

Joe Lombardo  
Governor



Richard Whitley,  
MS  
Director



Cody Phinney,  
MPH  
Administrator

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

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## NOTICE OF PUBLIC HEARING

Kenneth Sanders, Eureka County EMS, P.O. Box 407, Eureka, NV 89316, IS REQUESTING A VARIANCE, CASE # 767, FROM THE NEVADA STATE BOARD OF HEALTH REGULATIONS.

NOTICE IS HEREBY GIVEN THAT Kenneth Sanders, Eureka County EMS, P.O. Box 407, Eureka, NV 89316, has requested a variance from Nevada Administrative Code (NAC) 450B.384.

A public hearing will be conducted on September 6, 2024, 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:

[https://teams.microsoft.com/l/meetup-join/19%3ameeting\\_ZjcxNGQzYjQtMzM1OS00MTNiLTg1ZWYtMmExODkwZTBkMTQ0%40thread.v2/0?content=%7b%22id%22%3a%22e4a340e6-b89e-4e68-8eaa-1544d2703980%22%2c%22oid%22%3a%22768e443d-3be6-48f0-9bb0-7e72f1276b8d%22%7d](https://teams.microsoft.com/l/meetup-join/19%3ameeting_ZjcxNGQzYjQtMzM1OS00MTNiLTg1ZWYtMmExODkwZTBkMTQ0%40thread.v2/0?content=%7b%22id%22%3a%22e4a340e6-b89e-4e68-8eaa-1544d2703980%22%2c%22oid%22%3a%22768e443d-3be6-48f0-9bb0-7e72f1276b8d%22%7d)

*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: 382 183 728#

Kenneth Sanders, Eureka County EMS, P.O. Box 407, Eureka, NV 89316 is requesting a variance from NAC 450B.384, which states:

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

Applicant is requesting approval to allow Advanced Emergency Medical Technicians (AEMTS) employed by Applicant to administer Morphine for pain management, Ativan for seizure control and perform endotracheal intubation. Morphine and Ativan administration and endotracheal intubation at the AEMT level is currently not recognized by the National Highway Traffic Safety Administration (NHTSA) at the AEMT level.

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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*Chief Medical Officer*

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## MEMORANDUM

**DATE:** August 8, 2024  
**TO:** John Pennell, Chair  
State Board of Health  
**FROM:** Cody Phinney, Administrator  
Division of Public and Behavioral Health  
**RE:** Case # 767, Eureka County EMS

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### Summary of Variance Request:

For the below stated reasons, Division of Public and Behavioral Health (DPBH) staff recommends that the State Board of Health approve Variance Case # 767, submitted by Kenneth Sanders on behalf of Eureka County EMS ("Applicant"). Applicant has submitted a request for variance from the requirement of Nevada Administrative Code (NAC) 450B.384 and NAC 450B.461, and requests approval to allow Advanced Emergency Medical Technicians (AEMTs) employed by Applicant to administer Morphine for pain management, Ativan for seizure control and perform endotracheal intubation. Morphine and Ativan administration and endotracheal intubation at the AEMT level is currently not recognized by the National Highway Traffic Safety Administration (NHTSA) at the AEMT level.

### Regulation:

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 substances as defined in the preliminary Chapter of NRS to a patient while serving as an attendant 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 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.

Degree of risk to public health or safety:

There is little to no risk to the public health in allowing Applicant to train and authorize AEMTs to administer Morphine for pain management and Ativan for seizure control per established protocol under direction received from a physician via radio contact with a hospital. Applicant, with support of the agency Medical Director, has presented a program for training, implementation of the skill set, security, 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 Eureka and surrounding communities can be more than an hour and rendezvous with advanced life support crews, ground or air can be delayed. Limited crew staffing can make management of critical patients difficult. Strict application of NAC 450B.384 prevents Applicant from utilizing Morphine for pain control and Ativan for seizure control and endotracheal intubation in the pre-hospital setting by AEMTs.

Staff Recommendation

DPBH staff recommend the State Board of Health approve Case # 767, Kenneth Sanders, Eureka County EMS variance to NAC 450B.38 and NAC 450B.461. Transport times in frontier and rural settings can be significant. Improved control and management of pre-hospital pain for patients or those suffering a seizure could improve patient outcome. Being able to mechanically secure a critical patient's airway can improve positive outcome for the patient. Applicant must report any adverse outcomes from administration or improper administration as well as unanticipated reactions to either Morphine or Ativan, in a written report to the EMS office within 72 hours of occurrence. Applicant must report any adverse outcomes from improper placement of endotracheal airway tube. 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. If approved, this variance only becomes effective if: 1) Documentation of successful training has been provided, 2) Training must be conducted by a documented Nevada Paramedic Instructor or above, 3) Approved security features including safes, control logs demonstrated, 4) Successful inspection of ambulances, 5) Documentation of steps for inventory control including

replacement, waste, and storage 6) Proper refrigeration in the ambulances and fire station of medication requiring refrigeration, 7) All administration of Morphine or Ativan shall be reviewed by the Medical Director for Applicant within 72 hours of use, 8) Any and all attempts at endotracheal intubation shall be reviewed by the Medical Director within 72 hours of event.

Staff recommend Applicant consider effectiveness to use of portable ventilator and steps to requesting a variance for use of the portable ventilator.

Public Comments:

None received

Presenter:

Bobbie Sullivan, Emergency Medical Services Program Manager

Attachments:

None

NEVADA STATE BOARD OF HEALTH  
DIVISION OF PUBLIC AND BEHAVIORAL 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.

