Directors Course and Practicum[®] or equivalent;
 - D. Be approved by the Health Officer;
 - E. Be Board Certified in Emergency Medicine by either the American Board of Medical Specialties (ABMS) or Bureau of Osteopathic Specialists (BOS); or
 - F. Be Board Certified (ABMS or BOS) in another specialty; andHave current evidence of training in:
 1. Healthcare provider CPR, as approved by the OEMSTS (Online classes must include verifiable documentation of the skills component.);
 2. Advanced cardiac life support procedures for Patients who require ALS care, as approved by the OEMSTS (Online classes must include verifiable documentation of the skills component.);
 3. Life support procedures for pediatric Patients who require ALS care, as approved by the OEMSTS (Online classes must include verifiable documentation of the skills component.); and
 4. Prehospital trauma life support procedures, as approved by the OEMSTS. (Online classes must include verifiable documentation of the skills component.)

850.010 DUTIES

- I. Responsibilities include:
 - A. Clinical care;
 - B. Protocol development;
 - C. Field observation;
 - D. Clinical training and continuing education oversight;
 - E. Reviewing call reports for clinical protocol compliance; and
 - F. Reviewing patient care cases as part of an overall effort to assess system quality and performance.
- II. The Medical Director shall take responsibility for all aspects of Section 1200 "Controlled Substances and Dangerous Drugs" of these Regulations.
- III. The Medical Director's activities include, but are not limited to:
 - A. Regular participation in the Medical Advisory Board for:
 1. Protocol development;
 2. EMS education;
 3. Quality improvement; and
 4. Approving new equipment and drugs.
 - B. Regular participation with the OEMSTS and/or the Health Officer on matters concerning EMS.

SECTION 900 AMBULANCE SERVICE

900.000 AMBULANCE SERVICE.

- I. No county, city, or other political subdivision within Clark County may operate an Ambulance Service or contract to have another operate an Ambulance Service in violation of these Regulations.
- II. Attendants shall drive their Ambulances in accordance with the provisions of NRS 484.261.
- III. Each Ambulance Service shall have a Medical Director as defined in Section 850 of these Regulations.
- IV. Each Ambulance Service will be considered an Authorized EMS Training Center for the purposes of providing EMS training for their employees or the employees of another Permitted EMS agency. (Note: If teaching individuals from the general public, all requirements in Section 200 must be met.)

900.005 AMBULANCE SERVICE: SPECIAL PURPOSE PERMIT SERVICES.

- I. The Health Officer may issue a Permit to operate a Special Purpose Permit Service to an operator of an Ambulance Service to provide Standby Medical Coverage at a Predesignated Physical Premises if the Applicant meets the requirements set forth in subsection 800.010.
- II. A Special Purpose Permit Service may only Transport a Patient from a Predesignated Physical Premises in compliance with the applicable county, municipal, or local codes or ordinances related to ambulance services.
- III. A Special Purpose Permit Service shall provide to the OEMSTS an advanced schedule of events where Standby Medical Coverage will be provided.
- IV. Within five (5) working days of the Patient Transport, the Special Purpose Permit Service shall submit a Prehospital Care Record to the OEMSTS.
- V. If the Special Purpose Permit Service is transporting a Patient to a location suitable for transferring the Patient to another Ambulance or to an Air Ambulance, the Special Purpose Permit Service shall contact the FAO or other PSAP to request a rendezvous with that Ambulance or Air Ambulance.
- VI. The Health Officer may immediately suspend the Permit of a Permittee for a violation of these Regulations except as provided for in NRS 450B.830.
- VII. Each Special Purpose Permit Service shall have a Medical Director as defined in Section 850 of these Regulations.

900.010 AMBULANCE SERVICE: CRITICAL CARE TRANSPORT SERVICES.

- I. The Health Officer may issue an Endorsement to a Permitted Ambulance Service to provide Critical Care Transport services if the Applicant meets the requirements set forth in subsection 800.010.
- II. Each Critical Care Transport service shall have a Medical Director as defined in Section 850 of these Regulations.

- III. The Attendant performing duties on a Critical Care Transport Ambulance Permitted in Clark County shall be a Health District endorsed EMS RN as outlined in the "District Procedure for EMS-RN Training & Endorsement;" or a Paramedic/EMT-P with a Critical Care Endorsement as outlined in the "District Procedure for Paramedic/EMT-P Critical Care Training & Endorsement."
- IV. A Critical Care Transport service may respond to the scene of an Emergency when requested by the FAO or Incident Commander on scene and provide Emergency Medical Care only under the direction of the CCT service's Medical Director.

900.050 QUALITY ASSURANCE DIRECTOR.

- I. Each Permittee who operates an Ambulance Service in Clark County shall have a Quality Assurance Director.
- II. The Quality Assurance Director shall:
 - A. Be actively involved in or have prior active involvement in the provision of Emergency Medical Services;
 - B. Provide advice on Patient care and handling;
 - C. Provide oversight of any required continuing medical education;
 - D. Be responsible for quality assurance (Q.A.) review to ensure compliance with these Regulations and the protocols issued by the Health Officer;
 - E. Have healthcare experience at a level not less than the level identified on the Permit or as otherwise approved by the Health Officer; and
 - F. Participate in regularly scheduled reviews of Q.A. activities at the Health District.

900.100 AMBULANCES: INTERIOR DESIGN. Each Ambulance shall meet the most current standards established by the U.S. Department of Transportation's Federal Specifications for the Star of Life Ambulance.

900.200 AMBULANCES: EQUIPMENT REQUIRED. Any Ambulance that is in service providing Emergency Medical Care shall carry all of the equipment and supplies identified on the District's Official Air Ambulance, Ground Ambulance and Firefighting Agency Inventory, and Official EMT/EMT-Basic, AEMT/EMT-Intermediate, and Paramedic/EMT-Paramedic Drug Inventory, as authorized by the Health Officer.

900.300 STAFFING: OPERATION OF AN AMBULANCE.

- I. Any Ambulance which is to be used to provide Emergency Medical Care that can be provided by a licensed EMT/EMT-B shall be staffed by not less than two (2) Attendants.
- II. Any Ambulance which is to be used to provide Emergency Medical Care that can be provided by a licensed AEMT/EMT-I shall be staffed by not less than two (2) Attendants, at least one (1) of whom shall be Licensed as an AEMT/EMT-I.
- III. Any Ambulance which is to be used to provide Emergency Medical Care that can be provided by a licensed Paramedic/EMT-P shall be staffed by not less than two (2) Attendants, at least one (1) of whom shall be Licensed as a Paramedic/EMT-P.
- IV. The Staff for Full-time Units endorsed to provide Emergency Medical Care, or Critical Care Transport, shall be in the Immediate Vicinity of the Unit prepared to respond to an Emergency call.

900.400 AMBULANCES: MAINTENANCE REQUIRED. All Ambulances shall be maintained in safe operating condition, including all its engine parts, body parts, and other operating parts and equipment. The Permittee shall annually certify that each ambulance in the service has been inspected by a professional mechanic who has found it to be in safe operating condition. The Permittee shall keep on file a copy of this certification for review by the Health Officer.

SECTION 1000 AIR AMBULANCE SERVICE

1000.000 AIR AMBULANCE SERVICE.

- I. Each Air Ambulance Service Permitted by the District shall have a Medical Director as defined in Section 850 of these Regulations.
- II. Each Air Ambulance Service Permitted by the District shall comply with all state law requirements.
- III. Each Air Ambulance Service will be considered an Authorized EMS Training Center for the purposes of providing EMS training for their employees or the employees of another Permitted EMS agency. (Note: If teaching individuals from the general public, all requirements in Section 200 must be met.)

1000.005 FIXED WING AIR AMBULANCE SERVICE.

- I. Each Fixed Wing Air Ambulance Service Permitted by the District shall have a Medical Director as defined in Section 850 of these Regulations.
- II. All Fixed Wing Air Ambulances Permitted in Clark County shall be staffed by at least an EMS RN as the primary Attendant.
 - A. The primary Attendant performing duties on a Fixed Wing Air Ambulance Permitted in Clark County shall be an EMS RN who:
 1. Has provided documentation verifying the successful completion of an Air Ambulance Attendant Course in accordance with the "District Procedure for EMS RN Training" as approved by the OEMSTS;
 2. Has at least five (5) years of nursing experience that includes a minimum of two (2) years of critical care nursing experience;
 3. Has a current healthcare provider CPR card, as approved by the OEMSTS (Online classes must include verifiable documentation of the skills component.);
 4. Has provided current certification of completion of training in advanced cardiac life support procedures for Patients who require ALS care, as approved by the OEMSTS (Online classes must include verifiable documentation of the skills component.);
 5. Has provided current certification of completion of training in life support procedures for pediatric Patients who require ALS care, as approved by the OEMSTS (Online classes must include verifiable documentation of the skills component.);
 6. Has provided evidence of completion of training in prehospital trauma life support procedures, as approved by the OEMSTS (Online classes must include verifiable documentation of the skills component.);
 7. Has submitted all skills as defined on the District's Skills Proficiency Record, within the last six (6) months;
 8. Has submitted all skills for which physician authorization is given as allowed under NAC 632.225 to be completed on a District approved form and signed by their Medical Director; and

- 9. Has passed the District Paramedic/EMT-P licensure examination, within the last six (6) months.
- B. The second Attendant shall not be less than an Air Ambulance Attendant licensed pursuant to subsection 500.100 of these Regulations, or other healthcare provider as listed in subsection 500.800 of these Regulations.
- III. Continued competency of Air Ambulance Attendants shall be maintained by completing annual continuing medical education with relevant in-service training as approved by the Permittee's Medical Director.

1000.010 ROTORWING AIR AMBULANCE SERVICE.

- I. Each Rotorwing Air Ambulance Service Permitted by the District shall have a Medical Director as defined in Section 850 of these Regulations.
- II. All Rotorwing Air Ambulances Permitted in Clark County shall be staffed by a primary and secondary Attendant:
 - A. The primary Attendant performing duties on a Rotorwing Air Ambulance Permitted in Clark County shall be an EMS RN who has completed all the requirements as listed in subsection 1000.005 II.A.1-9.
 - B. The secondary Attendant shall not be less than an Air Ambulance Attendant licensed pursuant to subsection 500.100 of these Regulations, or other healthcare provider as listed in subsection 500.800 of these Regulations.
- III. Continued competency of Air Ambulance Attendants shall be maintained by completing annual continuing medical education with relevant in-service training as approved by the Permittee's Medical Director.

1000.050 QUALITY ASSURANCE DIRECTOR.

- I. Each Permittee who operates an Air Ambulance Service in Clark County shall have a Quality Assurance Director.
- II. The Quality Assurance Director shall:
 - A. Be actively involved in or have prior active involvement in the provision of Emergency Medical Services;
 - B. Provide advice on Patient care and handling;
 - C. Provide oversight of any required continuing medical education;
 - D. Be responsible for quality assurance (Q.A.) review to ensure compliance with these Regulations and the protocols issued by the Health Officer;
 - E. Have health care experience at a level not less than the level identified on the Permit or as otherwise approved by the Health Officer; and
 - F. Participate in regularly scheduled reviews of Q.A. activities at the Health District.

1000.060 AIR AMBULANCE: COMPLIANCE WITH CERTAIN FEDERAL AVIATION RULES. To be operated as an Air Ambulance, an aircraft, whether a fixed- or rotorwing 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.

