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CHAPTER 450B - EMERGENCY MEDICAL SERVICES

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GENERAL PROVISIONS

NRS 450B.015 Legislative declaration. The Legislature hereby declares that prompt and efficient emergency medical care and transportation is necessary for the health and safety

of the people of Nevada, and that minimum standards for such care and all persons providing it must be established.

(Added to NRS by [1981, 1599](#); A [1993, 2828](#))

NRS 450B.020 Definitions. As used in this chapter, unless the context otherwise requires, the words and terms defined in [NRS 450B.025](#) to [450B.110](#), inclusive, have the meanings ascribed to them in those sections.

(Added to NRS by [1973, 1141](#); A [1985, 1693](#); [1987, 1043, 2207](#); [1993, 2118, 2828](#); [1995, 725](#); [1999, 1172](#); [2009, 913](#); [2013, 937, 1872, 3061](#); [2015, 650, 1728](#))

NRS 450B.025 “Advanced emergency medical technician” defined. “Advanced emergency medical technician” means a person who is:

1. Certified by the health officer as having satisfactorily completed a program of training for certification as an advanced emergency medical technician pursuant to [NRS 450B.191](#); or
2. Practicing as an advanced emergency medical technician in this State under the Recognition of Emergency Medical Services Personnel Licensure Interstate Compact ratified by [NRS 450B.145](#).

(Added to NRS by [1987, 2206](#); A [1993, 2828](#); [2013, 937](#); [2023, 2286](#))

NRS 450B.030 “Air ambulance” defined. “Air ambulance” means an aircraft especially designed, constructed, modified or equipped to be used for the transportation of injured or sick persons. “Air ambulance” does not include any commercial aircraft carrying passengers on regularly scheduled flights.

(Added to NRS by [1973, 1141](#))

NRS 450B.040 “Ambulance” defined. “Ambulance” means a motor vehicle which is specially designed, constructed, equipped and staffed to provide emergency medical care for one or more:

1. Sick or injured persons; or
 2. Persons whose medical condition may require special observation during transportation or transfer,
- ↪ including, without limitation, such a vehicle of a fire-fighting agency.

(Added to NRS by [1973, 1141](#); A [1985, 1726, 2117](#); [2001, 998](#); [2013, 937](#))

NRS 450B.050 “Attendant” defined. “Attendant” means a person responsible for the care of a sick or injured person in an ambulance or air ambulance, and includes the driver of an ambulance but not the pilot of an air ambulance.

(Added to NRS by [1973, 1141](#))

NRS 450B.0505 “Automated external defibrillator” and “defibrillator” defined. “Automated external defibrillator” or “defibrillator” means a medical device that:

1. Has been approved by the United States Food and Drug Administration;
2. Is capable of recognizing the presence or absence of ventricular fibrillation and rapid ventricular tachycardia in a patient;
3. Is capable of determining, without intervention by the operator of the device, whether defibrillation should be performed on a patient;
4. Upon determining that defibrillation should be performed on a patient, automatically charges and requests delivery of an electrical impulse to the patient’s heart; and
5. Upon appropriate action by the operator of the device, delivers an appropriate electrical impulse to the patient’s heart.

(Added to NRS by [2013, 1869](#))

NRS 450B.060 “Board” defined. “Board” means:

1. In a county whose population is less than 700,000, the State Board of Health.
2. In a county whose population is 700,000 or more, the district board of health.

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

NRS 450B.0605 “Certificate” defined. “Certificate” means a certificate issued by a health authority acknowledging the successful completion of a program of training as an emergency medical technician, advanced emergency medical technician or paramedic as identified on the certificate.

(Added to NRS by [2013, 937](#))

NRS 450B.061 “Committee” defined. “Committee” means the Committee on Emergency Medical Services.

(Added to NRS by [1999, 1170](#))

NRS 450B.0615 “Community paramedicine services” defined. “Community paramedicine services” means services provided by an emergency medical technician, advanced emergency medical technician or paramedic to patients who do not require emergency medical transportation and provided in a manner that is integrated with the health care and social services resources available in the community.

(Added to NRS by [2015, 649](#))

NRS 450B.062 “Designated officer” defined. “Designated officer” means a person designated by an employer to serve as a designated officer for its emergency response employees pursuant to [NRS 450B.340](#).

(Added to NRS by [2009, 910](#))

NRS 450B.0625 “Division” defined. “Division” means the Division of Public and Behavioral Health of the Department of Health and Human Services.

(Added to NRS by [2013, 3061](#))

NRS 450B.063 “Emergency medical dispatcher” defined. “Emergency medical dispatcher” means a person who:

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

(Added to NRS by [1993, 2117](#))

NRS 450B.064 “Emergency medical services registered nurse” defined. “Emergency medical services registered nurse” means a registered nurse who is issued a certificate to serve as an attendant by the State Board of Nursing pursuant to subsection 9 of [NRS 450B.160](#).

(Added to NRS by [2015, 1727](#); A [2019, 2090](#))

NRS 450B.065 “Emergency medical technician” defined. “Emergency medical technician” means a person who is:

1. Certified by the health officer as having satisfactorily completed a program of training for certification as an emergency medical technician pursuant to [NRS 450B.1905](#); or
2. Practicing as an emergency medical technician in this State under the Recognition of Emergency Medical Services Personnel Licensure Interstate Compact ratified by [NRS 450B.145](#).

(Added to NRS by [1987, 2206](#); A [1993, 2828](#); [2013, 938](#); [2023, 2286](#))

NRS 450B.0703 “Emergency response employee” defined. “Emergency response employee” means a firefighter, attendant, volunteer attendant, emergency medical technician, advanced emergency medical technician, emergency medical dispatcher, paramedic, law enforcement officer, correctional officer, other peace officer or person who is employed by an agency of criminal justice, including, without limitation, a law enforcement dispatcher, county coroner or medical examiner or any of their employees, any other public employee whose duties may require him or her to come into contact with human blood or bodily fluids or any other person who, in the course of his or her professional duties, responds to emergencies in this State.

(Added to NRS by [2009, 911](#); A [2013, 938](#); [2021, 338](#))

NRS 450B.0707 “Exposed” and “exposure” defined. “Exposed” or “exposure” means any circumstances which create a significant risk of a person becoming infected with an infectious disease.

(Added to NRS by [2009, 911](#))

NRS 450B.071 “Firefighter” defined. “Firefighter” means a person who holds a license and is employed by or serving as a volunteer with a fire-fighting agency.

(Added to NRS by [1985, 1692](#); A [2005, 330](#))

NRS 450B.072 “Fire-fighting agency” defined. “Fire-fighting agency” means a fire department or fire protection district of the State or a political subdivision which holds a permit issued pursuant to this chapter.

(Added to NRS by [1985, 1692](#); A [1987, 718](#); [2001, 998](#); [2015, 650](#))

NRS 450B.077 “Health authority” defined. “Health authority” means:

1. In a county whose population is less than 700,000, the Division.
2. In a county whose population is 700,000 or more, the district board of health.

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

NRS 450B.082 “Health officer” defined. “Health officer” means:

1. In a county whose population is less than 700,000, the Chief Medical Officer.
2. In a county whose population is 700,000 or more, the district health officer.

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

NRS 450B.083 “Infectious disease” defined. “Infectious disease” means a disease caused by a living organism or other pathogen, including, without limitation, a fungus, bacillus, parasite, protozoan or virus.

(Added to NRS by [2009, 911](#))

NRS 450B.090 “License” defined. “License” means the license issued by the health authority under the provisions of this chapter to an attendant of an ambulance or an air ambulance or to a firefighter employed by or serving as a volunteer with a fire-fighting agency.

(Added to NRS by [1973, 1141](#); A [1985, 1693](#); [1993, 2828](#); [2005, 330](#))

NRS 450B.095 “Paramedic” defined. “Paramedic” means a person who is:

1. Certified by the health officer as having satisfactorily completed a program of training for certification as a paramedic pursuant to [NRS 450B.195](#); or
2. Practicing as a paramedic in this State under the Recognition of Emergency Medical Services Personnel Licensure Interstate Compact ratified by [NRS 450B.145](#).

(Added to NRS by [1981, 277](#); A [1993, 2828](#); [2013, 938](#); [2023, 2286](#))

NRS 450B.100 “Permit” defined. “Permit” means the permit issued by the health authority under the provisions of this chapter to:

1. A person, agency of the State or political subdivision to own or operate an ambulance or air ambulance in the State of Nevada; or

2. A fire-fighting agency to provide:

(a) Medical care by emergency medical technicians, advanced emergency medical technicians or paramedics to sick or injured persons:

(1) At the scene of an emergency; or

(2) At the scene of an emergency and while transporting those persons to a medical facility; and

(b) Community paramedicine services, but only if the fire-fighting agency has obtained an endorsement on the permit to provide such services pursuant to [NRS 450B.1993](#).

(Added to NRS by [1973, 1141](#); A [1985, 1693](#); [1993, 2829](#); [2001, 998](#); [2013, 938](#); [2015, 650](#))

NRS 450B.105 “Trauma” defined. “Trauma” means any acute injury which, according to standardized criteria for triage in the field, involves a significant risk of death or the precipitation of complications or disabilities.

(Added to NRS by [1987, 1042](#))

NRS 450B.110 “Volunteer attendant” defined. “Volunteer attendant” means a person who does not receive the majority of his or her annual employment income from employment as an attendant, and who is not employed by a commercial ambulance firm or corporation.

(Added to NRS by [1973, 1141](#))

NRS 450B.120 Regulations, standards and procedures of board. The board shall establish and promulgate such rules, regulations, standards and procedures as it determines are necessary to administer the provisions of this chapter.

(Added to NRS by [1973, 1141](#))

NRS 450B.130 Establishment of minimum standards and additional requirements.

1. The board shall adopt regulations establishing reasonable minimum standards for:

(a) Sanitation in ambulances and air ambulances;

(b) Medical and nonmedical equipment and supplies to be carried in ambulances and medical equipment and supplies to be carried in air ambulances and vehicles of a fire-fighting agency;

(c) Interior configuration, design and dimensions of ambulances placed in service after July 1, 1979;

(d) Permits for operation of ambulances, air ambulances and vehicles of a fire-fighting agency;

(e) Records to be maintained by an operator of an ambulance or air ambulance or by a fire-fighting agency; and

(f) Treatment of patients who are critically ill or in urgent need of treatment.

2. Any regulations adopted by the board pursuant to subsection 1 establishing reasonable minimum standards for a permit for the operation of an air ambulance or records to be maintained by an operator of an air ambulance must:

(a) Except as otherwise provided in paragraph (b), be based on the medical aspects of the operation of an air ambulance, including, without limitation, aspects related to patient care; and

(b) Not be based on economic factors, including, without limitation, factors related to the prices, routes or nonmedical services of an air ambulance.

3. The health officers of this state shall jointly adopt regulations to establish the minimum standards for the certification or licensure of persons who provide emergency medical care. Upon adoption of the regulations, each health authority shall adopt the regulations for its jurisdiction. After each health authority adopts the regulations, the standards established constitute the minimum standards for certification or licensure of persons who provide emergency medical care in this state. Any changes to the minimum standards must be adopted jointly by the health officers and by each health authority in the manner set forth in this subsection. Any changes in the minimum standards which are not adopted in the manner set forth in this subsection are void.

4. A health officer may adopt regulations that impose additional requirements for the certification or licensure of persons who provide emergency medical care in the jurisdiction of the health officer, but the health officer must accept the certification or licensure of a person who provides emergency medical care from the jurisdiction of another health officer as proof that the person who provides emergency medical care has met the minimum requirements for certification or licensure.

5. As used in this section, “person who provides emergency medical care” means an emergency medical technician, advanced emergency medical technician, paramedic, attendant of an ambulance or air ambulance or firefighter employed by or serving with a fire-fighting agency.

(Added to NRS by [1973, 1142](#); A [1979, 69](#); [1981, 1553](#); [1985, 1693](#); [1993, 2829](#); [2013, 617, 938](#))

NRS 450B.140 Sources for standards and regulations; standards may differ for different categories.

1. In adopting regulations under [NRS 450B.120](#) and [450B.130](#), the board may use standards and regulations proposed by:

- (a) The Committee on Trauma of the American College of Surgeons;
- (b) The United States Department of Transportation;
- (c) The United States Public Health Service;
- (d) The Bureau of Health Insurance of the Social Security Administration;
- (e) The American Academy of Orthopaedic Surgeons;
- (f) The National Academy of Sciences—National Research Council;
- (g) The American Heart Association; and
- (h) Regional, state and local emergency medical services committees and councils.

2. The board may establish different standards for commercial, volunteer, industrial and other categories of ambulances and fire-fighting agencies to reflect different circumstances and in the public interest.

(Added to NRS by [1973, 1142](#); A [1985, 1693](#); [1993, 2829](#))

NRS 450B.145 Recognition of Emergency Medical Services Personnel Licensure Interstate Compact. The Recognition of Emergency Medical Services Personnel Licensure Interstate Compact is hereby ratified and entered into with all other jurisdictions legally joining the Compact, in substantially the form set forth in this section:

RECOGNITION OF EMERGENCY MEDICAL SERVICES PERSONNEL LICENSURE
INTERSTATE COMPACT

SECTION 1. PURPOSE

In order to protect the public through verification of competency and ensure accountability for patient care related activities all states license emergency medical services (EMS)

personnel, such as emergency medical technicians (EMTs), advanced EMTs and paramedics. This Compact is intended to facilitate the day-to-day movement of EMS personnel across state boundaries in the performance of their EMS duties as assigned by an appropriate authority and authorize state EMS offices to afford immediate legal recognition to EMS personnel licensed in a member state. This Compact recognizes that states have a vested interest in protecting the public's health and safety through their licensing and regulation of EMS personnel and that such state regulation shared among the member states will best protect public health and safety. This Compact is designed to achieve the following purposes and objectives:

1. Increase public access to EMS personnel;
2. Enhance the states' ability to protect the public's health and safety, especially patient safety;
3. Encourage the cooperation of member states in the areas of EMS personnel licensure and regulation;
4. Support licensing of military members who are separating from an active duty tour and their spouses;
5. Facilitate the exchange of information between member states regarding EMS personnel licensure, adverse action and significant investigatory information;
6. Promote compliance with the laws governing EMS personnel practice in each member state; and
7. Invest all member states with the authority to hold EMS personnel accountable through the mutual recognition of member state licenses.

SECTION 2. DEFINITIONS

In this Compact:

A. "Advanced emergency medical technician (AEMT)" means an individual licensed with cognitive knowledge and a scope of practice that corresponds to that level in the National EMS Education Standards and National EMS Scope of Practice Model.

B. "Adverse action" means any administrative, civil, equitable or criminal action permitted by a state's laws which may be imposed against licensed EMS personnel by a state EMS authority or state court, including, but not limited to, actions against an individual's license such as revocation, suspension, probation, consent agreement, monitoring or other limitation or encumbrance on the individual's practice, letters of reprimand or admonition, fines, criminal convictions and state court judgments enforcing adverse actions by the state EMS authority.

C. "Alternative program" means a voluntary, nondisciplinary substance abuse recovery program approved by a state EMS authority.

D. "Certification" means the successful verification of entry-level cognitive and psychomotor competency using a reliable, validated and legally defensible examination.

E. "Commission" means the national administrative body of which all states that have enacted the Compact are members.

F. "Emergency medical technician (EMT)" means an individual licensed with cognitive knowledge and a scope of practice that corresponds to that level in the National EMS Education Standards and National EMS Scope of Practice Model.

G. "Home state" means a member state where an individual is licensed to practice emergency medical services.

H. "License" means the authorization by a state for an individual to practice as an EMT, AEMT, paramedic or a level in between EMT and paramedic.

I. "Medical director" means a physician licensed in a member state who is accountable for the care delivered by EMS personnel.

J. “Member state” means a state that has enacted this Compact.

K. “Privilege to practice” means an individual’s authority to deliver emergency medical services in remote states as authorized under this Compact.

L. “Paramedic” means an individual licensed with cognitive knowledge and a scope of practice that corresponds to that level in the National EMS Education Standards and National EMS Scope of Practice Model.

M. “Remote state” means a member state in which an individual is not licensed.

N. “Restricted” means the outcome of an adverse action that limits a license or the privilege to practice.

O. “Rule” means a written statement by the Commission promulgated pursuant to Section 12 of this Compact that is of general applicability, implements, interprets, or prescribes a policy or provision of the Compact, or is an organizational, procedural or practice requirement of the Commission and has the force and effect of statutory law in a member state and includes the amendment, repeal or suspension of an existing rule.

P. “Scope of practice” means defined parameters of various duties or services that may be provided by an individual with specific credentials. Whether regulated by rule, statute or court decision, it tends to represent the limits of services an individual may perform.

Q. “Significant investigatory information” means:

1. Investigative information that a state EMS authority, after a preliminary inquiry that includes notification and an opportunity to respond if required by state law, has reason to believe, if proved true, would result in the imposition of an adverse action on a license or privilege to practice; or

2. Investigative information that indicates that the individual represents an immediate threat to public health and safety regardless of whether the individual has been notified and had an opportunity to respond.

R. “State” means any state, commonwealth, district or territory of the United States.

S. “State EMS authority” means the board, office or other agency with the legislative mandate to license EMS personnel.

SECTION 3. HOME STATE LICENSURE

A. Any member state in which an individual holds a current license shall be deemed a home state for purposes of this Compact.

B. Any member state may require an individual to obtain and retain a license to be authorized to practice in the member state under circumstances not authorized by the privilege to practice under the terms of this Compact.

C. A home state’s license authorizes an individual to practice in a remote state under the privilege to practice only if the home state:

1. Currently requires the use of the National Registry of Emergency Medical Technicians (NREMT) examination as a condition of issuing initial licenses at the EMT and paramedic levels;

2. Has a mechanism in place for receiving and investigating complaints about individuals;

3. Notifies the Commission, in compliance with the terms herein, of any adverse action or significant investigatory information regarding an individual;

4. Not later than 5 years after activation of the Compact, requires a criminal background check of all applicants for initial licensure, including the use of the results of fingerprint or other biometric data checks compliant with the requirements of the Federal Bureau of Investigation with the exception of federal employees who have suitability

determination in accordance with 5 C.F.R. § 731.202 and submit documentation of such as promulgated in the rules of the Commission; and

5. Complies with the rules of the Commission.

SECTION 4. COMPACT PRIVILEGE TO PRACTICE

A. Member states shall recognize the privilege to practice of an individual licensed in another member state that is in conformance with Section 3.

B. To exercise the privilege to practice under the terms and provisions of this Compact, an individual must:

1. Be at least 18 years of age;

2. Possess a current unrestricted license in a member state as an EMT, AEMT, paramedic or state recognized and licensed level with a scope of practice and authority between EMT and paramedic; and

3. Practice under the supervision of a medical director.

C. An individual providing patient care in a remote state under the privilege to practice shall function within the scope of practice authorized by the home state unless and until modified by an appropriate authority in the remote state as may be defined in the rules of the Commission.

D. Except as provided in Section 4, subsection C, an individual practicing in a remote state will be subject to the remote state's authority and laws. A remote state may, in accordance with due process and that state's laws, restrict, suspend or revoke an individual's privilege to practice in the remote state and may take any other necessary actions to protect the health and safety of its citizens. If a remote state takes action it shall promptly notify the home state and the Commission.

E. If an individual's license in any home state is restricted or suspended, the individual shall not be eligible to practice in a remote state under the privilege to practice until the individual's home state license is restored.

F. If an individual's privilege to practice in any remote state is restricted, suspended or revoked the individual shall not be eligible to practice in any remote state until the individual's privilege to practice is restored.

SECTION 5. CONDITIONS OF PRACTICE IN A REMOTE STATE

An individual may practice in a remote state under a privilege to practice only in the performance of the individual's EMS duties as assigned by an appropriate authority, as defined in the rules of the Commission, and under the following circumstances:

1. The individual originates a patient transport in a home state and transports the patient to a remote state;

2. The individual originates in the home state and enters a remote state to pick up a patient and provide care and transport of the patient to the home state;

3. The individual enters a remote state to provide patient care and/or transport within that remote state;

4. The individual enters a remote state to pick up a patient and provide care and transport to a third member state; and

5. Other conditions as determined by rules promulgated by the Commission.

SECTION 6. RELATIONSHIP TO EMERGENCY MANAGEMENT ASSISTANCE COMPACT

Upon a member state's governor's declaration of a state of emergency or disaster that activates the Emergency Management Assistance Compact (EMAC), all relevant terms and provisions of EMAC shall apply, and to the extent any terms or provisions of this Compact conflict with EMAC, the terms of EMAC shall prevail with respect to any individual practicing in the remote state in response to such declaration.

SECTION 7. VETERANS, SERVICE MEMBERS SEPARATING FROM ACTIVE DUTY MILITARY, AND THEIR SPOUSES

A. Member states shall consider a veteran, active military service member and member of the National Guard and Reserves separating from an active duty tour, and a spouse thereof, who holds a current valid and unrestricted NREMT certification at or above the level of the state license being sought as satisfying the minimum training and examination requirements for such licensure.

B. Member states shall expedite the processing of licensure applications submitted by veterans, active military service members, and members of the National Guard and Reserves separating from an active duty tour, and their spouses.

C. All individuals functioning with a privilege to practice under this Section remain subject to the adverse actions provisions of Section 8.

SECTION 8. ADVERSE ACTIONS

A. A home state shall have exclusive power to impose adverse action against an individual's license issued by the home state.

B. If an individual's license in any home state is restricted or suspended, the individual shall not be eligible to practice in a remote state under the privilege to practice until the individual's home state license is restored.

1. All home state adverse action orders shall include a statement that the individual's Compact privileges are inactive. The order may allow the individual to practice in remote states with prior written authorization from both the home state and remote state's EMS authority.

2. An individual currently subject to adverse action in the home state shall not practice in any remote state without prior written authorization from both the home state and remote state's EMS authority.

C. A member state shall report adverse actions and any occurrences that the individual's Compact privileges are restricted, suspended or revoked to the Commission in accordance with the rules of the Commission.

D. A remote state may take adverse action on an individual's privilege to practice within that state.

E. Any member state may take adverse action against an individual's privilege to practice in that state based on the factual findings of another member state, so long as each state follows its own procedures for imposing such adverse action.

F. A home state's EMS authority shall investigate and take appropriate action with respect to reported conduct in a remote state as it would if such conduct had occurred within the home state. In such cases, the home state's law shall control in determining the appropriate adverse action.

G. Nothing in this Compact shall override a member state's decision that participation in an alternative program may be used in lieu of adverse action and that such participation shall remain nonpublic if required by the member state's laws. Member states must require

individuals who enter any alternative programs to agree not to practice in any other member state during the term of the alternative program without prior authorization from such other member state.

SECTION 9. ADDITIONAL POWERS INVESTED IN A MEMBER STATE'S EMS AUTHORITY

A member state's EMS authority, in addition to any other powers granted under state law, is authorized under this Compact to:

1. Issue subpoenas for both hearings and investigations that require the attendance and testimony of witnesses and the production of evidence. Subpoenas issued by a member state's EMS authority for the attendance and testimony of witnesses and/or the production of evidence from another member state, shall be enforced in the remote state by any court of competent jurisdiction, according to that court's practice and procedure in considering subpoenas issued in its own proceedings. The issuing state EMS authority shall pay any witness fees, travel expenses, mileage and other fees required by the service statutes of the state where the witnesses and/or evidence are located; and
2. Issue cease and desist orders to restrict, suspend or revoke an individual's privilege to practice in the state.

SECTION 10. ESTABLISHMENT OF THE INTERSTATE COMMISSION FOR EMS PERSONNEL PRACTICE

A. The Compact states hereby create and establish a joint public agency known as the Interstate Commission for EMS Personnel Practice.

1. The Commission is a body politic and an instrumentality of the Compact states.
2. Venue is proper and judicial proceedings by or against the Commission shall be brought solely and exclusively in a court of competent jurisdiction where the principal office of the Commission is located. The Commission may waive venue and jurisdictional defenses to the extent it adopts or consents to participate in alternative dispute resolution proceedings.
3. Nothing in this Compact shall be construed to be a waiver of sovereign immunity.

B. Membership, Voting and Meetings

1. Each member state shall have and be limited to one delegate. The responsible official of the state EMS authority or his or her designee shall be the delegate to this Compact for each member state. Any delegate may be removed or suspended from office as provided by the law of the state from which the delegate is appointed. Any vacancy occurring in the Commission shall be filled in accordance with the laws of the member state in which the vacancy exists. In the event that more than one board, office or other agency with the legislative mandate to license EMS personnel at and above the level of EMT exists, the governor of the state will determine which entity will be responsible for assigning the delegate.

2. Each delegate shall be entitled to one vote with regard to the promulgation of rules and creation of bylaws and shall otherwise have an opportunity to participate in the business and affairs of the Commission. A delegate shall vote in person or by such other means as provided in the bylaws. The bylaws may provide for delegates' participation in meetings by telephone or other means of communication.

3. The Commission shall meet at least once during each calendar year. Additional meetings shall be held as set forth in the bylaws.

4. All meetings shall be open to the public, and public notice of meetings shall be given in the same manner as required under the rulemaking provisions in Section 12.

5. The Commission may convene in a closed, nonpublic meeting if the Commission must discuss:

- a. Noncompliance of a member state with its obligations under the Compact;
- b. The employment, compensation, discipline or other personnel matters, practices or procedures related to specific employees or other matters related to the Commission's internal personnel practices and procedures;
- c. Current, threatened or reasonably anticipated litigation;
- d. Negotiation of contracts for the purchase or sale of goods, services or real estate;
- e. Accusing any person of a crime or formally censuring any person;
- f. Disclosure of trade secrets or commercial or financial information that is privileged or confidential;
- g. Disclosure of information of a personal nature where disclosure would constitute a clearly unwarranted invasion of personal privacy;
- h. Disclosure of investigatory records compiled for law enforcement purposes;
- i. Disclosure of information related to any investigatory reports prepared by or on behalf of or for use of the Commission or other committee charged with responsibility of investigation or determination of compliance issues pursuant to the Compact; or
- j. Matters specifically exempted from disclosure by federal or member state statute.

6. If a meeting, or portion of a meeting, is closed pursuant to this provision, the Commission's legal counsel or designee shall certify that the meeting may be closed and shall reference each relevant exempting provision. The Commission shall keep minutes that fully and clearly describe all matters discussed in a meeting and shall provide a full and accurate summary of actions taken, and the reasons therefore, including a description of the views expressed. All documents considered in connection with an action shall be identified in such minutes. All minutes and documents of a closed meeting shall remain under seal, subject to release by a majority vote of the Commission or order of a court of competent jurisdiction.

C. The Commission shall, by a majority vote of the delegates, prescribe bylaws and/or rules to govern its conduct as may be necessary or appropriate to carry out the purposes and exercise the powers of the Compact, including, but not limited to, bylaws and/or rules:

1. Establishing the fiscal year of the Commission;
2. Providing reasonable standards and procedures;
 - a. For the establishment and meetings of other committees; and
 - b. Governing any general or specific delegation of any authority or function of the Commission;
3. Providing reasonable procedures for calling and conducting meetings of the Commission, ensuring reasonable advance notice of all meetings and providing an opportunity for attendance of such meetings by interested parties, with enumerated exceptions designed to protect the public's interest, the privacy of individuals and proprietary information, including trade secrets. The Commission may meet in closed session only after a majority of the membership votes to close a meeting in whole or in part. As soon as practicable, the Commission must make public a copy of the vote to close the meeting revealing the vote of each member with no proxy votes allowed;
4. Establishing the titles, duties and authority, and reasonable procedures for the election of the officers of the Commission;
5. Providing reasonable standards and procedures for the establishment of the personnel policies and programs of the Commission. Notwithstanding any civil service or other similar laws of any member state, the bylaws shall exclusively govern the personnel policies and programs of the Commission;

6. Promulgating a code of ethics to address permissible and prohibited activities of Commission members and employees; and

7. Providing a mechanism for winding up the operations of the Commission and the equitable disposition of any surplus funds that may exist after the termination of the Compact after the payment and/or reserving of all of its debts and obligations.

D. The Commission shall publish its bylaws and file a copy thereof, and a copy of any amendment thereto, with the appropriate agency or officer in each of the member states, if any.

E. The Commission shall maintain its financial records in accordance with the bylaws.

F. The Commission shall meet and take such actions as are consistent with the provisions of this Compact and the bylaws.

G. The Commission shall have the following powers:

1. The authority to promulgate uniform rules to facilitate and coordinate implementation and administration of this Compact. The rules shall have the force and effect of law and shall be binding in all member states;

2. To bring and prosecute legal proceedings or actions in the name of the Commission, provided that the standing of any state EMS authority or other regulatory body responsible for EMS personnel licensure to sue or be sued under applicable law shall not be affected;

3. To purchase and maintain insurance and bonds;

4. To borrow, accept or contract for services of personnel, including, but not limited to, employees of a member state;

5. To hire employees, elect or appoint officers, fix compensation, define duties, grant such individuals appropriate authority to carry out the purposes of the Compact, and to establish the Commission's personnel policies and programs relating to conflicts of interest, qualifications of personnel and other related personnel matters;

6. To accept any and all appropriate donations and grants of money, equipment, supplies, materials and services, and to receive, utilize and dispose of the same, provided that at all times the Commission shall strive to avoid any appearance of impropriety and/or conflict of interest;

7. To lease, purchase, accept appropriate gifts or donations of, or otherwise to own, hold, improve or use, any property, real, personal or mixed, provided that at all times the Commission shall strive to avoid any appearance of impropriety;

8. To sell, convey, mortgage, pledge, lease, exchange, abandon or otherwise dispose of any property, real, personal or mixed;

9. To establish a budget and make expenditures;

10. To borrow money;

11. To appoint committees, including advisory committees comprised of members, state regulators, state legislators or their representatives, and consumer representatives, and such other interested persons as may be designated in this Compact and the bylaws;

12. To provide and receive information from, and to cooperate with, law enforcement agencies;

13. To adopt and use an official seal; and

14. To perform such other functions as may be necessary or appropriate to achieve the purposes of this Compact consistent with the state regulation of EMS personnel licensure and practice.

