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## EMERGENCY MEDICAL SYSTEMS PROGRAM POLICIES AND PROCEDURES MANUAL

STATE OF NEVADA

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DIVISION OF PUBLIC AND BEHAVIORAL HEALTH

March, 2016

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# FOREWORD

WHEREAS, pursuant to the Nevada Revised Statutes (NRS) Chapter 450B, the State of Nevada Emergency Medical Systems Program (EMS) is the authority for the State and has jurisdiction over all public EMS matters therein with the exception of Clark County, Nevada;

WHEREAS, regulations governing EMS promote a comprehensive and uniform emergency medical response throughout the State; and

WHEREAS, the State of Nevada EMS Program believes that the following Policies and Procedures are designed to protect and promote public health, welfare and safety within the State.

**State of Nevada EMS Program, Suite 101  
4150 Technology Way  
Carson City, NV, 89706**

Questions may be addressed to staff at: **775-687-7590**; or visit our website at:  
<http://dpbh.nv.gov/Reg/EMS/EMS-home/>

Key:

- Items in “**Bold**” and in quotations correspond to the name of a procedure.
  
- Items in “*Italics*” and in quotations correspond to the name of a form.

## ACRONYMS

<b>AAMS</b>	Association of Air Medical Services
<b>ACS</b>	American College of Surgeons
<b>AEMT</b>	Advanced Emergency Medical Technician
<b>AHA</b>	American Heart Association
<b>AI/DM</b>	Administer Immunizations/Dispense medications
<b>ALS</b>	Advanced Life Support
<b>APCO</b>	Association of Public Safety Communications Officials
<b>APN</b>	Advanced Practitioner of Nursing
<b>BCCTPC</b>	Board for Critical Care Transport Paramedic Certification
<b>BLS</b>	Basic Life Support
<b>CAAHEP</b>	Commission on Accreditation of Allied Health Education Programs
<b>CCP</b>	Critical Care Paramedic
<b>CCT</b>	Critical Care Transport
<b>CECBES</b>	Continuing Education Coordinating Board for Emergency Medical Services
<b>CEU</b>	Continuing education unit or units, either singular or plural in usage
<b>COBRA</b>	Consolidated Omnibus Budget Reconciliation Act
<b>CPR</b>	Cardiopulmonary Resuscitation
<b>DNR</b>	Do Not Resuscitate Identification Order
<b>DOT</b>	U.S. Department of Transportation
<b>DPBH</b>	Division of Public and Behavioral Health
<b>EMD</b>	Emergency Medical Dispatch
<b>EMR</b>	Emergency Medical Responder

<b>EMS</b>	Emergency Medical Services
<b>EMS RN</b>	Emergency Medical Services Registered Nurse
<b>EMSC</b>	Emergency Medical Services for Children
<b>EMT</b>	Emergency Medical Technician
<b>EMT-B</b>	Emergency Medical Technician-Basic
<b>EMT-I</b>	Emergency Medical Technician -Intermediate
<b>EMT-P</b>	Emergency Medical Technician - Paramedic
<b>FAA</b>	Federal Aviation Administration
<b>HCQC</b>	Bureau of Health Care Quality & Compliance
<b>ILS</b>	Intermediate Life Support
<b>ITLS</b>	International Trauma Life Support
<b>MAB</b>	Medical Advisory Board
<b>MOU</b>	Memorandum of Understanding; either singular or plural in usage
<b>NAC</b>	Nevada Administrative Code
<b>NAEMSP</b>	National Association of EMS Physicians
<b>NENA</b>	National Emergency Numbers Association
<b>NEMSEC</b>	National EMS Educator Certification
<b>NEMSYS</b>	National EMS Information Systems Project
<b>NHTSA</b>	National Highway Traffic Safety Administration
<b>NREMT</b>	National Registry of Emergency Medical Technicians
<b>NRS</b>	Nevada Revised Statutes
<b>NSC</b>	National Standard Curriculum
<b>OEMSTS</b>	Office of Emergency Medical Services and Trauma Systems

<b>PA</b>	Physician Assistant
<b>PALS</b>	Pediatric Advanced Life Support
<b>PHE</b>	Public Health Emergency
<b>POLST</b>	Physicians Orders for Life Sustaining Treatment
<b>RTAB</b>	Regional Trauma Advisory Board
<b>SNHD</b>	Southern Nevada Health District
<b>TMAC</b>	Trauma Medical Audit



## DEFINITIONS

**“ADVANCED EMERGENCY CARE”** 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.

**“ADVANCED EMERGENCY MEDICAL TECHNICIAN (AEMT)”**

“Advanced emergency medical technician” a person certified by the health officer as having satisfactorily completed a program of training for certification as an advanced emergency medical technician pursuant to NRS 450B.191. (Added to NRS by 1987, 2206; A 1993, 2828; 2013, 937).

**“AGENCY VEHICLE”** “Agency’s vehicle” 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.

**“AIR AMBULANCE”**

“Air ambulance” an aircraft especially designed, constructed, modified or equipped to be used for the transportation of injured or sick persons. “Air ambulance” does not include any commercial aircraft carrying passengers on regularly scheduled flights. (Added to NRS by 1973, 1141).

**“ATTENDANT”** “Attendant” a person responsible for the care of a sick or injured person in an ambulance or air ambulance, and includes the driver of an ambulance but not the pilot of an air ambulance. (Added to NRS by 1973, 1141).

**“AMBULANCE”**

“Ambulance” a motor vehicle which is specially designed, constructed, equipped and staffed to provide emergency medical care for one or more:

1. Sick or injured persons; or
2. Persons whose medical condition may require special observation during transportation or transfer, including, without limitation, such a vehicle of a fire-fighting agency. (Added to NRS by 1973, 1141; A 1985, 1726, 2117; 2001, 998; 2013, 937).

**“AUTOMATED EXTERNAL DEFIBRILLATOR AND DIFIBRILLATOR”**

“Automated external defibrillator” or “defibrillator” a medical device that:

1. Has been approved by the United States Food and Drug Administration;
2. Is capable of recognizing the presence or absence of ventricular fibrillation and rapid ventricular tachycardia in a patient;

3. Is capable of determining, without intervention by the operator of the device, whether defibrillation should be performed on a patient;

4. Upon determining that defibrillation should be performed on a patient, automatically charges and requests delivery of an electrical impulse to the patient's heart; and

5. Upon appropriate action by the operator of the device, delivers an appropriate electrical impulse to the patient's heart. **NRS 450B.0505** (Added to NRS by 2013, 1869).

**“APPLICANT”** “Applicant” 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).

**“BASIC EMERGENCY CARE”** 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.

**“BOARD”** “Board” means:

1. In a county whose population is less than 700,000, “*the State Board of Health*”.

2. In a county whose population is 700,000 or more, “*the district board of health*”.

(Added to NRS by 1973, 1141; A 1993, 2828; 1995, 2547; 2005, 2471; 2011, 1269).

**“CENTER OF THE TREATMENT OF TRAUMA”** “Center for the treatment of trauma” a general hospital licensed in this State which has been designated as a level I, II or III center by the Administrator of the Health Division, pursuant to the provisions of NAC 450B.780 to 450B.875, inclusive. (Added to NAC by Bd. of Health, eff. 3-15-88; A 10-22-93; 11-1-95; R139-07, 1-30-2008).

**“CERTIFICATE”** Certificate” a certificate issued by a health authority acknowledging the successful completion of a program of training as an emergency medical technician, advanced emergency medical technician or paramedic as identified on the certificate.

(Added to NRS by 2013, 937).

**“COMMITTEE”** “Committee” the Committee on Emergency Medical Services.

(Added to NRS by 1999, 1170).

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

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

**“DEDICATED ADVANCED LIFE SUPPORT AMBULANCE”** “Dedicated advanced life support ambulance” an ambulance equipped to provide advanced life support that:

1. Is capable of transporting a patient from a special event to a hospital but, upon delivering the patient, immediately returns to the site of the special event; and
2. Is staffed by:
  - (a) At least one advanced emergency medical technician and paramedic; or
  - (b) At least two other attendants, each with an equivalent or a higher level of skill than the levels described in paragraph (a). (Added to NRS by 2013, 1869).

**“DESIGNATED OFFICER”** “Designated officer” a person designated by an employer to serve as a designated officer for its emergency response employees pursuant to NRS 450B.340. (Added to NRS by 2009, 910).

**“DIVISION”** “Division” the Division of Public and Behavioral Health of the Department of Health and Human Services. (Added to NRS by 2013, 3061).

**“DO-NOT-RESUSCITATE IDENTIFICATIONS”** “Do-not-resuscitate identification” means:

1. A form of identification approved by the health authority, which signifies that:
  - (a) A person is a qualified patient who wishes not to be resuscitated in the event of cardiac or respiratory arrest; or
  - (b) The patient’s attending physician has:
    - (1) Issued a do-not-resuscitate order for the patient;
    - (2) Obtained the written approval of the patient concerning the order; and
    - (3) Documented the grounds for the order in the patient’s medical record.
2. The term also includes a valid do-not-resuscitate identification issued under the laws of another state. (Added to NRS by 1997, 287).

**“DO-NOT-RESCUSITATE PROTOCOL”** “Do-not-resuscitate protocol” the standardized procedure and guidelines established by the board for the withholding of emergency life-resuscitating treatment in compliance with a do-not-resuscitate order or a do-not-resuscitate identification. (Added to NRS by 1997, 288; A 1999, 45).

**“DRIVER”** “Driver” 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.

**“EMERGENCY”** “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)

**“EMERGENCY CARE”** “Emergency care” basic, intermediate or advanced medical care given to a patient in an emergency and before the patient arrives at a hospital. (Added to NAC by Bd. of Health, eff. 10-14-82).

**“EMERGENCY MEDICAL DISPATCHER (EMD)”** “Emergency medical dispatcher” a person who:

1. Has completed a training program in emergency medical dispatching which has been approved by the board; and
2. Has been certified as having satisfactorily completed such a training program by an entity approved by the board to provide such training. (Added to NRS by 1993, 2117).

**“EMERGENCY MEDICAL RESPONDER (EMR)”** “Emergency medical responder” 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.

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

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

**“EMERGENCY MEDICAL TECHNICIAN (EMT)”** “Emergency medical technician” a person certified by the health officer as having satisfactorily completed a program of training for certification as an emergency medical technician pursuant to NRS 450B.1905. (Added to NRS by 1987, 2206; A 1993, 2828; 2013, 938).

**“EMERGENCY RESPONSE EMPLOYEE”** “Emergency response employee” a firefighter, attendant, volunteer attendant, emergency medical technician, advanced emergency medical technician, paramedic, law enforcement officer, correctional officer, other peace officer or person who is employed by an agency of criminal justice, county coroner or medical examiner or any of their employees, any other public employee whose duties may require him or her to come into

contact with human blood or bodily fluids or any other person who, in the course of his or her professional duties, responds to emergencies in this State. (Added to NRS by 2009, 911; A 2013, 938).

**“EXPOSED”** “Exposed” or “exposure” any circumstances which create a significant risk of a person becoming infected with an infectious disease. (Added to NRS by 2009, 911).

**“EMS REGISTERED NURSE” or “EMS RN”** 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.

**“FIRST –AID STATION”** “First-aid station” a fixed location at the site of a special event that is staffed by at least one emergency medical technician or a person with a higher level of skill who is capable of providing emergency medical care within his or her scope of practice. (Added to NRS by 2013, 1870).

**“INSTRUCTOR”** “Instructor” 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.

**“ENDORSEMENT”** 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.

**“FIREFIGHTER”** “Firefighter” a person who holds a license and is employed by or serving as a volunteer with a fire-fighting agency. (Added to NRS by 1985, 1692; A 2005, 330)—(Substituted in revision for NRS 450B.073).

**“FIRE-FIGHTING AGENCY”** “Fire-fighting agency” a fire department or fire protection district of the State or a political subdivision which holds a permit issued pursuant to this chapter. The term does not include a person or governmental entity, other than a governmental entity to whom a permit is issued in accordance with the provisions of NRS 450B.1985, which provides transportation of sick or injured persons to a medical facility. (Added to NRS by 1985, 1692; A 1987, 718; 2001, 998).

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

**“GLASGOW TRAUMA SCORE”** “Glasgow Coma Scale” 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.

**“HEALTH AUTHORITY”** “Health authority” in a county:

1. whose population is less than 700,000, “*the Division*”.
2. whose population is 700,000 or more, “*the district board of health*”.

(Added to NRS by 1993, 2827; A 1995, 2547; 2005, 2471; 2011, 1269).

**“HEALTH CARE FACILITY”** “Health care facility” has the meaning ascribed to it in NRS 162A.740. (Added to NRS by 1997, 288; A 2009, 210).

**“HEALTH CARE PROFESSIONAL”** “Health Care Professional” a physician, a physician assistant or an advanced practice registered nurse.

**“HEALTH OFFICER”** “Health officer” in a county:

1. whose population is less than 700,000, “*the Chief Medical Officer*”.
2. whose population is 700,000 or more, “*the district health officer*”.

(Added to NRS by 1993, 2827; A 1995, 2547; 2005, 2471; 2011, 1269)

**“HOSPITAL”** “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).

**“HOST ORGANIZATION”** “Host organization” means:

1. If a permit was obtained for a special event, the person who obtained the permit; or
2. If a permit was not obtained for a special event, the person who sponsored the special event. (Added to NRS by 2013, 1870)

**“INDUSTRIAL OPERATOR”** “Industrial operator” 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).

**“INFECTIOUS DISEASE”** “Infectious disease” a disease caused by a living organism or other pathogen, including, without limitation, a fungus, bacillus, parasite, protozoan or virus. (Added to NRS by 2009, 911).

**“INTERMEDIATE EMERGENCY CARE”** “Intermediate emergency care” 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.

**“LETTER OF APPROVAL”** a written authorization issued by the establishes the Host Organization has met the requirements of Section 1150 of *EMS Regulations* for the event specified. A Letter of Approval is not transferrable to another Person, date, or location.

**“LICENSE”** “License” 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.

**“LIFE-RESUSCITATING TREATMENT”** “Life-resuscitating treatment” cardiopulmonary resuscitation or a component of cardiopulmonary resuscitation, including chest compressions, defibrillation, cardioversion, assisted ventilation, airway intubation or administration of cardiotoxic drugs. (Added to NRS by 1997, 288).

**“MEDICAL DIRECTOR”** a Physician who is specifically designated by an Authorized EMS Training Center or Permittee and has accepted the responsibility for providing medical direction to the Permittee's Ambulance, Air Ambulance, Critical Care Transport, Firefighting Agency or Special Purpose Permit Service.

**“NATIONAL STANDARD”** 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.

**“NATIONAL REGISTRY”** the agency known as the National Registry of EMTs based in Columbus, Ohio, that prepares and administers standardized testing for EMTs, AEMTs and Paramedics for national registration.

**“OFFICIAL AEMT/EMT-INTERMEDIATE DRUG INVENTORY”** the inventory authorized by the Health Officer which lists the approved drugs for administration by AEMT/EMT-I Attendants.

**“OFFICIAL EMT/EMT-BASIC DRUG INVENTORY”** the inventory authorized by the Health Officer which lists the approved drugs for administration by EMT/EMT-B Attendants.

**“OPIOID ANTAGONIST”** “opioid antagonist” any drug that binds to opioid receptors and blocks or disinhibits the effects of opioids acting on those receptors. The term includes, without limitation, naloxone hydrochloride.

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

**“PARAMEDIC”** “Paramedic” a person certified by the health officer as having satisfactorily completed a program of training for certification as a paramedic pursuant to NRS 450B.195. (Added to NRS by 1981, 277; A 1993, 2828; 2013, 938) (Substituted in revision for NRS 450B.085).

**“PATIENT”** “Patient” 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.

**“PATIENT WITH TRAUMA”** “Patient with trauma” 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).

**“PEDIATRIC CENTER FOR THE TREATMENT OF TRAUMA”** “Pediatric center for the treatment of trauma” a facility that is designated by the Administrator of the Health 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).

**“PERMIT”** “Permit” the permit issued by the health authority under the provisions of this chapter to:

1. A person, agency of the State or political subdivision to own or operate an ambulance or air ambulance in the State of Nevada; or
2. A fire-fighting agency to provide medical care by emergency medical technicians, advanced emergency medical technicians or paramedics to sick or injured persons:
  - (a) At the scene of an emergency; or
  - (b) At the scene of an emergency and while transporting those persons to a medical facility. (Added to NRS by 1973, 1141; A 1985, 1693; 1993, 2829; 2001, 998; 2013, 938).