1000.100 AIR AMBULANCE: DESIGN.

- I. To be used as an Air Ambulance, an aircraft, whether a fixed- or rotorwing type, in addition to meeting other requirements set forth in these Regulations, shall:
 - A. Be designed and maintained in a safe and sanitary condition;
 - B. Have sufficient space for storage of medical equipment and medical supplies which may be locked against unauthorized entry;
 - C. Be designed to accommodate at least one (1) stretcher;
 - D. Have a door large enough to allow a stretcher to be loaded without rotating it more than thirty degrees (30°) about the longitudinal axis or thirty degrees (30°) about the lateral axis;
 - 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; and
- II. The stretcher 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;
 - B. Have a rigid surface suitable for performing cardiac compressions;
 - C. Be constructed of material that may be cleaned and disinfected after each use;
 - D. Have a mattress or pad that is impervious to liquids; and
 - E. Be capable of elevating the head of the Patient to a forty-five degree (45°) angle from the base.
- III. 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 FAA;
 - 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 medical equipment as necessary;
 - D. Be equipped with survival equipment appropriate for mountain, desert and water environments for the continuation of patient care; and
 - E. 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 Telemetry;
 2. The dispatch center; and
 3. If Transporting Patients, local ambulance, firefighting, and law enforcement agencies.
- IV. A fixed-wing aircraft must not be operated as an Air Ambulance unless it has the capability of pressurizing the cabin.

- V. The installation of any equipment in a rotor- or fixed-wing aircraft must be in a manner consistent with any applicable requirements of the FAA and must receive the approval of the FAA.

- 1000.200 FIXED WING AIR AMBULANCE: EQUIPMENT REQUIRED.** Any Fixed Wing aircraft which is in service providing Emergency Medical Care shall carry all of the equipment and supplies identified on the District's Official Air Ambulance, Ground Ambulance and Firefighting Agency Inventory as authorized by the Health Officer.
- 1000.300 ROTORWING AIR AMBULANCE: EQUIPMENT REQUIRED.** Any Rotorwing aircraft which is in service providing Emergency Medical Care shall carry all of the equipment and supplies identified on the District's Official Air Ambulance, Ground Ambulance and Firefighting Agency Inventory as authorized by the Health Officer.
- 1000.400 OPERATION OF ROTORWING AIR AMBULANCE.** The aircraft shall be operated by a Pilot certified in accordance with applicable Federal Aviation Regulations.
- 1000.500 OPERATION OF FIXED WING AIR AMBULANCE.** The aircraft shall be operated by a Pilot certified in accordance with applicable Federal Aviation Regulations.
- 1000.600 AIR AMBULANCES: MAINTENANCE REQUIRED.** All Air Ambulances shall be maintained in accordance with Federal Aviation Regulations. The Permittee shall provide a copy of the annual maintenance certificate when requested by the OEMSTS.

SECTION 1100 FIREFIGHTING AGENCY

1100.000 FIREFIGHTING AGENCY.

- I. Any Person who provides EMT/EMT-B, AEMT/EMT-I or Paramedic/EMT-P Emergency Medical Care at the scene of an Emergency for a Firefighting Agency shall be licensed by the OEMSTS as an Attendant.
- II. Each Ambulance Service shall have a Medical Director as defined in Section 850 of these Regulations.
- III. Each Firefighting Agency will be considered an Authorized EMS Training Center for the purposes of providing EMS training for their employees or the employees of another Permitted EMS agency. (Note: If teaching individuals from the general public, all requirements in Section 200 must be met.)

1100.050 QUALITY ASSURANCE DIRECTOR.

- I. Each Permittee who operates a Firefighting Agency in Clark County shall have a Quality Assurance Director.
- II. The Quality Assurance Director shall:
 - A. Be actively involved in or have prior active involvement in the provision of Emergency Medical Services;
 - B. Provide advice on Patient care and handling;
 - C. Provide oversight of any required continuing medical education;
 - D. Be responsible for quality assurance (Q.A.) review to ensure compliance with these Regulations and the protocols issued by the Health Officer;
 - E. Have healthcare experience at a level not less than the level identified on the Permit or as otherwise approved by the Health Officer; and
 - F. Participate in regularly scheduled reviews of Q.A. activities at the Health District.

1100.100 FIREFIGHTING AGENCY: EQUIPMENT REQUIRED. Any Firefighting Agency Vehicle that is in service providing Emergency Medical Care shall carry all of the equipment and supplies identified on the District's Official Air Ambulance, Ground Ambulance and Firefighting Agency Inventory as authorized by the Health Officer.

1100.200 STAFFING: OPERATION OF FIREFIGHTING AGENCY VEHICLES.

- I. Any Firefighting Agency Vehicle which is used to provide Emergency Medical Care shall be staffed by not less than two (2) Attendants.
- II. Any Firefighting Agency Vehicle which is used to provide Emergency Medical Care that can be provided by a licensed AEMT/EMT-I shall be staffed by not less than two (2) Attendants, at least one (1) of whom shall be Licensed as an AEMT/EMT-I.
- III. Any Firefighting Agency Vehicle which is used to provide Emergency Medical Care that can be provided by a licensed Paramedic/EMT-P shall be staffed by not less than two (2) Attendants, at least one (1) of whom shall be Licensed as a Paramedic/EMT-P.

SECTION 1150
SPECIAL EVENT MEDICAL COVERAGE
(NRS 450B.650 through NRS 450B.700)

Comment [p51]: Section added because of amendments to NRS 450B.650-450B.700 related to medical coverage at certain special events.

1150.050 HOST ORGANIZATION RESPONSIBILITIES.

I. Any Host Organization seeking to hold a Special Event must provide to the appropriate Plan Review Authority a Special Event Medical Plan for approval at least 30 days prior to the date of the first day of the Special Event, including all related fees as prescribed by the Board.

Comment [p52]: Changed from 60 days to 30 days per recommendation at 5/7/14 workshop.

- A. The Special Event Medical Plan must be submitted as set forth in local ordinance, code, law or other directive in force at the proposed location of the Special Event.**
- B. Approval of the Special Event Medical Plan will be for the Special Event or series of Special Events identified in the plan to be held in a calendar year.**
- C. The Host Organization is responsible for providing medical coverage that meets or exceeds the standards set forth in subsections 1150.150 through 1150.350 of these Regulations.**
- D. If conditions arise prior to or during a Special Event that require a revision of the Special Event Medical Plan in regard to the level and number of emergency medical assets and personnel, the Host Organization may petition to have different requirements [on subsequent days] for the duration of the Special Event.**

Comment [p53]: Per recommendation at 5/1/14 workshop.

Comment [p54]: Per recommendation at 5/1/14 workshop.

II. The Special Event Medical Plan submitted by the Host Organization must contain at least the following information:

- A. Name of the Host Organization;**
- B. The type and date of the event, location, length, and anticipated attendance;**
- C. Name of the Permit holder contracted to provide emergency medical services;**
- D. How the Applicant will meet all requirements listed in 1150.150 to 1150.350 inclusive;**
- E. The number of Licensed EMS providers, Registered Nurses or Physicians scheduled to provide Emergency Medical Care;**
- F. A description of the First Aid Station(s) or other treatment facilities, including maps of the Special Event site which depict points of ingress/egress;**
- G. Emergency Medical Care equipment as defined in the Official Special Event Inventory;**
- H. A description of the on-site emergency medical communications capabilities;**
- I. A plan to inform Special Event attendees regarding access to Emergency Medical Care and specific hazards such as inclement or severe weather;**
- J. A plan for emergency evacuation of the Special Event; and**
- K. Any additional information as determined by the Plan Review Authority.**

III. Within 30 days following the last day of a Special Event, the Host Organization must complete and submit a report to the Plan Review Authority. The report must include at least the following information:

- A. The estimated peak and total number of attendees at the Special Event**
- B. The Significant Number of Patient contacts**
- C. The Significant Number of Patient Transports**

Comment [t55]: Per recommendation at 6/2/14 workshop.

Comment [p56]: Per recommendation at 5/1/14 workshop.

1150.150 COVERAGE REQUIREMENTS FOR 2,500 - 9,999 PROJECTED ATTENDEES

I. If the Special Event is a concert or any three (3) of the following conditions apply, the Host Organization must provide for at least one (1) First Aid Station:

- A. The Special Event involves a high risk activity, including without limitation, sports or racing.
 - B. The Special Event is held during a period of extreme heat or cold or poses environmental hazards.
 - C. The average age of attendees is less than 25 years or over 50 years.
 - D. A large number of attendees have acute or chronic illness.
 - E. Alcohol is sold at the Special Event or, if the Special Event was held before, there is a history of alcohol or drug use by attendees.
 - F. The density of the number of attendees at the Special Event increases the difficulty in accessing Persons requiring Emergency Medical Care or in transferring those Persons requiring Emergency Medical Care to an Ambulance.
- II. In addition to the above requirements, the Host Organization must provide one (1) Dedicated Advanced Life Support Ambulance if:
- A. The Special Event is more than five (5) miles from the closest Receiving Facility;
or
 - B. If the Special Event was held before and there was a history of Significant [Patient Contact] Number[s] of Patient contacts or [or Significant] Patient Transports [Numbers].
- III. Upon completion of the requirements outlined in 1150.050, the Health Officer may issue a Letter of Approval of the Special Event Medical Plan.

Comment [p57]: Housekeeping identified after 5/1/14 workshop.

1150.200 COVERAGE REQUIREMENTS FOR 10,000 – 14,999 PROJECTED ATTENDEES

- I. If the Special Event is a concert or any three (3) of the following conditions apply, the Host Organization must provide for at least one (1) First Aid Station equipped with an automated external defibrillator, and one (1) Roving Emergency Medical Technician Team:
 - A. The Special Event involves a high risk activity, including, without limitation, sports or racing.
 - B. The Special Event is held during a period of extreme heat or cold or poses environmental hazards.
 - C. The average age of attendees is less than 25 years or over 50 years.
 - D. A large number of attendees have acute or chronic illness.
 - E. Alcohol is sold at the Special Event or, if the event was held before, there is a history of alcohol or drug use by attendees.
 - F. The density of the number of attendees at the Special Event increases the difficulty in accessing Persons requiring Emergency Medical Care or in transferring those Persons requiring Emergency Medical Care to an Ambulance.
- II. In addition to the above requirements, the Host Organization must provide one (1) Dedicated Advanced Life Support Ambulance if:
 - A. The Special Event is more than five (5) miles from the closest Receiving Facility;
or
 - B. If the Special Event was held before and there was a history of Significant [Patient Contact] Number[s] of Patient contacts or [or Significant] Patient Transports [Numbers].
- III. Upon completion of the requirements outlined in 1150.050, the Health Officer may issue a Letter of Approval of the Special Event Medical Plan.

Comment [p58]: Housekeeping identified after 5/1/14 workshop.

1150.250 COVERAGE REQUIREMENTS FOR 15,000 – 49,999 PROJECTED ATTENDEES

- I. If the Special Event is a concert or any three (3) of the following conditions apply, the Host Organization must provide for at least one (1) First Aid Station staffed with at least one Registered Nurse, licensed practical nurse or Paramedic/EMT-P in lieu of an EMT/EMT-B or AEMT/EMT-I, and at least two (2) Roving Intermediate Emergency Medical Technician Teams:
 - A. The Special Event involves a high risk activity, including, without limitation, sports or racing.
 - B. The Special Event is held during a period of extreme heat or cold or poses environmental hazards.
 - C. The average age of attendees is less than 25 years or over 50 years.
 - D. A large number of attendees have acute or chronic illness.
 - E. Alcohol is sold at the Special Event or, if the event was held before, there is a history of alcohol or drug use by attendees.
 - F. The density of the number of attendees at the Special Event increases the difficulty in accessing Persons requiring Emergency Medical Care or in transferring those Persons requiring Emergency Medical Care to an Ambulance.
- II. In addition to the above requirements, the Host Organization must provide two (2) Dedicated Advanced Life Support Ambulances if:
 - A. The Special Event is more than five (5) miles from the closest Receiving Facility;
or
 - B. If the Special Event was held before and there was a history of Significant [Patient Contact] Number[s] of Patient contacts or [or Significant] Patient Transports [Numbers].
- III. Upon completion of the requirements outlined in 1150.050, the Health Officer may issue a Letter of Approval of the Special Event Medical Plan.