H. Financing of the Commission

1. The Commission shall pay, or provide for the payment of, the reasonable expenses of its establishment, organization and ongoing activities.

2. The Commission may accept any and all appropriate revenue sources, donations and grants of money, equipment, supplies, materials and services.

3. The Commission may levy on and collect an annual assessment from each member state or impose fees on other parties to cover the cost of the operations and activities of the Commission and its staff, which must be in a total amount sufficient to cover its annual budget as approved each year for which revenue is not provided by other sources. The aggregate annual assessment amount shall be allocated based upon a formula to be determined by the Commission, which shall promulgate a rule binding upon all member states.

4. The Commission shall not incur obligations of any kind prior to securing the funds adequate to meet the same, nor shall the Commission pledge the credit of any of the member states, except by and with the authority of the member state.

5. The Commission shall keep accurate accounts of all receipts and disbursements. The receipts and disbursements of the Commission shall be subject to the audit and accounting procedures established under its bylaws. However, all receipts and disbursements of funds handled by the Commission shall be audited yearly by a certified or licensed public accountant, and the report of the audit shall be included in and become part of the annual report of the Commission.

I. Qualified Immunity, Defense and Indemnification

1. The members, officers, executive director, employees and representatives of the Commission shall be immune from suit and liability, either personally or in their official capacity, for any claim for damage to or loss of property or personal injury or other civil liability caused by or arising out of any actual or alleged act, error or omission that occurred, or that the person against whom the claim is made had a reasonable basis for believing occurred within the scope of Commission employment, duties or responsibilities, provided that nothing in this paragraph shall be construed to protect any such person from suit and/or liability for any damage, loss, injury or liability caused by the intentional or willful or wanton misconduct of that person.

2. The Commission shall defend any member, officer, executive director, employee or representative of the Commission in any civil action seeking to impose liability arising out of any actual or alleged act, error or omission that occurred within the scope of Commission employment, duties or responsibilities, or that the person against whom the claim is made had a reasonable basis for believing occurred within the scope of Commission employment, duties or responsibilities, provided that nothing herein shall be construed to prohibit that person from retaining his or her own counsel, and provided further, that the actual or alleged act, error or omission did not result from that person's intentional or willful or wanton misconduct.

3. The Commission shall indemnify and hold harmless any member, officer, executive director, employee or representative of the Commission for the amount of any settlement or judgment obtained against that person arising out of any actual or alleged act, error or omission that occurred within the scope of Commission employment, duties or responsibilities, or that such person had a reasonable basis for believing occurred within the scope of Commission employment, duties or responsibilities, provided that the actual or alleged act, error or omission did not result from the intentional or willful or wanton misconduct of that person.

SECTION 11. COORDINATED DATABASE

A. The Commission shall provide for the development and maintenance of a coordinated database and reporting system containing licensure, adverse action and significant investigatory information on all licensed individuals in member states.

B. Notwithstanding any other provision of state law to the contrary, a member state shall submit a uniform data set to the coordinated database on all individuals to whom this Compact

is applicable as required by the rules of the Commission, including:

1. Identifying information;
2. Licensure data;
3. Significant investigatory information;
4. Adverse actions against an individual's license;
5. An indicator that an individual's privilege to practice is restricted, suspended or revoked;
6. Nonconfidential information related to alternative program participation;
7. Any denial of application for licensure and the reasons for such denial; and
8. Other information that may facilitate the administration of this Compact, as determined by the rules of the Commission.

C. The coordinated database administrator shall promptly notify all member states of any adverse action taken against, or significant investigative information on, any individual in a member state.

D. Member states contributing information to the coordinated database may designate information that may not be shared with the public without the express permission of the contributing state.

E. Any information submitted to the coordinated database that is subsequently required to be expunged by the laws of the member state contributing the information shall be removed from the coordinated database.

SECTION 12. RULEMAKING

A. The Commission shall exercise its rulemaking powers pursuant to the criteria set forth in this Section and the rules adopted thereunder. Rules and amendments shall become binding as of the date specified in each rule or amendment.

B. If a majority of the legislatures of the member states rejects a rule, by enactment of a statute or resolution in the same manner used to adopt the Compact, then such rule shall have no further force and effect in any member state.

C. Rules or amendments to the rules shall be adopted at a regular or special meeting of the Commission.

D. Prior to promulgation and adoption of a final rule or rules by the Commission, and at least 60 days in advance of the meeting at which the rule will be considered and voted upon, the Commission shall file a Notice of Proposed Rulemaking:

1. On the website of the Commission; and
2. On the website of each member state EMS authority or the publication in which each state would otherwise publish proposed rules.

E. The Notice of Proposed Rulemaking shall include:

1. The proposed time, date and location of the meeting in which the rule will be considered and voted upon;
2. The text of the proposed rule or amendment and the reason for the proposed rule;
3. A request for comments on the proposed rule from any interested person; and
4. The manner in which interested persons may submit notice to the Commission of their intention to attend the public hearing and any written comments.

F. Prior to adoption of a proposed rule, the Commission shall allow persons to submit written data, facts, opinions and arguments, which shall be made available to the public.

G. The Commission shall grant an opportunity for a public hearing before it adopts a rule or amendment if a hearing is requested by:

1. At least 25 persons;
2. A governmental subdivision or agency; or
3. An association having at least 25 members.

H. If a hearing is held on the proposed rule or amendment, the Commission shall publish the place, time and date of the scheduled public hearing.

1. All persons wishing to be heard at the hearing shall notify the executive director of the Commission or other designated member in writing of their desire to appear and testify at the hearing not less than 5 business days before the scheduled date of the hearing.

2. Hearings shall be conducted in a manner providing each person who wishes to comment a fair and reasonable opportunity to comment orally or in writing.

3. No transcript of the hearing is required, unless a written request for a transcript is made, in which case the person requesting the transcript shall bear the cost of producing the transcript. A recording may be made in lieu of a transcript under the same terms and conditions as a transcript. This subsection shall not preclude the Commission from making a transcript or recording of the hearing if it so chooses.

4. Nothing in this Section shall be construed as requiring a separate hearing on each rule. Rules may be grouped for the convenience of the Commission at hearings required by this Section.

I. Following the scheduled hearing date, or by the close of business on the scheduled hearing date if the hearing was not held, the Commission shall consider all written and oral comments received.

J. The Commission shall, by majority vote of all members, take final action on the proposed rule and shall determine the effective date of the rule, if any, based on the rulemaking record and the full text of the rule.

K. If no written notice of intent to attend the public hearing by interested parties is received, the Commission may proceed with promulgation of the proposed rule without a public hearing.

L. Upon determination that an emergency exists, the Commission may consider and adopt an emergency rule without prior notice, opportunity for comment or hearing, provided that the usual rulemaking procedures provided in the Compact and in this Section shall be retroactively applied to the rule as soon as reasonably possible, in no event later than 90 days after the effective date of the rule. For the purposes of this provision, an emergency rule is one that must be adopted immediately in order to:

1. Meet an imminent threat to public health, safety or welfare;
2. Prevent a loss of Commission member state funds;

3. Meet a deadline for the promulgation of an administrative rule that is established by federal law or rule; or

4. Protect public health and safety.

M. The Commission or an authorized committee of the Commission may direct revisions to a previously adopted rule or amendment for purposes of correcting typographical errors, errors in format, errors in consistency or grammatical errors. Public notice of any revisions shall be posted on the website of the Commission. The revision shall be subject to challenge by any person for a period of 30 days after posting. The revision may be challenged only on grounds that the revision results in a material change to a rule. A challenge shall be made in writing and delivered to the chair of the Commission prior to the end of the notice period. If no challenge is made, the revision will take effect without further action. If the revision is challenged, the revision may not take effect without the approval of the Commission.

SECTION 13. OVERSIGHT, DISPUTE RESOLUTION AND ENFORCEMENT

A. Oversight

1. The executive, legislative and judicial branches of state government in each member state shall enforce this Compact and take all actions necessary and appropriate to effectuate the Compact's purposes and intent. The provisions of this Compact and the rules promulgated hereunder shall have standing as statutory law.

2. All courts shall take judicial notice of the Compact and the rules in any judicial or administrative proceeding in a member state pertaining to the subject matter of this Compact which may affect the powers, responsibilities or actions of the Commission.

3. The Commission shall be entitled to receive service of process in any such proceeding, and shall have standing to intervene in such a proceeding for all purposes. Failure to provide service of process to the Commission shall render a judgment or order void as to the Commission, this Compact or promulgated rules.

B. Default, Technical Assistance and Termination

1. If the Commission determines that a member state has defaulted in the performance of its obligations or responsibilities under this Compact or the promulgated rules, the Commission shall:

a. Provide written notice to the defaulting state and other member states of the nature of the default, the proposed means of curing the default and/or any other action to be taken by the Commission; and

b. Provide remedial training and specific technical assistance regarding the default.

2. If a state in default fails to cure the default, the defaulting state may be terminated from the Compact upon an affirmative vote of a majority of the member states, and all rights, privileges and benefits conferred by this Compact may be terminated on the effective date of termination. A cure of the default does not relieve the offending state of obligations or liabilities incurred during the period of default.

3. Termination of membership in the Compact shall be imposed only after all other means of securing compliance have been exhausted. Notice of intent to suspend or terminate shall be given by the Commission to the governor and the majority and minority leaders of the defaulting state's legislature, and each of the member states.

4. A state that has been terminated is responsible for all assessments, obligations and liabilities incurred through the effective date of termination, including obligations that extend beyond the effective date of termination.

5. The Commission shall not bear any costs related to a state that is found to be in default or that has been terminated from the Compact, unless agreed upon in writing between the Commission and the defaulting state.

6. The defaulting state may appeal the action of the Commission by petitioning the United States District Court for the District of Columbia or the federal district where the Commission has its principal offices. The prevailing member shall be awarded all costs of such litigation, including reasonable attorney's fees.

C. Dispute Resolution

1. Upon request by a member state, the Commission shall attempt to resolve disputes related to the Compact that arise among member states and between member and nonmember states.

2. The Commission shall promulgate a rule providing for both mediation and binding dispute resolution for disputes as appropriate.

D. Enforcement

1. The Commission, in the reasonable exercise of its discretion, shall enforce the provisions and rules of this Compact.

2. By majority vote, the Commission may initiate legal action in the United States District Court for the District of Columbia or the federal district where the Commission has its principal offices against a member state in default to enforce compliance with the provisions of the Compact and its promulgated rules and bylaws. The relief sought may include both injunctive relief and damages. In the event judicial enforcement is necessary, the prevailing member shall be awarded all costs of such litigation, including reasonable attorney's fees.

3. The remedies herein shall not be the exclusive remedies of the Commission. The Commission may pursue any other remedies available under federal or state law.

SECTION 14. DATE OF IMPLEMENTATION OF THE INTERSTATE COMMISSION FOR EMS PERSONNEL PRACTICE AND ASSOCIATED RULES, WITHDRAWAL AND AMENDMENT

A. The Compact shall come into effect on the date on which the Compact statute is enacted into law in the tenth member state. The provisions, which become effective at that time, shall be limited to the powers granted to the Commission relating to assembly and the promulgation of rules. Thereafter, the Commission shall meet and exercise rulemaking powers necessary to the implementation and administration of the Compact.

B. Any state that joins the Compact subsequent to the Commission's initial adoption of the rules shall be subject to the rules as they exist on the date on which the Compact becomes law in that state. Any rule that has been previously adopted by the Commission shall have the full force and effect of law on the day the Compact becomes law in that state.

C. Any member state may withdraw from this Compact by enacting a statute repealing the same.

1. A member state's withdrawal shall not take effect until 6 months after enactment of the repealing statute.

2. Withdrawal shall not affect the continuing requirement of the withdrawing state's EMS authority to comply with the investigative and adverse action reporting requirements of this act prior to the effective date of withdrawal.

D. Nothing contained in this Compact shall be construed to invalidate or prevent any EMS personnel licensure agreement or other cooperative arrangement between a member state and a nonmember state that does not conflict with the provisions of this Compact.

E. This Compact may be amended by the member states. No amendment to this Compact shall become effective and binding upon any member state until it is enacted into the laws of all member states.

SECTION 15. CONSTRUCTION AND SEVERABILITY

This Compact shall be liberally construed so as to effectuate the purposes thereof. If this Compact shall be held contrary to the constitution of any state member thereto, the Compact shall remain in full force and effect as to the remaining member states. Nothing in this Compact supersedes state law or rules related to licensure of EMS agencies.

(Added to NRS by [2023, 2272](#))

NRS 450B.150 Administration and enforcement; inspections.

1. The health authority shall administer and enforce the provisions of this chapter.

2. The health authority and its authorized agents shall enter upon and inspect, in a reasonable manner and during reasonable business hours, the premises and vehicles of persons and governmental entities providing services regulated pursuant to the provisions of this chapter.

3. If, pursuant to subsection 2, the health authority or its authorized agents conduct an inspection of the premises or aircraft of persons or governmental entities providing air ambulance services, the inspection must be related only to the medical aspects of the operation of the air ambulance.

(Added to NRS by [1973, 1142](#); A [1985, 1694](#); [1987, 2207](#); [1989, 1505](#), [1928](#); [1993, 2830](#); [2013, 618](#))

NRS 450B.1505 Use of certain money received by Division from fees, administrative penalties and appropriations.

1. Any money the Division receives from a fee set by the State Board of Health pursuant to [NRS 439.150](#) for the issuance or renewal of a license pursuant to [NRS 450B.160](#), an administrative penalty imposed pursuant to [NRS 450B.900](#) or an appropriation made by the Legislature for the purposes of training related to emergency medical services:

(a) Must be deposited in the State Treasury and accounted for separately in the State General Fund;

(b) May be used to:

(1) Carry out a training program for emergency medical services personnel who work for a volunteer ambulance service or firefighting agency, including, without limitation, equipment for use in the training; and

(2) Create and maintain a system containing the records of persons who have completed such a training program; and

(c) Does not revert to the State General Fund at the end of any fiscal year.

2. Any interest or income earned on the money in the account must be credited to the account. Any claims against the account must be paid in the manner that other claims against the State are paid.

3. The Administrator of the Division shall administer the account.

(Added to NRS by [2011, 2513](#); A [2013, 3061](#); [2023, 1964](#))

COMMITTEE ON EMERGENCY MEDICAL SERVICES

NRS 450B.151 Creation; membership; terms of members; alternate members; vacancies.

1. The Committee on Emergency Medical Services, consisting of 11 members appointed by the State Board of Health, is hereby created.

2. Upon request of the State Board of Health, employee associations that represent persons that provide emergency medical services, including, without limitation, physicians and nurses that provide emergency medical services, emergency medical technicians, ambulance attendants, firefighters, fire chiefs and employees of rural hospitals, shall submit to the State Board of Health written nominations for appointments to the Committee.

3. After considering the nominations submitted pursuant to subsection 2, the State Board of Health shall appoint to the Committee:

(a) One member who is a physician licensed pursuant to [chapter 630](#) or [633](#) of NRS and who has experience providing emergency medical services;

(b) One member who is a registered nurse and who has experience providing emergency medical services;

(c) One member who is a volunteer for an organization that provides emergency medical services pursuant to this chapter;

(d) One member who is employed by a fire-fighting agency at which some of the firefighters and persons who provide emergency medical services for the agency are employed and some serve as volunteers;

(e) One member who is employed by an urban fire-fighting agency;

(f) One member who is employed by or serves as a volunteer with a medical facility that is located in a rural area and that provides emergency medical services;

(g) One member who is employed by an organization that provides emergency medical services in an air ambulance and whose duties are closely related to such emergency medical services;

(h) One member who is employed by or serves as a volunteer with a local governmental agency that provides emergency medical services but which is not a part of a fire-fighting agency or law enforcement agency;

(i) One member who is employed by a privately owned entity that provides emergency medical services; and

(j) One member who is employed by an operator of a service which is:

(1) Provided for the benefit of the employees of an industry who become sick or are injured at the industrial site; and

(2) Staffed by employees who are licensed attendants and perform emergency medical services primarily for the industry.

4. The Committee shall solicit and accept applications from persons who are employed by or volunteer with an agency, organization or other operator that provides emergency medical services on tribal land. After considering the applications submitted pursuant to this subsection, the Committee shall recommend and the State Board of Health shall appoint to the Committee one member who is employed by or volunteers with an agency, organization or other operator that provides emergency medical services on tribal land.

5. In addition to the members set forth in subsections 3 and 4, the following persons are ex officio members of the Committee:

(a) An employee of the Division, appointed by the Administrator of the Division, whose duties relate to administration and enforcement of the provisions of this chapter;

(b) The county health officer appointed pursuant to [NRS 439.290](#) in each county whose population is 100,000 or more, or the county health officer's designee;

(c) A physician who is a member of a committee which consists of directors of trauma centers in this State and who is nominated by that committee; and

(d) A representative of a committee or group which focuses on the provision of emergency medical services to children in this State and who is nominated by that committee or group.

6. The term of each member appointed by the State Board of Health is 2 years. A member may not serve more than two consecutive terms but may serve more than two terms if there is a break in service of not less than 2 years.

7. The State Board of Health shall not appoint to the Committee two persons who are employed by or volunteer with the same organization, except the State Board of Health may appoint a person who is employed by or volunteers with the same organization of which a member who serves ex officio is an employee.

8. Each member of the Committee shall appoint an alternate to serve in the member's place if the member is temporarily unable to perform the duties required of him or her pursuant to [NRS 450B.151](#) to [450B.154](#), inclusive.

9. A position on the Committee that becomes vacant before the end of the term of the member must be filled in the same manner as the original appointment.

(Added to NRS by [1999, 1170](#); A [2005, 330](#); [2009, 666](#); [2015, 877](#); [2023, 61](#))

NRS 450B.152 Chair; meetings; rules for management; compensation of members.

1. The Committee shall elect a Chair from among its members. The term of the Chair is 1 year.

2. The Committee shall meet at the call of the Chair at least four times each year.

3. The Committee shall adopt rules for its own management.

4. A member of the Committee serves without compensation, except that, for each day or portion of a day during which a member attends a meeting of the Committee or is otherwise engaged in the business of the Committee, the member of the Committee is entitled to receive the per diem allowance and travel expenses provided for state officers and employees generally. The per diem allowance and travel expenses must be paid by the Division from money not allocated by specific statute for another use.

(Added to NRS by [1999, 1171](#))

NRS 450B.153 Duties. The Committee shall:

1. Review and advise the Division regarding the management and performance of emergency medical services in this State and regarding statewide emergency medical protocols;

2. Advise the Division on matters of policy relating to emergency care, including, without limitation, the qualifications of persons who provide emergency medical services;

3. Advise the board and Division with respect to the preparation and adoption of regulations regarding emergency care;

4. Review periodically the budget of the Division that relates to emergency medical services;

5. Encourage the training and education of emergency medical service personnel to improve the system of public safety in this State; and

6. Perform such other duties as may be required by law or regulation.

(Added to NRS by [1999, 1171](#))

NRS 450B.154 Administrative support. The Division shall provide administrative support and assistance to the Committee.

(Added to NRS by [1999, 1172](#))

EMERGENCY MEDICAL DISPATCHERS

NRS 450B.155 Training and certification.

1. An educational institution, public or private agency or other entity may provide a training program for emergency medical dispatchers and issue certificates of completion if the program meets the requirements set forth in the regulations of the board and is approved by the board.

2. The board shall adopt regulations:

(a) Prescribing the requirements for a program for training and certifying an emergency medical dispatcher;

(b) Prescribing the procedures for an educational institution, public or private agency or other entity to obtain the approval of the board to provide such a program; and

(c) Establishing such fees as are necessary to cover the cost of administering the provisions of this section.

(Added to NRS by [1993, 2117](#))

AMBULANCE ATTENDANTS, EMERGENCY MEDICAL TECHNICIANS AND FIREFIGHTERS

NRS 450B.160 Licensing of attendants and firefighters; regulations; certification of physicians, nurses and physician assistants serving as attendants.

1. The health authority may issue licenses to attendants and to firefighters employed by or serving as volunteers with a fire-fighting agency.

2. Each license must be evidenced by a card issued to the holder of the license, is valid for a period not to exceed 2 years and is renewable.

3. An applicant for a license must file with the health authority:

(a) A current, valid certificate evidencing the applicant's successful completion of a program of training as an emergency medical technician, advanced emergency medical technician or paramedic, if the applicant is applying for a license as an attendant, or, if a volunteer attendant, at a level of skill determined by the board.

(b) A current valid certificate evidencing the applicant's successful completion of a program of training as an emergency medical technician, advanced emergency medical technician or paramedic, if the applicant is applying for a license as a firefighter with a fire-fighting agency.

(c) A signed statement showing:

- (1) The name and address of the applicant;
- (2) The name and address of the employer of the applicant; and
- (3) A description of the applicant's duties.

(d) Proof that the applicant has completed the training required by subsection 4.

(e) Such other certificates for training and such other items as the board may specify.

4. In addition to the training required by subsection 3, each applicant for a license must complete training concerning identifying and interacting with persons with developmental disabilities.

5. The board shall adopt such regulations as it determines are necessary for the issuance, suspension, revocation and renewal of licenses.

6. Each operator of an ambulance or air ambulance and each fire-fighting agency shall annually file with the health authority a complete list of the licensed persons in its service.

7. Licensed physicians, registered nurses and licensed physician assistants may serve as attendants without being licensed under the provisions of this section. A registered nurse who performs emergency care in an ambulance or air ambulance shall perform the care in accordance with the regulations of the State Board of Nursing. A licensed physician assistant who performs emergency care in an ambulance or air ambulance shall perform the care in accordance with the regulations of the Board of Medical Examiners.

8. Each licensed physician, registered nurse and licensed physician assistant who serves as an attendant must have current certification of completion of training in:

- (a) Advanced life-support procedures for patients who require cardiac care;
- (b) Life-support procedures for pediatric patients who require cardiac care; and

(c) Life-support procedures for patients with trauma that are administered before the arrival of those patients at a hospital.

↪ The certification must be issued by the Board of Medical Examiners for a physician or licensed physician assistant or by the State Board of Nursing for a registered nurse.

9. The Board of Medical Examiners and the State Board of Nursing shall issue a certificate pursuant to subsection 8 if the licensed physician, licensed physician assistant or registered nurse attends:

(a) A course offered by a national organization which is nationally recognized for issuing such certification;

(b) Training conducted by the operator of an ambulance or air ambulance; or

(c) Any other course or training,

↪ approved by the Board of Medical Examiners or the State Board of Nursing, whichever is issuing the certification.

10. As used in this section, "developmental disability" has the meaning ascribed to it in [NRS 435.007](#).

(Added to NRS by [1973, 1142](#); A [1977, 962](#); [1979, 70](#); [1981, 278, 1554](#); [1985, 1694, 2118](#); [1987, 2207](#); [1993, 317, 2830](#); [1995, 725](#); [1997, 690](#); [2001, 782](#); [2005, 331](#); [2011, 1269](#); [2013, 939](#); [2015, 1728](#); [2019, 2091](#))

NRS 450B.165 Applicant for issuance or renewal of license or certificate to attest to knowledge of and compliance with certain guidelines concerning safe and appropriate injection practices. The health authority shall not issue or renew:

1. A license to an attendant or firefighter; or
2. A certificate,

↪ unless the applicant for issuance or renewal of the license or certificate attests to knowledge of and compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices.

(Added to NRS by [2011, 2053](#); A [2013, 940](#))

NRS 450B.169 Petition to determine if criminal history will disqualify person from obtaining license or certificate; fee; posting of requirements for license or certificate and list of disqualifying crimes on Internet; reports.

1. The health authority shall develop and implement a process by which a person with a criminal history may petition the health authority to review the criminal history of the person to determine if the person's criminal history will disqualify the person from obtaining a license as an attendant or firefighter or a certificate pursuant to [NRS 450B.160](#).

2. Not later than 90 days after a petition is submitted to the health authority pursuant to subsection 1, the health authority shall inform the person of the determination of the health authority of whether the person's criminal history will disqualify the person from obtaining a license or certificate. The health authority is not bound by his or her determination of disqualification or qualification and may rescind such a determination at any time.

3. The health authority may provide instructions to a person who receives a determination of disqualification to remedy the determination of disqualification. A person may resubmit a petition pursuant to subsection 1 not earlier than 6 months after receiving instructions pursuant to this subsection if the person remedies the determination of disqualification.

4. A person with a criminal history may petition the health authority at any time, including, without limitation, before obtaining any education or paying any fee required to obtain a license or certificate from the health authority.

5. A person may submit a new petition to the health authority not earlier than 2 years after the final determination of the initial petition submitted to the health authority.

6. The health authority may impose a fee of up to \$50 upon the person to fund the administrative costs in complying with the provisions of this section. The health authority may waive such fees or allow such fees to be covered by funds from a scholarship or grant.

7. The health authority may post on its Internet website:

- (a) The requirements to obtain a license or certificate from the health authority; and
- (b) A list of crimes, if any, that would disqualify a person from obtaining a license or certificate from the health authority.

8. The health authority may request the criminal history record of a person who petitions the health authority for a determination pursuant to subsection 1. To the extent consistent with federal law, if the health authority makes such a request of a person, the health authority shall require the person to submit his or her criminal history record which includes a report from:

- (a) The Central Repository for Nevada Records of Criminal History; and
- (b) The Federal Bureau of Investigation.

9. A person who petitions the health authority for a determination pursuant to subsection 1 shall not submit false or misleading information to the health authority.

10. The health authority shall, on or before the 20th day of January, April, July and October, submit to the Director of the Legislative Counsel Bureau in an electronic format prescribed by the Director, a report that includes:

- (a) The number of petitions submitted to the health authority pursuant to subsection 1;
- (b) The number of determinations of disqualification made by the health authority pursuant to subsection 1;
- (c) The reasons for such determinations; and
- (d) Any other information that is requested by the Director or which the health authority determines would be helpful.

11. The Director shall transmit a compilation of the information received pursuant to subsection 10 to the Legislative Commission quarterly, unless otherwise directed by the Commission.

(Added to NRS by [2019, 2924](#))

NRS 450B.171 Relative of patient or other person may ride with attendants.

Except as otherwise provided in this chapter, unlicensed relatives of a sick or injured patient and other persons may ride in an ambulance if there are two attendants in the ambulance, each of whom is licensed pursuant to this chapter or exempt from licensing pursuant to subsection 7 of [NRS 450B.160](#).

(Added to NRS by [1989, 286](#); A [1993, 318](#); [2019, 2092](#))

NRS 450B.180 Certification and authority of emergency medical technicians, advanced emergency medical technicians and paramedics; maintenance of central registry of certificates issued; regulations. [Effective until the date of the repeal of 42 U.S.C. § 666, the federal law requiring each state to establish procedures for withholding, suspending and restricting the professional, occupational and recreational licenses for child support arrearages and for noncompliance with certain processes relating to paternity or child support proceedings.]

1. Any person desiring certification as an emergency medical technician, advanced emergency medical technician or paramedic must apply to the health authority using forms prescribed by the health authority.

2. The health authority, pursuant to regulations and procedures adopted by the board, shall make a determination of the applicant's qualifications to be certified as an emergency medical technician, advanced emergency medical technician or paramedic and shall issue the appropriate certificate to each qualified applicant.

3. A certificate is valid for a period not exceeding 2 years and may be renewed if the holder of the certificate complies with the provisions of this chapter and meets the qualifications set forth in the regulations and standards established by the board pursuant to this chapter. The regulations and standards established by the board must provide for the completion of:

(a) A course of instruction, within 2 years after initial certification, relating to the medical consequences of an act of terrorism that involves the use of a weapon of mass destruction. The course must provide at least 4 hours of instruction that includes instruction in the following subjects:

- (1) An overview of acts of terrorism and weapons of mass destruction;
- (2) Personal protective equipment required for acts of terrorism;
- (3) Common symptoms and methods of treatment associated with exposure to, or injuries caused by, chemical, biological, radioactive and nuclear agents;

(4) Syndromic surveillance and reporting procedures for acts of terrorism that involve biological agents; and

(5) An overview of the information available on, and the use of, the Health Alert Network.

➔ The board may thereafter determine whether to establish regulations and standards requiring additional courses of instruction relating to the medical consequences of an act of terrorism that involves the use of a weapon of mass destruction.

(b) Training before initial certification concerning identifying and interacting with persons with developmental disabilities. Training completed pursuant to this paragraph also satisfies the requirement for such training prescribed by [NRS 289.605](#) or [450B.160](#), if applicable.

4. The health authority may suspend or revoke a certificate if it finds that the holder of the certificate no longer meets the prescribed qualifications. Unless the certificate is suspended by the district court pursuant to [NRS 425.540](#), the holder of the certificate may appeal the suspension or revocation of his or her certificate pursuant to regulations adopted by the board.

