

Joe Lombardo
Governor



Richard Whitley,
MS
Director



Cody Phinney,
MPH
Administrator

Ihsan Azzam,
Ph.D., M.D.
Chief Medical
Officer

NOTICE OF PUBLIC HEARING

WENDOVER AMBULANCE, PO BOX 2530, WEST WENDOVER, NEVADA, 89883, IS REQUESTING A VARIANCE, # 754, FROM THE NEVADA STATE BOARD OF HEALTH REGULATIONS.

NOTICE IS HEREBY GIVEN THAT Wendover Ambulance, PO Box 2530, West Wendover, Nevada, 89883, has requested a variance from Nevada Administrative Code (NAC) 450B.384, and NAC 450B.461(2)(a)(b).

A public hearing will be conducted on December 1, 2023, at 9:00 am by the Nevada State Board of Health to consider this request. This meeting will be held online and at physical locations, listed below.

Physical Locations:

Southern Nevada Health District (SNHD)
Red Rock Trail Rooms A and B
280 S. Decatur Boulevard; Las Vegas, Nevada 89107

Nevada Division of Public and Behavioral Health (DPBH)
Hearing Room No. 303, 3rd Floor
4150 Technology Way; Carson City, Nevada 89706

Meeting Link:

[Click here to join the meeting.](#)

Please Note: If you experience technical difficulties connecting online, please call into the meeting to participate by phone.

Join by Phone:

1-775-321-6111
Phone Conference ID Number: 810 627 039#

Wendover Ambulance, PO Box 2530, West Wendover, Nevada, 89883, is requesting a variance from NAC 450B.384 and NAC 450B.461, which states:

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

NAC 450B.461 Restrictions on authority to administer.

[\(NRS 450B.120, 450B.180, 450B.1915, 450B.197, 453.375, 454.213\)](#)

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

- (a) An order is given to the paramedic by a physician, or a registered nurse supervised by a physician; or
- (b) The paramedic is authorized to administer the controlled substance pursuant to a written protocol that is approved by the medical director of the service and on file with the Division.

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

- (a) An order is given to the advanced emergency medical technician or paramedic by a physician, or a registered nurse supervised by a physician; or
- (b) The advanced emergency medical technician or paramedic is authorized to administer the drug pursuant to a written protocol that is approved by the medical director of the service and on file with the Division.

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

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

(Added to NAC by Bd. of Health, eff. 8-1-91; A by R182-01, 3-5-2002; R024-14, 10-24-2014; R068-16, 1-27-2017)

The applicant is requesting a variance to allow Advanced Emergency Medical Technicians (AEMTs) to administer fentanyl and or morphine under specific guidelines for pain management in the pre-hospital setting. Although Wendover Ambulance is an advanced life support (ALS) service with paramedic staff, due to the location of the service and salary considerations, the service is not able to employ enough paramedics to staff all calls. With the closest hospital 115 miles away, the variance increases options for pain management in the pre-hospital setting when paramedic staff are not available.

The authority of the State Board of Health to consider and grant a variance from the requirements of a regulation is set forth at NRS 439.200 and NAC 439.200 – 439.280.

Persons wishing to comment upon the proposed variance may appear at the scheduled public hearing or may submit written testimony at least five days before the scheduled hearing to:

Secretary, State Board of Health
Division of Public and Behavioral Health
4150 Technology Way, Suite 300
Carson City, NV 89706

Anyone wishing to testify for more than five minutes on the proposed variance must petition the Board of Health at the above address. Petitions shall contain the following: 1) a concise statement of the subject(s) on which the petitioner will present testimony; 2) the estimated time for the petitioner's presentation.

This notice has also been posted at the following locations:

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH (DPBH), 4150 TECHNOLOGY WAY, CARSON CITY, NV
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH WEBSITE:

<http://dpbh.nv.gov/Boards/BOH/Meetings/Meetings/>

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MEMORANDUM

DATE: November 15, 2023
TO: John Pennell, Chair
State Board of Health
FROM: Cody Phinney, Administrator
Division of Public and Behavioral Health
RE: Variance # 754, Ms. Laura Lisk on behalf of Wendover Ambulance

Nevada Administrative Code (NAC) 450B.384 states:

“The holder of a certificate issued pursuant to NAC 450B.360 shall not practice beyond the scope of the certificate unless authorized by the health authority which issued the certificate.”

Additionally, NAC 450B.461 provides:

1. No paramedic may administer any controlled substance as defined in the preliminary chapter of NRS to a patient while serving as an attendant in a service unless the controlled substance is named on the inventory of medication issued by the medical director of the service and:
 - (a) An order is given to the paramedic by a physician or a registered nurse supervised by a physician; or
 - (b) The paramedic is authorized to administer the controlled substance pursuant to a written protocol that is approved by the medical director of the service and on file with the Division.
2. No advanced emergency medical technician or paramedic may administer any dangerous drug while serving as an attendant in a service unless the dangerous drug is named on the inventory of medication issued by the medical director of the service and:
 - (a) An order is given to the advanced emergency medical technician or paramedic by a physician or a registered nurse supervised by a physician; or
 - (b) The advanced emergency medical technician or paramedic is authorized to administer the drug pursuant to a written protocol that is approved by the medical director of the service and on file with the Division.

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

4. As used in this section, “dangerous drug” has the meaning ascribed to it in NRS 454.201.

STAFF REVIEW

Laura Lisk, on behalf of Wendover Ambulance (“Applicant”), submitted a request for variance from the requirements of NAC 450B.384 and NAC 450B.461. Applicant is requesting approval to allow Advanced Emergency Medical Technicians (AEMTs) employed by Applicant to administer Fentanyl and or Morphine for pain management. Fentanyl and Morphine administration at the AEMT level is currently not recognized by the National Highway Traffic Safety Administration (NHTSA) at the AEMT level.

DEGREE OF RISK TO THE PUBLIC

There is little to no risk to the public health in allowing the Applicant to train and authorize AEMTs to administer fentanyl for pain management per established, approved off-line protocols or under direction received via radio contact with a hospital. The Applicant, with support of the agency Medical Director, has presented a strong program for training, implementation of the skill set, as well as quality assurance and review. Ambulances are required to stock naloxone for treatment of opioid overdoses.

There is little to no risk to the public health in allowing the Applicant to train and authorize AEMTs to administer morphine for pain management per established, approved off-line protocols or under direction received via radio contact with a hospital. The Applicant, with support of the agency Medical Director, has presented a strong program for training, implementation of the skill set, as well as quality assurance and review. Ambulances are required to stock naloxone for treatment of opioid overdoses.

EXCEPTIONAL AND UNDUE HARDSHIP

Transport times in rural communities such as Wendover can be in excess of 20 minutes and more than one-hundred (100) miles. Limited crew staffing can make management of critical patients difficult. Strict application of NAC 450B.384 prevents the Applicant from utilizing fentanyl and or morphine for pain control in the pre-hospital setting by AEMTs.