Comment [p59]: Housekeeping
identified after 5/1/14 workshop.

1150.300 COVERAGE REQUIREMENTS FOR 50,000 OR MORE PROJECTED ATTENDEES

- I. The Host Organization must provide:
 - A. At least two First Aid Stations.
 - B. At Least two Physicians licensed pursuant to NRS 630 or NRS 633.
 - C. At least two Roving Emergency Medical Technician Teams.
 - D. At Least two Dedicated Advanced Life Support Ambulances.

1150.350 FIRST AID STATIONS AND ROVING EMERGENCY MEDICAL TECHNICIAN/INTERMEDIATE EMERGENCY MEDICAL TECHNICIAN TEAM: REQUIRED STAFFING AND EQUIPMENT

- I. A First Aid Station:
 - A. Shall be staffed in accordance with these Regulations and NRS 450B.650 through NRS 450B.700 inclusive.
 - B. Shall be equipped in accordance with the Official Special Event Inventory.
- II. A Roving Emergency Medical Technician Team:
 - A. Shall be staffed in accordance with these Regulations and NRS 450B.650 through NRS 450B.700 inclusive.
 - B. Shall be equipped in accordance with the Official Special Event Inventory.
- III. A Roving Intermediate Emergency Medical Technician Team:
 - A. Shall be staffed in accordance with these Regulations and NRS 450B.650 through NRS 450B.700 inclusive.

B. Shall be equipped in accordance with the Official Special Event Inventory.

1150.400 ISSUANCE OF NOTICES

- I. The Health Officer may conduct inspections at the Special Event site to ensure compliance with the Special Event Medical Plan as approved by the Plan Review Authority.
- II. Whenever the Health Officer discovers that any of the requirements of these Regulations have been violated, the Health Officer shall notify the Host Organization of the violation(s) by means of a written notice. The notice shall:
 - A. Set forth the specific violations found.
 - B. Express corrective actions that must be completed in order to ensure compliance and/or continued operation.
 - C. Assess any administrative penalties, including but not limited to monetary penalties, withdrawal of Letter of Approval, or other actions to ensure compliance.
 - D. State that an opportunity for a hearing will be provided pursuant to subsection 1800.400 of these Regulations.
- III. Notices provided in paragraph I. above shall be served in accordance with Section 1900 of these Regulations.

SECTION 1200
CONTROLLED SUBSTANCES AND
DANGEROUS DRUGS

1200.000 CONTROLLED SUBSTANCES AND DANGEROUS DRUGS.

- I. No Licensed Attendant certified as a Paramedic/EMT-P shall administer any Controlled Substance or Dangerous Drug to a Patient unless:
 - A. Such Controlled Substance/Dangerous Drug is named on the District's Official Paramedic/EMT-Paramedic Drug Inventory issued by the Health Officer; and
 - B. Either:
 1. A direct order was given to a Licensed Attendant certified as a Paramedic/EMT-P by a Physician or Nurse Intermediary authorizing administration of the Controlled Substance/Dangerous Drug; or
 2. The Licensed Attendant certified as a Paramedic/EMT-P was authorized to administer the Controlled Substance/Dangerous Drug; or by written standing order or protocol issued by the Health Officer in accordance with subsection 500.026.
- II. No Licensed Attendant certified as an AEMT/EMT-I shall prepare for administration or administer any Controlled Substance or Dangerous Drug to a Patient unless:
 - A. Such drug is named on the District's Official AEMT/EMT-Intermediate Drug Inventory issued by the Health Officer; and
 - B. Either:
 1. A direct order was given to a Licensed Attendant certified as an AEMT/EMT-I by a Physician or Nurse Intermediary authorizing administration of the drug; or
 2. The Licensed Attendant certified as an AEMT/EMT-I was authorized to administer the drug by written standing order or protocol issued by the Health Officer in accordance with subsection 500.024; and
- III. No Licensed Attendant certified as an EMT/EMT-B shall prepare for administration, administer or assist in administering any Controlled Substance or Dangerous Drug to a Patient unless:
 - A. Such drug is named on the District's Official EMT/EMT-Basic Drug Inventory issued by the Health Officer; and
 - B. Either:
 1. A direct order was given to the Licensed Attendant certified as an EMT/EMT-B by a Physician or Nurse Intermediary authorizing administration of the drug; or
 2. The Licensed Attendant certified as an EMT/EMT-B was authorized to administer/assist in administering the drug by written standing order or protocol issued by the Health Officer in accordance with subsection 500.022.

Comment [p60]: Housekeeping.

- IV. This section does not preclude a Registered Nurse who is in charge of a Patient from administering medications to the Patient pursuant to an order from a Physician, or in accordance with the nurse's protocol.

1200.100 CONTROLLED SUBSTANCES AND DANGEROUS DRUGS: STORAGE.

- I. All Controlled Substances and Dangerous Drugs shall be stored in their original containers. The container must bear a securely attached, legibly marked label.
- II. All Controlled Substances and Dangerous Drugs shall be stored with provision for climatic control. Medications shall not be stored at temperatures that exceed either the maximum or minimum limits recommended by the pharmaceutical manufacturer.
- III. All Controlled Substances shall be stored in a securely locked cabinet inside the Unit or under the direct physical control of a Paramedic or EMS RN at all times.
- IV. When a set of Controlled Substances is not in service, the Controlled Substances and the record for Controlled Substances shall be secured in a manner approved by the Health Officer at the Permittee's base of operation.

1200.200 CONTROLLED SUBSTANCES AND DANGEROUS DRUGS: ADMINISTRATION RECORDS.

- I. Each time an EMT/EMT-B, AEMT/EMT-I, Paramedic/EMT-P, EMS RN or other healthcare professional as listed in subsection 500.800 of these Regulations administers a Controlled Substance or Dangerous Drug, an entry shall be made on the Prehospital Care Record. The Prehospital Care Record entry shall contain at least the following information:
 - A. The name of the medication administered;
 - B. The dose of medication administered;
 - C. The route of administration;
 - D. The time of administration;
 - E. The name of the Physician ordering the medication; or document if given by standing orders;
 - F. The signature or initials and EMS number of the individual administering the medication; and
 - G. In the case of a Controlled Substance, the ordering Physician's signature, or document if given by standing orders.
- II. If any error is made in administering a medication as authorized in these Regulations or if the Patient has an unusual reaction to a medication, the EMT/EMT-B, AEMT/EMT-I, Paramedic/EMT-P, EMS RN or other healthcare professional as listed in subsection 500.800 of these Regulations shall immediately report the error or reaction to the receiving Physician. An entry shall also be made on the Prehospital Care Record identifying the error or unusual reaction.

1200.300 CONTROLLED SUBSTANCES AND DANGEROUS DRUGS: SUPPLY AND RESUPPLY.

The agency's Medical Director shall be responsible for developing policies for the initial supply, resupply, handling and replacement of expired, damaged or contaminated Controlled Substances as listed on the District's Official Paramedic EMT-Paramedic Drug Inventory, as approved by the Health Officer.

Comment [p61]: Housekeeping.

1200.400 CONTROLLED SUBSTANCES AND DANGEROUS DRUGS: CONTROLLED SUBSTANCE RECORD KEEPING.

- I. Each set of Controlled Substances authorized by the Health Officer shall have an accompanying record for Controlled Substances. Such records must be maintained for at least two (2) years.
- II. Each time a Controlled Substance is administered to a Patient, an entry shall be made on the record for Controlled Substances. This entry shall include:
 - A. The date the medication was administered;
 - B. The time the medication was administered;
 - C. The name of the Patient to whom the medication was administered;
 - D. The dose of medication administered;
 - E. The amount of medication wasted, if any;
 - F. The name of the ordering Physician, or document if given by standing orders; and
 - G. The signature of the administering Paramedic/EMT-P, EMS RN or other healthcare professional as listed in subsection 500.800 of these Regulations.
- III. Each time the responsibility for the Controlled Substances changes from one (1) crew to another, an entry shall be made on the record for Controlled Substances. This entry must include:
 - A. Date;
 - B. Time;
 - C. Current inventory;
 - D. The initials of each receiving and delivering Paramedic/EMT-P, EMS RN or other healthcare professional as listed in subsection 500.800 of these Regulations; and
 - E. In the case of a set of Controlled Substances being removed from service and stored as provided for in subsection 1200.100 paragraph IV., the entry shall include the initials of each Paramedic/EMT-P, EMS RN or other healthcare professional as listed in subsection 500.800 of these Regulations on the delivering crew and one (1) other Paramedic/EMT-P, EMS RN or other healthcare professional as listed in subsection 500.800 of these Regulations who verifies the inventory. When the set of Controlled Substances is returned to service, the initials of each Paramedic/EMT-P, EMS RN or other healthcare professional as listed in subsection 500.800 of these Regulations on the receiving crew and another Paramedic/EMT-P, EMS RN or other healthcare professional as listed in subsection 500.800 of these Regulations who verifies the inventory shall be entered on the record for Controlled Substances.
- IV. Each Permittee shall inventory all Controlled Substances monthly. Such inventory shall be verified by an entry on the record for Controlled Substances.
- V. The Health Officer shall verify the Permittee's inventory at least annually. The Health Officer shall make an entry on the record for Controlled Substances verifying the inventory or noting any discrepancy.
- VI. If a discrepancy is noted by either the Permittee or the Health Officer the affected set of Controlled Substances shall be removed from service until such time as the discrepancy is accounted for.

- 1200.500 CONTROLLED SUBSTANCES AND DANGEROUS DRUGS: WASTING OF UNUSED CONTROLLED SUBSTANCES.** Each time there is an unused portion of a unit dose of a Controlled Substance following administration of an ordered dose to a Patient, the unused portion shall be wasted. The wasting shall be done by a Registered Nurse, Physician, Registered Pharmacist or Paramedic/EMT-P and be witnessed by a second Registered Nurse, Physician, Registered Pharmacist or Paramedic/EMT-P. The individual who wasted the drug and the witness shall make an entry on the record for Controlled Substances.
- 1200.600 CONTROLLED SUBSTANCES AND DANGEROUS DRUGS: GENERAL REQUIREMENTS.** All orders, administration, supply, resupply, documentation, wasting and destruction of medications approved by the Health Officer or authorized by the Permittee's Medical Director in concurrence with the Health Officer shall be in compliance with all laws and regulations of the state and federal governments pertaining to Controlled Substances and Dangerous Drugs.

