

[NAC-450B Revised Date: 6-16]

CHAPTER 450B - EMERGENCY MEDICAL SERVICES

GENERAL PROVISIONS

450B.010	Definitions.
450B.013	“Advanced emergency care” defined.
450B.015	“Agency’s vehicle” defined.
450B.040	“Air attendant” defined.
450B.050	“Applicant” defined.
450B.055	“Attendant” defined.
450B.061	“Basic emergency care” defined.
450B.070	“Certificate” defined.
450B.085	“Division” defined.
450B.090	“Driver” defined.
450B.100	“Emergency” defined.
450B.103	“Emergency call” defined.
450B.105	“Emergency care” defined.
450B.115	“Emergency medical responder” defined.
450B.117	“Emergency medical services registered nurse” defined.
450B.119	“Endorsement” defined.
450B.140	“Health Officer” defined.
450B.143	“Industrial operator” defined.
450B.147	“Instructor” defined.
450B.148	“Intermediate emergency care” defined.
450B.150	“License” defined.
450B.160	“Licensee” defined.
450B.170	“Local authority” defined.
450B.175	“Municipal operator” defined.
450B.177	“National standard” defined.
450B.180	“Patient” defined.
450B.205	“Physician” defined.
450B.210	“Pilot” defined.
450B.215	“Registered nurse” defined.
450B.219	“Report of emergency care” defined.
450B.230	“Service” defined.
450B.240	“State” defined.
450B.245	“State radio system for emergency medical services” defined.
450B.253	“Transfer” defined.
450B.255	“Transport” defined.
450B.260	“Unit” defined.
450B.280	“Volunteer service” defined.
450B.295	Variances by local authorities.
450B.297	Standards for licensing, certification, applicants for training and programs of training.
450B.300	Severability.

EMERGENCY CARE

Licensing and Certification

450B.310	Licensing of attendants required.
450B.320	Licensing of attendants: Qualifications.
450B.330	Licensing of attendants: Application; renewal.
450B.340	Licensing of attendants: Provisional license.
450B.350	Licensing of attendants: Terms; renewal; responsibility of service; alteration of official entry.
450B.355	Certification of emergency medical responders.
450B.360	Certification of emergency medical technicians, advanced emergency medical technicians and paramedics: Requirements.
450B.363	Certification of emergency medical technicians, advanced emergency medical technicians and paramedics trained in another state; renewal of certificate.
450B.366	Certificate as emergency medical responder: Expiration and renewal.
450B.375	Certificate as emergency medical technician, advanced emergency medical technician or paramedic: Late renewal.
450B.380	Certificate as emergency medical technician, advanced emergency medical technician or paramedic: Expiration; verification of skills of holder for maintenance; renewal.

Endorsement as Critical Care Attendant

450B.381	Requirements; authorized practice.
450B.382	Expiration; renewal.

Authorized Activities

- [450B.384](#) Emergency medical technician: Practice beyond scope of certificate prohibited; exception.
- [450B.440](#) Requirements for program of training for paramedics.
- [450B.447](#) Additional authorized activities; verbal orders.
- [450B.450](#) Provision of care, supplies and equipment by hospital or service; staffing of ambulance or air ambulance.
- [450B.455](#) Documentation of care provided to patients.

EMERGENCY MEDICAL DISPATCHERS

- [450B.456](#) Qualifications for certification.
- [450B.457](#) Certification of emergency medical dispatcher trained in another state.
- [450B.458](#) Expiration and renewal of certificate.
- [450B.459](#) Late renewal of certificate.

CONTROLLED SUBSTANCES AND DANGEROUS DRUGS

- [450B.461](#) Restrictions on authority to administer.
- [450B.465](#) Storage and security.
- [450B.471](#) Administration: Reporting requirements; discarding of unused portion of unit dose.
- [450B.475](#) Supplying of controlled substances; handling, use and maintenance of controlled substances and dangerous drugs; procedures to address discrepancies.
- [450B.481](#) Controlled substances: Record of usage; inventory.

ENDORSEMENT TO ADMINISTER IMMUNIZATIONS, DISPENSE MEDICATIONS AND RESPOND TO PUBLIC HEALTH NEEDS

- [450B.493](#) Application; qualifications; proof of certification as advanced emergency medical technician or paramedic; fee not required.
- [450B.496](#) Authorized activities.
- [450B.497](#) Expiration and renewal; fee not required.

AMBULANCE SERVICES AND FIRE-FIGHTING AGENCIES

- [450B.505](#) Permit required; appointment, powers and duties of medical director.
- [450B.510](#) Permits: Application; renewal.
- [450B.515](#) Ambulance permits: Fee.
- [450B.520](#) Permits: Denial of application.
- [450B.526](#) Application for permit.
- [450B.529](#) Permit: Investigation of applicant; issuance or rejection.
- [450B.532](#) Renewal of permit.
- [450B.540](#) Display, alteration and transferability of permit.
- [450B.550](#) Ambulance: Design and equipment.
- [450B.560](#) Ambulance, air ambulance or agency's vehicle: Equipment and supplies.
- [450B.562](#) Air ambulance: Compliance with certain Federal Aviation rules.
- [450B.564](#) Air ambulance: Surveillance review for safety and compliance.
- [450B.566](#) Air ambulance: Landing site for helicopters.
- [450B.568](#) Air ambulance: Restriction on transfer of patients from one hospital to another.
- [450B.570](#) Air ambulance: Design, medical equipment and medical supplies.
- [450B.574](#) Unit used to provide emergency care at scene of emergency without transporting patients: Required personnel.
- [450B.575](#) Ambulance, air ambulance or any other unit used to transport patients and provide any level of emergency care: Required equipment and personnel.
- [450B.578](#) Ambulance, air ambulance or agency's vehicle: Communication with and agreement by hospital.
- [450B.580](#) Ambulance, air ambulance or agency's vehicle: Standards and procedures for operation.
- [450B.600](#) Air ambulance: Equipment and operation of aircraft; staff.
- [450B.611](#) Base stations, protocols and procedures.
- [450B.620](#) Reports required.
- [450B.630](#) Records concerning transportation and transfer of patients.
- [450B.640](#) Inspections.
- [450B.645](#) Reports of emergency care.

DISCIPLINARY ACTION

- [450B.650](#) Periodic examination or investigation by Division; fee.
- [450B.655](#) Unprofessional conduct.
- [450B.660](#) Grounds for disciplinary action.
- [450B.665](#) Authorized discipline.
- [450B.680](#) Notification of other licensing authorities of disciplinary action.
- [450B.690](#) Reinstatement of permit, certificate or license.
- [450B.695](#) Certificate revoked, terminated or suspended under certain circumstances not eligible for renewal.

MISCELLANEOUS PROVISIONS

- [450B.700](#) Fees.
- [450B.710](#) Notice to applicant of rejection of permit or license.
- [450B.715](#) Renewal of certification of nonresident who is no longer employed by service.

450B.720	Programs of training.
450B.723	Endorsement as instructor: Qualifications; authorized activities.
450B.725	Endorsement as instructor: Expiration; renewal.
450B.730	Report of crash or incident.

TREATMENT OF TRAUMA

Initial Procedures and Collection of Information

450B.760	Definitions.
450B.762	Adoption of certain publications by reference.
450B.764	Development of system for collection of information concerning treatment of trauma.
450B.766	Submission of information by licensee who provides emergency medical care at scene of injury.
450B.768	Submission of quarterly reports by hospital concerning patients treated by hospital; annual reports by Division.
450B.770	Standard for initial identification and care of patients with traumas.
450B.772	Criteria for determining destination for transportation and treatment of patients with traumas.
450B.774	Procedure when patient refuses transportation to center for treatment of trauma.

Centers for Treatment of Trauma

450B.780	Definitions.
450B.783	“Board” defined.
450B.786	“Center for the treatment of trauma” defined.
450B.798	“Patient with trauma” defined.
450B.799	“Pediatric center for the treatment of trauma” defined.
450B.808	“Service area” defined.
450B.810	“System for providing treatment for trauma” defined.
450B.814	“Triage criteria” defined.
450B.815	“Verification review” defined.
450B.816	Adoption of certain publications by reference.
450B.817	Restrictions on applications for initial designation; applications authorized at time for renewal.
450B.819	Submission, contents and review of applications for designation; requests for verification; provisional authorization in certain counties.
450B.820	Verification reviews.
450B.8205	Prerequisites to renewal of designation.
450B.824	Notice of decision regarding application for designation or renewal of designation.
450B.826	Duration of designation; provisional designation.
450B.828	Addition of centers to system for providing treatment for trauma.
450B.830	Discontinuance of designation by center; withdrawal of or refusal to renew designation.
450B.832	Fee for designation or renewal of designation.
450B.834	Grounds for suspension or revocation of designation.
450B.836	Notice of intent to deny, suspend or revoke designation; summary suspension of designation; appeal of action.
450B.838	Level I center: Requirements for designation.
450B.845	Pediatric center: Requirements for designation.
450B.852	Level II center: Requirements for designation.
450B.866	Level III center: Requirements for designation.
450B.875	Establishment of programs to ensure quality of care.

COLLECTION OF DATA CONCERNING WAITING TIMES AT HOSPITALS

450B.880	Definitions.
450B.882	“Hospital” defined.
450B.884	“Provider of emergency medical services” defined.
450B.886	Delegation of duties by State Board of Health: Submission and contents of request for delegation; action on request; quarterly reports by county or district board of health.
450B.888	Reporting of certain information by hospitals and providers of emergency medical services in participating counties.
450B.890	Contribution of certain hospitals and providers of emergency medical services to necessary costs for collection of data.

WITHHOLDING LIFE-SUSTAINING TREATMENT

450B.950	Do-not-resuscitate identification: Application to include statement regarding disclosure of decision.
450B.955	Do-not-resuscitate identification: Form; issuance to qualified patient upon submission of application and fee.
450B.960	Procedures to be followed by persons who administer emergency medical services.

GENERAL PROVISIONS

NAC 450B.010 Definitions. ([NRS 450B.120](#)) As used in this chapter, unless the context otherwise requires, the words and terms defined in:

- [NAC 450B.013](#) to [450B.280](#), inclusive; and
- [NRS 450B.025](#), [450B.030](#), [450B.040](#) and [450B.060](#) to [450B.110](#), inclusive,

↪ have the meanings ascribed to them in those sections.

(Supplied in codification; A by Bd. of Health, 8-22-86; 11-12-87; 8-1-91; R024-14, 10-24-2014)

NAC 450B.013 “Advanced emergency care” defined. (NRS 450B.120) “Advanced emergency care” means care which includes the activities of intermediate emergency care and is provided:

1. Under the direction of a physician or a registered nurse supervised by a physician through direct communication to the hospital where the physician is based or, in the absence of direct communication, by means of a protocol issued to the registered nurse by the physician; and
2. Pursuant to a national standard prepared by the National Highway Traffic Safety Administration of the United States Department of Transportation as a national standard for paramedics or an equivalent standard approved by the Administrator of the Division.

(Added to NAC by Bd. of Health, eff. 8-1-91; A by R024-14, 10-24-2014)

NAC 450B.015 “Agency’s vehicle” defined. (NRS 450B.120) “Agency’s vehicle” means a vehicle operated by a service under a permit issued pursuant to this chapter, which is staffed and equipped to respond to a medical emergency and which is not used for the transportation of patients.

(Added to NAC by Bd. of Health, eff. 8-22-86; A by R182-01, 3-5-2002; R024-14, 10-24-2014)

NAC 450B.040 “Air attendant” defined. (NRS 450B.120) “Air attendant” means a qualified person licensed under this chapter whose primary responsibility is attending any patient or other person being transported in an air ambulance.

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

NAC 450B.050 “Applicant” defined. (NRS 450B.120) “Applicant” means a person who applies for:

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

↳ under the applicable provisions of this chapter.

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

NAC 450B.055 “Attendant” defined. (NRS 450B.120) “Attendant” means a person, including a firefighter or a volunteer, who is licensed under the applicable provisions of this chapter to perform the duties of a driver, attendant or air attendant pursuant to this chapter.

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

NAC 450B.061 “Basic emergency care” defined. (NRS 450B.120) “Basic emergency care” means care which is provided:

1. Under the direction of a physician or registered nurse supervised by a physician through direct communication to the hospital where the physician is based or, in the absence of direct communication, by means of a protocol issued to the registered nurse by the physician; and
2. Pursuant to a national standard prepared by the National Highway Traffic Safety Administration of the United States Department of Transportation as a national standard for emergency medical technicians or an equivalent standard approved by the Administrator of the Division.

(Added to NAC by Bd. of Health, eff. 8-1-91; A by R024-14, 10-24-2014)

NAC 450B.070 “Certificate” defined. (NRS 450B.120) “Certificate” means the certificate issued by the Division under this chapter to a person certifying him or her to be qualified as an emergency medical dispatcher, an emergency medical responder, an emergency medical technician, an advanced emergency medical technician, a paramedic or an instructor in a program of training in emergency medical services.

[Bd. of Health, Life Support Reg. § 1.5, eff. 1-1-76; A 2-28-80] — (NAC A 10-14-82; 8-22-86; 11-12-87; R024-14, 10-24-2014)

NAC 450B.085 “Division” defined. (NRS 450B.120) “Division” means the Division of Public and Behavioral Health of the Department of Health and Human Services.

(Added to NAC by Bd. of Health by R045-97, eff. 10-30-97; A by R024-14, 10-24-2014) — (Substituted in revision for NAC 450B.125)

NAC 450B.090 “Driver” defined. (NRS 450B.120) “Driver” means a qualified person, as determined by the Department of Motor Vehicles, who:

1. Is responsible for the operation of an ambulance over the streets, roads and highways within this state; and
2. Possesses evidence that the person has successfully completed training pursuant to a national standard for the

operation of an emergency vehicle or an equivalent standard approved by the Division.

[Bd. of Health, Ambulance Reg. § 1.007, eff. 12-3-73; A and renumbered as § 1.8, 2-28-80] — (NAC A by R182-01, 3-5-2002; R024-14, 10-24-2014)

NAC 450B.100 “Emergency” defined. (NRS 450B.120) “Emergency” means:

1. An unforeseen combination of circumstances or the resulting state that calls for immediate action;
2. An unlooked for or sudden occasion;
3. An accident; or
4. An urgent or pressing medical need.

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

NAC 450B.103 “Emergency call” defined. (NRS 450B.120) “Emergency call” means any call requiring immediate action or response by an ambulance or an agency’s vehicle.

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

NAC 450B.105 “Emergency care” defined. (NRS 450B.120) “Emergency care” means basic, intermediate or advanced medical care given to a patient in an emergency. The term includes treatment or evaluation that is provided when no transportation to a medical facility is determined to be necessary.

(Added to NAC by Bd. of Health, eff. 10-14-82; A by R024-14, 10-24-2014)

NAC 450B.115 “Emergency medical responder” defined. (NRS 450B.120) “Emergency medical responder” means a person who has successfully completed training for emergency medical responders pursuant to a national standard prepared by the National Highway Traffic Safety Administration of the United States Department of Transportation as a national standard for emergency medical responders or an equivalent standard approved by the Administrator of the Division.

(Added to NAC by Bd. of Health, eff. 8-22-86; A 11-12-87; R024-14, 10-24-2014)

NAC 450B.117 “Emergency medical services registered nurse” defined. (NRS 450B.120) “Emergency medical services registered nurse” means a registered nurse who holds a valid certificate of completion of training as an attendant pursuant to subsections 7 and 8 of [NRS 450B.160](#).

(Added to NAC by Bd. of Health by R024-14, eff. 10-24-2014)

NAC 450B.119 “Endorsement” defined. (NRS 450B.120) “Endorsement” means an endorsement issued for additional training beyond an initial certification for an emergency medical dispatcher, emergency medical responder, emergency medical technician, advanced emergency medical technician, paramedic, critical care paramedic or instructor that meets a national standard requested or recognized in a service protocol.

(Added to NAC by Bd. of Health by R024-14, eff. 10-24-2014)

NAC 450B.140 “Health Officer” defined. (NRS 450B.120) “Health Officer” means the Chief Medical Officer.

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

NAC 450B.143 “Industrial operator” defined. (NRS 450B.120) “Industrial operator” means an operator of a service which is:

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

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

NAC 450B.147 “Instructor” defined. (NRS 450B.120) “Instructor” means a person who has successfully completed training for instructors pursuant to a national standard prepared by the National Highway Traffic Safety Administration of the United States Department of Transportation as a national standard for instructors or an equivalent standard approved by the Administrator of the Division.

(Added to NAC by Bd. of Health, eff. 11-12-87; A by R182-01, 3-5-2002; R024-14, 10-24-2014)

NAC 450B.148 “Intermediate emergency care” defined. (NRS 450B.120) “Intermediate emergency care” means care which includes the activities of basic emergency care and is provided:

1. Under the direction of a physician or a registered nurse supervised by a physician either through direct communication to the hospital where the physician is based or, in the absence of direct communication, by means of a

protocol issued to the registered nurse by the physician; and

2. Pursuant to a national standard prepared by the National Highway Traffic Safety Administration of the United States Department of Transportation as a national standard for advanced emergency medical technicians or an equivalent standard approved by the Administrator of the Division.