5. The board shall determine the procedures and techniques which may be performed by an emergency medical technician, advanced emergency medical technician or paramedic.

6. A certificate issued pursuant to this section is valid throughout the State, whether issued by the Division or a district board of health.

7. The Division shall maintain a central registry of all certificates issued pursuant to this section, whether issued by the Division or a district board of health.

8. The board shall adopt such regulations as are necessary to carry out the provisions of this section.

9. As used in this section:

(a) "Act of terrorism" has the meaning ascribed to it in [NRS 202.4415](#).

(b) "Biological agent" has the meaning ascribed to it in [NRS 202.442](#).

(c) "Chemical agent" has the meaning ascribed to it in [NRS 202.4425](#).

(d) "Developmental disability" has the meaning ascribed to it in [NRS 435.007](#).

(e) "Radioactive agent" has the meaning ascribed to it in [NRS 202.4437](#).

(f) "Weapon of mass destruction" has the meaning ascribed to it in [NRS 202.4445](#).

(Added to NRS by [1973, 1143](#); A [1977, 70](#); [1981, 279](#), [1555](#); [1991, 1916](#); [1993, 2831](#); [1995, 2548](#); [1997, 2056](#); [2003, 2953](#); [2005, 2471](#); [2013, 940](#); [2019, 2092](#))

NRS 450B.180 Certification and authority of emergency medical technicians, advanced emergency medical technicians and paramedics; maintenance of central registry of certificates issued; regulations. [Effective on the date of the repeal of 42 U.S.C. § 666, the federal law requiring each state to establish procedures for withholding, suspending and restricting the professional, occupational and recreational licenses for child support arrearages and for noncompliance with certain processes relating to paternity or child support proceedings.]

1. Any person desiring certification as an emergency medical technician, advanced emergency medical technician or paramedic must apply to the health authority using forms prescribed by the health authority.

2. The health authority, pursuant to regulations and procedures adopted by the board, shall make a determination of the applicant's qualifications to be certified as an emergency medical technician, advanced emergency medical technician or paramedic, and shall issue the appropriate certificate to each qualified applicant.

3. A certificate is valid for a period not exceeding 2 years and may be renewed if the holder of the certificate meets the qualifications set forth in the regulations and standards established by the board pursuant to this chapter. The regulations and standards established by the board must provide for the completion of:

(a) A course of instruction, within 2 years after initial certification, relating to the medical consequences of an act of terrorism that involves the use of a weapon of mass destruction. The course must provide at least 4 hours of instruction that includes instruction in the following subjects:

- (1) An overview of acts of terrorism and weapons of mass destruction;
- (2) Personal protective equipment required for acts of terrorism;
- (3) Common symptoms and methods of treatment associated with exposure to, or injuries caused by, chemical, biological, radioactive and nuclear agents;
- (4) Syndromic surveillance and reporting procedures for acts of terrorism that involve biological agents; and
- (5) An overview of the information available on, and the use of, the Health Alert Network.

↪ The board may thereafter determine whether to establish regulations and standards requiring additional courses of instruction relating to the medical consequences of an act of terrorism that involves the use of a weapon of mass destruction.

(b) Training before initial certification concerning identifying and interacting with persons with developmental disabilities. Training completed pursuant to this paragraph also satisfies the requirement for such training prescribed by [NRS 289.605](#) or [450B.160](#), if applicable.

4. The health authority may suspend or revoke a certificate if it finds that the holder of the certificate no longer meets the prescribed qualifications. The holder of the certificate may appeal the suspension or revocation of his or her certificate pursuant to regulations adopted by the board.

5. The board shall determine the procedures and techniques which may be performed by an emergency medical technician, advanced emergency medical technician or paramedic.

6. A certificate issued pursuant to this section is valid throughout the State, whether issued by the Division or a district board of health.

7. The Division shall maintain a central registry of all certificates issued pursuant to this section, whether issued by the Division or a district board of health.

8. The board shall adopt such regulations as are necessary to carry out the provisions of this section.

9. As used in this section:

- (a) "Act of terrorism" has the meaning ascribed to it in [NRS 202.4415](#).
- (b) "Biological agent" has the meaning ascribed to it in [NRS 202.442](#).
- (c) "Chemical agent" has the meaning ascribed to it in [NRS 202.4425](#).
- (d) "Developmental disability" has the meaning ascribed to it in [NRS 435.007](#).
- (e) "Radioactive agent" has the meaning ascribed to it in [NRS 202.4437](#).
- (f) "Weapon of mass destruction" has the meaning ascribed to it in [NRS 202.4445](#).

(Added to NRS by [1973, 1143](#); A [1977, 70](#); [1981, 279](#), [1555](#); [1991, 1916](#); [1993, 2831](#); [1995, 2548](#); [1997, 2056](#); [2003, 2953](#); [2005, 2471](#), [2472](#); [2013, 940](#); [2019, 2092](#), effective on the date of the repeal of 42 U.S.C. § 666, the federal law requiring each state to establish procedures for withholding, suspending and restricting the professional, occupational and recreational licenses for child support arrearages and for noncompliance with certain processes relating to paternity or child support proceedings)

NRS 450B.183 Payment of child support: Statement by applicant for license or certificate; grounds for denial of license or certificate; duty of health authority. [Effective until the date of the repeal of 42 U.S.C. § 666, the federal law requiring each state to establish procedures for withholding, suspending and restricting the professional, occupational and recreational licenses for child support arrearages and for noncompliance with certain processes relating to paternity or child support proceedings.]

1. An applicant for the issuance or renewal of a license as an attendant or firefighter employed by a fire-fighting agency or a certificate shall submit to the health authority the statement prescribed by the Division of Welfare and Supportive Services of the Department of Health and Human Services pursuant to [NRS 425.520](#). The statement must be completed and signed by the applicant.

2. The health authority shall include the statement required pursuant to subsection 1 in:

(a) The application or any other forms that must be submitted for the issuance or renewal of the license or certificate; or

(b) A separate form prescribed by the health authority.

3. A license or certificate described in subsection 1 may not be issued or renewed by the health authority if the applicant:

(a) Fails to submit the statement required pursuant to subsection 1; or

(b) Indicates on the statement submitted pursuant to subsection 1 that the applicant is subject to a court order for the support of a child and is not in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

4. If an applicant indicates on the statement submitted pursuant to subsection 1 that the applicant is subject to a court order for the support of a child and is not in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order, the health authority shall advise the applicant to contact the district attorney or other public agency enforcing the order to determine the actions that the applicant may take to satisfy the arrearage.

(Added to NRS by [1997, 2055](#); A [2005, 332](#); [2013, 941](#))

NRS 450B.185 Suspension of license or certificate for failure to pay child support or comply with certain subpoenas or warrants; reinstatement of license or certificate. [Effective until the date of the repeal of 42 U.S.C. § 666, the federal law requiring each state to establish procedures for withholding, suspending and restricting the professional, occupational and recreational licenses for child support arrearages and for noncompliance with certain processes relating to paternity or child support proceedings.]

1. If the health authority receives a copy of a court order issued pursuant to [NRS 425.540](#) that provides for the suspension of all professional, occupational and recreational licenses, certificates and permits issued to a person who is the holder of a license as an attendant or firefighter employed by a fire-fighting agency or a certificate, the health authority shall deem the license or certificate issued to that person to be suspended at the end of the 30th day after the date on which the court order was issued unless the health authority receives a letter issued to the holder of the license or certificate by the district attorney or other public agency pursuant to [NRS 425.550](#) stating that the holder of the license or certificate has complied with the subpoena or warrant or has satisfied the arrearage pursuant to [NRS 425.560](#).

2. The health authority shall reinstate a license as an attendant or firefighter employed by a fire-fighting agency or a certificate that has been suspended by a district court pursuant to [NRS 425.540](#) if:

(a) The health authority receives a letter issued by the district attorney or other public agency pursuant to [NRS 425.550](#) to the person whose license or certificate was suspended stating that the person whose license or certificate was suspended has complied with the subpoena or warrant or has satisfied the arrearage pursuant to [NRS 425.560](#); and

(b) The person whose license or certificate was suspended pays any fees imposed by the health authority for the reinstatement of a suspended license or certificate.

(Added to NRS by [1997, 2056](#); A [2005, 333](#); [2013, 942](#))

NRS 450B.187 Application for license or certificate to include social security number. [Effective until the date of the repeal of 42 U.S.C. § 666, the federal law requiring each state to establish procedures for withholding, suspending and restricting the professional, occupational and recreational licenses for child support arrearages and for noncompliance with certain processes relating to paternity or child support proceedings.] An application for the issuance or renewal of a license as an attendant or firefighter employed by a fire-fighting agency or a certificate must include the social security number of the applicant.

(Added to NRS by [1997, 2056](#); A [2005, 333](#); [2013, 943](#))

NRS 450B.188 Prohibition on denial of application based on immigration or citizenship status; provision of alternative personally identifying number; confidentiality of social security or alternative personally identifying number.

1. The health authority shall not deny the application of a person for a license or certificate pursuant to [NRS 450B.160](#) or [450B.180](#) based solely on his or her immigration status.

2. Notwithstanding the provisions of [NRS 450B.187](#), an applicant for a license or certificate pursuant to [NRS 450B.160](#) or [450B.180](#) who does not have a social security number must provide an alternative personally identifying number, including, without limitation, his or her individual taxpayer identification number, when completing an application.

3. The health authority shall not disclose to any person who is not employed by the health authority the social security number or alternative personally identifying number, including, without limitation, an individual taxpayer identification number, of an applicant for a license for any purpose except:

- (a) Tax purposes;
- (b) Licensing purposes; and
- (c) Enforcement of an order for the payment of child support.

4. A social security number or alternative personally identifying number, including, without limitation, an individual taxpayer identification number, provided to the health authority is confidential and is not a public record for the purposes of [chapter 239](#) of NRS.

(Added to NRS by [2019, 4348](#))

NRS 450B.190 Provisional licensing of attendants.

1. The health authority may, at its discretion, issue a provisional license as an attendant to a person who does not meet the qualifications established pursuant to this chapter, if the health authority determines that such issuance will be in the public interest.

2. A provisional license as an attendant must not be made valid for more than 1 year from the date of issuance and is not renewable.

(Added to NRS by [1973, 1144](#); A [1987, 2208](#); [1993, 2832](#))

EMERGENCY MEDICAL TECHNICIANS

NRS 450B.1905 Program of training for certification; maintenance of certification.

1. A program of training for certification as an emergency medical technician must be:

- (a) Supervised by a physician and approved by the health authority; or
- (b) Presented by a national organization which is nationally recognized for providing such training and approved by the board.

2. A program of training for certification as an emergency medical technician must follow the curriculum or educational standards prepared by the United States Department of Transportation as a national standard for emergency medical technicians.

3. The board may adopt regulations which prescribe other requirements of training for certification as an emergency medical technician.

4. An owner of an ambulance shall not offer emergency medical care to a patient in urgent need of medical care or observation unless the attendant has successfully completed a program of training for certification as an emergency medical technician or is exempt, pursuant to subsection 7 of [NRS 450B.160](#), from the requirement to obtain that training.

5. The board may by regulation prescribe additional requirements for receiving and maintaining certification as an emergency medical technician. The curriculum or educational standards for training must be:

(a) At the level of advanced first aid; or

(b) At least equivalent to any curriculum or educational standards prepared by the Department of Transportation as a national standard for emergency medical technicians.

(Added to NRS by [1985, 2117](#); A [1987, 2208](#); [1993, 318, 2832](#); [2013, 943](#); [2019, 2093](#))

ADVANCED EMERGENCY MEDICAL TECHNICIANS AND PARAMEDICS; ENDORSEMENT TO ADMINISTER IMMUNIZATIONS AND DISPENSE MEDICATION

NRS 450B.191 Program of training for certification as advanced emergency medical technician; maintenance of certification; advanced emergency medical technician services prohibited without certification; exceptions.

1. A program of training for certification as an advanced emergency medical technician must be supervised by a licensed physician and approved by the health authority.

2. A program of training for certification as an advanced emergency medical technician must include an approved curriculum in intravenous therapy and the management of a passage for air to the lungs. Only a certified emergency medical technician with experience as established by the board is eligible for this training.

3. In order to maintain certification, each advanced emergency medical technician must annually:

(a) Comply with the requirements established by the board for continuing medical education; and

(b) Demonstrate his or her skills as required by regulation of the board.

4. The board may by regulation prescribe the curriculum and other requirements for training and maintaining certification as an advanced emergency medical technician. The curriculum must be at least equivalent to any curriculum or educational standards prepared by the United States Department of Transportation as a national standard for advanced emergency medical technicians.

5. A person shall not represent himself or herself to be an advanced emergency medical technician unless the person has on file with the health authority a currently valid certificate demonstrating successful completion of the program of training required by this section or is practicing under the Recognition of Emergency Medical Services Personnel Licensure Interstate Compact ratified by [NRS 450B.145](#).

6. Except as authorized by subsection 7 of [NRS 450B.160](#) and the Recognition of Emergency Medical Services Personnel Licensure Interstate Compact ratified by [NRS 450B.145](#), an attendant or firefighter shall not perform, and the owner, operator, director or chief officer of an ambulance or a fire-fighting agency shall not offer, emergency care as an advanced emergency medical technician without fulfilling the requirements established by the board.

(Added to NRS by [1981, 277](#); A [1981, 1557](#); [1985, 1695](#); [1987, 2209](#); [1993, 319, 2833](#); [1995, 725](#); [2005, 333](#); [2013, 943](#); [2019, 2094](#); [2023, 2286](#))

NRS 450B.1915 Authorized activities of advanced emergency medical technician.

An advanced emergency medical technician may perform any procedure and administer any drug:

1. Approved by regulation of the board; or
2. Authorized pursuant to [NRS 450B.1975](#), if the advanced emergency medical technician has obtained an endorsement pursuant to that section.

(Added to NRS by [1981, 278](#); A [1987, 2210](#); [2009, 1533](#); [2013, 944](#))

NRS 450B.195 Program of training for certification as paramedic; maintenance of certification; paramedic services prohibited without certification; exceptions.

1. Only a certified emergency medical technician with experience as established by the board is eligible for training as a paramedic.

2. A program of training for certification as a paramedic must be supervised by a licensed physician and approved by the health authority.

3. To maintain certification, each paramedic must annually:

(a) Comply with the requirements established by the board for continuing medical education; and

(b) Demonstrate his or her skills as required by regulation of the board.

4. The board may by regulation prescribe the curriculum and other requirements for training and maintaining certification as a paramedic. The curriculum must be at least equivalent to any curriculum or educational standards prepared by the United States Department of Transportation as a national standard for paramedics.

5. A person shall not represent himself or herself to be a paramedic unless the person has on file with the health authority a currently valid certificate evidencing the person's successful completion of the program of training required by this section or is practicing under the Recognition of Emergency Medical Services Personnel Licensure Interstate Compact ratified by [NRS 450B.145](#).

6. Except as authorized by subsection 7 of [NRS 450B.160](#) and the Recognition of Emergency Medical Services Personnel Licensure Interstate Compact ratified by [NRS 450B.145](#), an attendant or firefighter shall not perform, and the owner, operator, director or chief officer of an ambulance or a fire-fighting agency shall not offer, emergency care as a paramedic without fulfilling the requirements established by the board.

(Added to NRS by [1973, 610](#); A [1975, 38](#); [1979, 71](#); [1981, 1555](#); [1985, 1696](#); [1987, 2210](#); [1993, 319, 2833](#); [1995, 725](#); [2005, 334](#); [2013, 944](#); [2019, 2094](#); [2023, 2287](#))

NRS 450B.197 Authorized activities of certain paramedics and emergency medical services registered nurses. An attendant or a firefighter who is a paramedic or emergency medical services registered nurse may perform any procedure and administer any drug:

1. Approved by regulation of the board; or
2. Authorized pursuant to [NRS 450B.1975](#), if the attendant or firefighter who is a paramedic has obtained an endorsement pursuant to that section.

(Added to NRS by [1973, 610](#); A [1975, 38](#); [1981, 1556](#); [1985, 1696](#); [1987, 2211](#); [2005, 334](#); [2009, 1534](#); [2013, 945](#); [2015, 1729](#))

NRS 450B.1975 Endorsement to administer immunizations, dispense medication and respond to public health needs.

1. An advanced emergency medical technician or a paramedic who holds an endorsement to administer immunizations, dispense medication and prepare and respond to certain public health needs issued in accordance with the regulations adopted pursuant to this section may:

(a) Administer immunizations and dispense medications;

(b) Participate in activities designed to prepare the community to meet anticipated health needs, including, without limitation, participation in public vaccination clinics; and

(c) Respond to an actual epidemic or other emergency in the community,

↳ under the direct supervision of the local health officer, or a designee of the local health officer, of the jurisdiction in which the immunization is administered or the medication is dispensed or in which the emergency or need exists.

2. The district board of health, in a county whose population is 700,000 or more, may adopt regulations for the endorsement of advanced emergency medical technicians and paramedics pursuant to this section. The regulations must:

(a) Prescribe the minimum training required to obtain such an endorsement;

(b) Prescribe the continuing education requirements or other evidence of continued competency for renewal of the endorsement;

(c) Prescribe the fee for the issuance and renewal of the endorsement, which must not exceed \$5; and

(d) Not require licensure as an attendant as a condition of eligibility for an endorsement pursuant to this section.

3. The State Board of Health shall, for counties whose population is less than 700,000, adopt regulations for the endorsement of advanced emergency medical technicians and paramedics pursuant to this section. The regulations must:

(a) Prescribe the minimum training required to obtain such an endorsement;

(b) Prescribe the continuing education requirements or other evidence of continued competency for renewal of the endorsement;

(c) Prescribe the fee for the issuance and renewal of the endorsement, which must not exceed \$5;

(d) To the extent practicable, authorize local health officers to provide the training and continuing education required to obtain and renew an endorsement; and

(e) Not require licensure as an attendant as a condition of eligibility for an endorsement pursuant to this section.

4. As used in this section:

(a) “Emergency” means an occurrence or threatened occurrence for which, in the determination of the Governor, the assistance of state agencies is needed to supplement the efforts and capabilities of political subdivisions to save lives, protect property and protect the health and safety of persons in this State, or to avert the threat of damage to property or injury to or the death of persons in this State.

(b) “Local health officer” means a city health officer appointed pursuant to [NRS 439.430](#), county health officer appointed pursuant to [NRS 439.290](#) or district health officer appointed pursuant to [NRS 439.368](#) or [439.400](#).

(Added to NRS by [2009, 1532](#); A [2011, 1270](#); [2013, 945](#))

COMMUNITY PARAMEDICINE SERVICES

NRS 450B.199 “Emergency medical provider” defined. As used in this section and [NRS 450B.1993](#) and [450B.1996](#), unless the context otherwise requires, “emergency medical provider” means an emergency medical technician, advanced emergency medical technician or paramedic who is certified pursuant to this chapter.

(Added to NRS by [2015, 649](#); A [2023, 2287](#))

NRS 450B.1993 Endorsement to provide community paramedicine services: Regulations; application; expiration; circumstances under which emergency medical provider may provide community paramedicine services.

1. The board shall adopt regulations to provide for the issuance of an endorsement on a permit which allows an emergency medical provider who is employed by or serves as a volunteer for the holder of the permit to provide community paramedicine services. Such regulations must establish, without limitation:

- (a) The manner in which to apply for an endorsement;
- (b) The qualifications and requirements of a holder of a permit to obtain an endorsement;
- (c) The required training and qualifications of an emergency medical provider who will provide community paramedicine services and the proof necessary to demonstrate such training and qualifications;
- (d) The scope of the community paramedicine services that may be provided by an emergency medical provider who is employed by or serves as a volunteer for the holder of the permit, which must not include any services that are outside the scope of practice of the emergency medical provider;
- (e) The continuing education requirements or other evidence of continued competency for renewal of the endorsement; and
- (f) Such other requirements as the board deems necessary to carry out the provisions of this section and [NRS 450B.199](#) and [450B.1996](#).

2. The holder of a permit may apply for an endorsement to provide community paramedicine services by submitting to the health authority an application upon forms prescribed by the board and in accordance with procedures established by the board. The health authority must not approve an application for an endorsement or a renewal of an endorsement unless the applicant meets the requirements prescribed by the board by regulation pursuant to subsection 1. No additional fee may be charged for an endorsement.

3. An endorsement to provide community paramedicine services expires on the same date as the permit and is renewable annually thereafter at least 30 days before the expiration date.

4. An emergency medical provider may provide community paramedicine services only as an employee of or volunteer for the holder of a permit who has obtained an endorsement and only if the emergency medical provider possesses the training and qualifications required by the board. Any services provided must not exceed the scope of practice of the emergency medical provider.

(Added to NRS by [2015, 649](#))

NRS 450B.1996 Reports.

1. Each holder of a permit who has obtained an endorsement to provide community paramedicine services pursuant to [NRS 450B.1993](#) shall submit a quarterly report to the health authority that issued the endorsement which must include, without limitation:

- (a) Information concerning the community paramedicine services that were provided in lieu of emergency medical transportation, including, without limitation, the types of services provided and the number of persons for whom such services were provided;
- (b) The impact of providing community paramedicine services on the overall services provided to patients; and
- (c) Such other information as prescribed by the health authority or requested by the Legislature or the Joint Interim Standing Committee on Health and Human Services.

2. On or before February 1 of each year, each health authority shall submit a report summarizing the information received concerning community paramedicine services pursuant to subsection 1 along with a summary of the impact of providing such services to patients in that manner to the Director of the Legislative Counsel Bureau for transmittal to the Legislature in odd-numbered years or the Joint Interim Standing Committee on Health and Human Services in even-numbered years.

(Added to NRS by [2015, 650](#))

AMBULANCES, AIR AMBULANCES AND VEHICLES OF FIRE-FIGHTING AGENCIES

NRS 450B.200 Permit for operation; fees; renewal; disciplinary or legal action for violations; maintenance of central registry of permits issued; regulations.

1. The health authority may issue a permit for:
 - (a) The operation of an ambulance or an air ambulance; or
 - (b) The operation of a vehicle of a fire-fighting agency:
 - (1) At the scene of an emergency; and
 - (2) To provide community paramedicine services, but only if the holder of the permit has obtained an endorsement on the permit to provide such services pursuant to [NRS 450B.1993](#).
2. Each permit must be evidenced by a card issued to the holder of the permit.
3. No permit may be issued unless the applicant is qualified pursuant to the regulations of the board.
4. An application for a permit must be made upon forms prescribed by the board and in accordance with procedures established by the board, and must contain the following:
 - (a) The name and address of the owner of the ambulance or air ambulance or of the fire-fighting agency;
 - (b) The name under which the applicant is doing business or proposes to do business, if applicable;
 - (c) A description of each ambulance, air ambulance or vehicle of a fire-fighting agency, including the make, year of manufacture and chassis number, and the color scheme, insignie, name, monogram or other distinguishing characteristics to be used to designate the applicant's ambulance, air ambulance or vehicle;
 - (d) The location and description of the places from which the ambulance, air ambulance or fire-fighting agency intends to operate; and
 - (e) Such other information as the board deems reasonable and necessary to a fair determination of compliance with the provisions of this chapter.
5. The board shall establish a reasonable fee for annual permits. Revenue from such fees collected by the Division must be accounted for separately and does not revert to the State General Fund at the end of any fiscal year.
6. All permits expire on July 1 following the date of issue, and are renewable annually thereafter upon payment of the fee required by subsection 5 at least 30 days before the expiration date.
7. The health authority shall:
 - (a) Revoke, suspend or refuse to renew any permit issued pursuant to this section for violation of any provision of this chapter or of any regulation adopted by the board; or
 - (b) Bring an action in any court for violation of this chapter or the regulations adopted pursuant to this chapter,
➔ only after the holder of a permit is afforded an opportunity for a public hearing pursuant to regulations adopted by the board.
8. The health authority may suspend a permit if the holder is using an ambulance, air ambulance or vehicle of a fire-fighting agency which does not meet the minimum requirements for equipment as established by the board pursuant to this chapter.
9. In determining whether to issue a permit for the operation of an air ambulance pursuant to this section, the health authority:
 - (a) Except as otherwise provided in paragraph (b), may consider the medical aspects of the operation of an air ambulance, including, without limitation, aspects related to patient care;

and

(b) Shall not consider economic factors, including, without limitation, factors related to the prices, routes or nonmedical services of an air ambulance.

10. The issuance of a permit pursuant to this section or [NRS 450B.210](#) does not authorize any person or governmental entity to provide those services or to operate any ambulance, air ambulance or vehicle of a fire-fighting agency not in conformity with any ordinance or regulation enacted by any county, municipality or special purpose district.

11. A permit issued pursuant to this section is valid throughout the State, whether issued by the Division or a district board of health. An ambulance, air ambulance or vehicle of a fire-fighting agency which has received a permit from the district board of health in a county whose population is 700,000 or more is not required to obtain a permit from the Division, even if the ambulance, air ambulance or vehicle of a fire-fighting agency has routine operations outside the county.

12. The Division shall maintain a central registry of all permits issued pursuant to this section, whether issued by the Division or a district board of health.

13. The board shall adopt such regulations as are necessary to carry out the provisions of this section.

(Added to NRS by [1973, 1144](#); A [1977, 71](#); [1981, 279](#); [1985, 1697](#); [1987, 2212](#); [1991, 1916](#); [1993, 2834](#); [1995, 2548](#); [2005, 2473](#); [2011, 1271](#); [2013, 618](#); [2015, 651](#); [2023, 1965](#))

NRS 450B.210 Provisional permit.

1. The board may issue provisional permits limited as to time, place and purpose, based on the need therefor. No provisional permit may be issued for a period of longer than 6 months. The board may establish a reasonable fee for such provisional permits. Revenue from such fees collected by the Division must be accounted for separately and does not revert to the State General Fund at the end of any fiscal year.

2. Unless otherwise limited in the permit, a provisional permit issued pursuant to this section is valid for providing emergency services throughout the State, whether issued by the Division or a district board of health.

3. In determining whether to issue a permit for the operation of an air ambulance pursuant to this section, the health authority:

(a) Except as otherwise provided in paragraph (b), may consider the medical aspects of the operation of an air ambulance, including, without limitation, aspects related to patient care; and

(b) Shall not consider economic factors, including, without limitation, factors related to the prices, routes or nonmedical services of an air ambulance.

(Added to NRS by [1973, 1145](#); A [1991, 1917](#); [2005, 2474](#); [2013, 619](#); [2023, 1966](#))

NRS 450B.215 Administrative sanctions for failure to comply with requirements concerning electronic health information.

1. If the health authority receives notification from the Department of Health and Human Services pursuant to [NRS 439.5895](#) that the holder of a permit to operate an ambulance, air ambulance or vehicle of a fire-fighting agency is not in compliance with the requirements of subsection 4 of [NRS 439.589](#), the health authority may, after notice and the opportunity for a hearing in accordance with the provisions of this chapter, require corrective action or impose an administrative penalty in an amount established by regulation of the board.

2. The health authority shall not suspend or revoke a permit for failure to comply with the requirements of subsection 4 of [NRS 439.589](#).

(Added to NRS by [2023, 1851](#))

NRS 450B.220 Periodic inspections.

1. Subsequent to issuance of any permit under [NRS 450B.200](#) and [450B.210](#), the health authority shall cause to be inspected the ambulances, aircraft, vehicles, medical supplies, equipment, personnel, records, premises and operational procedures of a holder of a permit whenever that inspection is deemed necessary, but no less frequently than once each year. The periodic inspection required by this section is in addition to any other state or local inspections required for ambulances, aircraft or motor vehicles under statute or ordinances.

2. Any inspection conducted pursuant to subsection 1 of the aircraft, equipment, personnel, records, premises or operational procedures of a holder of a permit to operate an air ambulance must be related only to the medical aspects of the operation of the air ambulance.

(Added to NRS by [1973, 1145](#); A [1985, 1699](#); [1993, 2835](#); [2013, 620](#))

NRS 450B.225 Staffing of air ambulance; regulations; letter of endorsement and identification card for staff that meet requirements.

1. Except as otherwise provided in subsection 2 or as otherwise authorized by the Recognition of Emergency Medical Services Personnel Licensure Interstate Compact ratified by [NRS 450B.145](#), during any period in which an air ambulance is used to provide medical transportation services for which a permit is required, the air ambulance must be staffed with, at a minimum:

(a) One primary attendant who:

(1) Is an emergency medical services registered nurse who has at least 3 years of critical care nursing experience;

(2) Has successfully completed an air ambulance attendant course which includes didactic and clinical components and is approved or in compliance with requirements set by the board; and

(3) Has demonstrated proficiency in basic prehospital skills and advance procedures as specified by the board; and

(b) One secondary attendant who meets the same qualifications as a primary attendant pursuant to paragraph (a) or:

(1) Is certified as a paramedic;

(2) Has at least 3 years of field experience as a paramedic;

(3) Has successfully completed an air ambulance attendant course which includes didactic and clinical components and is approved or in compliance with requirements set by the board; and

(4) Has demonstrated proficiency in basic prehospital skills and advance procedures as specified by the board.

2. If, as determined by the pilot and medical director of the air ambulance, the weight of the secondary attendant could compromise the performance of the air ambulance, safety or patient care, an air ambulance providing medical transportation services may be staffed with only a primary attendant as described in paragraph (a) of subsection 1.

3. The board may adopt regulations specifying the acceptable documentation of the requirements set forth in paragraph (a) or (b) of subsection 1.

