

## Memorandum #02-17

**Date:** September 28, 2017

**To:** SOUTHERN NEVADA DISTRICT BOARD OF HEALTH

**From:** John Hammond, BS, Paramedic, EMS & Trauma System Manager  
Michael Johnson, PhD, Director of Community Health  
Joseph P. Iser, MD, DrPH, MSc, Chief Health Officer

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

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### I. RECOMMENDATION:

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

### II. BACKGROUND:

On July 24, 2017, a Public Hearing was scheduled for today related to amendments to the District EMS Regulations. The amended sections of the EMS Regulations are being amended: *Terms and Conventions*; Section 100 *Definitions*; Section 200 *Emergency Medical Services Training Centers*; Section 300 *Certification/Recertification/Reciprocity*; Section 400 *Critical Care/Community Paramedicine/Instructor/EMS RN Training and Endorsement*; Section 500 *Licensure*; Section 800 *Permit Endorsement*; Section 850 *Medical Director, Qualifications and Duties*; Section 900 *Ambulance Service*; Section 1000 *Air Ambulance Service*; Section 1150 *Special Event Medical Coverage*; Section 1200 *Controlled Substances and Dangerous Drugs*; Section 1240 *Auto-Injectable Epinephrine*; Section 1250 *Administration of an Opioid Antagonist*; 1260 *Delivery of a Newborn Child to a Provider of Emergency Services*; Section 1300 *EMS Administration*; Section 1400 *Do-Not-Resuscitate, Withholding Life Sustaining Treatment/Physician Order for Life-Sustaining Treatment*; Section 1450 *Physician Order for Life-Sustaining Treatment (POLST)*; 1500 *Provisional Permits, Variances*; Section 1600 *Medical Advisory Board*; 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

Staff conducted a public workshop on July 21<sup>st</sup> for interested persons to present their views on the proposed EMS Regulations. There was no need for a Small Business Impact Statement as it was determined the proposed regulations do not impose a direct and significant economic burden upon small businesses or directly restrict the formation, operation or expansion of a small business. The EMS Medical Advisory Board reviewed the proposed amendments on August 2<sup>nd</sup> and unanimously recommended the draft EMS Regulations be forwarded to the Board of Health for adoption.

Attachments:

- A. Notice of Public Hearing dated 7-24-17
- B. Draft Emergency Medical Services Regulations
- C. Summary of Changes

## 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 August 24, 2017, at 8:30 a.m., with an alternate date of September 28, 2017, at 8:30 a.m., at the Southern Nevada Health District, 280 S. Decatur 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 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 300 *Certification/Recertification/Reciprocity*; Section 400 *Critical Care/Community Paramedicine/Instructor/EMS RN Training and Endorsement*; Section 500 *Licensure*; Section 800 *Permit Endorsement*; Section 850 *Medical Director, Qualifications and Duties*; Section 900 *Ambulance Service*; Section 1000 *Air Ambulance Service*; Section 1100 *Firefighting Agency*; Section 1150 *Special Event Medical Coverage*; Section 1200 *Controlled Substances and Dangerous Drugs*; Section 1240 *Auto-Injectable Epinephrine*; Section 1250 *Administration of an Opioid Antagonist*; Section 1260 *Delivery of a Newborn Child to a Provider of Emergency Services*; Section 1300 *EMS Administration*; Section 1400 *Do-Not-Resuscitate, Withholding Life Sustaining Treatment/Physician Order for Life-Sustaining Treatment*; Section 1450 *Physician Order for Life-Sustaining Treatment*; Section 1500 *Provisional Permits, Variances*; Section 1600 *Medical Advisory Board*; Section 1800 *Disciplinary Action*; and Section 1900 *Miscellaneous*.

Copies of the draft EMS Regulations will be available for review at the Southern Nevada Health District, Office of EMS & Trauma System, 280 S. Decatur 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 \$1 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](mailto: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.

ATTACHMENT B

# EMERGENCY MEDICAL SERVICES REGULATIONS

AMENDED BY BOARD OF HEALTH [NOVEMBER 19, 2015]  
(REPLACES [JUNE 26, 2014] NOVEMBER 19, 2015 VERSION)

Commented [p1]: Date will coincide with date of BOH approval.



**CLARK COUNTY  
EMERGENCY MEDICAL SERVICES  
REGULATIONS**

WHEREAS, pursuant to Nevada Revised Statutes (NRS) Chapter 439, the Southern Nevada Health District (District), the public health authority for Clark County, Nevada has jurisdiction over all public health matters therein;

WHEREAS, pursuant to NRS Chapter 450B, the Southern Nevada District Board of Health (Board), as the Health District's governing body, is authorized to adopt regulations regarding the training, certification and licensing of EMS providers, the permitting of EMS agencies, the Plan Review Authority for providing emergency medical services at Special Events, and the oversight of the Clark County EMS & Trauma System;

WHEREAS, regulations governing EMS promotes a comprehensive and uniform emergency medical response throughout Clark County; and

WHEREAS, the Board believes that the following Regulations are designed to protect and promote the public health and safety, it does therefore publish, promulgate, and order compliance within Clark County, Nevada, with the substantive and procedural requirements hereinafter set forth.

## TERMS AND CONVENTIONS

AAMS ----- means Association of Air Medical Services

~~AED ----- means Automated External Defibrillator~~

**Commented [p2]:** Not previously defined.

AEMT ----- means Advanced Emergency Medical Technician

AI/DM ----- means Administer Immunizations/Dispense Medication

ALS ----- means Advanced Life Support

~~APRN ----- means Advanced [Practitioner of Nursing] Practice Registered Nurse~~

**Commented [p3]:** Revised from "Advanced Practice Nurse" per NAC 632.020.

BCCTPC ----- means Board for Critical Care Transport Paramedic Certification

BLS ----- means Basic Life Support

CAAHEP ----- means Commission on Accreditation of Allied Health Education Programs

~~CAPCE ----- means Commission on Accreditation for Pre-Hospital Continuing Education~~

**Commented [p4]:** Formerly CECBEMS.

CCT ----- means Critical Care Transport

~~CECBEMS ----- means Continuing Education Coordinating Board for Emergency Medical Services~~

**Commented [p5]:** Housekeeping; now known as CAPCE.

~~CP ----- means Community Paramedicine~~

**Commented [p6]:** Housekeeping.

CPR ----- means Cardiopulmonary Resuscitation

DOT ----- means U.S. Department of Transportation

~~ECG ----- means Electrocardiogram~~

**Commented [p7]:** Not previously defined.

ECNS ----- means Emergency Communication Nurse System

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~~

**Commented [p8]:** This certification was terminated 12/31/15.

FAA ----- means Federal Aviation Administration

FAO ----- means Fire Alarm Office

~~IBSC ----- means International Board of Specialty Certification~~

**Commented [p9]:** New CCT Board certification.

NAC ----- means Nevada Administrative Code

NAEMSP ----- means National Association of EMS Physicians

NEMSEC ----- means National EMS Educator Certification

NHTSA ----- means National Highway Traffic Safety Administration

NRS ----- *means Nevada Revised Statutes*

Commented [p10]: Housekeeping.

NSC ----- *means National Standard Curriculum*

Commented [p11]: Housekeeping.

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

RN ----- means Registered Nurse

SNHD ----- *means Southern Nevada Health District*

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TFTC ----- means Trauma Field Triage Criteria



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Commented [p26]: Housekeeping.

Commented [p27]: To allow teachers who hold EMS certification to be the lead instructor for a high school class.

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Commented [p28]: Housekeeping.

Commented [p29]: Housekeeping.

Commented [p30]: Housekeeping.

[Section 500 Emergency Medical Technician-Basic was removed on 11/26/13 and renamed Licensure Commented [p31]: Housekeeping.

[Section 600 Emergency Medical Technician-Intermediate was removed on 11/26/13]

[Section 700 Emergency Medical Technician-Paramedic was removed on 11/26/13]

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Commented [p32]: New level of endorsement.

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Commented [p33]: Per SB2 at 2017 Nevada State Legislature

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Commented [p37]: Housekeeping.

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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.

**100.010** ***ADVANCE DIRECTIVE** means an advance directive for health care. The term includes:*

1. *A declaration governing the withholding or withdrawal of Life-Sustaining Treatment as set forth in NRS 449.535 to 449.690, inclusive;*
2. *A durable power of attorney for health care as set forth in NRS 162A.700 to 162A.865, inclusive;*
3. *A Do-Not-Resuscitate Order as defined in NRS 450B.420; and*
4. *A Physician Order for Life-Sustaining Treatment form as defined in NRS 449.693.*

**Commented [p38]:** Not previously defined.

**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.

**100.017** **"ADVANCED ~~[PRACTITIONER OF NURSING]~~ PRACTICE REGISTERED NURSE"** means a registered ~~[professional]~~ nurse who:

1. ~~[h]~~Has specialized skill, knowledge and experience obtained from an organized formal program of training; and
2. ~~[who]~~ Is licensed by the Nevada State Board of Nursing, and is authorized in special conditions as set forth in NAC 632.~~[255]~~254 to 632.295 inclusive, to provide designated services in addition to those which a registered nurse is authorized to perform.

**Commented [p39]:** Revised to align with NAC.

**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.["]

**Commented [p40]:** Language deleted; housekeeping change made throughout this section.

**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:

**Commented [p41]:** Housekeeping.

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, Critical Care Transport, and Community Paramedicine Services, which is authorized by the Health District to provide Patient care, Transport and/or Transfer.
- 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:
1. Provide Emergency Medical Care for an Ambulance Service, Air Ambulance Service, or Firefighting Agency; or
  2. Provide Community Paramedicine Services for an Ambulance Service or Firefighting Agency, if there is an Endorsement on both the Attendant's License and the agency's Permit to provide such services.
- 100.045 "ATTENDING PHYSICIAN" means the Physician who has primary responsibility for the treatment and care of the Patient.
- 100.050 "AUTHORIZED EMS TRAINING CENTER" means a public or private agency that is authorized by the Health District to conduct continuing medical education, initial EMS training programs, or refresher EMS training programs which must meet the standards set forth in NRS 450B, these Regulations, and Health District Procedures.
- 100.053 "AUTHORIZED ENTITY" means any public or private entity, other than a public or private school, where allergens capable of causing anaphylaxis may be present on the premises of the entity or in connection with activities conducted by the entity.
- 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.
- 100.061 "CLASS" means continuing education subject matter taught to increase knowledge on a particular subject.
- 100.062 "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.
- 100.063 "COMMUNITY PARAMEDICINE ENDORSEMENT" means an Attendant who is endorsed by the Health Officer as having satisfactorily completed an approved course of instruction in Community Paramedicine Services.
- 100.064 "COMMUNITY PARAMEDICINE SERVICES" means services provided by an EMT[~~EMT-B~~], AEMT[~~EMT-I~~] or Paramedic[~~EMT-P~~] to Patients who do not require emergency medical transportation, and provided in a manner that is integrated with the health care and social services resources available in the community.
- 100.065 "COMMUNITY PARAMEDICINE VEHICLE" means any vehicle owned by a Permittee which is used for the purpose of providing Community Paramedicine Services.
- 100.067 "CONTROLLED SUBSTANCE" means a drug or other substance regulated by the Federal Government, 21 USC Sec. 802(6), Controlled Substance Act.

Commented [p42]: Housekeeping.

Commented [p43]: Housekeeping.

Commented [p44]: Housekeeping.

Commented [p45]: Clarification.

Commented [p46]: Housekeeping.

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

100.069 "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.

100.070 "CRITICAL CARE ENDORSEMENT" means a Paramedic ~~(EMT-Paramedic)~~ Attendant who is endorsed by the Health Officer to provide Critical Care Transport services.

Commented [p47]: Housekeeping.

100.071 "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.

Commented [p48]: Housekeeping.

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.

100.076 "DISTANCE EDUCATION" means a program in which lectures are broadcast or classes are conducted by correspondence or via the Internet or other network technologies.

100.077 "DISTRICT" *means the Southern Nevada Health District, its officers and authorized agents.*

Commented [p49]: Housekeeping. Not previously defined.

100.07[7]8 "DISTRICT PROCEDURE" means Southern Nevada Health District standard operating procedure.

100.07[8]9 "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 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.

100.0[79]80 **"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)

100.08[0]1 **"DO-NOT-RESUSCITATE (DNR/POLST) 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)

Commented [p50]: Housekeeping; protocol name change.

Commented [p51]: Housekeeping.

100.08[1]2 **"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.

100.08[2]3 **"EMERGENCY COMMUNICATION NURSE SYSTEM (ECNS)"** a comprehensive nurse triage system designed to be implemented within an EMS communication center and used alongside the International Academies of Emergency Dispatch's Medical Priority Dispatch System.

100.08[3]4 **"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.

~~100.085 **"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.~~

Commented [p52]: Not previously defined.

100.08[4]6 **"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.

Commented [p53]: Housekeeping. Moved from 100.095.

~~100.085 **"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.)]~~

~~100.087 **"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.)]~~

Commented [p54]: 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.~~

Commented [p55]: Housekeeping. Moved to 100.084.



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.

100.101 EMS INSTRUCTOR I means a Person who holds an Endorsement to conduct EMS training in EMS skills, or evaluate Field performance, in compliance with standards set forth in these Regulations and the EMS Procedure Manual.