SECTION 1300 EMS ADMINISTRATION

- 1300.100 AMBULANCE SERVICE, AIR AMBULANCE SERVICE: AVAILABILITY.** The operator of a Commercial Ambulance Service or Commercial Rotorwing Air Ambulance Service shall maintain at least one (1) Permitted Full Time Unit.
- 1300.110 AMBULANCE SERVICE, AIR AMBULANCE SERVICE, AND FIREFIGHTING AGENCY: EQUIPMENT REQUIRED.** No Unit may be used to Transport, Transfer or respond to an EMS emergency for a Patient unless it is fully operational and contains all the equipment and supplies required in these Regulations. All such equipment shall be complete and fully operational.
- 1300.120 AMBULANCE SERVICE, AIR AMBULANCE SERVICE, AND FIREFIGHTING AGENCY: VEHICLE IDENTIFICATION.** The name of the Ambulance Service, Air Ambulance Service, or Firefighting Agency shall be printed on both sides of each Unit, except that in the case of an Air Ambulance, a sign may be placed in the window.
- 1300.130 AMBULANCE SERVICE, AIR AMBULANCE SERVICE, AND FIREFIGHTING AGENCY: CLEANLINESS.** No Unit may be used to respond to any call if it contains any soiled, dirty or contaminated bandages, dressings, bedding, materials or equipment. No Unit shall be operated that is not in a clean and sanitized condition.
- 1300.140 AMBULANCE SERVICE, AIR AMBULANCE SERVICE, AND FIREFIGHTING AGENCY: ALCOHOL & DRUGS.** No Unit may be operated while a driver, Pilot or Attendant serving on the vehicle or aircraft is in the possession of or under the influence of any alcoholic beverage or any drug that might impair their ability to carry out their responsibilities.
- 1300.145 AMBULANCE SERVICE, AIR AMBULANCE SERVICE, AND FIREFIGHTING AGENCY: EXPOSURE TO INFECTIOUS DISEASES.** Each Permittee shall designate at least one (1) Person to serve as a Designated Officer to receive notifications and responses and make requests on behalf of its Attendants pursuant to NRS 450B.340 through NRS 450B.390, inclusive.
- 1300.150 AMBULANCE SERVICE, AIR AMBULANCE SERVICE, AND FIREFIGHTING AGENCY: PERIODIC EXAMINATION, INVESTIGATION OF PERMITTEE, LICENSEE.** Nothing contained in these Regulations prohibits the Health Officer from periodically examining or investigating any Licensee or Permittee at any time.
- 1300.200 RECEIVING FACILITIES PROVIDING TELEMETRY COMMUNICATIONS.** Any Receiving Facility which provides telemetry orders to Attendants or Air Ambulance Attendants shall comply with the provisions set forth in paragraphs I. through III. below.
- I. Provide twenty-four (24) hour Telemetry for the Attendant.
 - II. Have its emergency department supervised twenty-four (24) hours a day by a Physician and Registered Nurse who are on the premises.
 - III. Attach a copy of the Attendant's Prehospital Care Record to the Patient's medical record.

1300.300 EMS COMMUNICATIONS: DISPATCH REQUIRED.

- I. Each Ambulance, Rotorwing Air Ambulance, and Firefighting Agency Vehicle shall be equipped with two-way radio communications equipment to provide for twenty-four (24) hours a day, seven (7) days a week dispatching. The dispatching shall be done on EMS or other frequencies designated for that purpose.
- II. Units shall not respond to the scene of an Emergency unless dispatched by the FAO or PSAP. The only exceptions to this would be those included in a franchise agreement between a franchised private Ambulance Service and a local entity, and a Permitted Air Ambulance Service.
- III. All Emergency responses by Ambulances, Rotorwing Air Ambulances, and Firefighting Agency Vehicles must be coordinated through the appropriate jurisdiction's FAO or PSAP.
- IV. Each PSAP or dispatch center shall adopt Dispatch Policies, including EMS Priority Dispatch protocols, approved by the Health Officer. Each policy must ensure that the Patient is taken to a Receiving Facility as defined by District Regulation.

1300.305 EMS COMMUNICATIONS: DISPATCH TRAINING.

- I. An agency or city shall have in effect an EMS Priority Dispatch system.
- II. The EMS Priority Dispatch Course shall be at least twenty-four (24) hours in length, and shall meet the criteria set by the American Society of Testing and Materials (A.S.T.M.), DOT and NAEMSP.
- III. The authorized educational institution providing the EMS Priority Dispatch training shall certify the graduates of the Course at the Emergency Medical Dispatchers (EMD) level.
- IV. Emergency Medical Dispatchers shall maintain EMD certification.

1300.310 EMS COMMUNICATIONS: DISPATCH MONITORING. The OEMSTS shall, on a regular basis, monitor EMS dispatching within Clark County for compliance with the Medical Priority Dispatch Policy. Such monitoring shall be done on not less than a quarterly basis.

1300.400 RECORDS, REPORTS: REQUIRED. In accordance with the provisions of NRS 450B.810, each Permittee or Licensee shall provide all records and reports requested by the Health Officer or otherwise required by these Regulations, within the specified timeframe or within the timeframe specified by the Health Officer.

1300.405 RECORDS, REPORTS: BOARD OF HEALTH SUMMARY REPORT. An OEMSTS summary report may be given to the Board of Health detailing any violation of these Regulations by the Permittee.

1300.407 RECORDS, REPORTS: NEVADA ELECTRONIC EMS DATA SYSTEM. Each Permittee or Licensee shall at a minimum collect and provide all mandatory elements on all EMS incidents to the appropriate Nevada electronic EMS data system. The data shall be submitted electronically on at least a quarterly basis within thirty (30) days after the end of each calendar quarter.

1300.410 RECORDS, REPORTS: PREHOSPITAL CARE RECORDS.

- I. Each Attendant who provides prehospital care for a Patient shall complete a Prehospital Care Record approved by the Health Officer. The transporting agency shall provide electronic access to, or a completed copy of the Prehospital Care Record to the medical facility upon delivery of the Patient. If the Prehospital Care Record is

less than complete at the time of Patient delivery, a preliminary copy of the Prehospital Care Record shall be made available to the Receiving Facility before the transporting agency returns to service and a copy of the agency's completed record shall be made available to the medical facility within four (4) hours. A preliminary Prehospital Care Record should contain no less than:

- A. Patient's name, address, age and sex;
 - B. Date and location of call;
 - C. Time of dispatch, arrival at scene, departure from scene, and arrival at Receiving Facility;
 - D. Mechanism of injury--chief complaint;
 - E. Medications used by Patient and allergies;
 - F. Pertinent Patient history, including current medications and allergies;
 - G. Signs and symptoms identified during Patient assessment and changes;
 - H. Care and treatment given at scene and during Transport;
 - I. Patient destination;
 - J. Name of Attendant(s);
 - K. If care is provided as authorized by protocol;
 - L. In cases involving cardiac monitoring, a copy of the EKG strip identifying all rhythm changes shall be included as part of the Record;
 - M. In cases of trauma, the Patient's trauma score, TFTC status and any injury mitigation devices shall be documented, i.e. car seats, seat belts, airbags, helmets, etc.; and
 - N. Any complications or other relevant information.
- II. Any agency that provides Patient care activities prior to the arrival of the transporting agency shall provide the transporting agency with, at a minimum, a verbal report reflecting those activities. This verbal report must be documented in the Transport agency's written Prehospital Care Record.

1300.420 RECORDS, REPORTS: CHANGE OF ADDRESS. Any Permittee or Licensee whose address has changed shall notify the Health Officer of their current address within thirty (30) days of the address change.

1300.430 RECORDS, REPORTS: COLLISION OR VIOLATION WITH AN EMS RESPONSE VEHICLE. Attendants shall operate their EMS response vehicles in accordance with the provisions of NRS 484B.700. If an EMS response vehicle is involved in a collision that results in injury to a Person or property damage estimated at \$500 or more, the Permittee shall report the full particulars of the incident, including whether the EMS response vehicle was being driven with red lights and siren in operation or not, to the Health Officer within five (5) days after the occurrence. The notification must be made on a form prescribed by the Health Officer. The Permittee shall also report the court disposition of any such traffic violations to the Health Officer within five (5) days of any court date(s). Notification shall be as provided for in Section 1900 of these Regulations.

1300.440 RECORDS, REPORTS: CIVIL LITIGATION. Each Permittee or Licensee shall notify the Health Officer of any pending civil litigation based on its actions as a Permittee or Licensee within five (5) days after the service of a summons or complaint. The Permittee or Licensee shall also report any final disposition in said litigation within five (5) days of

such action. Notification shall be as provided for in Section 1900 of these Regulations.

1300.442 RECORDS, REPORTS: CRIMINAL INVESTIGATION/CONVICTION. Each Permittee or Licensee shall notify the Health Officer of any pending criminal investigation/conviction litigation within five (5) days after the service of a summons or complaint. The Permittee or Licensee shall also report any final disposition in said litigation within five (5) days of such action. Notification shall be as provided for in Section 1900 of these Regulations.

1300.445 RECORDS, REPORTS: EMPLOYEE INVESTIGATIONS/CORRECTIVE ACTIONS.

- I. Each Permittee and Licensee shall notify the Health Officer upon suspension or punitive action(s) taken.
- II. Each Permittee and Licensee may notify the Health Officer upon initiation of any investigation or corrective action(s) taken against any Licensee related to the provision of Emergency Medical Care within five (5) days after such investigation/action(s).

1300.500 INSPECTIONS REQUIRED.

- I. The Health Officer shall inspect all Units of a Permittee at least once a year.
- II. As many additional inspections and reinspections shall be made as are necessary for enforcement of these Regulations.
- III. It is unlawful for any Person to interfere with the District in the performance of its duties.
- IV. Inspections shall not interfere with the ready availability of Emergency Medical Services to the public.

1300.510 INSPECTIONS: INITIAL PERMIT, RENEWAL.

- I. Each Unit shall be inspected for compliance with these Regulations before it is placed in service.
- II. Each Unit shall be reinspected annually as a part of the process for Permit renewal.
- III. Advance notice may not be given for the renewal inspection.

1300.520 INSPECTIONS: ACCESS, INSPECTION RECORDS, EQUIPMENT/SUPPLY CATEGORIES, AND UNIT STATUS.

- I. The Health Officer, after presenting proper identification, shall be permitted to inspect at any reasonable time, any vehicle or the records of any Permittee to determine compliance with these Regulations.
- II. The findings of any inspection shall be documented by the District and a report of any violations may be submitted to the permitted agency.

1300.530 INSPECTIONS: ISSUANCE OF NOTICES.

- I. Whenever the Health Officer makes an inspection of a Unit and discovers that any of the requirements of these Regulations have been violated, the Health Officer shall notify the Permittee of the violations by means of an inspection report or other written notice. The notice shall:
 - A. Classify violations according to severity, "A" violations being more serious in nature than "B" violations;
 - B. Set forth the specific violations found, together with the status of the Unit;

- C. Establish a specific and reasonable period of time for the correction of the violation found, in accordance with the following provisions:
 - 1. Whenever possible, violations should be corrected at the time of the inspection;
 - 2. "B" category violations must be corrected within seventy-two (72) hours and a written report shall be sent to the OEMSTS verifying the correction; and
 - 3. "A" category violations may require the Unit to be immediately removed from service until it has been reinspected and found to be in compliance with these Regulations;
- D. State that failure to comply with the requirements of any notice issued in accordance with the provisions of these Regulations may result in removal of the Unit from service or suspension of the Permit; and
- E. State that an opportunity for a hearing will be provided pursuant to subsection 1800.400 of these Regulations.
- II. Notices provided for in paragraph I. above shall be served in accordance with Section 1900 of these Regulations.

1300.570 PATIENT TRANSPORT.

- I. Patients transported by a Permittee shall be delivered to a Receiving Facility in accordance with protocols and procedures authorized by the Health Officer.
- II. The transfer of care of patients transported by a provider of Emergency Medical Services to a Receiving Facility shall include, as long as required by law, collection of data concerning the waiting times for the transfer of care of a patient to a Receiving Facility for the provision of emergency services and care. Such collection of data shall be in accordance with the provisions of NRS 450B and pursuant to protocols and procedures authorized by the Health Officer.

1300.600 PATIENT TRANSFER.

- I. Ambulance Attendants should only Transfer a Patient whose therapy required during the Transfer lies within the Ambulance Attendant's capabilities, unless capable personnel accompany the Patient.
- II. No Attendant shall provide Patient care outside the Attendant's authorized activities as identified in subsections 500.022, 500.024, 500.026 and 900.010 of these Regulations.
- III. Patients shall be Transferred following established guidelines under the Consolidated Omnibus Budget Reconciliation Act (COBRA) of 1986 and subsequent amendments.

1300.800 PHYSICIAN ON-SCENE.

- I. At the scene of an Emergency or accident, any Physician offering assistance must identify him/herself as a Physician licensed in the state of Nevada and provide proof of identity if requested. A properly identified Physician may assist as follows, without delaying Patient care or Transport:
 - A. Assist EMS personnel.
 - B. Speak directly to the Telemetry Physician.
 - C. Participate in Patient care under District Protocols.
 - D. Assume responsibility for Patient care. In this situation, the Physician must

accompany the Patient to the Receiving Facility and sign the Patient Care Report as the Physician of record. If the Physician assumes care of the Patient, EMS personnel will assist to the extent their protocols allow.