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

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

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

Health Statistics, Planning,  
Epidemiology and Response  
(NAC 440, 450B, 452, 453, 453A, & 695C)

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

Date: April 24, 2024

Name of Applicant: Eureka County EMS

Phone: 775-235-5306

Mailing Address: PO Box 407

City: Eureka

State: NV

Zip: 89316

We do hereby apply for a variance of the Nevada Administrative Code. NAC 439.200(1), 450B.384, 450B.461 and as well as NRS 450B.1915.

Title of section in question:

1. Practice beyond scope of certification
2. Restrictions and Limitations on authority to administer medicine
3. Authorized activities of AEMT

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

Please see attached

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NEVADA STATE BOARD OF HEALTH  
DIVISION OF PUBLIC AND BEHAVIORAL  
HEALTH 4150 Technology Way, Suite 300  
CARSON CITY, NV 89706

**APPLICATION FOR VARIANCE**

Date of initial operation (if existing): \_\_\_\_\_

**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 suffers or will suffer economic hardship by complying with the regulation, he must submit evidence demonstrating the costs of his 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 supportive of your variance request.**

Statement of degree of risk of health \_\_\_\_\_

Please see attached \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NEVADA STATE BOARD OF HEALTH  
DIVISION OF PUBLIC AND BEHAVIORAL  
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:

Please see attached

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2. The variance, if granted, would not:

- A. Cause substantial detriment to the public welfare.

Please see attached

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

Please see attached

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

1. Legal description of property concerned

N/A

2. General area identification map N/A

NEVADA STATE BOARD OF HEALTH  
DIVISION OF PUBLIC AND BEHAVIORAL  
HEALTH 4150 Technology Way, Suite 300  
CARSON CITY, NV 89706

APPLICATION FOR VARIANCE

- 3. Plat map showing locations of all pertinent items and appurtenances N/A
- 4. Well log (if applicable) N/A
- 5. Applicable lab reports N/A
- 6. Applicable engineering or construction/remodeling information N/A
- 7. Other items (see following pages) N/A

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.

Please schedule this hearing during:

- The next regularly scheduled Board of Health meeting, regardless of location.
- The next scheduled meeting in Carson City.
- The next scheduled meeting in Las Vegas.

Signature: 

Printed Name: Kenneth Sanders

Title: Eureka County EMS

Date: Coordinator 04/24/2024

NEVADA STATE BOARD OF HEALTH  
DIVISION OF PUBLIC AND BEHAVIORAL  
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:**

Lisa Sherych, Administrator  
Division of Public and Behavioral Health  
4150 Technology Way, Suite 300  
Carson City, NV 89706

**FAX:**

775-687-7570

**EMAIL:**

**[DPBH@health.nv.gov](mailto:DPBH@health.nv.gov)**

# Maximum Control for Controlled Substances

## **MS2:** Biometrics - PIN Pad - Proximity Card Reader - Networkable \*\*\* INDUSTRIAL GRADE *Wi-Fi* UPGRADE AVAILABLE \*\*\*

**Manufacturer:** ESSC/MedixSafe Inc. Memphis TN U.S.A [MedixSafe.com](http://MedixSafe.com)

**Model Numbers:** There are two model numbers for the **MS2**:  
The **MS2** and the **MS2-HID**.

**Exterior Cabinet Dimensions:** 7" High x 8" Wide x 10" Deep

**Weight:** 15 lbs.

**Finish:** Powder Coating

**Color:** Black

**Material:** 10 and 12 gauge steel

**Locking Mechanism:** Single 600 lbs. lock

**Voltage:** 12 Volt DC current draw- 20mA idle, 130mA active

### **Combination Biometrics, PIN Pad and Proximity Card Reader:**

The MedixSafe **MS2** is a truly revolutionary and compact narcotics cabinet. It is equipped with a stand-alone networkable TCP/IP based controller and is designed to require combinations of fingerprint, PIN and/or Proximity Cards to gain access. This allows the **MS2** to store up to 30,000 users and a 50,000 event activity log. The **MS2** can also connect directly to a wireless communication device at 100 Mbps, which allows it to have fingerprint additions/deletions and user activity uploaded/downloaded without having to go directly to the ambulance. Hardwiring to an existing network for additional office/storage locations is also an option. **The MS2 cannot be compromised just by watching someone else enter their PIN number!**

**Mounting:** **MS2** unit mounting via 3/8 holes on bottom or customized holes for either side or top.

**Software:** The MedixSafe **MS2** is an access control solution that is easy to manage from any computer. The software comes with the following features:

1. Interactive embedded help screen
2. Intuitive icons
3. Descriptive, easy-to-understand information
4. Well organized menu and programming for fast setup

**Hardware:** Customer's existing PC or lap top.

**Non Wi-Fi Communications:** A TCP/IP connection will need to be provided for remote administration and communication to the **MS2**.