PUBLIC COMMENT RECEIVED

STAFF RECOMMENDATION

DPBH staff recommend the State Board of Health approve Case # 754, Laura Lisk, Wendover Ambulance variance to NAC 450B.384 and NAC 450B.461. Transport time in frontier and rural settings can be significant. Improved control and management for pre-hospital pain for patients could improve patient outcome. The Applicant must report any adverse outcomes from administration or improper administration as well as unanticipated reactions to fentanyl in a written report to the EMS office within 72 hours of occurrence. The report should include at a minimum, type of occurrence and steps for correction, remediation or removing that skill set from the provider involved in the occurrence.

PRESENTER

Bobbie Sullivan, Emergency Medical Systems Program Manager.

ATTACHMENTS



NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH



NEVADA STATE BOARD OF HEALTH
4150 Technology Way, Suite 300 CARSON CITY, NV 89706

APPLICATION FOR VARIANCE

Please check the appropriate box that pertains to the NAC for which you are requesting a variance.

Empty checkbox

Division Administration
(NAC 439, 441A, 452, 453A, & 629)

Empty checkbox

Health Care Quality & Compliance
(NAC 449, 457, 459 & 652)

Empty checkbox

Child, Family & Community Wellness
(NAC 392, 394, 432A, 439, 441A, & 442)

Checked checkbox (X)

Office of State Epidemiology
(NAC 440,450B, 452, 453, 453A, & 695C)

Empty checkbox

Public Health & Clinical Services
(NAC 211, 444, 446, 447, 583, & 585)

Date: 10-05-2023

Name of Applicant: Wendover Ambulance

Phone: 775-664-2081

Mailing Address: P O Box 2530

City: West Wendover

State: NV

Zip: 89883

We do hereby apply for a variance to chapter/section NAC 450B.384 and NAC 450B.461 of the Nevada Administrative Code (NAC). (For example: NAC 449.204)

Title of section in question: Practice beyond scope of certificate prohibited and Restrictions on authority to administer

Statement of existing or proposed conditions in violation of the NAC:

Allowing Wendover AEMTs to administer morphine and fentanyl for patient pain control and management



NEVADA STATE BOARD OF HEALTH
4150 Technology Way, Suite 300 CARSON CITY, NV 89706

APPLICATION FOR VARIANCE

Date of initial operation (if existing): 10-07-1987

ATTENTION: Please read this section closely. Your request for variance will be examined against these criteria:

Any person who, because of unique circumstances, is unduly burdened by a regulation of the State Board of Health and thereby suffers a hardship and the abridgement of a substantial property right may apply for a variance from a regulation. (NAC 439.200(1))

1. The State Board of Health will grant a variance from a regulation only if it finds from the evidence presented at the hearing that:
 - (a) There are circumstances or conditions which:
 - (1) Are unique to the applicant;
 - (2) Do not generally affect other persons subject to the regulation;
 - (3) Make compliance with the regulation unduly burdensome; and
 - (4) Cause a hardship to and abridge a substantial property right of the applicant; and
 - (b) Granting the variance:
 - (1) Is necessary to render substantial justice to the applicant and enable him to preserve and enjoy his property; and
 - (2) Will not be detrimental or pose a danger to public health and safety.
2. Whenever an applicant for a variance alleges that he/she/they suffers or will suffer economic hardship by complying with the regulation, they must submit evidence demonstrating the costs of compliance with the regulation. The Board will consider the evidence and determine whether those costs are unreasonable. (NAC 439.240)

Therefore, it is important for your variance request to be as complete as possible. It is your responsibility to attach documentation supporting your variance request.

Statement of degree of risk of health

None. It would in fact do the opposite and

actually improve the condition of patients in need of pain control and management.

See attached request document for additional information



NEVADA DIVISION of PUBLIC
and BEHAVIORAL HEALTH



NEVADA STATE BOARD OF HEALTH
4150 Technology Way, Suite 300 CARSON CITY, NV 89706

APPLICATION FOR VARIANCE

Please state in detail the circumstances or conditions which demonstrate that:

- 1. An exceptional and undue hardship results from a strict application of the Regulation:

See attached request document for additional information

- 2. The variance, if granted, would not:

- A. Cause substantial detriment to the public welfare.

See attached request document for additional information

- B. Impair substantially the purpose of the regulation from which the application seeks a variance.

See attached request document for additional information

The bureau may require the following supporting documents to be submitted with and as a part of this application:

Specific Request:



NEVADA STATE BOARD OF HEALTH
4150 Technology Way, Suite 300 CARSON CITY, NV 89706

APPLICATION FOR VARIANCE

- 1. Legal description of property concerned
- _ 2. General area identification map
- _ 3. Plot map showing locations of all pertinent items and appurtenances
- _ 4. Well log (if applicable)
- _ 5. Applicable lab reports
- _ 6. Applicable engineering or construction/remodeling information
- _ 7. Other items (see following pages)

This application must be accompanied by evidence demonstrating the costs of your compliance with regulations or specific statutory standards. Your request will be placed on the Board of Health agenda 40 days or more after receipt in this office if accompanied by the required fee (NAC 439.210). The application and supporting documentation will form the basis for the Division of Public and Behavioral Health staff report and recommendation(s) to the Board. Failure to respond to the above statements may cause the Board to deny consideration of the application at the requested Board meeting.

I am/we are requesting this variance request be placed on the next regularly scheduled Board of Health agenda. It is understood that I/we can attend in person at either physical location in Carson City or Las Vegas or we may attend virtual.

Signature: 

Printed Name: Lauara Lisk

Title: President

Date: 10-15-2023



NEVADA DIVISION of PUBLIC
and BEHAVIORAL HEALTH



NEVADA STATE BOARD OF HEALTH
4150 Technology Way, Suite 300 CARSON CITY, NV 89706

APPLICATION FOR VARIANCE

**PLEASE SUBMIT YOUR APPLICATION FOR VARIANCE BY USING
ANY OF THE FOLLOWING METHODS:**

MAIL TO:

Secretary, Nevada State Board of Health
Division of Public and Behavioral Health
4150 Technology Way, Suite 300
Carson City, NV 89706

FAX:

775-687-7570

EMAIL:

DPBH@health.nv.gov
StateBOH@health.nv.gov

Wendover Ambulance
427 Mesa Street
P.O. Box 2530
West Wendover, Nevada 89883
(775) 664-2081
Fax: (775) 664-2244
E-mail: lauara.wendoverambulance@gmail.com

NAC439.200 states that "Any person who, because of unique circumstances, is unduly burdened by a regulation of the State Board of Health and thereby suffers a hardship and the abridgement of a substantial property right may apply for a variance from a regulation."