(Added to NAC by Bd. of Health, eff. 8-1-91; A by R024-14, 10-24-2014)

NAC 450B.150 “License” defined. ([NRS 450B.120](#)) “License” means the license issued by, or on behalf of, the Division to a person certifying him or her as qualified to perform the duties of a driver, attendant or air attendant pursuant to this chapter.

[Bd. of Health, Ambulance Reg. § 1.013, eff. 12-3-73; A and renumbered as § 1.15, 2-28-80] — (NAC A by R024-14, 10-24-2014)

NAC 450B.160 “Licensee” defined. ([NRS 450B.120](#)) “Licensee” means one who holds a license issued under this chapter.

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

NAC 450B.170 “Local authority” defined. ([NRS 450B.120](#)) “Local authority” means a district health officer or other person charged with administering the duties of a health officer.

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

NAC 450B.175 “Municipal operator” defined. ([NRS 450B.120](#)) “Municipal operator” means an operator of a service which is:

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

2. Staffed by employees of the agency who are licensed attendants.

↪ Such a service may be a public service even if charges are imposed to offset the cost of operation.

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

NAC 450B.177 “National standard” defined. ([NRS 450B.120](#)) “National standard” means a program of training in procedures and skills for emergency medical care as prepared and authorized by the National Highway Traffic Safety Administration of the United States Department of Transportation, National Association of Emergency Medical Service Educators, Federal Aviation Administration or American Heart Association, as appropriate.

(Added to NAC by Bd. of Health, eff. 8-22-86; A by R024-14, 10-24-2014)

NAC 450B.180 “Patient” defined. ([NRS 450B.120](#)) “Patient” means any person who is sick, injured, wounded, or otherwise incapacitated or helpless and who is carried in an ambulance or air ambulance or is cared for by an emergency medical dispatcher, emergency medical responder, emergency medical technician, advanced emergency medical technician, paramedic or registered nurse.

[Bd. of Health, Ambulance Reg. § 1.015, eff. 12-3-73; A and renumbered as § 1.17, 2-28-80; + Life Support Reg. § 1.13, eff. 1-1-76; A 2-28-80] — (NAC A 8-22-86; R182-01, 3-5-2002; R024-14, 10-24-2014)

NAC 450B.205 “Physician” defined. ([NRS 450B.120](#)) “Physician” means a physician licensed pursuant to [chapter 630](#) of NRS or an osteopathic physician licensed pursuant to [chapter 633](#) of NRS.

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

NAC 450B.210 “Pilot” defined. ([NRS 450B.120](#)) “Pilot” means the operator of an aircraft who is certified by the Federal Aviation Administration.

[Bd. of Health, Ambulance Reg. § 1.019, eff. 12-3-73; renumbered as § 1.21, 2-28-80] — (NAC A 8-22-86)

NAC 450B.215 “Registered nurse” defined. ([NRS 450B.120](#)) “Registered nurse” has the meaning ascribed to it in [NRS 632.019](#).

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

NAC 450B.219 “Report of emergency care” defined. ([NRS 450B.120](#)) “Report of emergency care” means the record of the care given to a person at the scene of an emergency and the transportation or transfer of any patient to Nevada from a location within another state, within Nevada or from Nevada to a location in another state.

(Added to NAC by Bd. of Health, eff. 8-1-91; A by R024-14, 10-24-2014)

NAC 450B.230 “Service” defined. ([NRS 450B.120](#)) “Service” means an organization which provides ambulance or air ambulance service or which provides units upon request or to provide coverage for a special event, including, without limitation, a fire-fighting agency issued a permit by the Division or a volunteer service, whether or

not the service is conducted pursuant to a business license issued by a local government.

[Bd. of Health, Ambulance Reg. § 1.021, eff. 12-3-73; A and renumbered as § 1.23, 2-28-80; + Life Support Reg. § 1.17, eff. 1-1-76; A 2-28-80] — (NAC A 10-14-82; R024-14, 10-24-2014)

NAC 450B.240 “State” defined. (NRS 450B.120) “State” includes all the incorporated and unincorporated areas within the geographic boundaries of the State of Nevada, except those areas under the jurisdiction of the United States Government.

[Bd. of Health, Ambulance Reg. § 1.022, eff. 12-3-73; renumbered as § 1.24, 2-28-80; + Life Support Reg. § 1.18, eff. 1-1-76]

NAC 450B.245 “State radio system for emergency medical services” defined. (NRS 450B.120) “State radio system for emergency medical services” means the radio system of two-way vocal communications between ambulances or agency’s vehicles and hospitals which operates throughout this state on the ultrahigh frequencies allocated for this purpose by the Federal Communications Commission.

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

NAC 450B.253 “Transfer” defined. (NRS 450B.120) “Transfer” means the movement of a patient by ambulance or air ambulance from one medical facility to another medical facility. As used in this section, “medical facility” has the meaning ascribed to it in [NRS 449.0151](#).

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

NAC 450B.255 “Transport” defined. (NRS 450B.120) “Transport” means the movement of a patient by ambulance or air ambulance from the scene of an emergency to a medical facility, as defined in [NRS 449.0151](#).

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

NAC 450B.260 “Unit” defined. (NRS 450B.120) “Unit” means an agency’s vehicle, an ambulance or an air ambulance.

[Bd. of Health, Ambulance Reg. § 1.024, eff. 12-3-73; A and renumbered as § 1.26, 2-28-80] — (NAC A by R182-01, 3-5-2002; R024-14, 10-24-2014)

NAC 450B.280 “Volunteer service” defined. (NRS 450B.120) “Volunteer service” means a service approved by the Division for the operation of any ambulance or air ambulance, or other motor vehicle which is not used for the transportation of patients, for the purpose of responding to emergencies or transporting sick or injured persons or dead bodies without compensation other than reimbursements to defray the actual expenses of providing the service. A “volunteer service” may be wholly or partly subsidized and may be operated under the auspices of a governmental or public agency or an industrial or nonprofit corporation.

[Bd. of Health, Ambulance Reg. § 1.026, eff. 12-3-73; A and renumbered as § 1.28, 2-28-80] — (NAC A 10-14-82; R045-97, 10-30-97; R024-14, 10-24-2014)

NAC 450B.295 Variances by local authorities. (NRS 450B.120) A local authority may grant a variance to the provisions of this chapter pursuant to subsection 3 of [NRS 439.200](#).

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

NAC 450B.297 Standards for licensing, certification, applicants for training and programs of training. (NRS 450B.120) The standards adopted by the board for the qualifications for licensing and certification, the eligibility of applicants for training and the approval of programs of training are the sole standards applied in Nevada.

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

NAC 450B.300 Severability. (NRS 450B.120) If any of the provisions of this chapter or any application thereof to any person, thing or circumstance is held invalid, it is intended that such invalidity not affect the remaining provisions, or their application, that can be given effect without the invalid provision or application.

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

EMERGENCY CARE

Licensing and Certification

NAC 450B.310 Licensing of attendants required. (NRS 450B.120) Unless exempted by subsection 6 of [NRS 450B.160](#) or [NRS 450B.830](#), no person may act in the capacity of an attendant of a service unless the person possesses a currently valid card evidencing that he or she holds a license issued by the Division and authorizing him or her to act in

that capacity.

[Bd. of Health, Ambulance Reg. § 13.001, eff. 12-3-73; renumbered as § 15.1, 2-28-80] — (NAC A 10-14-82; 8-22-86; 8-1-91; R024-14, 10-24-2014)

NAC 450B.320 Licensing of attendants: Qualifications. ([NRS 450B.120](#), [450B.160](#))

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

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

(b) If applying to become an attendant:

(1) Holds a Class A, Class B or Class C driver's license or its equivalent issued in this state; or

(2) Is employed in Nevada, makes his or her residence in another state and is required by reason of residence to maintain a driver's license issued by that state, and that license is equivalent to a Class A, Class B or Class C driver's license in this state.

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

(d) Has been found by a licensed physician, physician assistant or nurse practitioner within the 6 months immediately preceding the date on which the application is submitted to be of sound physical and mental health and free of physical defects or diseases which may impair the applicant's ability to drive or attend an ambulance, air ambulance or other motor vehicle not used for the transportation of patients and that determination is verified by the physician, physician assistant or nurse practitioner on a form approved by the Division for that purpose.

(e) Has not been convicted of:

(1) Murder, voluntary manslaughter or mayhem;

(2) Assault or battery with intent to kill or to commit sexual assault or mayhem;

(3) Sexual assault, statutory sexual seduction, incest, lewdness or indecent exposure, or any other sexually related crime;

(4) Abuse or neglect of a child or contributory delinquency;

(5) A violation of any federal or state law regulating the possession, distribution or use of any controlled substance or any dangerous drug as defined in [chapter 454](#) of NRS, within the 7 years immediately preceding the date of application;

(6) Abuse, neglect, exploitation, isolation or abandonment of older persons or vulnerable persons, including, without limitation, a violation of any provision of [NRS 200.5091](#) to [200.50995](#), inclusive, or a law of any other jurisdiction that prohibits the same or similar conduct;

(7) Any offense involving fraud, theft, embezzlement, burglary, robbery, fraudulent conversion or misappropriation of property, within the 7 years immediately preceding the date of application;

(8) Any other felony involving the use or threatened use of force or violence against the victim or the use of a firearm or other deadly weapon, within the 7 years immediately preceding the date of application; or

(9) Any felony or misdemeanor for committing an act which, in the judgment of the Division, indicates that the applicant may not be able to function properly as a licensee or to care for patients for whom he or she would become responsible.

(f) Possesses a certificate evidencing successful completion of a program of training with testing for competency in the procedures for emergency care which is equivalent to the national standard or an equivalent standard approved by the Administrator of the Division for a driver, emergency medical technician, advanced emergency medical technician or paramedic.

(g) Submits evidence satisfactory to the Division of verification of the applicant's skills.

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

(a) Meet all the prerequisites for an attendant set forth in [NAC 450B.310](#) to [450B.350](#), inclusive.

(b) Possess the following:

(1) A certificate as an advanced emergency medical technician or as a paramedic which was issued pursuant to [chapter 450B](#) of NRS; or

(2) A license as a registered nurse issued pursuant to [chapter 632](#) of NRS and a certificate of completion of training as an attendant pursuant to subsections 7 and 8 of [NRS 450B.160](#).

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

(1) Special considerations in attending a patient in an air ambulance;

(2) Aircraft safety and orientation;

(3) Altitude physiology and principles of atmospheric physics;

(4) Familiarization with systems for air-to-ground communications;

(5) Familiarization with the system of emergency medical services in the service area;

(6) Survival procedures in an air ambulance crash;

(7) Response procedures to accidents involving hazardous materials;

(8) Use of modalities for in-flight treatment;

- (9) Infection control;
- (10) Oxygen therapy in relation to altitude;
- (11) Patient assessment in the airborne environment; and
- (12) Vital sign determination in the airborne environment.

3. In addition to the qualifications listed in subsections 1 and 2, a paramedic or an emergency medical services registered nurse providing advanced life support care in an air ambulance must provide evidence of completion of a course in:

- (a) Advanced Cardiovascular Life Support issued by the American Heart Association or an equivalent course approved by the Division;
- (b) Pediatric Advanced Life Support issued by the American Heart Association or an equivalent course approved by the Division; and
- (c) International trauma life support or an equivalent course approved by the Division.

4. If the Division rejects an application for a license, the Division shall send a notification to the applicant in writing in the manner prescribed by [NAC 450B.710](#) stating that the application is rejected and setting forth the reason for the rejection and the right to appeal to the Division in the manner prescribed by [NAC 439.300](#) to [439.395](#), inclusive.

[Bd. of Health, Ambulance Reg. § 13.005 subsecs. (a)-(g) & (i), eff. 12-3-73; A and renumbered as §§ 15.5-15.5.7.7 & 15.5.9-15.5.9.4, eff. 2-28-80] — (NAC A 10-14-82; 8-22-86; 8-1-91; 5-18-92; R045-97, 10-30-97; R182-01, 3-5-2002; R024-14, 10-24-2014)

NAC 450B.330 Licensing of attendants: Application; renewal. ([NRS 450B.120](#), [450B.160](#))

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

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

- (a) His or her complete name;
- (b) His or her date of birth;
- (c) His or her social security number;
- (d) The address of his or her current residence;
- (e) The name and address of the applicant's employer and the employer immediately preceding his or her current employment if the previous employment related to providing emergency medical services;
- (f) A description of the last two jobs he or she held immediately before the application is made if those jobs related to providing emergency medical services;
- (g) A statement of whether the applicant, within the 5 years immediately preceding the date of the application, has been convicted of, or forfeited bail for, a traffic violation other than a parking violation and, if so, when, where and under what circumstances the violation occurred;
- (h) A statement of whether the applicant has been convicted of a felony or a misdemeanor other than a traffic violation and, if so, when and where the conviction occurred and a description of the offense;
- (i) A description of the applicant's training and experience relating to the transportation and care of patients;
- (j) A statement of whether the applicant has previously been licensed as a driver, attendant, attendant-driver or air attendant in a service and, if so, where and by what authority that license was issued;
- (k) A statement of whether such a license has ever expired or been revoked or suspended and, if so, for what cause;
- (l) A statement indicating compliance with the provisions of [NRS 450B.183](#); and
- (m) The appropriate fee prescribed in [NAC 450B.700](#).

3. An applicant for an initial license as an attendant must file with the Division, in addition to the information and fee specified in subsection 2, a valid certificate designating him or her as an emergency medical technician, advanced emergency medical technician or paramedic.

4. An application for renewal of a license must:

- (a) Be made on an abbreviated form of application prescribed by the Division;
- (b) Include information relating to any conviction of the applicant for any felony or misdemeanor occurring after the submission of the application for the initial license; and
- (c) Include the appropriate fee prescribed in [NAC 450B.700](#).

5. The Division shall not renew a license if:

- (a) An applicant fails to comply with the provisions of subsection 4; or
- (b) In the judgment of the Division, the applicant is not able to function properly as an attendant or to provide care for patients for whom he or she would become responsible.

[Bd. of Health, Ambulance Reg. §§ 13.002-13.004, eff. 12-3-73; A and renumbered as §§ 15.2-15.4, 2-28-80] — (NAC A 10-14-82; 8-22-86; 11-12-87; 8-1-91; R045-97, 10-30-97; R182-01, 3-5-2002; R024-14, 10-24-2014)

NAC 450B.340 Licensing of attendants: Provisional license. ([NRS 450B.120](#), [450B.160](#))

1. Upon the request of a holder of a permit to operate a service, the Division may issue a provisional license as an attendant to an applicant who has not completed the required training for licensure.

2. A provisional license as an attendant is valid for the period necessary for the applicant to comply with the requirements prescribed in this chapter for a regular license as an attendant, but not more than 6 months. Upon completion of the training for the attendant, the operator of the service must submit to the Division the information required in subsection 1 of [NAC 450B.320](#) and [NAC 450B.330](#).

3. A person who holds a provisional license as an attendant issued under this section may serve in a training capacity if, during any period in which the person:

(a) Is at the scene of an emergency, he or she is accompanied by an attendant who is licensed at or above the level of licensure of the attendant as an emergency medical technician, advanced emergency medical technician or paramedic; or

(b) Transports a patient to a medical facility, he or she is accompanied by at least two attendants, one of whom is licensed at or above the level of licensure of the attendant as an emergency medical technician, advanced emergency medical technician or paramedic.

[Bd. of Health, Ambulance Reg. § 13.005 subsec. (h), eff. 12-3-73; A and renumbered as §§ 15.5.8 & 15.5.8.1, 2-28-80; § 13.006 subsec. (h), eff. 12-3-73; A and renumbered as § 15.5.10, 2-28-80] — (NAC A 10-14-82; 8-1-91; R045-97, 10-30-97; R182-01, 3-5-2002; R024-14, 10-24-2014)

NAC 450B.350 Licensing of attendants: Terms; renewal; responsibility of service; alteration of official entry. ([NRS 450B.120](#), [450B.160](#))

1. The license of an attendant is not assignable or transferable.

2. A license expires on the date of expiration appearing on the license. The date of expiration for a license must be the same as the date of expiration specified on the licensee's certificate as an emergency medical technician. The Division may designate the same year of expiration for the licenses of all attendants in a particular service.

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

4. The Division shall renew an attendant's license if the Division is satisfied that, in addition to complying with the other requirements for a renewal, the applicant has complied with the requirements, limitations, terms and conditions applicable to obtaining an initial license.

5. A service shall ensure that each of its attendants holds a valid license.

6. An official entry made upon any license must not be defaced, removed or obliterated. If any such defacement, removal or obliteration occurs on any portion of a license, the license is void.

[Bd. of Health, Ambulance Reg. §§ 13.007-13.010, eff. 12-3-73; A and renumbered as §§ 15.6-15.9, 2-28-80] — (NAC A 10-14-82; 8-22-86; 11-12-87; 8-1-91; R045-97, 10-30-97; R182-01, 3-5-2002; R024-14, 10-24-2014)

NAC 450B.355 Certification of emergency medical responders. ([NRS 450B.120](#))

1. To be certified as an emergency medical responder, an applicant must:

(a) Be 16 years of age or older;

(b) Have successfully completed the national standard for emergency medical responders developed by the National Highway Traffic Safety Administration of the United States Department of Transportation and approved by the Division;

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

(d) Submit a statement indicating he or she has complied with the provisions of [NRS 450B.183](#); and

(e) Submit the appropriate form and the fee prescribed in [NAC 450B.700](#).