**“PHYSICIAN”** “Physician” 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).

**“PHYSICIAN ASSISTANT”** a Person licensed by the Board of Medical Examiners of the State of Nevada to perform medical services under the supervision of a supervising physician.

**“PROVISIONAL LICENSE”** a license issued by the Division with specific limitations. A Provisional License may be issued for a period not to exceed one (1) year from the date of issuance and is not renewable per NRS 450B.190.

**“QUALIFIED PATIENT”** “Qualified patient” is a:

1. A patient 18 years of age or older who has been determined by the patient’s attending physician to be in a terminal condition and who:
  - (a) Has executed a declaration in accordance with the requirements of NRS 449.600;



(b) Has executed a Physician Order for Life-Sustaining Treatment form pursuant to NRS 449.691 to 449.697, inclusive, if the form provides that the patient is not to receive life-resuscitating treatment; or

(c) Has been issued a do-not-resuscitate order pursuant to NRS 450B.510.

2. A patient who is less than 18 years of age and who:

(a) Has been determined by the patient's attending physician to be in a terminal condition; and

(b) Has executed a Physician Order for Life-Sustaining Treatment form pursuant to NRS 449.691 to 449.697, inclusive, if the form provides that the patient is not to receive life-resuscitating treatment or has been issued a do-not-resuscitate order pursuant to NRS 450B.510.

(Added to NRS by 1997, 288; A 2001, 815; 2013, 2290).

**“RECEIVING HOSPITAL”** “Receiving hospital” 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 Health Division in the system for providing treatment for trauma as defined in NAC 450B.810.

**“REGISTERED NURSE”** “Registered nurse” has the meaning ascribed to it in NRS 632.019.  
(Added to NAC by Bd. of Health, eff. 10-14-82).

**“REPORTS OF EMERGENCY CARE”** “Report of emergency care” 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.

**“REVISED TRAUMA SCORE”** “Revised trauma score” 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).

**“ROTORWING AIR AMBULANCE”** a helicopter type aircraft that is used as an Air Ambulance to Transfer or Transport Patients.

**“ROVING EMERGENCY MEDICAL TECHNICIAN TEAM”** “Roving emergency medical technician team” a team at the site of a Special Event that:

1. Consists of two or more emergency medical technicians, advanced emergency medical technicians or paramedics; and

2. Has the medical supplies necessary to provide emergency medical care. (Added to NRS by 2013, 1870).

**“SERVICE”** “Service” 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.

**“SIGNIFICANT NUMBER”** “Significant number” with regard to:

1. Contacts by emergency medical personnel with persons who attended a special event, the number of contacts is 0.07 percent or more of the total number of persons who attended the special event; and
2. Patients transported to a hospital, the number of patients transported from the special event to the hospital by ambulance or private vehicle is 15 percent or more of the total number of contacts at the special event by emergency medical personnel with persons who attended the special event. (Added to NRS by 2013, 1870).

**“SPECIAL EVENT”** “Special event” a temporary event, including, without limitation, a concert or sporting event, at which 2,500 or more persons are projected to be in attendance at the same time. The term does not include a temporary event held at a location which is designed to host concerts, sporting events, conventions, trade shows and any other similar events and which has permanently established methods for providing first-aid or emergency medical services at the location. (Added to NRS by 2013, 1870).

**“STATE”** “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].

**“STATE RADIO SYSTEM”** “State radio system for emergency medical services” 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).

**“SPECIAL EVENT MEDICAL PLAN”** a written plan prepared by or on behalf of the Host Organization regarding the EMS Permittee’s methods and procedures for providing Emergency Medical Care during the Special Event.

**“SPECIAL PURPOSE PERMIT SERVICE”** a Permittee who is authorized by the State of Nevada EMS Program to provide Standby Medical Coverage in accordance with *EMS Regulations*.

**“TERMINAL CONDITION”** “Terminal condition” has the meaning ascribed to it in NRS 449.590. (Added to NRS by 2001, 814).

**“TRAUMA”** “Trauma” any acute injury which, according to standardized criteria for triage in the field, involves a significant risk of death or the precipitation of complications or disabilities. (Added to NRS by 1987, 1042).

**“TRANSFER”** “Transfer” 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).

**“TRIAGE CRITERIA”** “Triage criteria” 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).

**“UNIT”** “Unit” an agency’s vehicle, an ambulance or an air ambulance.

**“UNPROFESSIONAL CONDUCT”** failure of a Person while providing Emergency Medical Care to maintain that standard of performance, to exercise that degree of skill, care, diligence and expertise, or to manifest that professional demeanor and attitude, which is ordinarily exercised and possessed by Licensees in Clark County. Examples of such unprofessional conduct, demeanor and attitude would include, without limitation, the use of obscene, abusive or threatening language, berating, belittling or inappropriate critical remarks or statements regarding others, such as Permittees or Licensees and other professionals participating in the provision of Emergency Medical Care; use of unreasonable force unnecessarily increasing or inflicting pain upon a Patient; callous disregard for personal feelings or sensibilities of Patients, their friends, families or other Persons present while care is being rendered.

**“VARIANCES BY LOCAL AUTHORITIES”** A local authority may grant a variance to the provisions of this chapter pursuant to subsection 3 of NRS 439.200. (Added to NAC by Bd. of Health, eff. 8-22-86).

**“VERIFICATION REVIEW”** “Verification review” 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).

**“VOLUNTEER ATTENDANT”** “Volunteer attendant” a person who does not receive the majority of his or her annual employment income from employment as an attendant, and who is not employed by a commercial ambulance firm or corporation. (Added to NRS by 1973, 1141).

**“VOLUNTEER SERVICE”** “Volunteer service” 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.

**POLICY & PROCEDURE**  
**NO. 1**  
**FOR APPLICATION FOR INITIAL**  
**OR UPGRADE OF CERTIFICATION**

**PURPOSE:** To standardize the application process for all EMD, EMR, EMT, AEMT or Paramedic applying for initial or upgrade of certification within the State of Nevada EMS Program.

**DEFINITION:** An Applicant is an individual who:

1. Is at least 16 years of age for EMR and 18 years of age for all other certification levels;
2. Has proof of residence in Nevada, or will be a resident in Nevada within 6 months (State of Nevada I.D., military I.D., or University/College ID) or provide proof of current employment by a permitted service in Nevada per NAC 450B.363 and NAC 450B.320;
3. Has current certification from National Registry or State of Nevada;
4. Is applying for initial certification;
5. Needs to renew an expired State of Nevada certificate;
6. Is changing the certification to a different level; or
7. Is applying for reciprocity.

**PROCEDURE:**

- I. Complete the State of Nevada EMS Program's "*Application for Initial Certification or Upgrade*" that includes the following information:
  - A. Section 1 - Applicant Information.
    1. Personal information as listed on the form.
  - B. Section 2 - CEU or Course number.
    1. Provide the Course number of approved State of Nevada Course; or
    2. Provide CEU hours from approved State of Nevada Course; or CECBEMS approved course; or any conference pre-approved by the Division.
    3. Provide information that you attended or taught the course.
  - C. Section 3 - Military Background (if applicable).
    1. Branch of service.
    2. Length of service.

D. Section 5 - Child Support Information.

The Applicant must provide a statement indicating compliance with child support payment in accordance with NRS 450B.183.

E. Section 4 - Signature and Date.

1. The Applicant's signature and date is required affirming that all information on the application is true and correct. Applicant at the request of the State of Nevada EMS Program must provide any additional information needed to clarify the above relative to the Applicant's pending certification.
2. The Applicant's signature further acknowledges the obligation as a certified pre-hospital provider, to report any findings of abuse, neglect or exploitation of children, elderly, or vulnerable persons within 24 hours from occurrence as set forth in NRS 432B.220, NRS 200.5093, and NRS 200.50935.

I. Items to be submitted with application.

- A. Payment of all required non-refundable, non-transferable fee(s).
- B. Copy of State approved ID (State of Nevada I.D., military I.D., or University/College ID) or current employment in Nevada is required for all Applicants.
- C. Copy of Current CPR card (must be AHA Health Care Provider or equivalent as approved by the State of Nevada EMS program).
- D. Evidence of successful completion of National Registry written and practical exam.
- E. If a Paramedic Applicant, you must provide a copy of current certification as for ACLS, PALS, and ITLS or equivalent as approved by the Division.

I. Expiration dates for State of Nevada EMS Program **initial certifications** are established as follows:

1. For applications received after September 1<sup>st</sup>, of the calendar year, the expiration date will be March 31<sup>st</sup> of the year following the next calendar year, not to exceed 24 months.
2. Applicants for initial certification or renewal of a certificate may be issued a certificate with an expiration date in common with the applicant's service or agency or NREMT not to exceed 2 years.
3. To change to a common expiration date an applicant must request the expiration date change in writing. The date requested must be less than 24 months from the applicant's current expiration date.

The expiration date must match National Registry of EMT (NREMT), not to exceed the NREMT date.

4. Prior to the new expiration date, an individual must meet **ALL** recertification requirements. **Renewal requirements will not be prorated** for persons who have requested a shorter than normal certification period in order to have an expiration date in common with their service or agency.

**POLICY & PROCEDURE  
NO. 2  
FOR CERTIFICATION AND  
LICENSURE VIA  
RECIPROCITY**

**PURPOSE:** To standardize the certification process via reciprocity for all EMD, EMR, EMT, AEMT and Paramedics applying for certification within the State of Nevada EMS Program.

**DEFINITION:** A reciprocity Applicant is an individual who has current certification from the National Registry of Emergency Medical Technicians, or is current in another state or is current with Southern Nevada Health District. (On the date of receipt by the office of the State of Nevada EMS Program, Applicant's certification must have more than 90 days remaining before expiration).

**PROCEDURE:** In accordance with NAC 450B.363 and NAC 450B.715 a person certified as an EMD, EMR, EMT, AEMT or Paramedic outside of Nevada may apply for an equivalent State of Nevada EMS Program certificate as follows:

- I. Complete the State of Nevada EMS Program's "*Application for Initial Certification or Upgrade*" form with:
  - A. Proof of valid residence in Nevada (State of Nevada Driver's License, or State of Nevada ID Card, military ID or University/College ID) or has current EMS employment in Nevada, or provides a letter from an agency stating they plan to hire the Applicant in Nevada within 90 days.
  - B. Payment of all required non-refundable, non-transferable fee(s).
  - C. Copy of:
    1. Current NREMT certificate (more than 90 days left on certification at the time of submission); or
    2. Current Southern Nevada Health District certificate (more than 90 days left on certification at the time of submission); or
    3. Current out of State certification (more than 90 days left on certification at the time of submission); and
  - D. Copy of a current CPR card (must be AHA Health Care Provider or equivalent as approved by the State of Nevada EMS Program).
  - E. If you are a Paramedic Applicant, you must provide a copy of current certification as for ACLS, PALS, and ITLS or equivalent as approved by the Division.

- F. If the Applicant needs certification only and does not have a current NREMT, a current Southern Nevada Health District certificate, but is current in another state and meets all criteria for certification, applicant will be given an opportunity to test at the desired level with the NREMT. Once successful and validated, the Applicant will be issued a State of Nevada certification. The Applicant will have a time period of 6 months for a successful test and then the application will be closed and voided.
- II. An Applicant may be issued a temporary 90 day “Temporary Certificate and license” at the level requested subject to the following conditions. If they do not have a current NREMT card or Southern Nevada Health District certification at the requested level, but are still current and validated within the state in which they currently reside or moved from, and are applying for a license to work at a specific agency:
- A. The Applicant needs Nevada certification for pending employment purposes. The Applicant must:
    - 1. Provide a “letter of intent to hire” from a Nevada permitted agency; and
    - 2. Complete the “*Ambulance and Fire Agency Attendant Application*” and meet all requirements noted in this application. See Policy & Procedure No. 10 “*Procedure for State of Nevada Licensure*”.
  - B. The “Temporary Certificate” and an attendant licenses issued under this policy will expire 90 days from the date of issue and is not renewable.
  - C. A “Temporary Certificate” will be a standard certificate of the appropriate level with the words “Temporary” added on the face of the certificate.
  - D. Prior to the expiration date of a “Temporary Certificate,” an attendant must satisfactorily meet all requirements for certification and attendant licensure.
  - E. The Applicant must take the NREMT examination and pass the examination within the 90 days and show proof of successful completion. Then the Applicant will be granted a Nevada certification with a new expiration date determined by policy.



- F. If the Applicant does not pass the NREMT examination within the 90 days, the Applicant will no longer be allowed to perform as a licensed or certified attendant with a Nevada agency or for employment purposes.
- G. The Applicant still has the ability to test with the National Registry after 90 days and the Nevada application will stay valid for 6 months. Upon successful completion and validation of the NREMT exam and notification to the Division within 6 months, applicant will be issued a State of Nevada certification.
- H. After 6 months from the original issuance of the Temporary Certificate, the application is void and another application will need to be submitted. Another Temporary Certificate for work purposes will not be issued, just an opportunity to test if all the conditions listed above are still valid.

**POLICY & PROCEDURE  
NO. 3  
FOR CERTIFICATION VIA  
VETERAN RECIPROCITY**

**PURPOSE:** To standardize the certification process via reciprocity for all returning veterans as an EMD, EMR, EMT, AEMT and Paramedics applying for certification within the State of Nevada EMS Program.

**DEFINITION:** A veteran reciprocity Applicant is an individual who has current certification from National Registry, is current as a medic within a Military branch, is current in another state or is current with the Southern Nevada Health District.

**PROCEDURE:** In accordance with NAC 450B.363 and NAC 450B.715 a person certified as an EMD, EMR, EMT, AEMT or Paramedic outside of Nevada may apply for an equivalent Nevada State EMS certificate as follows:

- I. Complete the State of Nevada EMS Program’s *“Application for Initial Certification or Upgrade”* form with:
  - A. Proof of valid residence in Nevada (State of Nevada Driver’s License, military ID, or University/College ID), or has current EMS employment in Nevada, or provides a letter from an agency stating they plan to hire the Applicant in Nevada within 90 days.
  - B. Payment of all required non-refundable, non-transferable fee(s).
  - C. Copy of:
    1. Current National Registry of Emergency Medical Technicians (NREMT) certificate; or
    2. Current Southern Nevada Health District certificate; or
    3. Current Out-of-State certification (more than 90 days left on certification at the time of submission); or
    4. Current Military training equal to the level of application validated with a documented National Registry test at the time of completion of training; and
  - D. If applicable, the Applicant must submit the course summary documentation supplied during discharge validating training courses.
  - E. Copy of current CPR card (must be AHA Health Care Provider or equivalent as approved by the State of Nevada EMS Program).
  - F. If you are a Paramedic Applicant, you must provide a copy of current certification as for ACLS, PALS, and ITLS or equivalent as approved by the Division.

G. If the Applicant needs certification only and does not have a current NREMT, a current Southern Nevada Health District certificate but is current in another state, and meets all criteria for certification, Applicant will be given an opportunity to test at the desired level with the NREMT. Once successful and validated, the Applicant will be issued a State of Nevada certification. The Applicant will have 6 months to validate a successful test and then the application will be closed and voided.

II. An Applicant may be issued a temporary 90 day “Temporary Certificate and license” at the level requested subject to the following conditions, if they do not have a current NREMT card or Southern Nevada Health District certification at the requested level, but are still current and validated within the state in which they currently reside or moved from and are applying for a license to work at a specific agency:

A. If the Applicant needs Nevada certification for pending employment purposes, the Applicant must:

1. Provide a “Letter of intent to hire” from a Nevada permitted agency; and
2. Complete the “*Ambulance and Fire Agency Attendant Application*” and meet all requirements noted in this application. See Policy & Procedure No. 2 “*Procedure for State of Nevada Licensure*”.

B. The “Temporary Certificate” and an attendant licenses issued under this policy will expire 90 days from the date of issue and is not renewable.

C. A “Temporary Certificate” will be a standard certificate of the appropriate level with the words “Temporary” added on the face of the certificate.

D. Prior to the expiration date of a “Temporary Certificate” an attendant must satisfactorily meet all requirements for certification and attendant licensure.

E. Applicant must take the NREMT examination and pass the examination within 90 days and upon proof of successful completion, Applicant will be granted Nevada certification with a new expiration date determined by policy.