Wendover Ambulance is seeking a variance to Nevada Administrative Codes 450B.384 and 450B.461.

The specific variance requested is:

- **Allowing Wendover Ambulance Advanced Emergency Medical Technicians (AEMTs) to administer Fentanyl and/or Morphine to patients of Wendover Ambulance under a set of very strict Protocols, guidelines and training requirements under authority of the Medical Director.**
1. *The State Board of Health will grant a variance from a regulation only if it finds from the evidence presented at the hearing that:*
 - a. **There are circumstances or conditions which:**
 1. Are unique to the applicant;
 2. Do not generally affect other persons subject to the regulation;
 3. Make compliance with the regulation unduly burdensome; and
 4. Cause a hardship to and abridge a substantial property right of the applicant:
 - b. **Granting the Variance:**
 1. Is necessary to render substantial justice to the applicant and enable him to preserve and enjoy his property; and
 2. Will not be detrimental or pose a danger to the public health and safety.

Wendover Ambulance will provide information to show that our agency has unique circumstances and is burdened by a regulation.

As some back-ground information, Wendover Ambulance is headquartered in West Wendover, Nevada and began business in 1987. We are an ALS Agency and operate with Paramedics and AEMTs (Advance Emergency Medical Technicians) and EMTs (Emergency Medical Technicians). Like most other rural agencies in Nevada and in fact the whole country, recruitment and retention of Paramedics is difficult at best and so we operate with a combination of Paramedic and AEMT or Paramedic and EMT. Larger metropolitan cities have a larger tax base and are in a better position to pay large salaries to Paramedics and so it is extremely difficult for rural agencies to provide the advanced care that is just as needed in rural areas as in the cities. Many times there will be a call for a second or third ambulance and so the subsequent ones will most likely only be staffed with AEMTs. It is particularly at these times that Wendover Ambulance needs the requested variance.

As some may already know, the state line between Wendover, Utah and West Wendover, Nevada bisects the two Cities and states of Nevada and Utah. This certainly causes some unique situations for our Agency. Because we provide Emergency Medical Services and Transportation to patients on both side of the line, and transport to hospitals in Salt Lake City area as well as Elko and Ely Nevada, we are licensed by the Nevada Department of Health as well as the Utah Department of Health. All of our Paramedics, AEMTs and EMTs are also licensed in each state.

Wendover is very rural, as the closest hospitals are more than 115 miles away – in any direction. We also cover the Ibapah Reservation 65 miles south east of Wendover and it is considered a Frontier Area by HRSA. Each year Wendover Ambulance has approximately 950 to 1000 patient calls.

We are governed by the EMS regulations of each state and for the most part they are similar, but a marked difference is the scope of practice of AEMTs. Utah has had a state EMS Medical Director, Dr. Peter Tailac since 2012 who has worked with the state EMS Committee and various sub committees to establish state-wide EMS Protocols.

While the 2013 version was updated this year (2023), Wendover Ambulance is still utilizing the 2013 Protocols version. The Utah 2013 scope of practice for AEMTs allows for more medication therapies for Pain and Anxiety Management than Nevada allows.

The Utah Protocol allows AMTs to administer Morphine, Fentanyl, Nubain (Nalbuphine), Midazolam, Diazepam and Lorazepam. Of course this is all done according to Agency Medical Direction and appropriate training, testing and quality assurance.

Wendover Ambulance received a variance more than 15 years ago to use midazolam and Nubain in Nevada, but could not obtain approval for Morphine and/or Fentanyl at that time. Until recently this was sufficient regarding the Nubain for pain control, but as most all healthcare professionals are aware, there is and has been a nation-wide shortage of the medication and we are not able to procure any from any of our sources. We have used up all of our supply and reserves and currently have **none**. When our Paramedic is on another transport, our crews have had to transfer the patient to another ambulance company with a Paramedic when pain medication is required. This is not an acceptable situation and also causes a negative financial impact on our company.

Since Nubain is not an option for us anymore, our Medical Director wants us to follow the current 2013 pain management protocols that we have had approved each year when our Agency renews its Permit. (A copy of the Protocol is attached). Because our AEMTs have not been utilizing the Utah pain management protocol, Dr. Gerard Doyle, our Medical Director had our Paramedic Training Officer develop an analgesic training plan that he has approved (copy attached). We will continue to review calls with medication usage for Quality Assurance. Before implementation, all of our AEMTs will have satisfactorily completed training and passed the examinations, both practical and didactic. All AEMTs will be individually approved by Dr. Doyle before they are allowed to follow the protocol.

As of October 1, 2023, Nevada is part of the EMS Compact that encompasses more than 20 states. Utah has been a member of the Compact for many years. This Compact facilitates the day to day movement of EMS Personnel across state boundaries in the performance of their duties. It makes even more sense now that Wendover Ambulance follow the current protocols that we have had in place for the last 10 years.

Nevada State EMS has taken the stance that Agencies must adhere to the National EMS Scope of Practice Model. Initially published in 2007 it was revised in 2019 by the National Association of State EMS Officials (NAEMSO). It was developed to provide guidance for States when developing their own EMS scope of practice legislation, rules and regulations. It was meant to provide a *minimum* standard, not a maximum standard of care.

Wendover Ambulance already has in place a quality control review process and narcotic supply control system. Our narcotics are stored in a large floor safe in an internal office

with an electronic combination lock. There is also a Vivint Security System in the office that is monitored by Vivint. The system includes security cameras, door opening notification and broken glass notification. Each medication is marked with a commercially acquired numbering identifier so it can be tracked. Only two administrators have access to the supply. Paramedic bags are assigned to the Paramedic on shift and have numbered seals and a limited supply of medication is in a bag. There is an inventory sheet in each bag that logs the medication, date used, the Medic and a witness signature and logging of the numbered seal when opened and the replacement seal number.

To sum it up:

a1 – Unique - Wendover is very rural ambulance service with a service area more than 1,000 square miles serving the local population of approximately 7500 people that swells to double that on the weekends due to the casino industry. The closest hospitals are at least 115 miles away in any direction as well as the closest ALS ambulance companies. (Elko and Salt Lake City).

a2 - Affect on other persons (Agencies) - Our variance request would not affect other persons subject to the regulation as we are only requesting for Wendover Ambulance staff.

a3 – Unduly burdensome - The current regulation burdens Wendover Ambulance, our community and our patients by limiting the level of service we can provide. The rural area and limited resources make the hiring of Paramedics difficult and AEMTs are limited in their scope of practice. Many of our second crew calls are only staffed with AEMTs.

a4 – Hardship – Due to extended distances to hospitals and limited Paramedics, the patients who receive care in our area may be deprived of appropriate analgesic care.

b1 – Necessary – Wendover Ambulance needs this variance to provide analgesic care to appropriate patients and they have a reason to expect that care.

b2 – The administration of morphine and fentanyl will not pose a danger to public health and safety. It would in fact, do the opposite. Patients deserve to be treated with pain medication if their condition requires it for the long distance transports from Wendover. All AEMTs are currently trained in the reversal of narcotic effects with Naloxone and also with bag valve mask ventilation, so are able to manage any negative effects.