4. The health authority may issue a letter of endorsement and identification card to an emergency medical services registered nurse or paramedic who satisfies the requirements of paragraph (a) or (b) of subsection 1.

(Added to NRS by [2015, 1728](#); A [2023, 2288](#))

NRS 450B.230 Owner not to allow operation without required equipment; exception.

1. The public or private owner of an ambulance or air ambulance or the fire-fighting agency who owns a vehicle used in providing emergency medical care shall not permit its operation and use without the equipment required by regulations and standards of the board.

2. The provisions of this section do not apply to the equipment in or of an air ambulance unless the equipment is related to the medical aspects of the operation of the air ambulance.

(Added to NRS by [1973, 1145](#); A [1985, 1699](#); [2013, 620](#))

NRS 450B.235 Filing and maintenance of schedule of rates of ambulance.

1. Each public and private owner of an ambulance shall file his or her schedule of rates with the health authority. Any change in a schedule of an ambulance must be filed before the change becomes effective.

2. The health authority shall keep each schedule of rates or changes filed with it for at least 3 years after the schedule has been superseded or otherwise become ineffective.

(Added to NRS by [1979, 726](#); A [1993, 2835](#); [2013, 620](#))

TREATMENT OF TRAUMA

NRS 450B.236 Approval required for operation of center for treatment of trauma. A person shall not operate a center for the treatment of trauma without first applying for and obtaining the written approval of the Administrator of the Division.

(Added to NRS by [1987, 1042](#))

NRS 450B.237 Establishment of program for treatment of trauma; designation of hospital as trauma center; approval of designation; compliance with certain requirements.

1. The board shall establish a program for treating persons who require treatment for trauma and for transporting and admitting such persons to centers for the treatment of trauma. The program must provide for the development, operation and maintenance of a system of communication to be used in transporting such persons to the appropriate centers.

2. The State Board of Health shall adopt regulations which establish the standards for the designation of hospitals as centers for the treatment of trauma. The State Board of Health shall consider the standards adopted by the American College of Surgeons for a center for the treatment of trauma as a guide for such regulations. The Administrator of the Division shall not approve a proposal to designate a hospital as a center for the treatment of trauma unless:

(a) The hospital meets the standards established pursuant to this subsection; and

(b) The Administrator determines, after conducting a comprehensive assessment of needs, that the proposed center for the treatment of trauma will operate in an area that is experiencing a shortage of trauma care. Such an assessment of needs must include, without limitation, consideration of:

(1) The impact of the proposed center for the treatment of trauma on the capacity of existing hospitals to provide for the treatment of trauma;

(2) The number and locations of cases of trauma that have occurred during the previous 5 calendar years in the county in which the proposed center for the treatment of trauma will be located and the level of treatment that was required for those cases;

(3) Any identified need for an additional center for the treatment of trauma in the county in which the proposed center for the treatment of trauma will be located; and

(4) Any additional criteria recommended by the American College of Surgeons or its successor organization, other than criteria related to community support for the proposed trauma center.

3. Each district board of health in a county whose population is 700,000 or more shall adopt:

(a) Regulations which establish the standards for the designation of hospitals in the county as centers for the treatment of trauma which are consistent with the regulations adopted by the State Board of Health pursuant to subsection 2; and

(b) A plan for a comprehensive trauma system concerning the treatment of trauma in the county, which includes, without limitation, consideration of the future trauma needs of the county, consideration of and plans for the development and designation of new centers for the treatment of trauma in the county based on the demographics of the county and the manner in which the county may most effectively provide trauma services to persons in the county.

4. A district board of health in a county whose population is 700,000 or more shall not approve a proposal to designate a hospital as a center for the treatment of trauma unless:

(a) The hospital meets the standards established pursuant to subsection 3;

(b) The proposal has been approved by the Administrator of the Division pursuant to subsection 2; and

(c) The district board of health concludes, based on the plan adopted pursuant to paragraph (b) of subsection 3, that the proposed center for the treatment of trauma will not negatively impact the capacity of existing centers for the treatment of trauma in the county.

5. Upon approval by the Administrator of the Division and, if the hospital is located in a county whose population is 700,000 or more, the district board of health of the county in which the hospital is located, of a proposal to designate a hospital as a center for the treatment of trauma, the Administrator of the Division shall issue written approval which designates the hospital as such a center. As a condition of continuing designation of the hospital as a center for the treatment of trauma, the hospital must comply with the following requirements:

(a) The hospital must admit any injured person who requires medical care.

(b) Any physician who provides treatment for trauma must be qualified to provide that treatment.

(c) The hospital must maintain the standards specified in the regulations adopted pursuant to subsections 2 and 3.

(Added to NRS by [1987, 1042](#); A [1993, 2835](#); [2005, 1349](#); [2011, 1273](#); [2019, 4039](#))

NRS 450B.238 Regulations requiring hospital to record and maintain information. The State Board of Health shall adopt regulations which require each hospital to record and maintain information concerning the treatment of trauma in the hospital. The Board shall consider the guidelines adopted by the American College of Surgeons which concern the information which must be recorded.

(Added to NRS by [1987, 1043](#); A [1993, 2836](#))

NRS 450B.239 Division to cooperate with American College of Surgeons. In addition to the education and training required by this chapter, the Division shall cooperate with the American College of Surgeons to provide training in the treatment of trauma.

(Added to NRS by [1987, 1043](#))

PROHIBITED ACTS

NRS 450B.240 Engaging in operation of services relating to ambulances or air ambulances without permit prohibited; provision of certain medical care by fire-fighting agency without permit prohibited; provision of community paramedicine services without endorsement prohibited.

1. A person or governmental entity shall not engage in the operation of any ambulance or air ambulance service in this state without a currently valid permit for that service issued by the health authority.

2. A fire-fighting agency shall not provide the level of medical care provided by an advanced emergency medical technician or paramedic to sick or injured persons at the scene of an emergency or while transporting those persons to a medical facility without a currently valid permit for that care issued by the health authority.

3. A person or governmental entity shall not provide community paramedicine services or represent, advertise or otherwise imply that it is authorized to provide community paramedicine services without a currently valid permit with an endorsement to provide community paramedicine services issued by the health authority pursuant to [NRS 450B.1993](#).

4. Nothing in this section precludes the operation of an aircraft in this state in a manner other than as an air ambulance.

(Added to NRS by [1973, 1145](#); A [1985, 1699](#); [1993, 2836](#); [2001, 999](#); [2013, 620, 946](#); [2015, 652](#))

NRS 450B.250 Service as attendant for ambulance or air ambulance without license prohibited; provision of certain medical care by firefighter without license prohibited; requirements for person to provide community paramedicine services.

1. Except as otherwise provided in this chapter, a person shall not serve as an attendant on any ambulance or air ambulance and a firefighter shall not provide the level of medical care provided by an advanced emergency medical technician or paramedic to sick or injured persons at the scene of an emergency or while transporting those persons to a medical facility unless the person holds a currently valid license issued by the health authority under the provisions of this chapter.

2. A person shall not provide community paramedicine services unless the person:

(a) Is certified as an emergency medical technician, an advanced emergency medical technician or a paramedic;

(b) Is employed by or serves as a volunteer for a person or governmental entity which has a currently valid permit with an endorsement to provide community paramedicine services issued by the health authority pursuant to [NRS 450B.1993](#); and

(c) Meets the qualifications and has satisfied any training required by regulations adopted pursuant to [NRS 450B.1993](#).

(Added to NRS by [1973, 1145](#); A [1985, 1699](#); [1993, 2836](#); [2001, 999](#); [2005, 334](#); [2013, 946](#); [2015, 652](#))

NRS 450B.255 Representation as emergency medical technician, advanced emergency medical technician or paramedic without credentials prohibited. A person shall not represent himself or herself to be an emergency medical technician, advanced emergency medical technician or paramedic unless the person has been issued a currently valid certificate by the health authority or is practicing under the Recognition of Emergency Medical Services Personnel Licensure Interstate Compact ratified by [NRS 450B.145](#).

(Added to NRS by [1979, 71](#); A [1993, 2836](#); [2013, 946](#); [2023, 2288](#))

NRS 450B.260 Operation of ambulance, air ambulance or fire-fighting vehicle used to provide certain medical care without licensed driver and attendant prohibited; exceptions.

1. Except as otherwise provided in this section or as authorized by the Recognition of Emergency Medical Services Personnel Licensure Interstate Compact ratified by [NRS 450B.145](#), the public or private owner of an ambulance or air ambulance or a fire-fighting agency which owns a vehicle used in providing medical care to sick or injured persons at the scene of an emergency or while transporting those persons to a medical facility shall not permit its operation and use by any person not licensed under this chapter.

2. An ambulance carrying a sick or injured patient must be occupied by a driver and an attendant, each of whom is licensed as an attendant pursuant to this chapter, exempt from licensing pursuant to subsection 7 of [NRS 450B.160](#) or authorized to practice in this State under the Recognition of Emergency Medical Services Personnel Licensure Interstate Compact ratified by [NRS 450B.145](#), except as otherwise provided in subsection 5 or in geographic areas which may be designated by the board and for which the board may prescribe lesser qualifications.

3. An air ambulance carrying a sick or injured patient must be occupied by a licensed attendant, a person exempt from licensing pursuant to subsection 7 of [NRS 450B.160](#) or a person authorized to practice in this State under the Recognition of Emergency Medical Services Personnel Licensure Interstate Compact ratified by [NRS 450B.145](#), in addition to the pilot of the aircraft.

4. The pilot of an air ambulance is not required to have a license under this chapter.

5. A person who operates or uses a vehicle owned by a fire-fighting agency is not required to be licensed under this chapter, except that such a vehicle may not be used to provide the level of medical care provided by an advanced emergency medical technician or paramedic to sick or injured persons:

(a) At the scene of an emergency unless at least one person in the vehicle is licensed to provide the care; or

(b) While transporting those persons to a medical facility unless at least two persons in the vehicle are licensed to provide the care.

6. Nothing in this section precludes the operation of an aircraft in this State in a manner other than as an air ambulance.

(Added to NRS by [1973, 1145](#); A [1985, 1699](#); [1993, 320](#); [2001, 999](#); [2013, 620, 947](#); [2019, 2095](#); [2023, 2288](#))

NRS 450B.265 Offering level of emergency care provided by paramedic without permit prohibited; exception.

1. Except as otherwise provided in subsection 2, a fire-fighting agency or an owner, operator, director or chief officer of an ambulance shall not represent, advertise or imply that it:

(a) Is authorized to provide the level of emergency care provided by a paramedic; or

(b) Uses the services of a paramedic,

↪ unless the service has a currently valid permit to provide the level of emergency care provided by a paramedic issued by the health authority.

2. Any service in a county whose population is less than 700,000, that holds a valid permit for the operation of an ambulance but is not authorized by the health authority to provide the level of emergency care provided by a paramedic may represent, for billing purposes, that its ambulance provided emergency care by a paramedic if:

(a) A registered nurse employed by a hospital rendered the level of emergency care provided by a paramedic to a patient being transferred from the hospital by the ambulance; and

(b) The equipment deemed necessary by the health authority for the provision of the level of emergency care provided by a paramedic was on board the ambulance at the time the registered nurse rendered the emergency care.

3. A hospital that employs a registered nurse who renders the care described in subsection 2 is entitled to reasonable reimbursement for the services rendered by the nurse.

(Added to NRS by [1979, 71](#); A [1985, 1700](#); [1987, 2213](#); [1989, 286, 1936](#); [1993, 2836](#); [2011, 1274](#); [2013, 947](#))

SAFETY OF EMERGENCY RESPONSE EMPLOYEES CONCERNING EXPOSURE TO INFECTIOUS DISEASES

NRS 450B.340 Designation of officer to receive notifications and responses and make requests on behalf of emergency response employees. Each employer of emergency response employees in this State shall designate at least one employee to serve as a designated officer to receive notifications and responses and make requests on behalf of its emergency response employees pursuant to [NRS 450B.340](#) to [450B.390](#), inclusive.

(Added to NRS by [2009, 911](#))

NRS 450B.350 Duty of medical facility or county coroner or medical examiner to notify designated officer if victim transported has infectious disease; time and contents for notification.

1. Except as otherwise provided in [NRS 441A.195](#), if a victim of an emergency is transported by emergency response employees to a medical facility and the medical facility determines that the victim has an infectious disease, the medical facility shall notify a designated officer of the emergency response employees of that determination.

2. If a victim of an emergency is transported by emergency response employees to a medical facility, the victim dies at or before reaching the medical facility and the county coroner or medical examiner of the county in which the victim dies, as applicable, determines the cause of death of the victim, the county coroner or medical examiner shall notify a designated officer of the emergency response employees of any determination by the county coroner or medical examiner that the victim had an infectious disease.

3. The medical facility to which the victim is transported or the county coroner or medical examiner of the county in which the victim dies, as applicable, shall cause the notification required by subsection 1 or 2, as appropriate, to be made as soon as practicable, but not later than 48 hours after the determination is made.

4. The notification must include, without limitation:

(a) The name of the infectious disease to which the emergency response employees may have been exposed; and

(b) The date on which the victim of the emergency was transported by the emergency response employees to the medical facility.

(Added to NRS by [2009, 911](#))

NRS 450B.360 Determination of possible exposure of emergency response employee to infectious disease; request for response from medical facility or county coroner or medical examiner.

1. Except as otherwise provided in [NRS 441A.195](#), if an emergency response employee believes that he or she may have been exposed to an infectious disease by a victim of an emergency who was transported, attended, treated or assisted by the emergency response employee, a designated officer of the employee shall, upon the request of the employee, make an initial determination of the possible exposure of the employee to an infectious disease by:

(a) Collecting the facts relating to the circumstances under which the employee may have been exposed to an infectious disease; and

(b) Evaluating the facts to determine whether the victim had an infectious disease and whether the employee may have been exposed to the disease.

2. If a designated officer determines that an emergency response employee may have been exposed to an infectious disease, the designated officer shall submit to the medical facility to which the victim was transported or the county coroner or medical examiner of the county in which the victim died, as applicable, a written request for a response.

(Added to NRS by [2009, 911](#))

NRS 450B.370 Response of medical facility or county coroner or medical examiner.

1. If a medical facility, county coroner or medical examiner, as applicable, receives a written request for a response pursuant to subsection 2 of [NRS 450B.360](#), the medical facility, county coroner or medical examiner shall, as soon as practicable but not later than 48 hours after receiving the request, evaluate the facts submitted in the request and determine whether the emergency response employee was exposed to an infectious disease.

2. If the medical facility, county coroner or medical examiner, as applicable, determines that the emergency response employee may have been exposed or was not exposed to an infectious disease or that insufficient information exists for a determination to be made, the medical facility, county coroner or medical examiner shall notify, in writing, the designated officer who submitted the request.

(Added to NRS by [2009, 912](#))

NRS 450B.375 Procedure upon notification that insufficient information exists to determine whether emergency response employee was exposed to infectious disease; request for further evaluation; duties of health officer.

1. If a designated officer receives a notice from a medical facility, county coroner or medical examiner, as applicable, pursuant to subsection 2 of [NRS 450B.370](#) that insufficient information exists for the medical facility, county coroner or medical examiner to make a determination of whether an emergency response employee was exposed to an infectious disease, the designated officer may submit a request for further evaluation to the health officer in whose jurisdiction the medical facility, county coroner or medical examiner is located. A request submitted pursuant to this subsection must include the original request for a written response submitted by the designated officer pursuant to subsection 2 of [NRS 450B.360](#).

2. If a health officer receives a request for further evaluation pursuant to subsection 1, the health officer shall evaluate the request and the request for a written response submitted by the designated officer pursuant to subsection 2 of [NRS 450B.360](#). An evaluation conducted pursuant to this subsection must be completed as soon as practicable but not later than 48 hours after the request for further evaluation is received.

3. If an evaluation conducted pursuant to subsection 2 indicates that the facts provided to the medical facility, county coroner or medical examiner, as applicable, were:

(a) Sufficient to determine that an emergency response employee was exposed to an infectious disease, the health officer shall, on behalf of the designated officer, resubmit the request to the medical facility, county coroner or medical examiner; or

(b) Insufficient to determine that an emergency response employee was exposed to an infectious disease, the health officer shall advise the designated officer in writing regarding the collection and description of additional facts for further evaluation by the medical facility, county coroner or medical examiner pursuant to [NRS 450B.370](#).

(Added to NRS by [2009, 912](#))

NRS 450B.380 Notice to emergency response employee of possible exposure to infectious disease.

1. If a designated officer receives a notice from a medical facility, county coroner or medical examiner, as applicable, pursuant to [NRS 450B.370](#) that an emergency response employee may have been exposed to an infectious disease, the designated officer shall, as soon as is practicable after receiving the notice, notify each emergency response employee who responded to the emergency and may have been exposed to an infectious disease.

2. The notification must include, without limitation:

(a) A statement indicating that the emergency response employee may have been exposed to an infectious disease;

(b) The name of the infectious disease;

(c) The date on which the victim of the emergency was transported by the emergency response employee to the medical facility; and

(d) Any action that is medically appropriate for the emergency response employee to take.

(Added to NRS by [2009, 913](#))

NRS 450B.390 Limitations on effect of [NRS 450B.340](#) to [450B.390](#), inclusive. The provisions of [NRS 450B.340](#) to [450B.390](#), inclusive, must not be construed to:

1. Authorize any cause of action for damages or any civil penalty against a medical facility, county coroner, medical examiner or designated officer that fails to comply with any requirement of those provisions.
2. Require or authorize a medical facility, county coroner or medical examiner to test a victim of an emergency for the presence of an infectious disease.
3. Require or authorize a medical facility, county coroner, medical examiner, designated officer or emergency response employee to disclose the identity of or identifying information about a victim of an emergency or an emergency response employee.
4. Authorize an emergency response employee to fail to respond or deny services to a victim of an emergency.

(Added to NRS by [2009, 913](#))

WITHHOLDING LIFE-SUSTAINING TREATMENT

NRS 450B.400 Definitions. As used in [NRS 450B.400](#) to [450B.590](#), inclusive, unless the context otherwise requires, the words and terms defined in [NRS 450B.402](#) to [450B.475](#), inclusive, have the meanings ascribed to them in those sections.

(Added to NRS by [1997, 287](#); A [2001, 815](#); [2017, 1768](#))

NRS 450B.402 “Advanced practice registered nurse” defined. “Advanced practice registered nurse” has the meaning ascribed to it in [NRS 449A.406](#).

(Added to NRS by [2017, 1768](#))

NRS 450B.404 “Attending advanced practice registered nurse” defined. “Attending advanced practice registered nurse” has the meaning ascribed to it in [NRS 449A.409](#).

(Added to NRS by [2017, 1768](#))

NRS 450B.405 “Attending physician” defined. “Attending physician” has the meaning ascribed to it in [NRS 449A.412](#).

(Added to NRS by [2001, 814](#))

NRS 450B.410 “Do-not-resuscitate identification” defined. “Do-not-resuscitate identification” means:

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

(Added to NRS by [1997, 287](#); A [2017, 1768](#))

NRS 450B.420 “Do-not-resuscitate order” defined. “Do-not-resuscitate order” means a written directive issued by a physician or advanced practice registered nurse licensed in this state that emergency life-resuscitating treatment must not be administered to a qualified

patient. The term also includes a valid do-not-resuscitate order issued under the laws of another state.

(Added to NRS by [1997, 288](#); A [2017, 1768](#))

NRS 450B.430 “Do-not-resuscitate protocol” defined. “Do-not-resuscitate protocol” means the standardized procedure and guidelines established by the board for the withholding of emergency life-resuscitating treatment in compliance with a do-not-resuscitate order or a do-not-resuscitate identification.

(Added to NRS by [1997, 288](#); A [1999, 45](#))

NRS 450B.440 “Health care facility” defined. “Health care facility” has the meaning ascribed to it in [NRS 162A.740](#).

(Added to NRS by [1997, 288](#); A [2009, 210](#))

NRS 450B.450 “Life-resuscitating treatment” defined. “Life-resuscitating treatment” means cardiopulmonary resuscitation or a component of cardiopulmonary resuscitation, including chest compressions, defibrillation, cardioversion, assisted ventilation, airway intubation or administration of cardiotoxic drugs.

(Added to NRS by [1997, 288](#))

NRS 450B.460 “Person who administers emergency medical services” defined. “Person who administers emergency medical services” means a paid or volunteer firefighter, law enforcement officer, emergency medical technician, advanced emergency medical technician, paramedic, ambulance attendant or other person trained to provide emergency medical services.

(Added to NRS by [1997, 288](#); A [2013, 948](#))

NRS 450B.470 “Qualified patient” defined. “Qualified patient” means:

1. A patient 18 years of age or older who has been determined by the patient’s attending physician or attending advanced practice registered nurse to be in a terminal condition and who:

(a) Has executed a declaration in accordance with the requirements of [NRS 449A.433](#);

(b) Has executed a Provider Order for Life-Sustaining Treatment form pursuant to [NRS 449A.500](#) to [449A.581](#), inclusive, if the form provides that the patient is not to receive life-resuscitating treatment; or

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

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

(a) Has been determined by the patient’s attending physician or attending advanced practice registered nurse to be in a terminal condition; and

(b) Has executed a Provider Order for Life-Sustaining Treatment form pursuant to [NRS 449A.500](#) to [449A.581](#), inclusive, if the form provides that the patient is not to receive life-resuscitating treatment or has been issued a do-not-resuscitate order pursuant to [NRS 450B.510](#).

(Added to NRS by [1997, 288](#); A [2001, 815](#); [2013, 2290](#); [2017, 462](#), [1768](#))

NRS 450B.475 “Terminal condition” defined. “Terminal condition” has the meaning ascribed to it in [NRS 449A.430](#).

(Added to NRS by [2001, 814](#))

NRS 450B.480 Applicability. The provisions of [NRS 450B.400](#) to [450B.590](#), inclusive, apply only to emergency medical services administered to a qualified patient:

1. Before he or she is admitted to a medical facility; or

2. While the qualified patient is being prepared to be transferred, or is being transferred, from one health care facility to another health care facility.

(Added to NRS by [1997, 288](#); A [2001, 816](#); [2017, 1769](#))

NRS 450B.490 Adoption of regulations; fee for do-not-resuscitate identification.

1. The board shall adopt regulations to carry out the provisions of [NRS 450B.400](#) to [450B.590](#), inclusive. The regulations must establish:

- (a) A do-not-resuscitate protocol; and
- (b) The procedure to apply for a do-not-resuscitate identification.

2. The board may establish a fee for:

(a) A do-not-resuscitate identification to be collected by the health authority. The fee may not exceed the actual cost to the health authority of:

(1) Manufacturing or obtaining the identification from a manufacturer, including the cost of shipping and handling; and

(2) Engraving the identification.

(b) The issuance of a bracelet or medallion which indicates that a do-not-resuscitate identification has been issued to a qualified patient.

3. In the case of a district board of health, such regulations take effect immediately upon approval by the State Board of Health.

(Added to NRS by [1997, 288](#); A [1999, 45](#); [2001, 816](#); [2005, 2475](#))

NRS 450B.500 Do-not-resuscitate identification: Contents. Each do-not-resuscitate identification issued by the health authority must include, without limitation:

1. An identification number that is unique to the qualified patient to whom the identification is issued;

2. The name and date of birth of the patient; and

3. The name of the attending physician or attending advanced practice registered nurse of the patient.

(Added to NRS by [1997, 288](#); A [2017, 1769](#))

NRS 450B.505 Do-not-resuscitate identification: Manufacture and issuance of bracelet or medallion. The board may enter into an agreement for the manufacture of a bracelet or medallion to be worn by a qualified patient which indicates that the qualified patient has been issued a do-not-resuscitate identification. Such a bracelet or medallion may be issued to a qualified patient in addition to, and not in lieu of, the do-not-resuscitate identification.

(Added to NRS by [2001, 814](#))

NRS 450B.510 Written do-not-resuscitate orders: Issued only to qualified patients; physician or advanced practice registered nurse authorized to apply for identification.

1. A physician or advanced practice registered nurse licensed in this state may issue a written do-not-resuscitate order only to a patient who has been determined to be in a terminal condition.

2. Except as otherwise provided in subsection 3, the order is effective only if the patient has agreed to its terms, in writing, while the patient is capable of making an informed decision.

3. If the patient is a minor, the order is effective only if:

(a) The parent or legal guardian of the minor has agreed to its terms, in writing; and

(b) The minor has agreed to its terms, in writing, while the minor is capable of making an informed decision if, in the opinion of the attending physician or attending advanced practice

registered nurse, the minor is of sufficient maturity to understand the nature and effect of withholding life-resuscitating treatment.

4. A physician or advanced practice registered nurse who issues a do-not-resuscitate order may apply, on behalf of the patient, to the health authority for a do-not-resuscitate identification for that patient.

(Added to NRS by [1997, 289](#); A [2001, 816](#); [2017, 1769](#))

NRS 450B.520 Application for do-not-resuscitate identification: Form; requirements. Except as otherwise provided in [NRS 450B.525](#):

1. A qualified patient may apply to the health authority for a do-not-resuscitate identification by submitting an application on a form provided by the health authority. To obtain a do-not-resuscitate identification, the patient must comply with the requirements prescribed by the board and sign a form which states that the patient has informed each member of his or her family within the first degree of consanguinity or affinity, whose whereabouts are known to the patient, or if no such members are living, the patient's legal guardian, if any, or if he or she has no such members living and has no legal guardian, his or her caretaker, if any, of the patient's decision to apply for an identification.

2. An application must include, without limitation:

(a) Certification by the patient's attending physician or attending advanced practice registered nurse that the patient suffers from a terminal condition;

(b) Certification by the patient's attending physician or attending advanced practice registered nurse that the patient is capable of making an informed decision or, when the patient was capable of making an informed decision, that the patient:

(1) Executed:

(I) A written directive that life-resuscitating treatment be withheld under certain circumstances;

(II) A durable power of attorney for health care pursuant to [NRS 162A.700](#) to [162A.870](#), inclusive; or

(III) A Provider Order for Life-Sustaining Treatment form pursuant to [NRS 449A.500](#) to [449A.581](#), inclusive, if the form provides that the patient is not to receive life-resuscitating treatment; or

(2) Was issued a do-not-resuscitate order pursuant to [NRS 450B.510](#);

(c) A statement that the patient does not wish that life-resuscitating treatment be undertaken in the event of a cardiac or respiratory arrest;

(d) The name, signature and telephone number of the patient's attending physician or attending advanced practice registered nurse; and

(e) The name and signature of the patient or the agent who is authorized to make health care decisions on the patient's behalf pursuant to a durable power of attorney for health care decisions.

(Added to NRS by [1997, 289](#); A [1999, 45](#); [2001, 817](#); [2009, 210](#); [2013, 2290](#); [2017, 463](#), [1770](#); [2023, 498](#))

NRS 450B.525 Application for do-not-resuscitate identification on behalf of minor: Requirements; form; revocation by parent or legal guardian of authorization to withhold life-resuscitating treatment; effect when minor is of sufficient maturity.

1. A parent or legal guardian of a minor may apply to the health authority for a do-not-resuscitate identification on behalf of the minor if the minor has been:

(a) Determined by his or her attending physician or attending advanced practice registered nurse to be in a terminal condition; and

(b) Issued a do-not-resuscitate order pursuant to [NRS 450B.510](#).

2. To obtain such a do-not-resuscitate identification, the parent or legal guardian must:
 - (a) Submit an application on a form provided by the health authority; and
 - (b) Comply with the requirements prescribed by the board.
 3. An application submitted pursuant to subsection 2 must include, without limitation:
 - (a) Certification by the minor's attending physician or attending advanced practice registered nurse that the minor:
 - (1) Suffers from a terminal condition; and
 - (2) Has executed a Provider Order for Life-Sustaining Treatment form pursuant to [NRS 449A.500](#) to [449A.581](#), inclusive, if the form provides that the minor is not to receive life-resuscitating treatment or has been issued a do-not-resuscitate order pursuant to [NRS 450B.510](#);
 - (b) A statement that the parent or legal guardian of the minor does not wish that life-resuscitating treatment be undertaken in the event of a cardiac or respiratory arrest;
 - (c) The name of the minor;
 - (d) The name, signature and telephone number of the minor's attending physician or attending advanced practice registered nurse; and
 - (e) The name, signature and telephone number of the minor's parent or legal guardian.
 4. The parent or legal guardian of the minor may revoke the authorization to withhold life-resuscitating treatment by removing or destroying or requesting the removal or destruction of the identification or otherwise indicating to a person that he or she wishes to have the identification removed or destroyed.
 5. If, in the opinion of the attending physician or attending advanced practice registered nurse, the minor is of sufficient maturity to understand the nature and effect of withholding life-resuscitating treatment:
 - (a) The do-not-resuscitate identification obtained pursuant to this section is not effective without the assent of the minor.
 - (b) The minor may revoke the authorization to withhold life-resuscitating treatment by removing or destroying or requesting the removal or destruction of the identification or otherwise indicating to a person that the minor wishes to have the identification removed or destroyed.
- (Added to NRS by [2001, 815](#); A [2013, 2291](#); [2017, 463](#), [1770](#))

NRS 450B.530 Revocation of authorization to withhold life-resuscitating treatment. Except as otherwise provided in [NRS 450B.525](#), a qualified patient who possesses a do-not-resuscitate identification may revoke his or her authorization to withhold life-resuscitating treatment by removing or destroying or requesting the removal or destruction of his or her identification or otherwise indicating to a person that the patient wishes to have the identification removed or destroyed.