2. The applicant shall submit verification to the Division, signed by the person responsible for conducting the training, that the applicant has successfully completed the national standard specified in paragraph (b) of subsection 1.

3. Upon certification, an emergency medical responder may function within the scope of practice identified by the National Highway Traffic Safety Administration of the United States Department of Transportation in its publication designated "National EMS Scope of Practice Model" dated February 2007, which is hereby adopted by reference. A copy of the publication is available, free of charge, at the Internet address <http://www.ems.gov/education/EMSScope.pdf>.

4. An initial certificate as an emergency medical responder is valid for not more than 2 years as determined by the Division and expires on the date appearing on the face of the certificate.

(Added to NAC by Bd. of Health, eff. 8-1-91; A by R045-97, 10-30-97; R182-01, 3-5-2002; R024-14, 10-24-2014)

NAC 450B.360 Certification of emergency medical technicians, advanced emergency medical technicians and paramedics: Requirements. ([NRS 450B.120](#), [450B.180](#))

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

(a) Submit an application to the Division on a form prepared by it;

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

(c) Submit a statement indicating compliance with the provisions of [NRS 450B.183](#); and

(d) Submit the fee prescribed in [NAC 450B.700](#).

2. An emergency medical technician, advanced emergency medical technician or paramedic who is registered by the National Registry of Emergency Medical Technicians, or its successor organization, shall be deemed to have satisfied the requirements of paragraph (b) of subsection 1.

3. In addition to the requirements of subsection 1, to be certified as a paramedic, the applicant must maintain:

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

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

(c) A certificate to provide international trauma life support or an equivalent certificate approved by the Division.

[Bd. of Health, Ambulance Reg. §§ 14.001 & 14.002, eff. 12-3-73; A and renumbered as §§ 16.2 & 16.3, 2-28-80] — (NAC A 8-22-86; 11-12-87; 8-1-91; 11-1-95; R182-01, 3-5-2002; R024-14, 10-24-2014)

NAC 450B.363 Certification of emergency medical technicians, advanced emergency medical technicians and paramedics trained in another state; renewal of certificate. ([NRS 450B.120](#), [450B.180](#))

1. The Division may issue a certificate as an emergency medical technician, advanced emergency medical technician or paramedic to an applicant trained in another state if:

(a) The applicant:

(1) Is a resident of Nevada;

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

(3) Is a resident of another state and is employed by a service that has been issued a permit in Nevada.

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

(c) The applicant:

(1) Has successfully completed training in a course approved by the appropriate authority in the other state, which course was at least equivalent to the national standard prepared by the National Highway Traffic Safety Administration of the United States Department of Transportation as a national standard for emergency medical technicians, advanced emergency medical technicians or paramedics, as appropriate, or an equivalent standard approved by the Administrator of the Division and holds a valid certificate as an emergency medical technician, advanced emergency medical technician or paramedic or equivalent, as appropriate, issued by an authorized agency in the other state; or

(2) Holds a valid certificate as an emergency medical technician issued by the National Registry for Emergency Medical Technicians.

(d) The applicant maintains a certificate to provide cardiopulmonary resuscitation issued by the American Heart Association or an equivalent certificate approved by the Division.

(e) The applicant submits a statement indicating compliance with the provisions of [NRS 450B.183](#).

(f) If the applicant is applying for a certificate as a paramedic, the applicant maintains:

(1) A certificate to provide Advanced Cardiovascular Life Support issued by the American Heart Association or an equivalent certificate approved by the Division;

(2) A certificate to provide Pediatric Advanced Life Support issued by the American Heart Association or an equivalent certificate approved by the Division; and

(3) A certificate to provide international trauma life support or an equivalent certificate approved by the Division.

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

(h) The Division receives verification of the applicant's certificate as an emergency medical technician, advanced emergency medical technician or paramedic or equivalent, as appropriate, from the issuing agency of the other state on a form provided by the Division.

2. The Division may require the applicant to:

(a) Demonstrate his or her practical skills.

(b) Pass a written examination approved by the Division in accordance with the national standard prepared by the National Highway Traffic Safety Administration of the United States Department of Transportation.

3. A certificate as an emergency medical technician, advanced emergency medical technician or paramedic issued pursuant to this section must be renewed in accordance with the provisions of [NAC 450B.380](#).

(Added to NAC by Bd. of Health, eff. 10-14-82; A 8-22-86; 8-1-91; R045-97, 10-30-97; R182-01, 3-5-2002; R024-14, 10-24-2014)

NAC 450B.366 Certificate as emergency medical responder: Expiration and renewal. ([NRS 450B.120](#), [450B.180](#))

1. A certificate as an emergency medical responder expires on the date of expiration appearing on the certificate and, after the initial period, expires biennially. The Division shall designate the date of expiration of each certificate.

2. Such a certificate may be renewed if:

(a) The Division determines that the holder of the certificate has, before the date of expiration, successfully completed:

(1) A course in continuing training which is equivalent to the national standard prepared by the National Highway Traffic Safety Administration of the United States Department of Transportation as a refresher course for emergency medical responders and approved by the Division; or

(2) Any other program of continuing education approved by the Division. Such a program may not be approved unless the requirement for attendance for that program is at least 20 hours for renewal of certification.

(b) The holder submits, before the date the certificate expires, an application evidencing that he or she has met the requirements as set forth in paragraph (a).

(Added to NAC by Bd. of Health, eff. 10-14-82; A 8-22-86; 8-1-91; R045-97, 10-30-97; R182-01, 3-5-2002; R024-14, 10-24-2014)

NAC 450B.375 Certificate as emergency medical technician, advanced emergency medical technician or paramedic: Late renewal. ([NRS 450B.120](#), [450B.180](#), [450B.1905](#), [450B.191](#), [450B.195](#))

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

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

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

(b) Verification of his or her skills;

(c) Passing a written examination approved by the Division in accordance with the national standard prepared by the National Highway Traffic Safety Administration of the United States Department of Transportation;

(d) Submission of a statement indicating compliance with the provisions of [NRS 450B.183](#); and

(e) Payment of the appropriate fee prescribed in [NAC 450B.700](#).

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

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

(Added to NAC by Bd. of Health, eff. 8-22-86; A 8-1-91; R045-97, 10-30-97; R182-01, 3-5-2002; R024-14, 10-24-2014)

NAC 450B.380 Certificate as emergency medical technician, advanced emergency medical technician or paramedic: Expiration; verification of skills of holder for maintenance; renewal. ([NRS 450B.120](#), [450B.180](#), [450B.1905](#), [450B.191](#), [450B.195](#))

1. A certificate as an emergency medical technician, advanced emergency medical technician or paramedic expires on the date of expiration appearing on the certificate and, after the initial period, expires biennially. The Division shall designate the date of expiration of each certificate.

2. To maintain certification, a certified emergency medical technician, advanced emergency medical technician or paramedic must, within the 12 months before expiration of his or her certificate, complete at least one verification of his or her skills conducted by:

(a) The medical director of the service; or

(b) A qualified instructor approved by the Division.

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

(a) Each technique for which certification has been issued and any applicable local protocols; and

(b) The administration of approved medications,

➔ and enter that determination on a form provided by the Division.

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

(a) Meet the requirements for renewal of the certificate as an emergency medical technician, advanced emergency medical technician or paramedic, as appropriate;

(b) Successfully complete a course in continuing training which is equivalent to the national standard prepared by the National Highway Traffic Safety Administration of the United States Department of Transportation as a refresher course for emergency medical technicians, advanced emergency medical technicians or paramedics, as appropriate, is

approved by the Division and has a requirement of attendance of not less than:

- (1) Thirty hours for the renewal of certification as an emergency medical technician or advanced emergency medical technician; or
- (2) Forty hours for the renewal of certification as a paramedic;
- (c) Submit a statement indicating compliance with the provisions of [NRS 450B.183](#);
- (d) Maintain a certificate to provide cardiopulmonary resuscitation issued by the American Heart Association or an equivalent certificate approved by the Division;
- (e) If renewing a certificate as a paramedic, maintain:
 - (1) A certificate to provide Advanced Cardiovascular Life Support issued by the American Heart Association or an equivalent certificate approved by the Division;
 - (2) A certificate to provide Pediatric Advanced Life Support issued by the American Heart Association or an equivalent certificate approved by the Division; and
 - (3) A certificate to provide international trauma life support or an equivalent certificate approved by the Division;
- (f) Before the certificate expires, submit an application evidencing that he or she has met the requirements of this section; and
- (g) Pay the appropriate fee prescribed in [NAC 450B.700](#).
[Bd. of Health, Ambulance Reg. § 14.003 subsec. 4, eff. 6-6-76; A and renumbered as §§ 16.6.3-16.6.4.1, 2-28-80] — (NAC A 10-14-82; 8-22-86; 11-12-87; 8-1-91; R045-97, 10-30-97; R182-01, 3-5-2002; R024-14, 10-24-2014)

Endorsement as Critical Care Attendant

NAC 450B.381 Requirements; authorized practice. ([NRS 450B.120](#))

1. To receive an endorsement as a critical care paramedic in emergency medical services, an applicant must provide proof of the successful completion of a course in training equivalent to the national standard set forth by the National Highway Traffic Safety Administration of the United States Department of Transportation for a critical care paramedic or an equivalent standard approved by the Administrator of the Division.
2. A person endorsed as a critical care paramedic in emergency medical services may only practice within that role pursuant to a service protocol approved by the Division.
(Added to NAC by Bd. of Health by R024-14, eff. 10-24-2014)

NAC 450B.382 Expiration; renewal. ([NRS 450B.120](#))

1. An endorsement as a critical care paramedic in emergency medical services expires on the date of expiration appearing on the certificate of the paramedic who receives the endorsement.
2. The endorsement is renewable if the holder of the endorsement verifies participation as a critical care paramedic for at least 48 hours of emergency medical training beyond the scope of practice of a paramedic equivalent to the national standard set forth by the National Highway Traffic Safety Administration of the United States Department of Transportation for a critical care paramedic or an equivalent standard approved by the Administrator of the Division.
(Added to NAC by Bd. of Health by R024-14, eff. 10-24-2014)

Authorized Activities

NAC 450B.384 Emergency medical technician: Practice beyond scope of certificate prohibited; exception. ([NRS 450B.120](#), [450B.180](#)) The holder of a certificate issued pursuant to [NAC 450B.360](#) shall not practice beyond the scope of the certificate unless authorized by the health authority which issued the certificate.
(Added to NAC by Bd. of Health, eff. 11-1-95)

NAC 450B.440 Requirements for program of training for paramedics. ([NRS 450B.120](#), [450B.195](#)) A program of training in the State of Nevada for paramedics must be at least equivalent to the national standard prepared by the National Highway Traffic Safety Administration of the United States Department of Transportation as a national standard for paramedics. The program must be supervised by a physician but may be coordinated by a registered nurse with an endorsement as an instructor or paramedic with an endorsement as an instructor. The faculty must be composed of appropriate professional, academic and technical instructors. The program must be approved by the Division and be:

1. Licensed by the Commission on Postsecondary Education to conduct a program of training in emergency medical services; or
2. Conducted by a community college or a university, accredited by the Department of Education, in conjunction with a hospital licensed by the Division.

[Bd. of Health, Life Support Reg. §§ 3.1-3.5.2, eff. 1-1-76; A and renumbered as §§ 3.1-3.6.2, 2-28-80] — (NAC A 10-14-82; 8-22-86; 11-12-87; 8-1-91; R045-97, 10-30-97; R182-01, 3-5-2002; R024-14, 10-24-2014)

NAC 450B.447 Additional authorized activities; verbal orders. ([NRS 450B.120](#), [450B.1915](#), [450B.197](#))

1. An emergency medical technician, advanced emergency medical technician or paramedic who is licensed may,

in addition to his or her other authorized activities:

(a) During training received in a clinical facility setting, in an ambulance or on the scene of an emergency, perform skills within the scope of an advanced emergency medical technician or paramedic under the direction of a physician or a registered nurse supervised by a physician, preceptor or member of the clinical staff when approved by a physician or a registered nurse supervised by a physician.

(b) Under the direct supervision of a physician or a registered nurse supervised by a physician, or under such prescribed conditions as are set forth by the medical director pursuant to written protocols of the service, perform such procedures and administer such medications as are approved by the board and recommended by the medical director of the service in accordance with written protocols approved by the Division.

2. Any verbal order from a physician or registered nurse acting on the authority of a physician to the emergency medical technician, advanced emergency medical technician or paramedic to perform one of the procedures must originate from an emergency room department of a hospital or any other site designated by the Division and must be provided to the Department of Transportation for the purpose of recording and maintaining the verbal order within a database maintained by the Department.

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

4. The emergency medical technician, advanced emergency medical technician or paramedic shall enter the physician's verbal order on the report of emergency care. The entry must be countersigned by the physician receiving the patient unless the emergency medical technician, advanced emergency medical technician or paramedic performed the procedure pursuant to a written order of the physician or a written protocol of the hospital.

(Added to NAC by Bd. of Health, eff. 11-12-87; A 8-1-91; R182-01, 3-5-2002; R024-14, 10-24-2014)

NAC 450B.450 Provision of care, supplies and equipment by hospital or service; staffing of ambulance or air ambulance. ([NRS 450B.120](#), [450B.130](#), [450B.230](#))

1. Any hospital or service which meets the minimum requirements established by the board in [NAC 450B.461](#) to [450B.481](#), inclusive, may use licensed attendants who are paramedics to provide emergency care to the sick and injured:

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

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

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

2. Any service using paramedics must provide the supplies and equipment pursuant to a written protocol prepared for that purpose.

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

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

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

(c) An emergency medical services registered nurse and a licensed attendant who is certified as an emergency medical technician, advanced emergency medical technician or paramedic;

(d) Two licensed attendants, one of whom is a paramedic; or

(e) A registered nurse and two licensed attendants, if each of the attendants is certified as an emergency medical technician, advanced emergency medical technician or paramedic.

4. When an air ambulance is in operation, it must be staffed by at least one emergency medical services registered nurse. When an air ambulance is in operation to provide care at the scene of an emergency, it must be staffed by at least one emergency medical services registered nurse and one paramedic.

[Bd. of Health, Life Support Reg. §§ 4.1-4.1.2, eff. 1-1-76; A 2-28-80; § 4.1.4, eff. 1-1-76; A 6-6-76; 2-28-80] — (NAC A 10-14-82; 8-22-86; 11-12-87; 8-1-91; R182-01, 3-5-2002; R024-14, 10-24-2014)

NAC 450B.455 Documentation of care provided to patients. ([NRS 450B.120](#)) An attendant shall document all care provided at each level of contact with a patient and submit this documentation in a manner prescribed by the Division.

(Added to NAC by Bd. of Health, eff. 10-14-82; A 8-22-86; 11-12-87; 8-1-91; R024-14, 10-24-2014) — (Substituted in revision for NAC 450B.494)

EMERGENCY MEDICAL DISPATCHERS

NAC 450B.456 Qualifications for certification. ([NRS 450B.120](#), [450B.155](#))

1. To be certified as an emergency medical dispatcher, an applicant must:

(a) Be 18 years of age or older; and

(b) Successfully complete training pursuant to a national standard for emergency medical dispatchers or an equivalent standard approved by the Division.

2. The applicant shall submit proof to the Division, signed by the person responsible for the training, that the applicant has successfully completed the course or curriculum specified in paragraph (b) of subsection 1.

(Added to NAC by Bd. of Health by R182-01, eff. 3-5-2002; A by R024-14, 10-24-2014)

NAC 450B.457 Certification of emergency medical dispatcher trained in another state. ([NRS 450B.120](#), [450B.155](#))

1. The Division may issue a certificate as an emergency medical dispatcher to an applicant who is trained in another state if:

(a) The applicant:

(1) Is a resident of Nevada;

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

(3) Is a resident of another state and is employed by an agency that is responsible for emergency medical dispatch within the State of Nevada;

(b) The applicant:

(1) Successfully completes a course of training that is approved by the Division and is at least equivalent to the national standard for emergency medical dispatchers; and

(2) Holds a certificate as an emergency medical dispatcher that is issued by an authorized agency in the other state.

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

(d) The Division receives verification of the applicant's certificate as an emergency medical dispatcher from the issuing agency of the other state on a form provided by the Division.

(e) The applicant submits the appropriate form and the fee prescribed in [NAC 450B.700](#).

2. The Division may require the applicant to pass an evaluation or examination of his or her competency administered by the Division.

(Added to NAC by Bd. of Health by R182-01, eff. 3-5-2002; A by R024-14, 10-24-2014)

NAC 450B.458 Expiration and renewal of certificate. ([NRS 450B.120](#), [450B.155](#))

1. A certificate as an emergency medical dispatcher expires on the date of expiration appearing on the certificate and, after the initial period, expires biennially. The Division shall designate the date of expiration of each certificate.