STATEMENT OF DEGREE OF RISK OF HEALTH:

Wendover Ambulance responds to approximately 1000 patient calls per year. Many of those calls include motor vehicle accidents, falls and other traumatic injuries. Many times there are multiple calls at the same time and transport patients to hospitals. Without the immediate availability of paramedics, and subsequent administration of analgesia, patients will unnecessarily suffer increased pain during treatment and transport to a hospital

AN EXCEPTIONAL AND UNDUE HARDSHIP RESULTS FROM STRICT APPLICATION OF THE REGULATION:

The hardship is the difficulty in recruiting and retaining paramedics in our rural community. The back-up AEMTs are unreasonably limited in the analgesia they can offer for treatment.

THE VARIANCE, IF GRANTED WOULD NOT:

A. CAUSE SUBSTANTIAL DETRIMENT TO THE PUBLIC WELFARE.

Approval of this variance would not cause a detriment to the public welfare; it would provide the opposite affect and provide citizens and visitors with exceptional prehospital medical care. The potential for damage is mitigated through continual, thorough training and the availability of naloxone.

B. IMPARE SUBSTANTIALLY THE PURPOSE OF THE REGULATION FROM WHICH THE APPLICANT SEEKS A VARIANCE.

The variance would not impair the purpose of the regulation. When this regulation was drafted, naloxone was not considered when determining if AEMTs were qualified to administer analgesia. There has also been updates to the NHTSA National Scope of Practice Model that now includes more Medical Director Approved medications for AEMTs.

In conclusion, Wendover Ambulance believes this variance will allow our AEMTs to provide a needed higher level of care to our patients while maintaining the highest standards of training and compliance as well as the continued direction and support of our Medical Director.

Sincerely



Lauara Lisk

President

Letter of Support from Medical Director

Analgesics Training Program



Department of Emergency Medicine
30 N 1900 E, Rm 1C026
Salt Lake City, UT 84132

29 September, 2023

To Whom it may concern,

As the medical director for Wendover Ambulance Service, I would like to express my support for their AEMT's use of Morphine and Fentanyl for analgesia.

Narcotics are beyond the national AEMT scope of practice but have been within the Utah AEMT scope of practice and protocols for several years, with great success.

With the extended transport times and challenges of not having a Paramedic available to Wendover Ambulance Service on every call, I think that AEMT's being able to administer narcotics for analgesia would be a great step forward in the best interests of the patients under our care.

If approved, I will oversee the training and guidance required for the AEMT's working for Wendover Ambulance Service, prior to them being permitted to administer narcotics in addition to ensuring adequate continuing education and quality assurance activities.

Sincerely,

A handwritten signature in black ink, appearing to read 'Gerard Doyle'.

Gerard Doyle

September 8, 2023

Wendover Ambulance Training Department

Analgesics Training Plan

Objective: To educate Advanced EMT and Paramedic level providers on proper usage of analgesics including: opiates, narcotics, benzodiazepines and NSAIDS.

Implementation: Training will consist of both didactic and psychomotor practice and familiarization of the following medications:

- Fentanyl
- Morphine
- Ketorlac
- Midazolam
- Ativan

This will be accomplished by online and in person training classes. Curriculum will cover the following for each medication:

- Discussion of pharmacodynamics and pharmacokinetics
- Indications for usage
- Contraindications
- Adverse reactions and side effects
- Administration routes
- Dosages
 - Adult
 - Pediatric
- Special Considerations
- Overdose antidotes
- Agency Protocol Review

Students will also demonstrate ability to safely administer medications through all applicable routes, including intravenous, intranasal, intermuscular and with a Carpuject.

At the conclusion of training students will take in-person exam to demonstrate knowledge of medications, to include weight based dosing, choosing an appropriate medication for patient care scenario and discussion of various medication characteristics.

Students will need to score 80% or higher to be approved for medication usage. Anyone scoring below 80% will receive individual remediation and be able to have 2nd attempt at passing.

Verification of Current Protocols

5-17-2023

VERIFICATION OF CURRENT PROTOCOLS

Pursuant to NAC 450B.505 (2):

2. The medical director of a service or fire-fighting agency shall:

(a) Establish medical standards which:

- (1) Are consistent with the national standard which is prepared by the National Highway Traffic Safety Administration of the United States Department of Transportation as a national standard for the level of service for which a permit is issued to the service or an equivalent standard approved by the Administrator of the Division and which are approved by the board;
- (2) Are equal to or more restrictive than the national standard prepared by the National Highway Traffic Safety Administration of the United States Department of Transportation or an equivalent standard approved by the Administrator of the Division and adopted by the state emergency medical system; and
- (3) Must be reviewed and maintained on file by the Division or a physician active in providing emergency care who is designated by the Division to review and make recommendations to the Division.

(b) Direct the emergency care provided by any certified person who is actively employed by the service.

Date of Protocols currently in use: 6-01-2014

Medical Director who initiated Protocols: Dr. Gerard Doyle

Current Protocols on file: 06-01-2014

If the current Medical Director is NOT the Medical Director who initiated your protocols, please have the current Medical Director sign below indicating they have read and is in agreement with the protocols in use.

Gerard Doyle

Medical Director (Print)

Date

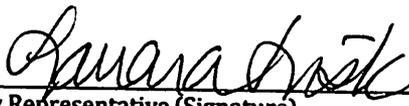
Lauara Lisk

Agency Representative (Print)

Date

5-17-2023


Medical Director (Signature)


Agency Representative (Signature)