(Added to NRS by [1997, 289](#); A [2001, 817](#))

NRS 450B.540 Person not guilty of unprofessional conduct or subject to liability for withholding or providing life-resuscitating treatment under certain circumstances.

1. A person is not guilty of unprofessional conduct or subject to civil or criminal liability if the person:
 - (a) Is a physician or advanced practice registered nurse who:
 - (1) Causes the withholding of life-resuscitating treatment from a qualified patient who possesses a do-not-resuscitate identification in accordance with the do-not-resuscitate protocol; or
 - (2) While the patient is being prepared to be transferred, or is being transferred, from one health care facility to another health care facility, carries out a do-not-resuscitate order that

is documented in the medical record of a qualified patient, in accordance with the do-not-resuscitate protocol;

(b) Pursuant to the direction of or with the authorization of a physician or advanced practice registered nurse, participates in:

(1) The withholding of life-resuscitating treatment from a qualified patient who possesses a do-not-resuscitate identification in accordance with the do-not-resuscitate protocol; or

(2) While the patient is being prepared to be transferred, or is being transferred, from one health care facility to another health care facility, carrying out a do-not-resuscitate order that is documented in the medical record of a qualified patient, in accordance with the do-not-resuscitate protocol; or

(c) Administers emergency medical services and:

(1) Causes or participates in the withholding of life-resuscitating treatment from a qualified patient who possesses a do-not-resuscitate identification;

(2) Before a qualified patient is admitted to a medical facility, carries out a do-not-resuscitate order that has been issued in accordance with the do-not-resuscitate protocol; or

(3) While the patient is being prepared to be transferred, or is being transferred, from one health care facility to another health care facility, carries out a do-not-resuscitate order that is documented in the medical record of a qualified patient, in accordance with the do-not-resuscitate protocol.

2. A health care facility, ambulance service or fire-fighting agency that employs a person described in subsection 1 is not guilty of unprofessional conduct or subject to civil or criminal liability for the acts or omissions of the employee carried out in accordance with the provisions of subsection 1.

3. A physician or advanced practice registered nurse, a person pursuant to the direction or authorization of a physician or advanced practice registered nurse, a health care facility or a person administering emergency medical services who provides life-resuscitating treatment pursuant to:

(a) An oral or written request made by a qualified patient, or the parent or legal guardian of a qualified patient, who may revoke the authorization to withhold life-resuscitating treatment pursuant to [NRS 450B.525](#) or [450B.530](#); or

(b) An observation that a qualified patient, or the parent or legal guardian of a qualified patient, has revoked or otherwise indicated that he or she wishes to revoke the authorization to withhold life-resuscitating treatment pursuant to [NRS 450B.525](#) or [450B.530](#),

↪ is not guilty of unprofessional conduct or subject to civil or criminal liability.

(Added to NRS by [1997, 289](#); A [2001, 817](#); [2017, 1771](#))

NRS 450B.550 Person who administers emergency medical services required to comply with do-not-resuscitate protocol; exception.

1. Except as otherwise provided in subsection 2, a person who administers emergency medical services shall comply with do-not-resuscitate protocol when the person observes a do-not-resuscitate identification or carries out a do-not-resuscitate order.

2. A person who administers emergency medical services and who is unwilling or unable to comply with the do-not-resuscitate protocol shall take all reasonable measures to transfer a qualified patient who possesses a do-not-resuscitate identification or has been issued a do-not-resuscitate order to a physician, advanced practice registered nurse or health care facility in which the do-not-resuscitate protocol may be followed.

(Added to NRS by [1997, 290](#); A [2001, 818](#); [2017, 1772](#))

NRS 450B.560 Assumption that do-not-resuscitate identification is valid.

1. Unless he or she has knowledge to the contrary, a physician, any other provider of health care or any person who administers emergency medical services may assume that a do-not-resuscitate identification complies with the provisions of [NRS 450B.400](#) to [450B.590](#), inclusive, and is valid.

2. The provisions of [NRS 450B.400](#) to [450B.590](#), inclusive, do not create a presumption concerning the intention of a:

(a) Qualified patient or a parent or legal guardian of a qualified patient who has revoked authorization to withhold life-resuscitating treatment pursuant to [NRS 450B.525](#) or [450B.530](#); or

(b) Person who has not obtained a do-not-resuscitate identification,
➔ concerning the use or withholding of life-resuscitating treatment in a life-threatening emergency.

(Added to NRS by [1997, 290](#); A [2001, 819](#); [2017, 1772](#))

NRS 450B.570 Resulting death not suicide or homicide; life insurance or annuity not affected by possession of do-not-resuscitate identification or issuance of do-not-resuscitate order; prohibition or requirement of possession of do-not-resuscitate identification or issuance of do-not-resuscitate order not allowed in connection with health care.

1. Death that results when life-resuscitating treatment has been withheld pursuant to the do-not-resuscitate protocol and in accordance with the provisions of [NRS 450B.400](#) to [450B.590](#), inclusive, does not constitute a suicide or homicide.

2. The possession of a do-not-resuscitate identification or the issuance of a do-not-resuscitate order does not affect the sale, procurement or issuance of a policy of life insurance or an annuity or impair or modify the terms of a policy of life insurance or an annuity. A policy of life insurance or an annuity is not legally impaired or invalidated if life-resuscitating treatment has been withheld from an insured who possesses a do-not-resuscitate identification or has been issued a do-not-resuscitate order, notwithstanding any term in the policy or annuity to the contrary.

3. A person may not prohibit or require the possession of a do-not-resuscitate identification or the issuance of a do-not-resuscitate order as a condition of being insured for, or receiving, health care.

(Added to NRS by [1997, 290](#); A [2001, 819](#); [2017, 1773](#))

NRS 450B.580 Unlawful acts; penalty.

1. It is unlawful for:

(a) A person who administers emergency medical services to fail willfully to transfer a qualified patient in accordance with the provisions of [NRS 450B.550](#).

(b) A person purposely to conceal, cancel, deface or obliterate a do-not-resuscitate identification of a qualified patient, unless it is done in compliance with a request of the qualified patient or a parent or legal guardian of the qualified patient to remove or destroy the do-not-resuscitate identification pursuant to [NRS 450B.525](#) or [450B.530](#).

(c) A person to falsify or forge the do-not-resuscitate identification of a qualified patient or purposely to conceal or withhold personal knowledge of the revocation of a do-not-resuscitate identification with the intent to cause the use, withholding or withdrawal of life-resuscitating treatment.

2. A person who violates any of the provisions of this section is guilty of a misdemeanor.

(Added to NRS by [1997, 291](#); A [2001, 819](#))

NRS 450B.590 Limitations on effect of provisions. The provisions of [NRS 450B.400](#) to [450B.590](#), inclusive, do not:

1. Require a physician or other provider of health care to take action contrary to reasonable medical standards;
 2. Condone, authorize or approve mercy killing, euthanasia or assisted suicide;
 3. Substitute for any other legally authorized procedure by which a person may direct that the person not be resuscitated in the event of a cardiac or respiratory arrest;
 4. Except as otherwise provided in [NRS 449A.557](#), affect or impair any right created pursuant to the provisions of [NRS 449A.400](#) to [449A.481](#), inclusive, or [449A.500](#) to [449A.581](#), inclusive; or
 5. Affect the right of a qualified patient to make decisions concerning the use of life-resuscitating treatment, if he or she is able to do so, or impair or supersede a right or responsibility of a person to affect the withholding of medical care in a lawful manner.
- (Added to NRS by [1997, 291](#); A [2013, 2292](#); [2017, 1773](#))

AUTOMATED EXTERNAL DEFIBRILLATORS

NRS 450B.600 Required to be placed in certain public buildings and locations; inspection and maintenance; training on operation and use.

1. Not later than July 1, 2004, and thereafter:
 - (a) The board of trustees of a school district in a county whose population is 100,000 or more shall ensure that at least one automated external defibrillator is placed in a central location at each high school within the district.
 - (b) The Reno-Tahoe Airport Authority shall ensure that at least three automated external defibrillators are placed in central locations at the largest airport within the county.
 - (c) The board of county commissioners of each county whose population is 700,000 or more shall ensure that at least seven automated external defibrillators are placed in central locations at the largest airport within the county.
 - (d) The Board of Regents of the University of Nevada shall ensure that at least two automated external defibrillators are placed in central locations at each of:
 - (1) The largest indoor sporting arena or events center controlled by the University in a county whose population is 100,000 or more but less than 700,000; and
 - (2) The largest indoor sporting arena or events center controlled by the University in a county whose population is 700,000 or more.
 - (e) The Division shall ensure that at least one automated external defibrillator is placed in a central location at each of the following state buildings:
 - (1) The Capitol Building in Carson City;
 - (2) The Legislative Building in Carson City; and
 - (3) The Grant Sawyer Building in Las Vegas.
 - (f) The board of county commissioners of each county whose population is 100,000 or more shall:
 - (1) Identify five county buildings or offices in each of their respective counties which are characterized by large amounts of pedestrian traffic or which house one or more county agencies that provide services to large numbers of persons; and
 - (2) Ensure that at least one automated external defibrillator is placed in a central location at each county building or office identified pursuant to subparagraph (1).
2. Each governmental entity that is required to ensure the placement of one or more automated external defibrillators pursuant to subsection 1:
 - (a) May accept gifts, grants and donations for use in obtaining, inspecting and maintaining the defibrillators;

(b) Shall ensure that those defibrillators are inspected and maintained on a regular basis; and

(c) Shall encourage the entity where the automated external defibrillator is placed to require any employee who will use the automated external defibrillator to successfully complete the training requirements of a course in basic emergency care of a person in cardiac arrest that includes training in the operation and use of an automated external defibrillator and is conducted in accordance with the standards of the American Heart Association, the American National Red Cross or any similar organization.

(Added to NRS by [2003, 2464](#); A [2009, 779](#); [2011, 1274](#))

NRS 450B.610 Maintenance of database by Division; disclosure of information in database; duties of manufacturer; registration of defibrillator; civil penalty for violation.

1. The Division shall:

(a) Within the limitations of available funding, establish and maintain a database containing:

(1) The name and address of each person who owns an automated external defibrillator for commercial use in this State;

(2) If the defibrillator has been registered with the Division pursuant to subsection 4, the name, street address and telephone number of the business or organization that has placed the defibrillator for use on its premises, and the specific location at which the defibrillator is stored; and

(3) If the defibrillator has been registered with the Division pursuant to subsection 5, the information concerning the defibrillator that was required for registration by the Division.

(b) Make the information in the database available to each agency and facility that employs an emergency medical dispatcher in this State.

(c) Apply for and accept any gifts, grants or donations to establish and maintain the database.

2. An emergency medical dispatcher may disclose the information in the database to any person for the purpose of providing emergency medical care.

3. A manufacturer that sells an automated external defibrillator for commercial use in this State shall:

(a) Notify the purchaser in writing of the opportunity to register the defibrillator pursuant to subsection 4;

(b) On or before January 10, April 10, July 10 and October 10 of each year, notify the Division of the name and address of each person who purchased such a defibrillator from the manufacturer during the immediately preceding 3 calendar months; and

(c) Provide to each person who purchases such a defibrillator from the manufacturer information regarding the installation, use, maintenance and operation of the defibrillator and any related training that is available.

4. A person who purchases an automated external defibrillator for commercial use in this State may register the defibrillator with the Division by providing the Division with the person's name, street address and telephone number, the name, street address and telephone number of the business or organization on whose premises the defibrillator will be placed for use, and the specific location at which the defibrillator will be stored.

5. A person who owns an automated external defibrillator for use in a private residence may register the defibrillator with the Division by providing such information concerning the defibrillator as required by the Division.

6. The Division may impose a civil penalty upon a manufacturer of not more than \$500 for each violation of this section by the manufacturer. All money collected from the imposition

of a civil penalty must be used for the maintenance of the database established pursuant to subsection 1.

(Added to NRS by [2009, 777](#))

NRS 450B.620 Placement and maintenance by school districts, health clubs and medical facilities; training of employees.

1. Except as otherwise provided in [NRS 450B.600](#), the board of trustees of each school district in this State, to the extent that money is available, may provide for the placement of an automated external defibrillator in each public school in the school district and at each athletic facility maintained by the school district at a location that is separate from a public school. Each defibrillator must be appropriate for use on children and adults and be limited to use on school property and at school events. The board of trustees may accept:

(a) The donation of a defibrillator that complies with the standards established by the United States Food and Drug Administration; and

(b) Gifts, grants and donations for use in obtaining, inspecting and maintaining a defibrillator.

2. Each medical facility and health club in this State may provide for the placement of an automated external defibrillator in a central location at the medical facility or health club.

3. Each school district, medical facility and health club that provides for the placement of one or more automated external defibrillators pursuant to this section shall:

(a) Ensure that each defibrillator is inspected and maintained on a regular basis; and

(b) Require any employee who will use a defibrillator to complete the training requirements of a course in basic emergency care of a person in cardiac arrest that includes training in the operation and use of an automated external defibrillator and is conducted in accordance with the standards of the American Heart Association, the American National Red Cross or any similar organization.

4. As used in this section:

(a) "Health club" has the meaning ascribed to it in [NRS 598.9415](#).

(b) "Medical facility" means:

(1) A facility for hospice care as defined in [NRS 449.0033](#);

(2) A facility for intermediate care as defined in [NRS 449.0038](#);

(3) A facility for skilled nursing as defined in [NRS 449.0039](#);

(4) A hospital as defined in [NRS 449.012](#);

(5) An independent center for emergency medical care as defined in [NRS 449.013](#); or

(6) A surgical center for ambulatory patients as defined in [NRS 449.019](#).

(c) "School property" has the meaning ascribed to it in [NRS 701B.350](#).

(Added to NRS by [2009, 778](#))

EMERGENCY MEDICAL SERVICES AT SPECIAL EVENTS

NRS 450B.650 Definitions. As used in [NRS 450B.650](#) to [450B.700](#), inclusive, unless the context otherwise requires, the words and terms defined in [NRS 450B.655](#) to [450B.685](#), inclusive, have the meanings ascribed to them in those sections.

(Added to NRS by [2013, 1869](#))

NRS 450B.655 "Dedicated advanced life support ambulance" defined. "Dedicated advanced life support ambulance" means an ambulance equipped to provide advanced life support that:

1. Is capable of transporting a patient from a special event to a hospital but, upon delivering the patient, immediately returns to the site of the special event; and

2. Is staffed by:

(a) At least one licensed attendant who is an emergency medical technician and one licensed attendant who is a paramedic; or

(b) At least two other attendants, each with an equivalent or a higher level of skill than the levels described in paragraph (a) and each of whom is licensed pursuant to this chapter, exempt from licensure pursuant to subsection 7 of [NRS 450B.160](#) or authorized to practice in this State under the Recognition of Emergency Medical Services Personnel Licensure Interstate Compact ratified by [NRS 450B.145](#).

(Added to NRS by [2013, 1869](#); A [2015, 521](#); [2019, 2095](#); [2023, 2289](#))

NRS 450B.660 “First-aid station” defined. “First-aid station” means a fixed location at the site of a special event that is staffed by:

1. At least one licensed attendant who is an emergency medical technician, advanced emergency medical technician or paramedic; or

2. A person with a higher level of skill than the levels described in subsection 1 who is capable of providing emergency medical care within his or her scope of practice and is licensed pursuant to this chapter, exempt from licensure pursuant to subsection 7 of [NRS 450B.160](#) or authorized to practice in this State under the Recognition of Emergency Medical Services Personnel Licensure Interstate Compact ratified by [NRS 450B.145](#).

(Added to NRS by [2013, 1870](#); A [2015, 521](#); [2019, 2095](#); [2023, 2289](#))

NRS 450B.665 “Host organization” defined. “Host organization” means:

1. If a permit was obtained for a special event, the person who obtained the permit; or

2. If a permit was not obtained for a special event, the person who sponsored the special event.

(Added to NRS by [2013, 1870](#))

NRS 450B.670 “Roving emergency medical technician team” defined. “Roving emergency medical technician team” means a team at the site of a special event that:

1. Consists of two or more emergency medical technicians, advanced emergency medical technicians or paramedics who are licensed attendants or authorized to serve as attendants under the Recognition of Emergency Medical Services Personnel Licensure Interstate Compact ratified by [NRS 450B.145](#); and

2. Has the medical supplies necessary to provide emergency medical care.

(Added to NRS by [2013, 1870](#); A [2015, 521](#); [2023, 2290](#))

NRS 450B.675 “Roving intermediate emergency medical technician team” defined. “Roving intermediate emergency medical technician team” means a roving emergency medical team that consists of two or more advanced emergency medical technicians or paramedics who are licensed attendants or authorized to serve as attendants under the Recognition of Emergency Medical Services Personnel Licensure Interstate Compact ratified by [NRS 450B.145](#).

(Added to NRS by [2013, 1870](#); A [2015, 521](#); [2023, 2290](#))

NRS 450B.680 “Significant number” defined. “Significant number” means, with regard to:

1. Contacts by emergency medical personnel with persons who attended a special event, the number of contacts is 0.7 percent or more of the total number of persons who attended the special event; and

2. Patients transported to a hospital, the number of patients transported from the special event to the hospital by ambulance or private vehicle is 15 percent or more of the total number

of contacts at the special event by emergency medical personnel with persons who attended the special event.

(Added to NRS by [2013, 1870](#); A [2015, 521](#))

NRS 450B.685 “Special event” defined. “Special event” means a temporary event, including, without limitation, a concert or sporting event, at which 2,500 or more persons are projected to be in attendance at the same time. The term does not include a temporary event held at a location which is designed to host concerts, sporting events, conventions, trade shows and any other similar events and which has permanently established methods for providing first-aid or emergency medical services at the location.

(Added to NRS by [2013, 1870](#))

NRS 450B.690 Host organization of certain special events held in certain larger counties required to provide certain emergency medical services; exception.

1. Except as otherwise provided in subsection 2:

(a) In a county whose population is 100,000 or more, if a special event is to be held and 2,500 or more persons but less than 10,000 persons are projected to be in attendance at the event at the same time, the host organization shall provide at least one first-aid station at the site of the special event if:

(1) The special event is a concert; or

(2) Three or more of the following factors apply to the special event:

(I) The special event involves a high-risk activity, including, without limitation, sports or racing.

(II) The special event poses environmental hazards to persons attending the special event or is held during a period of extreme heat or cold.

(III) The average age of the persons attending the special event is less than 25 years of age or more than 50 years of age.

(IV) A large number of the persons attending the special event have acute or chronic illnesses.

(V) Alcohol is sold at the special event or, if the special event has been held before, there is a history of alcohol or drug use by the persons who attended the special event in the past.

(VI) The density of the number of persons attending the special event increases the difficulty regarding access to the persons who are attending the special event who require emergency medical care, or the transfer of those persons who require emergency medical care to an ambulance.

(b) In a county whose population is 100,000 or more, if the host organization meets the requirements of subparagraph (1) or (2) of paragraph (a) and 10,000 or more persons but less than 15,000 persons are projected to be in attendance at the special event at the same time, the host organization shall:

(1) Provide at least one first-aid station at the site of the special event and equip the first-aid station with an automated external defibrillator; and

(2) Provide a roving emergency medical technician team at the site of the special event.

(c) In a county whose population is 100,000 or more, if the host organization meets the requirements of subparagraph (1) or (2) of paragraph (a) and 15,000 or more persons but less than 50,000 persons are projected to be in attendance at the special event at the same time, the host organization shall:

(1) Provide at least one first-aid station at the site of the special event and staff the first-aid station with at least one registered nurse, licensed practical nurse or paramedic in lieu of an emergency medical technician; and

(2) Provide two or more roving intermediate emergency medical technician teams at the site of the special event.

2. The provisions of subsection 1 do not apply to a special event held within the boundaries of a city whose population is less than 25,000 if there is a fire-fighting agency within the city other than a volunteer fire department and the city has adopted a plan for providing emergency medical services at special events.

(Added to NRS by [2013, 1870](#); A [2015, 522](#))

NRS 450B.695 Host organization of certain special events held in certain larger counties required to provide certain number of dedicated advanced life support ambulances; exception.

1. Except as otherwise provided in subsection 2:

(a) In a county whose population is 100,000 or more, if a special event is to be held and 2,500 or more persons but less than 15,000 persons are projected to be in attendance at the event at the same time, the host organization shall provide at least one dedicated advanced life support ambulance at the special event if the special event:

(1) Is located more than 5 miles from the closest hospital; or

(2) Has been held before and there is a history of a significant number of:

(I) Contacts by emergency medical personnel with persons who attended the special event to provide emergency medical care to those persons; or

(II) Persons who attended the special event who were transported as patients from the special event to a hospital.

(b) In a county whose population is 100,000 or more, if the host organization meets the requirements of subparagraph (1) or (2) of paragraph (a) and 15,000 or more persons but less than 50,000 persons are projected to be in attendance at the special event at the same time, the host organization shall provide at least two dedicated advanced life support ambulances at the special event.

2. The provisions of subsection 1 do not apply to a special event held within the boundaries of a city whose population is less than 25,000 if there is a fire-fighting agency within the city other than a volunteer fire department and the city has adopted a plan for providing emergency medical services at special events.

(Added to NRS by [2013, 1871](#); A [2015, 523](#))

NRS 450B.700 Host organization of special event at which 50,000 or more persons are projected to be in attendance required to provide certain emergency medical services; exception.

1. Except as otherwise provided in subsection 2, if a special event is to be held and 50,000 or more persons are projected to be in attendance at the event at the same time, the host organization shall provide:

(a) Two or more first-aid stations at the site of the special event;

(b) Two or more physicians licensed pursuant to [chapter 630](#) or [633](#) of NRS who have experience providing emergency medical services;

(c) Two or more roving emergency medical technician teams; and

(d) Two or more dedicated advanced life support ambulances.

2. The provisions of subsection 1 do not apply to a special event held within the limits of a city whose population is less than 25,000 if there is a fire-fighting agency within the city other than a volunteer fire department and the city has adopted a plan for providing emergency medical services at special events.

(Added to NRS by [2013, 1871](#); A [2015, 523](#))

MAINTENANCE OF AUTO-INJECTABLE EPINEPHRINE BY AUTHORIZED ENTITY

NRS 450B.710 “Authorized entity” defined. As used in [NRS 450B.710](#) to [450B.716](#), inclusive, unless the context otherwise requires, “authorized entity” means any public or private entity where allergens capable of causing anaphylaxis may be present on the premises of the entity or in connection with activities conducted by the entity. Such an entity may include, without limitation, a restaurant, recreation program, sports league, amusement park, stadium or arena. The term does not include a public or private school.

(Added to NRS by [2015, 469](#))

NRS 450B.712 Order of physician for doses of epinephrine maintained by authorized entity; administration and storage of epinephrine; reports.

1. An authorized entity may obtain an order for auto-injectable epinephrine from a physician, osteopathic physician, physician assistant or advanced practice registered nurse, pursuant to [NRS 630.374](#), [632.239](#) or [633.707](#) to be maintained by the authorized entity at any location under control of the authorized entity where allergens capable of causing anaphylaxis may be present. If a dose of auto-injectable epinephrine maintained by the authorized entity is used or expires, the authorized entity may obtain an additional dose of auto-injectable epinephrine to replace the used or expired dose.

2. Auto-injectable epinephrine maintained by an authorized entity pursuant to this section may be provided to a person for self-administration or may be administered to any person reasonably believed to be experiencing anaphylaxis by:

(a) An owner, employee or agent of the authorized entity who has received the training required pursuant to [NRS 450B.714](#); or

(b) A person, other than an owner, employee or agent of the authorized entity, who is trained to recognize the symptoms of anaphylaxis and to administer auto-injectable epinephrine, who may include, without limitation, a provider of health care, a provider of emergency medical services, an athletic trainer or a family member of a person who suffers from allergies capable of causing anaphylaxis.

3. An authorized entity shall:

(a) Store auto-injectable epinephrine in a designated, secure location that is easily accessible and in compliance with the instructions provided by the manufacturer of the auto-injectable epinephrine and any requirements prescribed by the board; and

(b) Designate one or more employees or agents who have received the training described in [NRS 450B.714](#) to be responsible for the storage, maintenance and oversight of the auto-injectable epinephrine maintained by the authorized entity.

4. Not later than 30 days after a dose of auto-injectable epinephrine maintained by an authorized entity is administered, the authorized entity shall report, on a form prescribed by the board, the circumstances surrounding such administration. The board shall publish an annual report summarizing and analyzing the information reported by authorized entities pursuant to this subsection.

5. As used in this section:

(a) “Provider of emergency medical services” means a person who is:

(1) Licensed as an attendant or certified as an emergency medical technician, advanced emergency medical technician or paramedic pursuant to this chapter; or

(2) Authorized to practice as an emergency medical technician, advanced emergency medical technician or paramedic in this State under the Recognition of Emergency Medical Services Personnel Licensure Interstate Compact ratified by [NRS 450B.145](#).

(b) “Provider of health care” means a physician, nurse or physician assistant registered or licensed in this State.

(Added to NRS by [2015, 469](#); A [2023, 2290](#))

NRS 450B.714 Required training for owner, employee or agent of authorized entity who administers epinephrine.

1. Before administering auto-injectable epinephrine pursuant to [NRS 450B.712](#), an owner, employee or agent of an authorized entity must receive training that is provided by a nationally recognized organization that provides training to persons who are not health care professionals in the provision of health care or emergency medical services or a person or organization approved by the board to provide the training. Such training:

- (a) May be provided in person or through a program of distance education; and
- (b) Must include, without limitation, instruction in:
 - (1) Recognizing the symptoms of a severe allergic reaction, including anaphylaxis;
 - (2) The proper storage and administration of auto-injectable epinephrine; and
 - (3) Follow-up procedures after the administration of auto-injectable epinephrine.

2. Upon completion of the training required pursuant to subsection 1, a person must be issued a certificate on a form developed or approved by the board to evidence completion of the training.

3. As used in this section, “distance education” means a program that offers instruction which is delivered by the Internet in such a manner that the person supervising or providing the instruction and the person receiving the instruction are separated geographically for a majority of the time during which the instruction is delivered.

(Added to NRS by [2015, 470](#))

NRS 450B.716 Limitation on liability relating to acquisition, possession, provision or administration of epinephrine; administration of epinephrine does not constitute practice of medicine.

1. An authorized entity that maintains auto-injectable epinephrine pursuant to [NRS 450B.712](#), an owner, employee or agent of such an authorized entity, a person who administers auto-injectable epinephrine pursuant to [NRS 450B.712](#), and a person or organization that provides training pursuant to [NRS 450B.714](#) is not liable for any error or omission concerning the acquisition, possession, provision or administration of auto-injectable epinephrine as authorized pursuant to [NRS 450B.712](#) not amounting to gross negligence or reckless, willful or wanton conduct.

2. A person who administers auto-injectable epinephrine pursuant to [NRS 450B.712](#) shall not be deemed to have engaged in the practice of medicine, osteopathic medicine or respiratory care for the purposes of [chapter 630](#) or [633](#) of NRS or to have otherwise violated any provision relating to the practice of medicine, osteopathic medicine or respiratory care.

(Added to NRS by [2015, 471](#))

MISCELLANEOUS PROVISIONS

NRS 450B.790 Hospital required to ensure that certain persons in need of emergency services are transferred to appropriate places in hospital within 30 minutes after arrival; civil and criminal liability.

1. Each hospital in this State which receives a person in need of emergency services and care who has been transported to the hospital by a provider of emergency medical services shall ensure that the person is transferred to a bed, chair, gurney or other appropriate place in the hospital to receive emergency services and care as soon as practicable, but not later than 30 minutes after the time at which the person arrives at the hospital.

2. This section does not create a duty of care and is not a ground for civil or criminal liability.

3. As used in this section:

(a) "Emergency services and care" has the meaning ascribed to it in [NRS 439B.410](#).

(b) "Hospital" has the meaning ascribed to it in [NRS 449.012](#).

(c) "Provider of emergency medical services" means each operator of an ambulance and each fire-fighting agency which has a permit to operate pursuant to this chapter and which provides transportation for persons in need of emergency services and care to hospitals.

(Added to NRS by [2005, 1474](#); A [2007, 2372](#))

NRS 450B.795 State Board of Health to collect data concerning waiting times for provision of emergency services to certain persons; hospitals and providers of emergency services in certain larger counties required to participate in collection of data; development of system of collecting data; advisory committees; quarterly report to Joint Interim Standing Committee on Health and Human Services; expenses; regulations; written request for repeal of section.

1. The State Board of Health shall collect data, in accordance with the system that is developed by the Board pursuant to subsection 5, concerning the waiting times for the provision of emergency services and care to each person who is in need of such services and care and who is transported to a hospital by a provider of emergency medical services.

2. Each hospital and each provider of emergency medical services in a county whose population is 700,000 or more shall participate in the collection of data pursuant to this section by collecting data, in accordance with the system that is developed by the State Board of Health pursuant to subsection 5, concerning the waiting times for the provision of emergency services and care to each person who is in need of such services and care and who is transported to a hospital by a provider of emergency medical services.

3. Except as otherwise provided in subsection 4, the hospitals and the providers of emergency medical services in a county whose population is less than 700,000 are not required to participate in the collection of data pursuant to this section unless the county health officer, each hospital and each provider of emergency medical services in the county agree in writing that the county will participate in the collection of data. The county health officer shall submit the written agreement to the State Board of Health.