Commented [p56]: New title to replace the Secondary EMS Instructor title two years from the date the regulations are approved.

100.102 EMS INSTRUCTOR II 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. An EMS Instructor II may also perform all duties of an EMS Instructor I.

Commented [p57]: New title to replace the EMS Primary Instructor.

100.103 "EMS PRIORITY DISPATCH" means a reference system whereby certified Emergency Medical Dispatchers give lifesaving pre-arrival instructions to the caller who has requested EMS Emergency Medical S[s]ervices 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.

Commented [p58]: Housekeeping.

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.

Commented [p59]: Housekeeping.

100.105 "EMS RESPONSE VEHICLE" means any vehicle used by a Permittee as a conveyance for Licensed personnel to or from the 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 of the State or a political subdivision which is permitted by the Health District to provide:

Commented [p60]: Per NRS 450B.072.

1. Emergency Medical Care to sick or injured Persons at the scene of an Emergency; or
2. At the scene of an Emergency and while transporting those Persons to a Receiving Facility; or
3. Community Paramedicine Services, but only if the Firefighting Agency has obtained an Endorsement on the Permit to provide such services pursuant to these Regulations.

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) Licensed EMT[EMT-B], AEMT[EMT-I], or Paramedic[EMT-P Attendant], or a Person with a higher level of skill who is capable of providing Emergency

Commented [p61]: Housekeeping.



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.

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~~ *it* provides services.

Commented [p62]: Housekeeping.

100.122 **"FULL TIME UNIT"** means a Unit that is staffed by salaried Attendants 24 hours per day, seven days per week.

100.123 **"HEALTH AUTHORITY"** ~~shall have the meaning ascribed to it in NRS 450B.077 that states, "Health Authority"~~ means:

Commented [p63]: Housekeeping.

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 449.0151 and NRS 449.0045, respectively.

100.130 **"HEALTH DISTRICT OFFICE OF EMSTS" or "OEMSTS"** means the staff of the Health District charged with the responsibility of administering the Emergency Medical Services & Trauma System in Clark County as a Health Officer designee.

100.135 **"HEALTH OFFICER"** means the District Health Officer of the Southern Nevada Health District or the District 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.

~~100.144 **"INCOMPETENT "** means an adult person who, by reason of mental illness, mental deficiency, disease, weakness of mind or any other cause, is unable, without assistance, properly to manage and take care of himself or herself of his or her property, or both. The term includes a person who is mentally incapacitated.~~

Commented [p64]: NRS 159.019.

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 Health Officer~~ 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.

Commented [p65]: Housekeeping.

100.148 **"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. A Letter of Authorization is not transferrable to another Person, date, or location.



**100.149** **"LETTER OF AUTHORIZATION TO OPERATE AS A DRIVER FOR A RURAL VOLUNTEER AMBULANCE SERVICE"** means a letter issued by the Health Officer that authorizes that a Person has met the requirements of subsections 1100.300 and 1100.400 of these Regulations to operate as a Rural Volunteer Ambulance Driver. The Letter of Authorization to Operate as a Driver for a Rural Volunteer Ambulance Service is not transferrable to another Person, date, or location.

**Commented [p66]:** To allow CCFD rural agencies to hire "driver only" volunteers who won't be required to hold an Attendant License.

**100.150** **"LICENSE"** means the License issued by the Health Officer 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 cardiopulmonary drugs. (NRS 450B.450)

**100.157** **"LIFE-SUSTAINING TREATMENT"** means a medical procedure or intervention that, when administered to a patient, serves only to prolong the process of dying.

**Commented [p67]:** NRS 449.570.

**100.15[7]8** **"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 [S]system in Clark County.

**Commented [p68]:** Members are no longer appointed. MAB is comprised of each franchised ambulance service and firefighting agency's medical director and operations supervisor.

**Commented [p69]:** Housekeeping.

**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 Emergency Medical Technicians 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.

**100.169** **"OFFICE LABORATORY ASSISTANT"** means an EMT [EMT-Basic] who is licensed as an Attendant for a Permittee that is also a licensed medical laboratory. The EMT [EMT-Basic] shall have received training in collecting, manipulating and testing capillary blood samples for determining blood glucose levels pursuant to NRS 652.

**Commented [p70]:** Housekeeping.

**Commented [p71]:** Housekeeping.

**100.170** **"OFFICIAL [AEMT/EMT-INTERMEDIATE] ADVANCED EMT DRUG INVENTORY"** means the inventory authorized by the Health Officer which lists the approved drugs for administration by AEMT [EMT-I] Attendants.

**Commented [p72]:** Housekeeping.

**Commented [p73]:** Housekeeping.

**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.

**Commented [p74]:** Housekeeping.

**Commented [p75]:** Housekeeping.

**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.

Commented [p76]: Housekeeping.

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 a Licensed EMT~~[/EMT-B]~~, AEMT~~[/EMT-I]~~, or 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.

Commented [p77]: Housekeeping.

Commented [p78]: Housekeeping.

100.175 **"OPERATIONS DIRECTOR"** means a person specifically designated by a Permittee and has accepted the responsibility for operational decisions on behalf of that Permittee.

100.177 **"OPIOID ANTAGONIST"** means any drug that binds to opioid receptors and blocks or disinhibits the effects of opioids acting on those receptors. The term includes, without limitation, Naloxone hydrochloride.

100.179 **"OPIOID-RELATED DRUG OVERDOSE"** means a condition including, without limitation, extreme physical illness, a decreased level of consciousness, respiratory depression, coma or death resulting from the consumption or use of an opioid, or another substance with which an opioid was combined, or that an ordinary layperson would reasonably believe to be an opioid-related drug overdose that requires medical assistance.

100.183 **"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.

100.189 **"PATIENT"** means any individual that meets at least one 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.

100.190 **"PERMIT"** means a permit issued by the Health Officer to a Person authorizing the provision of Emergency Medical Care in Clark County through an Ambulance Service, Air Ambulance Service, or Firefighting Agency:

1. At the scene of an Emergency; and
2. To provide Community Paramedicine Services, but only if the holder of the Permit has obtained an Endorsement on the Permit to provide such services pursuant to these Regulations.

100.191 **"PERMITTEE"** means the Person who holds a Permit issued pursuant to these Regulations.

100.192 **"PERSON"** means any natural person, partnership, corporation or other public or private entity.

100.193 **"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.

**Commented [p79]:** Deleted, we don't regulate law enforcement personnel.

100.195 **"PHYSICIAN"** means a person licensed by the Nevada State Board of Medical Examiners or the Nevada State Board of Osteopathic Medical Examiners to practice medicine 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 ORDER FOR LIFE-SUSTAINING TREATMENT FORM" or "POLST FORM"** means an order signed by a Physician in compliance with NRS 449.694 which:~~

- ~~1. *Records the wishes of the patient; and*~~
- ~~2. *Directs a provider of health care regarding the provision of Life-Resuscitating Treatment and Life-Sustaining Treatment.*~~

**Commented [p80]:** Housekeeping. Not previously defined.

100.202[2]4 **"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.

100.205 **"PILOT"** means the operator of an aircraft who is licensed by the FAA.

100.206 **"PLAN REVIEW AUTHORITY"** means the Health ~~District~~ Officer or agency authorized by the Health 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.

**Commented [p81]:** Housekeeping.

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.~~

**Commented [p82]:** Transitioned to EMS Instructor II as of August 24, 2017.

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;
    - 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
    - c) 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
    - c) Has been issued a Do-Not-Resuscitate order pursuant to NRS 450B.510.
- 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.
- 100.22[8]Z **"ROTORWING AIR AMBULANCE"** means a helicopter type aircraft that is used as an Air Ambulance to Transfer or Transport Patients.
- 100.22[9]Z **"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.
- 100.2[30]228 **"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.

Commented [p83]: Housekeeping.

Commented [p84]: Housekeeping.



**100.229** *"RURAL" means the areas of Blue Diamond, Bunkerville, Cal-Nev-Ari, Cold Creek, Good Springs, Indian Springs, Logandale, Moapa, Mountain Springs, Overton, Sandy Valley, and Searchlight.*

**Commented [p85]:** Defines the specific rural areas.

**100.230** *"RURAL VOLUNTEER AMBULANCE DRIVER" means a qualified Person who has received a Letter of Authorization to Operate as a Driver for a Rural Volunteer Ambulance Service under these Regulations to operate a vehicle of a Rural Volunteer Ambulance Service upon the streets, roads and highways within the State in a "driver only" capacity.*

**100.231** *"RURAL VOLUNTEER AMBULANCE SERVICE" means an Ambulance Service permitted by the District which is based in a rural community and staffed by volunteers who are Licensed, one of which must be an Attendant. A Rural Volunteer Ambulance Service may be wholly or partly subsidized by a Public Agency and may be compensated to defray the actual expenses of providing the services.*

**Commented [p86]:** To allow CCFD rural agencies to hire "driver only" volunteers who won't be required to hold an Attendant License. Revised the previous definition from the 3/27/03 EMS Regulations §100.230, 100.235 & 100.240.

**100.23[1]2** **"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 an [Primary] EMS Instructor II or Master EMS Instructor, or evaluate Field performance, in compliance with standards set forth in these Regulations and the EMS Procedure Manual. *(Note: This level of endorsement will sunset two years from the date of these regulations.)*

**Commented [p87]:** Housekeeping.

**Commented [p88]:** New title will be EMS Instructor I or EMS Instructor II, with revisions to the scope of practice.

**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.[00]7 percent (number of attendees x 0.007) or more of the total number of persons who attended the Special Event pursuant to NRS 450B.680.
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.

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**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 event 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 Officer 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.
- 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 Care; 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.

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## SECTION 200 EMERGENCY MEDICAL SERVICES TRAINING CENTERS

(NRS 450B.1905 - 450B.1915)

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### 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 described in sub[S]section 850] 100.165 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 Division of Public and Behavioral Health; or
  - B. A college or university, accredited by the Department of Education, in affiliation with a Receiving Facility licensed by the Nevada Division of Public and Behavioral Health.
- IV. Any Person who proposes to conduct any EMS training shall first obtain a Letter of Authorization from the Health Officer, unless otherwise provided for in the "District Procedure for Continuing Medical Education (CME)." 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

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Commented [p94]: Allows for non-training centers to submit classes for the community on a case-by-case basis.

with Section 1800 of these Regulations.

- VI. An initial Letter of Authorization expires on June 30<sup>th</sup> following the date of issuance and may be renewed annually on July 1<sup>st</sup>.
- 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.

Commented [p95]: "...may submit" (first line) is permissive, so we can't mandate "...at least."

**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 an EMS Class or Course shall notify the OEMSTS 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 Endorsement as an EMS Instructor ~~[Endorsement]~~ II or Master EMS Instructor unless exempted under subsection 400.550. *Note: Secondary EMS Instructors may teach under the supervision of an EMS Instructor II or Master EMS Instructor until two years after the date these regulations are approved.*~~
- IV. ~~Any Person who teaches or conducts [an-EMS-skills-lab] EMS training in EMS skills or evaluates Field performance must be endorsed as an EMS [Master-EMS] Instructor.~~
- V. ~~An [Primary] EMS Instructor II or Master EMS Instructor must be present at all Class/Course lectures.~~

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**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 a Course completion record to the OEMSTS. 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 health care provider CPR card, as approved by the OEMSTS. (Online classes must include verifiable documentation of the skills component *if applicable*.)

**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."

**Commented [p99]:** AHA won't issue a card until successful completion of the skills component. Other e-training sites issue a card that states the individual needs to complete the skills to meet the requirement.

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- 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 ~~[p]~~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."

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## SECTION 300

### CERTIFICATION/ RECERTIFICATION/ RECIPROCITY

(NRS 450B.180 - 450B.187; 450B.800)

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#### 300.100 EMERGENCY MEDICAL TECHNICIAN INITIAL CERTIFICATION.

Commented [p106]: Clarification.

- 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," "District Procedure for Initial Certification/Licensure" and "District Procedure for Certification via Reciprocity," and:

- A. Is at least eighteen (18) years of age;
- B. Has a current health care provider CPR card, as approved by the OEMSTS. (Online classes must include verifiable documentation of the skills component, if applicable);

Commented [p107]: AHA won't issue a card until successful completion of the skills component. Other e-training sites issue a card that states the individual needs to complete the skills to meet the requirement.

- 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 health care 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; and
5. The Applicant's information appearing on the application is accurate.

- 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.

Commented [p108]: Per NRS 450B.800. This process will be addressed in the EMS Procedure Manual.

- F. 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.*
- G. *Has passed the District approved written examination appropriate to the level of certification, except that if the Applicant has a current, valid State of Nevada, or National Registry certificate, this examination will not be required.*
- H. Has submitted the appropriate fee(s) as prescribed by the Board.
- II. 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," "District Procedure for Initial Certification/Licensure" and "District Procedure for Certification via Reciprocity," and *has completed the requirements in I. A-G above.*
- III. 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," "District Procedure for Initial Certification/Licensure" and "District Procedure for Certification via Reciprocity," and *has completed the requirements in I. A-G above.*
- IV. An initial EMT *or AEMT* 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.
- V. 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, *Air Ambulance Service or* Firefighting Agency.
- VI. The holder of an EMT, *AEMT or Paramedic* Certificate shall maintain a current, health care provider CPR card, as approved by the OEMSTS. (Online classes must include verifiable documentation of the skills component, *if applicable.*)
- VII. The holder of a *Paramedic* Certificate shall ~~have current~~ *maintain additional* certification of training in:
- ~~Health care provider CPR card, as approved by the OEMSTS (Online classes must include verifiable documentation of the skills component);~~
  - 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, if applicable.);*
  - 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, if applicable.); and*
  - Prehospital trauma life support procedures, as approved by the OEMSTS (Online classes must include verifiable documentation of the skills component, if applicable.);*
- VIII. No Person shall act or represent himself or herself as an EMT, *AEMT or Paramedic* unless a record verifying a current, valid Certificate is on file with the OEMSTS to verify the level of certification.