**Utah EMS Protocol Guidelines
2013**

Utah EMS Protocol Guidelines: General



UTAH DEPARTMENT OF
HEALTH

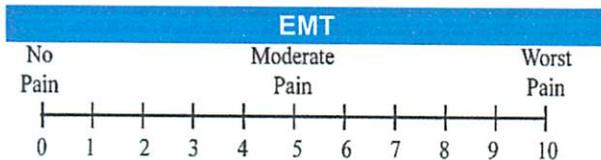
Version 1 / November 1, 2013

PAIN & ANXIETY MANAGEMENT

ALL PROVIDERS

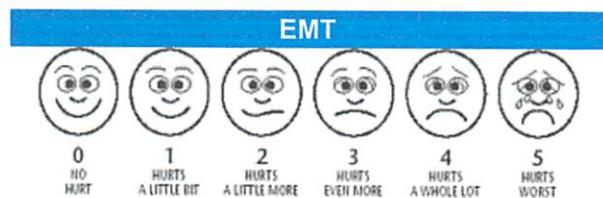
- ❑ Focused history and physical exam
 - Assess the patient's pain using verbal and non-verbal cues and appropriate pain scale.
- ❑ Continuous ECG, ETCO₂, and Pulse Oximetry monitoring when available.
- ❑ Implement appropriate treatment guideline for the chief complaint.
- ❑ **Treatment Plan**
 - Implement non-pharmaceutical/family centered comfort measures as indicated, refer to the **Family Centered Care Guideline**.
 - Immobilize any obvious injuries and place patient in a position of comfort.
 - Implement pharmaceutical measures.
 - Monitor patient vital signs every 5 minutes as this guideline is implemented.
 - Have Naloxone available if needed for respiratory suppression.
 - Avoid giving medications if SBP <100mmHg in adults, SBP <70 + (age in years x 2) mmHg for pediatrics, SaO₂ < 90%, or GCS <14
 - Stop pain medication when the patient has relief, pain score <5 for adults (<3 on Wong-Baker Faces scale for children 3-8 years old, less than 2 on FLACC scale for infants), adult SBP <100mmHg, peds SBP <70 + (age in years x 2) mmHg, SaO₂ <90%, or GCS <14.
- ❑ **Key Considerations**
 - An age-appropriate pain scale should be utilized and documented before and after each pain medication dose
 - Use Wong-Baker Faces scale for pain assessment in patients 3-8 years old.
 - A FLACC scale can be used to assess pain in infants. (Total range from 0-10)

ADULT



PEDIATRIC (<15 years of Age)

NOTE: Pediatric weight based dosing should not exceed Adult dosing.



Categories	FLACC Scoring for Infants		
	0	1	2
Face	No particular expression or smile	Occasional grimace or frown, withdrawn, disinterested	Frequent to constant frown, clenched jaw, quivering chin
Legs	Normal position or relaxed	Uneasy, restless, tense	Kicking, or legs drawn up
Activity	Lying quietly, normal position, moves easily	Squirming, shifting back and forth, tense	Arched, rigid, or jerking
Cry	No cry (awake or asleep)	Moans or whimpers, occasional complaint	Crying steadily, screams or sobs, frequent complaints
Consolability	Content, relaxed	Reassured by occasional touching, hugging or talking to, distractible	Difficult to console or comfort

AEMT

- ❑ Vascular access and fluid therapy *per IV-IO Access and Fluid Therapy guideline*

Pain Control

- ❑ **Morphine Sulfate 4-10mg q10 minutes** IV/IO/IM titrated to effect – OR
- ❑ **Fentanyl 50-100 mcg q10 minutes** IV/IO/IM/IN
- ❑ **Nalbuphine 10 mg q 10 minutes** IV/IO/IM

Anxiety Control

- ❑ Choose ONE benzodiazepine for treatment and maximize dosing. Contact OLMC before changing to a different medication
- ❑ **Midazolam (Versed)**
 - Dosage is cut in half if the patient has received narcotics or alcohol
 - Consider the size of the patient for dosing
 - **IV/IO - 2-4mg** every 5 minutes to the desired effect or max dose of 10mg
 - **Intranasal or oral - 0.4 mg/kg** to a maximum of 10mg as a one-time dose
- ❑ **Diazepam (Valium)** – May be used as an alternative. Follow the same safety parameters as with Midazolam
 - **IV/IO – 5-10mg** every 5 min to the desired effect or max dose of 30mg
 - **Rectally** – Same dosage
- ❑ **Lorazepam (Ativan)** – May be used as an alternative. Follow the same safety parameters as with Midazolam
 - **IV/IO – 1-2mg** every 5 min. to the desired effect or max dose of 4mg.

- ① **Contact OLMC for dosages above those provided or use of medication NOT fitting the guideline parameters.**

PARAMEDIC

AEMT

- ❑ Vascular access and fluid therapy *per IV-IO Access and Fluid Therapy guideline*

Pain Control

- ❑ **Morphine Sulfate 0.1 mg/kg (max of 4mg per dose)** IV/IM/IO titrated to effect – OR
- ❑ **Fentanyl 1 mcg/kg (max 75mcg per dose)** IV/IM/IO. Use **2mcg/kg for (max 100mcg per dose)** IN (Intranasal)
- ❑ For additional doses, contact OLMC

Anxiety Control

- ❑ Choose ONE benzodiazepine for treatment and maximize dosing. Contact OLMC before changing to a different medication
- ❑ **Midazolam (Versed)**
 - Dosage is cut in half if the patient has received narcotics or alcohol
 - Consider the size of the patient for dosing
 - **IV/IO - 0.1 mg/kg (max dose of 4mg per dose)**
 - Do NOT exceed adult dosing
 - **Intranasal or oral - 0.4 mg/kg (max dose 10mg per dose)**
 - Contact OLMC for additional doses
- ❑ **Diazepam (Valium)** – May be used as an alternative. Follow the same safety parameters as with Midazolam
 - **IV/IO - 0.1 mg/kg (max dose of 10mg)**
 - Do NOT exceed adult dosing
 - **Rectally – 0.3 mg/kg PR**
- ❑ **Lorazepam (Ativan)** – May be used as an alternative. Follow the same safety parameters as with Midazolam
 - **IV/IO – 0.1mg/kg (max dose of 4mg)**
 - Do NOT exceed adult dosing

- ① **Contact OLMC for dosages above those provided or use of medication NOT fitting the guideline parameters.**

PARAMEDIC

NAC 450B.461
Restrictions on authority to administer

Licensed Ambulance equipment and supply list
from NV EMS website

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

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

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

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

(a) The applicant:

(1) Is a resident of Nevada;

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

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

(4) Is attending a course of training held in this State and approved by the Division.

(b) The applicant:

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

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

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

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

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

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

(Added to NAC by Bd. of Health by R182-01, eff. 3-5-2002; A by R024-14, 10-24-2014; R068-16, 1-27-2017)

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

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

2. Such a certificate may be renewed if:

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

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

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

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

(Added to NAC by Bd. of Health by R182-01, eff. 3-5-2002; A by R024-14, 10-24-2014; R068-16, 1-27-2017)

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

(Added to NAC by Bd. of Health by R182-01, eff. 3-5-2002; A by R068-16, 1-27-2017)

CONTROLLED SUBSTANCES AND DANGEROUS DRUGS

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



* Protocol verification and approval signed by medical director and provided with annual permit renewal.

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

- (a) An order is given to the paramedic by a physician or a registered nurse supervised by a physician; or
- (b) The paramedic is authorized to administer the controlled substance pursuant to a written protocol that is approved by the medical director of the service and on file with the Division.