4. If the State Board of Health determines, in a county whose population is 100,000 or more but less than 700,000, that there are excessive waiting times at one or more hospitals in the county for the provision of emergency services and care to persons who are in need of such services and care and who have been transported to the hospital by a provider of emergency medical services, the State Board of Health may require the county to implement a system of collecting data pursuant to subsection 5 concerning the extent of waiting times and the circumstances surrounding such waiting times.

5. For the purpose of collecting data pursuant to this section, the State Board of Health shall develop a system of collecting data concerning the waiting times of persons for the provision of emergency services and care at a hospital and the surrounding circumstances for such waiting times each time a person is transported to a hospital by a provider of emergency medical services. The system must include, without limitation, an electronic method of recording and collecting the following information:

(a) The time at which a person arrives at the hospital, which is the time that the person is presented to the emergency room of the hospital;

(b) The time at which the person is transferred to an appropriate place in the hospital to receive emergency services and care, which is the time that the person is physically present in the appropriate place and the staff of the emergency room of the hospital have received a report concerning the transfer of the person;

(c) If a person is not transferred to an appropriate place in the hospital to receive emergency services and care within 30 minutes after arriving at the hospital, information

detailing the reason for such delay, which may be selected from a predetermined list of possible reasons that are available for selection in the electronic system;

(d) A unique identifier that is assigned to each transfer of a person to a hospital by a provider of emergency medical services which allows the transfer to be identified and reviewed; and

(e) The names of the personnel of the provider of emergency medical services who transported the person to the hospital and of the personnel of the hospital who are responsible for the care of the person after the person arrives at the hospital.

6. The State Board of Health shall ensure that:

(a) The data collected pursuant to subsection 5 is reported to the Division on a quarterly basis;

(b) The data collected pursuant to subsection 5 is available to any person or entity participating in the collection of data pursuant to this section; and

(c) The system of collecting data developed pursuant to subsection 5 and all other aspects of the collection comply with the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191.

7. The State Board of Health shall appoint for each county in which hospitals and providers of emergency medical services are participating in the collection of data pursuant to this section an advisory committee consisting of the health officer of the county, a representative of each hospital in the county and a representative of each provider of emergency medical services in the county. Each member of the advisory committee serves without compensation and is not entitled to receive a per diem allowance or travel expenses for the member's service on the advisory committee. Each advisory committee shall:

(a) Meet not less than once each calendar quarter;

(b) Review the data that is collected for the county and submitted to the State Board of Health concerning the waiting times for the provision of emergency services and care, the manner in which such data was collected and any circumstances surrounding such waiting times;

(c) Review each incident in which a person was transferred to an appropriate place in a hospital to receive emergency services and care more than 30 minutes after arriving at the hospital; and

(d) Submit a report of its findings to the State Board of Health.

8. The State Board of Health may delegate its duties set forth in this section to:

(a) The district board of health in a county whose population is 700,000 or more.

(b) The county or district board of health in a county whose population is less than 700,000.

9. The State Board of Health or any county or district board of health that is performing the duties of the State Board of Health pursuant to subsection 8 shall submit a quarterly report to the Joint Interim Standing Committee on Health and Human Services, which must include a written compilation of the data collected pursuant to this section.

10. The State Board of Health may require each hospital and provider of emergency medical services located in a county that participates in the collection of data pursuant to this section to share in the expense of purchasing hardware, software, equipment and other resources necessary to carry out the collection of data pursuant to this section.

11. The State Board of Health shall adopt regulations to carry out the provisions of this section, including, without limitation, regulations prescribing the duties and responsibilities of each:

(a) County or district board of health that is performing the duties of the State Board of Health pursuant to subsection 8;

(b) Hospital located in a county that participates in the collection of data pursuant to this section; and

(c) Provider of emergency medical services located in a county whose population is less than 700,000 that participates in the collection of data pursuant to this section.

12. The district board of health in each county whose population is 700,000 or more shall adopt regulations consistent with subsection 11 for providers of emergency medical services located in the county to carry out the provisions of this section.

13. The State Board of Health may, in consultation with each hospital and provider of emergency medical services located in a county that participates in the collection of data pursuant to this section, submit a written request to the Director of the Legislative Counsel Bureau for transmission to a regular session of the Legislature for the repeal of this section. Such a written request must include the justifications and reasons for requesting the termination of the collection of data pursuant to this section.

14. As used in this section:

(a) "Emergency services and care" has the meaning ascribed to it in [NRS 439B.410](#).

(b) "Hospital" has the meaning ascribed to it in [NRS 449.012](#).

(c) "Provider of emergency medical services" means each operator of an ambulance and each fire-fighting agency which has a permit to operate pursuant to this chapter and which provides transportation for persons in need of emergency services and care to hospitals.

(Added to NRS by [2007, 2369](#); A [2011, 1275](#))

NRS 450B.800 Fingerprints of applicant. An applicant for any permit, license or certificate issued pursuant to this chapter shall furnish to the health authority a complete set of the applicant's fingerprints and written permission authorizing the health authority to forward those fingerprints to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its report. The health authority may exchange with the Federal Bureau of Investigation any information respecting the fingerprints of an applicant.

(Added to NRS by [1981, 278](#); A [1993, 2837](#); [2003, 2850](#))

NRS 450B.805 Availability of data request concerning practice of licensed attendant or holders of certain certificates; confidentiality of information; applicant for renewal not required to complete request.

1. The health authority may:

(a) Make the data request developed by the Director of the Department of Health and Human Services pursuant to [NRS 439A.116](#) available to applicants for the renewal of a license as an attendant or a certificate as an emergency medical technician, advanced emergency medical technician or paramedic through a link on the electronic application for the renewal of a license or certificate; and

(b) Request each applicant to complete and electronically submit the data request to the Director.

2. The information provided by an applicant for a renewal of a license or certificate pursuant to subsection 1 is confidential and, except as required by subsection 1, must not be disclosed to any person or entity.

3. An applicant for the renewal of a license or certificate is not required to complete a data request pursuant to subsection 1 and is not subject to disciplinary action, including, without limitation, refusal to renew the license or certificate, for failure to do so.

(Added to NRS by [2021, 798](#))

NRS 450B.810 Maintenance, inspection and compilation of information. Each holder of a permit shall maintain accurate records upon such forms as may be provided by the

health authority and containing such information as may be reasonably required by the board concerning the care or transportation of each patient, or both, within this state and beyond its limits. These records must be available for inspection by the health authority at any reasonable time and copies thereof must be furnished to the health authority upon request. This record does not constitute a diagnosis, and a legal signature is not required on forms dealing with the type of injury sustained by a particular patient. The health authority shall compile and provide a summary of this information.

(Added to NRS by [1973, 1145](#); A [1985, 1700](#); [1993, 2837](#))

NRS 450B.820 Local requirements for franchise or permit are not superseded.

The issuance of a permit does not authorize any person, firm, corporation or association to provide ambulance services or to operate an ambulance without a franchise or permit in any county or incorporated city which has enacted an ordinance making it unlawful to do so.

(Added to NRS by [1973, 1146](#))

NRS 450B.830 Exemptions from chapter. The following are exempted from the provisions of this chapter:

1. The occasional use of a vehicle or aircraft to transport injured or sick persons, which vehicle or aircraft is not ordinarily used in the business of transporting persons who are sick or injured.
2. A vehicle or aircraft rendering services as an ambulance or air ambulance in case of a major catastrophe or emergency if ambulance or air ambulance services with permits are insufficient to render the services required.
3. Persons rendering service as attendants in case of a major catastrophe or emergency if licensed attendants cannot be secured.
4. Ambulances based outside this State.
5. Air ambulances based outside this State which:
 - (a) Deliver patients from a location outside this State to a location within this State; and
 - (b) Do not receive any patients within this State.
6. Attendants based outside this State rendering service solely on ambulances which are exempt from the provisions of this chapter.
7. Attendants rendering service solely on air ambulances which are exempt from the provisions of this chapter.
8. Vehicles owned and operated by search and rescue organizations chartered by the State as corporations not for profit or otherwise existing as nonprofit associations which are not regularly used to transport injured or sick persons except as part of rescue operations.
9. Ambulances or air ambulances owned and operated by an agency of the United States Government.

(Added to NRS by [1973, 1146](#); A [1987, 2213](#); [1991, 1918](#); [2013, 621](#))

NRS 450B.840 Operation of ambulance or fire-fighting agency by county or city subject to provisions of chapter. No county or city may operate an ambulance or contract to have another operate an ambulance or provide for the operation of a fire-fighting agency in violation of this chapter or the regulations adopted under this chapter.

(Added to NRS by [1973, 1146](#); A [1985, 1700](#))

NRS 450B.850 Programs for training. The health authority may operate training programs and may contract with others to operate training programs for ambulance attendants, ambulance service operators, firefighters, law enforcement officers, physicians, nurses and others in emergency first aid, emergency care and any other techniques associated with emergency care, transportation and treatment of the sick and injured and the proper operation of an ambulance service.

(Added to NRS by [1973, 1146](#); A [1993, 2837](#); [2005, 334](#))

NRS 450B.855 Establishment of program to provide peer support counseling to emergency response employees; duties of nonprofit organization that establishes program and Division.

1. A governmental entity which licenses and regulates emergency response employees may, within the limits of available money, enter into a contract with a nonprofit organization to establish a program to provide peer support counseling to emergency response employees.

2. A nonprofit organization that establishes a program to provide peer support counseling to emergency response employees pursuant to subsection 1 must:

(a) Establish and operate a toll-free hotline for emergency response employees to call if such employees are experiencing mental health issues as a result of the nature of their work.

(b) Establish and maintain a network of peer support counselors to provide peer support counseling to persons who call the toll-free hotline established pursuant to paragraph (a).

(c) Establish and maintain an Internet website that provides:

(1) Information on mental health issues associated with emergency response work, including, without limitation, stress, post-traumatic stress disorder, depression, addictive disorders and self-medication; and

(2) Information concerning local and national support groups for mental health issues.

3. The Division shall post on an Internet website maintained by the Division:

(a) The telephone number of each toll-free hotline established pursuant to subsection 2; and

(b) Information concerning local and national support groups for mental health issues.

4. To the extent money is available, the Division shall collect information regarding suicide and attempted suicide among emergency response employees and report that information to the Chief Medical Officer or his or her designee. Such a report must not include any confidential or privileged information.

(Added to NRS by [2021, 338](#))

NRS 450B.860 Volunteer ambulance drivers and attendants: Discharge from employment; civil action; disclosure to employer.

1. Any person or other entity who is an employer or is vested with the power to discharge or recommend the discharge of a person who serves as a volunteer ambulance driver or attendant shall not deprive the person performing that service of his or her employment as a consequence of his or her action as a volunteer ambulance driver or attendant.

2. A person discharged in violation of subsection 1 may commence a civil action against the person's employer and obtain:

(a) Wages and benefits lost as a result of the violation;

(b) An order of reinstatement without loss of position, seniority or benefits;

(c) Damages equal to the amount of lost wages and benefits; and

(d) Reasonable attorney's fees fixed by the court.

3. Any applicant for employment who is, and any employee who becomes, a volunteer ambulance driver or attendant must disclose that fact to his or her prospective or present employer.

4. As used in this section, "volunteer ambulance driver or attendant" means a person who is a driver of or attendant on an ambulance owned or operated by:

(a) A nonprofit organization that provides volunteer ambulance service in any county, city or town in this State; or

(b) A political subdivision of this State.

(Added to NRS by [1997, 467](#))

NRS 450B.870 Medical review committee entitled to autopsy records concerning death under review; sharing of information concerning subject of review; autopsy records are privileged.

1. A medical review committee is entitled to access to any autopsy records relating to a death under review.

2. Each organization represented on a medical review committee to review the medical care or death of a person shall share with other members of the committee information in its possession concerning the person who is the subject of the review and any other information deemed by the organization to be pertinent to the review.

3. Any autopsy records provided to a medical review committee pursuant to this section are privileged records for the purposes of [NRS 49.119](#) and [49.121](#).

4. As used in this section, “medical review committee” means a medical review committee of a county or district board of health that certifies, licenses or regulates providers of emergency medical services pursuant to the provisions of this chapter, but only when functioning as a peer review committee.

(Added to NRS by [2007, 2478](#))

PENALTIES

NRS 450B.900 Penalties for violation.

1. Any person who violates any of the provisions of this chapter is guilty of a misdemeanor.

2. In addition to any criminal penalty imposed, the Division may impose against any person who violates any of the provisions of this chapter, an administrative penalty in an amount established by the State Board of Health by regulation.

(Added to NRS by [1973, 1147](#); A [2011, 2513](#))

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CHAPTER 450B - EMERGENCY MEDICAL SERVICES

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GENERAL PROVISIONS

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

1. [NAC 450B.013](#) to [450B.280](#), inclusive; and
 2. [NRS 450B.025](#), [450B.030](#), [450B.040](#) and [450B.060](#) to [450B.110](#), inclusive,
- have the meanings ascribed to them in those sections.
(Supplied in codification; A by Bd. of Health, 8-22-86; 11-12-87; 8-1-91; R024-14, 10-24-2014; R068-16, 1-27-2017)

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

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

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

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

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

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

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

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

1. A permit, endorsement, license or certification; or
 2. Training,
- under the applicable provisions of this chapter.
[Bd. of Health, Ambulance Reg. § 1.004, eff. 12-3-73; renumbered as § 1.5, 2-28-80; + Life Support Reg. § 1.3, eff. 1-1-76]—(NAC A 10-14-82)

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

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

NAC 450B.057 “Attendant community paramedicine endorsement” defined. ([NRS 450B.120](#), [450B.1993](#)) “Attendant community paramedicine endorsement” means an endorsement of a license issued to an emergency medical provider, as defined in [NRS 450B.199](#), that authorizes the holder of the endorsement to provide community paramedicine services.

(Added to NAC by Bd. of Health by R068-16, eff. 1-27-2017)

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

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

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

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

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

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

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

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

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

1. Is responsible for the operation of an ambulance over the streets, roads and highways within this state; and

2. Possesses evidence that the person has successfully completed training pursuant to a national standard for the operation of an emergency vehicle or an equivalent standard approved by the Division.

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

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

1. An unforeseen combination of circumstances or the resulting state that calls for immediate action;

2. An unlooked for or sudden occasion;

3. An accident or a crash; or

4. An urgent or pressing medical need.

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

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

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

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

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

NAC 450B.117 “Emergency medical services registered nurse” defined. ([NRS 450B.120](#)) “Emergency medical services registered nurse” means a registered nurse who holds a valid certificate of completion of training as an attendant pursuant to subsections 8 and 9 of [NRS 450B.160](#).

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

NAC 450B.119 “Endorsement” defined. ([NRS 450B.120](#), [450B.1993](#)) “Endorsement” means an endorsement to provide additional services beyond those authorized by an initial certification for an emergency medical dispatcher, emergency medical responder, emergency medical technician, advanced emergency medical technician, paramedic, critical care paramedic, instructor or service. Available endorsements include:

1. The attendant community paramedicine endorsement;
 2. The service community paramedicine endorsement;
 3. Endorsement as a critical care paramedic;
 4. Endorsement to administer immunizations;
 5. Endorsement as an instructor; and
 6. An endorsement in a subject area for which the applicant has been awarded an equivalent endorsement by an agency of another state, if approved by the Division.
- (Added to NAC by Bd. of Health by R024-14, eff. 10-24-2014; A by R068-16, 1-27-2017)

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

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

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

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

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

NAC 450B.147 “Instructor” defined. ([NRS 450B.120](#)) “Instructor” means a person who has a valid teacher’s license issued in accordance with [chapter 391](#) of NRS or has successfully completed training for instructors pursuant to a national standard prepared by the National Highway Traffic Safety Administration of the United States Department of Transportation as a national standard for instructors or an equivalent standard approved by the Administrator of the Division.

(Added to NAC by Bd. of Health, eff. 11-12-87; A by R182-01, 3-5-2002; R024-14, 10-24-2014; R068-16, 1-27-2017)

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

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

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

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

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

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

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

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

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

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

1. Provided primarily as a public service by an agency of local government; and
 2. Staffed by employees of the agency who are licensed attendants.
- ➔ Such a service may be a public service even if charges are imposed to offset the cost of operation.
(Added to NAC by Bd. of Health, eff. 10-14-82)

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

(Added to NAC by Bd. of Health, eff. 8-22-86; A by R024-14, 10-24-2014; R068-16, 1-27-2017)

NAC 450B.178 “Nevada Trauma Registry” defined. ([NRS 450B.120](#), [450B.237](#)) “Nevada Trauma Registry” means the standardized system for the collection of information concerning the treatment of trauma developed pursuant to [NAC 450B.764](#).

(Added to NAC by Bd. of Health by R068-16, eff. 1-27-2017)

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

[Bd. of Health, Ambulance Reg. § 1.015, eff. 12-3-73; A and renumbered as § 1.17, 2-28-80; + Life Support Reg. § 1.13, eff. 1-1-76; A 2-28-80]—(NAC A 8-22-86; R182-01, 3-5-2002; R024-14, 10-24-2014; R068-16, 1-27-2017)

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

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

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

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

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

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

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

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

NAC 450B.230 “Service” defined. ([NRS 450B.120](#)) “Service” means an organization which provides ambulance or air ambulance service or which provides units upon request or to provide coverage for a special event, including, without limitation, a fire-fighting agency issued a permit by the Division or a volunteer service, whether or not the service is conducted pursuant to a business license issued by a local government.

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

NAC 450B.235 “Service community paramedicine endorsement” defined. ([NRS 439.200](#), [449.0302](#), [450B.120](#), [450B.1993](#)) “Service community paramedicine endorsement” means an

endorsement of a permit or a license to operate a hospital issued pursuant to [chapter 449](#) of NRS that authorizes the holder of the endorsement to provide community paramedicine services.

(Added to NAC by Bd. of Health by R068-16, eff. 1-27-2017; A by R102-18, 10-25-2018)

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

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

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

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

NAC 450B.251 “Training center” defined. ([NRS 439.150](#), [450B.120](#), [450B.155](#), [450B.160](#), [450B.1905](#), [450B.191](#), [450B.195](#)) “Training center” means a program that offers continuing education concerning emergency medical services and is approved by the Division as described in [NAC 450B.721](#).

(Added to NAC by Bd. of Health by R068-16, eff. 1-27-2017)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

EMERGENCY CARE

Licensing and Certification

NAC 450B.305 Verification of certification by National Registry of Emergency Medical Technicians. (NRS 450B.120) Upon payment of the fee prescribed in [NAC 450B.700](#), the Division may issue documents verifying certification by the National Registry of Emergency Medical Technicians.

(Added to NAC by Bd. of Health by R068-16, eff. 1-27-2017)

NAC 450B.310 Licensing of attendants required. (NRS 450B.120) Unless exempted by subsection 7 of [NRS 450B.160](#) or [NRS 450B.830](#), no person may act in the capacity of an attendant of a service unless the person possesses a currently valid card evidencing that he or she holds a license issued by the Division and authorizing him or her to act in that capacity.

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

NAC 450B.320 Licensing of attendants: Qualifications. (NRS 439.200, 450B.120, 450B.160)

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

- (a) Is 18 years of age or older as of the date of the application.
- (b) If applying to become an attendant:
 - (1) Holds a Class A, Class B or Class C driver's license or its equivalent issued in this state; or
 - (2) Is employed in Nevada, makes his or her residence in another state and is required by reason of residence to maintain a driver's license issued by that state, and that license is equivalent to a Class A, Class B or Class C driver's license in this state.
- (c) Is able to read, speak and understand the English language.
- (d) Has been found by a licensed physician, physician assistant or advanced practice registered nurse within the 12 months immediately preceding the date on which the application is submitted to be of sound physical and mental health and free of physical defects or diseases which may impair the applicant's ability to drive or attend an ambulance, air ambulance or other motor vehicle not used for the transportation of patients and that determination is verified by the physician, physician assistant or advanced practice registered nurse on a form approved by the Division for that purpose.
- (e) Has not been convicted of:
 - (1) Murder, voluntary manslaughter or mayhem;
 - (2) Assault or battery with intent to kill or to commit sexual assault or mayhem;
 - (3) Sexual assault, statutory sexual seduction, incest, lewdness or indecent exposure, or any other sexually related crime;
 - (4) Abuse or neglect of a child or contributory delinquency;
 - (5) A violation of any federal or state law regulating the possession, distribution or use of any controlled substance or any dangerous drug as defined in [chapter 454](#) of NRS, within the 7 years immediately preceding the date of application;
 - (6) Abuse, neglect, exploitation, isolation or abandonment of older persons or vulnerable persons, including, without limitation, a violation of any provision of [NRS 200.5091](#) to [200.50995](#), inclusive, or a law of any other jurisdiction that prohibits the same or similar conduct;
 - (7) Any offense involving fraud, theft, embezzlement, burglary, robbery, fraudulent conversion or misappropriation of property, within the 7 years immediately preceding the date of application;
 - (8) Any other felony involving the use or threatened use of force or violence against the victim or the use of a firearm or other deadly weapon, within the 7 years immediately preceding the date of application; or
 - (9) Any felony or misdemeanor for committing an act which, in the judgment of the Division, indicates that the applicant may not be able to function properly as a licensee or to care for patients for

whom he or she would become responsible.

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

(g) Possesses a valid certificate to provide cardiopulmonary resuscitation issued by the American Heart Association or an equivalent certificate approved by the Division.

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

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

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

(b) Possess the following:

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

(2) A license as a registered nurse issued pursuant to [chapter 632](#) of NRS and a certificate of completion of training as an attendant pursuant to subsections 8 and 9 of [NRS 450B.160](#).

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

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

(2) Aircraft safety and orientation;

(3) Altitude physiology and principles of atmospheric physics;

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

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

(6) Survival procedures in an emergency landing or other unforeseen incident involving an air ambulance;

(7) Response procedures to accidents or crashes involving hazardous materials;

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

(9) Infection control;

(10) Oxygen therapy in relation to altitude;

(11) Patient assessment in the airborne environment; and

(12) Vital sign determination in the airborne environment.

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

(a) Advanced Cardiovascular Life Support issued by the American Heart Association or an equivalent course approved by the Division;

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

(c) International Trauma Life Support or an equivalent course approved by the Division.

[Bd. of Health, Ambulance Reg. § 13.005 subsecs. (a)-(g) & (i), eff. 12-3-73; A and renumbered as §§ 15.5-15.5.7.7 & 15.5.9-15.5.9.4, eff. 2-28-80]—(NAC A 10-14-82; 8-22-86; 8-1-91; 5-18-92; R045-97, 10-30-97; R182-01, 3-5-2002; R024-14, 10-24-2014; R068-16, 1-27-2017; R102-18, 10-25-2018)

NAC 450B.330 Licensing of attendants: Application; investigation; renewal; penalty for providing service without valid license. ([NRS 450B.120](#), [450B.160](#), [450B.900](#))

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

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

(a) His or her complete name;

(b) His or her date of birth;

(c) His or her social security number;

(d) The address of his or her current residence;

(e) The name and address of the applicant's employer and the employer immediately preceding his or her current employment if the previous employment related to providing emergency medical services;

(f) A description of the last two jobs he or she held immediately before the application is made if those jobs related to providing emergency medical services;

(g) A statement of whether the applicant, within the 5 years immediately preceding the date of the application, has been convicted of, or forfeited bail for, a traffic violation other than a parking violation and, if so, when, where and under what circumstances the violation occurred;

(h) A statement of whether the applicant has been convicted of a felony or a misdemeanor other than a traffic violation and, if so, when and where the conviction occurred and a description of the offense;

(i) A description of the applicant's training and experience relating to the transportation and care of patients;

(j) A statement of whether the applicant has previously been licensed as a driver, attendant, attendant-driver or air attendant in a service and, if so, where and by what authority that license was issued;

(k) A statement of whether such a license has ever expired or been revoked or suspended and, if so, for what cause;

(l) A statement indicating compliance with the provisions of [NRS 450B.183](#); and

(m) The appropriate fee prescribed in [NAC 450B.700](#).

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

4. An application for renewal of a license must:

(a) Be made on an abbreviated form of application prescribed by the Division;

(b) Include information relating to any conviction of the applicant for any felony or misdemeanor occurring after the submission of the application for the initial license; and

(c) Include the appropriate fee prescribed in [NAC 450B.700](#).

5. The Division shall not renew a license if:

(a) An applicant fails to comply with the provisions of subsection 4; or

(b) In the judgment of the Division, the applicant is not able to function properly as an attendant or to provide care for patients for whom he or she would become responsible.

6. The Division shall impose against any person serving as an attendant without a valid license an administrative penalty of:

(a) For services provided on or after January 27, 2017, and before July 1, 2018, \$100;

(b) For services provided on or after July 1, 2018, and before July 1, 2019, \$200; and

(c) For services provided on or after July 1, 2019, \$300.

[Bd. of Health, Ambulance Reg. §§ 13.002-13.004, eff. 12-3-73; A and renumbered as §§ 15.2-15.4, 2-28-80]—(NAC A 10-14-82; 8-22-86; 11-12-87; 8-1-91; R045-97, 10-30-97; R182-01, 3-5-2002; R024-14, 10-24-2014; R068-16, 1-27-2017)

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

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

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

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

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

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

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

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

1. The license of an attendant is not assignable or transferable.
 2. A license expires on the date of expiration appearing on the license. The date of expiration for a license must be the same as the date of expiration specified on the licensee's certificate as an emergency medical technician. The Division may designate the same year of expiration for the licenses of all attendants in a particular service.
 3. An attendant must renew his or her license on or before its expiration date.
 4. The Division shall renew an attendant's license if the Division is satisfied that, in addition to complying with the other requirements for a renewal, the applicant has complied with the requirements, limitations, terms and conditions applicable to obtaining an initial license.
 5. A service shall ensure that each of its attendants holds a valid license.
 6. An official entry made upon any license must not be defaced, removed or obliterated. If any such defacement, removal or obliteration occurs on any portion of a license, the license is void.
- [Bd. of Health, Ambulance Reg. §§ 13.007-13.010, eff. 12-3-73; A and renumbered as §§ 15.6-15.9, 2-28-80]—(NAC A 10-14-82; 8-22-86; 11-12-87; 8-1-91; R045-97, 10-30-97; R182-01, 3-5-2002; R024-14, 10-24-2014)

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

1. To be certified as an emergency medical responder, an applicant must:
 - (a) Be 16 years of age or older;
 - (b) Have successfully completed the national standard for emergency medical responders developed by the National Highway Traffic Safety Administration of the United States Department of Transportation and approved by the Division;
 - (c) Maintain a certificate to provide cardiopulmonary resuscitation issued by the American Heart Association or an equivalent certificate approved by the Division;
 - (d) Submit a statement indicating he or she has complied with the provisions of [NRS 450B.183](#); and
 - (e) Submit the appropriate form and the fee prescribed in [NAC 450B.700](#).
 2. The applicant shall submit verification to the Division, signed by the person responsible for conducting the training, that the applicant has successfully completed the national standard specified in paragraph (b) of subsection 1.
 3. Upon certification, an emergency medical responder may function within the scope of practice identified by the National Highway Traffic Safety Administration of the United States Department of Transportation in its publication designated "National EMS Scope of Practice Model" dated February 2007, which is hereby adopted by reference. A copy of the publication is available, free of charge, at the Internet address <http://www.ems.gov/education/EMSScope.pdf>.
 4. An initial certificate as an emergency medical responder is valid for not more than 2 years as determined by the Division and expires on the date appearing on the face of the certificate.
- (Added to NAC by Bd. of Health, eff. 8-1-91; A by R045-97, 10-30-97; R182-01, 3-5-2002; R024-14, 10-24-2014)

NAC 450B.360 Certification of emergency medical technicians, advanced emergency medical technicians and paramedics: Qualifications; application; penalty for providing service without valid certificate. ([NRS 450B.120](#), [450B.180](#), [450B.900](#))

1. To be certified as an emergency medical technician, advanced emergency medical technician or paramedic, an applicant must:
 - (a) Submit an application to the Division on a form prepared by it;
 - (b) Maintain a certificate to provide cardiopulmonary resuscitation issued by the American Heart Association or an equivalent certificate approved by the Division;
 - (c) Submit a statement indicating compliance with the provisions of [NRS 450B.183](#);
 - (d) Submit proof that the applicant has successfully completed a course 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 for emergency medical technicians, advanced emergency medical technicians or paramedics, as appropriate, or an equivalent standard approved by the Administrator of the Division;
 - (e) Submit proof that the applicant has successfully passed an assessment developed by the National Registry of Emergency Medical Technicians for emergency medical technicians, advanced emergency medical technicians or paramedics, as appropriate; and
 - (f) Submit the fee prescribed in [NAC 450B.700](#).
2. An emergency medical technician, advanced emergency medical technician or paramedic who is registered by the National Registry of Emergency Medical Technicians, or its successor organization,

shall be deemed to have satisfied the requirements of paragraph (b) of subsection 1.

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

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

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

(c) A certificate to provide International Trauma Life Support or an equivalent certificate approved by the Division.

4. The Division shall impose against any person serving as an emergency medical technician, advanced emergency medical technician or paramedic without a valid certificate issued pursuant to this section or subsection 9 of [NRS 450B.160](#) an administrative penalty of:

(a) For services provided on or after January 27, 2017, and before July 1, 2018, \$100;

(b) For services provided on or after July 1, 2018, and before July 1, 2019, \$200; and

(c) For services provided on or after July 1, 2019, \$300.