- F. If Applicant fails to comply within the 90 day period pursuant to paragraph “E” hereinabove, Applicant will no longer be allowed to perform as a licensed or certified attendant with a Nevada agency or for employment purposes.
- G. Applicant still has the ability to test with the National Registry after 90 days and the Nevada application will stay valid for 6 months. Upon successful completion and validation of the NREMT exam, and notification to the Division within 6 months, Applicant will be issued a State of Nevada certification.
- H. After 6 months from the original issuance of the temporary permit the application is void and another application will need to be submitted by Applicant. Another temporary license for work purposes will not be issued to Applicant just an opportunity to test, if all the conditions listed above are still valid.

**POLICY & PROCEDURE  
NO. 4  
FOR ESTABLISHING AN EXPIRATION DATE  
FOR INITIAL AND RENEWAL CERTIFICATION**

**PURPOSE:** To standardize EMT expiration dates established within the State of Nevada EMS Program and set realistic expectations.

**DEFINITION:** Pursuant to NAC 450B.366 and NAC 450B.380 the Nevada Division of Public and Behavioral Health shall designate the initial expiration date for the State of Nevada EMS certifications not to exceed 24 months.

**PROCEDURE:** **INITIAL: Expiration dates for Nevada State initial certifications are established as follows:**

1. Applications for Initial Certification received with current NREMT, validated through a State of Nevada training course, will coincide with the NREMT expiration date not to exceed 24 months. (If there is a delay in a student applying for the State of Nevada certification 1 year after the completion of the course, the expiration date will coincide with the NREMT expiration date and is effective for only 1 year).
2. Applications for EMR with evidence of course completion of a State of Nevada EMS Program approved course will be given an expiration date not to exceed 24 months from the time delivered to the office of the State of Nevada EMS Program. If the Applicant delays more than 12 months to apply for the certification, Applicant will only be given 12 months and a full renewal will be required when it expires.
3. Application for EMD with evidence of course completion of a State of Nevada EMS Program approved EMD course or equivalent will be given an expiration date not to exceed 24 months from the time delivered to the office of the State of Nevada EMS Program. If the Applicant delays more than 12 months to apply for the certification, Applicant will only be given 12 months and a full renewal will be required when it expires.
4. Applicant for initial certification using NREMT via reciprocity from another state will be given the March 31<sup>st</sup> expiration date closest to that of the NREMT certification not to exceed 2 years. Applicant will have to follow all renewal guidelines during the renewal period as long as there is more than 90 days left prior to

expiration on the Applicant's NREMT card at the time of delivery to the office of the State of Nevada EMS Program.

5. Application for Initial Certification received with no current NREMT certification but has reciprocity from another state (once Applicant has successfully completed the NREMT exam at his/her level), Applicant will be given the same expiration date as the State of Nevada EMS card, if it coincides with the National Registry and has more than 90 days left prior to expiration at the time delivered to the office of the State of Nevada EMS Program. If it does not coincide with the NREMT expiration timeline; Applicant will be given the closest expiration date not to exceed 24 months. (Example: A card that expires September 2015 or earlier will be given a March 31<sup>st</sup> 2015 expiration date. A card that expires October 2015 or later will be given March 31<sup>st</sup> 2016).
6. If Applicant wishes to match the expiration date to the service agency, Applicant must send in a signed letter stating the request to coincide this date with the agency expiration date (which would give Applicant 1 year or less to renew). Applicant understands and agrees that this decision will shorten the annual time to comply with all renewal requirements.

**INITIAL: 90-Day Temporary Expiration dates for State of Nevada EMS Program initial certifications via reciprocity are established as follows:**

1. Application for Initial Certification received with no current NREMT certification but has reciprocity from another state, once validated, will be given a 90 day temporary certification and license for work purposes only. Applicant will have to complete a NREMT test at his/her level (see Policy & Procedure No. 2 "*Procedure for Certification and Licensure via Reciprocity*"). If an Applicant does not complete and pass this exam within the 90 day period, the Applicant will no longer be valid as a certified or licensed attendant in the State of Nevada and must stop immediately from working or providing care. A second 90 day temporary certification or license will not be issued during this application period or for any other future applications. If Applicant at his/her level has successfully completed the NREMT test, Applicant may add this course to his/her application if completed in a timely manner as determined by the NREMT; or include it in a new application for initial certification once a new course is completed.

**RENEWAL:** Expiration dates for Nevada State renewal certifications are established as follows: Renewals are open from October 1<sup>st</sup> to December 31<sup>st</sup> of the year prior to expiration.

1. Applications for renewal of Certification received by December 31<sup>st</sup> of the year prior to their expiration date will be deemed on time. These applications must be validated as complete prior to March 31<sup>st</sup> of the following year and will be given a new expiration date 24 months after the current expiration date.
2. Applications submitted 1 year early will be sent back to the Applicant to wait for the proper renewal time unless they wish to renew for only 1 extra year to match their service or agency.
3. If Applicants wish to match their expiration date to their service agency, they must send in a signed letter stating their request to coincide this date with their agency expiration date (which would give them 1 year or less to renew). Applicants understand and agree that this decision will shorten their annual time to comply with all renewal requirements.
4. If the application is submitted after it expires or is not validated prior to the expiration date, the Applicant will have to follow the late process for their level and once completed will be given a new expiration date of 24 months after the original expiration date.

**NOTE:** Prior to the new expiration date, an individual must meet **ALL** recertification requirements. **Renewal requirements will not be prorated** for persons who have requested a shorter than normal certification period in order to have an expiration date to coincide with their service or agency.

**POLICY & PROCEDURE  
NO. 5  
FOR EMS INSTRUCTOR  
ENDORSEMENT**

**PURPOSE:** To standardize EMS Instructor training programs conducted within the State of Nevada EMS Program.

**DEFINITION:** An EMS Instructor is a person who holds an Endorsement issued by the State of Nevada EMS Program to coordinate and conduct EMS Courses/Classes. An EMS Instructor may also conduct training in EMS skills, provide lectures, or serve as an evaluator.

**PREREQUISITES:**

1. Any current State of Nevada certification as an EMD, EMR, EMT, AEMT, Paramedic, or current State of Nevada licensure as a Physician, PA, APN, or Registered Nurse.

**PROCEDURE:**

**INITIAL:**

- I. Submit an “*Application for EMS Instructor Endorsement.*”
- II. Submit payment of all required non-refundable, non-transferable fee(s).
- III. Submit a course completion form from an approved EMS Instructor Course or equivalent training approved by the State of Nevada EMS Program.
- IV. Submit a “*Provisional EMS Instructor Applicant’s Evaluation Report*” which will provide proof of monitored teaching time that includes a minimum of 5 hours of didactic and 5 hours of lecture that were completed within 2 years of the completion date of the EMS Instructor Course. (This form must be filled out completely and signed by the monitoring instructor and the provisional instructor. Once the hours are met, no additional teaching hours are authorized and their teaching provisional will be considered expired until an instructor endorsement is added to their State of Nevada EMS certificate); or
- V. Submit proof of Nevada Fire Instructor Level II or higher; or
- VI. Submit proof of a valid Nevada Teaching Certificate issued by the State of Nevada Department of Education.



**EXPIRATION:**

- A. The EMS instructor endorsement will expire the same date as appears on the Certificate for an EMD/EMR/EMT/AEMT or Paramedic; or
- B. On the closest March 31<sup>st</sup>, not to exceed 2 years from the date of the letter granting Endorsement for a Nevada licensed Physician, PA, APN, or Registered Nurse; or
- C. On the date the Certificate is suspended or revoked.

**RENEWAL:**

The Endorsement is renewable if the holder of the Endorsement:

- A. Verifies teaching as an EMS Instructor for 10 hours of emergency medical training from approved courses by the State of Nevada EMS Program within the 2 immediate years prior to the expiration date of the endorsement.
- B. Has submitted and been approved for an “*Emergency Medical Services Renewal Application*”; and
- C. Has submitted payment of all required non-refundable, non-transferable fee(s).

**POLICY & PROCEDURE  
NO. 6  
FOR CRITICAL CARE  
PARAMEDIC ENDORSEMENT**

**PURPOSE:** To ensure uniformity of training for all Paramedic Critical Care training programs in the State of Nevada EMS Program.

**PREREQUISITE:**

1. Current Paramedic certification.
2. Current CPR card (must be AHA Health Care Provider or equivalent as approved by the State of Nevada EMS Program).
3. If you are a Paramedic Applicant, you must provide a copy of current certification as for ACLS, PALS, and ITLS or equivalent as approved by the Division.

**PROCEDURE:**

**INITIAL:**

- I. Complete the “*Emergency Medical Services Certification Application.*” Provide proof of a valid provider card from a course in training which is equivalent to the national standard prepared 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 Division.
- II. Agency’s letter of intent to utilize the Applicant as a Paramedic Critical Care from a permitted Agency with a Critical Care Endorsement.
- III. Copy of skills (signed off within the last 12 months prior to expiration) appropriate to the level of certification as defined on the State of Nevada EMS Program’s “*Skills Proficiency Record*”; and
- IV. Payment of all required non-refundable, non-transferable fee(s).

**RENEWAL:**

- A. Complete the “*Emergency Medical Services Certification Application.*”
- B. Provide proof of a valid provider card showing the renewal of a Critical Care Paramedic certification which is equivalent to the national standard prepared 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 Division.

- C. Copy of skills (signed off within the last 12 months) prior to expiration, appropriate to the level of certification as defined by the State of Nevada EMS Program's "*Skills Proficiency Record*."
- D. Payment of all required non-refundable, non-transferable fee(s).

**EXPIRATION:**

1. The Critical Care endorsement will expire the same date as the certification date as it appears on the Certificate for a Paramedic; or on the date the Certificate is suspended or revoked.

**POLICY & PROCEDURE**  
**NO. 7**  
**FOR AIR AMBULANCE**  
**ATTENDANT**

**PURPOSE:** To standardize the process for licensure of all Air Ambulance Attendant Applicants while maintaining appropriate quality control for the licensing agency.

**DEFINITION:** An Air Ambulance Attendant Applicant is an individual who:

1. Is currently certified as a Paramedic with the State of Nevada; or
2. Is currently an EMS RN with the Board of Nurses; and
3. Is employed with a permitted Nevada Air Ambulance Service or has proof of pending employment with a permitted Nevada Air Ambulance Service.

**PROCEDURE:** Application Process:

- I. The following documentation must be submitted to the State of Nevada EMS Program along with the “*Ambulance and Fire Agency Attendant Application*”:
  1. Complete and send in the original “*Ambulance and Fire Agency Attendant Application*” which includes:
    - a. Military/Veteran information.
    - b. Personal Information.
    - c. Traffic/Misdemeanor and Felony information and self-attestation.
    - d. A physician, physician assistant or nurse practitioner licensed in Nevada has signed the application on page 2, section 3, documenting a physical examination (within the last 6 months) verifying Applicant has sound physical and mental health, free of physical defects or diseases which might impair his/her ability to drive or attend an ambulance, air ambulance, or agency vehicle.
    - e. Child support information.
    - f. Service review (which include signatures from both Medical Director and EMS Coordinator).
    - g. \*Skills review (which includes signatures from both EMS Instructor evaluator and EMS Coordinator).
  2. Payment of all required non-refundable, non-transferable fee(s).
  3. Copy of government-issued photo identification card.

4. Copy of current CPR card (must be AHA Health Care Provider or equivalent as approved by the State of Nevada EMS Program).
5. Two full sets of fingerprints or proof of having completed the LiveScan fingerprint process as described on page 4 of the application. Payment for the background check as indicated on the application.
6. Provide a copy of current certification as for ACLS, PALS, and ITLS or equivalent as approved by the Division if the one on file is expired.
7. Course completion form showing completion of a Nevada approved training as an Air Attendant for the agency in which you are employed.

**EXPIRATION:**

1. The EMS Air Ambulance endorsement will expire the same date as it appears on the Paramedic Certificate; or
2. On the date the Certificate is suspended or revoked.

**\*NOTE:** Documentation verifying successful completion of a course of training approved and signed by the Medical Director and EMS Coordinator of the service you are employed with that meet all requirements outlined in NAC 450B.320.

**POLICY & PROCEDURE**  
**NO. 8**  
**FOR ENDORSEMENT TO ADMINISTER**  
**IMMUNIZATIONS AND DISPENSE MEDICATION**  
**(AI/DM) IN RESPONSE TO A**  
**PUBLIC HEALTH EMERGENCY**

**PURPOSE:** To standardize the training process for the State of Nevada EMS Program to endorse AEMTs and Paramedics to administer immunizations and dispense medication in response to a Public Health Emergency (PHE).

**PREREQUISITES:** Current State of Nevada certification as an AEMT or Paramedic.

**PROCEDURE:**

Application Process:

- I. An Applicant for Immunization Endorsement shall:
  - A. Complete the “*Emergency Medical Services Certification Application.*”
  - B. Provide proof of the successful completion of a training program for administering immunizations and dispensing medications in response to a PHE as approved by the State of Nevada EMS Program.
  - C. Submit a copy of a current CPR card (must be AHA Health Care Provider or equivalent as approved by the State of Nevada EMS Program).
  - D. If you are a Paramedic Applicant, you must provide a copy of current certification as for ACLS, PALS, and ITLS or equivalent as approved by the Division, if the one on file is expired.
- II. The holder of an Immunization may participate in a public vaccination clinic or training exercise sponsored by a local public health authority if:
  - A. A list of the AEMT and Paramedic persons participating in the clinic or training exercise who are approved by the State of Nevada EMS Program before the clinic or training exercise begins; and
  - B. The holder of the Endorsement is under the direct supervision of the Health Officer or his/her designee.
- III. The holder of an Immunization Endorsement may participate in a public vaccination clinic in response to a PHE, if:
  - A. A list of the AEMT and Paramedic persons who are participating in the clinic is provided to the State of Nevada EMS Program within 48 hours after the event begins; and
  - B. The holder of the Endorsement is under the direct supervision of the Health Officer or his/her designee.

**RENEWAL:**

- I. An Applicant for renewal of Immunization Endorsement shall:
  - A. Complete skills confirmation requirements in the application for recertification (signed off within the last 6 months) as defined on the skills portion of the “*Emergency Medical Services Renewal Application*” that includes the signature of the Applicant and the State of Nevada endorsed EMS Instructor; unless already on file at the permitted agency.

**POLICY & PROCEDURE  
NO. 9  
FOR SKILLS PROFICIENCY  
VERIFICATION**

**PURPOSE:** To standardize proficiency in the performance of EMS skills appropriate to the level of certification/Endorsement within the State of Nevada EMS Program.

**DEFINITION:** An EMS skill is any skill which is taught as a part of the most current *National EMS Education Standards* as approved by the State of Nevada EMS Program and identified on the applicable “*Emergency Medical Services Renewal Application*” and/or “*Ambulance and Fire Agency Attendant Application*.”

**PROCEDURE:** EMT/AEMT and Paramedics are required to have their skills signed off as defined on the “*Emergency Medical Services Renewal Application*” and/or “*Ambulance and Fire Agency Attendant Application*.”

- I Prior to:**
- A. Reciprocity.
  - B. Renewal of Expired Nevada Certificate.
  - C. Licensure.
  - D. Added endorsement for Instructor, immunization and/or Critical Care Endorsement to a current Certificate.
- II. All Applicants listed above must have their skills signed off by a current State of Nevada certified EMS instructor, RN, PA, Physician (within the last 12 months) as defined on the “*Emergency Medical Services Renewal Application*” and/or “*Ambulance and Fire Agency Attendant Application*.”
- III. All Applicants listed above may have an additional set of skills completed in the year prior to recertification count towards CEU hours and their skills must be signed off (within the first 12 months) as defined on the “*Emergency Medical Services Renewal Application*” and/or “*Ambulance and Fire Agency Attendant Application*.”
- IV. All skills on the “*Emergency Medical Services Renewal Application*” and/or “*Ambulance and Fire Agency Attendant Application*” must be signed off by a current endorsed EMS Instructor, RN, PA or Physician appropriate to the skill or certification level.
- V. The entire skills page of the “*Emergency Medical Services Renewal Application*” and/or “*Ambulance and Fire Agency Attendant Application*” will be signed and dated at the bottom by agency Medical Director and the agency EMS Coordinator validating competency.



**POLICY & PROCEDURE**  
**NO. 10**  
**FOR STATE OF NEVADA LICENSURE**

**PURPOSE:** To standardize the process for all licensure applicants while maintaining appropriate quality control for the licensing agency.