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

- (a) An order is given to the advanced emergency medical technician or paramedic by a physician or a registered nurse supervised by a physician; or
- (b) The advanced emergency medical technician or paramedic is authorized to administer the drug pursuant to a written protocol that is approved by the medical director of the service and on file with the Division.

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

4. As used in this section, "dangerous drug" has the meaning ascribed to it in [NRS 454.201](#).
(Added to NAC by Bd. of Health, eff. 8-1-91; A by R182-01, 3-5-2002; R024-14, 10-24-2014; R068-16, 1-27-2017)

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

- 1. Each dangerous drug and controlled substance used by a service must be stored:
 - (a) In its original container, and each original container must bear a securely attached label which is legibly marked; and
 - (b) Under appropriately controlled climatic conditions.
- 2. In addition to the requirements set forth in subsection 1, each controlled substance must be:
 - (a) Stored in a locked cabinet in the ambulance, air ambulance or agency's vehicle; or
 - (b) Under the direct physical control of a paramedic or a registered nurse.
- 3. When a controlled substance is not being used, it must be secured, together with the record for that controlled substance, in a manner approved by the medical director of the service.
(Added to NAC by Bd. of Health, eff. 8-1-91; A by R182-01, 3-5-2002; R024-14, 10-24-2014)

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

- 1. Each time a paramedic or registered nurse administers a controlled substance or an advanced emergency medical technician, paramedic or registered nurse administers a dangerous drug, an entry must be made on the report of emergency care. The entry must contain:
 - (a) The name of the medication administered;
 - (b) The dose of the medication administered;
 - (c) The route of administration;
 - (d) The date and time of administration;
 - (e) The name of the physician ordering the medication if the medication is ordered outside of a standing protocol;
 - (f) The signature, electronic signature or initials of the person who administered the medication and the emergency medical services number of that person; and
 - (g) If a registered nurse administered the medication, the emergency medical services number or license number of that nurse.
- 2. If the entire amount of a unit dose of a controlled substance is not used when it is administered to a patient, the unused portion of that unit dose must be discarded. The discarding of the unused portion of the unit dose must be:
 - (a) Verified by a witness who is a licensed attendant of the service or an employee of the hospital to which the patient was transported and who shall sign or electronically sign a statement indicating the unused portion was discarded; and
 - (b) Noted in the record for controlled substances.
- 3. If any error is made in administering a medication or the patient has an unusual reaction to a medication, the advanced emergency medical technician, paramedic or registered nurse who administered the medication shall immediately report the error or reaction to the receiving physician,

from NV EMS website
★

ILS EQUIPMENT	Min.	Y/N	CAT.	ALS EQUIPMENT	Unit #		
					MIN.	Y/N	CAT.
IV Administration Sets Macro Drip	2		A	Monitor/Defibrillator-Adult and Pedi Pads	1		A
Buretrol or equiv.	1		A	Chest Decompression Kit	1		A
Capnography Adult **	1			Needle Cricothyroidotomy Kit	1		A
Capnography Pedi **	2			Nasogastric Tubes Various Sizes	2ea		B
End Tidal CO2 Detector	2		B	Endotracheal Intubation Kit	1		A
IV Catheters Various Sizes	2ea		A	Endotracheal Tubes 2.5 - 8.0	2ea		A
IO Needles #15 or 18 Gauge	2		A	Adult & Pedi Stylet	2ea		A
Syringes, TB w/ needle	2ea		A				
IM Needles	2		B	IV FLUIDS			
Supraglottic Airway Device	2ea		A	Normal Saline 1000cc	4		A
Magill Forceps	1		A	Lactated Ringers **	2		
Nebulizers	2		A	Dextrose 5% Water **	2		
Syringes Various Sizes	2ea		A				
MEDICATIONS BASED ON AGENCY PROTOCOLS AND SERVICE LEVEL							
Acetaminophen / Tylenol				Ketorolac/ Toradol			
Activated Charcoal				Levalbuterol/ Xopenex			
Adenosine / Adenocard				Levophed/ Norepinephrine			
Albuterol / Proventil				Lidocaine			
Amiodarone / Cardarone				Lidocaine Gel			
Aspirin				Lidocaine Pre-Mix Bag			
Atropine Sulfate				Lorazepam/ Ativan			
Atrovent / Ipratropium Bromide				Magnesium Sulfate			
Calcium Chloride				Midazolam / Versed			
Cyanide Antidote Kit				Morphine Sulfate			
Dextrose				Naloxone / Narcan			
Diazepam/Valium				Neo-Synephrine or Equivalent			
Diltiazem/ Cardizem				Nitroglycerin			
Diphenhydramine / Benadryl				Nitroglycerin Drip			
Dobutamine				Nitrous Oxide / Nitronox			
Dopamine / Intropin				Ondansetron/ Zofran			
DuoDote				Oxymetazoline/ Afrin			
Epinephrine 1:10,000				Oxytocin /Pitocin			
Epinephrine 1:1000				Promethazine / Phenergan			
Epinephrine auto Inj adult/pedi				Racemic Epi			
Fentanyl/ Sublimaze				Sodium Bicarb 8.4%			
Flumazenil/ Ramazon				Solu-mederal			
Furosemide / Lasix				Terbutaline			
Glucagon				Tetracaine or Equivalent			
Glucose Paste				Thiamine / Vitamin B1			
Haloperidol / Haldol				Vasopressin/ Pitressin			
Hydromorphone/ Dilaudid							
Ketamine				Paralytic Medications			

"Medication list is different for each agency based off of approved protocols. All medications approved for your agency must be stocked appropriately and be within expiration date. All violations of medications are considered to be a Category A "

N/A = Not Applicable

** = Optional Equipment

Unit #

OPERATIONAL STANDARDS

Meet Standards / Working	Y	N	CAT.	Meet Standards / Working	Y	N	CAT.
Light bar Operational			A	Dispatch Radio Operational			A
Box Lights Operational			A	Hospital Radio Operational			A
Scene Lights Operational			B	Heater & Air Conditioner Operational			A
Headlights Operational			A	Disinfectant Solution			B
Flash Light			B	Protective Helmet Per Attendant **			
Interior Lights Operational			A	Interior Clean & Sanitized			A
Siren Operational			A	Medications Stored for Climate Control			A
Brake lights Operational			A	Controlled Medications Stored in Locked Cabinet or Under Direct Control of Appropriate Licensed Provider			A
Turn Indicators Operational			A	Controlled Substances Record of Usage Inventory issued by Service			
Horn Operational			A	Compliant with NAC 450B.481			A
Fire Extinguisher 5 lbs. ABC Type			A	Equipment Clean & Sanitized			A
Seat with Safety Belts			A	Ambulance Fully Operational			A
Gurney with 5 Point Rest. Harness			A	Current Hazardous Materials Guide			B
Gurney Fasteners Secured			A	Triage Kit			B
Stair Chair **				Hand Sanitizer			B
Name Printed on Both Sides of Vehicle			A				
Reflective Safety Wear per Attendant			A				
Copy of Protocols			B				

ALL VIOLATIONS MUST BE CORRECTED AS OUTLINED BELOW

Violations in Category "A" If All Category "A" supplies of any item are missing this requires the unit be immediately removed from service. The unit must be re-inspected and found in compliance with the NRS's and the NAC's of 450B. If less than all category "A" supplies of any item are missing the item shall be treated as a category "B" item.