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Commented [p110]: Reciprocity applicants will be required to take a certification examination upon entry, unless currently certified by the State of Nevada or National Registry as an EMT/AEMT/Paramedic.

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**300.110 EMERGENCY MEDICAL TECHNICIAN ~~[AEMT-BASIC]~~ RECERTIFICATION.**

- I. The renewal of an EMT ~~[AEMT-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 ~~[AEMT-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 health care provider CPR card, as approved by the OEMSTS (Online classes must include verifiable documentation of the skills component, if applicable);
  - 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 ~~[AEMT-Basic]~~ Recertification."

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**300.120 EMERGENCY MEDICAL TECHNICIAN ~~[EMT-BASIC]~~ RECIPROCITY.**

- I. The Health Officer may issue an initial Certificate as an EMT ~~[AEMT-B]~~ to an Applicant who is currently certified by the National Registry ~~[of EMTs]~~, ~~[or]~~ the State of Nevada, or another state as an EMT ~~[AEMT-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 health care provider CPR card, as approved by the OEMSTS (Online classes must include verifiable documentation of the skills component, if applicable);
  - D. Has completed the District's "Application for Initial Certification/Licensure" as defined in subsection ~~300.100 I.C-[D]E~~ of these Regulations;
  - E. Has submitted the appropriate fee(s) as prescribed by the Board; and
  - F. Has disclosed all ~~EM[F]S~~ certifications issued by another state or EMS authority as defined in the "District Procedure for Certification via Reciprocity~~[-]~~," and
- II. Has passed the District approved EMT written certification examination, except that if the Applicant is currently certified by the National Registry or State of Nevada as an EMT, this examination will not be required.

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**Commented [p131]:** Housekeeping.

**Commented [p132]:** Per NAC 450B.363.

**Commented [p133]:** Housekeeping.

**Commented [p134]:** Housekeeping.

**Commented [p135]:** Per NRS 450B.800.

**Commented [p136]:** Housekeeping.

**Commented [p137]:** Reciprocity applicants will be required to take a certification examination upon entry, unless currently certified by the State of Nevada or National Registry as an EMT/AEMT/Paramedic.

**~~300.200~~ ADVANCED EMERGENCY MEDICAL TECHNICIAN CERTIFICATION.**

- II. ~~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," "District Procedure for Initial Certification/Licensure" and "District Procedure for Certification via Reciprocity," and:~~
  - A. ~~Is at least eighteen (18) years of age;~~
  - B. ~~Has a current health care 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. of these Regulations; and~~

E. ~~Has submitted the appropriate fee(s) as prescribed by the Board.~~

III. ~~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.~~

IV. ~~The holder of an Advanced EMT Certificate shall maintain a current, health care provider CPR card, as approved by the OEMSTS. (Online classes must include verifiable documentation of the skills component.)~~

V. ~~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.]~~

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#### 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.~~

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II. ~~An Advanced EMT ~~[/EMT-I]~~ Certificate may be renewed by the Health Officer if the holder of the Certificate:~~

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A. ~~Has submitted proof of residency or EMS employment within Clark County;~~

B. ~~Has a current health care provider CPR card, as approved by the OEMSTS (Online classes must include verifiable documentation of the skills component, if applicable.);~~

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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."~~

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#### 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, or another state as an AEMT ~~[/EMT-I]~~ or higher if the Applicant:~~

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Commented [p146]: Per NAC 450B.363.

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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 health care provider CPR card, as approved by the OEMSTS (Online classes must include verifiable documentation of the skills component, if applicable.);~~

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D. ~~Has completed the District's "Application for Initial Certification/Licensure"~~



as set forth in subsection ~~300.100 I.C.-[D]~~<sup>E</sup> of these Regulations;

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- E. Has submitted the appropriate fee(s) as prescribed by the Board; and
- F. Has disclosed all ~~EM[F]~~<sup>S</sup> certifications issued by another state or EMS authority as defined in the "District Procedure for Certification via Reciprocity~~[F]~~", and

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- II. Has passed the District approved Advanced EMT written certification examination, except that if the Applicant has is currently certified by the National Registry or State of Nevada as an AEMT, this examination will not be required.

**Commented [p151]:** Reciprocity applicants will be required to take a certification examination upon entry, unless currently certified by the State of Nevada or National Registry as an EMT/AEMT/Paramedic.

### **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," "District Procedure for Initial Certification/Licensure" and "District Procedure for Certification via Reciprocity," and:~~
  - A. ~~Is at least eighteen (18) years of age;~~
  - B. ~~Has current certification of training in:~~
    - 1. ~~Health care 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 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;~~
  - D. ~~Has completed the District's "Application for Initial Certification/Licensure" as defined in subsection 300.100 I.C.-D of these Regulations; and~~
  - E. ~~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 Firefighting Agency.~~
- III. ~~The holder of a 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.~~

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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. Health care provider CPR, as approved by the OEMSTS (Online classes must include verifiable documentation of the skills component, if applicable.);
    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, if applicable.); and
    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, if applicable.);
  - 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."

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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, or another state 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]~~E of these Regulations;"
  - E. Has submitted the appropriate fee(s) as prescribed by the Board; and
  - F. Has disclosed all ~~EMT[S]~~ certifications issued by another state or EMS authority as defined in the "District Procedure for Certification via Reciprocity~~[+]~~" and
- II. Has passed the District approved Paramedic written certification examination, except that if the Applicant is currently certified by the National Registry or State of Nevada as a Paramedic, this examination will not be required.

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Commented [p167]: Reciprocity applicants will now be required to take a certification examination upon entry.



### 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, *if applicable*). **Note:** An application must be submitted for each recertification period regardless of the CME requirement.
- II. All CME hours must be from pre-approved Classes/Courses. All Classes that are not ~~[CECBEMS] CAPCE (or its successor)~~ 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] CAPCE (or its successor)~~ 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 OEMSTS shall audit, at a minimum, 10% of the documentation submitted by each permitted agency.
  - F. The Health Officer reserves the right to conduct random audits.

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**Commented [p174]:** If Clark County certificate was issued for less than a year to align with the National Registry or State of Nevada expiration date, the individual will need to complete the full recertification requirement.

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**Commented [p176]:** Standard component of the approved refresher course as outlined in the syllabus.

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**Commented [p178]:** Per NRS 450B.1905 5. "The board may by regulation prescribe additional requirements for receiving and maintaining certification as an EMT."

- VII. EMS Instructors may receive one-time credit for Classes/Courses taught during the recertification period.

**300.322 RENEWAL OF EXPIRED NEVADA CERTIFICATE.**

An EMT ~~[EMT-B]~~, Advanced EMT ~~[AEMT-I]~~ or Paramedic ~~[EMT-P]~~ who holds a Nevada ~~EMT, AEMT or Paramedic~~ Certificate that has expired within the last two (2) years ~~[will]~~ may be issued a Certificate appropriate to the level of certification after completion of the following requirements:

- I. Submit proof of residency or EMS employment within Clark County.
- II. Submit the required continuing medical education hours or refresher Course as defined in the ~~[EMS Procedure Manual]~~ "District Procedure for Renewal of an Expired Nevada Certificate" at the EMT/AEMT level, and "District Procedure for issuance of a National Registry Support Letter" at the Paramedic level.
- III. Successfully pass the District approved practical examination as defined in the "District Procedure for Renewal of an Expired Nevada Certificate" at the EMT/AEMT level, and "District Procedure for issuance of a National Registry Support Letter" at the Paramedic level.
- IV. Submit copies of current provider cards appropriate to the level of certification as defined in the ~~[EMS Procedure Manual]~~ "District Procedure for Renewal of an Expired Nevada Certificate" at the EMT/AEMT level, and "District Procedure for issuance of a National Registry Support Letter" at the Paramedic level.
- V. Submit documentation of completion of an approved Weapons of Mass Destruction (WMD) Course (if not previously on file).
- VI. Submit documentation of completion of a course of instruction on the Health Alert Network as defined in NRS 450B.180 (if not previously on file).
- VII. Submit the "Application for Initial Certification/Licensure" as set forth in Section 300.100 I.C. ~~[D]~~ E.
- VIII. Submit the appropriate fee(s) as prescribed by the Board.
- IX. Successfully pass the appropriate District approved examination.

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**SECTION 400**  
**CRITICAL CARE/ COMMUNITY PARAMEDICINE/**  
**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 as evidenced by the following:
  - A. Health care provider CPR, as approved by the OEMSTS (Online classes must include verifiable documentation of the skills component, *if applicable.*);
  - B. 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, *if applicable.*);
  - C. 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, *if applicable.*); and
  - D. Prehospital trauma life support procedures, *as approved by the OEMSTS*. (Online classes must include verifiable documentation of the skills component, *if applicable.*)
- II. Have a letter from a Permittee indicating intent to utilize the Applicant as a Critical Care Paramedic.
- 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 Critical Care Paramedic ~~[EMT-P]~~ Skills" form as required by the agency Medical Director."

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**400.025 ENDORSEMENT AS CRITICAL CARE PARAMEDIC ~~[EMT-PARAMEDIC]~~ QUALIFICATIONS.** An Applicant for Endorsement as a Critical Care Paramedic ~~[EMT-P]~~ shall:

- I. Successfully complete a Critical Care training Course in accordance with the "District Procedure for Critical Care Training and Endorsement;"
- II. Complete the District's "Application for Endorsement as Critical Care Paramedic ~~[EMT-P]~~;" and
- III. Submit the appropriate fee(s) as prescribed by the Board.

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**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]~~ *CAPCE (or its successor)* or the Health Officer, and defined in the "District Procedure for Critical Care

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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 BCCTPC IBSC, or its successor.
- IV. Upon successful completion of all of the above, the OEMSTS may issue a Clark County Critical Care Endorsement to the Applicant's License in compliance with Health Officer approved guidelines as defined in the “District Procedure for Critical Care Training and Endorsement.”

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400.075 **CRITICAL CARE PARAMEDIC/EMERGENCY MEDICAL TECHNICIAN-  
PARAMEDIC]: 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. 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.
- III. The Permittee's most current critical care procedures and protocols shall be on file with the OEMSTS.

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400.100 **ENDORSEMENT AS CRITICAL CARE PARAMEDIC/EMT-PARAMEDIC]:  
EXPIRATION, RENEWAL.**

- I. A Critical Care Endorsement expires on the date of expiration appearing on the Attendant License 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.”

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400.110 **ENDORSEMENT AS CRITICAL CARE PARAMEDIC/EMT-PARAMEDIC]  
VIA CHALLENGE.** A Paramedic /EMT-P/ may apply for Critical Care Endorsement via challenge as outlined in the “District Procedure for Critical Care Endorsement as a Critical Care Paramedic /EMT-P/ via Challenge.”

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- I. An Applicant for Endorsement as a Critical Care Paramedic /EMT-P/ via challenge:
  - A. Has training and experience equivalent to that of a Critical Care Paramedic /EMT-P/ as defined in the “District Procedure for Critical Care Paramedic /EMT-P/ Training and Endorsement;” and

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- B. Has valid documentation of certification by the BCCTPC ~~IBSC, or its successor;~~ and
- C. Previously held a Critical Care Endorsement as a Paramedic ~~[EMT-P]~~ and failed to complete the required hours for renewal of Endorsement; or
- D. Previously held a Critical Care Endorsement as a Paramedic ~~[EMT-P]~~ that expired more than two (2) years ago.
- II. An Applicant for Endorsement as a Critical Care Paramedic via challenge must complete an internship of no less than 120 hours of Field experience and no less than 10 Critical Care Transport Patient contacts.
- 400.115 COMMUNITY PARAMEDICINE TRAINING: ENTRANCE REQUIREMENTS.**  
(NRS 450B.1993) An Applicant for admission to a Community Paramedicine training Course shall be currently certified as an EMT ~~[EMT-B]~~, AEMT ~~[EMT-I]~~, or Paramedic ~~[EMT-P]~~ in Clark County.
- 400.120 COMMUNITY PARAMEDICINE: QUALIFICATIONS.** An Applicant for Endorsement to provide Community Paramedicine Services shall:
- I. Successfully complete a Community Paramedicine training Course in accordance with the "District Procedure for Community Paramedicine Training and Endorsement;"
- II. Complete the District's "Application for Endorsement to provide Community Paramedicine Services;" and
- III. Submit the appropriate fee(s) as prescribed by the Board.
- 400.125 COMMUNITY PARAMEDICINE: TRAINING AND ENDORSEMENT.**
- I. A Community Paramedicine 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 the Health Officer and defined in the "District Procedure for Community Paramedicine Training and Endorsement;"
- II. Upon successful completion of the Course, a certificate of completion will be issued.
- III. The OEMSTS may issue an Endorsement to an EMT ~~[EMT-B]~~, AEMT ~~[EMT-I]~~, or Paramedic ~~[EMT-P]~~'s License to provide Community Paramedicine Services in Clark County as approved by the Health Officer and defined in the "District Procedure for Community Paramedicine Training and Endorsement."
- 400.130 COMMUNITY PARAMEDICINE: AUTHORIZED ACTIVITIES.**
- I. An Attendant who holds an Endorsement to provide Community Paramedicine Services may perform activities as approved by the Permittee's Medical Director and as outlined in the most current Emergency Medical Care protocols.
- II. The Permittee's most current Community Paramedicine procedures and protocols shall be on file with the OEMSTS.