- II. If Transporting from a Physician's office:
 - A. EMS personnel will assist with medical treatment requested by the Physician while at the Physician's office as long as it is within District Protocols.
 - B. Ambulance Attendants should only Transfer a Patient whose therapy required during the Transfer lies within the Ambulance Attendant's capabilities, unless capable personnel accompany the Patient.

SECTION 1400
DO-NOT-RESUSCITATE, WITHHOLDING
LIFE SUSTAINING TREATMENT /
PHYSICIAN ORDER FOR
LIFE-SUSTAINING TREATMENT
(NRS 450B.400 through NRS 450B.590)

Comment [p62]: Housekeeping.

1400.000 DO-NOT-RESUSCITATE. This section is written pursuant to the provisions of NRS 450B.400 through NRS 450B.590 inclusive, and is not intended to replace or supersede any provision of such Statute.

~~[1400.100 DEFINITIONS. As used in this section, unless the context otherwise requires, the words and terms defined have the meanings ascribed to them in these sections.]~~

~~[1400.105 "ATTENDING PHYSICIAN" means the Physician who has primary responsibility for the treatment and care of the Patient.]~~

~~[1400.110 "DO NOT RESUSCITATE IDENTIFICATION" means:~~

~~I. A form of identification approved by the Health Authority, which signifies that:~~

~~A. A Person is a Qualified Patient who wishes not to be resuscitated in the event of cardiac or respiratory arrest; or~~

~~B. The Patient's Attending Physician has:~~

- ~~1. Issued a Do Not Resuscitate Order for the Qualified Patient;~~
- ~~2. Obtained the written approval of the Patient concerning the order; and~~
- ~~3. Documented the grounds for the order in the Patient's medical record.~~

~~II. The term also includes a valid Do Not Resuscitate Identification issued under the laws of another state.]~~

~~[1400.115 "DO NOT RESUSCITATE ORDER" means a written directive issued by a Physician licensed in this state that emergency Life Resuscitating Treatment must not be administered to a Qualified Patient. The term also includes a valid Do Not Resuscitate Order issued under the laws of another state.~~

~~1400.120 "DO NOT RESUSCITATE PROTOCOL" means the standardized procedure and guidelines established by the Board for the withholding of emergency Life Resuscitating Treatment in compliance with a Do Not Resuscitate Order or a Do Not Resuscitate Identification.~~

~~1400.125 "HEALTH CARE FACILITY" means any medical facility and any facility for the dependent as defined in NRS 162A.740.~~

~~1400.130 "LIFE RESUSCITATING TREATMENT" means cardiopulmonary resuscitation or any of its components including chest compressions, defibrillation, cardioversion, assisted ventilation, airway intubation and administration of cardiopulmonary drugs.~~

~~1400.135 "PERSON WHO ADMINISTERS EMERGENCY MEDICAL CARE" means a paid or volunteer Firefighter, law enforcement officer, Emergency Medical Technician, Attendant or other Person trained to provide Emergency Medical Care.]~~

~~[1400.140 "QUALIFIED PATIENT" means:~~

- ~~I. A Patient eighteen (18) years of age or older who has been determined by his Attending Physician to be in a Terminal Condition and who:~~

~~A. Has executed a declaration in accordance with the requirements of NRS 449.600; or~~

~~B. Has been issued a Do Not Resuscitate Order pursuant to NRS 450B.510.~~

II. ~~A Patient who is less than eighteen (18) years of age and who:~~

~~A. Has been determined by his Attending Physician to be in a Terminal Condition; and~~

~~B. Has been issued a Do Not Resuscitate Order pursuant to NRS 450B.510.~~

~~1400.145 "TERMINAL CONDITION" means an incurable and irreversible condition that, without the administration of life-sustaining treatment, will, in the opinion of the Attending Physician, result in death within a relatively short time.]~~

Comment [p63]: All definitions moved to Section 100.

1400.200 APPLICABILITY. The provisions of this section apply only to Emergency Medical Care administered to a Qualified Patient:

I. Before he is admitted to a medical facility; or

II. While the Qualified Patient is being prepared to be Transferred, or is being Transferred, from one (1) Health Care Facility to another Health Care Facility.

1400.300 DO-NOT-RESUSCITATE IDENTIFICATION: CONTENTS. Each Do-Not-Resuscitate Identification issued by the Health Authority must include, without limitation:

I. An identification number that is unique to the Qualified Patient to whom the identification is issued;

II. The name and date of birth of the Patient; and

III. The name of the Attending Physician of the Patient.

1400.305 DO-NOT-RESUSCITATE IDENTIFICATION: MANUFACTURE AND ISSUANCE OF BRACELET OR MEDALLION. The Board may enter into an agreement for the manufacture of a bracelet or medallion to be worn by a Qualified Patient which indicates that the Qualified Patient has been issued a Do-Not-Resuscitate Identification. Such a bracelet or medallion may be issued to a Qualified Patient in addition to, and not in lieu of, the Do-Not-Resuscitate Identification.

1400.400 WRITTEN DO-NOT-RESUSCITATE ORDERS: ISSUED ONLY TO QUALIFIED PATIENTS; PHYSICIAN AUTHORIZED TO APPLY FOR IDENTIFICATION.

I. A Physician licensed in this state may issue a written Do-Not-Resuscitate Order only to a Qualified Patient who has been determined to be in a Terminal Condition.

II. Except as otherwise provided in subsection 3, the order is effective only if the Qualified Patient has agreed to its terms, in writing, while he is capable of making an informed decision.

III. If the Qualified Patient is a minor, the order is effective only if:

A. The parent or legal guardian of the minor has agreed to its terms, in writing; and

B. The minor has agreed to its terms, in writing, while he is capable of making an informed decision 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.

IV. A Physician who issues a Do-Not-Resuscitate Order may apply, on behalf of the Qualified Patient, to the Health Authority for a Do-Not-Resuscitate Identification for

that Patient.

1400.500 APPLICATION FOR DO-NOT-RESUSCITATE IDENTIFICATION: FORM; REQUIREMENTS. Except as otherwise provided in Section 1400.525:

- I. A Qualified Patient may apply to the Health Authority for a Do-Not-Resuscitate Identification by submitting an application on a form provided by the Health Authority. To obtain a Do-Not-Resuscitate Identification, the Qualified Patient must comply with the requirements prescribed by the Board and sign a form which states 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 members living and has no legal guardian, his caretaker, if any, of his decision to apply for an identification.
- II. An application must include, without limitation:
 - A. Certification by the Qualified Patient's Attending Physician that the Qualified Patient suffers from a Terminal Condition;
 - B. Certification by the Qualified Patient's Attending Physician that the Qualified Patient is capable of making an informed decision or, when he was capable of making an informed decision:
 1. He executed:
 - a. A written directive that Life-Resuscitating Treatment be withheld under certain circumstances; or
 - b. A durable power of attorney for health care pursuant to NRS 162A.700 through NRS 162A.860, inclusive; or
 - c. A Physician Order for Life-Sustaining Treatment form pursuant to NRS 449.691 through NRS 449.697 inclusive, if the form provides that the Patient is not to receive Life-Resuscitating Treatment; or
 2. He was issued a Do-Not-Resuscitate Order pursuant to subsection 1400.400 of these Regulations;
 - C. A statement that the Qualified Patient does not wish that Life-Resuscitating Treatment be undertaken in the event of a cardiac or respiratory arrest;
 - D. The name, signature and telephone number of the Qualified Patient's Attending Physician;
 - E. The name and signature of the Qualified Patient or the attorney in fact who is authorized to make health care decisions on the Qualified Patient's behalf pursuant to a durable power of attorney for health care; and
 - F. The appropriate fee(s) as prescribed by the Board.

Comment [p64]: Per NRS 450B.520.

1400.525 APPLICATION FOR DO-NOT-RESUSCITATE IDENTIFICATION ON BEHALF OF MINOR: FORM; REQUIREMENTS; ~~REVOCATION BY PARENT OR LEGAL GUARDIAN OF AUTHORIZATION TO WITHHOLD LIFE RESUSCITATING TREATMENT; MINORS OF SUFFICIENT MATURITY~~].

Comment [p65]: Moved to 1400.530.

- I. A parent or legal guardian of a minor may apply to the Health Authority for a Do-Not-Resuscitate Identification on behalf of the minor if the minor has been:
 - A. Determined by his Attending Physician to be in a Terminal Condition; and

- B. Issued a Do-Not-Resuscitate Order pursuant to subsection 1400.400 of these Regulations.
- II. To obtain such a Do-Not-Resuscitate Identification, the parent or legal guardian must:
 - A. Submit an application on a form provided by the Health Authority; and
 - B. Comply with the requirements prescribed by the Board.
- III. An application submitted pursuant to subsection II must include, without limitation:
 - A. Certification by the minor's Attending Physician that the minor:
 - 1. Suffers from a Terminal Condition; and
 - 2. Has executed a Physician Order for Life-Sustaining Treatment form pursuant to NRS 449.691 through NRS 449.697 inclusive, if the form provides that the minor is not to receive Life-Resuscitating Treatment or ~~[H]~~ has been issued a Do-Not-Resuscitate Order pursuant to subsection 1400.400 of these Regulations;
 - B. A statement that the parent or legal guardian of the minor does not wish that Life-Resuscitating Treatment be undertaken in the event of a cardiac or respiratory arrest;
 - C. The name of the minor;
 - D. The name, signature and telephone number of the minor's Attending Physician; and
 - E. The name, signature and telephone number of the minor's parent or legal guardian.
- IV. ~~[The parent or legal guardian of 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 that he wishes to have the identification removed or destroyed.]~~
- V. ~~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 that he wishes to have the identification removed or destroyed.]~~

Comment [p66]: Per NRS 450B.525.

1400.530 **REVOCATION OF AUTHORIZATION TO WITHHOLD LIFE-RESUSCITATING TREATMENT**~~].~~; **REVOCATION BY PARENT OR LEGAL GUARDIAN OF AUTHORIZATION TO WITHHOLD LIFE-RESUSCITATING TREATMENT; MINORS OF SUFFICIENT MATURITY.** ~~[Except as otherwise provided in Section 1400.525, a Qualified Patient who possesses a Do-Not-Resuscitate Identification may revoke his authorization to withhold Life-Resuscitating Treatment by removing or destroying, or requesting the removal or destruction of his identification or otherwise indicating to a Person that he wishes to have his identification removed or destroyed.]~~

Comment [p67]: Housekeeping. Moved to 1400.530.

- I. A Qualified Patient who possesses a Do-Not-Resuscitate Identification may revoke his authorization to withhold Life-Resuscitating Treatment by removing or destroying, or requesting the removal or destruction of his identification or otherwise

Comment [p68]: Moved to I. below.

indicating to a Person that he wishes to have his identification removed or destroyed.

- II. The parent or legal guardian of 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 that he wishes to have the identification removed or destroyed, in accordance with NRS 449 and NRS 450B.
- III. Only in the circumstance that the Do-Not-Resuscitate Identification is obtained pursuant to NRS 450B.400 through NRS 450B.590 does a minor have the ability to revoke without assistance from a parent or guardian.
 - A. 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:
 1. The Do-Not-Resuscitate Identification obtained pursuant to this section is not effective without the assent of the minor.
 2. 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 that he wishes to have the identification removed or destroyed.

Comment [p69]: Formerly 1400.525 IV. & V., including clarifying language.

1400.540 PERSON NOT GUILTY OF UNPROFESSIONAL CONDUCT OR SUBJECT TO LIABILITY FOR WITHHOLDING OR PROVIDING LIFE-RESUSCITATING TREATMENT UNDER CERTAIN CIRCUMSTANCES.