Violations in Category "B" must be corrected with a written report to the Division of Public & Behavioral Health Emergency Medical Systems program regional office within 72 hours. Failure to comply with this notice may result in suspension of your permit or removal of the unit from service.

Comments :

This Unit **DOES / DOES NOT** comply with the Emergency Medical Systems Regulations of the Division of Public & Behavioral Health.

THIS UNIT IS HEREBY REMOVED FROM SERVICE UNTIL SUCH TIME THAT IT OBTAINS A SATISFACTORY INSPECTION

Date:	Inspected By:	Acknowledged By:
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**State of Nevada EMS Program Inspection Form
AMBULANCE UNIT**

Permit No.	Agency Name						Level			
	Address						Unit #			
Year	Make	Type	Color	License #	Vin/Serial #	Insp. Date				
Type of Inspection : New Regular Corrective Return to Service Replacement of						Odometer				
Basic Life Support										
Airway/Ventilation			Min.	Y/N	Cat.	Dressing		Min.	Y/N	Cat.
Fixed Oxygen (500 lbs. min.)			1		A	ABD- Trauma Dressings		2		A
Portable Oxygen (500 lbs. min.)			1		A	4x4's		20		A
Adult Nasal Cannula			4		A	5x9's or equiv.		5		A
Child & Infant Nasal Cannula **			2			Triangular Bandage		2		B
Adult Non Rebreather Mask			4		A	Roller Gauze		4		A
Child Non Rebreather Mask			2		A	Occlusive Dressing		2		A
Infant Non Rebreather Mask **			2			Burn Dressing Various Sizes		2		A
Bag Valve Mask with O2 Reservoir						Tape/Hypoallergenic Various Sizes		2		B
Adult & Child			1ea		A	Survival/Thermal Blanket **		1		
OPA's Size 0 - 5 / equiv.			1ea		A	Patient Assessment				
NPA's 16F - 34F / equiv.			1ea		A	AED or SAED with Adult & Pedi Pads		1		A
Fixed Suction			1		A	Adult BP Cuff		1		A
Portable Suction / battery operated			1		A	Pulse Ox with Adult & Pedi Probes **		1		
Tonsillar Suction			2		A	Child BP Cuff		1		A
Suction Tubing			2		A	Infant BP Cuff **		1		
Flexible Suction Cath. W/ airflow ctrl			2		B	Adult Stethoscope		1		A
Bulb Syringe not in OB Kit			1		B	Pediatric Stethoscope **		1		
Immobilization Devices						Pen Flashlight		1		B
Backboard Impervious			2		A	Thermometer		1		B
KED or equiv.			1		A	Obstetrical/Child				
Straps (3 per Board) / Spider Straps			2		A	Obstetrical Kit (sterile)		2		A
C-Collars (Adult-Tall,Reg,No-Neck Short,Pedi, No-Neck or Adjustable)			2ea		A	Infant Swaddler		2		B
Adult & Pedi Traction Splint			1		A	Current Broselow Tape or equiv.		1		B
Pediatric Backboard **			1			Meconium Aspirator **		1		
Head Immobilizers			2		A	Infant Warming Device **		1		
Splints for Extremities / Arms & Legs			2ea		B	Child Restraint System **				
Miscellaneous Items										
PPE Gowns, Glasses, Gloves etc.			2		A	Tourniquet		1		B
Drinking Water, 1000 ml			1		B	Ring Cutter **		1		
Hot & Cold Packs			2		B	Supply of Clean Linen		2		A
Hemostatic Agent **			1			Trauma Scissors		1		A
Emesis Basin / Bags			2		B	Irrigation Solution 1000 ml		1		B
Mounted Sharps Container			1		A	Chem Strips/Glucometer **		1		

2019 National EMS Scope of Practice Model

Pharmacological Intervention Minimum Psychomotor Skill Set

AEMT Scope of Practice - pages 20-21, 28

Medical Director Approved Medications – pages 29-30



U.S. Department
of Transportation

**National Highway
Traffic Safety
Administration**



DOT HS 813 151

August 2021

National EMS Scope of Practice Model 2019: Including Change Notices 1.0 and 2.0

Table of Contents

Executive Summary	xi
I. Background	1
Overview of the EMS Profession	1
The Evolution of the EMS Agenda for the Future.....	2
Implementation of the 2007 National EMS Scope of Practice Model.....	3
Approach to Revising the National EMS Scope of Practice Model	5
The Role of State Government	6
II. Understanding Professional Scope of Practice	7
Overview	7
The Interdependent Relationship Between Education, Certification, Licensure, and Credentialing.....	7
Scope of Practice Versus Standard of Care	13
A Comprehensive Approach to Safe and Effective Out-of-Hospital Care	13
III. Special Considerations	14
Liability in EMS Licensing and Oversight	14
Scope of Practice for Special Populations	14
Scope of Practice During Disasters, Public Health Emergencies, and Extraordinary Circumstances	15
Scope of Practice for EMS Personnel Functioning in Nontraditional Roles	15
Specialty Care Delivered by Licensed EMS Personnel.....	15
Military to Civilian EMS Transition.....	16
IV. Description of Levels	18
Emergency Medical Responder	18
Emergency Medical Technician	19
★ Advanced Emergency Medical Technician	20
Paramedic.....	21
V. Depth and Breadth of Knowledge.....	24
VI. Interpretive Guidelines	25
I. Skill – Airway/Ventilation/Oxygenation.....	25
II. Skill – Cardiovascular/Circulation	26
III. Skill – Splinting, Spinal Motion Restriction, and Patient Restraint	27
★ IV. Skill – Medication Administration – Routes	28
★ V. Medical Director Approved Medications	29
VI. Skill – IV Initiation/Maintenance Fluids	30
VII. Skill – Miscellaneous	30
VII. Definitions	32
Appendix A: History of Occupational Regulation in EMS	A-1
Appendix B: Changes and Considerations From the 2007 Practice Model	B-1
Nomenclature	B-2
Academic Degree Requirements for Paramedics	B-2
Attendant Qualifications for Ambulance Transport	B-2

Advanced Emergency Medical Technician

AEMT Scope of Practice - pages 20-21, 28

Education Requirements

Successful completion of an EMT training program that is:

- Compliant with a uniform national standard for quality, and
- Approved by the State or U.S. Territory.