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**400.135 COMMUNITY PARAMEDICINE: EXPIRATION, RENEWAL OF ENDORSEMENT.**

- I. An Endorsement to provide Community Paramedicine Services expires on the date of expiration appearing on the Attendant License or for no more than two (2) years from the date of Endorsement.
- II. The Endorsement is renewable if the holder of the Endorsement:
  - A. Is currently Licensed by a Permitted agency;
  - B. Has completed the District's application for renewal;
  - C. Submits the appropriate fee(s) as prescribed by the Board.
  - D. Verifies participation as an Attendant in good standing with the Permitted agency; and
  - E. Has completed continuing education as defined in the "District Procedure for Renewal of Endorsement to Provide Community Paramedicine Services."

**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 "[~~D~~]/district [~~P~~]/procedure for [~~Secondary~~] EMS Instructor Endorsement *appropriate to the level of application.*"<sup>[2]</sup>
  - 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 ~~an~~ [~~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

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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 I Endorsement;" "District Procedure for EMS Instructor II Endorsement," or "District Procedure for Master EMS Instructor Endorsement." or

2. Met all of the requirements as defined in the "District Procedure for EMS Instructor Endorsement via Challenge[.];" and

3. Passed the appropriate District approved instructor examination.

- II. The Health Officer may issue an EMS Instructor I Endorsement if the Applicant has met all the requirements in paragraph I. of this subsection and as defined in the "District Procedure for EMS Instructor I Endorsement."

- III. The Health Officer may issue an [Primary] EMS Instructor II Endorsement if the Applicant has met all the requirements in paragraph I. of this subsection and as defined in the "District Procedure for [Primary] EMS Instructor II Endorsement."

- III. The Health Officer may issue a Master EMS Instructor Endorsement if the Applicant has met all the requirements in paragraph[s] 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 Instructors 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."

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#### 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. [S]uccessfully complete an EMS Instructor Course as set forth in subsection 400.250 of these Regulations[.]; and

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- 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."

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- II. [Monitoring evaluation forms shall be completed by a Primary or Master EMS Instructor.]

- III. If applying for endorsement as an EMS Instructor I or EMS Instructor II, the skills evaluation section of the "Monitoring Form for EMS Instructor Applicant" shall be completed by an EMS Instructor II or Master EMS Instructor.

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- IV. If applying for endorsement as an EMS Instructor II, the lecture evaluation section



*of the "Monitoring Form for EMS Instructor Applicant" shall be completed by a Master EMS Instructor.*

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- V. Applicants who successfully complete the *appropriate District approved* [EMS Instructor Course] *instructor examination* will *initially* be issued an [Secondary] EMS Instructor Endorsement.

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#### 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.*

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- II. *A Person endorsed as an EMS Instructor I may:*

- A. *Conduct training in EMS skills up to the level specified on the instructor Endorsement.*  
B. *Evaluate Field performance up to the level specified on the instructor Endorsement.*

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- III. *A Person endorsed as a Secondary EMS Instructor may, in addition to I.A-B above, also 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.*

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- IV. *A Person endorsed as an [Primary] EMS Instructor II may, [also] in addition to I. and II. above, also:*

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- A. *Serve as the lead instructor for a program of training in Emergency Medical Services not to exceed the level specified on the [II] instructor Endorsement.*  
B. *Serve as a Course coordinator.*

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- V. 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 AEMT/[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.

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- II. The Endorsement is renewable if the holder of the Endorsement is currently certified by the OEMSTS as an AEMT/[EMT-I] or Paramedic/[EMT-P], or provides documentation verifying current Nevada licensure as a Physician, Physician Assistant, Advanced [Practitioner of Nursing] *Practice Registered Nurse*, or Registered Nurse; and

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- 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 in 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."

**400.500 ENDORSEMENT AS INSTRUCTOR II: ENDORSEMENT VIA CHALLENGE.**

An AEMT [EMT-I], Paramedic [EMT-P], Physician, Physician Assistant, Advanced [Practitioner of Nursing] *Practice Registered Nurse*, or Registered Nurse may apply for EMS Instructor Endorsement via challenge as outlined in the "District Procedure for EMS Instructor Endorsement via Challenge."

- I. An Applicant for Endorsement as an EMS Instructor via challenge:
  - A. Has had training and experience equivalent to that of an EMS Instructor, as defined in these Regulations;
  - B. Has held an Endorsement as an EMS Instructor that expired more than two (2) years ago; and
  - C. Has a letter of recommendation from an Authorized EMS Training Center outlining the [int] intent to utilize the individual as an EMS Instructor.
- II. If the Health Officer makes a determination the Applicant's training is not equivalent, the Applicant will need to complete a District approved EMS Instructor Course prior to Endorsement.

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**400.525 ENDORSEMENT AS INSTRUCTOR II FOR A SECONDARY EDUCATION INSTITUTION: EXCEPTION. A certified EMT, AEMT or Paramedic may serve as the lead instructor for a program of training in Emergency Medical Services not to exceed the level of EMS certification if the individual:**

- I. Is currently certified as an EMT, AEMT or Paramedic in Clark County, and:
  - A. Has a license as a Nevada Educator from the Nevada State Board of Education;
  - B. Has a letter of recommendation from a secondary education program outlining the intent to utilize the individual as an EMS Instructor II;
  - C. Has supplied any additional information requested by the OEMSTS prior to the issuance of a Letter of Authorization; and
  - D. Has successfully passed the EMS Instructor Examination appropriate to the level of EMS certification.
- II. The Letter of Authorization for Endorsement as an EMS Instructor II is valid only for secondary education, which refers to the last four (4) years of statutory formal education (grades 9-12).

**400.530 ENDORSEMENT AS INSTRUCTOR II FOR A SECONDARY EDUCATION**



**INSTITUTION: EXCEPTION: EXPIRATION, RENEWAL.**

- I. An Endorsement as an EMS Instructor II expires on the date of expiration appearing on the Certificate for an EMT, AEMT or Paramedic, 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 EMT, AEMT or Paramedic; 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 a secondary education institution; 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 a secondary education institution indicating intent to utilize the Applicant as an EMS Instructor; and
  - B. The Applicant has met all of the requirements in 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~~ Practice Registered Nurses, 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. (NRS 450B.1975)**

- 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 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.
- I. The Health Officer may issue an AI/DM Endorsement if the Applicant has met all of the requirements in 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."
- II. 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 Health Officer

**Commented [p264]:** Allows for certified providers who have a teaching license to teach an EMT program at a secondary institution.

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- before the clinic or training exercise begins; and
- B. The holder of the Endorsement is under the direct supervision of the Health Officer.
- III. 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-H~~ and Paramedic/~~EMT-P~~ Persons who are participating in the clinic is provided to the Health Officer within 48 hours after the event begins; and
- B. The holder of the Endorsement is under the direct supervision of the Health Officer.
- IV. An AI/DM Endorsement expires on the date of expiration appearing on the Certificate or on the date the Certificate is suspended or revoked.
- V. 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.
- VI. 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 be currently licensed in Nevada as both a RN and EMS RN.
- II. An Applicant for EMS RN Endorsement shall have a letter from a Permittee indicating intent to utilize the Applicant as an EMS RN.
- III. An Applicant for EMS RN Endorsement shall have 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.
- IV. An Applicant for EMS RN Endorsement shall have current certification in:
- A. Health care provider CPR, as approved by the OEMSTS (Online classes must include verifiable documentation of the skills component if applicable.);
- B. 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 if applicable.);
- C. 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 if applicable.); and
- D. Prehospital trauma life support procedures (Online classes must include verifiable documentation of the skills component if applicable.);

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#### 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 and Endorsement." The OEMSTS will accept Commission on Accreditation of Medical Transport Systems (CAMTS) certification provided the Applicant submits documentation of satisfactory completion of the didactic and clinical requirements.

- II. Upon completion of the didactic and clinical portions of the EMS RN training program, the Applicant must successfully pass the Health District approved 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 (within the last six months) 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] an EMS Instructor I, as outlined in the "District Procedure for EMS RN Training and Endorsement."
- V. Upon completion of the above listed requirements, the Health Officer 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.

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#### 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.
- III. An Applicant for renewal of EMS RN Endorsement shall have current certification in:
  - A. Health care provider CPR, as approved by the OEMSTS (Online classes must include verifiable documentation of the skills component, if applicable.);
  - B. 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, if applicable.); and
  - C. 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, if applicable).

Commented [p281]: These certifications are required for EMS RNs per NRS 450B 160. The certifications are not required by the Nevada State Board of Nursing.

#### 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

(NRS 450B.090)

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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 sub[Sections] 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.

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

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- 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 and as outlined in the most current Emergency Medical Care protocols.
- 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 EMT/EMT-Basic who is endorsed as an Office Laboratory Assistant may collect, manipulate and test capillary blood samples for determining blood glucose levels.
- IV. 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.
- V. No Person may independently perform the activities authorized pursuant to these Regulations unless on duty with a Permitted agency.

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

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- 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.

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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.

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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.

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V. No Person may independently perform the activities authorized pursuant to these Regulations unless on duty with a Permitted agency.

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500.026 **PARAMEDIC ~~[EMERGENCY MEDICAL TECHNICIAN-PARAMEDIC]~~:  
AUTHORIZED ACTIVITIES.**

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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.

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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.

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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.

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IV. No Person may independently perform the activities authorized pursuant to these Regulations unless on duty with a Permitted agency.

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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.

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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 health care 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<sup>[1]</sup> or applications containing fraudulent information<sup>[1]</sup> may be rejected. The Health Officer may issue the License for which the application was made<sup>[1]</sup> 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.

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#### 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~~ *Advanced Practice Registered Nurse*, to be of sound physical and mental health and free of physical defects or diseases, including tuberculosis, 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;

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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<sup>[1]</sup>; and

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F. ~~Has submitted an affidavit, signed by a Notary Public, from a Permitted agency that has a memorandum of agreement with SNHD, attesting that as part of the Permittee's hiring process, the Applicant:~~

~~1. Has successfully completed a physical examination within the past twelve (12) months and was 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 tuberculosis, which might impair the Applicant's ability to function as an EMS Licensee;~~

~~2. Has completed the Permittee's background check process, which included a Federal Bureau of Investigation fingerprint report;~~

~~3. Had no disqualifying events discovered in any component of the background check that would preclude him/her from EMS licensure by the Health District; and~~

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G. 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."

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- 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.

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**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.

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**500.400 PROVISIONAL LICENSE.**

- I. The Health Officer may issue a Provisional License to a Paramedic ~~/EMT-P/~~ 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;
  - 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. Has, within the last six (6) months, passed the District approved 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 Paramedic 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

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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 Paramedic~~[EMT-Paramedic]~~.
- 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.

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#### 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 submitted an "Application for Renewal for Recertification;"
  - C. The Applicant has satisfied all the continuing medical education requirements for that level of certification;
  - D. The Applicant maintains employment with a permitted agency; and
  - E. 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.

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#### 500.750 LICENSE AS ATTENDANT: WITHDRAWAL. Upon notice from the Permittee.

- ~~[F]he~~ 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.

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

- I. Physicians and Physician Assistants, who comply with NAC 630.370. In addition,  
~~[A]ny 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.

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- III. Each Physician, Physician Assistant, and EMS RN who serves as an Attendant must pass the District approved licensure examination and have current certification of training in:
- A. Health care provider CPR, as approved by the OEMSTS (Online classes must include verifiable documentation of the skills component, *if applicable*);
  - B. 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, *if applicable*);
  - C. 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, *if applicable*);
  - D. Prehospital trauma life support procedures (Online classes must include verifiable documentation of the skills component, *if applicable*); 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.

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**500.850 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 health care 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. 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.

**SECTION 800**  
**PERMIT ENDORSEMENT**  
(NRS 450B.100; 450B.1993)

**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-P/)~~, including Community Paramedicine Services.
  - 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 Community Paramedicine Services and 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.

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**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 Licensed EMS providers and/or EMS RNs;
    9. Description of all Units;

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10. Designation of a Medical Director as ~~[defined]~~ described in sub[S]section 850 100.165 of these Regulations. ~~[(f)]~~ Note: Medical Director must complete the Personal Information Request Form as part of the application process[.].
  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; and.
  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 may be renewed annually [on] effective 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.

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#### 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 sixty (60) 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 [f] partnership [f] or 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, ~~and~~
  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 may be renewed annually ~~on~~ effective 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.

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**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 a current list of all Attendants functioning pursuant to said Permit.