5. The Division shall impose against a service for whom any person serves as an emergency medical technician, advanced emergency medical technician or paramedic without a valid certificate issued in accordance with this section or subsection 9 of [NRS 450B.160](#) an administrative penalty of:

(a) For services provided on or after January 27, 2017, and before July 1, 2018, \$20;

(b) For services provided on or after July 1, 2018, and before July 1, 2019, \$30; and

(c) For services provided on or after July 1, 2019, \$50,

→ per day for each such person.

[Bd. of Health, Ambulance Reg. §§ 14.001 & 14.002, eff. 12-3-73; A and renumbered as §§ 16.2 & 16.3, 2-28-80]—(NAC A 8-22-86; 11-12-87; 8-1-91; 11-1-95; R182-01, 3-5-2002; R024-14, 10-24-2014; R068-16, 1-27-2017)

NAC 450B.363 Certification of emergency medical technicians, advanced emergency medical technicians and paramedics trained in another state: Qualifications; Division may impose additional requirements; renewal. ([NRS 450B.120](#), [450B.180](#), [450B.1905](#), [450B.191](#), [450B.195](#))

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

(a) The applicant:

(1) Is a resident of Nevada;

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

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

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

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

(c) The applicant:

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

(2) Holds a valid certificate as an emergency medical technician, advanced emergency medical technician or paramedic, as appropriate, issued by the National Registry of Emergency Medical Technicians.

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

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

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

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

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

(3) A certificate to provide International Trauma Life Support or an equivalent certificate approved by the Division.

(g) The applicant's certification or registration with the National Registry of Emergency Medical Technicians or in the other state has not been revoked, terminated or suspended pursuant to any disciplinary proceeding.

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

2. The Division may require the applicant to:

(a) Demonstrate his or her practical skills.

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

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

(Added to NAC by Bd. of Health, eff. 10-14-82; A 8-22-86; 8-1-91; R045-97, 10-30-97; R182-01, 3-5-2002; R024-14, 10-24-2014; R068-16, 1-27-2017)

NAC 450B.366 Certificate as emergency medical responder: Expiration and renewal. ([NRS 450B.120](#), [450B.180](#), [450B.1905](#), [450B.191](#), [450B.195](#))

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

2. Such a certificate may be renewed if:

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

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

(2) Any other program of continuing education offered by a training center or approved by the Division. Such a program may not be approved unless the requirement for attendance for that program is at least 12 hours for renewal of certification.

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

(Added to NAC by Bd. of Health, eff. 10-14-82; A 8-22-86; 8-1-91; R045-97, 10-30-97; R182-01, 3-5-2002; R024-14, 10-24-2014; R068-16, 1-27-2017)

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

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

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

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

(b) Verification of his or her skills;

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

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

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

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

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

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

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

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

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

- (a) The medical director of the service; or
- (b) A qualified instructor approved by the Division.

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

- (a) Each technique for which certification has been issued and any applicable local protocols; and
- (b) The administration of approved medications,

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

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

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

(b) Successfully complete courses in continuing training which are equivalent to the national standard prepared by the National Highway Traffic Safety Administration of the United States Department of Transportation as refresher courses for emergency medical technicians, advanced emergency medical technicians or paramedics, as appropriate, are offered by a training center or approved by the Division and have, in total, a requirement of attendance of not less than:

- (1) Twenty-four hours for the renewal of certification as an emergency medical technician;
- (2) Thirty hours for the renewal of certification as an advanced emergency medical technician; or
- (3) Forty hours for the renewal of certification as a paramedic;

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

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

(e) If renewing a certificate as a paramedic, maintain:

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

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

(3) A certificate to provide International Trauma Life Support or an equivalent certificate approved by the Division;

(f) Before the certificate expires, submit an application evidencing that he or she has met the requirements of this section; and

(g) Pay the appropriate fee prescribed in [NAC 450B.700](#).

5. An emergency medical technician, advanced emergency medical technician or paramedic who successfully completes a course described in subparagraph (1), (2) or (3) of paragraph (e) of subsection 4 will receive credit for the course toward the continuing training required by paragraph (b) of subsection 4.

6. An emergency medical technician, advanced emergency medical technician or paramedic who successfully renews his or her certificate to provide cardiopulmonary resuscitation issued by the American Heart Association or an equivalent certificate approved by the Division will receive 4 hours of credit toward the continuing training required by paragraph (b) of subsection 4.

[Bd. of Health, Ambulance Reg. § 14.003 subsec. 4, eff. 6-6-76; A and renumbered as §§ 16.6.3-16.6.4.1, 2-28-80]—(NAC A 10-14-82; 8-22-86; 11-12-87; 8-1-91; R045-97, 10-30-97; R182-01, 3-5-2002; R024-14, 10-24-2014; R068-16, 1-27-2017)

Endorsement as Critical Care Paramedic

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

1. To receive an endorsement as a critical care paramedic in emergency medical services, an applicant must provide proof of the successful completion of a course in training equivalent to the national standard set forth by the National Highway Traffic Safety Administration of the United States Department of Transportation for a critical care paramedic or an equivalent standard approved by the Administrator of the Division.

2. A person endorsed as a critical care paramedic in emergency medical services may only practice within that role pursuant to a service protocol approved by the medical director of the service and on file with the Division.

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

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

1. An endorsement as a critical care paramedic in emergency medical services expires on the date of expiration appearing on the certificate of the paramedic who receives the endorsement.

2. The endorsement is renewable if the holder of the endorsement verifies participation as a critical care paramedic for at least 48 hours of emergency medical training beyond the scope of practice of a paramedic equivalent to the national standard set forth by the National Highway Traffic Safety Administration of the United States Department of Transportation for a critical care paramedic or an equivalent standard approved by the Administrator of the Division.

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

Authorized Activities

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

(Added to NAC by Bd. of Health, eff. 11-1-95)

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

1. Licensed by the Commission on Postsecondary Education to conduct a program of training in emergency medical services; or

2. Conducted by a community college or a university, accredited by the Department of Education, in conjunction with a hospital licensed by the Division.

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

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

1. An emergency medical technician, advanced emergency medical technician or paramedic who is licensed may, in addition to his or her other authorized activities:

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

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

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

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

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

(Added to NAC by Bd. of Health, eff. 11-12-87; A 8-1-91; R182-01, 3-5-2002; R024-14, 10-24-2014; R068-16, 1-27-2017)

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

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

- (a) At the scene of an emergency and during transport to a hospital;
- (b) During transfer of a patient from a hospital to another medical facility or other location; and
- (c) While in an emergency department of a hospital until responsibility for care is assumed by the regular staff of the hospital.

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

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

- (a) At the advanced care level, two licensed attendants, one of whom must be certified as a paramedic;
- (b) At the intermediate care level, two licensed attendants, one of whom must be certified as an advanced emergency medical technician;
- (c) At the basic care level, two licensed attendants, one of whom must be certified as an emergency medical technician; or
- (d) At the advanced, intermediate or basic care level:

(1) An emergency medical services registered nurse, physician or physician assistant certified pursuant to subsections 8 and 9 of [NRS 450B.160](#) and a licensed attendant who is certified as an emergency medical technician, advanced emergency medical technician or paramedic; or

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

4. When an air ambulance is in operation, it must be staffed by at least one emergency medical services registered nurse.

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

[Bd. of Health, Life Support Reg. §§ 4.1-4.1.2, eff. 1-1-76; A 2-28-80; § 4.1.4, eff. 1-1-76; A 6-6-76; 2-28-80]—(NAC A 10-14-82; 8-22-86; 11-12-87; 8-1-91; R182-01, 3-5-2002; R024-14, 10-24-2014; R068-16, 1-27-2017)

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

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

EMERGENCY MEDICAL DISPATCHERS

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

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

- (a) Be 18 years of age or older; and
- (b) Successfully complete training pursuant to a national standard for emergency medical dispatchers or an equivalent standard approved by the Division.

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

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

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

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

- (a) The applicant:
 - (1) Is a resident of Nevada;
 - (2) Will be a resident of Nevada within 6 months after applying for a certificate;
 - (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](#))**

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, and when applicable, to the physician who ordered the medication. The error or adverse reaction must be entered on the report of emergency care.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(a) Date and time the medication was administered;

(b) Incident number, patient number or name of the patient to whom the medication was administered;

(c) Dose of medication administered;

(d) Amount of medication wasted, if any;

(e) Name of the ordering physician if the medication was ordered outside of a standing protocol; and

(f) Signature of the paramedic or registered nurse who administered the medication.

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

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

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

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

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

COMMUNITY PARAMEDICINE SERVICES

NAC 450B.482 Application to provide services; maintenance of protocols by Division; submission of revised protocols; holder of endorsement required to adopt quality improvement program; penalty for providing services without endorsement. ([NRS 439.200](#), [449.0302](#), [450B.120](#), [450B.1993](#), [450B.900](#))

1. A holder of a permit or a license to operate a hospital issued pursuant to [chapter 449](#) of NRS that wishes to provide community paramedicine services must submit an application to the Division in the form prescribed by the Division. The application must include:

- (a) A statement of the level of care that the applicant intends to provide through community paramedicine services;
- (b) A description of the community paramedicine services that the applicant intends to provide;
- (c) A letter of support from the medical director of the applicant;
- (d) Evidence that the applicant has implemented a system for charting patients;
- (e) A list of vehicles that the applicant intends to use to provide community paramedicine services;
- (f) Evidence that providing community paramedicine services will not adversely affect the capability of the applicant to respond to an emergency;
- (g) Protocols that the applicant intends to use when providing community paramedicine services, which must have been approved by the medical director of the applicant;
- (h) A statement that the applicant will submit the report required by [NRS 450B.1996](#), if applicable; and
- (i) Any additional information required by the Division.

2. The Division shall maintain on file a copy of the protocols for providing community paramedicine services submitted by each holder of a service community paramedicine endorsement pursuant to paragraph (g) of subsection 1. If the holder of a service community paramedicine endorsement revises its protocols, the holder shall submit a copy of the revised protocols to the Division. The holder of a service community paramedicine endorsement shall provide community paramedicine services as prescribed in the protocols on file with the Division.

3. A holder of a service community paramedicine endorsement shall adopt and implement a quality improvement program and a program to prevent waste, fraud and abuse.

4. The Division shall impose against any service or hospital that provides community paramedicine services without a service community paramedicine endorsement an administrative penalty of:

- (a) For services provided on or after January 27, 2017, and before July 1, 2018, \$300;
- (b) For services provided on or after July 1, 2018, and before July 1, 2019, \$400; and
- (c) For services provided on or after July 1, 2019, \$500,

↪ for each day that the service or hospital provides community paramedicine services without a service community paramedicine endorsement.

(Added to NAC by Bd. of Health by R068-16, eff. 1-27-2017; A by R102-18, 10-25-2018)

NAC 450B.484 Quarterly report: Additional information required. ([NRS 450B.120](#), [450B.1993](#), [450B.1996](#)) In addition to the information required by [NRS 450B.1996](#), the quarterly report described in that section must include:

- 1. The number of patients to whom the holder of the permit provided community paramedicine services during the previous quarter;
- 2. A description of the quality improvement program and the program to prevent waste, fraud and abuse adopted as required by [NAC 450B.482](#); and
- 3. An estimate of the number of transports, visits to the emergency department of a hospital and admissions or readmissions to a hospital that have been avoided due to the provision of community paramedicine services by the holder of the endorsement during the previous quarter.

(Added to NAC by Bd. of Health by R068-16, eff. 1-27-2017)

NAC 450B.486 Requirements for course of training in community paramedicine services. ([NRS 450B.120](#), [450B.1993](#))

1. A course of training in community paramedicine services must:

(a) Consist of five modules, with each module concentrating on a topic set forth in this paragraph. The modules must provide instruction concerning the role of the community paramedic in the health care system, social determinants of health, the role of the community paramedic in public and primary care, cultural competency and personal safety and wellness for the community paramedic.

(b) Have an attendance requirement of not less than:

(1) For the emergency medical technician level, 30 hours of didactic instruction and 12 clinical hours in a setting authorized by subsection 2;

(2) For the advanced emergency medical technician level, 34 hours of didactic instruction and 12 clinical hours in a setting authorized by subsection 2; and

(3) For the paramedic level, 52 hours of didactic instruction and 24 clinical hours in a setting authorized by subsection 2.

2. Clinical hours may be provided:

(a) In the office of a person who is professionally qualified in the field of psychiatric mental health, as defined in [NRS 433.209](#);

(b) Under the direct supervision of a registered nurse who participates in a public health program approved by the Division;

(c) In the office of a primary care physician; or

(d) In another setting approved by the Division.

3. As used in this section, "community paramedic" means an emergency medical provider who provides community paramedicine services.

(Added to NAC by Bd. of Health by R068-16, eff. 1-27-2017)

NAC 450B.488 Attendant community paramedicine endorsement: Application; qualifications; scope of practice; penalty for providing services without endorsement or beyond scope of practice. ([NRS 439.200](#), [449.0302](#), [450B.120](#), [450B.1993](#), [450B.900](#))

1. An emergency medical provider may apply to the Division for an attendant community paramedicine endorsement in the form prescribed by the Division. The application must include proof that the applicant:

(a) Meets the requirements to provide community paramedicine services prescribed in subsection 2 of [NRS 450B.250](#); and

(b) Has successfully completed a course of training in community paramedicine services that:

(1) Has been approved by the Division and the medical director of the service for which the applicant intends to provide community paramedicine services; and

(2) Meets the requirements of [NAC 450B.486](#).

2. The holder of an attendant community paramedicine endorsement may provide community paramedicine services:

(a) In accordance with the protocols submitted to the Division pursuant to [NAC 450B.482](#) by the service or hospital that employs the holder or for which the holder serves as a volunteer; and

(b) Within the scope of practice of the holder.

3. The Division shall impose against a service or hospital for which an attendant provides community paramedicine services without an attendant community paramedicine endorsement or beyond the scope of practice of the attendant an administrative penalty of:

(a) For services provided on or after January 27, 2017, and before July 1, 2018, \$30;

(b) For services provided on or after July 1, 2018, and before July 1, 2019, \$40; and

(c) For services provided on or after July 1, 2019, \$50,

➤ per day for each attendant who provides community paramedicine services without an attendant community paramedicine endorsement or beyond his or her scope of practice.

(Added to NAC by Bd. of Health by R068-16, eff. 1-27-2017; A by R102-18, 10-25-2018)

NAC 450B.489 Attendant community paramedicine endorsement: Expiration; renewal. ([NRS 439.200](#), [449.0302](#), [450B.120](#), [450B.1993](#))

1. An attendant community paramedicine endorsement expires on the date on which the license issued to the holder of the endorsement expires or 2 years after the date on which the endorsement is issued, whichever is sooner.

2. The holder of an attendant community paramedicine endorsement may renew his or her endorsement by submitting an application to the Division in the form prescribed by the Division. The application must include proof that the applicant:

(a) Meets the requirements to provide community paramedicine services prescribed in subsection 2 of [NRS 450B.250](#); and

(b) Has successfully completed the continuing education required by subsection 3.

3. To renew an attendant community paramedicine endorsement, the holder of the endorsement must have, during the 2 years immediately preceding the date on which he or she submits the application for renewal, completed:

(a) At the emergency medical technician level, 4 hours;

- (b) At the advanced emergency medical technician level, 8 hours; and
 - (c) At the paramedic level, 12 hours,
 - of continuing education in clinical topics that have been approved by the medical director of the service or hospital for which the holder is an employee or volunteer.
- (Added to NAC by Bd. of Health by R068-16, eff. 1-27-2017; A by R102-18, 10-25-2018)

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

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

1. To receive an endorsement to administer immunizations, dispense medications and prepare and respond to certain public health needs, an applicant must:
 - (a) Provide verification of current certification as an advanced emergency medical technician or paramedic which is issued pursuant to this chapter and [chapter 450B](#) of NRS;
 - (b) Provide proof of the successful completion of a training program for a vaccine approved by the Division; and
 - (c) Demonstrate the ability to administer a vaccination as part of the process for verifying the skills of the advanced emergency medical technician or paramedic for renewal of his or her certificate pursuant to [NAC 450B.380](#).
2. An applicant is not required to pay a fee to receive an endorsement pursuant to this section.
(Added to NAC by Bd. of Health by R143-09, eff. 5-7-2010; A by R024-14, 10-24-2014)

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

1. A person who receives an endorsement pursuant to [NAC 450B.493](#) may participate in:
 - (a) A public vaccination clinic or training exercise sponsored by a local public health authority if:
 - (1) A list of the emergency medical technicians with an endorsement who are participating in the clinic or training exercise is approved by the Division or a validation of the endorsement of each emergency medical technician is received by the local public health authority before the clinic or training exercise begins; and
 - (2) The person who holds the endorsement is under the direct supervision of the local health officer, or his or her designee, of the jurisdiction in which the immunization is administered.
 - (b) A public vaccination clinic in response to any emergency if:
 - (1) A list of the advanced emergency medical technicians or paramedics with an endorsement who are participating in the clinic is provided to the Division within 48 hours after the event begins; and
 - (2) The person who holds the endorsement is under the direct supervision of the local health officer, or his or her designee, of the jurisdiction in which the immunization is administered.
2. As used in this section, "emergency" has the meaning ascribed to it in [NRS 450B.1975](#).
(Added to NAC by Bd. of Health by R143-09, eff. 5-7-2010; A by R024-14, 10-24-2014)

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

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

AMBULANCE SERVICES AND FIRE-FIGHTING AGENCIES

NAC 450B.505 Permit required; appointment, powers and duties of medical director; penalty for providing emergency care without permit. ([NRS 450B.120](#), [450B.200](#), [450B.900](#))

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

- (g) Establish criteria and procedures to be used when a patient refuses transportation;
 - (h) Establish medical criteria for the level of care and type of transportation to be used for emergency care;
 - (i) Establish medical criteria for the level of care provided for a situation in which a person on the scene is treated and released;
 - (j) Establish standing orders and procedures and the criteria under which the providers of emergency care may operate before initiating contact with a physician at a base station; and
 - (k) Conduct an audit to ensure the quality of the medical system of the service in conjunction with the activities of the designated base hospital or health facility.
6. The medical director of the service may delegate his or her duties to any other qualified physician. If the medical director of the service wishes to delegate his or her duties pursuant to this subsection, he or she shall provide written notification to the Division before delegating his or her duties.
7. If a medical director of a service wishes to resign, he or she:
- (a) Shall provide written notification of such intentions to the Division and the service not less than 30 days before the effective date of the resignation; and
 - (b) May provide recommendations for an interim replacement.
8. If the medical director of a service is unable to carry out his or her responsibilities, he or she shall designate an alternate physician to assume the duties of the medical director.
9. The Division shall impose against a service that provides emergency care without a permit an administrative penalty of:
- (a) For services provided on or after January 27, 2017, and before July 1, 2018, \$200 per day;
 - (b) For services provided on or after July 1, 2018, and before July 1, 2019, \$300 per day; and
 - (c) For services provided on or after July 1, 2019, \$500 per day.
- (Added to NAC by Bd. of Health, eff. 8-1-91; A by R045-97, 10-30-97; R182-01, 3-5-2002; R024-14, 10-24-2014; R068-16, 1-27-2017)

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

1. Within 30 days after receipt of an application to operate a service, the Division shall:
 - (a) Have an investigation made of the applicant, his or her proposed service and the information contained in the application; and
 - (b) Upon completion of the investigation, issue a permit authorizing him or her to operate the service or a written rejection of the application on any ground set forth in [NAC 450B.520](#), setting forth the reasons for the rejections and notifying the applicant of the right to appeal pursuant to [NAC 439.300](#) to [439.395](#), inclusive.
2. An applicant for a permit to operate a service must submit the following information:
 - (a) The name and address of the owner of each unit to be used in providing the service.
 - (b) A description of each unit to be used in providing the service, including the manufacturer, model, year, serial number, color and identifying marks of those units.
 - (c) The base location of each unit.
 - (d) A list of the names of attendants staffing each unit.
 - (e) A schedule of the proposed fees to be charged patients for:
 - (1) Response and transportation;
 - (2) Administering medication, oxygen or other such treatment;
 - (3) Using an electrocardiograph monitor or defibrillator; and
 - (4) Any other supplies, equipment and procedures provided by the service.
 - (f) Except as otherwise provided in paragraph (h), the name, address and one set of fingerprints of the person designated by the applicant to manage the operations of the service providing emergency care.
 - (g) The name, address and one set of fingerprints of the applicant.
 - (h) In the case of a service, if the applicant is a corporation, partnership or sole proprietor engaged in the business to provide ambulance services of any type:
 - (1) The names and addresses of all the corporate directors and officers or the partners or the sole proprietor and the managing agents and all their businesses. Each person so listed is, for the purposes of this section, an applicant.
 - (2) A statement of the applicant's financial worth.
 - (i) If the application is for a permit to operate a volunteer service, proof of the applicant's volunteer status verified by the local board of county commissioners.
 - (j) The level of service to be provided under the permit. An applicant may apply to provide a level of service of basic, intermediate or advanced emergency care.

3. The Division shall not issue an original permit to operate a service unless:
 - (a) All the information required by subsection 2 is contained in the application;
 - (b) The Division is satisfied that all of the applicant's attendants who will operate or serve any unit or aircraft pursuant to the permit are licensed or in the process of being licensed in the appropriate category; and
 - (c) The service has appointed a medical director as required by [NAC 450B.505](#).
4. The same requirements, limitations, terms and conditions applicable to the issuance of an initial permit apply to the renewal of a permit.
 [Bd. of Health, Ambulance Reg. §§ 3.001 & 3.002, eff. 12-3-73; renumbered as §§ 3.1-3.2.7 & 3.2.9-3.2.10, 2-28-80; § 3.004, eff. 12-3-73; renumbered as § 3.4, 2-28-80; part § 3.005, eff. 12-3-73; renumbered as §§ 3.5.1 & 3.5.2, 2-28-80]—(NAC A 10-14-82; 8-22-86; 8-1-91; R045-97, 10-30-97; R182-01, 3-5-2002; R024-14, 10-24-2014)

NAC 450B.515 Ambulance permits: Fee. ([NRS 450B.120](#), [450B.200](#)) The fee for an initial application for a permit, in the amount set forth in [NAC 450B.700](#), or the number of a purchase order issued by a governmental entity in the amount of the fee, must accompany the application when submitted to the Division. The fee for a renewal of a permit, in the amount set forth in [NAC 450B.700](#), or the number of a purchase order issued by a governmental entity in the amount of the fee, must accompany any application for a renewal of a permit. These fees are not refundable.
 (Added to NAC by Bd. of Health, eff. 10-14-82; A by R024-14, 10-24-2014)

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

1. The applicant for a permit to operate an ambulance, air ambulance or agency's vehicle had previously held a business license or any other permit or license to operate such a service and that permit or license was revoked.
2. The applicant for a permit to operate an ambulance, air ambulance or agency's vehicle has a criminal record which might reasonably indicate that there is reasonable cause to believe that the applicant might not operate the service in a manner that would promote the health and general welfare of persons within this state who may need to use the service.
3. The applicant for a permit to operate an ambulance, air ambulance or agency's vehicle does not have the equipment, licensed attendants or medical director required by this chapter.
4. The applicant for a permit to operate an air ambulance does not meet the Federal Aviation Administration rules for certification under 14 C.F.R. Part 91 or 135, or both, as published in the Federal Register, January 1, 1985.

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

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

1. The name and address of the applicant's service.
2. The name and signature of the medical director of the service.
3. A copy of the written agreement between the service and a hospital, signed by an authorized representative of the hospital, pursuant to which the hospital agrees to:
 - (a) Provide 24-hour communication between a physician and a provider of emergency care for the service; and
 - (b) Require each physician who provides medical instructions to the provider of emergency care to know:
 - (1) The procedures and protocols for treatment established by the medical director of the service;
 - (2) The emergency care required for treating an acutely ill or injured patient;
 - (3) The ability of the providers of emergency care to provide that care; and
 - (4) The policies of any local or regional emergency medical service for providing emergency care and the protocols for referring a patient with trauma, as defined in [NAC 450B.798](#), to the hospital.
4. A copy of the protocols of the service for each level of emergency care provided by the service that are approved by the medical director of the service and on file with the Division.

5. A list of equipment and supplies, including specific medications and intravenous fluids, proposed for use.
 6. A description of the systems to be used for:
 - (a) Keeping records; and
 - (b) An audit of the performance of the service by the medical director.
 7. A copy of the requirements of the service for testing each level of licensure, including the requirements for knowledge of the protocols of the service for verification of the skills of each attendant for the specified level of licensure, if those requirements are different from the requirements of the Division for testing the attendant.
- (Added to NAC by Bd. of Health, eff. 10-14-82; A 8-22-86; 11-12-87; 8-1-91; R045-97, 10-30-97; R182-01, 3-5-2002; R139-07, 1-30-2008; R024-14, 10-24-2014; R068-16, 1-27-2017)

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

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

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

NAC 450B.532 Additional conditions for renewal of permit to provide any level of emergency care or service community paramedicine endorsement. ([NRS 450B.120, 450B.1993, 450B.200](#))

The Division may require a review of the applicant's operations or a submission of updated information as a condition of renewal of:

1. The permit to operate at a level of service of basic, intermediate or advanced emergency care, or any combination thereof; or
2. A service community paramedicine endorsement.

(Added to NAC by Bd. of Health, eff. 10-14-82; A 8-22-86; R045-97, 10-30-97; R024-14, 10-24-2014; R068-16, 1-27-2017)

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

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

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

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

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

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

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

- (a) Have at least 60 inches (152 centimeters) of headroom above the level of the primary gurney.
- (b) Provide a combined total of at least 35 cubic feet (1 cubic meter) of enclosed cabinets for storage, compartments and shelves conveniently located for medical supplies and equipment and installed systems as applicable for the level of service intended.
- (c) Provide 40 candlepower of interior lighting at the patient's level in the patient's compartment. The lighting must be located so that no glare is directed to the driver's compartment or line of vision while the vehicle is in motion. The lighting must be shielded with a shatterproof covering which does not reduce the illumination.

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

attendant.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

14, 10-24-2014)

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

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

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

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

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

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

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

- (a) Ground clearance appropriate to the specifications and requirements of the aircraft; and
- (b) Sufficient lighting to define the landing site.

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

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

(Added to NAC by Bd. of Health, eff. 5-18-92; A by R024-14, 10-24-2014; R068-16, 1-27-2017)

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

1. To be used as an air ambulance, an aircraft, whether a fixed- or rotary-wing type, must meet the requirements set forth in 14 C.F.R. Part 135, including by means of receiving a current endorsement by a nationally accredited air ambulance organization, including, without limitation, the Commission on the Accreditation of Medical Transport Systems, meet an equivalent national standard set forth by the Federal Aviation Administration or, in addition to meeting other applicable requirements set forth in this chapter:

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

2. The stretcher or litter must:

(a) Be positioned in the aircraft so as to allow the attendant a clear view of and access to any part of the patient's body that may require attention. The attendant must always have access to the patient's head and upper body.

(b) Be of sufficient size to carry full length and in the supine position a person whose height is at least equal to the 95th percentile of all adult patients in the United States.

(c) Have a rigid surface suitable for performing cardiac compressions.

(d) Be constructed of material that may be cleaned and disinfected after each use.

(e) Have a mattress or pad that is impervious to liquids.

(f) Be capable of elevating the head of the patient to a 45-degree angle from the base.

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

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

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

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

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

(1) The physician or registered nurse who is providing instructions of medical care.

(2) The dispatch center.

(3) If the air ambulance is used to transport patients from the scene of an emergency, a law enforcement agency.

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

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

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

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

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

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

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

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

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

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

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

NAC 450B.576 Driver-only program: Restrictions; application; approval of drivers required; expiration of approval; annual report. ([NRS 450B.120](#), [450B.130](#))

1. A driver-only program may not be operated:

(a) In a city whose population is more than 100,000; or

(b) If the Division has not approved an application to operate a driver-only program as described in this section.

2. At least 90 days before the holder of a permit intends to begin operating a driver-only program, the holder must apply to the Division for approval in the form prescribed by the Division. The application must include:

(a) A statement of the level of service that the driver-only program will provide. An applicant may apply to provide basic or intermediate emergency care.

(b) A description of the staff of the applicant.