2. Such a certificate may be renewed if:

(a) The Division determines that the holder of the certificate has, before the date of expiration, successfully completed:

(1) A course of continuing training that is at least equivalent to the national standard prepared by the National Highway Traffic Safety Administration of the United States Department of Transportation as a national standard as a refresher course for emergency medical dispatchers and is approved by the Division; or

(2) Any other program of continuing education that is approved by the Division. Such a program must not be approved unless the requirement for attendance for that program for an emergency medical dispatcher is at least 8 hours.

(b) The holder submits, within the 3 months immediately preceding the date the certificate expires, an application indicating compliance with the requirements set forth in paragraph (a).

(Added to NAC by Bd. of Health by R182-01, eff. 3-5-2002; A by R024-14, 10-24-2014)

NAC 450B.459 Late renewal of certificate. ([NRS 450B.120](#), [450B.155](#)) If an emergency medical dispatcher is unable to attend an approved course for continuing training required to renew his or her certificate, or otherwise comply with the requirements for renewal, within the prescribed period, he or she may submit a written request for a late renewal on a form provided by the Division.

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

CONTROLLED SUBSTANCES AND DANGEROUS DRUGS

NAC 450B.461 Restrictions on authority to administer. ([NRS 450B.120](#), [450B.180](#), [450B.1915](#), [450B.197](#), [453.375](#), [454.213](#))

1. No paramedic may administer any controlled substance as defined in the preliminary chapter of NRS to a patient while serving as an attendant in a service unless the controlled substance is named on the inventory of medication issued by the medical director of the service and:

(a) An order is given to the paramedic by a physician or a registered nurse supervised by a physician; or

(b) The paramedic is authorized to administer the controlled substance pursuant to a written protocol that is approved by the medical director of the service and on file with the Division.

2. No advanced emergency medical technician or paramedic may administer any dangerous drug while serving as an attendant in a service unless the dangerous drug is named on the inventory of medication issued by the medical director of the service and:

(a) An order is given to the advanced emergency medical technician or paramedic by a physician or a registered nurse supervised by a physician; or

(b) The advanced emergency medical technician or paramedic is authorized to administer the drug pursuant to a written protocol that is approved by the Division.

3. An emergency medical technician shall not administer or assist in administering any dangerous drug.

4. As used in this section, "dangerous drug" has the meaning ascribed to it in [NRS 454.201](#).

(Added to NAC by Bd. of Health, eff. 8-1-91; A by R182-01, 3-5-2002; R024-14, 10-24-2014)

NAC 450B.465 Storage and security. ([NRS 450B.120](#))

1. Each dangerous drug and controlled substance used by a service must be stored:

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

(b) Under appropriately controlled climatic conditions.

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

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

(b) Under the direct physical control of a paramedic or a registered nurse.

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

(Added to NAC by Bd. of Health, eff. 8-1-91; A by R182-01, 3-5-2002; R024-14, 10-24-2014)

NAC 450B.471 Administration: Reporting requirements; discarding of unused portion of unit dose. ([NRS 450B.120](#), [450B.180](#), [450B.1915](#), [450B.197](#), [453.375](#), [454.213](#))

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

(a) The name of the medication administered;

(b) The dose of the medication administered;

(c) The route of administration;

(d) The date and time of administration;

(e) The name of the physician ordering the medication if the medication is ordered outside of a standing protocol;

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

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

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

(a) Verified by a witness who is a licensed attendant of the service or an employee of the hospital to which the patient was transported and who shall sign or electronically sign a statement indicating the unused portion was discarded; and

(b) Noted in the record for controlled substances.

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

(Added to NAC by Bd. of Health, eff. 8-1-91; A by R182-01, 3-5-2002; R024-14, 10-24-2014)

NAC 450B.475 Supplying of controlled substances; handling, use and maintenance of controlled substances and dangerous drugs; procedures to address discrepancies. ([NRS 450B.120](#))

1. Controlled substances used by a service must be supplied as follows:

(a) The medical director of the service shall designate one or more commercial or hospital pharmacies for the issuance and resupply of controlled substances.

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

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

(d) If a container of a controlled substance becomes damaged or contaminated, the medical director shall verify the damage or contamination and sign a prescription for the replacement of the controlled substance.

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

3. Each controlled substance and dangerous drug must be maintained in unit dose containers unless directed otherwise by the medical director of the service.

4. Each service which is issued a permit by the Division must have a procedure for controlled substances and dangerous drugs to address any discrepancies in compliance with the regulations of the State Board of Pharmacy.

(Added to NAC by Bd. of Health, eff. 8-1-91; A by R024-14, 10-24-2014)

NAC 450B.481 Controlled substances: Record of usage; inventory. ([NRS 450B.120](#))

1. A record of usage must accompany the controlled substances used by a service.

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

- (a) Date and time the medication was administered;
- (b) Incident number, patient number or name of the patient to whom the medication was administered;
- (c) Dose of medication administered;
- (d) Amount of medication wasted, if any;
- (e) Name of the ordering physician if the medication was ordered outside of a standing protocol; and
- (f) Signature of the paramedic or registered nurse who administered the medication.

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

4. When the controlled substances are removed from service and stored, an entry must be made in the record indicating the date, time and current inventory at the time of transfer. The entry must also include the initials of each paramedic or registered nurse verifying the level of inventory of the controlled substances. When the controlled substances are returned to service, the initials of each paramedic or registered nurse on the receiving crew and the name of another paramedic or registered nurse must be entered in the record to verify the level of inventory of the controlled substances.

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

6. The medical director of a service shall oversee the removal of a controlled substance from service when a replacement for the controlled substance is added to the list of controlled substances approved for use by standing protocol.

(Added to NAC by Bd. of Health, eff. 8-1-91; A by R024-14, 10-24-2014)

ENDORSEMENT TO ADMINISTER IMMUNIZATIONS, DISPENSE MEDICATIONS AND RESPOND TO PUBLIC HEALTH NEEDS

NAC 450B.493 Application; qualifications; proof of certification as advanced emergency medical technician or paramedic; fee not required. ([NRS 450B.120](#), [450B.1975](#))

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

- (a) Provide verification of current certification as an advanced emergency medical technician or paramedic which is issued pursuant to this chapter and [chapter 450B](#) of NRS;
- (b) Provide proof of the successful completion of a training program for a vaccine approved by the Division; and
- (c) Demonstrate the ability to administer a vaccination as part of the process for verifying the skills of the advanced emergency medical technician or paramedic for renewal of his or her certificate pursuant to [NAC 450B.380](#).

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

(Added to NAC by Bd. of Health by R143-09, eff. 5-7-2010; A by R024-14, 10-24-2014)

NAC 450B.496 Authorized activities. ([NRS 450B.120](#), [450B.1975](#))

1. A person who receives an endorsement pursuant to [NAC 450B.493](#) may participate in:

- (a) A public vaccination clinic or training exercise sponsored by a local public health authority if:
 - (1) A list of the emergency medical technicians with an endorsement who are participating in the clinic or training exercise is approved by the Division or a validation of the endorsement of each emergency medical technician is received by the local public health authority before the clinic or training exercise begins; and
 - (2) The person who holds the endorsement is under the direct supervision of the local health officer, or his or her designee, of the jurisdiction in which the immunization is administered.

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

- (1) A list of the advanced emergency medical technicians or paramedics with an endorsement who are participating in the clinic is provided to the Division within 48 hours after the event begins; and
- (2) The person who holds the endorsement is under the direct supervision of the local health officer, or his or her designee, of the jurisdiction in which the immunization is administered.

2. As used in this section, "emergency" has the meaning ascribed to it in [NRS 450B.1975](#).

(Added to NAC by Bd. of Health by R143-09, eff. 5-7-2010; A by R024-14, 10-24-2014)

NAC 450B.497 Expiration and renewal; fee not required. ([NRS 450B.120](#), [450B.1975](#))

1. An endorsement issued pursuant to [NAC 450B.493](#) expires on the date of expiration of the person's certificate as an advanced emergency medical technician or paramedic or on the date the certificate is suspended or revoked.
2. To renew such an endorsement, the person who holds the endorsement must, before the endorsement expires:
 - (a) Submit an application and meet the requirements to renew his or her certificate as an advanced emergency medical technician or paramedic pursuant to [NAC 450B.380](#);
 - (b) Demonstrate the ability to administer a vaccination as part of the process for verifying the skills of the advanced emergency medical technician or paramedic for renewal of his or her certificate pursuant to [NAC 450B.380](#); and
 - (c) Submit an application to renew his or her endorsement to administer immunizations evidencing that he or she has met the requirements of this section.
3. The Division shall not renew an endorsement to administer immunizations unless the Division also renews the applicant's certificate as an advanced emergency medical technician or paramedic.
4. An applicant is not required to pay a fee to renew an endorsement pursuant to this section.
(Added to NAC by Bd. of Health by R143-09, eff. 5-7-2010; A by R024-14, 10-24-2014)

AMBULANCE SERVICES AND FIRE-FIGHTING AGENCIES**NAC 450B.505 Permit required; appointment, powers and duties of medical director. ([NRS 450B.120](#), [450B.200](#))**

1. Each service providing emergency care must:
 - (a) Apply for and receive a permit from the Division; and
 - (b) Have a medical director who is responsible for developing, carrying out and evaluating standards for the provision of emergency care by the service.
2. The medical director of a service shall:
 - (a) Establish medical standards which:
 - (1) Are consistent with the national standard which is prepared by the National Highway Traffic Safety Administration of the United States Department of Transportation as a national standard for the level of service for which a permit is issued to the service or an equivalent standard approved by the Administrator of the Division and which are approved by the board;
 - (2) Are equal to or more restrictive than the national standard prepared by the National Highway Traffic Safety Administration of the United States Department of Transportation or an equivalent standard approved by the Administrator of the Division and adopted by the state emergency medical system; and
 - (3) Must be reviewed and maintained on file by the Division or a physician active in providing emergency care who is designated by the Division to review and make recommendations to the Division.
 - (b) Direct the emergency care provided by any licensed attendant who is actively employed by the service.
3. The appointment of a medical director must be approved by the Division or a physician with experience in emergency care who is designated by the Division to approve those appointments. The medical director must:
 - (a) Be a physician;
 - (b) Have experience in and current knowledge of the emergency care of patients who are acutely ill or injured;
 - (c) Have knowledge of and access to local plans for responding to emergencies;
 - (d) Be familiar with the operations of a base hospital, including communication with, and direction of, personnel who provide emergency care;
 - (e) Be actively involved in the training of personnel who provide emergency care;
 - (f) Be actively involved in the audit, review and critique of emergency care provided by personnel;
 - (g) Have knowledge of administrative and legislative processes affecting local, regional and state systems that provide emergency medical services;
 - (h) Have knowledge of laws and regulations affecting local, regional and state systems that provide emergency medical services; and
 - (i) Have knowledge of procedures and treatment for adult, pediatric and trauma resuscitation.
4. The medical director of a service which is licensed by another state who meets the requirements of that state to serve as a medical director shall be deemed to satisfy the requirements of subsection 3 if he or she submits proof to the Division that he or she has satisfied the requirements of that state.
5. A medical director of a service may:
 - (a) In consultation with appropriate specialists and consistent with the national standard prepared by the National Highway Traffic Safety Administration of the United States Department of Transportation or an equivalent standard approved by the Administrator of the Division, establish medical protocols and policies for the service;
 - (b) Recommend to the Division the revocation of licensure of personnel who provide emergency care;
 - (c) Approve educational requirements that meet the requirements of the national standard prepared by the National Highway Traffic Safety Administration of the United States Department of Transportation or an equivalent standard approved by the Administrator of the Division and proficiency levels for instructors and personnel of the service;

(d) Approve educational programs within the service that are consistent with the national standard prepared by the National Highway Traffic Safety Administration of the United States Department of Transportation or an equivalent standard approved by the Administrator of the Division;

(e) Suspend a licensed attendant within that service pending review and evaluation by the Division;

(f) Establish medical standards for dispatch procedures to ensure that the appropriate response units are dispatched to the scene of a medical emergency and appropriate emergency medical dispatch care is provided before the arrival of the dispatched response units;

(g) Establish criteria and procedures to be used when a patient refuses transportation;

(h) Establish medical criteria for the level of care and type of transportation to be used for emergency care;

(i) Establish medical criteria for the level of care provided for a situation in which a person on the scene is treated and released;

(j) Establish standing orders and procedures and the criteria under which the providers of emergency care may operate before initiating contact with a physician at a base station; and

(k) Conduct an audit to ensure the quality of the medical system of the service in conjunction with the activities of the designated base hospital or health facility.

6. The medical director of the service may delegate his or her duties to any other qualified physician. If the medical director of the service wishes to delegate his or her duties pursuant to this subsection, he or she shall provide written notification to the Division before delegating his or her duties.

7. If a medical director of a service wishes to resign, he or she:

(a) Shall provide written notification of such intentions to the Division and the service not less than 30 days before the effective date of the resignation; and

(b) May provide recommendations for an interim replacement.

8. If the medical director of a service is unable to carry out his or her responsibilities, he or she shall designate an alternate physician to assume the duties of the medical director.

(Added to NAC by Bd. of Health, eff. 8-1-91; A by R045-97, 10-30-97; R182-01, 3-5-2002; R024-14, 10-24-2014)

NAC 450B.510 Permits: Application; renewal. ([NRS 450B.120](#), [450B.200](#))

1. Within 30 days after receipt of an application to operate a service, the Division shall:

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

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

2. An applicant for a permit to operate a service must submit the following information:

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

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

(c) The base location of each unit.

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

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

(1) Response and transportation;

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

(3) Using an electrocardiograph monitor or defibrillator; and

(4) Any other supplies, equipment and procedures provided by the service.

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

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

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

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

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

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

(j) The level of service to be provided under the permit. An applicant may apply to provide a level of service of basic, intermediate or advanced emergency care.

3. The Division shall not issue an original permit to operate a service unless:

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

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

(c) The service has appointed a medical director as required by [NAC 450B.505](#).

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

[Bd. of Health, Ambulance Reg. §§ 3.001 & 3.002, eff. 12-3-73; renumbered as §§ 3.1-3.2.7 & 3.2.9-3.2.10, 2-28-80; § 3.004, eff. 12-3-73; renumbered as § 3.4, 2-28-80; part § 3.005, eff. 12-3-73; renumbered as §§ 3.5.1 & 3.5.2, 2-28-80] — (NAC A 10-14-82; 8-22-86; 8-1-91; R045-97, 10-30-97; R182-01, 3-5-2002; R024-14, 10-24-2014)

NAC 450B.515 Ambulance permits: Fee. ([NRS 450B.120](#), [450B.200](#)) The fee for an initial application for a permit, in the amount set forth in [NAC 450B.700](#), or the number of a purchase order issued by a governmental entity in the amount of the fee, must accompany the application when submitted to the Division. The fee for a renewal of a permit, in the amount set forth in [NAC 450B.700](#), or the number of a purchase order issued by a governmental entity in the amount of the fee, must accompany any application for a renewal of a permit. These fees are not refundable.

(Added to NAC by Bd. of Health, eff. 10-14-82; A by R024-14, 10-24-2014)

NAC 450B.520 Permits: Denial of application. ([NRS 450B.120](#), [450B.200](#)) The Division may disapprove an application for a permit or an application for the renewal of a permit to operate a service for one or more of the following reasons, regardless of the category of the proposed service or agency or its level of emergency care:

1. The applicant for a permit to operate an ambulance, air ambulance or agency's vehicle had previously held a business license or any other permit or license to operate such a service and that permit or license was revoked.

2. The applicant for a permit to operate an ambulance, air ambulance or agency's vehicle has a criminal record which might reasonably indicate that there is reasonable cause to believe that the applicant might not operate the service in a manner that would promote the health and general welfare of persons within this state who may need to use the service.

3. The applicant for a permit to operate an ambulance, air ambulance or agency's vehicle does not have the equipment, licensed attendants or medical director required by this chapter.

4. The applicant for a permit to operate an air ambulance does not meet the Federal Aviation Administration rules for certification under 14 C.F.R. Part 91 or 135, or both, as published in the Federal Register, January 1, 1985.

[Bd. of Health, Ambulance Reg. § 6.001, eff. 12-3-73; renumbered as §§ 6.1-6.1.4, 2-28-80] — (NAC A 10-14-82; 8-22-86; 8-1-91; R045-97, 10-30-97; R024-14, 10-24-2014)

NAC 450B.526 Application for permit. ([NRS 450B.120](#), [450B.200](#)) The Division shall prescribe forms for an operator's use in applying for a permit to operate a service at the level of service of basic, intermediate or advanced emergency care. The following information must be included in the application:

1. The name and address of the applicant's service.

2. The name and signature of the medical director of the service.

3. A copy of the written agreement between the service and a hospital, signed by an authorized representative of the hospital, pursuant to which the hospital agrees to:

(a) Provide 24-hour communication between a physician and a provider of emergency care for the service; and

(b) Require each physician who provides medical instructions to the provider of emergency care to know:

(1) The procedures and protocols for treatment established by the medical director of the service;

(2) The emergency care required for treating an acutely ill or injured patient;

(3) The ability of the providers of emergency care to provide that care; and

(4) The policies of any local or regional emergency medical service for providing emergency care and the protocols for referring a patient with trauma, as defined in [NAC 450B.798](#), to the hospital.