**800.160 PERMIT: REPORT OF COMMUNITY PARAMEDICINE SERVICES.**

- I. Each holder of a Permit who has obtained an Endorsement to provide Community Paramedicine Services pursuant to Section 400, shall submit a quarterly report, on a form prescribed by the ~~[Board]~~*Health Officer*, to the OEMSTS which must include, without limitation:
  - A. Information concerning the Community Paramedicine Services that were provided in lieu of Transport, including, without limitation, the types of services provided and the number of persons for whom such services were provided;
  - B. The impact of providing Community Paramedicine Services on the overall services provided to Patients; and
  - C. Such other information as prescribed by the Board or requested by the Legislature or the Legislative Committee on Health Care.
- II. On or before February 1 of each year, the OEMSTS shall submit a report summarizing the information received concerning Community Paramedicine Services pursuant to Section 400, along with a summary of the impact of providing such services to patients in that manner to the Director of the Legislative Counsel Bureau for transmittal to the Legislature in odd-numbered years ~~[of]~~ *and to* ~~the~~ Legislative Committee on Health Care in even-numbered years.

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**SECTION 850**  
**MEDICAL DIRECTOR, QUALIFICATIONS AND DUTIES**  
**(NAC 450B.505)**

**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 Subspecialty Board Certified in EMS by the American Board of Emergency Medicine (ABEM); or~~
  - G. Be Board Certified (ABMS or BOS) in another specialty; and *have current evidence of training in:*  
~~[Have current evidence of training in:]~~
    - 1. Health care provider CPR, as approved by the OEMSTS. (Online classes must include verifiable documentation of the skills component, *if applicable.*);
    - 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, *if applicable.*);
    - 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, *if applicable.*); and
    - 4. Prehospital trauma life support procedures, as approved by the OEMSTS. (Online classes must include verifiable documentation of the skills component, *if applicable.*);
  - G. ~~Be approved by the Health Officer.~~

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**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[.] regular participation in the Medical Advisory Board for:

A. [Regular participation in the Medical Advisory Board for:]

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A. Protocol development;

B. EMS education;

C. Quality improvement; and

D. Approving new equipment and drugs.

E. Regular participation with the OEMSTS and/or the Health Officer on matters concerning EMS. [ ]

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## 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 ~~484B-261~~ 700.
- III. Each Ambulance Service shall have a Medical Director as ~~[defined]~~ *described* in ~~sub[S]section 850] 100.165~~ of these Regulations.
- IV. Each Ambulance Service will be considered an Authorized EMS Training Center for the purposes of providing EMS training for ~~[their]~~ *its* 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.)
- V. Each Ambulance Service shall be in compliance with all applicable provisions pertaining to medical laboratories.

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### 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]~~ *described* in ~~sub[S]section 850] 100.165~~ of these Regulations.

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### 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]~~ *described* in ~~sub[S]section 850] 100.165~~ of these Regulations.

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- III. The Attendant performing duties on a Critical Care Transport Ambulance Permitted in Clark County shall be an EMS RN, endorsed by the Health District, as outlined in the "District Procedure for EMS RN Training and Endorsement;" or a Paramedic ~~/EMT-P/~~ with a Critical Care Endorsement as outlined in the "District Procedure for Paramedic ~~/EMT-P/~~ Critical Care Training and 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.

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**900.030 AMBULANCE SERVICE: COMMUNITY PARAMEDICINE SERVICES.**

- I. The Health Officer may issue an Endorsement to a Permitted Ambulance Service to provide Community Paramedicine services if the Applicant meets the requirements set forth in subsection 800.010.
- II. Each service that provides Community Paramedicine Service shall have a Medical Director as described in subsection 100.165 of these Regulations.
- III. The Attendant performing duties as a provider of Community Paramedicine Services in Clark County shall be endorsed by the District, as outlined in the "District Procedure for Community Paramedicine Training and Endorsement."
- IV. The Attendant performing duties as a provider of Community Paramedicine Services shall work within the authorized activities as described in subsections 500.024 and 500.026 of these Regulations.

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**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 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.

**900.100 AMBULANCES: INTERIOR DESIGN.** Each Ambulance shall, at the time of manufacture, meet the most current standards established by the U.S. Department of Transportation's Federal Specifications for the Star of Life Ambulance. The Permittee shall require that a "Star of Life" certification decal be supplied by the manufacturer indicating that the Ambulance met KKK-1822 specifications on the date of manufacture.

- I. The certification shall be located on a permanent surface, such as the Ambulance oxygen tank compartment; and
- II. If exceptions are noted on the certification, the Unit will be considered to be in compliance with these Regulations. The Permittee is responsible for the exceptions.

Commented [p368]: Clarification per KKK-1822 (Federal Specification for the Star-of-Life Ambulance). Revised II. at the 7/21/17 workshop.

900.200 **AMBULANCES: EQUIP MENT 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-B]~~, *AEMT*~~[EMT-Intermediate]~~, and *Paramedic*~~[EMT-Paramedic]~~ *Drug Inventory*, as authorized by the Health Officer.

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900.300 **STAFFING: OPERATION OF AN AMBULANCE.** ~~[(NRS 450B.840)]~~

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- 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 ~~[F]~~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.

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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]~~ *described in sub[S]section [850] 100.165* 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]~~ *its* 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.)

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### 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]~~ *described in sub[S]section [850] 100.165* of these Regulations.
- II. All Fixed Wing Air Ambulances Permitted in Clark County shall be staffed by at least ~~[an]~~ *one (1)* 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 three (3) years of critical care nursing experience;
    3. Has a current health care provider CPR card, as approved by the OEMSTS. (Online classes must include verifiable documentation of the skills component *if applicable.*);
    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 *if applicable.*);
    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 *if applicable.*);
    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 *if applicable.*);
    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]~~ *the* Medical Director; and

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9. Has passed the District approved 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 health care provider as listed in subsection 500.800 of these Regulations.
- C. If, as determined by the pilot and Medical Director of the Air Ambulance, the weight of the secondary Attendant could compromise the performance of the Air Ambulance, safety, or Patient care, an Air Ambulance providing medical transportation services may be staffed with only a primary Attendant.  
 If the Air Ambulance ~~[is] was~~ staffed with only a primary Attendant, ~~[per 1000.005 II. C.]~~ the Permittee must notify the OEMSTS within five (5) business days ~~of the incident.~~
- 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.

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#### 1000.010 ROTORWING AIR AMBULANCE SERVICE.

- I. Each Rotorwing Air Ambulance Service Permitted by the District shall have a Medical Director as ~~[defined] described in sub[S]section 850]~~ 100.165 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]~~ in compliance with 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 health care provider as listed in subsection 500.800 of these Regulations.
  - C. If, as determined by the pilot and Medical Director of the Air Ambulance, the weight of the secondary Attendant could compromise the performance of the Air Ambulance, safety, or Patient care, an Air Ambulance providing medical transportation services may be staffed with only a primary Attendant.  
 If the Air Ambulance ~~[is] was~~ staffed with only a primary Attendant, ~~[per 1000.005 II. C.]~~ the Permittee must notify the OEMSTS within five (5) business days ~~of the incident.~~
- 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.

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#### 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; and
  - E. Have the climate controlled in the cabin of the aircraft to prevent extremes in temperature that would adversely affect the care of a Patient 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;

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- 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 AMBULANCE: 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.

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## 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]~~ *described in sub[S]section 850* *100.165* of these Regulations.
- III. Each Firefighting Agency will be considered an Authorized EMS Training Center for the purposes of providing EMS training for ~~[their]~~ *its* 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.)

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### 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 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.

**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.

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### 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]~~.

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**1100.300 STAFFING: RURAL VOLUNTEER AMBULANCE DRIVERS.** *The Health Officer may issue a Letter of Authorization to Operate as a Driver for a Rural Volunteer Ambulance Service to an Applicant who:*

- I. Is eighteen (18) years of age or older as of the date of the application;*
- II. Holds a current valid Nevada Class C driver's license, or its equivalent, issued by this state or another state;*
- III. Is employed by a Rural Volunteer Ambulance Service;*
- IV. Has a current health care provider CPR card, as approved by the OEMSTS (Online classes must include verifiable documentation of the skills component, if applicable.); and*
- V. Has successfully completed the requirements as defined in the "District Procedure for Rural Volunteer Ambulance Driver Training."*

**1100.400 STAFFING: RURAL VOLUNTEER AMBULANCE DRIVER DUTIES.** *The Rural Volunteer Ambulance Driver may:*

- I. Drive an ambulance of a Rural Volunteer Ambulance Service when accompanied by an Attendant; and*
- II. Assist an Attendant at the scene of an Emergency. A Rural Volunteer Ambulance Driver is not Licensed as an Attendant, and is hereby prohibited from acting as such, except as provided herein.*

**Commented [p408]:** To allow CCFD rural agencies to hire "driver only" volunteers who won't be required to hold an Attendant License. Revised the previous definition from the 3/27/03 EMS Regulations §100.230, 100.235 & 100.240.



## SECTION 1150 SPECIAL EVENT MEDICAL COVERAGE

~~(NRS 450B.650 - 450B.700)~~

Commented [p409]: Housekeeping.

### 1150.050 HOST ORGANIZATION RESPONSIBILITIES.

- I. Any Host Organization seeking to hold a Special Event ~~in a county whose population is 100,000 or more (currently Washoe and Clark Counties)~~ must provide to the appropriate Plan Review Authority a Special Event Medical Plan for approval at least ~~thirty (30)~~ [30] days prior to the date of the first day of the Special Event, including all related fees as prescribed by the Board.
  - 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 for the duration of the Special Event.
- 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.~~

Commented [p410]: Per 450B.690 1. (a)

Commented [p411]: Housekeeping.

Commented [p412]: Enabling language.

- III. Within ~~thirty (30)~~ [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:

Commented [p413]: Housekeeping.

A. The estimated peak and total number of attendees at the Special Event;

Commented [p414]: Housekeeping.

B. The Significant Number of Patient contacts; ~~and~~

Commented [p415]: Housekeeping.

C. The Significant Number of Patient Transports;

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#### 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 Number of Patient contacts or Patient Transports.
- 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.

#### 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 Number of Patient contacts or Patient Transports.
- 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.

**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 in lieu of an EMT[-B] or AEMT[-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 Number of Patient contacts or Patient Transports.
- 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.

**1150.300 COVERAGE REQUIREMENTS FOR 50,000 OR MORE PROJECTED ATTENDEES**

The Host Organization must provide:

- I. At least two First Aid Stations.
- II. At least two Physicians who have experience providing emergency medical services.
- III. At least two Roving Emergency Medical Technician Teams.
- IV. At least two Dedicated Advanced Life Support Ambulances.

**1150.350 FIRST AID STATIONS AND ROVING EMERGENCY MEDICAL TECHNICIAN/  
~~INTERMEDIATE~~ ADVANCED 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~~ Advanced 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 ~~[-1:]~~ \_\_\_\_\_
  - B. Express corrective actions that must be completed in order to ensure compliance and/or continued operation ~~[-1:]~~ \_\_\_\_\_
  - C. Assess any administrative penalties, including but not limited to monetary penalties, withdrawal of Letter of Approval, or other actions to ensure compliance: and \_\_\_\_\_
  - 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.

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**1150.700 EXEMPTIONS.** The provisions of this Section do not apply to a Special Event held within the boundaries of a city whose population is less than 25,000 if there is a Firefighting Agency within the city other than a volunteer fire department, and the city has adopted a plan for providing Emergency Medical Services at Special Events.



**SECTION 1200**  
**CONTROLLED SUBSTANCES AND**  
**DANGEROUS DRUGS**

(NAC 450B.461 - 450B.481)

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**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:

Commented [p421]: Housekeeping.

- A. Such Controlled Substance/Dangerous Drug is named on the District's *Official Paramedic* ~~[EMT-Paramedic]~~ *Drug Inventory* issued by the Health Officer; and

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- 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.

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- 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:

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- A. Such drug is named on the District's *Official AEMT* ~~[EMT-Intermediate]~~ *Drug Inventory* issued by the Health Officer; and

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- 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

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- 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:

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- A. Such drug is named on the District's *Official EMT* ~~[EMT-Basic]~~ *Drug Inventory* issued by the Health Officer; and

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- 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.

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- 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 Licensed 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.

Commented [p433]: Clarification; "Licensed" is defined.

**1200.200 CONTROLLED SUBSTANCES AND DANGEROUS DRUGS: ADMINISTRATION RECORDS.**

- I. Each time a Licensed EMT[~~A~~EMT-B], AEMT[~~A~~EMT-I], Paramedic[~~A~~EMT-P], EMS RN or other health care 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 Licensed EMT[~~A~~EMT-B], AEMT[~~A~~EMT-I], Paramedic[~~A~~EMT-P], EMS RN or other health care 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.

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**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.

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**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 Licensed Paramedic~~[EMT-P]~~, EMS RN or other health care 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 Licensed Paramedic~~[EMT-P]~~, EMS RN~~],~~ or other health care 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 Licensed Paramedic~~[EMT-P]~~, EMS RN or other health care professional as listed in subsection 500.800 of these Regulations on the delivering crew and one (1) other Licensed Paramedic~~[EMT-P]~~, EMS RN or other health care 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 Licensed Paramedic~~[EMT-P]~~, EMS RN or other health care professional as listed in subsection 500.800 of these Regulations on the receiving crew and another Licensed Paramedic~~[EMT-P]~~, EMS RN or other health care 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

Commented [p439]: Housekeeping.

Commented [p440]: Clarification; housekeeping.