**DEFINITION:** A licensure Applicant is an individual who:

1. Is 18 years of age;
2. Is currently certified as an EMT, AEMT, Paramedic, in the State of Nevada;
3. Has a class A, B or C State of Nevada driver's license or equivalent or is employed in Nevada and makes his/her residence in another state and is required by reason of residence to maintain a driver's license in that state; and
4. Is able to read, speak and understand the English language.

**PROCEDURE:** Application Process:

- I. The following documentation must be submitted to the State of Nevada EMS Program along with the "*Ambulance and Fire Agency Attendant Application*":
  - A. Complete and send in the original "*Ambulance and Fire Agency Attendant Application*" which includes:
    1. Military/Veteran information.
    2. Personal Information.
    3. Traffic/Misdemeanor and Felony information and self-attestation.
    4. A physician, physician assistant or nurse practitioner licensed in Nevada has signed the application on page 2, section 3, documenting a physical examination (within the last 6 months) verifying Applicant has sound physical and mental health, free of physical defects or diseases which might impair his/her ability to drive or attend an ambulance, air ambulance, or agency vehicle.
    5. Child support information.
    6. Service review (which include signatures from both Medical Director and EMS Coordinator).
    7. \*Skills review (which includes signatures from the EMS Instructor, RN, PA or Physician skills evaluator and the EMS Coordinator and the Medical Director).
  - B. Payment of all required non-refundable, non-transferable fee(s).

- C. Copy of government-issued photo identification card.
- D. Copy of current certification in a American Heart Association healthcare provider CPR class or an equivalent as approved by the Division.
- E. Two full sets of fingerprints or proof of having completed the LiveScan fingerprint process as described on page 4 of the application. Payment for the background check as indicated on the application.
- F. If you are a Paramedic Applicant, you must provide a copy of current certification as for ACLS, PALS, and ITLS or equivalent as approved by the Division if the one on file is expired.

**\*NOTE:** Applicant passed the National Registry practical examination at the appropriate level within the past 12 months and is on file with the State of Nevada EMS Program.

**POLICY & PROCEDURE  
NO. 11  
FOR PROVISIONAL LICENSURE**

**PURPOSE:** To standardize the process for EMT/AEMT and Paramedic Applicants applying for provisional licensure within the State of Nevada EMS Program when enrolled in an EMT/AEMT or Paramedic course.

**DEFINITION:** A Provisional License Applicant is an individual who has enrolled in a State of Nevada EMS Program approved EMT/AEMT or Paramedical course and is listed on the official roster of the State.

**PROCEDURE:**

- I. Complete the Health's "*Request for Ambulance Attendant Provisional License*" form along with:
  - A. A copy of a government-issued photo identification card.
- II. The holder of a Provisional License may only perform approved procedures under the direct supervision of a provider at the level or higher in which they are being trained until the expiration of the Provisional License.
- III. A Provisional License will expire at the completion of a training Course. **Note:** *The student will not automatically be certified in Nevada and must apply for a certification when complete and if employed by a service must apply for a license before being allowed to be an attendant in an ambulance.*
- IV. If already licensed in the State of Nevada, a student may not work at the new level of training until the certification application has been approved and updated in the system via the "*Emergency Medical Services Certification Application.*"
- V. \*A Provisional License shall not be valid for more than 1 year from the date of issuance, may not exceed the course completion date, and is not renewable.
- VI. The "*Request for Ambulance Attendant Provisional License*" form must be signed by both the Agency EMS Coordinator and the Person responsible for the agency in which they wish to conduct patient contacts as a provisional attendant.

**\*NOTE:** Exceptions to the 1 year Provisional License **may** be considered by formal request to the Board of Health on an individual case bases.



**POLICY & PROCEDURE  
NO. 12  
FOR DRIVER ONLY LICENSE**

**PURPOSE:** To standardize the process for an “EMS Driver only license” issued within the State of Nevada EMS Program that has a geographical designation.

**DEFINITION:** A licensure Applicant is an individual who:

1. Has a letter on file for a Geological exception for their agency issued by the Division;
2. Is 18 years of age;
3. Has a class A, B or C State of Nevada driver’s license or equivalent or is employed in Nevada and makes his/her residence in another state and is required by reason of residence to maintain a driver’s license in that state;
4. Is able to read, speak and understand the English language; and
5. \*Has evidence of successful completion of a Department of Transportation (EVOC) Emergency Vehicle Operations Course or equivalent as approved by the Division.

**\*NOTE:** The Nevada State “F” Endorsement on you DMV issued license, a Commercial license or a School Bus license will qualify as a replacement for the EVOC course.

**PROCEDURE:** Complete the State of Nevada EMS Program’s “*Driver Only Application*” that includes the following information:

1. Personal Information.
2. Traffic/Misdemeanor and Felony information and self-attestation.
3. A physician, physician assistant or nurse practitioner licensed in Nevada has signed the application on page 2, section 3, documenting a physical examination (within the last 6 months) verifying Applicant has sound physical and mental health, free of physical defects or diseases which might impair his/her ability to drive or attend an ambulance, air ambulance, or agency vehicle.
4. Child support information.
5. Service review (which include signatures from both the Medical Director and EMS Coordinator).
6. Background Check- Two full sets of fingerprints or proof of having completed the LiveScan fingerprint process as

described on page 4 of the application. Payment for the background check as indicated on the application.

- a. Two full sets of fingerprints; or
  - b. Proof of having completed the LiveScan fingerprint process.
7. Payment of all required non-refundable, non-transferable fee(s).
  8. Copy of government-issued photo identification card.

**RENEWAL:** Complete the State of Nevada EMS Program’s “*Driver Only Application*” that includes the following information:

1. Check Renewal box.
2. Personal Information.
3. Traffic/Misdemeanor and Felony information and self-attestation.
4. A physician, physician assistant or nurse practitioner licensed in Nevada has signed the application on page 2, section 3 documenting a physical examination (within the last 6 months) verifying Applicant has sound physical and mental health and is free of physical defects or diseases which might impair his/her ability to drive or attend an ambulance, air ambulance, or agency vehicle.
5. Child support information.
6. Service review (which include signatures from both Medical Director and EMS Coordinator).
7. Payment of all required non-refundable, non-transferable fee(s).
8. **\*\*Proof of residence in Nevada (State of Nevada I.D., military I.D., or University/College ID) or current employment in Nevada is required for all Applicants. If you live outside of Nevada but work in Nevada, you must supply a (60 month) current driver record provided by the Department of Motor Vehicles for that State.**

**\*\*NOTE:** If an applicant becomes an EMT while possessing a Driver only they will need to apply for an EMT Certificate by either using the “*Emergency Medical Services Certification Application*” for their initial certification or for an upgrade. If they are currently certified at any level below an EMT, the applicant must also use the “*Ambulance and Fire Agency Attendant Application*” to move from a Driver only to an Attendant.

**EXPIRATION:** Expiration dates will be March 31<sup>st</sup> to follow the “*Procedure for Initial and Renewal Expiration Dates*” policy and not to exceed 2 years.

**POLICY & PROCEDURE  
NO. 13  
FOR RECERTIFICATION  
FOR EMR/EMT/AEMT or  
PARAMEDIC**

**PURPOSE:** To define CEU requirements for EMR/EMT/AMET/ or Paramedic the State of Nevada EMS Program in order to keep up with the rapid changes in emergency medical care and to respond to needs that are identified by quality improvement programs.

**DEFINITION:** Recertification for EMR status requires completion of 12 hours of CEU credits in medical education biennially in addition to a skills assessment or a State approved EMR refresher class, and a copy of a current CPR card (must be AHA Health Care Provider or equivalent as approved by the State of Nevada EMS Program).

Recertification for EMT status requires completion of 24 hours of CEU credits in medical education biennially in addition to a skills assessment or a State approved EMT refresher class, and a copy of a current CPR card (must be AHA Health Care Provider or equivalent as approved by the State of Nevada EMS Program).

Recertification for AEMT status requires completion of 36 hours of CEU credits in medical education biennially in addition to a skills assessment or a State approved AEMT refresher class, and a copy of a current CPR card (must be AHA Health Care Provider or equivalent as approved by the State of Nevada EMS Program).

Recertification for Paramedic status requires completion of 48 hours of CEU credits or a State approved Paramedic refresher class in medical education biennially in addition to a skills assessment, and a copy of a current CPR card (must be AHA Health Care Provider or equivalent as approved by the State of Nevada EMS Program) along with a current copy of a ALS, PALS and ITLS or equivalent as approved by the State of Nevada EMS Program.

## REQUIRED CONTINUING MEDICAL TRAINING

The following table outlines the maximum hours allowed for CEU credits in each category to recertify at the EMR/EMT/AEMT or Paramedic level:

TOPICS	HOURS
Trauma Related Specialty Areas	10 Hours
Medical	10 Hours
Pediatric	10 Hours
Geriatric	10 Hours
Cardiac	10 Hours
Miscellaneous	10 Hours
Related Specialty Areas	10 Hours
Skills Verification – Based on 2 skill checks per year maximum. If only one skills validation is provided, hours are cut in half and must have been conducted within the last 12 months prior to expiration.	EMR Not Applicable EMT 2 HOURS AEMT 4 HOURS PARAMEDIC 6 HOURS

### PROCEDURE:

- I. Submit a completed “*Emergency Medical Services Renewal Application*” 90 days prior to expiration (December 31<sup>st</sup> prior to the expiration date).
- II. Submit proof of residency or EMS employment within the State of Nevada.
- III. Submit payment of all required non-refundable, non-transferable fee(s).
- IV. Submit 1 of the following:

- A. Current National Registry EMT/AEMT or Paramedic card. If you choose this option, your future State of Nevada Certificate expiration date will coincide with your National Registry expiration date; not to exceed 2 years.

**NOTE:** If Applicant has not received an updated National Registry EMT/AEMT/Paramedic card at the time the State of Nevada application is due, Applicant is required to check the appropriate renewal option on the application and submit the NREMT certification when it comes in to coincide with the application; or

- B. Certificate of completion of a State of Nevada EMS Program approved EMR/EMT/AEMT or Paramedic Refresher Course; or



- C. Provide a listing of all State of Nevada EMS Program or CECBEMS approved CEU classes taken during the recertification period. Certificates of completion for all State of Nevada EMS Program approved distributive education and CECBEMS approved CME's must be attached; if applicable.
- V. Submit documentation of skills (signed off within the last 12 months prior to expiration) as defined on the skills portion of the "*Emergency Medical Services Renewal Application*" that includes the signature of the Applicant and the State of Nevada endorsed EMS Instructor, RN, PA or Physician for skills and is signed by the Medical Director and EMS Coordinator for validation.
- A. Submit proof of completion of a course of instruction in Weapons of Mass Destruction as defined in NRS 450B.180, unless already on file at the State of Nevada EMS Program. (This course is available on the State of Nevada EMS Program website.)
  - B. Submit proof of completion of a course of instruction in Health Alert Network training as defined in NRS 450B180, unless already on file at the State of Nevada EMS Program. (This course is available on the State of Nevada EMS Program website.)
  - C. Each certified individual is responsible for maintaining documentation of their CEU activities. This documentation must be kept on file individually or as part of their agency file for a minimum of 5 years for audit purposes.
  - D. Permitted EMS agencies and training centers must maintain CEU files for their employees that include copies of rosters from CEU classes or refresher Course completion certificates, and skills proficiency records. These copies must be retained for at least 5 years for audit purposes.
  - E. If an EMR is attending a State of Nevada EMS Program approved EMT training program and his/her EMR Certificate will expire prior to completing the training, the EMR may recertify at the current level provided the recertification requirements have been met and the application is received on time; otherwise the EMR will have to complete a late renewal application.
  - F. If an EMT is attending a State of Nevada EMS Program approved AEMT or Paramedic training program and his/her EMT Certificate will expire prior to completing the training, the EMT may recertify at the current level provided the recertification requirement have been met and the application is received on time; otherwise the EMT will have to complete a late renewal application.

- G. All required documentation of CME hours must be received by the State of Nevada EMS Program at least 90 days (Dec. 31<sup>st</sup>) prior to Certificate expiration; with audit procedures to be conducted by the State of Nevada EMS Program within 30 days of submission of renewal application and needed documentation. False statements or submission of false documents may be sufficient cause for forfeiture of the right to renewal by the State of Nevada EMS Program.
- H. Should an audit identify a deficiency in recertification documentation, the provider shall be immediately eligible to recertify if documentation addressing any deficiencies is submitted prior to Certificate expiration. If such documentation is not submitted prior to Certificate expiration, the Certificate holder shall be decertified.

VI. The “*Emergency Medical Services Renewal Application*” will be filled out as follows:

- 1. Front page - Applicant Information.
  - 1. PROVIDE COPIES OF ALL DOCUMENTS REQUESTED.
  - 2. Name.
  - 3. Mailing/home address.
  - 4. Telephone number.
  - 5. Date of birth.
  - 6. Gender.
  - 7. Last 4 digits of Social Security number.
- 2. Section 1 – Renewal Option (CEU)
  - 1. State approved EMS Refresher / Transition course (Provide Course #).
  - 2. NREMT has been renewed (Provide NREMT card #).
  - 3. Summary of state approved CEU.
- 3. Section 2 – Background (Skip if Certification renewal only)
  - 1. Driver’s License Number-State of Issue.
  - 2. Have you, within the last 5 years, been convicted or forfeited bail for a traffic violation other than a parking violation?
  - 3. Have you ever been convicted of a felony or misdemeanor other than a traffic violation?
  - 4. Have you ever been licensed as a driver, attendant, attendant-driver or air attendant?
  - 5. Have you ever had an attendant license or EMS certificate revoked or suspended in any jurisdiction?

4. Section 3 – Military Background (if applicable).
  1. Branch of service.
  2. Length of service.
  3. Military Occupational Specialty.
5. Section 4 – Physicians Statement (Skip if Certification only)
  1. Must be completed by Physician, Physician assistant or Nurse practitioner with 6 months of expiration.
6. Service review (Skip if Certification only).
  1. Signature of EMS Coordinator.
  2. Signature of Medical Director.
7. Skills Review (Skip if Certification only).
  1. All skills appropriate to your level of certification and/or endorsement must be signed by a certified State of Nevada EMS instructor, RN, PA or Physician.
  2. Signature of EMS Coordinator.
  3. Signature of Medical Director.
8. Section 5 - Child Support Information.
  1. The Applicant must provide a statement indicating compliance with child support payment in accordance with NRS 450B.183.
9. Section 5 - Signature and Date.
  1. The Applicant’s signature and date are required affirming that:
  2. All information on the application is true and correct. The Applicant must provide any additional information needed to clarify the above relative to the Applicant’s pending certification/Licensure which the State of Nevada EMS Program has requested.
  3. Indicate if you **do not** want to be added to the State of Nevada EMS Program List Serv for email updates and notifications.

**POLICY & PROCEDURE  
NO. 14  
FOR RECERTIFICATION  
PROCEDURE FOR EMD**

**PURPOSE:** To define continuing education requirements for EMD in the State of Nevada EMS Program in order to keep up with the rapid changes in the emergency medical dispatch care and to respond to needs that are identified by quality improvement programs.

**DEFINITION:** Recertification for EMD status requires completion of 8 hours of required continuing medical education 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 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.

**PROCEDURE:**

- I. Submit a completed “*Emergency Medical Services Renewal Application.*”
- II. Submit proof of residency or EMD employment within the State of Nevada.
- III. Submit payment of all required non-refundable, non-transferable fee(s).
- IV. Copy of current CPR card (must be AHA Health Care Provider or equivalent as approved by the State of Nevada EMS Program).
- V. Submit one of the following:
  - a. Current APCO or NENA approved certification as an EMD. If you choose this option, your future State of Nevada Certificate expiration date will be the March 31<sup>st</sup> prior to the expiration date on the certificate used for renewal but not to exceed 24 months; or
  - b. Certificate of completion of a State of Nevada EMS Program approved EMD Refresher Course; or
  - c. All required documentation must be received by the State of Nevada EMS Program at least 90 days (on or before Dec. 31<sup>st</sup>) prior to Certificate expiration with audit procedures to be conducted by the State of Nevada EMS Program within 30 days of submission of renewal application and needed documentation.
- VI. The “*Emergency Medical Services Renewal Application*” will be filled out as follows:

- A. Front page - Applicant Information.
  - 1. PROVIDE COPIES OF ALL DOCUMENTS REQUESTED.
  - 2. Name.
  - 3. Mailing/home address.
  - 4. Telephone number.
  - 5. Date of birth.
  - 6. Gender.
  - 7. Last 4 digits of Social Security number.
- B. Section 1 – Renewal Option (CEU).
  - 1. State approved EMS Refresher / Transition course (provide Course number).
  - 2. NREMT has been renewed (provide NREMT card number).
  - 3. Summary of state approved CEU.
- C. Section 2 – Background (Skip if Certification renewal only).
  - 1. Driver’s License Number-State of Issue.
  - 2. Have you, within the last 5 years, been convicted or forfeited bail for a traffic violation other than a parking violation?
  - 3. Have you ever been convicted of a felony or misdemeanor other than a traffic violation?
  - 4. Have you ever been licensed as a driver, attendant, attendant-driver or air attendant?
  - 5. Have you ever had an attendant license or EMS certificate revoked or suspended in any jurisdiction?
- D. Section 3 – Military Background (if applicable).
  - 1. Branch of service.
  - 2. Length of service.
  - 3. Military Occupational Specialty.
- E. Section 4 – Physicians Statement (skip if Certification only).
  - 1. Must be completed by Physician, Physician assistant or Nurse practitioner with 6 months of expiration.
- F. Service review (skip if Certification only).
  - 1. Signature of EMS Coordinator.