4. A copy of the protocols of the service for each level of emergency care provided by the service that are approved by the medical director of the service and the Division.

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

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

(a) Keeping records; and

(b) An audit of the performance of the service by the medical director.

7. A copy of the requirements of the service for testing each level of licensure, including the requirements for knowledge of the protocols of the service for verification of the skills of each attendant for the specified level of licensure, if those requirements are different from the requirements of the Division for testing the attendant.

(Added to NAC by Bd. of Health, eff. 10-14-82; A 8-22-86; 11-12-87; 8-1-91; R045-97, 10-30-97; R182-01, 3-5-2002; R139-07, 1-30-2008; R024-14, 10-24-2014)

NAC 450B.529 Permit: Investigation of applicant; issuance or rejection. ([NRS 450B.120](#), [450B.200](#)) After receiving an application for a permit to operate a service at the level of service of basic, intermediate or advanced emergency care, or any combination thereof, the Division shall, within 30 days after the receipt:

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

application; and

2. Upon completion of the investigation, issue a permit authorizing the requested level of operations or a written rejection of the application on any ground prescribed in this chapter, setting forth the reasons for the rejection and notifying the applicant of the right to appeal pursuant to [NAC 439.300](#) to [439.395](#), inclusive.

(Added to NAC by Bd. of Health, eff. 10-14-82; A 8-22-86; 8-1-91; R045-97, 10-30-97; R182-01, 3-5-2002; R024-14, 10-24-2014)

NAC 450B.532 Renewal of permit. ([NRS 450B.120](#), [450B.200](#)) The Division may require a review of the applicant's operations or a submission of updated information as a condition of renewal of the permit to operate at a level of service of basic, intermediate or advanced emergency care, or any combination thereof.

(Added to NAC by Bd. of Health, eff. 10-14-82; A 8-22-86; R045-97, 10-30-97; R024-14, 10-24-2014)

NAC 450B.540 Display, alteration and transferability of permit. ([NRS 450B.120](#), [450B.200](#))

1. The holder of a permit or provisional permit must display it prominently in his or her principal place of business.

2. If an official entry on any permit is altered, defaced or obliterated, the permit immediately becomes void.

3. A permit is not transferable. For the purpose of this subsection, if a permit is issued to a corporation or other business entity, a transfer of 50 percent or more of the voting shares or equitable ownership of the corporation or business entity shall be deemed a transfer of the permit.

[Bd. of Health, Ambulance Reg. §§ 5.001 & 5.002, eff. 12-3-73; A and renumbered as §§ 5.1-5.2, 2-28-80] — (NAC A 10-14-82; R182-01, 3-5-2002)

NAC 450B.550 Ambulance: Design and equipment. ([NRS 450B.120](#), [450B.130](#))

1. Each ambulance placed in service after August 1, 1991, must contain at least 300 cubic feet (8.5 cubic meters) of space and meet the following requirements:

(a) Have at least 60 inches (152 centimeters) of headroom above the level of the primary gurney.

(b) Provide a combined total of at least 35 cubic feet (1 cubic meter) of enclosed cabinets for storage, compartments and shelves conveniently located for medical supplies and equipment and installed systems as applicable for the level of service intended.

(c) Provide 40 candlepower of interior lighting at the patient's level in the patient's compartment. The lighting must be located so that no glare is directed to the driver's compartment or line of vision while the vehicle is in motion. The lighting must be shielded with a shatterproof covering which does not reduce the illumination.

(d) Have a bulkhead partition separating the patient's compartment and the driver's compartment, with a sliding transparent panel in the bulkhead or a system of intercommunication for the driver and attendant.

(e) Provide an adequate seat, equipped with a backrest and a safety belt secured to the floor or bulkhead at the head of the space for the gurney, from which position the attendant may observe the patient and the instruments which indicate the patient's condition during transport.

(f) Contain a squad bench at least 22 inches (56 centimeters) wide and 72 inches (183 centimeters) long, with a padded top which is covered in material impervious to moisture, is easily sanitized and may be hinged at the sidewall for access to storage.

(g) Have the squad bench equipped with at least three safety belts for use when transporting patients who are ambulatory or able to sit up.

(h) Provide a clear walkway of not less than 18 inches (46 centimeters) between the gurney and the squad bench and at least 25 inches (64 centimeters) of kneeling space along the side of the primary gurney to allow the attendant to administer care to a patient.

(i) Provide a system of heating and air-conditioning in both the driver's and patient's compartments which is adequate to maintain comfortable levels of temperature and clean air inside these compartments.

(j) Have shatterproof glass wherever glass is used in the interior of the patient's compartment.

(k) Be designed so that the interior of the patient's compartment is free of any exposed sharp edges or projections. All the interior finish of the patient's compartment must be of material that is impervious to soap and water, disinfectant and mildew, and the finish must be fire resistant.

(l) Have at least one wheeled gurney or stretcher with three or more straps with which to secure the patient. The head of the gurney must be equipped with restraints for the upper torso that are placed over the shoulders of the patient.

(m) Have gurney fasteners which are secured to the floor or sidewall of the patient's compartment. They must be capable of quick release, adjustable and stable.

(n) Have all the medical equipment and supplies in the patient's compartment placed in closed storage or otherwise secured.

(o) Have a source of power adequate to operate simultaneously all systems for heating, air-conditioning, radio communications, interior lighting and devices for audible or visual warnings while the vehicle is in motion.

(p) Have built-in suction apparatus for use in maintaining the patient's airway.

(q) Have built-in equipment for supplying and administering oxygen with a minimum of 122 cubic feet (3.5 cubic

meters) of storage area for oxygen.

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

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

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

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

4. An ambulance must have space for storing medical supplies and equipment applicable to the level of service authorized by the permit of the service that operates the ambulance.

5. In lieu of having the design and equipment required by subsections 1, 2 and 3, an ambulance may be configured to meet the standards established by the United States Department of Transportation in its specifications designated Docket KKK-A-1822F dated August 1, 2007, which are hereby adopted by reference. A copy of those specifications may be obtained free of charge from General Services Administration, Federal Supply Service Bureau, Specifications Section, Suite 8100, 470 East L'Enfant Plaza, S.W., Washington D.C. 20407.

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

[Bd. of Health, Ambulance Reg. §§ 9.1-9.6, eff. 2-28-80] — (NAC A 10-14-82; 8-22-86; 8-1-91; R182-01, 3-5-2002; R024-14, 10-24-2014)

NAC 450B.560 Ambulance, air ambulance or agency's vehicle: Equipment and supplies. ([NRS 450B.120](#), [450B.130](#)) Each ambulance, air ambulance or agency's vehicle must, during any period in which the ambulance, air ambulance or agency's vehicle is used to provide emergency medical care, carry the equipment and supplies specified for the ambulance, air ambulance or agency's vehicle set forth in a written inventory that is filed with the Division by the service and included in the written protocols used by the service.

[Bd. of Health, Ambulance Reg. §§ 8.001-9.003, eff. 12-3-73; A and renumbered as §§ 8.1-8.4.15, 2-28-80] — (NAC A 10-14-82; 8-22-86; 8-1-91; 5-18-92; R045-97, 10-30-97; R182-01, 3-5-2002; R024-14, 10-24-2014)

NAC 450B.562 Air ambulance: Compliance with certain Federal Aviation rules. ([NRS 450B.120](#), [450B.130](#)) To be operated as an air ambulance, an aircraft, whether a fixed- or rotary-wing type, must comply with all Federal Aviation Administration rules as they pertain to maintenance inspections, flight and duty time, contained in 14 C.F.R. Part 135, entitled "Operating Requirements: Commuter and On Demand Operations and Rules Governing Persons On Board Such Aircraft."

(Added to NAC by Bd. of Health, eff. 5-18-92; A by R024-14, 10-24-2014)

NAC 450B.564 Air ambulance: Surveillance review for safety and compliance. ([NRS 450B.120](#), [450B.200](#)) The Division shall not issue an original permit or renew a permit to operate an air ambulance service unless the service has received a satisfactory surveillance review for safety and compliance, issued by the local office of the Federal Aviation Administration and the office holding the certificate of responsibility for the aircraft.

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

NAC 450B.566 Air ambulance: Landing site for helicopters. ([NRS 450B.120](#))

1. An air ambulance service using helicopters shall make available training in the proper marking and securing of a safe area for landing to emergency medical personnel, fire agency personnel and law enforcement personnel used at the landing site.

2. A landing site used for the transport of a patient by an air ambulance service using a helicopter must have:

(a) Ground clearance appropriate to the specifications and requirements of the aircraft; and

(b) Sufficient lighting to define the landing site.

(Added to NAC by Bd. of Health, eff. 5-18-92; A by R024-14, 10-24-2014)

NAC 450B.568 Air ambulance: Restriction on transfer of patients from one hospital to another. ([NRS 450B.120](#)) A patient must not be transferred by air ambulance from one hospital to another unless such transfer has been determined necessary by a physician, physician assistant or nurse practitioner under direct supervision of a physician at the medical facility requesting the transfer of the patient and the transfer has been confirmed and accepted by the medical facility receiving the transfer of the patient.

(Added to NAC by Bd. of Health, eff. 5-18-92; A by R024-14, 10-24-2014)

NAC 450B.570 Air ambulance: Design, medical equipment and medical supplies. ([NRS 450B.120](#), [450B.130](#))

1. To be used as an air ambulance, an aircraft, whether a fixed- or rotary-wing type, must meet the requirements set forth in 14 C.F.R. Part 135, including by means of receiving a current endorsement by a nationally accredited air ambulance organization, including, without limitation, the Commission on the Accreditation of Medical Transport

Systems, meet an equivalent national standard set forth by the Federal Aviation Administration or, in addition to meeting other applicable requirements set forth in this chapter:

- (a) Be designed and maintained in a safe and sanitary condition;
- (b) Have sufficient space for storage of medical equipment and medical supplies which may be locked against unauthorized entry;
- (c) Be designed to accommodate at least one stretcher;
- (d) Have a door of sufficient size to allow a stretcher to be loaded without rotating it more than 30 degrees about the longitudinal axis or 30 degrees about the lateral axis; and
- (e) Have the climate controlled in the cabin of the aircraft to prevent extremes in temperature that would adversely affect the care of a patient.

2. The stretcher or litter must:

- (a) Be positioned in the aircraft so as to allow the attendant a clear view of and access to any part of the patient's body that may require attention. The attendant must always have access to the patient's head and upper body.
- (b) Be of sufficient size to carry full length and in the supine position a person whose height is at least equal to the 95th percentile of all adult patients in the United States.
- (c) Have a rigid surface suitable for performing cardiac compressions.
- (d) Be constructed of material that may be cleaned and disinfected after each use.
- (e) Have a mattress or pad that is impervious to liquids.
- (f) Be capable of elevating the head of the patient to a 45-degree angle from the base.

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

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

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

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

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

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

(e) Be equipped with survival equipment appropriate for mountain, desert and water environments for the continuation of patient care.

4. A fixed-wing aircraft must not be operated as an air ambulance unless it is capable of pressurizing the cabin.

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

6. Any fixed- or rotary-wing aircraft that is used as an air ambulance must carry the medical equipment and medical supplies specified for that aircraft set forth in a written inventory that is filed with the Division by the service and included in the written protocols used by the service.

[Bd. of Health, Ambulance Reg. §§ 10.001-10.003, eff. 12-3-73; A and renumbered as §§ 10.1-10.4.2, 2-28-80] — (NAC A 10-14-82; 5-18-92; R182-01, 3-5-2002; R024-14, 10-24-2014)

NAC 450B.574 Unit used to provide emergency care at scene of emergency without transporting patients: Required personnel. (NRS 450B.120) A unit used by a service in any configuration to provide emergency care at the scene of an emergency without transporting a patient, when in operation as such, must have at least one attendant licensed at the level for which the service holds a permit.

(Added to NAC by Bd. of Health, eff. 8-22-86; A by R182-01, 3-5-2002; R024-14, 10-24-2014)

NAC 450B.575 Ambulance, air ambulance or any other unit used to transport patients and provide any level of emergency care: Required equipment and personnel. (NRS 450B.120, 450B.130) An ambulance, air ambulance or any other unit that is used to transport a patient and provide any level of emergency care must be:

1. Equipped with a two-way voice radio capable of operating on the state radio system for emergency medical services, except that an air ambulance service's unit may be equipped with a cellular telephone which is capable of providing communication to the hospital; and

2. Staffed by licensed attendants pursuant to [NAC 450B.450](#).

(Added to NAC by Bd. of Health, eff. 10-14-82; A 8-22-86; R182-01, 3-5-2002; R024-14, 10-24-2014)

NAC 450B.578 Ambulance, air ambulance or agency's vehicle: Communication with and agreement by hospital. ([NRS 450B.120](#), [450B.130](#)) An ambulance, air ambulance or agency's vehicle which is to be used to provide basic, intermediate or advanced emergency care must be equipped for 24-hour communication by radio with a hospital, and the hospital must agree to:

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

2. Record on magnetic tape or digital disc all transmissions between the hospital and the ambulance or agency's vehicle regarding care of patients, and retain the tapes or discs for at least 90 days, if the tapes or discs are not retained at a regional dispatch center or recorded and stored with the Department of Transportation as part of the Nevada Shared Radio System.

3. Make available to the medical director of the service or the Division the tapes or discs concerning patients for the purposes of auditing performance and investigating any alleged violation of this chapter by an ambulance or air ambulance service or one of its attendants or registered nurses if requested within 90 days after an event.

4. Provide the emergency medical technicians, advanced emergency medical technicians, paramedics and registered nurses with an opportunity for regular participation in continuing education.

5. Include the report of emergency care in the medical record of the hospital for each patient.

(Added to NAC by Bd. of Health, eff. 10-14-82; A 8-22-86; 11-12-87; 8-1-91; R182-01, 3-5-2002; R024-14, 10-24-2014)

NAC 450B.580 Ambulance, air ambulance or agency's vehicle: Standards and procedures for operation. ([NRS 450B.120](#), [450B.130](#))

1. Each ambulance or agency's vehicle must be maintained in safe operating condition, including all of its engine, body and other operating parts and equipment. The Division shall periodically, at least every 12 months, require the holder of a permit to certify that the holder has had each ambulance, air ambulance or agency's vehicle under his or her control inspected by a professional mechanic who has found it to be in safe operating condition. In the case of an air ambulance, maintenance must be in accordance with Federal Aviation Administration rules, 14 C.F.R. Parts 43, 91 and 135, as applicable, which are hereby adopted by reference and are available without charge from the United States Department of Transportation, 1200 New Jersey Avenue, S.E., Washington, D.C. 20590. The holder shall mail a copy of the certificate to the Division with each application for the renewal of a permit or upon request of the Division.

2. Each ambulance, air ambulance or agency's vehicle must be equipped with equipment that provides two-way radio communications which provides an attendant with communication 24 hours a day for dispatch and medical information. At least one radio must operate on any frequency allocated by the Federal Communications Commission for transmission of medical communications and, if not using the Nevada Shared Radio System, must contain all of the features incorporated in the state radio system for emergency medical services.

3. The name of the service or its operator must be printed on both sides of an ambulance or on a sign placed in the window of an air ambulance.

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

5. No ambulance, air ambulance or agency's vehicle may be operated unless all interior portions of the patient's compartment are cleaned and sanitized after each use.

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

7. The operator of a service providing ground response shall maintain at least one ambulance or agency's vehicle in a fully operational condition 24 hours per day, 7 days per week. If the operator of a service is unable to provide such service because of an inoperative ambulance or agency's vehicle, the operator shall notify the Division of that fact at the earliest possible time, but not later than 48 hours after the unit becomes inoperative.

[Bd. of Health, Ambulance Reg. § 8.001, eff. 12-3-73; A and renumbered as §§ 7.1-7.1.8, 2-28-80] — (NAC A 10-14-82; 8-22-86; 8-1-91; R045-97, 10-30-97; R182-01, 3-5-2002; R024-14, 10-24-2014)

NAC 450B.600 Air ambulance: Equipment and operation of aircraft; staff. ([NRS 450B.120](#), [450B.130](#), [450B.200](#))

1. An aircraft used by a service which has received a permit issued by the Division to operate a service using an air ambulance must be equipped to provide advanced life support and must be operated by a pilot certified by the Federal Aviation Administration.

2. An air ambulance used to transport a patient must be staffed with an emergency medical services registered nurse or a physician and have the capability of being staffed with two air attendants.

3. Except as otherwise provided in this subsection, an air ambulance used to transfer a patient must be staffed with at least one air attendant and must have the capability of being staffed with two air attendants. An air ambulance used to transfer a patient must be staffed with at least two air attendants, one of which is an emergency medical services

registered nurse or a physician, if it is determined by the physician requesting the transfer that the presence of two air attendants is in the best interest of the care of the patient.

4. An air attendant or emergency medical services registered nurse staffing an air ambulance must be examined biennially by a licensed physician and found to be free from physical defects or disease which might impair the ability to attend a patient in an air ambulance. The operator of the air ambulance shall maintain documentation of such examinations.