1-855-MEDIXSAFE  
1-855-633-4972

**MEDIXSAFE™**

1619 Bartlett Rd.  
Memphis, TN 38134  
[MedixSafe.com](http://MedixSafe.com)

# Maximum Control for Controlled Substances

## **C2 ClinixSafe:** Biometrics - PIN - Proximity Card Reader

- Reads Fingerprints / PINs
- Highly Accurate Optical Sensor
- Option for Smart Cards
- Heavy Duty Steel Construction
- 3 Adjustable Shelves
- Built-in TCP/IP, Serial, and USB

**Manufacturer:** ESSC/MedixSafe Inc. Memphis TN U.S.A [MedixSafe.com](http://MedixSafe.com)

**Model Numbers:** There are two model numbers for the **C2**:  
The **C2** and the **C2-HID**.

**Exterior Cabinet Dimensions:** 24" High x 18" Wide x 18" Deep

**Interior Cabinet Dimensions:** 23-7/8" High x 17-7/8" Wide x 17-7/8" Deep

**Weight:** 95 lbs

**Finish:** Powder Coating

**Color:** Black

**Material:** 10 Gauge Steel

**Locking Mechanism:** Single 600 lbs lock

**Voltage:** 12 Volt DC current draw 20mA idle 130mA active

### **Combination Biometrics, PIN Pad and Proximity Card Reader:**

The MedixSafe **C2** is a truly revolutionary and compact narcotics cabinet. It is equipped with a stand-alone networkable TCP/IP based controller and is designed to require combinations of fingerprint, PIN and/or Proximity Cards to gain access. This allows the **C2** to store up to 1,500 users and a 50,000 event activity log. The **C2** can also connect directly to a wireless communication device at 100 Mbps which allows it to have fingerprint additions/deletions and user activity uploaded/downloaded without having to go directly to the ambulance. Hardwiring to an existing network for additional office/storage locations is also an option. **The C2 cannot be compromised just by watching someone else enter their PIN number!**

**Software:** The MedixSafe **C2** is an access control solution that is easy to manage from any computer. The software interface comes with the following features:

1. Interactive embedded help screen
2. Intuitive icons
3. Descriptive, easy-to-understand information
4. Well organized web menu and programming for fast setup

**Hardware:** Customers existing PC or lap top.

**Remote Communications:** A TCP/IP connection will need to be provided for remote administration and communication to the **C2**



1-855-MEDIXSAFE  
1-855-633-4972

**MEDIXSAFE**™

1619 Bartlett Rd.  
Memphis, TN 38134  
[MedixSafe.com](http://MedixSafe.com)

**Attachment Morphine Administration  
Syllabus**

**EUREKA COUNTY EMERGENCY MEDICAL  
SERVICE  
VARIANCE MEDICATION MORPHINE  
ADMINISTRATION**

**INSTRUCTOR: ROBERT STEFANKO, MD**

**SERVICE COORDINATOR: KENNY**

**SANDERS**

**E-MAIL: [ksanders@eurekacountynev.gov](mailto:ksanders@eurekacountynev.gov)**

**LOCATION OF COURSE: Eureka County Emergency  
Medical Services 301 North Main Street, Eureka  
Nevada 89316**

**STATION PHONE: 775-237-5306**

**COURSE DESCRIPTION: (National EMS Educational Standards 2021; National  
*Standard Curriculum*)**

The course is designed to instruct current Ambulance Licensed AEMTs with Eureka County Emergency Medical Service the necessary knowledge and skills to provide medications approved via variance through the Nevada State Board of Health to be given on Eureka County Emergency Medical Service. These medications will only be given by licensed attendants who have successfully completed this educational program and have been skills checked off by the Medical Director of our service.

**PREREQUISITES:**

- ❖ Current State of Nevada Advanced Emergency Medical Technician
- ❖ Current State of Nevada Ambulance Attendant License.
- ❖ Approval of the Medical Director to attend the training.

**COURSE OBJECTIVES: (National EMS Educational Standards 2021, National  
*Standard Curriculum*)**

After completion of the program, AEMT students will:

<b><u>LEARNER OBJECTIVES</u></b>	<b><u>METHODS</u></b>
Recognize the signs and symptoms requiring the need for pain management.	Lectures/case studies

Administer appropriate emergency medical care based on assessment findings of the patient's condition.	Discussion and participation in case studies
Morphine <ol style="list-style-type: none"> <li>1. Indications</li> <li>2. Contraindications</li> <li>3. Orders from Physician</li> <li>4. Administration method</li> <li>5. Correct dosage</li> <li>6. Correct administration</li> <li>7. Follow up monitoring</li> <li>8. What to watch for</li> <li>9. Have Narcan/Naloxone ready if needed</li> </ol>	Lecture/Discussion and participation in case studies
Correct storage of the medication. Correct documentation of the medication Correct method of waste if not all is used	Demonstration of proper storage and documentation.
Q/A review for all calls when medication is administered. <ol style="list-style-type: none"> <li>1. Correct usage for patient</li> <li>2. Correct dosage</li> <li>3. Correct method of delivery</li> <li>4. Correct documentation of medications and charting</li> <li>5. Corrective action for the provider should any error be made.</li> <li>6. Follow-up and retraining should any error be made based upon the Medical Director review.</li> </ol>	Medical Director review
Demonstrate proficiency additional patient assessment skills; intravenous therapy, and administering medications as per protocols.	Lab skills evaluation

**TOPICAL OUTLINE:** (*National EMS Educational Standards 2021, National Standard Curriculum*)

- ❖ Assessing trauma patients
- ❖ Recognition of need for pain management
- ❖ AEMT-Enhanced Pharmacology
- ❖ Medication usage
- ❖ Q/A Review of incidents where pain management was used

- ❖ Follow up training if needed
- ❖ Review of materials every 6 months or sooner if needed

**MEDICAL DIRECTOR:**

Our course medical director is Robert Stefanko M.D... Dr. Stefanko approves the curriculum and acts as the ultimate medical authority regarding course content, procedures, protocols, and acts a liaison with the medical community. Dr. Stefanko or his designee is responsible to verify student competencies in the cognitive, affective and psychomotor domains.