Primary Role

Provide basic patient care and medical transportation within the emergency care system.

Type of Education

Vocational/Technical setting:

- Diploma or certificate awarded for successful completion.

Critical Thinking

Within a limited set of protocol-driven, clearly defined principles that:

- Engages in basic risk versus benefit analysis.
- Participates in making decisions about patient care, transport destinations, the need for additional patient care resources, and similar judgments.

Level of Supervision

General medical oversight required. Some autonomy at basic life support level, assist higher-level personnel at the scene and during patient transport.



Advanced Emergency Medical Technician

Description

The AEMT is a health professional whose primary focus is to respond to, assess, and triage non-urgent, urgent, and emergent requests for medical care, apply basic and focused advanced knowledge and skills necessary to provide patient care and/or medical transportation, and facilitate access to a higher level of care when the needs of the patient exceed the capability level of the AEMT. The additional preparation beyond EMT prepares an AEMT to improve patient care in common emergency conditions for which reasonably safe, targeted, and evidence-based interventions exist. Interventions within the AEMT scope of practice may carry more risk if not performed properly than interventions authorized for the EMR/EMT levels. With proper supervision, an AEMT may serve as a patient care team member in a hospital or health care setting to the full extent of their education, certification, licensure, and credentialing. In a community setting an AEMT might visit patients at home and make observations that are reported to a higher-level authority to help manage a patient's care.

Advanced emergency medical technicians:

- Function as part of a comprehensive EMS response, community, health, or public safety system with medical oversight.

added in 2019

- Perform interventions with the basic and advanced equipment typically found on an ambulance.
- ★ • Perform focused advanced skills and pharmacological interventions that are engineered to mitigate specific life-threatening conditions, medical, and psychological conditions with a targeted set of skills beyond the level of an EMT.
- Function as an important link from the scene into the health care system.

Other Attributes

The learning objectives and additional clinical preparation for AEMTs exceed the level of EMTs. In areas where paramedic response is not available, the AEMT may be the highest level of EMS personnel a patient encounters before reaching a hospital. AEMTs advocate health and safety practices that may help reduce harm to the public.

Education Requirements

Successful completion of a nationally accredited or CAAHEP-accredited AEMT program that meets all other State/Territorial requirements. (The target for full implementation of AEMT program accreditation is January 1, 2025.)

Primary Role

Provide basic and focused advanced patient care; determine transportation needs in the health care system.

Type of Education

Vocational/technical or academic setting:

- Diploma, certificate, or associates degree awarded for successful completion.

Critical Thinking

Within a limited set of protocol-driven, clearly defined principles that:

- Engages in basic risk versus benefit analysis.
- Participates in making decisions about patient care, transport destinations, the need for additional patient care resources, and similar judgments.

Level of Supervision

Medical oversight required. Minimal autonomy for limited advanced skills. Provides some supervision of lower level personnel. Assist higher-level personnel at the scene and during transport.

Paramedic

Description

The paramedic is a health professional whose primary focus is to respond to, assess, and triage emergent, urgent, and non-urgent requests for medical care, apply basic and advanced knowledge and skills necessary to determine patient physiologic, psychological, and

III. Skill – Splinting, Spinal Motion Restriction (SMR), and Patient Restraint	EMR	EMT	AEMT	Paramedic
Splint – traction		X	X	X
Mechanical patient restraint		X	X	X
Emergency moves for endangered patients	X	X	X	X

IV. Skill – Medication Administration – Routes

IV. Skill – Medication Administration – Routes³	EMR	EMT	AEMT	Paramedic
Aerosolized/nebulized		X	X	X
Endotracheal tube				X
Inhaled		X	X	X
Intradermal				X
Intramuscular		X ⁴	X	X
Intramuscular – auto-injector	X	X	X	X
Intranasal			X	X
Intranasal - unit-dosed, premeasured	X	X	X	X
Intraosseous – initiation, peds or adult			X	X
Intravenous			X	X
Mucosal/sublingual		X	X	X
Nasogastric				X
Oral		X	X	X

³ Limited to Medical Director Approved Medications.

⁴ Medical direction should ensure appropriate clinical experience and education, including the separate skills of medication preparation, medication dilution, filling a syringe from a multi-dose vial, and changing the needle on a syringe.

Advanced Emergency Medical Technician

Medical Director Approved Medications – pages 29-30

IV. Skill – Medication Administration – Routes³	EMR	EMT	AEMT	Paramedic
Rectal				X
Subcutaneous			X	X
Topical				X
Transdermal				X

V. Medical Director Approved Medications

V. Medical Director Approved Medications	EMR	EMT	AEMT	Paramedic
Use of epinephrine (auto-injector) for anaphylaxis (supplied and carried by the EMS agency)		X	X	X
Use of auto-injector antidotes for chemical/hazardous material exposures	X	X	X	X
Use of opioid antagonist auto-injector for suspected opioid overdose	X	X	X	X
Immunizations			X	X
Immunizations during a public health emergency		X	X	X
Inhaled – beta agonist/bronchodilator and anticholinergic for dyspnea and wheezing		X	X	X
Inhaled – monitor patient administered (i.e., nitrous oxide)			X	X
Intranasal - opioid antagonist for suspected opioid overdose	X	X	X	X
Intravenous			X ⁵	X
Maintain infusion of blood or blood products				X
Oral aspirin for chest pain of suspected ischemic origin		X	X	X
Oral glucose for suspected hypoglycemia		X	X	X



⁵ Limited to analgesia, anti-nausea/antiemetic, dextrose, epinephrine, glucagon, naloxone, and others defined by State/local protocol.

V. Medical Director Approved Medications	EMR	EMT	AEMT	Paramedic
Oral over-the-counter (OTC) analgesics for pain or fever		X	X	X
OTC medications, oral and topical				X
Parenteral analgesia for pain			X	X
Sublingual nitroglycerin for chest pain of suspected ischemic origin – limited to <i>patient's own prescribed medication</i>		X		
Sublingual nitroglycerin for chest pain of suspected ischemic origin			X	X
Thrombolytics				X



VI. Skill – IV Initiation/Maintenance Fluids

VI. Skill – IV Initiation/Maintenance Fluids	EMR	EMT	AEMT	Paramedic
Access indwelling catheters and implanted central IV ports				X
Central line – monitoring				X
Intraosseous – initiation, peds or adult			X	X
Intravenous access			X	X
Intravenous initiation - peripheral			X	X
Intravenous – maintenance of non-medicated IV fluids			X	X
Intravenous – maintenance of medicated IV fluids				X

VII. Skill – Miscellaneous

VII. Skill – Miscellaneous	EMR	EMT	AEMT	Paramedic
Assisted delivery (childbirth)	X	X	X	X
Assisted complicated delivery (childbirth)		X	X	X