[Bd. of Health, Ambulance Reg. § 11.013, eff. 12-3-73; A and renumbered as § 14.4, 2-28-80] — (NAC A 10-14-82; 8-22-86; 8-1-91; 5-18-92; R045-97, 10-30-97; R024-14, 10-24-2014)

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

1. Each service shall identify at least one base station providing 24-hour voice communication between a physician and personnel who provide emergency care. The station or stations must be identified in the application for a permit for the service submitted to the Division.

2. The medical director of a service shall identify local protocols which define the circumstances under which verbal medical directions must be given by a physician to personnel who provide emergency care.

3. Except as otherwise provided by local protocol, a receiving hospital must be notified before the arrival of each patient transported by the service.

4. The medical director of the service may establish requirements for the training of the physician at the base station to assure that the physician is knowledgeable of the protocols and procedures established by the medical director.

5. A base station with an agreement to provide 24-hour communication between a physician and a provider of emergency care shall require that the physician providing medical directions is knowledgeable of:

(a) The procedures for treatment established by the medical director of the service;

(b) The communication system establishing contact between personnel who provide emergency care and the base station;

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

(d) The capabilities of the providers of emergency care; and

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

6. A physician at a base station providing medical directions to a provider of emergency care may participate in medical audits of that care in conjunction with the medical director regarding the proper use of protocols and procedures.

(Added to NAC by Bd. of Health, eff. 8-1-91; A by R045-97, 10-30-97; R024-14, 10-24-2014)

NAC 450B.620 Reports required. (NRS 450B.120, 450B.130)

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

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

3. The operator of such a service shall maintain a record of each patient on the report of emergency care in a format approved by the Division. In addition to the information required in [NAC 450B.766](#), the record must include, without limitation, the information required by the National Emergency Medical Services Information System and any other information required by the Division.

4. The completed report of emergency care must contain accurate information and be delivered to the receiving facility within 24 hours after the patient's arrival.

5. Each service shall submit the information required by subsection 3 and [NAC 450B.766](#) to the Division in a format approved by the Division. The information submitted may be used for compiling statistics.

[Bd. of Health, Ambulance Reg. §§ 11.002 & 12.001, eff. 12-3-73; A and renumbered as §§ 11.1-11.3.1, 2-28-80] — (NAC A 10-14-82; 8-22-86; 8-1-91; R045-97, 10-30-97; R182-01, 3-5-2002; R024-14, 10-24-2014)

NAC 450B.630 Records concerning transportation and transfer of patients. (NRS 450B.120, 450B.130) Records concerning the transportation and transfer of patients within or beyond the boundaries of Nevada must be available for inspection by the Division at any reasonable time. Copies of the records must be filed with the Division within 2 weeks after the request of the Division.

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

NAC 450B.640 Inspections. (NRS 450B.120, 450B.200)

1. The Division shall inspect or have inspected every ambulance, air ambulance configured to be used for providing medical services or agency's vehicle to be used in a service after the issuance of a permit but before it is placed in service, and shall determine whether or not it complies with the requirements of this chapter.

2. After a permit is issued for the operation of an ambulance or air ambulance service, the Division shall, at least once a year, inspect or cause to be inspected every ambulance, air ambulance or agency's vehicle operated in the service. After each inspection pursuant to [NRS 450B.220](#) and this section, the inspector shall prepare a written report describing any violation of any provisions of this chapter with respect to the unit or aircraft inspected and shall schedule a date for reinspection after correction of the violation within 4 weeks after the violation was noted.

3. The inspector shall give a copy of the report to the holder of the permit for the service inspected.

[Bd. of Health, Ambulance Reg. §§ 11.003-11.005, eff. 12-3-73; renumbered as §§ 12.1-12.3, 2-28-80] — (NAC A 10-14-82; 8-22-86; 8-1-91; R045-97, 10-30-97; R024-14, 10-24-2014)

NAC 450B.645 Reports of emergency care. ([NRS 450B.120](#)) A report of emergency care must be accurate and provided in a format approved by the Division.

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

DISCIPLINARY ACTION

NAC 450B.650 Periodic examination or investigation by Division; fee. ([NRS 450B.120](#), [450B.200](#))

1. Nothing contained in this chapter prohibits the Division from periodically examining or investigating any person issued a permit, license or certificate.

2. The Division may charge and collect a fee from any service or person against whom a complaint alleging a violation of this chapter or [chapter 450B](#) of NRS is submitted to the Division by a service or person to recover the costs of investigating the complaint after the investigation is completed if the complaint is substantiated. The fee will be based upon the hourly rate established for each investigator of the Division, as determined by the budget of the Division, and travel expenses.

3. As used in this section, "substantiated" means supported or established by evidence or proof.

[Bd. of Health, Ambulance Reg. § 16.006, eff. 12-3-73; A and renumbered as § 18.6, 2-28-80] — (NAC A 8-22-86; R045-97, 10-30-97; R024-14, 10-24-2014)

NAC 450B.655 Unprofessional conduct. ([NRS 450B.120](#)) A person exhibits unprofessional conduct if he or she fails, while functioning in the capacity of a person who is licensed or certified pursuant to this chapter, to maintain that standard of performance, to exercise that degree of skill, care, diligence and expertise or to manifest that professional demeanor and attitude which is ordinarily exercised and possessed by licensees in Nevada. Unprofessional conduct includes, without limitation:

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

(Added to NAC by Bd. of Health, eff. 8-22-86; A by R182-01, 3-5-2002; R024-14, 10-24-2014)

NAC 450B.660 Grounds for disciplinary action. ([NRS 450B.120](#), [450B.160](#), [450B.200](#))

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

2. Any type of permit issued to operate a service may be revoked or suspended if, after an inspection by a representative of the Division, the holder of the permit does not correct the violation within a reasonable period after receiving an order by the Division to do so. As used in this subsection, "reasonable" means a period necessary to take immediate action with due regard for the public interest and for the ordering of necessary supplies or parts.

3. The Division or the medical director of a service may immediately suspend any attendant or air attendant of a service from medical duty who the Division or medical director determines has violated any of the provisions of this chapter, has been found to have exhibited unprofessional conduct or who constitutes an immediate risk to persons needing his or her services. Upon such a suspension, the person may request a hearing pursuant to the requirements set forth in [NAC 439.300](#) to [439.395](#), inclusive.

4. The Division may suspend or revoke the holder's license, certificate or permit if the holder continues to fail to

comply with any applicable provisions of this chapter or any other applicable laws or ordinances after a warning by the Division. Upon such a suspension or revocation, the holder may request a hearing pursuant to the requirements set forth in [NAC 439.300](#) to [439.395](#), inclusive.

[Bd. of Health, Ambulance Reg. §§ 11.006-11.009, eff. 12-3-73; A and renumbered as §§ 13.1-13.4, 2-28-80] — (NAC A 10-14-82; 8-22-86; R045-97, 10-30-97; R182-01, 3-5-2002; R024-14, 10-24-2014)

NAC 450B.665 Authorized discipline. ([NRS 450B.120](#), [450B.900](#))

1. The Division may assess an administrative penalty in the amount of \$50 per person per day against a service which allows a person to perform the duties of an attendant on an ambulance, air ambulance or agency’s vehicle without a valid certificate issued by the Division. The Division may temporarily deny an application for a certificate submitted by a person who performed the duties of an attendant without a valid certificate for a period not to exceed 30 days.

2. The Division may assess an administrative penalty in the amount of \$500 per day against a service which operates a unit without a permit issued by the Division.

3. If, upon inspection, the Division determines that a unit operated by a service has violated the provisions of this chapter or [chapter 450B](#) of NRS, the Division may:

(a) Prohibit the service from operating the unit until a reinspection which finds no violations has been completed and the service has paid a fee for the reinspection in the amount of \$100; or

(b) Require the service to submit a written statement within 3 working days after the inspection indicating that all violations have been corrected and requesting a reinspection of the unit.

(Added to NAC by Bd. of Health by R024-14, eff. 10-24-2014)

NAC 450B.680 Notification of other licensing authorities of disciplinary action. ([NRS 450B.120](#), [450B.160](#), [450B.200](#)) Whenever any permit, endorsement, certificate or license issued pursuant to this chapter is suspended, revoked or otherwise terminated, the Division shall immediately notify the appropriate licensing authorities of the action taken and shall request that they immediately institute proceedings to revoke any business license or registration or other license issued to the person operating the service or acting in the capacity of a driver, attendant or air attendant if the permit or license was issued on the condition that the approval of the Division was necessary.

[Bd. of Health, Ambulance Reg. § 11.010, eff. 12-3-73; A and renumbered as § 13.5, 2-28-80] — (NAC A 10-14-82; 8-22-86; R045-97, 10-30-97; R024-14, 10-24-2014)

NAC 450B.690 Reinstatement of permit, certificate or license. ([NRS 450B.120](#), [450B.160](#), [450B.200](#))

1. Any person whose permit to operate a service or whose certification or license to act as an attendant has been suspended or revoked or otherwise terminated in accordance with the provisions of this chapter may apply to the Division for a reinspection or reexamination for the purpose of reinstating the permit, certificate or license. The application must be submitted within 180 days after a final decision is issued by the Division relating to the suspension, revocation or termination of the permit, certificate or license, or not later than the scheduled date of expiration of the permit, certificate or license, whichever is earlier.

2. The Division shall conduct a complete inspection or coordinate a written examination approved by the Division in accordance with the national standard prepared by the National Highway Traffic Safety Administration of the United States Department of Transportation within 10 working days after receipt of a written application for such a reinstatement. After the inspection or receipt of the results of the examination, the Division shall:

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

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

[Bd. of Health, Ambulance Reg. § 11.011, eff. 12-3-73; A and renumbered as §§ 13.6 & 13.7.1, 2-28-80] — (NAC A 10-14-82; 8-22-86; R045-97, 10-30-97; R182-01, 3-5-2002; R024-14, 10-24-2014)

NAC 450B.695 Certificate revoked, terminated or suspended under certain circumstances not eligible for renewal. ([NRS 450B.120](#), [450B.195](#)) A person whose certificate was revoked, terminated or suspended pursuant to disciplinary action at the time the certificate expired may not apply for a renewal of the certificate.

(Added to NAC by Bd. of Health, eff. 8-22-86; A by R182-01, 3-5-2002; R024-14, 10-24-2014)

MISCELLANEOUS PROVISIONS

NAC 450B.700 Fees. ([NRS 439.150](#), [439.200](#), [450B.120](#), [450B.155](#), [450B.200](#)) The Division shall charge and collect the following fees:

1. For licenses:

- (a) For issuing a new license to an attendant or for issuing a new license by reciprocity based on a current National Registry of Emergency Medical Technicians certification to an attendant..... \$10.00

(b) For renewing the license of an attendant.....	5.00
2. For issuing a new certificate or renewing a certificate as an emergency medical dispatcher, emergency medical responder, emergency medical technician, advanced emergency medical technician or paramedic or for adding an endorsement other than an endorsement described in NAC 450B.493 and 450B.497	\$10.00
3. To apply:	
(a) For a paramedic by state reciprocity.....	\$50.00
(b) For an advanced emergency medical technician by state reciprocity.....	40.00
(c) For an emergency medical dispatcher, emergency medical responder or emergency medical technician by state reciprocity.....	30.00
(d) For late renewal of a certificate.....	10.00
4. For issuing a new permit to operate a service for an operator who will provide emergency care or provide medical support at special events.....	\$200.00
5. For renewing a permit:	
(a) For a service.....	\$30.00
	plus \$5.00 per unit
(b) For making a late renewal, an additional.....	25.00
6. For replacing or duplicating documents or furnishing copies of records:	
(a) Permit.....	\$2.00
(b) License.....	3.00
(c) Certificate or identification card.....	5.00
(d) Copies of personnel records or any other material:	
(1) For electronic copies.....	No charge
(2) For printed copies.....	0.10 per copy

[Bd. of Health, Ambulance Reg. §§ 24.1-24.5, eff. 10-15-81] — (NAC A 10-14-82; 8-22-86; 11-12-87; R045-97, 10-30-97; R050-98, 5-18-98; R182-01, 3-5-2002; R024-14, 10-24-2014)

NAC 450B.710 Notice to applicant of rejection of permit or license. ([NRS 450B.120](#), [450B.160](#), [450B.200](#)) If any application for:

1. A permit to operate a service at any level of service; or
2. A license as an attendant of such a service,

↪ is rejected by the Division for the applicant’s failure to comply with the requirements of this chapter, the applicant must be notified of the action, the reasons for the rejection and the applicant’s right of appeal pursuant to [NAC 439.300](#) to [439.395](#), inclusive.

[Bd. of Health, Ambulance Reg. §§ 15.001-15.004 & part § 15.005, eff. 12-3-73; A and renumbered as §§ 17.1-17.5.1, 2-28-80] — (NAC A 10-14-82; 8-22-86; R045-97, 10-30-97; R182-01, 3-5-2002; R024-14, 10-24-2014)

NAC 450B.715 Renewal of certification of nonresident who is no longer employed by service. ([NRS 450B.120](#), [450B.180](#))

1. Except as otherwise provided in this section, the Division shall not renew the certificate of a person who holds a certificate issued in Nevada as an emergency medical dispatcher, an emergency medical responder, an emergency medical technician, an advanced emergency medical technician, a paramedic or an instructor in emergency medical services if the person is no longer a resident of this state and is no longer employed by a service that has received a permit from the Division.

2. The Division may issue one renewal to such a person if he or she needs a renewed certificate to obtain reciprocal certification in the new state of residence. The person must meet the other requirements for renewal, including the requirement that a certificate must be renewed on or before the date on which it expires.

3. To renew the certificate of such a person, the Division may give him or her credit for training which he or she has received in the new state if:

- (a) The training is approved by the agency which regulates emergency medical services in the new state;
- (b) The person submits documentary evidence of having received the training; and
- (c) The person makes a written request of the Division to accept the training before the final date for renewing the certificate.

4. This section does not apply to the renewal of certificates of persons certified pursuant to the provisions of [NAC 450B.363](#).

(Added to NAC by Bd. of Health, eff. 10-14-82; A 8-22-86; 11-12-87; 8-1-91; R024-14, 10-24-2014) — (Substituted

in revision for NAC 450B.498)

NAC 450B.720 Programs of training. ([NRS 450B.120](#), [450B.155](#), [450B.160](#), [450B.1905](#), [450B.191](#), [450B.195](#))

1. The Division shall, within the limits of its appropriated money, conduct or contract with other persons to conduct the programs of training necessary to bring each service, including a volunteer service, and each attendant into compliance with the requirements of this chapter for training.

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

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

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

5. Conferences, online courses and continuing education that are approved by the Continuing Education Coordinating Board for Emergency Medical Services are deemed to qualify for use to satisfy the requirements of this chapter relating to training for the renewal of a license or certificate if the conference, online course or continuing education is appropriate to the license or certificate.

[Bd. of Health, Ambulance Reg. § 21.001, eff. 12-3-73; renumbered as § 23.1, 2-28-80] — (NAC A 10-14-82; 8-22-86; R182-01, 3-5-2002; R024-14, 10-24-2014)

NAC 450B.723 Endorsement as instructor: Qualifications; authorized activities. ([NRS 450B.120](#))

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

(a) Provide proof of the successful completion of a course or courses in training equivalent to the national standard prepared by the National Association of Emergency Medical Service Educators as a national standard for instructors or an equivalent standard approved by the Administrator of the Division; and

(b) Provide verification of current certification as an emergency medical dispatcher, emergency medical responder, emergency medical technician, advanced emergency medical technician or paramedic issued by the Division.

2. A person certified as an instructor in emergency medical services may teach a program of training in emergency medical services less than or equal to the level of the instructor's emergency medical certification but may not teach outside of the scope of the level of instruction indicated by the national standard prepared by the National Association of Emergency Medical Service Educators as a national standard for instructors or an equivalent standard approved by the Administrator of the Division.

(Added to NAC by Bd. of Health, eff. 8-1-91; A by R045-97, 10-30-97; R024-14, 10-24-2014)

NAC 450B.725 Endorsement as instructor: Expiration; renewal. ([NRS 450B.120](#))

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

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

(Added to NAC by Bd. of Health, eff. 8-1-91; A by R024-14, 10-24-2014)

NAC 450B.730 Report of crash or incident. ([NRS 450B.120](#)) If the holder of a permit to operate a service or any licensee in the service is involved in any crash or incident reportable to the Federal Aviation Administration as a hard landing with an air ambulance or agency's vehicle, he or she shall report the full details of the crash or hard landing within 5 days after it occurs. The report must be submitted to the Division by certified mail, postmarked within 5 days after the crash or hard landing, or by personal delivery of a written report. The report must be provided to the Division immediately if the crash or hard landing involves an injury or death.

[Bd. of Health, Ambulance Reg. § 16.007, eff. 12-3-73; A and renumbered as § 18.7, 2-28-80] — (NAC A 10-14-82; 8-22-86; R045-97, 10-30-97; R182-01, 3-5-2002; R024-14, 10-24-2014)

TREATMENT OF TRAUMA

Initial Procedures and Collection of Information

NAC 450B.760 Definitions. ([NRS 450B.120](#), [450B.237](#)) As used in [NAC 450B.760](#) to [450B.774](#), inclusive, unless the context otherwise requires:

1. "Center for the treatment of trauma" has the meaning ascribed to it in [NAC 450B.786](#).