**ACCOMODATIONS FOR DISABILITIES:**

Eureka County Emergency Medical Services supports providing equal access for students with disabilities. An advisor is available to discuss appropriate accommodations with students.

## Morphine Administration

Class: Opioid analgesic,

Schedule II Controlled

Substance Actions:

- Depresses pain impulse transmission at the spinal cord level by interacting with opioid receptors.

Indications:

- Moderate to severe pain

Contraindications:

- Hypersensitivity, addiction, hemorrhage, increased intracranial pressure, hypovolemia
- Caution with respiratory depression

Side Effects:

- Respiratory depression
- Hypotension
- Confusion, dizziness
- Nausea, vomiting

**Dosage: Medication to only be given with direct Physician orders prior to administration**

Adult

- 2 – 10 mg every 3 – 4 hours IV
- 5 – 20 mg for IM administration

Pediatric:

- 0.2 - .03 mg/kg/dose every 3 -6 hours
- Maximum initial dose of 5 mg/dose for children or 10 mg for larger adolescents

Notes: Be prepared for respiratory depression to occur and have resuscitation equipment available.

Treatment of overdose: Naloxone 0.2 – 0.8 mg IV

## PAIN MANAGEMENT

### THERAPEUTIC OBJECTIVE:

- Pain is the most frequent complaint of patients seeking medical care
- The compassionate acknowledgment and treatment of pain is a core value of our care
- Unrelieved acute severe pain contributes to the development of chronic pain and post- traumatic stress disorder (PTSD)
- Non-pharmacologic management of pain should be part of each patient's care
- Pharmacologic pain management, if not contraindicated, should be considered for any patient with a complaint of severe pain.
- Any pharmacologic pain management is **only with direct physician's orders prior to administration of morphine for management.**

### TREATMENT:

- Refer to the appropriate protocol for the treatment of the patient's complaint
- Assess oxygenation and administer oxygen as needed
- Obtain IV/IO access
- Continuous SpO<sub>2</sub> monitoring
- Obtain 12-lead ECG if possible
- Provide pharmacologic pain management if appropriate and approved by direct medical direction

### PAIN MANAGEMENT:

- The EMT or AEMT may only administer medications that are within their Scope of Practice and on the medication list within the approved protocols.
- Any administration of morphine is only by the AEMT and with direct physician's orders prior to administration.

**NOTE: Morphine can only be administered with direct orders from physician at the hospital.**

**Every use of Morphine must be reviewed for Q & A by the medical director.**

**Attachment Ativan Administration Syllabus**

**EUREKA COUNTY EMERGENCY MEDICAL  
SERVICE  
VARIANCE MEDICATION ATIVAN  
ADMINISTRATION**

**INSTRUCTOR: ROBERT STEFANKO, MD**

**SERVICE COORDINATOR: KENNY**

**SANDERS**

**E-MAIL: [ksanders@eurekacountynev.gov](mailto:ksanders@eurekacountynev.gov)**

**LOCATION OF COURSE: Eureka County Emergency  
Medical Services 301 North Main Street, Eureka  
Nevada 89316**

**STATION PHONE: 775-237-5306**

**COURSE DESCRIPTION: (National EMS Educational Standards 2021; National  
*Standard Curriculum*)**

The course is designed to instruct current Ambulance Licensed AEMTs with Eureka County Emergency Medical Service the necessary knowledge and skills to provide medications approved via variance through the Nevada State Board of Health to be given on Eureka County Emergency Medical Service. These medications will only be given by licensed attendants who have successfully completed this educational program and have been skills checked off by the Medical Director of our service.

**PREREQUISITES:**

- ❖ Current State of Nevada Advanced Emergency Medical Technician
- ❖ Current State of Nevada Ambulance Attendant License.
- ❖ Approval of the Medical Director to attend the training.

**COURSE OBJECTIVES: (National EMS Educational Standards 2021, National  
*Standard Curriculum*)**

After completion of the program, AEMT students will:

<b><u>LEARNER OBJECTIVES</u></b>	<b><u>METHODS</u></b>
Recognize the signs and symptoms of a seizure	Lectures/case studies
Recognize the differences between types of seizures:	Lecture/ Case Study Assessments

<ol style="list-style-type: none"> <li>1. Generalized tonic-clonic <ol style="list-style-type: none"> <li>a. Aura</li> <li>b. Tonic</li> <li>c. Clonic</li> <li>d. Postictal</li> </ol> </li> <li>2. Partial seizures</li> <li>3. Status epilepticus</li> </ol>	
<p>Caused by Hypoglycemia</p> <ol style="list-style-type: none"> <li>1. Pathophysiology</li> <li>2. Assessment</li> <li>3. Management</li> </ol>	Lectures/case studies
<p>Other causes;</p> <ol style="list-style-type: none"> <li>1. Medications/Drugs</li> <li>2. Alcohol</li> <li>3. Fever</li> </ol>	Lectures/case studies
<p>Assessment Findings</p> <ol style="list-style-type: none"> <li>1. Spasms, muscle contractions</li> <li>2. Bitten tongue, increased secretions</li> <li>3. Sweating</li> <li>4. Cyanosis</li> <li>5. Unconscious gradually increasing level of consciousness</li> <li>6. May shaking or tremors and no loss of consciousness.</li> <li>7. Incontinent</li> <li>8. Amnesia of the event</li> </ol>	Lectures/case studies
<p>Administer appropriate emergency medical care based on assessment findings of the patient's condition.</p>	Discussion and participation in case studies
<p>Lorazepam</p> <ol style="list-style-type: none"> <li>1. Indications</li> <li>2. Contraindications</li> <li>3. Orders from Physician</li> <li>4. Administration method</li> <li>5. Correct dosage</li> <li>6. Correct administration</li> <li>7. Follow up monitoring</li> <li>8. What to watch for</li> </ol>	
<p>Correct storage of the medication.  Correct documentation of the medication  Correct method of waste if not all is used</p>	Demonstration of proper storage and documentation.