2. Signature of Medical Director.
- G. Skills Review (Skip if Certification only).
1. All skills appropriate to your level of certification and/or endorsement must be signed by a certified State of Nevada EMS instructor, RN, PA or Physician.
  2. Signature of EMS Coordinator.
  3. Signature of Medical Director.
- H. Section 5 - Child Support Information.
1. The Applicant must provide a statement indicating compliance with child support payment in accordance with NRS 450B.183.
- I. Section 5 - Signature and Date.
1. The Applicant's signature and date are required affirming that:
  2. All information on the application is true and correct. The Applicant must provide any additional information needed to clarify the above relative to the Applicant's pending certification/Licensure which the State of Nevada EMS Program has requested.
  3. Indicate if you **do not** want to be added to the State of Nevada EMS Program List Serv for email updates and notifications.

**POLICY & PROCEDURE  
NO. 15  
FOR CERTIFICATION  
RENEWAL AFTER EXPIRATION**

**PURPOSE:** To standardize the application process for all EMD, EMR, EMT, AEMTs and Paramedics applying for recertification within the State of Nevada EMS Program after their expiration date.

**DEFINITION:** An Applicant is an individual who has met all requirements for renewal within the last 2 calendar years but their certification has expired within the last 3 years as a certified EMD, EMR, EMT, AEMT or Paramedic in the State of Nevada and is applying for late renewal.

**PROCEDURE:**

- I. Complete the State of Nevada EMS Program’s *“Application for Late Renewal of Emergency Medical Services Certification”* within 3 years after expiration of certificate that contains the following information:
  - A. Front page - Applicant Information *“Application for Late Renewal of Emergency Medical Services Certification”*
    1. Provide original *“Course Completion Form”* from an approved EMS refresher course or a summary of State of Nevada approved continuing education units.
    2. Copy of current CPR card (must be AHA Health Care Provider or equivalent as approved by the State of Nevada EMS Program).
    3. A Paramedic Applicant must provide a copy of current certification as for ACLS, PALS, and ITLS or equivalent as approved by the Division.
    4. Name.
    5. Mailing/home address.
    6. Date of birth.
    7. Last 4 digits of Social Security number.
    8. Gender.
    9. Telephone number.
    10. Employment Address (if applicable).
  - B. Section 1 – Renewal Option (CEU).
    1. State approved EMS Refresher / Transition course (provide Course number).
    2. NREMT has been renewed (provide NREMT card number).

3. Summary of State approved CEU.
  - C. Section 3 – Military Background (if applicable).
    1. Branch of service.
    2. Length of service.
    3. Military Occupational Specialty.
  - D. Section 5 - Child Support Information.
    1. Applicant must provide a statement indicating compliance with child support payment in accordance with NRS 450B.183.
  - E. Section 5 - Signature and Date.
    1. Applicant signature and date are required affirming that:
    2. All information on the application is true and correct. Applicant must provide any additional information to clarify the above relative to Applicant’s pending certification/Licensure requested by the State of Nevada EMS Program.
    3. Indicate if you **do not** want to be added to the State of Nevada EMS Program List Serv for email updates and notifications.
  - F. Submit payment of all required non-refundable, non-transferable fee(s).
- II. Upon review the following will occur:
- A. After all requirements for renewal are met and Applicant possesses a current NREMT certification with more than 90 days left before expiration, Applicant may be renewed to match the expiration date of the NREMT card not to exceed 24 months; or
  - B. After all requirements are met and Applicant does not have a current NREMT card, Applicant will be given the opportunity to complete a National Registry written exam. Once successfully completed, Applicant will be approved as a late renewal and given the most appropriate expiration date based on the *“Procedure for Establishing an Expiration Date for Initial and Renewal Certification.”* (This does not provide NREMT certification).
  - C. No temporary certifications or licenses will be issued.



**POLICY & PROCEDURE  
NO. 16  
SUMMARY FOR METHODS OF RECERTIFICATION  
UTILIZING CONTINUING EDUCATION HOURS**

**PURPOSE:** To define continuing education requirements for EMR/EMT/AMET/ or Paramedic in the State of Nevada EMS Program in order to keep up with the rapid changes in emergency medical care and to respond to needs that are identified by quality improvement programs.

**DEFINITION:**  
By obtaining credit hours or continuing education unit (CEU) credits, 1 hour of instruction is equal to 1 continuing education unit, approved by the Division of Public and Behavioral Health that has the following **minimum** number of hours:

**PROCEDURE:**

Emergency Medical Dispatcher.....	8 hours
Emergency Medical Responder .....	12 hours
EMT .....	24 hours
Advanced EMT .....	36 hours
Paramedic .....	48 hours-plus current ACLS, ITLS &PALS cards
Instructor Endorsement.....	10 hours

Continuing education units (CEU) credits and hours may be categorized into the following areas:

- |              |                            |
|--------------|----------------------------|
| 1) Trauma    | 5) Cardiac                 |
| 2) Medical   | 6) Miscellaneous           |
| 3) Pediatric | 7) Related Specialty Areas |
| 4) Geriatric |                            |

A maximum of 10 hours per category will be allowed to ensure a well-rounded education. Attendance at EMS related conferences may qualify for more than one category as supported by the conference agenda. It is recommended that prior approval by the State of Nevada EMS Program be requested to assure acceptance toward renewal of certification.

Additional CEU can be obtained via the internet or national trade journals. Most of the sites that provide these credits also charge a fee. In order to be acceptable for certification renewal they must have a CECBEMS approval number. Certificates submitted that do not have this approval number will be rejected. A list of internet sites approved for CEU can be found at [www.cecbems.org](http://www.cecbems.org).

Acceptable documentation would include certificates issued by the agency that conducted the training. Certificates must display topic of instruction, number of CEU or hours obtained, date of instruction, and the State of Nevada EMS Program course approval number or CECBEMS number. Copies of sign-in sheets are not acceptable.

Evidence of current Healthcare Provider CPR card issued by American Heart Association or equivalent approved by and filed with the Division. CPR will be granted 4 CEU credits per renewal period.

Licensed emergency medical technicians, at all levels, **must** submit evidence of having completed one skills verification at their respective levels, signed by the service medical director or a qualified instructor approved by the Division during the 12-month period prior to the expiration date of the certification. They **may** also submit skills verification from the prior year. Credit towards CEU will be applied to category 6 (skills verification) in the following amounts:

EMT	1 hour for each year for a maximum of 2 hours
Advanced EMT	2 hours for each year for a maximum of 4 hours
Paramedic	3 hours for each year for a maximum of 6 hours

**POLICY & PROCEDURE  
NO. 17  
FOR INITIAL/RENEWAL OF  
AMBULANCE PERMIT**

**PURPOSE:** To establish a standard guideline for initial/renewal of Ambulance Permit.

**DEFINITION:** An Applicant is any Person who proposes to operate a Commercial Ambulance Service, Air Ambulance Service, Volunteer Ambulance Service, or Industrial Ambulance Service at the Basic life support, Intermediate life support or advanced life support level.

**INITIAL PROCEDURE:**

- I. Complete the State of Nevada EMS Program's "*Initial Permit Application*" that contains at least the following information:
  - A. Section 1: Applicant Information.
    1. Trade name or fictitious name of service.
    2. Name of Applicant.
    3. Name of Service Coordinator.
    4. Corporate or Partnership name.
    5. Resident agent of Corporation.
    6. Registered and legal owner of ambulance units.
    7. Partnership or Corporation or Sole Proprietor (Officers).
    8. Description of units used by applicant.
    9. Main location of service.
    10. Address of any sub-stations.
    11. Address and description of radio base station locations.
    12. Applicant information about a permit in another state.
    13. Applicant information about a revoked permit or suspension in another state.
    14. Complete set of fingerprints on the appropriate form by the registered and legal owner as described in paragraphs 6 and 7 of the application.
    15. Certification of attendants, air-attendants and trainees as appropriately licensed. Certification that all information provided is accurate and true.
  - B. Section 2: Statement of Volunteer Ambulance Service.

- C. Section 3: Statement of Financial Worth for Commercial Ambulance and Air Ambulance.
  - D. Emergency Contact information.
  - E. Medical (Physician) Director Agreement.
  - F. Pre-Hospital Emergency Care Endorsement Hospital Agreement.
  - G. Pre-Hospital Emergency Care Endorsement Service Agreement.
  - H. Certification of Mechanical Safety Required for Permit.
  - I. Current Rate Schedule.
  - J. Submit payment of all of the required non-refundable, non-transferable fee(s).
- II. An Initial Permit expires on June 30 following the date of issuance, and may be renewed annually on July 1. The Initial Permit fees will not be prorated.
  - III. All units (Ambulance/Air Ambulance/non-transport/emergency response/supervisor vehicles) must be inspected prior to the issuance of a permit as per NRS 450B.210 and NRS 450B.220.
  - IV. An Initial Permit expires on June 30 following the date of issuance, and may be renewed annually on July 1. The Initial Permit fees will not be prorated.
  - V. All units (Ambulance/Air Ambulance/non-transport/emergency response/supervisor vehicles) must be inspected prior to the issuance of a permit as per NRS 450B.220.

Additional information:

**LETTER OF EXPLANATION**

The Medical Director and the signatory representative of the requesting agency or organization of the proposed service shall attach a “*Letter of Explanation*” to this application, addressed to the Manager of the Nevada State EMS Program, detailing the following:

1. Manpower – Should be described in terms of their prior training and experience, affiliation with the type of ambulance or rescue service (i.e., fire department, private, hospital-based, etc.). Agency must also provide a separate agency roster to the Division.
2. Training – How will the continuing education be conducted? How will sufficient clinical experience be assured?
3. Radio Communications – What communications capabilities will exist between ambulance attendants and physician? Is there direct radio communications between personnel and physician on a 24-hour basis? Are any portions of the emergency response area without EMS radio communications coverage?
4. Dispatch – How is service dispatched on a 24-hour per day basis?

5. Citizen Access – How will citizens summon the service?
6. Transportation.
  - a) Ambulance Service Only:  
Will the service unit transport the patient? If not, who will be responsible for transportation? Are the emergency transport vehicles adequate in size and design to accommodate the equipment and supplies appropriate to the level of endorsement, in addition to the regular complement of equipment?
  - b) Firefighting Agency Only:  
Who will be responsible for transportation of the patient? List services which to be called or used.
  - c) Air Ambulances Only:  
What arrangements have been made for transporting patients from the airport to the receiving hospital? Who will provide ground transportation of the patient?
7. Geographic Area - Will the operation of this service or agency be limited to a specific geographic area or site? What geographic area or site will be served by this service or agency?
8. Equipment / Supplies – List the equipment and supplies which will be carried for Intermediate or Advanced life support use including the specific drugs and fluids proposed to be carried, along with protocols.
9. Record Keeping Critique System – Describe the record keeping system that will be utilized and the manner and frequency of critique sessions that will be held for physician-ambulance attendant review of specific cases to insure quality care was provided.

This “*Letter of Explanation*” as an attachment to the application will be important for consideration in approval or rejection of the proposed service unit.

#### **RENEWAL PROCEDURE:**

- I. A Permit may be renewed if the Applicant submits a “*Agreement Renewal Application*” to the office of the State of Nevada EMS Program within 30 days prior to the date on which the current Permit expires, and:
  1. Has had all Ambulance/Air Ambulance Units inspected or caused to be inspected within the past 12 months for compliance with EMS Regulations; and
  2. Agreement Renewal form is filled out completely.
  3. The checklist indicates changes to original application or no changes.
    - i. Current Attendant list (only if you have changes).
    - ii. Agreement Renewal Cover.
    - iii. Medical Director Agreement (annual renewal).
    - iv. Pre-Hospital Emergency Care Endorsement Hospital

- Agreement (only if you have changes).
- v. Pre- Hospital Emergency Care Endorsement Service Agreement (only if you have changes).
- vi. Certification of Mechanical Safety Required for Permit (needed annually).
- vii. Variance Review (only if you are currently operating under a variance to your local protocols).
- viii. Current Rate Schedule (only if you have changes).
- ix. Verification of current protocols is signed and completed by the EMS Coordinator and Agency Representative (only if you have changes).
- x. Emergency Contact information (only if you have changes).
- xi. Non-Refundable and Non-Transferable Permit/Vehicle fees.

#### **PERMIT COMPLIANCE:**

- I. To maintain a permit in good standing the applicant must comply with the statements below during the permit cycle:
  - a. Confirm, before operational deployment or providing patient care that the ambulance, air ambulance, non-transport vehicle, response vehicle or supervisor vehicle is part of a permitted agency and listed as part of that permit.
  - b. Confirm, before operational deployment that the ambulance has operational radios for contact with dispatch, other ambulances in the area that may provide support or higher level of care, medical direction from the receiving hospital or the Medical Director.
  - c. Confirm that during all responses you have or are carrying at least two licensed attendants on each call.
  - d. Confirm all licensed employees or volunteers have a Weapons of Mass destruction course approved by the State of Nevada EMS Program completed within 6 months of initial certification as described in NRS 450B.180 and on-file with the health authority if not completed during the original certification course and evidence was provided to the State of Nevada EMS Program.
  - e. Confirm and track all licensed attendants that volunteer or are employed are carrying a valid and current CPR card at a Health Care provider level or equivalent as determined by the Health Division. If at a paramedic level, confirm and track that each are carrying a valid and current Advanced Life Support, International Trauma Life Support and Pediatric Life Support card or equivalent as approved by the Health

Division.

- f. Confirm that during all operations that all of the required equipment shown in regulation is on the ambulance and is not expired prior to responding to any call.
- g. Confirm that anyone certified at a higher level must work only at the permitted level of the permitted service in which they are operating.
- h. Inform the State of Nevada EMS Program if any change has occurred in staffing, vehicle status, Medical Director, emergency contacts or medical facility agreements that include any modifications to the agreement(s).
- i. The health authority must be notified of any ambulance or emergency response rate changes.
- j. A State of Nevada licensed attendant may run calls under permission of any permitted agency as long as they meet local rules and provisions of the protocol in which they operate. All employees or volunteers must be listed as part of the agency either primary or secondary if part of a permanent staffing schedule.
- k. Clark County licenses are recognized in the State of Nevada and those licensed in Clark County may run on a call as part of a State of Nevada permitted agency on a case by case basis and must be listed on the Patient Care report as to why they ran on the call. All staff either volunteers or employees listed as regular staff must be also licensed in Nevada immediately prior to being placed on a permanent roster or being considered eligible for workman's comp or be considered as an agency employee or volunteer.
- l. All permitted agencies must provide Patient Care data to the State of Nevada EMS Program or its designee at a minimum on a quarterly bases. Preferably reporting should be provided on a daily or weekly basis to the State of Nevada EMS Program or its designee depending upon the amount of Patient Care data received by the permitted agencies.
- m. An agency involved in any traffic crash while in service on a medical call or an FAA reportable incident with an air ambulance must report the incident to the State of Nevada EMS program. The EMS Coordinator or designee shall report the full details of the incident or crash within 5 days after it occurs in writing. Confirmation of such notice will be returned within 5 days. The unit must be re-inspected prior to returning to service and be deemed mechanically sound by an authorized authority. Self-Attestation may be authorized for the inspection with the State of Nevada EMS Program

authorization.