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

3. "Pediatric center for the treatment of trauma" has the meaning ascribed to it in [NAC 450B.799](#).

4. "Receiving hospital" means a hospital licensed in this State with emergency services which has not been designated as a center for the treatment of trauma or a pediatric center for the treatment of trauma, but which has been assigned a role by the Division in the system for providing treatment for trauma as defined in [NAC 450B.810](#).

5. "Revised trauma score" means the numerical measure of the severity of an injury computed from coded values that are assigned to specified intervals of the Glasgow Coma Scale, systolic blood pressure and respiratory rate, as described in the article "A Revision of the Trauma Score" set forth in *The Journal of Trauma*, Volume 29, No. 5, 1989.

(Added to NAC by Bd. of Health, eff. 3-15-88; A 1-18-94; R182-01, 3-5-2002; R139-07, 1-30-2008)

NAC 450B.762 Adoption of certain publications by reference. ([NRS 450B.120](#), [450B.237](#))

1. The State Board of Health hereby adopts by reference:

(a) *The Journal of Trauma*, Volume 14, Issue 3, 1974, at pages 187 to 196, inclusive, and any subsequent revision of the publication unless the Board gives notice that the revision is not suitable for this State pursuant to subsection 2. A copy of the publication may be obtained from Infotrieve at the Internet address <http://www.infotrieve.com> or by telephone at (800) 422-4633, for the price of approximately \$21 plus applicable tax.

(b) The article "A Revision of the Trauma Score" set forth in *The Journal of Trauma*, Volume 29, No. 5, 1989. The article may be obtained from the Savitt Medical Library, University of Nevada School of Medicine, Mailstop 306, Reno, Nevada 89557-0046, for the price of \$10.

2. The State Board of Health will review each revision of the publication adopted by reference pursuant to paragraph (a) of subsection 1 to ensure the suitability of the revision for this State. If the Board determines that a revision is not suitable for this State, the Board will hold a public hearing to review its determination within 6 months after the date of the publication of the revision and give notice of that hearing. If, after the hearing, the Board does not revise its determination, the Board will give notice within 30 days after the hearing that the revision is not suitable for this State. If the Board does not give such notice, the revision becomes part of the publication adopted by reference pursuant to paragraph (a) of subsection 1.

(Added to NAC by Bd. of Health, eff. 3-15-88; A by R182-01, 3-5-2002; R139-07, 1-30-2008)

NAC 450B.764 Development of system for collection of information concerning treatment of trauma. ([NRS 450B.120](#), [450B.237](#)) The Division shall develop a standardized system for the collection of information concerning the treatment of trauma and carry out a system for the management of that information. The system must provide for the recording of information concerning treatment received before and after admission to a hospital.

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

NAC 450B.766 Submission of information by licensee who provides emergency medical care at scene of injury. ([NRS 450B.120](#), [450B.237](#))

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

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

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

2. The information required by subsection 1 must be submitted in a format approved by the Division.

3. Information concerning treatment received before admission to a hospital must include all information required by the National Emergency Medical Services Information System, the Nevada State Emergency Medical Services Information System, the National Trauma Data Standard established by the American College of Surgeons, the Nevada Public Health Preparedness Program minimum data set and any other information required by the Division or the State Board of Health.

4. As used in this section, "patient with trauma" has the meaning ascribed to it in [NAC 450B.798](#).

(Added to NAC by Bd. of Health, eff. 3-15-88; A 8-10-90; R182-01, 3-5-2002; R139-07, 1-30-2008; R024-14, 10-24-2014)

NAC 450B.768 Submission of quarterly reports by hospital concerning patients treated by hospital; annual reports by Division. ([NRS 450B.120](#), [450B.237](#), [450B.238](#))

1. Each hospital shall submit to the Division quarterly reports which comply with the criteria prescribed by the Division and which contain at least the information required by the National Trauma Data Standard established by the American College of Surgeons, the Nevada Public Health Preparedness Program minimum data set and any other information required by the Division or the State Board of Health.

2. The information must be submitted not later than 60 days after the end of each quarter in a form approved by the Division.

3. The quarterly reports must be submitted on or before:
 - (a) June 1 for the period beginning on January 1 and ending on March 31.
 - (b) September 1 for the period beginning on April 1 and ending on June 30.
 - (c) December 1 for the period beginning on July 1 and ending on September 30.
 - (d) March 1 for the period beginning on October 1 and ending on December 31.
4. The Division shall prepare an annual report not later than July 1 for the preceding calendar year summarizing the data submitted by hospitals on patients with traumas.
(Added to NAC by Bd. of Health, eff. 3-15-88; A 8-10-90; 1-18-94; R182-01, 3-5-2002; R139-07, 1-30-2008; R024-14, 10-24-2014)

NAC 450B.770 Standard for initial identification and care of patients with traumas. ([NRS 450B.120](#), [450B.237](#))

1. A licensee providing emergency medical care to a patient at the scene of an injury shall use the national standard set forth by the National Highway Traffic Safety Administration of the United States Department of Transportation, the American College of Surgeons or an equivalent standard approved by the Administrator of the Division to identify and care for patients with traumas.
2. If the licensee providing emergency medical care is not certain whether to transport the patient to a center for the treatment of trauma, the licensee shall transport the patient to a center pursuant to [NAC 450B.772](#).
(Added to NAC by Bd. of Health, eff. 3-15-88; A by R182-01, 3-5-2002; R024-14, 10-24-2014)

NAC 450B.772 Criteria for determining destination for transportation and treatment of patients with traumas. ([NRS 450B.120](#), [450B.237](#)) The person licensed to provide emergency medical care at the scene of an injury shall determine the time required to transport a patient to a designated center for the treatment of trauma and determine the destination based on the following criteria:

1. If the time required to transport a patient to a level I center for the treatment of trauma is not more than 30 minutes, the patient must be transported to that center and the medical directions for the treatment of the patient must originate at that center.
2. If the time required to transport a patient to a level I center for the treatment of trauma is more than 30 minutes, but the time required to transport the patient to a level II center for the treatment of trauma is not more than 30 minutes, the patient must be transported to the level II center for the treatment of trauma and the medical directions for the treatment of the patient must originate at that center.
3. If the time required to transport a patient to a level I or II center for the treatment of trauma is more than 30 minutes, but the time required to transport the patient to a level III center for the treatment of trauma is not more than 30 minutes, the patient must be transported to the level III center for the treatment of trauma and the medical directions for the treatment of the patient must originate at that center.
4. If the time required to transport a patient to a center for the treatment of trauma is more than 30 minutes, the patient must be transported to the nearest medical facility which can provide a higher level of emergency medical care than can be provided by personnel at the scene of the injury and the medical directions for the treatment of the patient must originate at that facility or from a protocol approved by the medical director of the service and filed with the Division which meets or exceeds the national standard for the treatment of trauma.
(Added to NAC by Bd. of Health, eff. 3-15-88; A 10-22-93; 11-1-95; R139-07, 1-30-2008; R024-14, 10-24-2014)

NAC 450B.774 Procedure when patient refuses transportation to center for treatment of trauma. ([NRS 450B.120](#), [450B.237](#))

1. If a patient at the scene of an injury refuses to be transported to a center for the treatment of trauma after a determination has been made that the patient's physical condition meets the triage criteria requiring transport to the center, the person providing emergency medical care shall evaluate the mental condition of the patient. If the person determines that the patient is competent, the patient must be advised of the risks of not receiving further treatment at the center.
2. If the patient continues to refuse to be transported to the center for the treatment of trauma, the person providing emergency medical care shall request the patient to sign a statement indicating that the patient has been advised of the risks of not receiving further treatment at the center and continues to refuse to be transported to the center.
3. The person providing emergency medical care shall inform a physician at the location to which the person intends to transport the patient of the patient's refusal to be transported before the person leaves the scene of the injury.
4. As used in this section, "triage criteria" has the meaning ascribed to it in [NAC 450B.814](#).
(Added to NAC by Bd. of Health, eff. 3-15-88; A by R139-07, 1-30-2008; R024-14, 10-24-2014)

Centers for Treatment of Trauma

NAC 450B.780 Definitions. ([NRS 450B.120](#), [450B.237](#)) As used in [NAC 450B.780](#) to [450B.875](#), inclusive, unless the context otherwise requires, the words and terms defined in [NAC 450B.783](#) to [450B.815](#), inclusive, have the

meanings ascribed to them in those sections.

(Added to NAC by Bd. of Health, eff. 3-15-88; A 8-10-90; 10-22-93; 1-18-94; 11-1-95; R139-07, 1-30-2008)

NAC 450B.783 “Board” defined. ([NRS 450B.120](#), [450B.237](#)) “Board” means the State Board of Health.

(Added to NAC by Bd. of Health by R139-07, eff. 1-30-2008)

NAC 450B.786 “Center for the treatment of trauma” defined. ([NRS 450B.120](#), [450B.237](#)) “Center for the treatment of trauma” means a general hospital licensed in this State which has been designated as a level I, II or III center by the Administrator of the Division, pursuant to the provisions of [NAC 450B.780](#) to [450B.875](#), inclusive.

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

NAC 450B.798 “Patient with trauma” defined. ([NRS 450B.120](#), [450B.237](#)) “Patient with trauma” means a person who has sustained injury and meets the triage criteria used to evaluate the condition of the patient.

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

NAC 450B.799 “Pediatric center for the treatment of trauma” defined. ([NRS 450B.120](#), [450B.237](#)) “Pediatric center for the treatment of trauma” means a facility that is designated by the Administrator of the Division pursuant to the provisions of [NAC 450B.780](#) to [450B.875](#), inclusive, to provide comprehensive surgical, medical and nursing care to persons who are less than 15 years of age.

(Added to NAC by Bd. of Health, eff. 1-18-94; A by R139-07, 1-30-2008)

NAC 450B.808 “Service area” defined. ([NRS 450B.120](#), [450B.237](#)) “Service area” means the geographical area described by a center for the treatment of trauma or a pediatric center for the treatment of trauma in its plan for providing treatment for trauma as the area served by that center.

(Added to NAC by Bd. of Health, eff. 3-15-88; A 1-18-94; R139-07, 1-30-2008)

NAC 450B.810 “System for providing treatment for trauma” defined. ([NRS 450B.120](#), [450B.237](#)) “System for providing treatment for trauma” means a formally organized arrangement of resources providing health care which is described in writing by a center for the treatment of trauma or a pediatric center for the treatment of trauma and approved by the Division, whereby patients with trauma are treated at a designated center for the treatment of trauma or a pediatric center for the treatment of trauma.

(Added to NAC by Bd. of Health, eff. 3-15-88; A 1-18-94; R139-07, 1-30-2008)

NAC 450B.814 “Triage criteria” defined. ([NRS 450B.120](#), [450B.237](#)) “Triage criteria” means a measure or method of assessing the severity of a person’s injuries which is used to evaluate the patient’s condition in the field and is based on anatomical considerations, physiological conditions and the mechanism of injury.

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

NAC 450B.815 “Verification review” defined. ([NRS 450B.120](#), [450B.237](#)) “Verification review” means the process by which the American College of Surgeons, or an equivalent medical organization or agency approved by the Board, conducts an on-site review of a hospital and confirms that the hospital is performing or is capable of performing as a center for the treatment of trauma or a pediatric center for the treatment of trauma and meets the appropriate criteria contained in *Resources for Optimal Care of the Injured Patient*, as adopted by reference in [NAC 450B.816](#).

(Added to NAC by Bd. of Health by R139-07, eff. 1-30-2008)

NAC 450B.816 Adoption of certain publications by reference. ([NRS 450B.120](#), [450B.237](#))

1. The Board hereby adopts by reference:

(a) *Resources for Optimal Care of the Injured Patient*, 2006 edition, published by the American College of Surgeons, and any subsequent revision of the publication, unless the Board gives notice that the revision is not suitable for this State pursuant to subsection 2. A copy of the publication may be obtained by mail from the American College of Surgeons, 633 North Saint Clair Street, Chicago, Illinois 60611-3211, or on their website at <http://www.facs.org>, for the price of \$20, plus shipping and handling.

(b) *Guidelines for Design and Construction of Hospital and Health Care Facilities*, in the form most recently published by the American Institute of Architects, unless the Board gives notice that the most recent revision is not suitable for this State pursuant to subsection 2. A copy of the publication may be obtained by mail from the American Institute of Architects at the AIA Store, 1735 New York Avenue, N.W., Washington, D.C. 20006-5292, at the Internet address <http://www.aia.org> or by telephone at (800) 242-3837, for the price of \$52.50 for members or \$75 for nonmembers, plus \$7 for shipping and handling.

2. The Board will review each revision of the publications adopted by reference pursuant to subsection 1 to ensure the suitability of the revision for this State. If the Board determines that a revision is not suitable for this State, the

Board will hold a public hearing to review its determination within 6 months after the date of the publication of the revision and give notice of that hearing. If, after the hearing, the Board does not revise its determination, the Board will give notice within 30 days after the hearing that the revision is not suitable for this State. If the Board does not give such notice, the revision becomes part of the publications adopted by reference pursuant to subsection 1.

(Added to NAC by Bd. of Health, eff. 3-15-88; A 10-22-93; 1-18-94; R182-01, 3-5-2002; R139-07, 1-30-2008)

NAC 450B.817 Restrictions on applications for initial designation; applications authorized at time for renewal. ([NRS 450B.120](#), [450B.237](#))

1. On or after January 30, 2008, if a hospital wishes to apply for initial designation as a center for the treatment of trauma, the hospital may apply only for initial designation as a level III center for the treatment of trauma.

2. At the time for renewal of such designation as a level III center for the treatment of trauma, the hospital may apply for:

- (a) Designation as a level I or II center for the treatment of trauma;
- (b) Designation as a pediatric center for the treatment of trauma; or
- (c) Renewal as a level III center for the treatment of trauma.

3. The provisions of this section do not prohibit a hospital that has been designated as a level I or II center for the treatment of trauma from applying for initial designation as a pediatric center for the treatment of trauma.

(Added to NAC by Bd. of Health by R139-07, eff. 1-30-2008)

NAC 450B.819 Submission, contents and review of applications for designation; requests for verification; provisional authorization in certain counties. ([NRS 450B.120](#), [450B.237](#))

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

2. The application must be submitted to the Division and a written request for verification made to the American College of Surgeons, or another equivalent medical organization or agency approved by the Board, at least 6 months before the date of the verification review conducted pursuant to [NAC 450B.820](#).

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

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

- (a) Review the application and verify the information contained within; and
- (b) Upon review, notify the applicant in writing if any section of the application is incomplete or unclear.

5. An application must include the following information:

- (a) A description of the qualifications of the hospital's personnel to provide care for patients with trauma;
- (b) A description of the facilities and equipment to be used to provide care for patients with trauma;

(c) A description of how the hospital's facilities and personnel comply with or exceed the standards set forth in chapters 5 and 23 of *Resources for Optimal Care of the Injured Patient* or, if applying for designation as a pediatric center for the treatment of trauma, the standards set forth in chapters 5, 10 and 23 of *Resources for Optimal Care of the Injured Patient*;

(d) A description of the service area of the hospital to be served;

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

(f) A description of how the hospital's facilities comply with or exceed the standards set forth in the *Guidelines for Design and Construction of Hospital and Health Care Facilities*;

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

(h) Written policies for:

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

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

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

NAC 450B.820 Verification reviews. ([NRS 450B.120](#), [450B.237](#))

1. Before a hospital is designated as a center for the treatment of trauma or a pediatric center for the treatment of trauma, a verification review of the hospital must be conducted.

2. The cost to verify the proposed center's capability as a level I, II or III center for the treatment of trauma or a

pediatric center for the treatment of trauma must be borne by the hospital applying for such a designation.

3. A hospital must not be designated as a center for the treatment of trauma or a pediatric center for the treatment of trauma if it does not receive a verification from the American College of Surgeons, or an equivalent medical organization or agency approved by the Board.

4. The Division shall ensure that the appropriate members of its staff are present during any preliminary meetings and on-site reviews conducted by the American College of Surgeons, or an equivalent medical organization or agency approved by the Board, in relation to a verification review.

(Added to NAC by Bd. of Health, eff. 3-15-88; A 8-10-90; 10-22-93; 1-18-94; 11-1-95; R182-01, 3-5-2002; R139-07, 1-30-2008)

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

1. Before the designation of a level I, II or III center for the treatment of trauma or a pediatric center for the treatment of trauma is renewed, an application for renewal must be submitted to the Division and a verification review of the center must be conducted.

2. The verification review team for the renewal of a designation as a level I, II or III center for the treatment of trauma or for a pediatric center for the treatment of trauma must be appointed by the American College of Surgeons, or an equivalent medical organization or agency approved by the Board.

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

(a) At least 6 months before its designation expires, submit:

(1) An application for renewal to the Division that contains a proposal for continuing the hospital's designation;

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

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

(4) A written request for verification to the American College of Surgeons, or an equivalent medical organization or agency approved by the Board;

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

(c) Notify the Division of the date of the verification review.