<p>Q/A review for all calls when medication is administered.</p> <ol style="list-style-type: none"> <li>1. Correct usage for patient</li> <li>2. Correct dosage</li> <li>3. Correct method of delivery</li> <li>4. Correct documentation of medications and charting</li> <li>5. Corrective action for the provider should any error be made</li> </ol>	<p>Medical Director review</p>
<p>Demonstrate proficiency additional patient assessment skills; intravenous therapy, and administering certain medications as per protocols;</p>	<p>Lab skills evaluation</p>

**TOPICAL OUTLINE:** (*National EMS Educational Standards 2021, National Standard Curriculum*)

- ❖ Assessing Seizure patients
- ❖ Recognition of seizure activity
- ❖ AEMT-Enhanced Pharmacology
- ❖ Medication usage
- ❖ Q/A Review of seizure incidents
- ❖ Follow up training if needed
- ❖ Review of materials every 6 months

**MEDICAL DIRECTOR:**

Our course medical director is Robert Stefanko M.D... Dr. Stefanko approves the curriculum and acts as the ultimate medical authority regarding course content, procedures, protocols, and acts a liaison with the medical community. Dr. Stefanko or his designee is responsible to verify student competencies in the cognitive, affective and psychomotor domains.

**ACCOMODATIONS FOR DISABILITIES:**

Eureka County Emergency Medical Services supports providing equal access for students with disabilities. An advisor is available to discuss appropriate accommodations with students.

## Ativan (Generic Lorazepam)

Class: Benzodiazepine, anticonvulsant, sedative

Actions:

- Depresses neuronal activity in the CNS
- Suppresses the propagation of seizure activity in the motor cortex, thalamus, and limbic areas of the brain.

Indications:

- Used for seizures, behavioral emergencies, and sedation prior to cardioversion or pacing.

Contraindications:

- Do not use in patients with pre-existing respiratory depression
- CNS depression from head injury, hypotension, or hypersensitivity to benzodiazepines.

Side Effects:

- Respiratory depression
- Hypotension
- Confusion
- Nausea

Dosage: **Medication to only be given with direct Physician orders prior to administration**

Adult

- 1 to 4 mg over two minutes. May repeat in 15 to 20 minutes as needed up to a maximum of 8 mg.

Pediatric:

- 0.05 to .1 mg/kg slow IV over two to five minutes, maximum 4mg/dose. May repeat 0.05 mg/kg second dose in 10 to 15 minutes if needed.

Notes: Be prepared for respiratory depression to occur and have resuscitation equipment available.

## SEIZURE

### TREATMENT:

- Assess oxygenation and administer O<sub>2</sub> as needed to titrate to equal to or greater than 92%
- Protect patient from injury
- Check pulse immediately after seizure stops
- Keep patient on their side (laterally recumbent)
- Assess the patient's temperature
- Obtain IV/IO access, if clinically indicated
- Check blood glucose and document the same
  - Follow Altered Level of Consciousness protocol for D50 and Naloxone
  - May repeat above after 15 minutes, for prolonged tonic-clonic seizure activity without intervening return of consciousness
  - For multiple seizure activity or prolonged seizure activity consider administration of Ativan per Ativan protocol with direct physician orders from the hospital
- If a pregnant patient presents with a seizure, eclampsia should be suspected and consider eclampsia protocol

### ASSESS AND DOCUMENT:

- Skin color during and after the seizure
- Time of occurrence
- Document blood glucose levels
- Length of seizure
- Time between seizures
- Medication administration
- Response to medication administration
- Body parts affected
- Date of last seizure
- Medication compliance
- Recent head trauma
- Alcohol/drug use
- Response to care
- Skin signs

**NOTE: Ativan (lorazepam) can only be administered with direct orders from physician at the hospital.**

**Every use of Ativan must be reviewed for Q & A by the medical director.**

**Attachment Endotracheal Intubation Syllabus**

**EUREKA COUNTY EMERGENCY MEDICAL  
SERVICE  
VARIANCE ENDOTRACHEAL INTUBATION**

**INSTRUCTOR: ROBERT STEFANKO, MD**

**SERVICE COORDINATOR: KENNY**

**SANDERS**

**EMAIL: [ksanders@eurekacountynev.gov](mailto:ksanders@eurekacountynev.gov)**

**LOCATION OF COURSE: Eureka County Emergency  
Medical Services 301 North Main Street, Eureka  
Nevada 89316**

**STATION PHONE: 775-237-5306**

**COURSE DESCRIPTION: (National EMS Educational Standards 2021; National  
*Standard Curriculum*)**

The course is designed to instruct current Ambulance Licensed AEMTs with Eureka County Emergency Medical Service the necessary knowledge and skills to provide the intervention approved via variance through the Nevada State Board of Health to be given on Eureka County Emergency Medical Service. This intervention will only be given by licensed attendants who have successfully completed this educational program and have been skills checked off by the Medical Director of our service.