**POLICY & PROCEDURE  
NO. 18  
PROCEDURE FOR AMBULANCE  
INSPECTION**

**PURPOSE:** To establish a standard guideline for initial and annual Ambulance Inspections.

**DEFINITION:** An Agency permitted to operate an Ambulance Service, Air Ambulance Service, Volunteer Ambulance Service, or Industrial Ambulance Service at the Basic life support, Intermediate life support or Advanced life support level must be inspected or to have caused to be inspected annually.

**PROCEDURE:**

**INITIAL:**

- I. An EMS representative will inspect or have caused to inspect all Air-ambulances, ground ambulances and non-transport vehicles emergency response vehicles, supervisor vehicle or any other vehicle registered operating under a State of Nevada permit on an annual basis using the following forms: “*Aircraft inspection form*,” “*Transport ambulance inspection form*” and/or “*Non-Transport Inspection form*” these forms must contain at least the following information:
  - A. Section 1: Applicant Information.
    1. Permit number.
    2. Agency Name.
    3. Level of service provided.
    4. Agency Address.
    5. Year of vehicle, Make, type, color, plate or license number, Vin/Serial number.
    6. Date of inspection.
    7. Type of inspection.
    8. Odometer reading.
  - B. Section 2: Basic Life Support equipment.
  - C. Section 3: Intermediate Life Support equipment.
  - D. Section 4: Advanced Life Support equipment.
  - E. Section 5: Fluids and Medications (Per Approved Protocols)
  - F. Section 6: Operational Standards
  - G. Indication of does or does not comply with EMS regulations of the

Division for operation.

H. Comments.

I. Date and Signatures of inspector and acknowledgment of agency.

- II. When electronic inventory systems are in place using a sealed compartment inventory log and expiration dates may be left sealed or unbroken, EMS representatives may request these seals be broken to validate inventory records on a random basis. If inventory discrepancies are noted, then all seals will be removed and a full inspection will occur.
- III. Inspections will be entered into the agency file using the approved Division software within 5 working days of the inspection date noted on the form. A copy of the inspection form will be left with the agency or an email copy will be sent once the inspection is loaded to the approved Division software file within the 5 days of the inspection date noted on the form.
- IV. Air ambulances may be flown to a mutually agreed upon location when convenient for both the Health Division and the agency.
- V. Inspections may be scheduled or unscheduled.
- VI. Inspections may occur at the agency location or at any other location determined by the Division but may not cause delay of patient care or interfere with patient care or response.
- VII. Any inspection of an air ambulance must be conducted in relation to the medical aspects of the operation only.
- VIII. A failed inspection may cause an ambulance or air ambulance to be taken out of service.
- IX. A written report describing any violation of any provisions shall be provided and a re-inspection will be scheduled within 4 weeks after the violation was noted to confirm correction.
- X. The Division may charge and collect a fee.

**POLICY & PROCEDURE  
NO. 19  
FOR SELF ATTESTATION FOR  
AMBULANCE INSPECTIONS**

- PURPOSE:** To establish a standard guideline for agencies with outstanding performances during past ambulance inspections and site audit.
- DEFINITION:** To allow permitted Air Ambulance Service, Volunteer Ambulance Service, or Industrial Ambulance Service at the Basic life support, Intermediate life support or advanced life support level who have completed outstanding performances during past annual inspections to complete a self-attestation application in lieu of an annual inspection.
- PROCEDURE:** The following criteria must be met for a permitted EMS agency to skip an annual inspection (a pass) and to complete an attestation application in lieu of the annual inspection:
- A. The agency’s previous annual inspection did not have any category “B” violations.
  - B. The agency cannot have any category “A” violations within the last 3 years.
  - C. The agency must have at least 1 annual inspection after their initial inspection to qualify.
  - D. The agency may not have any substantiated complaint in the past calendar year.
  - E. The agency has not received a sanction notice of any kind from any State Division in the past calendar year.
  - F. The agency has not been involved in any motor vehicle crashes within the past calendar year.

An exception from the above criteria may occur for a new or returning air-ambulance, ambulances or non-transport vehicle to services when time does not allow for a State of Nevada EMS employee to make an on-site visit in a timely manner. After the agency “*Self-attestation Application*” is completed and returned to the State of Nevada EMS Program, a review of the application and validation of the agency answers will determine if self-attestation is appropriate. If approved or denied, a letter will be sent to the agency. Agencies approved for self-attestation will not require an annual inspection for that permit cycle.

The agency will complete the State of Nevada EMS Program approved “*Self-attestation Inspection form*” and return it to the State of Nevada EMS Program office in Carson City. The State of Nevada EMS Program will scan the document into the agency file. The self-attestation must be signed by the EMS agency service coordinator.

**NOTE:**

1. No agency can go more than 2 years without a physical inspection.
2. An approved attestation may be for some or all agency units, this will be addressed in the approval letter.

**POLICY & PROCEDURE  
NO. 20  
FOR AGENCY SITE AUDIT**

**PURPOSE:** To establish a standard guideline for site audits during the initial permit approval and annual permit renewal.

**DEFINITION:** An Agency permitted to operate an Ambulance Service, Air Ambulance Service, Volunteer Ambulance Service, or Industrial Ambulance Service at the Basic life support, Intermediate life support or advanced life support level must meet the criteria for an agency and the Medical Director.

**INITIAL PROCEDURE:**

- I. An EMS representative will conduct a Site Audit for all permitted agencies that use air-ambulances, ground ambulances and non-transport vehicles emergency response vehicles or teach EMS classes as an education center using the following forms: “*State of Nevada Division of Public and Behavioral Health EMS Program Site Audit Form*” the forms must contain at least the following information:

A. Section 1: Applicant Information.

1. Date.
2. Permit number.
3. Agency Name.
4. Level of service provided.
5. Agency Address.
6. Sub-station addresses.

B. Section 2: Comments about the first general impression upon entry of facility.

C. Section 3: Patient Care reports (PCR).

1. Stored PCR properly and under lock and key.
2. Uploaded to NEMESIS regularly.
3. Billing information matches permit billing form on file.
4. Call volume matches local reports compared to NEMESIS.

D. Section 4: Ambulance inspection forms completed prior to state inspection.

1. List of ambulances, non-transport vehicles which match permit.

2. Mechanical safety certificate for each vehicle listed on permit and maintenance log.

E. Section 5: Storage and Environmental concerns.

1. Fluids and medications log book and unused drug log.
2. Glucose Testing certification and Testing (See inspection sheet).
  - a. CLIA Certification is current.
  - b. Personnel are trained and logged.
  - c. Tests match Manufacturer's instructions.
  - d. Storage of test strips and control fluid are maintained.
3. Environmental protection for drugs used based on approved protocol.
4. Medical supplies stored outside the ambulance.
5. Oxygen storage and safety.

F. Section 6: Radio system.

1. Base Hospital radio check (24 hour coverage).
2. Dispatch radio check (24 hour coverage).
3. 911 system check (landline and cell phone).
4. Medical Director Plan for dispatch and EMD response.

G. Site Review Questions.

1. Protocols on all rigs and available to all employees and volunteers.
2. Treat and release protocols are current.
3. Refusal protocols are current.
4. MOU from other surrounding counties.
5. State of Nevada EMS Program MOU, other state EMS MOU(s) when applicable.
6. Map of coverage area for response.
7. Quality Control of EMS provide process review.
8. Infection control procedure and record of compliance review.

H. Education and Training.

1. Personnel records on file (match permit list).

2. Training class records on file (match state training log).
  3. Instructor validation.
  4. Rotating ER physician protocol training by Medical Director.
- II. There is no cost to the agency for the initial site audit.
  - III. Site Audits will be entered into the agency file of Health Division EMS software program within 5 work days of the inspection date noted on the form.
  - IV. A copy of the inspection form will be left with the agency or an email copy will be sent once the site audit is loaded to the Health Division EMS software program file within 5 days of the audit date noted on the form.
  - V. Site Audits may be scheduled or unscheduled.
  - VI. Site audits must not cause delay of patient care or interfere with patient care or response.
  - VII. A written report describing any violation of any provisions shall be provided and a new site audit will be scheduled within 4 weeks after the violation was noted to confirm correction.
  - VIII. The Division may charge and collect a fee.
  - IX. All fees collected stay within the program and are used for training opportunities. Grants for distribution of funds are available on the State of Nevada EMS Program.

**POLICY & PROCEDURE**  
**NO. 21**  
**FOR EMERGENCY**  
**MEDICAL DISPATCH**  
**TRAINING**

**PURPOSE:** To standardize EMD training programs conducted within the State of Nevada EMS Program.

**DEFINITION:** A training Program for emergency medical care as prepared and authorized by the National Highway Traffic Safety Administration (NHTSA) of the United States DOT as a national standard for certification as an Emergency Medical Dispatcher pursuant to NAC 450B.155.

**PREREQUISITE:**

1. Must be 18 years of age.
2. Copy of Current AHA healthcare provider CPR certification or equivalent as approved by the State of Nevada EMS Program.
3. Copy of “*Request for Approval of EMS Course*” form and supporting documents are required to be submitted to the State of Nevada EMS Program at least 30 days prior to requested start date for pre-approval.

**PROCEDURE:**

- I. \*NHTSA has posted the final National EMS Education Standards at [www.ems.gov](http://www.ems.gov). Educational programs should communicate and coordinate with the State of Nevada EMS Program prior to using the “*National EMS Education Standards*” to ensure all requirements will be met.
- II. Immediately upon issuance of a course approval letter, contact your regional representative and coordinate a test date and time for both your written and practical unless you are within 60 miles of an official Pearson Vue test center. The State of Nevada EMS Program will conduct the practical only if within the 60 mile boundary. (***The approval letter is not a confirmation of test time and date.***)
- III. The Course Coordinator must submit the Course roster to the State of Nevada EMS Program within 5 days after Course start date.
- IV. Upon successful completion of the training Program, the Course coordinator shall within 5 days mail, electronically send or present the following in person to the office of the State of Nevada EMS Program in Carson City:
  - A. \*The “*EMS Course Completion Report*” (with signatures of the Course Coordinator and when required, the Course Physician of record) to the State of Nevada EMS Program.



- B. \*The “*EMS Course/Instructor Evaluation*” forms to the State of Nevada EMS Program.
- C. The attendance summary forms.
- D. Copy of Current CPR card (must be AHA Health Care Provider or equivalent as approved by the State of Nevada EMS Program).

\***NOTE**: The new *National EMS Education Standards* are less prescriptive than its predecessor; the *National Standard Curriculum* (NSC). Accordingly, hours to deliver a particular course will vary. The goal of the new *National Education Standards* is to focus on outcomes and not the time spent achieving them. The Course should dictate the pace of instruction and educational programs should determine the delivery methods (including distance learning that can be used by students to adapt to personal schedules or reinforce Course materials, if needed). The *Education Agenda* supports participation of learners by creating an opportunity for efficiency in the delivery of essential content.

**POLICY & PROCEDURE**  
**NO. 22**  
**FOR EMERGENCY**  
**MEDICAL RESPONDER**  
**TRAINING**

**PURPOSE:** To standardize EMR training programs conducted within the State of Nevada EMS Program.

**DEFINITION:** A training program for emergency medical care as prepared and authorized by the National Highway Traffic Safety Administration (NHTSA) of the United States DOT as a national standard for certification as an Emergency Medical Responder pursuant to NAC 450B.355.

**PREREQUISITE:**

1. Must be 16 years of age or older at the time of application
2. Copy of Current AHA healthcare provider CPR certification or equivalent as approved by the State of Nevada EMS Program.
3. Copy of “*Request for Approval of EMS Course*” form and supporting documents are required to be submitted to the Division at least 30 days prior to requested start date for pre-approval.

**PROCEDURE:**

- I. \*NHTSA has posted the final National EMS Education Standards at [www.ems.gov](http://www.ems.gov). Educational programs should communicate and coordinate with the State of Nevada EMS Program prior to using the *National EMS Education Standards* to ensure all requirements will be met.
- II. The Course coordinator must submit the Course roster to the State of Nevada EMS Program within 5 days after the Course start date.
- III. Upon successful completion of the training program, the Course Coordinator shall within 5 days mail or electronically send or present the following to office of the State of Nevada EMS Program in Carson City:
  - A. \*The “*EMS Course Completion Report*” (with signatures of the Course Coordinator and when required, the Course Physician of record) to the State of Nevada EMS Program.
  - B. The “*EMS Course/Instructor Evaluation*” forms to the State of Nevada EMS Program.
  - C. The attendance summary forms, Skills summary forms.
  - D. Copy of Current CPR card (must be AHA Health Care Provider or equivalent as approved by the State of Nevada EMS Program).

**\*NOTE:** The new *National EMS Education Standards* are less prescriptive than its predecessor, the *National Standard Curriculum* (NSC). Accordingly, hours to deliver a particular Course will vary. The goal of the new *National Education Standards* is to focus on outcomes, not the time spent achieving them. The Course should dictate the pace of instruction and educational programs should determine the delivery methods (including distance learning that can be used by students to adapt to personal schedules or reinforce Course materials, if needed). The *Education Agenda* supports participation of learners by creating an opportunity for efficiency in the delivery of essential content.

**POLICY & PROCEDURE  
NO. 23  
PROCEDURE FOR  
EMERGENCY MEDICAL  
TECHNICIAN TRAINING**

**PURPOSE:** To standardize EMT training programs conducted within the State of Nevada EMS Program.

**DEFINITION:** A training program for emergency medical care as prepared and authorized by the National Highway Traffic Safety Administration (NHTSA) of the United States DOT as a national standard for certification as an Emergency Medical Technician pursuant to NAC 450B.360.

**PREREQUISITE:**

1. Must be 18 years of age or older at the time of application
  2. Copy of Current AHA healthcare provider CPR certification or equivalent as approved by the State of Nevada EMS Program.
  3. Copy of “*Request for approval of EMS Course*” form and supporting documents are required to be submitted to the Carson office of the State of Nevada EMS Program at least 30 days prior to requested start date for pre-approval.
- I. \*NHTSA has posted the final National EMS Education Standards at [www.ems.gov](http://www.ems.gov). Educational programs should communicate and coordinate with the State of Nevada EMS Program prior to using the *National EMS Education Standards* to ensure all requirements will be met.
- II. All EMT Courses must include Weapons of Mass Destruction (WMD) training. WMD training must be approved by the State of Nevada EMS Program according to NRS 450B.180 and include:
- a. Introduction to Terrorism Chemical Biological (including Syndromic Surveillance & Health Alert Network) Radiological/Nuclear Agents.
  - b. Personal Protective Equipment.
  - c. Decontamination.
- III. All EMT Courses must include the administration of an opioid antagonist to include, without limitation:
- a. Information concerning the prevention and recognition of and responses to opioid-related drug overdoses;
  - b. Methods for the safe administration of opioid antagonists to a person experiencing an opioid-related drug overdose;

- c. Potential side effects and adverse events connected with the administration of opioid antagonists;
  - d. The importance of seeking emergency medical assistance for a person experiencing an opioid-related drug overdose even after the administration of an opioid antagonist; and
  - e. Information concerning the provisions of NRS Chapter 454, Sections 2-12, regarding opioid antagonist drugs and their use.
- IV. Immediately upon issuance of a course approval letter, contact your regional representative and coordinate a test date and time for both your cognitive exam and psychomotor exam unless you are within 60 miles of an official Pearson Vue test center. The State of Nevada EMS Program will conduct the psychomotor exam only if within the 60 mile boundary. (*The approval letter is not a confirmation of test time and date*).
- V. The Course coordinator must submit the Course roster to the State of Nevada EMS Program within 5 days after Course start date. The individual students in your class must create an account with the National Registry of EMTs within 5 days of the first class and affiliate with your agency
- VI. A Provisional License may be issued by the State of Nevada EMS Program if all criteria are met. This will allow the student to work under the supervision of a licensed attendant, of a permitted agency, equal to or at a higher level of certification in which the student is training. A student must possess a Provisional License prior to performing any procedure outside of the hospital or classroom setting. The Provisional License will expire upon completion of the Course and shall not be valid for more than 1 year from the date of issuance.
- VII. Upon successful completion of the training program, the Course Coordinator shall within 5 days mail, electronically send or if testing is conducted within 5 days of the psychomotor exam, present the following to the State of Nevada EMS Program person conducting the examination:
- a. \*The “*EMS Course Completion Report*” (with signatures of Course Coordinator and Physician of record when required) to the State of Nevada EMS Program; and
  - b. The “*EMS Course/Instructor Evaluation*” forms to the State of Nevada EMS Program, and;
  - c. The attendance summary forms, Skills summary forms, and;
  - d. Copy of Current CPR card (Must be AHA Health Care Provider or equivalent as approved by the State of Nevada EMS Program); and
  - e. Provide for audit or review upon request, from the State of Nevada EMS Program, the documentation of the patient contacts or contact summary form as required by the National Registry.
- VIII. The student shall schedule and successfully pass the National Registry EMT cognitive examination within 24 months of Course completion.