- I. Pursuant to NRS 450B.540, a Person is not guilty of Unprofessional Conduct or subject to civil or criminal liability if he:
 - A. Is a Physician who:
 1. Causes the withholding of Life-Resuscitating Treatment from a Qualified Patient who possesses a Do-Not-Resuscitate Identification in accordance with the Do-Not-Resuscitate Protocol; or
 2. While the Qualified Patient is being prepared to be Transferred, or is being Transferred, from one (1) Health Care Facility to another Health Care Facility, carries out a Do-Not-Resuscitate Order that is documented in the medical record of a Qualified Patient, in accordance with the Do-Not-Resuscitate Protocol.
 - B. Pursuant to the direction of or with the authorization of a Physician, participates in:
 1. The withholding of Life-Resuscitating Treatment from a Qualified Patient who possesses a Do-Not-Resuscitate Identification in accordance with the Do-Not-Resuscitate Protocol; or
 2. While the Qualified Patient is being prepared to be Transferred, or is being Transferred, from one (1) Health Care Facility to another Health Care Facility, carrying out a Do-Not-Resuscitate Order that is documented in the medical record of a Qualified Patient, in accordance with the Do-Not-Resuscitate Protocol; or
 - C. Administers Emergency Medical Care and:
 1. Causes or participates in the withholding of Life-Resuscitating Treatment from a Qualified Patient who possesses a Do-Not-Resuscitate Identification;
 2. Before a Qualified Patient is admitted to a medical facility, carries out a Do-

Not-Resuscitate Order that has been issued in accordance with the Do-Not-Resuscitate Protocol; or

3. While the Qualified Patient is being prepared to be Transferred, or is being Transferred, from one (1) Health Care Facility to another Health Care Facility, carries out a Do-Not-Resuscitate Order that is documented in the medical record of a Qualified Patient, in accordance with the Do-Not-Resuscitate Protocol.
- II. A Health Care Facility, Ambulance Service, or Firefighting Agency that employs a Person described in subsection I is not guilty of Unprofessional Conduct or subject to civil or criminal liability for the acts or omissions of the employee carried out in accordance with the provisions of subsection I.
- III. A Physician, a Person pursuant to the direction or authorization of a Physician, a Health Care Facility or a Person administering Emergency Medical Care who provides Life-Resuscitating Treatment pursuant to:
 - A. An oral or written request made by a Qualified Patient, or the parent or legal guardian of a Qualified Patient, who may revoke the authorization to withhold Life-Resuscitating Treatment pursuant to Section 1400.525 or Section 1400.530; or
 - B. An observation that a Qualified Patient, or the parent or legal guardian of a Qualified Patient, has revoked or otherwise indicated that he wishes to revoke the authorization to withhold Life-Resuscitating Treatment pursuant to Section 1400.525 or Section 1400.530, is not guilty of Unprofessional Conduct or subject to civil or criminal liability.

1400.550 PERSON WHO ADMINISTERS EMERGENCY MEDICAL CARE REQUIRED TO COMPLY WITH DO-NOT-RESUSCITATE PROTOCOL; EXCEPTION.

- I. Except as otherwise provided in subsection II, a Person Who Administers Emergency Medical Care shall comply with Do-Not-Resuscitate Protocol when he observes a Do-Not-Resuscitate Identification or carries out a Do-Not-Resuscitate Order.
- II. A Person who administers Emergency Medical Care and who is unwilling or unable to comply with the Do-Not-Resuscitate Protocol shall take all reasonable measures to Transfer a Qualified Patient who possesses a Do-Not-Resuscitate Identification or has been issued a Do-Not-Resuscitate Order to a Physician or Health Care Facility in which the Do-Not-Resuscitate Protocol may be followed.

1400.560 ASSUMPTION THAT DO-NOT-RESUSCITATE IDENTIFICATION IS VALID.

- I. Unless he has knowledge to the contrary, a Physician, or any other provider of health care or any Person Who Administers Emergency Medical Care may assume that a Do-Not-Resuscitate Identification complies with the provisions of Section 1400.400 to 1400.590, inclusive, and is valid.
- II. The provisions of Section 1400.400 to 1400.590, inclusive, do not create a presumption concerning the intention of a:
 - A. Qualified Patient or a parent or legal guardian of a Qualified Patient who has revoked authorization to withhold Life-Resuscitating Treatment pursuant to Section 1400.525 or 1400.530; or
 - B. Person who has not obtained a Do-Not-Resuscitate Identification, concerning the use or withholding of Life-Resuscitating Treatment in a life-threatening emergency.

1400.570 RESULTING DEATH NOT SUICIDE OR HOMICIDE; LIFE INSURANCE OR ANNUITY NOT AFFECTED BY POSSESSION OF DO-NOT-RESUSCITATE IDENTIFICATION OR ISSUANCE OF DO-NOT-RESUSCITATE ORDER; PROHIBITION OR REQUIREMENT OF POSSESSION OF DO-NOT-RESUSCITATE IDENTIFICATION OR ISSUANCE OF DO-NOT-RESUSCITATE ORDER NOT ALLOWED IN CONNECTION WITH HEALTH CARE.

- I. Pursuant to NRS 450B.570, death that results when Life-Resuscitating Treatment has been withheld pursuant to the Do-Not-Resuscitate Protocol and in accordance with the provisions of Section 1400.400 to 1400.590, inclusive, does not constitute a suicide or homicide.
- II. The possession of a Do-Not-Resuscitate Identification or the issuance of a Do-Not-Resuscitate Order does not affect the sale, procurement or issuance of a policy of life insurance or an annuity or impair or modify the terms of a policy of life insurance or an annuity. A policy of life insurance or an annuity is not legally impaired or invalidated if Life-Resuscitating Treatment has been withheld from an insured that possesses a Do-Not-Resuscitate Identification or has been issued a Do-Not-Resuscitate Order, notwithstanding any term in the policy or annuity to the contrary.
- III. A Person may not prohibit or require the possession of a Do-Not-Resuscitate Identification or the issuance of a Do-Not-Resuscitate Order as a condition of being insured for, or receiving, health care.

1400.580 UNLAWFUL ACTS; PENALTY.

- I. Pursuant to NRS 450B.580, it is unlawful for:
 - A. A Person who administers Emergency Medical Care to fail willfully to Transfer a Qualified Patient in accordance with the provisions of Section 1400.550.
 - B. A Person purposely to conceal, cancel, deface or obliterate a Do-Not-Resuscitate Identification of a Qualified Patient, unless it is done in compliance with a request of the Qualified Patient or a parent or legal guardian of the Qualified Patient to remove or destroy the Do-Not-Resuscitate Identification pursuant to Section 1400.525 or 1400.530.
 - C. A Person to falsify or forge the Do-Not-Resuscitate Identification of a Qualified Patient or purposely to conceal or withhold personal knowledge of the revocation of a Do-Not-Resuscitate Identification with the intent to cause the use, withholding or withdrawal of Life-Resuscitating Treatment.
- II. A Person who violates any of the provisions of this section is guilty of a misdemeanor.

1400.590 LIMITATIONS ON EFFECT OF THIS SECTION, INCLUSIVE. The provisions of this section, inclusive, do not:

- I. Require a Physician or other provider of health care to take action contrary to reasonable medical standards;
- II. Condone, authorize or approve mercy killing, euthanasia or assisted suicide;
- III. Substitute for any other legally authorized procedure by which a Person may direct that he not be resuscitated in the event of a cardiac or respiratory arrest;
- IV. Except as otherwise provided in NRS 449.6946, [A]affect or impair any right created pursuant to the provisions of NRS 449.535 to 449.690 inclusive, or NRS 449.691 through NRS 449.697 inclusive; or
- V. Affect the right of a Qualified Patient to make decisions concerning the use of Life-

Comment [p70]: Per NRS 450B.590.

Resuscitating Treatment, if he is able to do so, or impair or supersede a right or responsibility of a Person to affect the withholding of medical care in a lawful manner.

SECTION 1500
PROVISIONAL PERMITS,
VARIANCES

1500.100 PROVISIONAL PERMITS.

- I. An Applicant for an initial Permit to operate an Ambulance Service, Air Ambulance Service, or Firefighting Agency that is temporarily unable to strictly comply with all of the technical requirements of these Regulations relating to equipment and/or staffing may apply to the Board for the issuance of a Provisional Permit.
- II. The Board may issue a Provisional Permit, following a public hearing, upon showing that there is a public need for operation of the Ambulance Service, Air Ambulance Service, or Firefighting Agency.
- III. A Provisional Permit shall be issued only for such length of time as may be required for the Applicant to bring its service into full compliance with these Regulations. In no event shall a Provisional Permit be issued for a period of time in excess of six (6) months.
- IV. In issuing a Provisional Permit, the Board shall place such limitations on the operation of the Permittee as it shall deem advisable in order to protect the health and safety of the public and of Persons who may utilize the service of the Permittee, including without limitation, restrictions as to geographical areas in which the Permittee may operate and the kind of services which may be rendered by the Permittee while it is operating under the Provisional Permit.

1500.200 VARIANCES.

- I. An Applicant may apply to the Board for a variance from specific provisions of these Regulations upon the grounds hereinafter set forth.
- II. A variance may be granted by the Board following a public hearing, upon a showing that:
 - A. There are unusual facts or circumstances which make the strict compliance with the Regulation from which the variance is sought impractical or unduly burdensome to the Applicant;
 - B. Strict compliance with the Regulation from which the variance is sought would cause a hardship to the Applicant without equal or greater benefits to the public;
 - C. Issuance of the variance would not endanger nor tend to endanger the public health or safety, nor constitute a serious hazard or inability to provide needed services to Persons who may utilize the services of the Applicant; and
 - D. The Applicant is otherwise in full compliance with the requirements of these Regulations.
- III. In issuing a variance, the Board may impose such conditions upon the Applicant as it may deem necessary to protect the public health and safety, and the health and safety of those Persons who may utilize the services of the Applicant, including without limitation, conditions as to duration of the variance or substitute staffing and/or equipment requirements.

1500.300 HEARINGS FOR ISSUANCES OF PROVISIONAL PERMITS OR VARIANCES.

- I. An Applicant for a Provisional Permit or a variance shall file a written request for the same with the Health Officer, providing such information as the Health Officer may require, including without limitation:
 - A. The name of the Applicant;
 - B. The specific Regulation from which the Applicant seeks relief;
 - C. The grounds upon which the Provisional Permit or variance is sought; and
 - D. Assurances that the issuance of the Provisional Permit or the variance would not endanger the public health and safety or that of Persons who may utilize the Applicant's services.
- II. The Applicant for a Provisional Permit or variance shall reimburse the District in full for the cost of publication of notice of the application.
- III. The Health Officer shall cause notice of the application to be published in one (1) or more newspapers of general circulation within the area affected by the application at least once, not fewer than thirty (30) days before the hearing thereon, which notice shall specify the time, date and place of the hearing, the nature of the application and the Regulation involved.
- IV. The Board shall hold a public hearing on the application at its next regularly scheduled meeting following the notice provided for above.
- V. At least seven (7) days prior to the public hearing, the Health Officer shall submit to the Board and to the Applicant a report regarding the application, setting forth the relevant data and information, a recommendation as to its approval or denial, and conditions which the Health Officer believes should be imposed upon the Applicant if the Provisional Permit or variance is granted.
- VI. At the public hearing the Board shall afford the Applicant, members of the public, and other interested Persons an opportunity to be heard and shall fully consider all written data or arguments presented to the Health Officer prior to the hearing.
- VII. Provisional Permits and variances may be granted only with the sound discretion of the Board and no Person shall be entitled to a Provisional Permit or variance as a matter of right. The burden of proof with respect to the need for the Provisional Permit or variance and the criteria which must be satisfied before the Provisional Permit or variance can be granted, shall be upon the Applicant. The interest of the Applicant shall be subordinate to the health and safety of the public and of those Persons who may utilize the services of the Applicant.
- VIII. The Board shall cause a written order to be served upon the Applicant no later than ten (10) days following the hearing setting forth its findings of fact and decision and, if applicable, a statement of any conditions or restrictions imposed by the Board in granting the Provisional Permit or variance. The denial of an application for a Provisional Permit or variance cannot be appealed.
- IX. Failure of the Applicant to comply with any conditions or restrictions imposed upon the issuance of the Provisional Permit or variance shall be grounds for immediate revocation thereof by the Health Officer.