**PREREQUISITES:**

- ❖ Current State of Nevada Advanced Emergency Medical Technician
- ❖ Current State of Nevada Ambulance Attendant License.
- ❖ Approval of the Medical Director to attend the training.

**COURSE OBJECTIVES: (National EMS Educational Standards 2021, National  
*Standard Curriculum*)**

After completion of the program, AEMT students will:

<b><u>LEARNER OBJECTIVES</u></b>	<b><u>METHODS</u></b>
Recognize the signs and symptoms requiring the need for Endotracheal Intubation.	Lectures/case studies

Administer appropriate emergency medical care based on assessment findings of the patient's condition.	Discussion and participation in case studies
<p>Endotracheal Intubation</p> <ol style="list-style-type: none"> <li>1. Indications</li> <li>2. Contraindications</li> <li>3. Perform direct laryngoscopy, finding Visual landmark</li> <li>4. Administration method</li> <li>5. Correct measurement, placement and use of capnography</li> <li>6. Securing endotracheal tube</li> <li>7. Follow up monitoring</li> <li>8. What to watch for</li> </ol>	Lecture/Discussion and participation in case studies
<ol style="list-style-type: none"> <li>9. Demonstrate correct usage of the instruments.</li> <li>10. Demonstrate ET insertion</li> <li>11. Demonstrate how to confirm correct placement</li> <li>12. Demonstrate end-tidal CO<sub>2</sub> detection and capnography</li> <li>13. Demonstrate how to secure ET with tape or commercial device</li> </ol>	Demonstration of proper technique and documentation.
<p>Q/A review for all calls when medication is administered.</p> <ol style="list-style-type: none"> <li>14. Correct measurement for patient</li> <li>15. Correct placement</li> <li>16. Correct documentation</li> <li>17. Corrective action for the provider should any error be made.</li> <li>18. Follow-up and retraining should any error be made based upon the Medical Director review.</li> </ol>	Medical Director review
Demonstrate proficiency additional patient assessment skills as per protocols.	Skills evaluation

**TOPICAL OUTLINE:** (*National EMS Educational Standards 2021, National Standard Curriculum*)

- ❖ Assessing trauma patients
- ❖ Recognition of need for Endotracheal Intubation
- ❖ Q/A Review of incidents where Endotracheal Intubation was used
- ❖ Follow up training if needed
- ❖ Review of materials every 6 months or sooner if needed

**MEDICAL DIRECTOR:**

Our course medical director is Robert Stefanko M.D... Dr. Stefanko approves the curriculum and acts as the ultimate medical authority regarding course content, procedures, protocols, and acts a liaison with the medical community. Dr. Stefanko or his designee is responsible to verify student competencies in the cognitive, affective and psychomotor domains.

**ACCOMODATIONS FOR DISABILITIES:**

Eureka County Emergency Medical Services supports providing equal access for students with disabilities. An advisor is available to discuss appropriate accommodations with students.

## ENDOTRACHEAL INTUBATION

### Endotracheal Intubation

1. All intubations **MUST** have initial, en route, and at transfer of care End-Tidal CO<sub>2</sub> detection/capnography performed and recorded on the PCR.
2. All intubation attempts **MUST** be documented on the PCR.

### Indications:

This procedure may be performed on any patient in whom attempts at basic airway and ventilatory support are unsuccessful **AND** who has at least one of the following:

- A. Hypoxia
- B. Impending respiratory arrest/failure
- C. Inability to maintain airway patency

### Contraindications:

**Absolute Contraindications:** None

### Relative Contraindications:

- A. Presence of gag reflex
- B. Suspected narcotic overdose/hypoglycemia prior to administration or Naloxone/Glucose 50%

Check and prepare the endotracheal airway device prior to insertion

### Key procedural considerations:

- A. Position head properly.
- B. Insert blade while displacing tongue and elevate mandible with laryngoscope.
- C. Introduce ET tube and advance to proper depth.
- D. Inflate cuff to proper pressure and disconnect syringe.
- E. Ventilate patient and confirm proper placement.
- F. Verify proper tube placement by secondary confirmation such as capnography or colorimetric device.
- G. Secure device or confirm that the device remains properly secured.

### Nasotracheal Intubation:

#### Contraindications:

- A. Apnea or near-apnea
- B. Suspected basilar skull, nasal, or midface fractures
- C. Coumadin anticoagulation therapy or hemostatic disorders
- D. Upper neck hematomas
- E. Should **NOT** be attempted in children

Check and prepare the endotracheal airway device prior to insertion

### Key procedural considerations:

- A. Position patient semi-Fowler, sitting or supine.
- B. Insert lubricated ET tube into dilated nostril and advance straight back (posteriorly).
- C. Listen to end ET tube for sounds of patient's breathing.
- D. During inhalation, smoothly advance tube through glottic opening.
- E. Inflate cuff to proper pressure and disconnect syringe.
- F. Verify proper tube placement by secondary confirmation such as capnography or colorimetric device.
- G. Secure device or confirm that the device remains properly secured.

# **Eureka County Emergency Medical Service**

## **Inventory Control**

The Eureka County Emergency Medical Service adheres to the following inventory control for medications.