**NOTE:** National Registry psychomotor test remains valid for a 12 month period from successful completion.

- IX. Upon successful completion of the National Registry psychomotor and cognitive examinations, the student will be eligible to apply for certification with the State of Nevada EMS Program by filling out and following all instructions for the “*Emergency Medical Services Certificate Application.*”

**\*NOTE:** The new *National EMS Education Standards* are less prescriptive than its predecessor, the *National Standard Curriculum* (NSC). Accordingly, hours to deliver a particular Course will vary. The goal of the new *National Education Standards* is to focus on outcomes, not the time spent achieving them. The Course should dictate the pace of instruction and educational programs should determine the delivery methods (including distance learning that can be used by students to adapt to personal schedules or reinforce Course materials, if needed). The *Education Agenda* supports participation of learners by creating an opportunity for efficiency in the delivery of essential content.

**POLICY & PROCEDURE  
NO. 24  
FOR ADVANCED EMERGENCY  
MEDICAL TECHNICIAN TRAINING**

**PURPOSE:** To standardize AEMT training programs conducted within the State of Nevada EMS Program.

**DEFINITION:** A training program for emergency medical care as prepared and authorized by the National Highway Traffic Safety Administration (NHTSA) of the United States DOT as a national standard for certification as an Advanced Emergency Medical Technician pursuant to NRS 450B.191.

**ELIGIBILITY:** Current Nevada certification as an EMT.

**PREREQUISITE:**

1. Must be 18 years of age or older at the time of application.
2. Copy of Current AHA healthcare provider CPR certification or equivalent as approved by the State of Nevada EMS Program.
3. Copy of “*Request for Approval of EMS Course*” form and supporting documents are required to be submitted to the office of the State of Nevada EMS Program in Carson City at least 30 days prior to requested start date for pre-approval.
4. An Applicant for admission to a Paramedic training program shall be currently certified as a Nevada EMT.

**PROCEDURE:**

- I. \*NHTSA has posted the final *National EMS Education Standards* at [www.ems.gov](http://www.ems.gov). Educational programs should communicate and coordinate with the State of Nevada EMS Program prior to using the *National EMS Education Standards* to ensure all Nevada requirements will be met.
- II. Immediately upon issuance of a course approval letter, contact your regional representative and coordinate a test date and time for both your cognitive exam and psychomotor exam unless you are within 60 miles of an official Pearson Vue test center. The State of Nevada EMS Program will conduct the psychomotor exam only if within the 60 mile boundary. (*The approval letter is not a confirmation of test time and date*).
- III. The Course Coordinator must submit the Course roster to the State of Nevada EMS Program at least 5 days after the Course start date. The individual students in your class must create an account with the National Registry of EMTs within 5 days of the first class and affiliate with your agency.

- IV. A Provisional License may be issued by the State of Nevada EMS Program if all criteria are met. This will allow the student to work under the supervision of a licensed attendant of a permitted agency; equal to or at a higher level of certification in which the student is training. A student must possess a Provisional License prior to performing any procedure outside of the hospital or classroom setting. The Provisional License will expire upon completion of the Course and shall not be valid for more than 1 year from the date of issuance.
- V. Upon successful completion of the training program, the Course Coordinator shall within 5 days mail, electronically send or, if testing is conducted within 5 days of the psychomotor exam examination, present the following to the State of Nevada EMS Program employee conducting the examination:
  - A. \*The “*EMS Course Completion Report*” (with signatures of the Course Coordinator and when required, the Course Physician of record) to the State of Nevada EMS Program.
  - B. The “*EMS Course/Instructor Evaluation*” forms to the State of Nevada EMS Program.
  - C. The attendance summary forms, Skills summary forms.
  - D. Copy of a current CPR card (must be AHA Health Care Provider or equivalent as approved by the State of Nevada EMS Program); and
  - E. Provide for audit or review upon request, from the State of Nevada EMS Program, the documentation of the patient contacts or contact summary form as required by the National Registry.
- VI. The student shall schedule and successfully pass the National Registry AEMT cognitive examination within 24 months of Course completion. ***NOTE:*** National Registry psychomotor exam is valid for a 12 month period.
- VII. Upon successful completion of the National Registry psychomotor and cognitive examinations, the student will be eligible to apply for certification with the State of Nevada EMS Program by filling out and following all instructions for the “*Emergency Medical Services Certification Application.*”

***\*NOTE:*** The new *National EMS Education Standards* are less prescriptive than its predecessor; the *National Standard Curriculum (NSC)*. Accordingly, hours to deliver a particular Course will vary. The goal of the new *National Education Standards* is to focus on outcomes, not the time spent achieving them. The Course should dictate the pace of instruction and educational programs should determine the delivery methods (including distance learning that can be used by students to adapt to personal schedules or reinforce Course materials, if needed). The *Education Agenda* supports participation of learners by creating an opportunity for efficiency in the delivery of essential content.



**POLICY & PROCEDURE**  
**NO. 25**  
**FOR PARAMEDIC**  
**TRAINING**

**PURPOSE:** To standardize Paramedic training programs conducted within the State of Nevada EMS Program.

**DEFINITION:** A training program for emergency medical care as prepared and authorized by the National Highway Traffic Safety Administration (NHTSA) of the United States DOT as a national standard for certification as a Paramedic pursuant to NRS 450B.195.

**PREREQUISITE:**

1. Must be 18 years of age or older at the time of application
2. Copy of Current AHA healthcare provider CPR certification or equivalent as approved by the State of Nevada EMS Program.
3. Copy of “*Request for approval of EMS course*” form and supporting documents are required to be submitted to the State of Nevada EMS Program Carson City office at least 30 days prior to requested start date for pre-approval.
4. An Applicant for admission to a Paramedic training program shall be currently certified as a Nevada EMT or AEMT.
5. All Paramedic programs must be accredited and approved by the CAAHEP or have a letter of review on file with the CAAHEP.

**PROCEDURE:**

- I. \*NHTSA has posted the final *National EMS Education Standards* at [www.ems.gov](http://www.ems.gov). Educational programs should communicate and coordinate with the State of Nevada EMS Program prior to using the *National EMS Education Standards* to ensure all Nevada requirements will be met.
- II. Immediately upon issuance of a course approval letter, contact your regional representative and coordinate a test date and time for both your cognitive exam and psychomotor exam unless you are within 60 miles of an official Pearson Vue test center. The State of Nevada EMS Program will conduct the psychomotor exam only if within the 60 mile boundary. (***The approval letter is not a confirmation of test time and date***).
- III. The Course Coordinator must submit the Course roster to the office of the State of Nevada EMS Program in Carson City at least 5 days after the Course start date. The individual students in your class must create an account with the National Registry of EMTs within 5 days of the first class and affiliate with your agency.

- IV. Upon successful completion of the didactic, clinical portions, field internship of the Paramedic accredited training program, including the training center's final written and practical examinations, the training center must submit to the State of Nevada EMS Program the "*Course Completion*" form that certifies the student has successfully completed the didactic and clinical portions of the training program. The form must be signed by the Course Coordinator and Course Medical Director.
- V. The individual student(s) in the class must create an account with the National Registry of EMTs within 5 days of the first class and affiliate with an agency.
- VI. A Provisional License may be issued by the State of Nevada EMS Program if all criteria are met. This will allow the student to work under the supervision of a licensed attendant of a permitted agency, equal to or at a higher level of certification, in which the student is training. A student must possess a Provisional License prior to performing any procedure outside of the hospital or classroom setting. The Provisional License will expire upon completion of the Course and shall not be valid for more than 1 year from the date of issuance.
- VII. Upon successful completion of the training program or at a time determined by the State of Nevada EMS Program confirming completion of didactic, clinical and field internship, the State of Nevada EMS Program will coordinate with the educational program and facilitate the National Registry psychomotor examination.
- VIII. Upon successful completion of the training program, the Course Coordinator shall within 5 days mail, electronically send or if testing is conducted within 5 days of the practical examination, present the following to the State of Nevada EMS Program employee conducting the examination:
  - A. \*The "*EMS Course Completion Report*" (with signatures of the Course Coordinator and Physician of record when required) to the State Nevada EMS Program.
  - B. The "*EMS Course/Instructor Evaluation*" forms to the office of the State of Nevada EMS Program in Carson City.
  - C. \*\*The attendance summary forms, skills summary forms.
  - D. The student shall schedule and successfully pass the National Registry Paramedic cognitive examination within 24 months of Course completion.

- IX. Upon successful completion of the National Registry psychomotor and cognitive examinations, the student will be eligible to apply for certification with the State of Nevada EMS Program by filling out and following all instructions for the “*Emergency Medical Services Certificate Application.*”

**\*NOTE:** The National Registry psychomotor examinations will remain valid for a 12 month period.

**\*\*NOTE:** The new *National EMS Education Standards* are less prescriptive than its predecessor, the *National Standard Curriculum* (NSC). Accordingly, hours to deliver a particular Course will vary. The goal of the new *National Education Standards* is to focus on outcomes, not the time spent achieving them. The Course should dictate the pace of instruction and educational programs should determine the delivery methods (including distance learning that can be used by students to adapt to personal schedules or reinforce Course material, if needed). The *Education Agenda* supports participation of learners by creating an opportunity for efficiency in the delivery of essential content.

**POLICY & PROCEDURE  
NO. 26  
TO REQUEST INITIAL EDUCATION**

- PURPOSE:** To establish a standard guideline for approving initial training conducted within the State of Nevada EMS Program.
- DEFINITION:** For agencies to request authorization to conduct initial training programs, a “*Request for Approval of EMS Course*” form and supporting documents are required.
- PROCEDURE:**
- I. For initial training, all State of Nevada EMS Program agencies must submit the required documentation at least 30 days prior to the Course start date.
    - A. For each time the course is offered, submit to the State of Nevada EMS Program “*Request for Approval of EMS Course*” form and a copy of the Course lesson plan form \*(see Note below) which indicates:
      1. Applicant name.
      2. Agency.
      3. Mailing address, email and contact number.
      4. The type of course.
      5. The start date and completion date.
      6. Curriculum.
      7. Textbook to be used.
      8. Location of course.
      9. Indicate if open to the public.
      10. Indicate if you have access to training forms via EMS web page.
      11. Course outline.
      12. Detailed information about class topics, dates, times and instructors.
      13. The method of presentation; and
      14. The instructor(s) names.
  - II. A State of Nevada EMS Program Instructor must be present at all Courses.
  - III. All instruction must be conducted by a State of Nevada EMS Program Instructor unless exempted by the State of Nevada EMS Program. The expertise of the exempted professional is to be documented by the Course coordinator and/or Course Medical Director. The State of Nevada EMS Program will assess for appropriate faculty and will not authorize a proposed Course with inadequate faculty.

- IV. An EMS Instructor may not teach Courses above his/her own level of certification.
- V. Within 5 days of the start of the first scheduled class a class roster must be submitted to the office of the State of Nevada EMS Program in Carson City to the regional EMS representative by email or regular U.S. mail. \*\*(See Note below).
- VI. Within 5 days of the first scheduled class, a NREMT account must be created for all EMT, AEMT and Paramedic courses as indicated in your class approval letter.
- VII. Within 15 days of the first scheduled class (or immediately depending on the duration of the class) a Provisional application must be mailed into the office of the State of Nevada EMS Program in Carson City to allow students to ride with a preceptor. The Provisional license is mandated for all students that will be required to ride along in a permitted ambulance during an actual call. Provisionals are needed for the EMT, AEMT and Paramedic level courses as indicated in your class approval letter.
- VIII. An attendance summary sheet, skills summary sheet, individual class attendance sheet and patient contact summary sheet is required to be updated, maintained and available for review upon request throughout the course.
- IX. Upon successful completion of the training program, within 5 days of Course completion or during on site testing when validated by the Education manager, the Course coordinator \*\*\* (see Note below) shall submit to the office of the State of Nevada EMS Program in Carson City the following:
  - 1. A “*EMS Course Completion Report*” for each student
  - 2. A valid AHA Health Care Provider card or equivalent as determined by the State of Nevada EMS Program.
  - 3. Documentation that the student met all patient contacts in the field both clinical and/or pre-hospital ride-along time required and indicated by the National EMS standards.
  - 4. Class evaluations and instructor evaluations provided by each student.
- X. For EMR and EMD Courses, the Course Coordinator shall conduct a cognitive and psychomotor examination and submit the course completion form for each student to the office of the State of Nevada EMS Program in Carson City within 5 days of Course completion.
- XI. For EMT, AEMT and Paramedic Courses, the Course Coordinator shall conduct a cognitive and psychomotor examination to the National Registry standards.
- XII. All initial training Courses must have EMS Course/Instructor Evaluation forms completed by each student. Evaluations must be submitted to the State of Nevada EMS Program within 5 days of Course

completion.

- XIII. All EMS Instructors will be given full CEU credit for an EMS Course or portion of the Course they teach at the level of their certification. Credit for a given Class/Course will only be awarded “one time” per certification period, not each time it is taught.
- XIV. Individuals who miss more than 10% of a Course will not receive credit for the Course.
- XV. Any exception to the above procedure must be based upon a written appeal to the Division within 15 days of class completion.

**\*NOTE:** All original class request documentation is on file in our office and course completion documentation can be pulled for review of a class already provided with such an approval number. Your original class request documentation mailed to the front office in Carson City (4150 Technology Way Suite 101, Carson City NV 89706).

**\*\*NOTE:** All course or class related paperwork must be maintained on site for 5 years after a scheduled training is completed and may be requested during an on-site audit.

**\*\*\*NOTE:** All CEU classes must have a certificate of completion signed by the Medical Director and EMS Coordinator presented to each student at the end of class or prior to renewal of State Certification and a tracking system which includes a class rosters and a course completion form added to their personal file which may be requested by the Regional EMS representative if an on-site audit is conducted.

**Remember no document containing a social security number may be emailed to a State of Nevada email account.**

**POLICY & PROCEDURE  
NO. 27  
FOR CARDIO  
PULMONARY RESUSCITATION  
TRAINING FOR EMS STUDENTS**

**PURPOSE:** To establish a standard guideline for approving student enrollment in an EMS class where a Health Care provider CPR course is a prerequisite.

**DEFINITION:** The Department of Transportation (DOT) National Highway and Traffic Safety's national standard curriculum for EMS levels training program, does not include training in basic life support procedures for cardiac emergencies, CPR. The DOT recognizes CPR training as an essential part and recommends CPR training as a prerequisite for students to complete prior to acceptance into an EMS training program. Cardiopulmonary resuscitation is a required component of "Basic Emergency Care" as specified by NRS 450B.1905.

To meet the national standards for Emergency Medical Technician (EMT) training and the requirements of NRS 450B.1905, EMT students must complete CPR training prior to the start of an Emergency Medical Technician EMT course. CPR Training must be at least equivalent to the AHA "Healthcare Provider" course or the American Red Cross's "*Basic Life Support for Healthcare Providers*" course, and approved by the State of Nevada EMS Program.

**PROCEDURE:** The CPR training prerequisite may be accomplished by various alternatives:

- I. The course coordinator may accept documentation that the student has completed a CPR training program sponsored by a national organization that is approved by the State of Nevada EMS Program.
- II. An additional day for CPR training may be added to the beginning of the EMT training program.
  - A. The course outline must reflect a full CPR provider course equivalent to the programs mentioned above.
  - B. A currently endorsed CPR Instructor must teach the CPR training.
  - C. Students completing a State of Nevada EMS Program approved online course must also show documentation of skills competency verified by a currently endorsed CPR instructor.

List of approved CPR courses:

- American Heart Association- BLS for Healthcare Providers
- American Red Cross-BLS for Healthcare
- Military Training Network- BLS for Healthcare Provider
- Emergency Care and Safety Institute- Healthcare Provider CPR

**NOTE:** Although CPR is a prerequisite, it should be routinely practiced and integrated throughout the entire instruction of the EMT course. Skill stations should be created to reinforce knowledge and skills. CPR cards should always be current throughout their state of Nevada EMS certification cycle.