SECTION 1600

MEDICAL ADVISORY BOARD

1600.000 MEDICAL ADVISORY BOARD.

- I. The primary mission of the Southern Nevada Health District Medical Advisory Board is to support the Health Officer's role to ensure quality Patient care within the EMS system by making recommendations and assisting in the ongoing design, operation, evaluation and revision of the EMS system from initial Patient access to definitive Patient care.
- II. Members of the Medical Advisory Board shall be:
 - A. One Medical Director of each firefighting/franchised agency;
 - B. One Operational Director of each firefighting/franchised agency; and
 - C. The Chairman of the Regional Trauma Advisory Board.
- III. Each firefighting/franchised agency shall have one (1) vote to be cast by the Medical Director. In the event the Medical Director is not available to attend the meeting, the Operational Director for the agency shall cast the vote.
- IV. The Health Officer may invite to the Medical Advisory Board other physicians, Receiving Facility representatives or experts to speak or give an opinion when relevant to issues on the agenda.
- V. An employee of the District whose duties relate to the administration and enforcement of these Regulations will be an ex officio member of the Medical Advisory Board.
- VI. The Health Officer Medical Advisory Board members shall, at the beginning of each term, elect one (1) member of the Medical Advisory Board as its chairman, and one (1) member to act as vice-chairman in the absence of the chairman, for a twenty-four (24) month period. The chairman and vice-chairman shall not be eligible to serve for two (2) consecutive terms.
- VII. Voting shall be limited to members in good standing with EMS Regulations. Voting shall be done by roll call vote. The chairman of the Medical Advisory Board may vote on all issues before the body. Issues shall be passed by a simple majority.
- VIII. The chairman of the Medical Advisory Board may establish committees to study specific matters falling within the area of responsibility of the Medical Advisory Board.
- IX. The position on the Medical Advisory Board of a member who is absent or not represented, for any reason, from three (3) regularly scheduled meetings of the Medical Advisory Board during a single calendar year may be declared vacant by the Health Officer.
- X. The Medical Advisory Board shall:
 - A. Review and advise the Health Officer regarding the management and performance of Emergency Medical Services in Clark County;
 - B. Establish an EMS peer review committee to review, monitor, and evaluate EMS system performance and make recommendations for system improvements. When functioning as a peer review committee, the committee derives its authority and privilege from NRS 49.117 through NRS 49.123 and NRS 49.265;
 - C. Advise the Health Officer on matters of policy relating to Emergency Medical

Care, including without limitation, the qualifications of Persons who provide Emergency Medical Services;

- D. Advise the Board and the Health Officer with respect to the preparation and adoption of regulations regarding Emergency Medical Care;
 - E. Appoint an interim Medical Director from the Board to fill a vacancy created by an unforeseen loss of a Medical Director within a Permitted agency;
 - F. Meet at minimum, every other month, as determined by the chairman;
 - G. Serve without pay; and
 - H. Disclose any direct or indirect interest in or relationship with, any individual or organization that proposes to enter into any transaction with the Board (NRS 281A.420).
- XI. Nothing contained herein shall be construed as making any action or recommendation of the Medical Advisory Board binding upon the Health Officer or the Board.

SECTION 1800 DISCIPLINARY ACTION

1800.000 SUSPENSION, REVOCATION OF LICENSE, PERMIT, ENDORSEMENT, LETTER OF APPROVAL, OR LETTER OF AUTHORIZATION.

- I. No Permittee may operate a service and no Licensee may drive an Ambulance or attend a Patient if their Permit or License has been suspended or revoked.
- II. No Permittee may operate a service at a level identified on a Permit Endorsement if the Endorsement has been suspended or revoked.
- III. No Person may act at the Endorsement level identified on their Certificate, Endorsement letter, or identification card if the Endorsement has been suspended or revoked, unless otherwise exempted by these Regulations.
- IV. No Authorized EMS Training Center may conduct Classes/Courses if the authorization has been suspended or revoked.

Comment [p71]: A Letter of Approval will be issued for the Special Event Medical Plan. Identified at 5/7/14 workshop. (This change will be made throughout Section 1800.)

1800.100 HEALTH OFFICER'S AUTHORITY.

- I. In the event the Health Officer should determine, following an investigation, that a Licensee, Permittee, holder of a Letter of Approval, or holder of a Letter of Authorization is in violation of any of the provisions of these Regulations, the Health Officer, in the alternative, may:
 - A. Order corrective action to be taken;
 - B. File a petition with the Board to suspend the License or Permit; or
 - C. File a petition with the Board to permanently revoke the subject License or Permit.
- II. Notwithstanding the foregoing, the Health Officer may immediately suspend a License, Permit, Letter of Approval, or Letter of Authorization without notice or hearing in the event that the Health Officer shall determine that the violation poses a serious and immediate threat to the public health and safety or the health and safety of those Persons who may utilize the services of the Permittee, Licensee, holder of a Letter of Approval, or holder of a Letter of Authorization.
- III. An order to take corrective action, a petition for suspension or revocation, or an order for immediate suspension shall be in writing, signed by the Health Officer, and shall specify in reasonable detail:
 - A. The result of the Health Officer's investigation;
 - B. The nature of the violation alleged;
 - C. The Regulation involved; and
 - D. If applicable, the corrective action to be taken and the time within which it shall be accomplished.
- IV. In addition to the specific provisions of these Regulations, the following shall be deemed to be violations of these Regulations justifying disciplinary action:
 - A. Fraud, deceit, or inaccuracy of information given on the Licensee's, Permittee's or Authorized EMS Training Center's initial application or application for renewal; or altering or falsifying documents, medical records or EMS training records;
 - B. Conviction of any felony or gross misdemeanor;

- C. Incompetence or negligence in carrying out EMS functions;
 - D. Failure to comply with any condition or restriction placed upon the License, Permit, Letter of Approval, or Letter of Authorization;
 - E. Failure to comply with any corrective action ordered by the Health Officer; and
 - F. In the case of a Licensee, habitual intemperance, addiction to the use of any Controlled Substance, unprofessional conduct while on an EMS response, or any mental or physical impairment which would prevent the Licensee from performing the Licensee's functions as required by these Regulations.
- V. If the Agency and/or the EMS provider's oversight or negligence results in the suspension or revocation of the EMS provider's Certificate and/or License, the Health Officer, upon receipt of a letter from the head of the Agency documenting in detail (1) the nature of the violation, (2) acceptance by the Agency and/or EMS provider of full responsibility for the violation and (3) a plan to remedy the problem and to prevent future recurrence of the problem, shall have the authority to:
- A. Require additional documentation or investigation into the matter as deemed necessary for establishing the nature and extent of violation(s);
 - B. Refer the matter to the Board for approval of a variance to the Regulations, according to subsection 1500.200, to allow for a decrease or waiver of the reinstatement requirements of the EMS provider and/or to provide for extended time for recertification and/or renewal to occur;
 - C. Extend the required recertification and/or renewal deadlines without prior Board approval if oversights are considered by the Health Officer to be minor and remedies may be easily accomplished;
 - D. Waive the Field evaluation requirement at the Health Officer's discretion for experienced EMS providers who have not been inactive from their desired level of reinstatement for greater than ninety (90) days and have successfully completed all other reinstatement requirements, including testing; and
 - E. Assess a fee to the Agency for late recertification/renewal as approved by the Board.

1800.200 NOTIFICATION OF SUSPENSION OF LICENSE, PERMIT, ENDORSEMENT, LETTER OF APPROVAL, OR LETTER OF AUTHORIZATION. Whenever any License, Permit, Endorsement, Letter of Approval, or Letter of Authorization issued pursuant to these Regulations is suspended, revoked, or not renewed, the Health Officer shall immediately notify the Nevada State Health Division, and when appropriate, the proper business licensing authorities within Clark County of such suspension, revocation, or non-renewal together with a request that said licensing authorities immediately institute proceedings to revoke any business license or other License issued to any Person operating a service or acting in the capacity of an Attendant when such License has been issued on the condition that health approval is necessary.

1800.300 REINSTATEMENT OF LICENSE, PERMIT, ENDORSEMENT, LETTER OF APPROVAL, OR LETTER OF AUTHORIZATION. Any Person whose License, Permit, Endorsement, Letter of Approval, or Letter of Authorization has been suspended or revoked may make a new application for the purpose of reinstating the License, Permit, Endorsement, Letter of Approval, or Letter of Authorization. The Health Officer shall conduct a complete investigation within ten (10) working days following receipt of the written application for reinstatement. Upon completion of the investigation the Health Officer shall:

- I. Reinstate the License, Permit, Endorsement, Letter of Approval, or Letter of Authorization; or
- II. Notify the Applicant, in writing, of the rejection, identifying the reasons therefore and informing the Applicant of the Applicant's right to a hearing in accordance with subsection 1800.400.

1800.400 HEARINGS.

- I. The Health District's legal counsel shall appoint an Emergency Medical Services hearing officer(s) who shall adjudicate appeals pursuant to the following paragraph III. and any other Emergency Medical Service Regulations matters for which a hearing is provided by law. The hearing officer(s) shall act independently of each other regarding decisions.
- II. The hearing officer(s) shall not be employees of the State or any political subdivision of the State, or of any entity which is permitted or regulated pursuant to Emergency Medical Services Regulations adopted by the District Board of Health. The hearing officer(s) shall have a working knowledge of emergency medical care, arbitration and/or law.
- III. Any Applicant for a License, Permit, Endorsement, Letter of Approval, or Letter of Authorization or any Licensee, Permittee, holder of a Letter of Approval, or holder of a Letter of Authorization aggrieved by the failure or refusal of the Health Officer to issue or renew their License, Permit, Endorsement, Letter of Approval, or Letter of Authorization or the provisions of any corrective action or immediate suspension order served upon them shall be entitled to appeal such action or failure to take action or corrective action order to the Emergency Medical Services hearing officer. The notice of appeal shall be in writing, signed by the appellant, shall specify the action or inaction or order appealed from, and state the grounds of the appeal. The notice of appeal must be filed with the Health Officer no later than seven (7) working days from the receipt by the appellant of notice of the action or order involved. Failure to file a notice of appeal within seven (7) working days will result in forfeiture of any right to a hearing.
- IV. No later than five (5) working days following receipt of the notice of appeal, the Health Officer shall hand deliver or mail by certified mail, return receipt requested, a written notice of the time, date, and place of a hearing upon the affected Licensee, Permittee, or Applicant for a License or a Permit.
- V. The hearing officer shall convene a hearing on the appeal within twenty-five (25) working days of the Health Officer's receipt of a notice of appeal, or, in the case of an appeal from an immediate suspension without notice, within ten (10) working days of the Health Officer's receipt of a notice of appeal.
- VI. At the hearing, the hearing officer shall review and hear all evidence and testimony submitted or offered by the parties. All testimony shall be given under oath or affirmation. The Health Officer's case will be presented first, and then the affected or appealing party shall present its case. An opportunity shall be afforded to interested members of the public to be heard. Formal rules of evidence shall not apply, but the hearing officer shall have the right to exclude redundant or irrelevant evidence or testimony. All parties shall be entitled to be represented by counsel at the hearing. Effect shall be given to the rules of privilege recognized by law. Objections to evidentiary offers may be made and shall be noted in the record. Subject to these requirements, when a hearing will be expedited and the interest of the parties will not be prejudiced substantially, any part of the evidence may be received in written form. The hearing officer(s) may issue subpoenas to compel attendance of any person at the

hearing, and require the production of books, records and other documents material to a hearing. The hearing officer(s) may inquire of any witness following any segment of testimony. All testimony shall be recorded verbatim, by human or electronic means. Any party requesting a transcript of any oral proceeding, or any part thereof, shall pay the cost thereof.