1. Inventory of medication will be tracked as to receipt of the following medications.
  - A. Morphine
  - B. Ativan
  
2. A control log will be utilized to include date of order, amount ordered, date of receipt to include amount received, lot number, date of expiration, date unit was placed on the ambulance, which ambulance, date used to include call number and patient last name, amount given, any waste amount, and providers initials. Any waste will be documented on a waste form to include be witnessed by an additional provider and include two signatures on the form.
  
3. The logs will be reviewed monthly by the service director and made available for the medical director's review. This review will be documented on a review log.









# EUREKA COUNTY EMERGENCY MEDICAL SERVICE



Community

Courage

Compassion

Commitment

Crescent Valley

Diamond Valley

Eureka

Administration: P.O. Box 407, 301 North Main Street, Eureka, Nv. 89316

Office: 775-237-5306 Fax: 775-254-0280

ems@eurekacountynv.gov

To: The Nevada State Board of Health:

The Eureka County Emergency Medical Service is seeking a variance to Nevada Administrative Code 450B.384 and 450B.461 as well as NRS 450B.1915.

The variance we are requesting is as follows:

1. Allowing Advanced Emergency Medical Technician to administer Morphine to patients with moderate to severe pain under a set protocol, training requirements and authority of the Medical Director.
2. Allowing Advanced Emergency Medical Technicians to administer Ativan (Lorazepam) to patients with active seizures and epilepsy under a set of protocol, training requirements and authority of the Medical Director.
3. Allowing Advanced Emergency Medical Technician to perform Endotracheal Intubation on patients that are in need of a patent airway under of set protocol, training requirements and authority of the Medical Director.

**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.**

The Eureka County Emergency Medical Service would like to ask the Board to consider the request for variance because of a set of unique circumstances and is burdened by the regulation.

A1 - The Eureka County Emergency Service provides Intermediate level Emergency Medical Transport Services to a very wide area of rural Central Nevada. This area includes Eureka County, Lander County, Elko County, White Pine County and Nye County. In this area, we have several major transportation routes, including Interstate 80, along with U.S. Highway 50, State Routes 278, 892, 306 and 379 which are two lane highways. We are the gateway to many gold mining operations with mines to the north, south, east and west of us. Along with the goldmining industries, we have the industrial companies that support them with services, including hazardous materials transportation companies, trucking companies that haul these materials, fuels, and ore between the different mining operation centers. These industries along with ranches which also surround our community can have medical issues that require ambulance services. This area finds us responding to large volume of calls. With the employees working for the mines living in Eureka, Carlin, Elko, Spring Creek, Ely and Austin are traveling back and forth to work. This traffic could be anytime, day or night, as the mines are all 24-hour operations.

Our department is operated by four (4) 40 hour per week AEMT employees, and a volunteer crew of 3 AEMT's, 5 EMT's, and 6 Driver Only permitted personnel. The nearest Advanced Level of Care is often up to an hour or more away. Driving distances can exceed well over an hour to a Regional Hospital, with Trauma Centers several hours away in any direction: Reno, Salt Lake City, Boise or Las Vegas.

A2 - Our variance request would not affect other persons subject to the regulation. Other rural communities have access to resources that the Eureka County Emergency Medical Service does not have. We do not have advanced level personnel in our service, and this limits the care that we can provide. Other services around us have advance level providers available to help their patients.

A3 - The burden the regulation brings to the Eureka County Emergency Medical Service and the surrounding areas we serve is the lack of services we can clinically provide for our patients. The rural area and small town along with being a volunteer service does not allow for the hiring and recruiting of paramedics to volunteer their time with our service. Even if we were able to recruit a paramedic, we are not licensed nor would we be able to nm at the advanced level without a guarantee of advanced service all the time. Advanced AEMTs are limited from the change of scope from EMT Intermediate to Advanced EMT. This limited scope negatively affects serious cases we encounter. These cases would benefit from seizure control, pain management and intubation. We currently have nothing for pain management for patients in need at the scene, while on transport, or while waiting for transfer to advanced level of care. Seizure control is also an area where we do not have anything to be able to help the patient or provide adequate care to allow safe and appropriate transport. It is not unusual to have an hour-long or longer transport time when responding to calls from surrounding counties.

B1 - "Granting the variance is necessary to render substantial justice to the applicant and enable him to preserve and enjoy his property".

A review of our calls for seizure disorders revealed that we have 8 local patients who have had recurrent seizures. During a preliminary search, we found that in 2023, we had 18 calls for seizures. As of to date, we have responded to 4 calls for seizures this year.

We have responded to several calls needing patient management. We had 97 trauma cases in 2023 including motor vehicle accidents, rodeo and falls.

Reviewing above cases with seizures and clinical cases needing pain management, it would be nice to have something for seizure and pain management respectively for better clinical outcomes.

We do have air medical services in our area and yet they are not available all the time for assistance.

We have contacted Elko County Ambulance, White Pine EMS and Lander County EMS for ALS support but need to be cognizant of the time factor involved. If we can have the patient to the hospital faster than we can meet up with another service, we often choose to transport without medication assistance due to the time involved.

B2 - "Granting the variance will not be detrimental or pose a danger to public health and safety". It would provide the opposite effect and provide citizens with exceptional medical care and better clinical outcomes in the pre-hospital environment.