**POLICY & PROCEDURE**  
**NO. 28**  
**ELIGIBILITY FOR ACCOMMODATIONS**  
**FOR TESTING DUE TO DISABILITY**

**PURPOSE:** The State of Nevada EMS Program will offer reasonable and appropriate accommodations for the psychomotor exam and cognitive examination for those persons with documented disabilities. (Please refer to National Registry’s website [www.nremt.org](http://www.nremt.org). Americans with Disabilities Act policy for information on eligibility requirements for the certification examination.)

**DEFINITION:** Learning Disabilities

Based upon a thorough analysis of the written examination it has been determined that persons with learning disabilities in the areas of reading decoding, reading comprehension, or written expression may be eligible for special test accommodations. Other areas in which learning disabilities may be evidenced (e.g. mathematics calculations, mathematics applications, oral expression, listening comprehension) should not be a negative impact as to performance on the written examination due to the format (multiple choice) and content.

**PREREQUISITES:** Those persons requesting accommodations for the written component of the licensure examination must submit documented evidence of a learning disability. Appropriate documentation must be received 30 days prior to the examination date.

Documentation of a specific learning disability must include evidence of a previously documented learning disability in reading decoding, reading comprehension, or written expression as follows:

1. Diagnosis of a learning disability in the area(s) of reading decoding, reading comprehension, and/or written expression, based upon the results of a standardized psycho educational assessment including an individually administered standardized measure of intelligence and an individual administered standardized measure of achievement in reading decoding, reading comprehension and/or written expression. Both standard scores and grade equivalent scores are required.
2. A learning disability made by a qualified professional, according to the criteria outlined in the most current edition of Diagnostic and Statistical Manual of Mental disorders.

3. Development and academic history reflecting current cognitive functioning, thorough investigation of deficit areas, reasonable consideration of alternative diagnosis and co-morbidity, and rationale for diagnosis.
4. A recent psycho-educational evaluation (within the past 5 years). If no such assessment has been conducted, then the Applicant is responsible for obtaining such documentation before any decision can be made by the State of Nevada EMS Program regarding the Applicant's request for special accommodations.

**NOTE:** The State of Nevada EMS Program will follow the direction of the National Registry for those persons who qualify for special accommodations on the cognitive examination due to a documented learning disability in reading decoding, reading comprehension, and/or cognitive expression to take the standard format of the examination. Additional accommodations may be provided as appropriate.

No person will be granted special accommodation on the written examination if he/she does not meet the minimum standards for performance as determined by analysis of the requirements of the job and as documented by standardized measures of aptitude and achievement. Please contact the State of Nevada EMS Program for further information regarding minimum standards of performance.

**POLICY & PROCEDURE  
NO. 29  
FOR CONTINUING  
EDUCATION UNIT (CEU)**

**PURPOSE:** To establish a standard guideline for approving continuing medical education training conducted within the State of Nevada EMS Program.

**DEFINITION:** For agencies authorized to conduct EMS training, a “*Request for Approval of EMS Course*” form \*(see Notes below) and supporting documents are required.

**PROCEDURE:**

- I. For CEU training all State of Nevada EMS agencies requesting approval for EMS Credit must submit the required documentation at least 30 days prior to the Course start date.
  - A. For each time the course is offered, submit to the State of Nevada EMS Program “*Request for Approval of EMS Course*” form and a copy of the Course lesson plan which indicates:
    1. Class title.
    2. The date and time of the topic(s) to be discussed.
    3. A detailed outline of each topic.
    4. The time allotted for each topic.
    5. The category that the topic fits into.
    6. The method of presentation.
    7. The instructor(s) names.
- II. A State of Nevada EMS Program Instructor must be present at all classes at all times.
- III. All instruction must be conducted by a State of Nevada EMS Program Instructor unless exempted by the State of Nevada EMS Program. The expertise of the exempted professional is to be documented. The State of Nevada EMS Program will assess for appropriate faculty and will not authorize a proposed Course with inadequate faculty.
- IV. An EMS Instructor may not teach a Course above his/her own level of certification.
- V. The EMS agency or post-secondary education program will maintain all course related paperwork which will include the course outlines rosters, tests, skills proficiency records and any other course related documentation for a minimum of 5 years.
- VI. All EMS Instructors will be given full CME credit for an EMS Course or portion of the Course they teach at the level of their certification. Credit for a given Course will only be awarded “one time” per certification period, not each time it is taught.

**\*NOTE:** All original Course request documentation is on file at the office of the State of Nevada EMS Program and Course completion documentation can be pulled for review of a Course already provided with such an approval number. Your original Course request documentation should be mailed to the front office of the State of Nevada EMS Program in Carson City, 4150 Technology Way, Suite 101, Carson City NV 89706.

**\*NOTE:** All CEU classes must have a certificate of completion signed by the Medical Director and EMS Coordinator presented to each student at the end of class or prior to renewal of State Certification and a tracking system which includes class rosters and a Course completion form added to their personal file which may be requested by the Regional EMS representative if an on-site audit is conducted.

***Remember no document containing a social security number may be emailed to a State of Nevada email account.***

**POLICY & PROCEDURE**  
**NO. 30**  
**FOR EMS REFRESHER COURSES**

**PURPOSE:** To define the refresher education requirements for EMD/EMR/EMT/AEMT/Paramedic in the State of Nevada EMS Program.

**DEFINITION:** Refresher training for EMD status requires the successful completion of a minimum of 8 hours of training conforming to the most recent *National EMS Education Standards or National Highway and Traffic Safety Association (NHTSA) standards.*

Refresher training for EMR status requires the successful completion of a minimum of 12 hours of training conforming to the most recent *National EMS Education Standards.*

Refresher training for EMT status requires the successful completion of a minimum of 24 hours of training conforming to the most recent *National EMS Education Standards.*

Refresher training for AEMT status requires the successful completion of a minimum of 36 hours of training conforming to the most recent *National EMS Education Standards.*

Refresher training for Paramedic status requires the successful Completion of a minimum of 48 hours of training conforming to the most recent *National EMS Education Standards.*

**NOTE:** National registry renewal requirements may differ and it is the responsibility of the provider to confirm the National Registry requirements for renewal.

**SECTION I: ADMINISTRATIVE CRITERIA**

- I. All required information must be submitted on the State of Nevada EMS Program “*Request for Approval of EMS Course*” form.
- II. All required skills must be performed in front of and signed off by a State of Nevada EMS Program endorsed EMS Instructor, EMS RN, Medical Director or approved qualified Physician if required.
- III. Courses must be submitted for approval 30 days prior to the first day of the Course.
- IV. A Nevada EMS Instructor must be present at all classes.

- V. A Nevada EMS Instructor may not teach classes above his/her own level of certification.
- VI. All EMS Instructors will be given full CME credit for an EMS Refresher course or a portion of the class they teach at the level of their certification. Credit for a given class will only be awarded “one time” per certification period; not each time it is taught.
- VII. The Course Coordinator shall submit the “*EMS Course Completion Record*” to the State of Nevada EMS Program within 10 days of course completion.
- VIII. The EMS agency or post-secondary education program will maintain all course related paperwork which will include the course outlines rosters, tests, skills proficiency records and any other course related documentation for a minimum of 5 years.
- IX. Persons who miss more than 10% of the course will not receive credit for the course.

**\*NOTE:** All original class request documentation is on file in our office and course completion documentation can be pulled for review of a class already provided with such an approval number. Your original class request documentation mailed to the front office of the State of Nevada EMS Program at 4150 Technology Way, Suite 101, Carson City, NV 89706.

**\*\*NOTE:** All CEU classes must have a certificate of completion signed by the Medical Director and EMS Coordinator presented to each student at the end of class or prior to renewal of State Certification and a tracking system which includes a class rosters and a course completion form added to their personal file which may be requested by the Regional EMS representative if an on-site audit is conducted.

**Remember no document containing a social security number may be emailed to a State of Nevada email account.**

**POLICY & PROCEDURE  
NO. 31  
FOR ADMINISTRATIVE  
CORRECTIVE ACTION**

**PURPOSE:** To establish a guideline for administrative corrective action and discipline for permitted agencies, approved EMS educational programs, certified personnel, licensed personnel, and endorsed personnel within the State of Nevada EMS Program.

**DEFINITION:** Corrective action is a progressive process. Coaching, counseling, and sanctions are included in the process. Actions rising to the level of immediate threat to public safety are not included in this process. The Administrative Corrective Action Procedure is independent of, but may be included in Quality Assurance activities performed by the State of Nevada EMS Program.

**CRITERIA:**

- I. For certified, licensed and endorsed persons, the following examples may require entry into the corrective action procedure (this list is not exhaustive and serves only as a guide):
  - A. Any violation of the NRS 450B.001 to 450B.900 *EMS Regulations, Emergency Medical Care Protocols, or EMS Procedure Manual*.
  - B. Fraud, deceit, or inaccuracy of information on applications, Patient care reports, medication logs, or other documentation pertinent to the execution or administration of duties.
  - C. Any lawful conviction.
  - D. Incompetence or negligence in carrying out EMS functions.
  - E. Failure to comply with any corrective action ordered by the State Chief Medical Officer.
  - F. Unprofessional Conduct.
  - G. Any other action, conduct, or circumstance deemed severe enough by the State Chief Medical Officer to warrant corrective action.
- II. For Permittees, approved EMS education programs, and Host Organizations, the following examples may require entry into the corrective action procedure (this list is not exhaustive and serves only as a guide):
  - A. Any violation of the Nevada Revised Statute 450B, Nevada Administrative Code 450B, Emergency Medical Care Protocols, or EMS Procedure Manual.

- B. Fraud, deceit, or inaccuracy of information on applications, CME records, Class rosters, skills proficiency documentation, Course completion records, or other documentation pertinent to the execution or administration of duties.
- C. Failure to train in accordance with the most recent *National EMS Education Standards*.
- D. Failure to ensure that persons entering an EMS training course are eligible to do so.
- E. Failure to maintain a current roster of licensed employees or volunteers.
- F. Failure to comply with any corrective action ordered by the State Chief Medical Officer.
- G. Unprofessional conduct.
- H. Any other action, conduct or circumstance deemed severe enough by the State Chief Medical Officer to warrant corrective action.

**PROCEDURE:**

The following steps may be taken for those situations that warrant entry into the Administrative Corrective Action Procedure:

1. The *first violation* will result in a coaching session applied in an effort to determine the cause of the violation and, if needed, a corrective action plan will be assigned.
2. The *second similar violation* will result in a counseling session and a corrective action plan will be assigned.
3. The *third similar violation* will result in sanctions being levied against the Person, Agency, or Training Center. The sanctions levied will be commensurate with the severity of the violation and comply with NRS 450B inclusive.

**NOTE:** These steps may be taken in order or skipped depending on the infraction and severity of the violation.



**POLICY & PROCEDURE**  
**NO. 32**  
**FOR STATE OF NEVADA**  
**TRAINING GRANT APPLICATIONS**

**PURPOSE:** To establish a standard guideline for approving a training grant application received by the State of Nevada EMS Program.

**DEFINITION:** The Nevada State Division of Public and Behavioral Health established a program within the Division, Emergency Medical Systems (EMS), to provide training grants particularly to Nevada volunteer agencies, but not necessarily required to be a volunteer agency. All agencies applying for the grant, however, must be a Nevada permitted EMS agency in good standing.

**PROCEDURE:** The State of Nevada EMS Program may award training grants to qualified agencies for providing emergency medical service training or training equipment that will enhance provider knowledge, skills and abilities to provide pre-hospital emergency medical care. Training grants may be used to provide the following types of training:

1. Continuing education classes.
2. EMS courses such as refreshers, instructor, or EMT courses.
3. Emergency vehicle operations training courses.
4. National recognized and required classes such as ACLS, PALS, ITLS, or ABLIS.
5. Other training programs approved by the Division.
6. Support Pediatric initiatives identified in the Emergency Medical Services for Children (EMSC) Grant by the EMSC committee.

- A. To qualify for training grants an agency must be a permitted Nevada agency participating in a local EMS system and regularly responding to medical and traumatic emergencies. The agency must also be reporting EMS data to the office of the State of Nevada EMS Program. Be in good standing as evident from previous site audits and inspections. All requests must be submitted to the State of Nevada EMS Program at least 45 days prior to the start of training.
- B. The training grant program may provide up to 100% of the cost of the training, if funds are available.
- C. Agencies applying for a training grant must apply on the “*Training Grant Application*” form provided by the State of Nevada EMS Program. Training grant applications are to be submitted to the

Division EMS Manager. The training grant application must include:

1. Scope of Work: Needs to include a description or outline of the educational program to be conducted with a list of goals and objectives. For equipment request, include a full detailed description of equipment, how the equipment will be used, and the impact on Nevada.
  2. The number of EMS personnel expected to participate in the training (for training only).
  3. Provide a brief description of the geographic area to be served by the training or the equipment purchased.
  4. Provide a detailed budget that shows the total costs of the training program or equipment costs.
- D. Training grants will be awarded on a continual bases via the sub-grant process. Training grants will be awarded, subject to available funding, based on EMS staff and fiscal review of training grant application. All awarded funds will be awarded during the State fiscal year (July-June) and must be closed out 30 days after June 30<sup>th</sup>.
- E. Agencies awarded training program grants will provide the State of Nevada EMS Program the following information at the conclusion of the training program:
1. Provide a roster of persons completing the training program.
  2. If the training program will result in State certification or continuing education hours, all course records must be maintained for 60 months.
  3. Other documents or requirements may be laid out in the grant.
- F. Agencies awarded training program grants may be subject to an audit and may be required to provide receipts for monies spent. All receipts should be kept on file and available to the Division for 5 years. Any training grant award money that is not spent on the program for which the grant was awarded, must be returned to the State of Nevada EMS Program. Any monies returned will be placed in the training grant fund to be included in future awards.
- G. The available training grant funds are available in Category 11, GRL 3713 of the Budget Account 3235.

**NOTE:** The \$5.00 fee collected for issuing EMS Certification goes towards the support of the EMS agencies training fund.

**POLICY & PROCEDURE  
NO. 33  
FOR INITIAL/RENEWAL  
HOSPITAL DESIGNATION AS  
A TRAUMA CENTER**

**PURPOSE:** The State of Nevada Emergency Medical Systems (EMS) Program oversees the Hospital Trauma Center designation with the exception of printing of the hospital licenses. The Division of Public and Behavioral Health (DPBH) policy for issuing a hospital trauma designation for a requesting hospital to the Bureau of Health Care Quality and Compliance (HCQC) for an upgrade or renewal on their license:

**DEFINITION:** The Applicant is a hospital seeking initial/renewal designation as an EMS Trauma destination hospital. Certain conditions must be met prior to becoming a Trauma or destination facility.

**PROCEDURE:** The Application: “*The trauma application,*” fees and required documents will be submitted to the Carson City office of the State of Nevada EMS Program. The State of Nevada EMS Program is responsible for ensuring compliance with NRS 450B.236 through 450B.239. The applicant will be contacted by the Program Manager or designated staff within 5 days of receipt of the application by the State of Nevada EMS Program to confirm the verification review process.

I. The Verification Review:

The State of Nevada EMS Program will verify the following:

1. A review of the site has been conducted by the American College of Surgeons or an equivalent medical organization or agency approved by the Board of Health.
2. The State of Nevada EMS Program will determine the appropriate number of state representatives that will be present for the verification.
3. The cost of the verification as submitted by the hospital to the State of Nevada EMS Program for the category requested. Level I, II or III for either adult trauma or pediatric independently. The fee is \$3,000.00 for adult level designation and \$3,000.00 for the pediatric level designation.
4. Ensure coordination, results and findings from preliminary meetings and on-site reviews conducted by the American College of Surgeons in accordance with NAC 450B.820

II. Notice of Decision and Revised License.

1. The State of Nevada EMS Program will have the Administrator's notice of decision written and delivered to Administration within 10 days of formal receipt of findings from the American College of Surgeons. The Division Administration will provide the Bureau of Health Care Quality and Compliance with the Administrator's written notice of decision and the Bureau of Health Care Quality and Compliance will issue a new license or revised license for the period and the designation shown in the notice.
2. A Provisional License may be issued by the Division if extenuating circumstances exist during the application process for renewal for not more than 1 year.
3. A letter of discontinuance will be issued by the Division if the center fails to comply with the requirements of its designation, or does not receive verification from the American College of Surgeons or an equivalent medical organization approved by the Board of Health.

4.0 REFERENCES

NRS 450B.236 through 450B.239  
NAC 450B.780 to 450B.875