- VII. No later than ten (10) working days following the conclusion of the hearing, the hearing officer shall issue a final decision in writing, made pursuant to the legislative declaration that prompt and efficient emergency medical care and transportation is necessary for the health and safety of the people of Nevada, and that minimum standards for such care and all Persons providing it must be established, affirming, reversing or modifying the action or inaction of the Health Officer appealed therefrom. The decision of the hearing officer shall be promptly hand delivered or mailed by certified mail, return receipt requested to each party.
- VIII. Any party aggrieved by a decision of the hearing officer(s) may seek judicial review of the decision of the hearing officer(s), in accordance with the provisions of NRS 233B.130(2), and NRS 233B.131 through NRS 233B.150, inclusive.

SECTION 1900 MISCELLANEOUS

1900.000 NOTICES. Any notices required by these Regulations shall be served as follows:

- I. If upon the District, the Health Officer or the Board, by filing the notice with the District's Director of Administration during normal business hours at the District.
- II. If upon a Licensee, Permittee or Applicant for License or Permit:
 - A. By personal service upon the Licensee or at the office of the Permittee listed upon the Permittee's most current application on file with the OEMSTS; or
 - B. By mailing a copy thereof to the most current address for such Person on file with the OEMSTS by certified mail, postage prepaid. Service by mail shall be deemed effective within three (3) days following deposit thereof in the U.S. mail.

1900.100 REMEDIES AND PENALTIES.

- I. Any Person who violates any of the provisions of these Regulations, after their effective date, shall be guilty of a misdemeanor pursuant to NRS 439.580 and NRS 450B.900.
- II. In addition to any criminal penalty imposed, the District may impose against any Person who violates any of the provisions of these Regulations, an administrative penalty in an amount established by the Health Officer or hearing officer pursuant to an administrative hearing, as authorized in NRS 450B.900.

1900.200 SEVERABILITY. If any of the provisions of these Regulations 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 applications, that can be given effect without the invalid provision or application.

1900.300 EFFECTIVE DATE. Except as otherwise provided herein, every Permittee and Licensee must be in compliance with these Regulations within ninety (90) days after their approval by the Board.

Comment [p72]: Per the interpretation of legal counsel, includes penalty from misdemeanor to administrative penalty, payable to SNHD.

**SMALL BUSINESS IMPACT STATEMENT
Southern Nevada Health District
Emergency Medical Services Regulations
Governing Special Event Medical Coverage**

Pursuant to the requirements of Nevada Revised Statute (NRS) Chapter 233B.0608, the Southern Nevada Health District - Office of Emergency Medical Services & Trauma System solicited input from small businesses that may be affected by changes to NRS 450B.650 through 450B.700, *Emergency Medical Services at Special Events* and the resultant changes to Clark County Emergency Medical Services (EMS) Regulations, Section 1150, *Special Event Medical Coverage*. A small business is defined in NRS 233B.0382 as "a business conducted for profit, which employs fewer than 150 full-time or part-time employees."

As directed by the legislature, Assembly Bill 286 became law on June 2, 2013, effective October 1, 2013, requiring the provision of emergency medical services at the site of certain special events under certain circumstances in counties whose population is 100,000 people or more. A specified level of emergency medical services coverage is required, but dependent upon the size of the event.

The April 21, 2014 public notice announcing the May 22, 2014 public hearing, to be held during the regularly scheduled monthly meeting of the Southern Nevada District Board of Health, was posted in the lobbies of the Clark County Government Center, Las Vegas City Hall, Henderson City Hall, and Southern Nevada Health District (SNHD), and published in the Las Vegas Review Journal. The meeting will be held at the Southern Nevada Health District, 330 South Valley View Boulevard, Las Vegas, Nevada.

Copies of the draft EMS Regulations are available for review at the Southern Nevada Health District, Community Health Division, Office of Emergency Medical Services & Trauma System (OEMSTS), during the business hours of 8:00 AM to 4:30 PM, Monday through Friday. Copies of the draft regulations are available for a charge of one dollar per page. The same are posted on the Southern Nevada Health District's website (southernnevadahealthdistrict.org/public-notices.php) and can be emailed upon request to the OEMSTS at ems@snhdmail.org.

A Small Business Impact Questionnaire was sent by regular mail and/or electronically to over 500 companies and agencies with interests in special events, along with a copy of the proposed regulation changes. The questionnaire requested the following information:

- How many employees are currently employed by your business?
- Will a specific regulation have an adverse economic effect upon your business?
- Will a specific regulation have any beneficial effect upon your business?
- Do you anticipate any indirect adverse effects upon your business?
- Do you anticipate any indirect beneficial effects upon your business?

Summary of Responses Received:

(9 responses were received out of the 507 Small Business Impact Questionnaires distributed.)

Will a specific regulation have an adverse economic effect upon your business?

Yes	No
2	7

Comments:

- 1) Yes. We already pay way too much for event coordination and food sampling fees. This has already crippled our business by itself let alone add more fees.
- 2) Yes. 100.207 does not specify a review authority. Demonstrated actions by Clark County Fire placing their overtime units on events has already had a significant negative impact on our 2014 budget. This regulation needs to specify that any agency with a financial interest in the EMS plan cannot be a reviewing authority. All FD's can make overtime and supplement their budget if given the authority to approve a plan, as they can demand their units to create compliance and eliminate other services from fair completion (sic). This section should specify the district EMS office is the Only reviewing and approving authority, Possibly with assistance from The LVMPD events section when needed.

100.075 remains ambiguous in that in that it fails to define if a "Special Event Medical Services" permittee can be considered a transporting ambulance under this regulation and the new NRS. This has proven a problem in the past when CCFD interpreted the law to mean only "Franchised Ambulances" can transport. Clarification must be included, or organizations can be assessed last minute changes to their contracted services, and subsequently budgets.

I did not find a specific regulation to address this, however the proposed regulations have the availability to have first aid stations and roving teams without an EMS permitted vehicle present. In several incidences there would be no requirement for a "Dedicated Ambulance" if the event is within 5 miles of a hospital. Will this allow NON-affiliated personnel to continue to provide BLS care?

Various Sections. The .07% contact figure is too low given current definition of an EMS "Contact" or "Patient" in this arena. Literally 2 persons asking for a Band-Aid for a blister at an event of 2500 attendees can push the requirements up to the dedicated ALS ambulance. I realize this is enshrines in the NRS, but we must find a more reasonable definition of "Patient" for the purpose of this regulation.

Will a specific regulation have any beneficial effect upon your business?

Yes	No
1	8

Comments:

- 1) Yes. A slim potential exists that more events would be required to have EMS services, and may also choose to contract a service such as ours to supplement and coordinate the EMS service and address their plan and submission need.

Do you anticipate any indirect adverse effects upon your business?

Yes	No
2	7

Comments:

- 1) Yes. We would have to reduce special events. Huge loss.

- 2) Yes. Clients who previously used our services will be face (sic) with a choice to add to our services or contract with another service entirely. This will add to our loss of business, or loss of revenue when we adjust downward what we provide to offset what must be acquired from Franchised Services (Following under current, although misguided CCFD guidance).

Do you anticipate any indirect beneficial effects upon your business?

Yes	No
0	9

Other interested persons interested in obtaining a copy of the small business impact summary may contact Mary Ellen Britt, Manager at:

Southern Nevada Health District
Office of Emergency Medical Services & Trauma System (OEMSTS)
PO Box 3902
Las Vegas, NV 89127
Phone: 702 759 1050
Email: ems@snhdmail.org

Prior to the public hearing on May 22, 2014, two public workshops were scheduled for interested persons to present their views on the proposed EMS Regulations and proposed OEMSTS fee schedule changes.

1. May 1, 2014 at 9:00 AM, at the Southern Nevada Health District, 330 South Valley View Boulevard, Las Vegas, Nevada in Conference Room 2.
2. May 7, 2014 at 11:00 AM, at the Southern Nevada Health District, 330 South Valley View Boulevard, Las Vegas, Nevada in Conference Room 2.

In accordance with NRS 233B.0608, the OEMSTS conducted an analysis of the likely impact of the proposed regulations on small businesses which included the following actions:

The manner in which analysis was conducted.

Mary Ellen Britt, OEMSTS Manager and John Hammond, OEMSTS Supervisor, conducted the analysis of the impact on small businesses. The analysis considered the questionnaire responses and additional comments. Input was also obtained from the business licensing and/or special event divisions of the governmental entities in Clark County to determine the best method of administering the provisions of the new statutes. Based upon these considerations, SNHD is following the directive of the legislature and is relying on their expertise in limiting the impact on small business.

The estimated economic effect of the proposed regulation on small businesses.

The OEMSTS has attempted to minimize the effect of the new regulations on host organizations by charging only the fees necessary to cover the cost of performing the services needed to enforce the statutes through the proposed regulations. The OEMSTS does not have control over the fees charged to host organizations by EMS agencies for providing the emergency medical care resources required by the statutes and the SNHD EMS Regulations.

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

The OEMSTS has provided several opportunities for the public and the regulated community to provide comments regarding NRS 450B.650 through 450B.700, including the economic impact the proposed regulations may have. In consideration of the responses received from the questionnaire, the OEMSTS worked collaboratively with other governmental entities,

including the fire departments, to streamline the process for host organizations seeking approval of their special event medical plans. The proposed regulations define that process.

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

The OEMSTS has calculated the cost of approving the special event medical plans for host organizations and assessed a proposed fee of \$200 for the approval process which includes a site visit to ensure compliance with the plans as submitted and approved. A proposed fee of \$125 was assessed for a site visit to investigate a complaint. This fee was also calculated based on a cost analysis of estimated staff time on task.

The total amount that SNHD expects to collect from any fees and the manner in which the money will be used.

The proposed fee for Special Event Medical Plan approval by SNHD is \$200. If a potential violation of EMS Regulations is reported and a site visit is necessary to investigate the complaint, an additional \$125 fee will be charged. AB 286 created a new activity for the OEMSTS. It is difficult to project the number of special events that will meet the criteria outlined in the statutes and require special event medical plan approval. The fees will be used to cover the cost of OEMSTS staff time and effort expended to approve the special event medical plans and to ensure compliance with the regulations.

If the proposed regulation is duplicative or more stringent than federal, state or local standards, an explanation of why such provisions are necessary.

At this time, the OEMSTS is not aware of any duplicative or more stringent standards.

The reasons for the conclusions of the OEMSTS regarding the impact of this regulation on small businesses.

Following the passage of AB 286, the OEMSTS began meeting with interested parties to determine the effect the new requirements would have on special event promoters or host organizations, county and municipal business licensing divisions, and public and private EMS agencies. Section 1150 of the proposed EMS Regulations was written based on the provisions of NRS 450B.650 to NRS 450B.700. The OEMSTS has taken into consideration the comments received from those affected by the changes, including small businesses.

The OEMSTS will ensure that any concerns raised on the Small Business Impact Questionnaire and during public workshops will be considered, in an effort to reduce the impact of the proposed regulations on small businesses.

I, Cassius Lockett, PhD, MS, Community Health Division Director, certify to the best of my knowledge or belief that the information contained in this statement was prepared properly and is accurate.



Cassius Lockett, PhD, MS
Director of the Community Health Division
Southern Nevada Health District