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Commented [p444]: Clarification; housekeeping.

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Commented [p446]: Clarification; housekeeping.

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 in accordance with federal, state and/or local regulations. The wasting shall be done by a Registered Nurse, Physician, Registered Pharmacist, or Licensed Paramedic[EMT-P] and be witnessed by a second Registered Nurse, Physician, Registered Pharmacist or Licensed 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.

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**Commented [p448]:** Clarification; housekeeping..

**Commented [p449]:** Clarification; housekeeping.



## SECTION 1240 AUTO-INJECTABLE EPINEPHRINE

(NRS 450B.710 – 450B.716)

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**1240.000 AUTO-INJECTABLE EPINEPHRINE.** An Authorized Entity may obtain an order for auto-injectable epinephrine from a Physician, Physician Assistant or Advanced Practitioner of Nursing, to be maintained by the Authorized Entity, at any location under control of the Authorized Entity, where allergens capable of causing anaphylaxis may be present.

- I. Auto-injectable epinephrine maintained by an Authorized Entity pursuant to this Section may be provided to a Person who is trained to recognize the symptoms of anaphylaxis and to administer auto-injectable epinephrine for self-administration, or for administration to any Person reasonably believed to be experiencing anaphylaxis by:
  - A. An owner, employee or agent of the Authorized Entity;
  - B. A Physician, Physician Assistant or Advanced Practitioner of Nursing;
  - C. A certified or Licensed EMT[EMT-B], AEMT[EMT-I] or Paramedic[EMT-P];
  - D. An athletic trainer; or
  - E. A family member of a person who suffers from allergies capable of causing anaphylaxis.
- II. An Authorized Entity shall:
  - A. Store auto-injectable epinephrine in a designated, secure location that is easily accessible and in compliance with the instructions provided by the manufacturer of the auto-injectable epinephrine and any requirements prescribed by the Board; and
  - B. Designate one (1) or more employees or agents who have received the training described in 1240.100 to be responsible for the storage, maintenance and oversight of the auto-injectable epinephrine maintained by the Authorized Entity.

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### 1240.100 AUTO-INJECTABLE EPINEPHRINE: TRAINING.

- I. Before administering auto-injectable epinephrine, Persons listed in subsection 1240.000 I.A. [above] must receive training that is provided by:
  - A. A nationally recognized organization that provides training to Persons who are not health care professionals in the provision of health care or Emergency Medical Services; or
  - B. A Person or organization approved by the Health Officer to provide the training.
- II. Training may be provided in person or through a program of Distance Education, and must include, without limitation, instruction in:
  - A. Recognizing the symptoms of a severe allergic reaction, including anaphylaxis;
  - B. The proper storage and administration of auto-injectable epinephrine; and
  - C. Follow-up procedures after the administration of auto-injectable epinephrine.
- III. Upon completion of the training required pursuant to this subsection, a Person will be issued a certificate to evidence completion of the training on a form prescribed by the [Board] Health Officer.

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**1240.200 AUTO-INJECTABLE EPINEPHRINE: REPORTING.** Not later than thirty (30) days after a dose of auto-injectable epinephrine maintained by an Authorized Entity is administered, the Authorized Entity shall report, on a form prescribed by the ~~Board~~Health Officer, the circumstances surrounding such administration. The OEMSTS shall publish an annual report summarizing and analyzing the information reported by Authorized Entities pursuant to this subsection.

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**1240.300 AUTO-INJECTABLE EPINEPHRINE: PERSON NOT GUILTY OF UNPROFESSIONAL CONDUCT OR SUBJECT TO LIABILITY FOR ADMINISTERING AUTO-INJECTABLE EPINEPHRINE.** Notwithstanding any other provision of law:

- I. A Person who maintains auto-injectable epinephrine, administers auto-injectable epinephrine, or provides training on the administration of auto-injectable epinephrine is not liable for any error or omission concerning the acquisition, possession, provision or administration of auto-injectable epinephrine as authorized pursuant to this Section.
- II. A Person who administers auto-injectable epinephrine pursuant to this Section shall not be deemed to have engaged in the practice of medicine, osteopathic medicine or respiratory care, or to have otherwise violated any provision relating to the practice of medicine, osteopathic medicine or respiratory care.



**SECTION 1250**  
**ADMINISTRATION OF AN OPIOID ANTAGONIST**  
(*NRS 453C et. seq.*)

**1250.000 ADMINISTRATION OF AN OPIOID ANTAGONIST.** The Good Samaritan Drug Overdose Act provides that a health care professional otherwise authorized to prescribe an Opioid Antagonist may, directly or by standing order, prescribe and dispense an Opioid Antagonist to a Person at risk of experiencing an Opioid-related Drug Overdose or to a family member, friend or other Person in a position to assist a Person at risk of experiencing an Opioid-related Drug Overdose. Any such prescription must be regarded as being issued for a legitimate medical purpose in the usual course of professional practice.

**Commented [p456]:** Housekeeping. Refers to Good Samaritan Drug Overdose Act.

Notwithstanding any other provision of law, any Person, including, without limitation, an EMT[~~EMT-B~~], AEMT[~~EMT-I~~] or Paramedic[~~EMT-P~~], acting in good faith, may possess and administer an Opioid Antagonist to another Person whom he or she reasonably believes to be experiencing an Opioid-related Drug Overdose. Any such prescription must be regarded as being issued for a legitimate medical purpose in the usual course of professional practice.

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**1250.100 ADMINISTRATION OF AN OPIOID ANTAGONIST: TRAINING.** Any EMT[~~EMT-B~~], AEMT[~~EMT-I~~] or Paramedic[~~EMT-P~~] who administers an Opioid Antagonist to another Person must first complete a District approved training program on the use of Opioid Antagonists.

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- I. The training program must include, without limitation:
  - A. Information concerning the prevention and recognition of and responses to Opioid-related Drug Overdoses;
  - B. Methods for safe administration of Opioid Antagonists to a Person experiencing an Opioid-related Drug Overdose;
  - C. Potential side effects and adverse events connected with the administration of Opioid Antagonists; and
  - D. The importance of seeking emergency medical assistance for a Person experiencing an Opioid-related Drug Overdose even after the administration of an Opioid Antagonist.
- II. Upon satisfactory completion of the above requirements, the Health Officer will issue a certificate of completion on a form prescribed by the [Board]Health Officer.

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**1250.200 ADMINISTRATION OF AN OPIOID ANTAGONIST: PERSON NOT GUILTY OF UNPROFESSIONAL CONDUCT OR SUBJECT TO LIABILITY FOR ADMINISTERING AN OPIOID ANTAGONIST.** Notwithstanding any other provision of law, a Person who, acting in good faith and with reasonable care, administers an Opioid Antagonist to another Person whom the Person believes to be experiencing an Opioid-related Drug Overdose[~~is~~] is immune from criminal prosecution, sanction under any professional licensing statute, and civil liability for such act.

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**SECTION 1260**  
**DELIVERY OF A NEWBORN CHILD TO A**  
**PROVIDER OF EMERGENCY SERVICES**  
**(NRS 432B.630)**

**Commented [p461]:** To address responsibilities of a provider of emergency services.

**1260.000 DELIVERY OF A NEWBORN CHILD TO A PROVIDER OF EMERGENCY SERVICES.**

- I. As used in this Section "provider of emergency services" means:
  - A. A Firefighting Agency, including without limitation, a Volunteer Fire Department; or
  - B. An Ambulance Service that holds a Permit as described in subsection 100.165 of these Regulations; or
- II. A provider of emergency services shall take immediate possession of a child who is, or appears to be, not more than 30 days when:
  - A. The child is voluntarily delivered to the provider by a parent of the child; and
  - B. The parent does not express an intent to return for the child; or
  - C. When the child is delivered to the provider by another provider of emergency services.
- III. A provider of emergency services who takes possession of a child pursuant to subsection II. shall, whenever possible, inform the parent of the child that:
  - A. By allowing the provider to take possession of the child, the parent is presumed to have abandoned the child pursuant to NRS 128.097;
  - B. The parent waives any right to notice of a hearing pursuant to NRS 128.060 or 128.070 or 432B.410 or 432B.590, inclusive; and
  - C. Unless the parent contacts the local agency which provides child welfare services, action will be taken to terminate his or her parental rights regarding the child.
- IV. A provider of emergency services shall perform any act necessary to maintain and protect the physical health and safety of the child, and immediately cause the safe delivery of the child to the closest, appropriate pediatric Receiving Facility.
- V. As soon as reasonably practicable, but not later than 24 hours after the provider of emergency services takes possession of the child, report that possession to an agency which provides child welfare services and to a law enforcement agency.
- VI. The provider of emergency services shall transfer any information obtained regarding the child, and any parent of the child who did not deliver the child to the provider, to the agency which provides child welfare services that takes the child into protective custody pursuant to NRS 432B.390, except that any identifying information relating to the parent who delivered the child to the provider must not be transferred to the agency which provides child welfare services, regardless of whether the parent has requested anonymity. The provisions of this paragraph do not prohibit a provider of emergency services from transferring identifying information relating to the parent to the agency which provides child welfare services if the agency has reasonable cause to believe that the child has been abused or neglected.



- VII. Unless there is a reasonable cause to believe that the child has been abused or neglected, excluding the mere fact that the parent has delivered the child to the provider, the provider must:
- A. Not require the parent to disclose any identifying information, unless the parent chooses to do so voluntarily;
  - B. Allow the parent to leave at any time; or
  - C. Not pursue or follow the parent.

**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 AND 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~~ *his/her* ability to carry out ~~their~~ *his/her* 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.

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**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] government authority, 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 or provide for suitable alternate disposition as defined by District Regulation.

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**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 level.
- IV. Emergency Medical Dispatchers shall maintain EMD certification.

**1300.306 EMS COMMUNICATIONS: EMERGENCY COMMUNICATION NURSE SYSTEM (ECNS) TRAINING.**

- I. An agency or city wishing to use an Emergency Communication Nurse shall have in effect, and maintain, an accredited Center of Excellence EMS Priority Dispatch system.
- II. The ECNS training shall include all training and requirements set forth in [District Regulation] subsection 1300.305 of these Regulations.
- III. The ECNS personnel shall complete a District approved Emergency Communication Nurse System training course.
- IV. The ECNS System shall maintain EMD and ECNS certification.

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**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] Receiving [f]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] Receiving [f]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] was~~ provided as authorized by protocol;
- L. In cases involving cardiac monitoring, a copy of the ECG strip identifying all rhythm changes shall be included as part of the record;
- M. In cases of trauma, the Patient's trauma score, TQTC 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] its~~ current address within thirty (30) days of the address change.

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**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 [S]subsection 1900.000 of these Regulations.

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**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 [S]subsection 1900.000 of these Regulations.

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**1300.442 RECORDS, REPORTS: CRIMINAL INVESTIGATION/CONVICTION.** Each Permittee or Licensee shall notify the Health Officer of any pending criminal investigation or [conviction-litigation] charges within five (5) days after arrest, issuance of citation, or [the] service of a summons or complaint. The Permittee or Licensee shall also report [any] the final disposition [in said litigation] within five (5) days of such action. Notification shall be as provided for in [S]subsection 1900.000 of these Regulations.

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**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.** The Health Officer shall inspect all Units of a Permittee at least once a year. [NRS 450B.220]

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- I. As many additional inspections and reinspections shall be made as are necessary for enforcement of these Regulations.
- II. It is unlawful for any Person to interfere with the District in the performance of its duties.
- III. Inspections shall not interfere with the ready availability of Emergency Medical Services to the public.

**1300.510 INSPECTIONS: INITIAL PERMIT, RENEWAL.** [NRS 450B.220]

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- 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 ~~[S]subsection 1900.000~~ of these Regulations.

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**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.790 and 450B.795 and pursuant to protocols and procedures authorized by the Health Officer.

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**1300.600 PATIENT TRANSFER.**

- I. Ambulance Attendants should only Transfer a Patient whose ~~[therapy] care~~ required during the Transfer lies within the Ambulance Attendant's capabilities, unless

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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.

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#### 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~~ care required during the Transfer lies within the Ambulance Attendant's capabilities, unless capable personnel accompany the Patient.

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

**Commented [p487]:** Physician Order for Life-Sustaining Treatment will be addressed in Section 1450.

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

**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~~Health Officer 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.

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**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]~~II, 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.

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**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]~~*Health Officer* 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.

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**1400.525 APPLICATION FOR DO-NOT-RESUSCITATE IDENTIFICATION ON BEHALF OF MINOR: FORM; REQUIREMENTS.**

- 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 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.

**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.**

- 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 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 450B.530.
- 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.

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**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.

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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~~.

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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.

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II. A Health Care Facility, Ambulance Service, Air 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.

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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.** (NRS 450B.900)

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- 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, 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-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 1450**  
**PHYSICIAN ORDER FOR**  
**LIFE-SUSTAINING TREATMENT (POLST)**  
**(NRS 449.691 - NRS 449.697)**

Commented [p500]: New POLST Form not previously addressed.