#### STATEMENT OF DEGREE OF RISK OF HEALTH:

The Eureka County Emergency Medical Service responded to 317 calls for service in 2023. Many of these calls were vehicle accidents often with musculoskeletal injuries and fractures. Without any means of pain management for these patients suffer during transport to the hospital. The majority of these calls were more than 1 hour from the hospital. Eureka County Emergency Medical Service has also seen an increase in responses to patients suffering from seizure disorders. Without the immediate availability of paramedics, and the subsequent administration of analgesia, patients may suffer increased pain during packaging and transport. A large majority of these motor vehicle accidents occur more than an hour from a General Hospital Emergency Department and even greater distances to a Level 1 Trauma Center.

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

The Eureka County Emergency Medical Service has the hardship of being unable to hire or recruit paramedics to provide Advanced Care on our service due to the financial capability of our small community and lack of ability to recruit a Paramedic onto a volunteer service. But we are willing to provide service to a large rural area not covered by other EMS services

After discussion with Dr. Robert Stefanko, the Eureka County EMS Medical Director, he is confident Morphine is an option for pain management because of its tolerability, predictability, and safety with kids. Dr Stefanko also feels that an anti-seizure medication, like Ativan is needed for the team's seizure cases especially in cases with status epilepticus.

#### THE EUREKA COUNTY EMERGENCY MEDICAL SERVICE HAS THE FOLLOWING PLAN, IF THE BOARD APPROVES THIS VARIANCE:

##### **Morphine:**

All eligible providers will receive training in the pharmacological indications, contraindications, correct dosing, and adverse reactions. Providers will receive didactic instruction protocol review, and psychomotor scenarios covering appropriate

use and procedure for administering Morphine, along with recognition and management of adverse effects related to Morphine administration. Providers will have a great understanding of the rules and regulations surrounding controlled substances. Training will be conducted and supervised by our Medical Director. Quality Assurance reviews will be conducted on 100% of AEMT Morphine administration and recurring training will insure provider competency. In addition, the medication will only be used with medical direction orders as well and all AEMT's will be subject to strict use only when longer than 30 minutes away from the Emergency Department or advanced care provider.

Syllabus for the course attached.

### **Ativan (Lorazepam):**

All eligible providers will receive training in the pharmacological indications, contraindications, correct dosing, and adverse reactions. Providers will receive didactic instruction protocol review, and psychomotor scenarios covering appropriate use and procedure for administering Ativan, along with recognition and management of adverse effects related to Ativan administration. Providers will have a great understanding of the rules and regulations surrounding controlled substances. Training will be conducted and supervised by our Medical Director. Quality Assurance reviews will be conducted on 100% of AEMT Ativan administration and recurring training will insure provider competency. In addition, the medication will only be used with medical direction orders as well and all AEMT's will be subject to strict use only when longer than 30 minutes away from the Emergency Department or advanced care provider.

Syllabus for the course attached.

### **Endotracheal Intubation:**

Prior to the latest National EMS Scope change EMT Intermediate's were able to perform ET Intubation. Once this happened, Eureka County was impacted greatly by losing this life saving skill. If approved by the board, all eligible providers will receive training in Endotracheal Intubation. Training will be conducted and supervised by our Medical Director. In addition, all AEMT's will be subject to strict use only when longer than 30 minutes away from the Emergency Department or an advanced care provider. All authorized users shall either document a successful live placement or lab placement of the Endotracheal tube once per quarter to maintain proficiency.

Syllabus for the course attached.

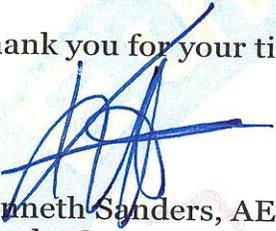
### **Security of Medications:**

We have recently purchased and installed locking medication storage devices in the stations and on all ambulances and are currently in use with our approved medications. If we need refrigeration, then we would purchase the unit capable of providing refrigeration. These units have a combination of control access medication storage with locking device that would allow access only to those who have been certified, tested, and approved by the Medical Director for the use of the medication according to the protocol and variance approval. These devices have digital access with the ability to regularly audit and would also allow for providers to be locked out of the device should there be any corrective action to be taken at any time. Continued access would only be given after the provider has been cleared and approved again by the Medical Director. Any provider not training and cleared by the Medical Provider to

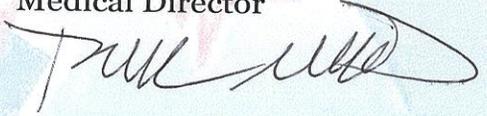
Medical Provider to provide the medication would not have access to the device. These storage units have been securely installed in our ambulances. Additional medications not stored on the ambulance will be stored in a locking Medi-Safe cabinet with controlled access within the station, behind a locked door only available to those that have been approved by Medical Director and the Service Coordinator. Only those with clearance and approval of the Medical Director and Service Coordinator will have access to this locked compartment. Again, these units have controlled access and refrigeration will be provided if required based upon the medications utilized.

Finally, we would like to take this opportunity to thank the Board of Health for your time and consideration of our requested variance. If approved, this variance will allow our Advanced Emergency Medical Technicians to provide a needed higher level of care to our patients.

Thank you for your time and consideration,



Kenneth Sanders, AEMT  
Eureka County EMS Coordinator



Robert Stefanko, M.D.  
Medical Director

Attachments: Backup documentation.

1. Application for the variance.
2. Morphine course syllabus.
3. Ativan course syllabus.
4. Intubation course syllabus.
5. Inventory control log.