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

5. The designation of a hospital as a level I, II or III center for the treatment of trauma or as a pediatric center for the treatment of trauma must not be renewed unless the hospital receives verification from the American College of Surgeons, or an equivalent medical organization or agency approved by the Board, which indicates that the hospital has complied with the standards for a level I, II or III center for the treatment of trauma or a pediatric center for the treatment of trauma set forth in chapters 5, 10, 16 and 23 of *Resources for Optimal Care of the Injured Patient*.

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

NAC 450B.824 Notice of decision regarding application for designation or renewal of designation. ([NRS 450B.120](#), [450B.237](#)) The Division shall give written notice of its decision to any hospital which submits an application for designation as a center for the treatment of trauma or as a pediatric center for the treatment of trauma or for the renewal of such a designation.

(Added to NAC by Bd. of Health, eff. 3-15-88; A 10-22-93; 1-18-94; R139-07, 1-30-2008)

NAC 450B.826 Duration of designation; provisional designation. ([NRS 450B.120](#), [450B.237](#))

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

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

3. If the Division finds that extenuating circumstances exist while an application for the renewal of a designation is pending and that the withholding of the renewal of the designation may have a detrimental impact on the health of the public, it may recommend to the Administrator of the Division that a provisional designation be issued. The Administrator may issue a provisional designation for not more than 1 year on an application for the renewal of a level I, II or III center for the treatment of trauma or a pediatric center for the treatment of trauma. The Administrator may impose such conditions on the issuance of the provisional designation as he or she deems necessary.

(Added to NAC by Bd. of Health, eff. 3-15-88; A 8-10-90; 10-22-93; 1-18-94; 11-1-95; R045-97, 10-30-97; R139-07, 1-30-2008)

NAC 450B.828 Addition of centers to system for providing treatment for trauma. ([NRS 450B.120, 450B.237](#)) A center for the treatment of trauma or a pediatric center for the treatment of trauma may be added to the system for providing treatment for trauma on the basis of a demonstrated change in need that cannot be met by existing centers for the treatment of trauma or pediatric centers for the treatment of trauma, including, without limitation, a significant increase in the volume of patients with trauma served and the geographic distribution of the patients without access to the existing centers for the treatment of trauma or pediatric centers for the treatment of trauma, if the addition is made pursuant to the requirements of [NRS 449.087](#) and [NAC 450B.780](#) to [450B.875](#), inclusive.

(Added to NAC by Bd. of Health, eff. 3-15-88; A 10-22-93; 1-18-94; R139-07, 1-30-2008)

NAC 450B.830 Discontinuance of designation by center; withdrawal of or refusal to renew designation. ([NRS 450B.120, 450B.237](#))

1. If a center for the treatment of trauma or a pediatric center for the treatment of trauma does not wish to continue to be designated as such, it must submit a notice to the Administrator of the Division at least 6 months before it discontinues the provision of services as a center for the treatment of trauma or as a pediatric center for the treatment of trauma.

2. The Division may withdraw or refuse to renew the designation of a center for the treatment of trauma or a pediatric center for the treatment of trauma if the center:

(a) Fails to comply with the requirements of its designation or fails to maintain the standard of care which meets the requirements of chapters 5, 10, 16 and 23 of *Resources for Optimal Care of the Injured Patient*; or

(b) Does not receive verification from the American College of Surgeons, or an equivalent medical organization approved by the Board, indicating that it has complied with the criteria established for a level I, II or III center for the treatment of trauma or a pediatric center for the treatment of trauma set forth in chapters 5, 10, 16 and 23 of *Resources for Optimal Care of the Injured Patient*.

(Added to NAC by Bd. of Health, eff. 3-15-88; A 10-22-93; 1-18-94; R182-01, 3-5-2002; R139-07, 1-30-2008)

NAC 450B.832 Fee for designation or renewal of designation. ([NRS 450B.120, 450B.237](#)) A hospital applying for a designation as a level I, II or III center for the treatment of trauma or a pediatric center for the treatment of trauma or to renew such a designation must pay a fee of \$3,000 at the time it submits its application to the Division.

(Added to NAC by Bd. of Health, eff. 3-15-88; A 8-10-90; 10-22-93; 1-18-94; 11-1-95; R139-07, 1-30-2008)

NAC 450B.834 Grounds for suspension or revocation of designation. ([NRS 450B.120, 450B.237](#)) The Division may suspend or revoke the designation of a center for the treatment of trauma or a pediatric center for the treatment of trauma on the following grounds:

1. Any violation of any provision of [NAC 450B.780](#) to [450B.875](#), inclusive, by the center for the treatment of trauma or pediatric center for the treatment of trauma.

2. Any conduct or practice detrimental to the health and safety of the patients or employees of any facility of the center.

(Added to NAC by Bd. of Health, eff. 3-15-88; A 10-22-93; 1-18-94; R139-07, 1-30-2008)

NAC 450B.836 Notice of intent to deny, suspend or revoke designation; summary suspension of designation; appeal of action. ([NRS 450B.120, 450B.237](#))

1. Except as otherwise provided in this section, if the Division intends to deny, suspend or revoke a designation as a center for the treatment of trauma or a pediatric center for the treatment of trauma, it shall follow the requirements set forth in [NAC 439.300](#) to [439.395](#), inclusive.

2. Advance notice is not required to be given if the Division determines that the protection of the public health requires immediate action. If it so determines, the Division may order a summary suspension of the designation pending proceedings for revocation or other action.

3. If a center for the treatment of trauma or a pediatric center for the treatment of trauma wishes to contest the enforcement action of the Division taken pursuant to this section, it must follow the procedure for appeals set forth in [NAC 439.300](#) to [439.395](#), inclusive.

(Added to NAC by Bd. of Health, eff. 3-15-88; A 1-18-94; R045-97, 10-30-97; R139-07, 1-30-2008)

NAC 450B.838 Level I center: Requirements for designation. ([NRS 450B.120, 450B.237](#)) To be designated as a level I center for the treatment of trauma, a licensed general hospital must:

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

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

(Added to NAC by Bd. of Health, eff. 3-15-88; A 10-22-93; R182-01, 3-5-2002; R139-07, 1-30-2008)

NAC 450B.845 Pediatric center: Requirements for designation. ([NRS 450B.120](#), [450B.237](#)) To be designated as a pediatric center for the treatment of trauma, a licensed general hospital or licensed medical-surgical hospital must:

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

2. Meet the minimum criteria for a level I or II center for the treatment of trauma and demonstrate a commitment to the treatment of persons who are less than 15 years of age in accordance with chapters 10 and 23 of *Resources for Optimal Care of the Injured Patient*.

3. Receive a verification from the American College of Surgeons, or an equivalent organization approved by the Board, that confirms that the center meets the standards for a pediatric center for the treatment of trauma.

(Added to NAC by Bd. of Health, eff. 1-18-94; A by R182-01, 3-5-2002; R139-07, 1-30-2008)

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

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

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

(Added to NAC by Bd. of Health, eff. 3-15-88; A 10-22-93; R182-01, 3-5-2002; R139-07, 1-30-2008)

NAC 450B.866 Level III center: Requirements for designation. ([NRS 450B.120](#), [450B.237](#)) To be designated as a level III center for the treatment of trauma, a licensed general hospital must:

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

2. Receive verification from the American College of Surgeons, or an equivalent medical organization approved by the Board, that confirms that the center complies with the standards for a level III center for the treatment of trauma.

(Added to NAC by Bd. of Health, eff. 3-15-88; A 10-22-93; 11-1-95; R182-01, 3-5-2002; R139-07, 1-30-2008)

NAC 450B.875 Establishment of programs to ensure quality of care. ([NRS 450B.120](#), [450B.237](#)) Each level I, II and III center for the treatment of trauma and each pediatric center for the treatment of trauma must establish a program for performing evaluations and assessments to ensure the quality of care for patients with trauma. The program must meet the standards set forth in chapter 16 of *Resources for Optimal Care of the Injured Patient*.

(Added to NAC by Bd. of Health, eff. 10-22-93; A 1-18-94; 11-1-95; R139-07, 1-30-2008)

COLLECTION OF DATA CONCERNING WAITING TIMES AT HOSPITALS

NAC 450B.880 Definitions. ([NRS 450B.120](#), [450B.795](#)) As used in [NAC 450B.880](#) to [450B.890](#), inclusive, unless the context otherwise requires, the words and terms defined in [NAC 450B.882](#) and [450B.884](#) have the meanings ascribed to them in those sections.

(Added to NAC by Bd. of Health by R138-07, eff. 1-30-2008)

NAC 450B.882 “Hospital” defined. ([NRS 450B.120](#), [450B.795](#)) “Hospital” has the meaning ascribed to it in [NRS 449.012](#).

(Added to NAC by Bd. of Health by R138-07, eff. 1-30-2008)

NAC 450B.884 “Provider of emergency medical services” defined. ([NRS 450B.120](#), [450B.795](#)) “Provider of emergency medical services” has the meaning ascribed to it in [NRS 450B.795](#).

(Added to NAC by Bd. of Health by R138-07, eff. 1-30-2008)

NAC 450B.886 Delegation of duties by State Board of Health: Submission and contents of request for delegation; action on request; quarterly reports by county or district board of health. ([NRS 450B.120](#), [450B.795](#))

1. A county or district board of health may submit to the Division a request for the State Board of Health to delegate its duties set forth in [NRS 450B.795](#). The Division shall forward a request submitted pursuant to this subsection to the State Board.

2. A request submitted pursuant to subsection 1 must be in writing and must include, without limitation, a:

(a) Statement which indicates that the county or district board of health has the ability to carry out the duties set forth in [NRS 450B.795](#);

(b) Statement which indicates that each hospital and each provider of emergency medical services located in the county will participate in the collection of data;

(c) Description of the system that will be used to collect data in the county;

(d) List of the persons appointed to the advisory committee required pursuant to subsection 7 of [NRS 450B.795](#);

(e) Description of the process that will be used to review the circumstances of waiting times for the provision of emergency services and care which exceed 30 minutes; and

(f) Statement which indicates whether the county or district board of health will require each hospital and provider of emergency medical services located in the county to contribute to the cost of carrying out the collection of data pursuant to [NRS 450B.795](#) and how those costs will be allocated, if applicable.

3. Upon receiving a written request pursuant to subsection 1, the State Board of Health will determine at its next regularly scheduled meeting whether to delegate to the county or district board of health its duties set forth in [NRS 450B.795](#). The State Board will provide written notice to the county or district board of health of its decision to approve or deny the request.

4. Upon receiving notification of the approval of a request submitted pursuant to subsection 1, the county or district board of health shall carry out the duties of the State Board of Health set forth in [NRS 450B.795](#).

5. A county or district board of health that carries out the duties set forth in [NRS 450B.795](#) shall submit to the State Board of Health a quarterly report in the form prescribed by the State Board. Each quarterly report must include, without limitation:

(a) The dates of the meetings of the advisory committee required pursuant to subsection 7 of [NRS 450B.795](#);

(b) A summary of each incident in which the waiting time for the provision of emergency services and care exceeds 30 minutes; and

(c) A summary of the circumstances surrounding waiting times for the provision of emergency services and care that exceed 30 minutes.

(Added to NAC by Bd. of Health by R138-07, eff. 1-30-2008)

NAC 450B.888 Reporting of certain information by hospitals and providers of emergency medical services in participating counties. ([NRS 450B.120](#), [450B.795](#))

1. A hospital located in a county that participates in the collection of data pursuant to [NRS 450B.795](#) shall report the information required pursuant to subsection 5 of that section to:

(a) The State Board of Health; or

(b) If the State Board has delegated its duties to the county or district board of health in the county in which the hospital is located, the county or district board of health.

2. A provider of emergency medical services located in a county whose population is less than 400,000 that participates in the collection of data pursuant to [NRS 450B.795](#) shall report the information required pursuant to subsection 5 of that section to:

(a) The State Board of Health; or

(b) If the State Board has delegated its duties to the county or district board of health in the county in which the provider of emergency medical services is located, the county or district board of health.

(Added to NAC by Bd. of Health by R138-07, eff. 1-30-2008)

NAC 450B.890 Contribution of certain hospitals and providers of emergency medical services to necessary costs for collection of data. ([NRS 450B.120](#), [450B.795](#)) Each hospital and each provider of emergency medical services located in a county that participates in the collection of data pursuant to [NRS 450B.795](#) in which the State Board of Health has not delegated its duties to the county or district board of health in the county must contribute equally to the cost of purchasing hardware, software, equipment and other resources necessary to carry out the collection of data pursuant to [NRS 450B.795](#).

(Added to NAC by Bd. of Health by R138-07, eff. 1-30-2008)

WITHHOLDING LIFE-SUSTAINING TREATMENT

NAC 450B.950 Do-not-resuscitate identification: Application to include statement regarding disclosure of decision. ([NRS 450B.490](#)) In addition to the items required pursuant to [NRS 450B.520](#), an application for a do-not-resuscitate identification must include, without limitation, a statement from the patient that he or she has informed each member of his or her family within the first degree of consanguinity or affinity, whose whereabouts are known to the patient, or if no such members are living, his or her legal guardian, if any, or if the patient has no such member living and has no legal guardian, his or her caretaker, if any, of the decision to apply for an identification.

(Added to NAC by Bd. of Health by R043-98, eff. 5-18-98)

NAC 450B.955 Do-not-resuscitate identification: Form; issuance to qualified patient upon submission of application and fee. ([NRS 450B.490](#)) In a county whose population is less than 400,000:

1. A do-not-resuscitate identification must be in the form of an identification card, document, bracelet or medallion that has been approved or issued by the Division.

2. The Division shall issue a do-not-resuscitate identification in one of the forms described in subsection 1 to a qualified patient who submits:

(a) A completed application containing the items described in [NRS 450B.520](#) and [NAC 450B.950](#); and

(b) A fee in the following amount:

(1) For a do-not-resuscitate identification in the form of an identification card or document, \$5.

(2) For a do-not-resuscitate identification in the form of a bracelet or medallion, the actual cost to the Division of manufacturing or obtaining the bracelet or medallion from a manufacturer, including the cost of shipping, handling and engraving the bracelet or medallion.

(Added to NAC by Bd. of Health by R043-98, eff. 5-18-98; A by R054-99, 9-27-99; R182-01, 3-5-2002)

NAC 450B.960 Procedures to be followed by persons who administer emergency medical services. ([NRS 449.697](#), [450B.490](#), [450B.530](#), [450B.550](#))

1. For a do-not-resuscitate identification, do-not-resuscitate order or a valid Physician Order for Life-Sustaining Treatment form if the form provides that the patient is not to receive life-sustaining treatment to be honored by a person who administers emergency medical services, the identification, order or form must:

(a) Be an identification, order or form approved or issued by a health authority of this state or be a do-not-resuscitate identification, do-not-resuscitate order or valid Physician Order for Life-Sustaining Treatment form if the form provides that the patient is not to receive life-sustaining treatment issued pursuant to the laws of another state;

(b) Not bear any mark or other indication that the identification, order or form has been modified or altered; and

(c) Be in plain sight or be presented to the person who administers emergency medical services by the patient or by another person present at the scene.

2. A person who administers emergency medical services shall, upon being presented with or upon discovering a do-not-resuscitate identification, do-not-resuscitate order or valid Physician Order for Life-Sustaining Treatment form if the form provides that the patient is not to receive life-sustaining treatment, make a reasonable effort to verify that the identification, order or form belongs to the patient. If the person who administers emergency medical services determines that the identification, order or form belongs to the patient, the person who administers emergency medical services shall:

(a) Provide appropriate emergency medical or supportive care if the patient is not experiencing cardiac or respiratory arrest;

(b) Withhold life-resuscitating treatment from a patient if the patient is experiencing cardiac or respiratory arrest; and

(c) Closely observe the patient for any indication that the patient is attempting to remove or destroy the identification, order or form, thus, if applicable, invalidating the identification pursuant to [NRS 450B.530](#), or is otherwise indicating that the patient wishes to revoke the authorization to withhold life-resuscitating treatment. Upon observing such an attempt by the patient, the person who administers emergency medical services shall attempt to communicate with the patient to confirm that the patient wishes to revoke the authorization to withhold life-resuscitating treatment. If the person who administers emergency medical services confirms that the patient wishes to revoke the authorization to withhold life-resuscitating treatment, the person who administers emergency medical services shall inform subsequent providers of medical care that the patient has so indicated and shall document in the report of emergency care the name and identifying number that is unique to the patient and any action or request made by the patient that indicated that the patient wishes to revoke the authorization to withhold life-resuscitating treatment.

3. If the person who administers emergency medical services to a patient with a do-not-resuscitate identification, do-not-resuscitate order or Physician Order for Life-Sustaining Treatment form is unable or unwilling to comply with paragraph (b) of subsection 2, the person shall promptly:

(a) Transfer care of the patient to a person who administers emergency medical services who is able and willing to comply with paragraph (b) of subsection 2; or

(b) Transport the patient to a physician or health care facility at which the do-not-resuscitate protocol may be followed.

4. As used in this section, "Physician Order for Life-Sustaining Treatment form" has the meaning ascribed to it in [NRS 449.693](#).

(Added to NAC by Bd. of Health by R043-98, eff. 5-18-98; A by R182-01, 3-5-2002; R024-14, 10-24-2014)