**1450.000 PHYSICIAN ORDER FOR LIFE-SUSTAINING TREATMENT.** *This Section is written pursuant to the provisions of NRS 449.691 through NRS 449.697 inclusive, and is not intended to replace or supersede any provision of such Statute.*

**1450.100 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 Health Care Facility to another Health Care Facility.*

**1450.200 WRITTEN PHYSICIAN ORDER FOR LIFE-SUSTAINING TREATMENT ISSUED ONLY TO QUALIFIED PATIENTS; PHYSICIAN AUTHORIZED TO APPLY FOR IDENTIFICATION.**

- I. *A Nevada licensed Physician may issue a written Physician Order for Life-Sustaining Treatment only to a Qualified Patient who has been determined to be in a Terminal Condition pursuant to NRS 449.590.*
- II. *Upon request of the Qualified Patient, the Physician may complete the POLST Form based on the preferences and medical indications of the Qualified Patient.*
- III. *A POLST Form is valid upon execution by a Physician and:*
  - A. *If the Patient is 18 years of age or older and of sound mind, the Patient;*
  - B. *If the Patient is 18 years of age or older and Incompetent, the representative of the Patient; or*
  - C. *If the Patient is less than 18 years of age, the Patient and a parent or legal guardian of the Patient.*

**1450.300 REVOCATION OF PHYSICIAN ORDER FOR LIFE-SUSTAINING TREATMENT FORM: REQUIREMENTS.**

- I. *A Physician Order for Life-Sustaining Treatment Form may be revoked at any time and in any manner by:*
  - A. *The Patient who executed it, if competent, without regard to his or her age or physical condition;*
  - B. *If the Patient is Incompetent, the representative of the Patient; or*
  - C. *If the Patient is less than 18 years of age, a parent or legal guardian of the Patient.*
- II. *The revocation or a witness to the revocation, of the desire to revoke the Physician Order for Life-Sustaining Treatment Form is effective upon the communication to a Person Who Administers Emergency Medical Care, by the Patient or a witness to the revocation, of the desire to revoke the form.*



**1450.400 IMMUNITY FROM CIVIL AND CRIMINAL LIABILITY AND DISCIPLINE FOR UNPROFESSIONAL CONDUCT.**

- I. A Person Who Administers Emergency Medical Care is not guilty of unprofessional conduct or subject to civil or criminal liability if:
  - A. The Person Who Administers Emergency Medical Care withholds emergency care or Life-Sustaining Treatment:
    1. In compliance with a Physician Order for Life-Sustaining Treatment Form and the provisions of NRS 449.691 to 449.697, inclusive; or
    2. In violation of a Physician Order for Life-Sustaining Treatment Form if the Person Who Administers Emergency Medical Care is acting in accordance with a declaration, direction or order set forth in one or more of the other types of advance directives and:
      - a. Complies with the provisions of NRS 449.695; or
      - b. Reasonably, and in good faith at the time the emergency care of Life-Sustaining Treatment is withheld is unaware of the existence of the POLST Form or believes that the POLST Form has been revoked pursuant to NRS 449.6944; or
  - B. The Person Who Administers Emergency Medical Care provides emergency care or Life-Sustaining Treatment:
    1. Pursuant to an oral or written request made by the Patient, the representative of the Patient, or a parent or legal guardian of the Patient, who may revoke the POLST Form pursuant to NRS 449.6944;
    2. Pursuant to an observation that the Patient, the representative of the Patient or a parent or legal guardian of the Patient has revoked, or otherwise indicated that he or she wishes to revoke, the POLST Form pursuant to NRS 449.6944; or
- II. A Health Care Facility, Ambulance Service, Air Ambulance Service, Firefighting Agency or other entity that employs a Person Who Administers Emergency Medical Care 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.

**1450.500 PERSON WHO ADMINISTERS EMERGENCY MEDICAL CARE REQUIRED TO COMPLY WITH VALID POLST FORM; TRANSFER OF CARE OF PATIENTS; EXCEPTIONS.**

- I. Except as otherwise provided in this Section and NRS 449.6946, a Person Who Administers Emergency Medical Care shall comply with a valid Physician Order for Life-Sustaining Treatment Form, regardless of whether the Person Who Administers Emergency Medical Care is employed by a Health Care Facility or other entity affiliated with the physician who executed the POLST Form.
- II. Except as otherwise provided in subsection III, a Person Who Administers Emergency Medical Care who is unwilling or unable to comply with a valid POLST Form shall take all reasonable measures to Transfer the Patient to a Physician or Health Care Facility so that the POLST Form will be followed.
- III. Life-Sustaining Treatment must not be withheld or withdrawn pursuant to a POLST Form of a Patient known to the Attending Physician to be pregnant, so long as it is probable that the fetus will develop to the point of live birth with the continued

application of Life-Sustaining Treatment.

- IV. Nothing in this section requires a Person Who Administers Emergency Medical Care to comply with a valid POLST Form if the Person Who Administers Emergency Medical Care does not have actual knowledge of the existence of the form.

**1450.600 ASSUMPTION OF VALIDITY OF POLST FORM; PRESUMPTION OF INTENT OF PATIENT NOT CREATED IF PATIENT HAS REVOKED OR NOT EXECUTED POLST FORM.**

- I. Unless he or she has knowledge to the contrary, a Person Who Administers Emergency Medical Care may assume that a Physician Order for Life-Sustaining Treatment Form complies with the provisions of NRS 449.691 to 449.697, inclusive and is valid.
- II. The provisions of NRS 449.691 to 449.697, inclusive, do not create a presumption concerning the intention of a:
- A. Patient, if the Patient, the representative of the Patient or a parent or legal guardian of the Patient has revoked the POLST Form pursuant to NRS 449.6944; or
- B. Person who has not executed a POLST Form, concerning the use of withholding of emergency care or Life-Sustaining Treatment.

**1450.700 UNLAWFUL ACTS; PENALTY. (NRS 450B.900)**

- I. It is unlawful for:
- A. A Person Who Administers Emergency Medical Care to willfully fail to Transfer the care of a Patient in accordance with subsection 3 of NRS 449.695.
- B. A Person to willfully conceal, cancel, deface or obliterate a Physician Order for Life-Sustaining Treatment Form without the consent of the Patient who executed the form.
- C. A Person to falsify or forge the POLST Form of another Person, or willfully conceal or withhold personal knowledge of the revocation of the POLST Form of another Person, with the intent to cause the withholding or withdrawal of emergency care or Life-Sustaining Treatment contrary to the wishes of the Patient.
- D. A Person to require or prohibit the execution of a POLST Form as a condition of being insured for, or receiving health care in violation of subsection 3 of NRS 449.6954.
- E. A Person to coerce or fraudulently induce another to execute a POLST Form.
- II. A person who violates any of the provisions of this section is guilty of a misdemeanor.

**1450.800 VALIDITY OF POLST FORM EXECUTED IN ANOTHER STATE.**

- I. A Physician Order for Life-Sustaining Treatment Form executed in another state in compliance with the laws of that state or this state is valid for the purposes of NRS 449.691 to 449.697, inclusive.
- II. As used in this section, "state" includes the District of Columbia, the Commonwealth of Puerto Rico, and a territory or insular possession subject to the jurisdiction of the United States.



## SECTION 1500 PROVISIONAL PERMITS, VARIANCES

### 1500.100 PROVISIONAL PERMITS. NRS 450B.210

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- 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

(NRS 450B.120; NRS 450B.130)

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### 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 (1) Medical Director of each firefighting/franchised agency;
  - B. One (1) 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's 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];

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- 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 a 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 in accordance with [e]NRS 281A.420[b].
- 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.

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## SECTION 1800

### DISCIPLINARY ACTION

#### 1800.000 SUSPENSION, REVOCATION OF LICENSE, PERMIT, ENDORSEMENT, LETTER OF APPROVAL, LETTER OF AUTHORIZATION TO CONDUCT EMS TRAINING, OR LETTER OF AUTHORIZATION TO OPERATE AS A DRIVER FOR A RURAL VOLUNTEER AMBULANCE SERVICE.

- I. No Permittee may operate a service and no Licensee may drive an Ambulance or attend a Patient if the ~~the~~ 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 the ~~the~~ Certificate, Endorsement letter, Letter of Authorization, 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 a Class or Course if the authorization has been suspended or revoked.

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#### 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 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~~ [s]Suspend the License or Permit; or
  - C. ~~File a petition with the Board to~~ [p]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 Letter of Authorization.
- III. An order to take corrective action, ~~a petition for~~ suspension, 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;

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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~~[-]; and~~
  - G. A Person or governmental entity shall not provide Community Paramedicine Services or represent, advertise or otherwise imply that it is authorized to provide Community Paramedicine Services without a current, valid Permit with an Endorsement to Provide Community Paramedicine Services issued by the District pursuant to 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; and
  - 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.

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**1800.200 NOTIFICATION OF SUSPENSION OF LICENSE, PERMIT, ENDORSEMENT, LETTER OF APPROVAL, ~~[OR] LETTER OF AUTHORIZATION TO CONDUCT EMS TRAINING, OR LETTER OF AUTHORIZATION TO OPERATE AS A DRIVER FOR A RURAL VOLUNTEER AMBULANCE SERVICE.~~**

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 Division of Public and Behavioral Health, 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.

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1800.300 REINSTATEMENT OF LICENSE, PERMIT, ENDORSEMENT, LETTER OF APPROVAL, ~~[OR]~~ LETTER OF AUTHORIZATION TO CONDUCT EMS TRAINING, OR LETTER OF AUTHORIZATION TO OPERATE AS A DRIVER FOR A RURAL VOLUNTEER AMBULANCE SERVICE. 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:

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I. Reinstatement the License, Permit, Endorsement, Letter of Approval, or Letter of Authorization; ~~[or]~~

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II. Notify the [A]applicant, in writing, of the rejection, identifying the reasons therefore and informing the [A]applicant of the [A]applicant's right to a hearing in accordance with subsection 1800.400[-]; and

Commented [p522]: Capitalized word is defined; does not include a rural volunteer ambulance driver.

III. Notify the Nevada Division of Public and Behavioral Health.

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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 [A]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.

Commented [p525]: A capitalized word is defined and does not include a rural volunteer ambulance driver.

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. Unless otherwise provided by law, 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~~ Health Officer.

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EMS REGULATIONS  
SUMMARY OF CHANGES

(To replace November 19, 2015 version)

Draft changes made to EMS Regulations are noted in the following way:

- *Additions are italicized and underscored*
- Deletions are surrounded by brackets and have a ~~[striketrough]~~

Global changes:

- Removed all references to EMT-Basic, EMT-Intermediate, EMT-Paramedic to transition them to the new levels of EMT, Advanced EMT (AEMT), Paramedic
- Changed APN to APRN (NAC 632.020)
- Removed "...shall have the meaning ascribed to it..." throughout Section 100
- All current Primary EMS Instructors will be renamed EMS Instructor II upon Board of Health approval of EMS Regulations
- All current Secondary EMS Instructors who have not fulfilled the requirements to upgrade to EMS Instructor II will be transitioned to EMS Instructor I upon Board of Health approval of EMS Regulations (process to upgrade to EMS Instructor II will be outlined in the EMS Procedure Manual)
- Added references to NRS and NAC per the request of community stakeholders
- Clarification
- Housekeeping

Table of Contents

Will be updated upon approval of all revisions

Terms and Conventions (Acronyms contained within the document)

- Added AED (Automated External Defibrillator)
- APN (Advanced Practitioner of Nursing) to APRN (Advanced Practice Registered Nurse) per NAC 632.020
- Added CAPCE (Commission on Accreditation for Pre-Hospital Continuing Education)
- Deleted CECBEMS (Continuing Education on Accreditation for Emergency Medical Services)
- Added CP (Community Paramedicine)
- Added ECG (Electrocardiogram)
- Deleted EMT-B; EMT-I; EMT-P
- Added IBSC (International Board of Specialty Certification)
- Added NRS (Nevada Revised Statutes)
- Added NSC (National Standard Curriculum)
- Added SNHD (Southern Nevada Health District)

Section 100: Definitions

- 100.010: Added "Advance Directive"
- 100.017: Revised "APN" to "APRN" to align with NAC
- 100.041: Revised to include Air Ambulance Service
- 100.050: Revised for the purpose of clarification
- 100.077: Added "District" as it was not previously defined
- 100.081: DNR/POLST added to name of protocol
- 100.081: Deleted "established by the Board"
- 100.085: Added "Emergency Medical Services" as it was not previously defined
- 100.086: Renumbered (currently 100.095)
- 100.101: Added "EMS Instructor I" (currently Secondary EMS Instructor)
- 100.102: Added "EMS Instructor II" (currently Primary EMS Instructor)
- 100.103: Spelled out "Emergency Medical Services"
- 100.104: Deleted "et. Seq" as it relates to the entire Section



## Section 100: Definitions (continued)

- 100.112: Revised per NRS 450B.072
- 100.116: Clarified staffing of a "Licensed" EMS provider, as opposed to "Certified" EMS provider
- 100.144: Added "Incompetent" as it relates to the POLST Form (NRS 150.019)
- 100.149: Added "Letter of Authorization to Operate as a Driver for a Rural Volunteer Ambulance Service"
- 100.157: Added "Life-Sustaining Treatment" (NRS 449.570)
- 100.160: MAB members are no longer appointed by the Health Officer; Board is now comprised of the franchised ambulance service and firefighting agency Medical Director and Operations Supervisor
- 100.174: Clarified staffing of a "Licensed" EMS provider, as opposed to "Certified" EMS provider
- 100.193: Removed "law enforcement officer"
- 100.202: Added "Physician Order for Life-Sustaining Treatment Form" or "POLST Form" (NRS 449.694)
- 100.206: Replaced "District" with "Officer"
- 100.212: Deleted "Primary EMS Instructor" (will transition to "EMS Instructor II" upon Board of Health approval of EMS Regulations)
- 100.229: Added "Rural" for the purpose of clarification
- 100.230: Added "Rural Volunteer Ambulance Driver"
- 100.231: Added "Rural Volunteer Ambulance Service"
- 100.232: Added note to sunset "Secondary EMS Instructor" title two years from date of BOH approval of regulations. At that time this level of endorsement will transition to either EMS Instructor I or II, depending on completion of specific requirements outlined in the procedure manual)
- 100.235: Revised to align with NRS 450B.680
- Housekeeping changes throughout Section

## Section 200: Emergency Medical Services Training Centers

- 200.000 IV: Added enabling language
- 200.005: Removed "at least"
- 200.010 III- V: Revised instructor titles and scope of practice
- 200.200: Added "if applicable" to address AHA e-training
- 200.400: Added NRS reference
- 200.410: Capitalized "Provisional License" as it is defined
- Housekeeping changes throughout Section

## Section 300: Certification/Recertification/Reciprocity

- 300.100: Renamed "Initial Certification" for clarification
- 300.100 I.B: Added "if applicable" to address AHA e-training
- 300.100 E: Added requirement for submission of fingerprints per NRS 450B.800.
- 300.100 F: Added requirement for completion of a course of instruction in WMD Surveillance and Health Alert Network per NRS 450B.165.
- 300.100 G: Added requirement for reciprocity applicants to pass a certification exam upon entry, except applicants who hold a current State of Nevada or NREMT certificate
- 300.100 II, III, VII, VIII: Deleted subsections 300.200 and 300.300 to incorporate process into one subsection
- 300.110 II.B: Added "if applicable" to address AHA e-training
- 300.120 I: Allows entry for EMTs with a current out-of-state certificate
- 300.120 I.C: Added "if applicable" to address AHA e-training
- 300.120 I.E: Added "E" to require fingerprinting per NRS 450B.800
- 300.120 II: Added requirement for reciprocity applicants to pass an EMT certification exam upon entry, except applicants who hold a current State of Nevada or NR EMT certificate
- 300.200: Deleted subsection and moved to 300.100
- 300.210: Added "if applicable" to address AHA e-training
- 300.220 I: Allows entry for AEMTs with a current out-of-state certificate
- 300.220 I.D: Added "E" to require fingerprinting per NRS 450B.800
- 300.220 I.F: Changed "EMT" to "EMS" (EMT is a defined certification level)

Section 300: Certification/Recertification/Reciprocity (continued)

- 300.220 II: Added requirement for reciprocity applicants to pass an AEMT certification exam upon entry, except applicants who hold a current State of Nevada or NR AEMT certificate
- 300.300: Deleted subsection and moved to 300.100
- 300.320 I: Allows entry for Paramedics with a current out-of-state certificate
- 300.321 I.D: Added "E" to require fingerprinting per NRS 450B.800
- 300.320 I.F: Changed "EMT" to "EMS" (EMT is a defined certification level)
- 300.320 II: Added requirement for reciprocity applicants to pass a Paramedic certification exam upon entry, except applicants who hold a current State of Nevada or NR Paramedic certificate
- 300.321 I.C: Added "if applicable" to address recertification requirement
- 300.321 II: Replaced CECBEMS with CAPCE
- 300.321 III: Deleted because this information is already provided to the OEMSTS in the course syllabus
- 300.321 IV: Replaced CECBEMS with CAPCE
- 300.321 VI.E: Added requirement for a minimum audit of 10% of the documentation submitted for recertification. This is the current process, but not previously addressed in EMS Regulations.
- 300.322 II, III, & IV: Added reference to related procedures outlined in the EMS Procedure Manual
- 300.322 VII: Added "E" to require fingerprinting per NRS 450B.800
- Added references to NRS and NAC
- Housekeeping changes throughout Section

Section 400: Critical Care/Community Paramedicine/Instructor/EMS RN Training and Endorsement

- 400.050 I.B: Replaced CECBEMS with CAPCE
- 400.050 III: Added IBSC as acceptable CCT certification
- 400.050 IV: Clarified CCT endorsement is tied to applicant's license as opposed to the certificate
- 400.110 I.B: Replaced CECBEMS with CAPCE
- 400.110 II: Spelled out requirements for CCT internship
- 400.115: Added reference to NRS
- 400.250 I: "EMS Instructor Endorsement" (generic)
- 400.250 I.C.1: Referenced procedures for EMS Instructor I and II, and Master EMS Instructor
- 400.250 II: Added subsection to address requirements for EMS Instructor I Endorsement
- 400.250 III: Changed title from Primary EMS Instructor to EMS Instructor II
- 400.250 IV: Housekeeping; deleted reference to specific procedure as it applies to all levels
- 400.350 I.B & II: Deleted; outlined in the EMS Procedure Manual
- 400.350 III: Clarified the skills evaluation shall be monitored by either an EMS Instructor II or Master EMS Instructor; will be renumbered as II. in the next iteration
- 400.350 IV: Clarified the lecture evaluation shall be completed by a Master EMS Instructor; will be renumbered as III. in the next iteration
- 400.350 V: Clarified requirements for EMS Instructor Endorsement; will be renumbered as IV. in the next iteration
- 400.400 I: Deleted and clarified new scope of practice in II, III, IV, & V.
- 400.400 II: Will be renumbered as I. in the next iteration
- 400.400 III: Will be renumbered as II. in the next iteration
- 400.400 IV: Will be renumbered as III. in the next iteration
- 400.525: New subsection added to allow for certified EMS providers with a teaching license to teach an EMT Course at a secondary education institution
- 400.530: Allows for renewal of EMS Instructor II endorsement
- 400.600: Added reference to NRS
- 400.700 I: Added clarifying language that EMS RNs must be licensed in Nevada as both RN and EMS RN
- 400.700 III, A-C: Added "if applicable" to address AHA e-training
- 400.715 III, B: Clarified skills must be signed off within the last six months
- 400.715 IV: Changed title from Secondary EMS Instructor to EMS Instructor I
- 400.720 III, A-C: Added EMS RN renewal requirements



#### Section 400: Critical Care/Community Paramedicine/Instructor/EMS RN Training and Endorsement (continued)

- 400.720 III: Clarified certification requirements for application for renewal of EMS RN endorsement since the Nevada State Board of Nursing does not require these certifications
- Housekeeping changes throughout Section

#### Section 500: Licensure

- Added reference to NRS
- 500.022 II: Deleted as it references EMT-B, which no longer exists
- 500.022 III Will be renumbered as II. in the next iteration
- 500.022 IV: Will be renumbered as III. in the next iteration
- 500.022 V: Added clarifying language; Will be renumbered as IV. in the next iteration
- 500.024 IV: Added clarifying language
- 500.026 IV: Added clarifying language
- 500.050 I.D: Added clarifying language
- 500.050 I.F: Deleted per the Nevada Department of Public Safety
- 500.050 I.G: Will be renumbered as F. in the next iteration
- 500.700 III.B: Added requirement for submission of a renewal application; not previously addressed
- 500.750: Added clarifying language
- 500.800 I: Added "Physician"
- 500.800 III. A-D: Added "if applicable" to address AHA e-training
- Added references to NRS 450B
- Housekeeping changes throughout Section

#### Section 800: Permit Endorsement

- Added reference to NRS
- Housekeeping changes throughout Section

#### Section 850: Medical Director, Qualifications and Duties

- Added reference to NAC
- 850.000 I.D: Deleted and moved to end of subsection
- 850.000 I.E: Will be renumbered as D. in the next iteration
- New 850.000 I.E: (Added language to allow physicians with a Subspecialty Board Certified in EMS to be a medical director)
- 850.000 I.F: Will be renumbered as E. in the next iteration
- 850.000 I.G: Moved from I.D; Will be renumbered as F. in the next iteration
- 850.00 1-4: Added "if applicable" to address AHA e-training
- 850.010 III. A: Removed and added to first paragraph in III.
- 850.010 III B-F: Will be renumbered A-E in the next iteration
- Housekeeping changes throughout Section

#### Section 900: Ambulance Service

- 900.000 II: Revised reference to NRS
- 900.005 VI: Deleted erroneous reference to NRS
- 900.005 VII: Added reference to 100.165 definition
- 900.010 II: Added reference to 100.165 definition
- 900.030: Added Community Paramedicine Services as a new level of endorsement
- 900.100 & 900.200: Added clarifying language related to KKK-1822
- Housekeeping changes throughout Section

#### Section 1000: Air Ambulance Service

- 1000.005 I: Added reference to 100.165 definition
- 1000.005 II. 3-6: Added "if applicable" to address AHA e-training
- 1000.005 II.C: Added clarifying language
- 1000.010 I: Added reference to 100.165 definition

Section 1000: Air Ambulance Service (continued)

- 1000.010 III.C: Added clarifying language
- Housekeeping changes throughout Section

Section 1100: Firefighting Agency

- 1100.000 II: Added reference to 100.165 definition
- 1100.300: Added new subsection to address the requirements/need for a Letter of Authorization to staff Rural Volunteer Ambulance Drivers to work for a Rural Volunteer Ambulance Service

Section 1100: Firefighting Agency (continued)

- 1100.400: Added new subsection to address the duties of a Rural Volunteer Ambulance Driver
- Added reference to NRS 450B
- Housekeeping changes throughout Section

Section 1150: Special Event Medical Coverage

- Added reference to NRS
- 1150.050 II.K: Added enabling language
- Housekeeping changes throughout Section

Section 1200: Controlled Substances and Dangerous Drugs

- Added reference to NAC
- 1200.100; 1200.200; 1200.400; 1200.500: Clarified that only "Licensed" providers may handle controlled substances
- Housekeeping changes throughout Section

Section 1240: Auto-Injectable Epinephrine

- Added reference to NRS
- 1240.100 III: Deleted "Board" and replaced with "Health Officer"
- 1240.200: Deleted "Board" and replaced with "Health Officer"
- Housekeeping changes throughout Section

Section 1250: Administration of an Opioid Antagonist

- Added reference to 453C.453 et. seq. "Good Samaritan Drug Overdose Act"
- 1250 II: Deleted "Board" and replaced with "Health Officer"
- Housekeeping changes throughout Section

Section 1260: Delivery of a Newborn Child to a Provider of Emergency Services

- Added new Section to address the responsibilities of a provider of emergency services

Section 1300: EMS Administration

- 1300.300: Replaced "entity" with "government authority"
- 1300.306: Added reference to subsection 1300.305
- 1300.410 I: Replaced "medical facility" with "Receiving Facility"
- 1300.430: Added reference to subsection 1900.000
- 1300.442: Added clarifying language; added reference to subsection 1900.00
- 1300.500: Added reference to NRS
- 1300.510: Added reference to NRS
- 1300.530: Added reference to subsection 1900.000
- 1300.570: Added reference to NRS
- 1300.600 & 1300.800: Replaced "therapy" with "care"
- Housekeeping changes throughout Section



#### Section 1400: Do-Not-Resuscitate, Withholding Life-Sustaining Treatment

- Added references to NRS
- Removed "Physician Order for Life-Sustaining Treatment" from the title as it is now addressed in Section 1450
- 1400.305: Deleted "Board" and replaced with "Health Officer"
- 1400.500 I: Deleted "Board" and replaced with "Health Officer"
- 1400.530: Added specific NRS reference
- 1400.540 II: Included "Air Ambulance Service"
- 1400.580: Added NRS reference
- Housekeeping changes throughout Section

#### Section 1450: Physician Order for Life-Sustaining Treatment (POLST)

- Added reference to NRS
- DNR and POLST were separated into two Sections to eliminate confusion and separate processes

#### Section 1500: Provisional Permits, Variances

- Added reference to NRS 450B

#### Section 1600: Medical Advisory Board

- Added reference to NRS 450B
- Housekeeping changes throughout Section

#### Section 1800: Disciplinary Action

- 1800.000: Added "Letter of Authorization to Operate as a Driver for a Rural Volunteer Ambulance Service"
- 1800.100 I.B-C: Revised the need to petition the Board of Health to order corrective action to be taken
- 1800.100 III: Revised the need to petition the Board of Health to suspend, revoke or order an immediate suspension by the Health Officer or Health Officer's designee
- 1800.300: Added "Letter of Authorization to Operate as a Driver for a Rural Volunteer Ambulance Service" for reinstatement of a License, Permit, Endorsement or Letter of Approval
- 1800.300 II: Changed "Applicant" to "applicant" for the purpose of clarification. As defined, "Applicant" does not include a Rural Volunteer Ambulance Driver
- 1800.300 III: Added the need to notify the Nevada Division of Public and Behavioral Health when a License, Permit, Endorsement, Letter of Approval or Letter of Authorization to Operate as a Driver for a Rural Volunteer Ambulance Service has been reinstated
- 1800.400 III: Changed "Applicant" to "applicant" for the purpose of clarification. As defined, "Applicant" does not include a Rural Volunteer Ambulance Driver
- Housekeeping changes throughout Section

#### Section 1900: Miscellaneous

- Added reference to NRS
- 1900.300: Deleted "Board" and replaced with "Health Officer"