- (c) A letter of support from the medical director of the applicant.
 - (d) A list of drivers.
 - (e) A statement agreeing to ensure compliance with the requirements of subsections 3 and 4.
3. Each person who wishes to serve as a driver for a driver-only program must apply to the Division for approval in the form prescribed by the Division. A person shall not serve as a driver for a driver-only program without the approval of the Division. Approval to operate a driver-only program expires 2 years after the date on which the approval was granted.
4. On or before February 1 of each year, each service that has been approved to operate a driver-only program shall submit to the Division a report, which must include:
- (a) The number of calls for emergency medical services that the service responded to during each month of the last preceding calendar year;
 - (b) The number of calls for emergency medical services that the service responded to using the driver-only program during each month of the last preceding calendar year; and
 - (c) A summary of each call for emergency medical services that the service responded to using the driver-only program which resulted in a negative outcome for the patient or a delay of care.
5. As used in this section, "driver-only program" means a program in which a service operates an ambulance to transport patients that is occupied by an attendant who is licensed pursuant to [chapter 450B](#) of NRS or certified to serve as an attendant pursuant to subsection 9 of [NRS 450B.160](#) and a driver who is not licensed or certified.
- (Added to NAC by Bd. of Health by R068-16, eff. 1-27-2017)

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

- 1. Have its emergency department supervised 24 hours a day by:
 - (a) A physician or advanced practice registered nurse; or
 - (b) A physician assistant or registered nurse supervised by a physician. The physician must be available in the hospital or be able to be present in the hospital within 30 minutes.
 - 2. Record on a recordable telephone line, magnetic tape or digital disc all transmissions between the hospital and the ambulance or agency's vehicle regarding care of patients, and retain the recordings for at least 90 days, if the recordings are not retained at a regional dispatch center.
 - 3. Make available to the medical director of the service or the Division the recordings concerning patients for the purposes of auditing performance and investigating any alleged violation of this chapter by an ambulance or air ambulance service or one of its attendants or registered nurses if requested within 90 days after an event.
 - 4. Provide the emergency medical technicians, advanced emergency medical technicians, paramedics and registered nurses with an opportunity for regular participation in continuing education.
 - 5. Include the report of emergency care in the medical record of the hospital for each patient.
- (Added to NAC by Bd. of Health, eff. 10-14-82; A 8-22-86; 11-12-87; 8-1-91; R182-01, 3-5-2002; R024-14, 10-24-2014; R068-16, 1-27-2017)

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

- 1. Each ambulance or agency's vehicle must be maintained in safe operating condition, including all of its engine, body and other operating parts and equipment. The Division shall periodically, at least every 12 months, require the holder of a permit to certify that the holder has had each ambulance, air ambulance or agency's vehicle under his or her control inspected by a professional mechanic who has found it to be in safe operating condition. In the case of an air ambulance, maintenance must be in accordance with Federal Aviation Administration rules, 14 C.F.R. Parts 43, 91 and 135, as applicable, which are hereby adopted by reference and are available without charge from the United States Department of Transportation, 1200 New Jersey Avenue, S.E., Washington, D.C. 20590. The holder shall mail a copy of the certificate to the Division with each application for the renewal of a permit or upon request of the Division.
- 2. Each ambulance, air ambulance or agency's vehicle must be equipped with equipment that provides two-way radio communications which provides an attendant with communication 24 hours a day for dispatch and medical information. At least one radio must operate on any frequency allocated by the Federal Communications Commission for transmission of medical communications and, if not using

the Nevada Shared Radio System, must contain all of the features incorporated in the state radio system for emergency medical services.

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

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

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

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

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

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

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

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

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

3. Except as otherwise provided in this subsection, an air ambulance used to transfer a patient must be staffed with at least one air attendant and must have the capability of being staffed with two air attendants. An air ambulance used to transfer a patient must be staffed with at least two air attendants, one of which is an emergency medical services registered nurse or a physician, if it is determined by the physician requesting the transfer that the presence of two air attendants is in the best interest of the care of the patient.

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

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

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

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

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

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

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

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

- (a) The procedures for treatment established by the medical director of the service;
- (b) The communication system establishing contact between personnel who provide emergency care and the base station;
- (c) The emergency care of acutely ill or injured patients;

- (d) The capabilities of the providers of emergency care; and
- (e) The policies of local and regional emergency medical services and protocols for referring patients with trauma.

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

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

NAC 450B.620 Requirement to file list of ambulances, air ambulances or agency's vehicles; maintenance of record on report of emergency care; penalty for failure to comply. ([NRS 450B.120](#), [450B.130](#), [450B.900](#))

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

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

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

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

5. Each service shall submit:

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

(b) The information required by the National Emergency Medical Services Information System in a format approved by the Division.

6. The Division shall impose against a service that fails to comply with the requirements of this section an administrative penalty of:

(a) For a violation committed on or after January 27, 2017, and before July 1, 2018, \$100;

(b) For a violation committed on or after July 1, 2018, and before July 1, 2019, \$150; and

(c) For a violation committed on or after July 1, 2019, \$200,

➔ for each quarter in which a violation occurs.

[Bd. of Health, Ambulance Reg. §§ 11.002 & 12.001, eff. 12-3-73; A and renumbered as §§ 11.1-11.3.1, 2-28-80]—(NAC A 10-14-82; 8-22-86; 8-1-91; R045-97, 10-30-97; R182-01, 3-5-2002; R024-14, 10-24-2014; R068-16, 1-27-2017)

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

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

NAC 450B.640 Inspections: Before service; requests; exceptions; reinspections; fee; penalty. ([NRS 439.150](#), [450B.120](#), [450B.130](#), [450B.200](#), [450B.900](#))

1. The Division shall:

(a) Inspect or have inspected every ambulance, air ambulance configured to be used for providing medical services or agency's vehicle to be used in a service after the issuance of a permit but, except as otherwise provided in subsection 3, before it is placed in service; and

(b) Determine whether or not it complies with the requirements of this chapter.

2. At least 10 business days before entering an ambulance, air ambulance or agency's vehicle into service, a service shall submit to the Division a request for an inspection of the ambulance, air ambulance or agency's vehicle, as applicable.

3. The Division may authorize a service to operate an ambulance, air ambulance or agency's vehicle that has not been inspected for not more than 60 days if the service attests in the form prescribed by the Division that the ambulance, air ambulance or agency's vehicle complies with the requirements of this chapter. If the Division identifies any deficiency during the inspection, the Division may order the service to immediately remove the ambulance, air ambulance or agency's vehicle from service. The

Division may authorize the service to enter the ambulance, air ambulance or agency's vehicle back into service if:

- (a) The service corrects each deficiency identified in the inspection;
- (b) The Division conducts a reinspection of the ambulance, air ambulance or agency's vehicle and verifies that the requirements of paragraph (a) have been met; and
- (c) The service has paid all fees associated with the reinspection.

4. After a permit is issued for the operation of an ambulance or air ambulance service, the Division shall, at least once a year, inspect or cause to be inspected every ambulance, air ambulance or agency's vehicle operated in the service. After each inspection pursuant to [NRS 450B.220](#) and this section, the inspector shall prepare a written report describing any violation of any provisions of this chapter with respect to the unit or aircraft inspected and shall schedule a date for reinspection after correction of the violation within 4 weeks after the violation was noted. For each ambulance, air ambulance or agency's vehicle that is reinspected, the Division shall collect the fee prescribed in [NAC 450B.700](#).

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

6. If, upon reinspection, an inspector determines that a violation has not been corrected, the Division shall impose against the service an administrative penalty of \$500 for each violation that has not been corrected.

[Bd. of Health, Ambulance Reg. §§ 11.003-11.005, eff. 12-3-73; renumbered as §§ 12.1-12.3, 2-28-80]—(NAC A 10-14-82; 8-22-86; 8-1-91; R045-97, 10-30-97; R024-14, 10-24-2014; R068-16, 1-27-2017; R079-22, 12-29-2022)

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

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

DISCIPLINARY ACTION

NAC 450B.650 Periodic examination or investigation by Division; fee to recover costs of investigation. ([NRS 439.150](#), [450B.120](#), [450B.200](#))

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

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

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

[Bd. of Health, Ambulance Reg. § 16.006, eff. 12-3-73; A and renumbered as § 18.6, 2-28-80]—(NAC A 8-22-86; R045-97, 10-30-97; R024-14, 10-24-2014; R068-16, 1-27-2017)

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

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

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

NAC 450B.660 Grounds for disciplinary action; request for hearing. ([NRS 450B.120](#), [450B.160](#), [450B.1993](#), [450B.200](#))

1. Whenever the Division determines that any ambulance, air ambulance configured to be used for providing medical services, agency's vehicle or its equipment which is faulty, malfunctioning or

otherwise in violation of this chapter constitutes an immediate, serious hazard or a detriment to any person who may use the services provided by it, the Division shall immediately inform the operator of the service of the condition. The Division may immediately issue an order temporarily suspending the equipment or service from operation pending the institution of appropriate proceedings to revoke the permit or endorsement for the service or the license, certificate or endorsement of an attendant, or may suspend the permit, license, certificate or endorsement pending the correction of the condition if the operator of the service agrees to make the correction within a reasonable period.

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

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

4. The Division may suspend or revoke the holder's license, certificate, permit or endorsement if the holder continues to fail to comply with any applicable provisions of this chapter or any other applicable laws or ordinances after a warning by the Division.

5. Upon the suspension or revocation of a license, certificate, permit or endorsement or the imposition of disciplinary action on a holder of a license, certificate, permit or endorsement, the holder may request a hearing pursuant to the requirements set forth in [NAC 439.300](#) to [439.395](#), inclusive.

[Bd. of Health, Ambulance Reg. §§ 11.006-11.009, eff. 12-3-73; A and renumbered as §§ 13.1-13.4, 2-28-80]—(NAC A 10-14-82; 8-22-86; R045-97, 10-30-97; R182-01, 3-5-2002; R024-14, 10-24-2014; R068-16, 1-27-2017)

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

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

NAC 450B.690 Reinstatement of permit, certificate, license or endorsement. ([NRS 450B.120](#), [450B.160](#), [450B.1993](#), [450B.200](#))

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

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

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

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

[Bd. of Health, Ambulance Reg. § 11.011, eff. 12-3-73; A and renumbered as §§ 13.6 & 13.7.1, 2-28-80]—(NAC A 10-14-82; 8-22-86; R045-97, 10-30-97; R182-01, 3-5-2002; R024-14, 10-24-2014; R068-16, 1-27-2017)

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

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

MISCELLANEOUS PROVISIONS

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

| | On or after January 27, 2017, and before July 1, 2017 | On or after July 1, 2017, and before July 1, 2018 | On or after July 1, 2018 |
|---|--|---|--------------------------------|
| 1. For licenses: | | | |
| (a) For issuing an initial license to an attendant..... | \$10.00 | \$12.00 | \$30.00 |
| (b) For renewing the license of an attendant..... | \$5.00 | \$7.00 | \$10.00 |
| (c) For the late renewal of a license, an additional..... | No | \$30.00 | \$50.00 |
| | additional | | |
| | charge | | |
| 2. For certificates: | | | |
| (a) For issuing an initial certificate as an emergency medical dispatcher, emergency medical responder, emergency medical technician, advanced emergency medical technician or paramedic..... | \$10.00 | \$12.00 | \$24.00 |
| (b) For renewing a certificate described in paragraph (a)..... | \$10.00 | \$12.00 | \$24.00 |
| (c) For the late renewal of a certificate described in paragraph (a), an additional..... | No | \$30.00 | \$50.00 |
| | additional | | |
| | charge | | |
| 3. To apply for reciprocity: | | | |
| (a) For a paramedic by state reciprocity..... | \$50.00 | \$60.00 | \$80.00 |
| (b) For an advanced emergency medical technician by state reciprocity..... | \$40.00 | \$50.00 | \$65.00 |
| (c) For an emergency medical dispatcher, emergency medical responder or emergency medical technician by state reciprocity..... | \$30.00 | \$40.00 | \$45.00 |
| 4. For permits: | | | |
| (a) For issuing an initial permit to operate a service for an operator who will provide emergency care..... | \$200.00 | \$500.00 | \$900.00 |

| | On or after January 27, 2017, and before July 1, 2017 | On or after July 1, 2017, and before July 1, 2018 | On or after July 1, 2018 |
|---|--|---|--------------------------------|
| (b) For renewing a permit to operate a service for an operator who will provide emergency care..... | \$30.00 | \$40.00 | \$120.00 |
| (c) For operating new or additional units, an additional..... | \$5.00 | \$7.00 | \$23.00 |
| | per unit | per unit | per unit |
| (d) For the late renewal of a permit, an additional..... | \$25.00 | \$40.00 | \$70.00 |
| 5. For endorsements: | | | |
| (a) For issuing an initial endorsement as an instructor | \$10.00 | \$25.00 | \$40.00 |
| (b) For renewing an endorsement as an instructor..... | \$10.00 | \$15.00 | \$15.00 |
| 6. For replacing or duplicating documents or furnishing copies of records: | | | |
| (a) Permit..... | \$2.00 | \$5.00 | \$10.00 |
| (b) License..... | \$3.00 | \$5.00 | \$10.00 |
| (c) Certificate..... | \$5.00 | \$8.00 | \$10.00 |
| (d) Copies of personnel records or any other material: | | | |
| (1) For electronic copies..... | No | No | No |
| | charge | charge | charge |
| (2) For printed copies..... | \$0.10 | \$0.10 | \$0.10 |
| | per copy | per copy | per copy |
| 7. For initial approval or renewal of approval of a training center | \$200.00 | \$200.00 | \$200.00 |
| 8. For issuing documents verifying certification by the National Registry of Emergency Medical Technicians..... | \$15.00 | \$15.00 | \$25.00 |
| 9. For a do-not-resuscitate identification in the form of an identification card or document..... | \$5.00 | \$5.00 | \$5.00 |
| 10. For reinspecting an ambulance, air ambulance or agency's vehicle..... | No | \$50.00 | \$75.00 |
| | charge | | |
| 11. For initial designation or renewal of designation as a trauma center..... | \$3,000.00 | \$4,000.00 | \$4,500.00 |

| | On or after January 27, 2017, and before July 1, 2017 | On or after July 1, 2017, and before July 1, 2018 | On or after July 1, 2018 |
|---|---|--|--|
| 12. For the retrieval of data from the Nevada Trauma Registry.... | \$35.00 or the actual cost of retrieving the data, whichever amount is greater | \$35.00 or the actual cost of retrieving the data, whichever amount is greater | \$35.00 or the actual cost of retrieving the data, whichever amount is greater |

[Bd. of Health, Ambulance Reg. §§ 24.1-24.5, eff. 10-15-81]—(NAC A 10-14-82; 8-22-86; 11-12-87; R045-97, 10-30-97; R050-98, 5-18-98; R182-01, 3-5-2002; R024-14, 10-24-2014; R068-16, 1-27-2017)

NAC 450B.710 Notice to applicant of rejection of permit, license or endorsement; right of appeal. ([NRS 450B.120](#), [450B.160](#), [450B.1993](#), [450B.200](#)) If any application for:

1. A permit to operate a service at any level of service;
2. A license as an attendant of such a service;
3. A service community paramedicine endorsement; or
4. An attendant community paramedicine endorsement,

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

[Bd. of Health, Ambulance Reg. §§ 15.001-15.004 & part § 15.005, eff. 12-3-73; A and renumbered as §§ 17.1-17.5.1, 2-28-80]—(NAC A 10-14-82; 8-22-86; R045-97, 10-30-97; R182-01, 3-5-2002; R024-14, 10-24-2014; R068-16, 1-27-2017)

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

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

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

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

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

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

(Added to NAC by Bd. of Health, eff. 10-14-82; A 8-22-86; 11-12-87; 8-1-91; R024-14, 10-24-2014)
—(Substituted in revision for NAC 450B.498)

NAC 450B.717 Report of crash or incident. (NRS 450B.120) If the holder of a permit to operate a service or any licensee in the service is involved in any crash or incident reportable to the Federal Aviation Administration as a hard landing with an air ambulance or agency's vehicle, he or she shall report the full details of the crash or hard landing within 5 days after it occurs. The report must be submitted to the Division by certified mail, postmarked within 5 days after the crash or hard landing, or by personal delivery of a written report. The report must be provided to the Division immediately if the crash or hard landing involves an injury or death.

[Bd. of Health, Ambulance Reg. § 16.007, eff. 12-3-73; A and renumbered as § 18.7, 2-28-80]—(NAC A 10-14-82; 8-22-86; R045-97, 10-30-97; R182-01, 3-5-2002; R024-14, 10-24-2014; R068-16, 1-27-2017)—(Substituted in revision for NAC 450B.730)

NAC 450B.718 Report by host organization: Attendance at special event; contacts and transports by emergency medical personnel. (NRS 450B.120, 450B.690, 450B.695, 450B.700) Not later than 30 days after the last day of a special event, the host organization shall submit a report to the health authority, which must include:

1. The estimated peak number of persons in attendance at the special event at one time;
2. The estimated total number of persons who attended the special event; and
3. The number of total contacts with and transports of persons attending the special event by emergency medical personnel.

(Added to NAC by Bd. of Health by R068-16, eff. 1-27-2017)

TRAINING

NAC 450B.720 Programs of training: Application for approval; retention of documentation by provider; certification prerequisites to receive certain training. (NRS 450B.120, 450B.155, 450B.160, 450B.1905, 450B.191, 450B.195)

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

2. Except as otherwise provided in subsection 5, a person proposing to conduct a program within this state for training for certification issued under this chapter must apply to the Division for approval at least 20 working days before the program is to begin. The Division shall not issue a certificate of completion of the program to any trainee unless the Division has approved the program. The person conducting the program shall not start the program until approval by the Division has been granted.

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

4. Except as otherwise provided in subsection 5, curriculum and procedures for testing submitted as part of a request for approval of a program must not be changed after approval has been granted for the program except upon prior written approval from the Division. The proposed change or modification, with an alternative acceptable to the Division, must be submitted in writing to the Division not less than 15 working days before the effective date of the use of the changed or modified curriculum or test.

5. The provisions of subsections 2 and 4 do not apply to a program of continuing education offered by a training center.

6. Conferences, online courses and continuing education that are approved by the Commission on Accreditation for Pre-Hospital Continuing Education or the Division are deemed to qualify for use to satisfy the requirements of this chapter relating to training for the renewal of a license or certificate if the conference, online course or continuing education is appropriate to the license or certificate.

7. A person who conducts a program of training shall retain documentation of courses completed by students for at least 5 years after the date on which the course was completed.

8. A person must:

(a) Be certified as an emergency medical technician before receiving training for certification as an advanced emergency medical technician or paramedic.

(b) Maintain the certification described in paragraph (a) until the completion of training for certification as an advanced emergency medical technician or paramedic, as applicable.

9. A person who does not meet the requirements of paragraph (a) of subsection 8 on the first day of a program of training for certification as an advanced emergency medical technician or paramedic is ineligible to be tested for certification upon completing the program of training.

[Bd. of Health, Ambulance Reg. § 21.001, eff. 12-3-73; renumbered as § 23.1, 2-28-80]—(NAC A 10-14-82; 8-22-86; R182-01, 3-5-2002; R024-14, 10-24-2014; R068-16, 1-27-2017; R079-22, 12-29-

2022)

NAC 450B.721 Training center: Application for approval; fee; expiration and renewal. (NRS 439.150, 450B.120, 450B.155, 450B.160, 450B.1905, 450B.191, 450B.195)

1. At least 90 days before establishing a training center, the university, college, school, service or other entity that wishes to establish the training center must apply to the Division for approval in the form prescribed by the Division and accompanied by the fee prescribed in [NAC 450B.700](#). An applicant shall not provide continuing education that has not been approved by the Division as provided in [NAC 450B.720](#) until the applicant has been approved to operate a training center by the Division.

2. An application must include:

- (a) The type of training that will be offered as part of the training center;
- (b) Proof that a sufficient number of qualified instructors are available to operate the training center;
- (c) A letter of support from a physician who will oversee the training center; and
- (d) Any additional information required by the Division.

3. Not more than 30 days after receiving an application, the Division shall inform the applicant whether the application has been approved or denied.

4. Approval to operate a training center expires on June 30 of each year and may be renewed by submitting to the Division an application for renewal in the form prescribed by the Division and accompanied by the fee prescribed in [NAC 450B.700](#).

(Added to NAC by Bd. of Health by R068-16, eff. 1-27-2017)

NAC 450B.722 Training center: Duties; audit. (NRS 439.150, 450B.120)

1. A training center that is approved in accordance with [NAC 450B.721](#) shall:

(a) Issue continuing education credits to students who successfully complete continuing education courses provided by the training center;

(b) Ensure that all instructors are properly licensed or certified and have been issued an endorsement as an instructor in emergency medical services if such an endorsement is required by [NAC 450B.723](#); and

(c) Report instructors who do not have the proper license, certification or endorsement to the health authority or the licensing board having authority over the profession for which the instructor is required to be licensed, as appropriate.

2. The Division may audit a training center as often as deemed necessary. A training center shall provide to the Division any information requested in furtherance of an audit.

(Added to NAC by Bd. of Health by R068-16, eff. 1-27-2017)

NAC 450B.723 Endorsement as instructor: Qualifications; fee; authorized scope of instruction; exception; penalty for serving as instructor without valid endorsement. (NRS 439.150, 450B.120, 450B.900)

1. To receive an endorsement as an instructor in emergency medical services, an applicant must pay a fee in the amount prescribed in [NAC 450B.700](#) and provide:

(a) Proof of the successful completion of a course or courses in training equivalent to the national standard prepared by the National Association of EMS Educators as a national standard for instructors or an equivalent standard approved by the Administrator of the Division and verification of current certification as an emergency medical dispatcher, emergency medical responder, emergency medical technician, advanced emergency medical technician or paramedic issued by the Division; or

(b) Proof that the applicant holds current certification as a Fire Service Instructor II, as described in *Nevada Fire Service Professional Qualifications*, available free of charge from the Nevada State Fire Marshal at the Internet address http://fire.nv.gov/bureaus/FST/Training_Manuals/.

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

3. A physician, physician assistant or registered nurse who is not certified as an instructor may teach a program of training in emergency medical services if approved by the Division.

4. Except as otherwise provided in subsection 3, the Division shall impose against a person who serves as an instructor without a valid endorsement an administrative penalty of:

- (a) For instruction provided on or after January 27, 2017, and before July 1, 2018, \$200;
- (b) For instruction provided on or after July 1, 2018, and before July 1, 2019, \$250; and

(c) For instruction provided on or after July 1, 2019, \$300.

(Added to NAC by Bd. of Health, eff. 8-1-91; A by R045-97, 10-30-97; R024-14, 10-24-2014; R068-16, 1-27-2017)

NAC 450B.725 Endorsement as instructor: Expiration; renewal; fee. ([NRS 439.150](#), [450B.120](#))

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

2. The endorsement is renewable if the holder of the endorsement verifies participation as an instructor in 10 hours of emergency medical training within the 2 years immediately preceding the expiration date of the endorsement and pays a fee in the amount prescribed in [NAC 450B.700](#).

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

TREATMENT OF TRAUMA

Initial Procedures and Collection of Information

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(Added to NAC by Bd. of Health, eff. 3-15-88; A by R068-16, 1-27-2017)

NAC 450B.765 Nevada Trauma Registry: Confidentiality of information collected; maintenance of list of reporting entities. ([NRS 450B.120](#), [450B.237](#))

1. Except as otherwise provided in this subsection, all information collected or maintained using the Nevada Trauma Registry that contains the name of a patient, medical facility or provider of health care is confidential and may be disclosed only as provided in [NAC 450B.7655](#). The Division shall maintain a list of persons and governmental entities that report information to the Nevada Trauma Registry and make the list available to any person upon request.

2. Each person or governmental entity who has access to any confidential information described in subsection 1 shall ensure that:

(a) All files and documents containing such information, including, without limitation, indexes for accessing the information, are kept in locked storage when not in use;

(b) All electronic files containing such information, including, without limitation, indexes for accessing the information, are closed when not in use and protected by a password, which must be changed at least every 90 days; and

(c) All documents containing such information and being used by an employee are out of sight when the employee is away from his or her desk.

3. A person with whom the Health Officer enters into a contract to perform services, including, without limitation, data processing, using any confidential information described in subsection 1, shall:

(a) Maintain the confidentiality of the information and ensure that all employees comply with the requirements of subsection 2; and

(b) Not disclose any such information without the prior approval of the Health Officer.

(Added to NAC by Bd. of Health by R068-16, eff. 1-27-2017)

NAC 450B.7655 Nevada Trauma Registry: Access for scientific research; application to grant access; fee; restrictions on publication. ([NRS 450B.120](#), [450B.237](#))

1. A person who wishes to conduct scientific research concerning trauma using information maintained in the Nevada Trauma Registry must submit a written application to the Health Officer. The application must include:

(a) All relevant qualifications of the applicant, including, without limitation, any employment as an epidemiologist or physician or other person conducting bona fide scientific research into trauma;

(b) A description of the proposed research and a list of data points required to conduct the proposed research; and

(c) A signed statement, on a form prescribed by the Health Officer or his or her designee, that the applicant agrees not to copy documents or records and to comply with the requirements of this section and [NAC 450B.765](#).

2. Before granting access to information maintained in the Nevada Trauma Registry for the purpose of scientific research, the Health Officer or his or her designee shall review the application submitted pursuant to subsection 1 and make a written determination that the applicant is qualified to conduct the research and has a legitimate need for the information.

3. Any person whose application is approved as described in subsection 2 must pay to the Division the fee prescribed in [NAC 450B.700](#) or the actual cost of furnishing the information as determined by the Division, whichever is greater.

4. A person who conducts scientific research concerning trauma using information maintained in the Nevada Trauma Registry:

(a) Shall submit to the Health Officer or his or her designee for review any proposed publication or presentation that is based on such research or contains such information; and

(b) Shall not publish the proposed publication or present the proposed presentation without written approval from the Health Officer or his or her designee.

(Added to NAC by Bd. of Health by R068-16, eff. 1-27-2017)

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

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

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

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

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

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

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

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

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

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

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

3. The quarterly reports must be submitted on or before:

- (a) June 1 for the period beginning on January 1 and ending on March 31.
- (b) September 1 for the period beginning on April 1 and ending on June 30.
- (c) December 1 for the period beginning on July 1 and ending on September 30.
- (d) March 1 for the period beginning on October 1 and ending on December 31.

4. The Division shall prepare an annual report not later than July 1 for the preceding calendar year summarizing the data submitted by hospitals on patients with traumas.

(Added to NAC by Bd. of Health, eff. 3-15-88; A 8-10-90; 1-18-94; R182-01, 3-5-2002; R139-07, 1-30-2008; R024-14, 10-24-2014; R068-16, 1-27-2017)

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

1. A licensee providing emergency medical care to a patient at the scene of an injury shall use the national standard set forth by the National Highway Traffic Safety Administration of the United States Department of Transportation, the American College of Surgeons or an equivalent standard approved by the Administrator of the Division to identify and care for patients with traumas.

2. If the licensee providing emergency medical care is not certain whether to transport the patient to a center for the treatment of trauma, the licensee shall transport the patient to a center pursuant to [NAC 450B.772](#).

(Added to NAC by Bd. of Health, eff. 3-15-88; A by R182-01, 3-5-2002; R024-14, 10-24-2014)

NAC 450B.772 Criteria for determining destination for transportation and treatment of patients with traumas. ([NRS 439.200](#), [450B.120](#), [450B.237](#))

1. The field triage criteria set forth by the Centers for Disease Control and Prevention in "Guidelines for Field Triage of Injured Patients: Recommendations of the National Expert Panel on Field Triage, 2011," *Morbidity and Mortality Weekly Report* [61(RR01):1-20, January 13, 2012], published by the United States Department of Health and Human Services and available at no cost on the Internet at <https://www.cdc.gov/mmwr/>, are hereby adopted by reference.

2. The person licensed to provide emergency medical care at the scene of an injury shall determine the time required to transport a patient to a designated center for the treatment of trauma and determine the destination based on the following criteria:

(a) Except as otherwise provided in paragraphs (c) and (d), the patient meets the physiologic or anatomic criteria for transport to a facility that provides the highest level of care within the defined trauma system prescribed by the guidelines adopted by reference in subsection 1, the patient must be transported to a level I or II center for the treatment of trauma and the medical directions for the treatment of the patient must originate at that center.

(b) Except as otherwise provided in paragraphs (c) and (d), any patient who does not meet the criteria prescribed in paragraph (a) but meets the mechanism of injury criteria for transport to a center for the treatment of trauma prescribed by the guidelines adopted by reference in subsection 1 must be

transported to a level I, II or III center for the treatment of trauma, and the medical directions for the treatment of the patient must originate at that center.

(c) Any patient described in paragraph (a) or (b) who is experiencing uncontrolled external bleeding, airway compromise that cannot be corrected or maintained by the personnel at the scene of the injury or cardiopulmonary arrest must be transported to the nearest medical facility that can provide a higher level of emergency medical care than can be provided by personnel at the scene of the injury and the medical directions for the treatment of the patient must originate at that facility or from a protocol approved by the medical director of the service and filed with the Division.

(d) If the time required to transport a patient to a center for the treatment of trauma is more than 2 hours, the patient must be transported to the nearest medical facility which can provide a higher level of emergency medical care than can be provided by personnel at the scene of the injury and the medical directions for the treatment of the patient must originate at that facility or from a protocol approved by the medical director of the service and filed with the Division.

(Added to NAC by Bd. of Health, eff. 3-15-88; A 10-22-93; 11-1-95; R139-07, 1-30-2008; R024-14, 10-24-2014; R102-18, 10-25-2018)

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

1. If a patient at the scene of an injury refuses to be transported to a center for the treatment of trauma after a determination has been made that the patient's physical condition meets the triage criteria requiring transport to the center, the person providing emergency medical care shall evaluate the mental condition of the patient. If the person determines that the patient is competent, the patient must be advised of the risks of not receiving further treatment at the center.

2. If the patient continues to refuse to be transported to the center for the treatment of trauma, the person providing emergency medical care shall request the patient to sign a statement indicating that the patient has been advised of the risks of not receiving further treatment at the center and continues to refuse to be transported to the center.

3. The person providing emergency medical care shall inform a physician at the location to which the person intends to transport the patient of the patient's refusal to be transported before the person leaves the scene of the injury.

4. As used in this section, "triage criteria" has the meaning ascribed to it in [NAC 450B.814](#).

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

Centers for Treatment of Trauma

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

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

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

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

NAC 450B.786 "Center for the treatment of trauma" defined. ([NRS 439.200](#), [450B.120](#), [450B.237](#)) "Center for the treatment of trauma" means a hospital licensed in this State which has been designated as a level I, II or III center by the Administrator of the Division, pursuant to the provisions of [NAC 450B.780](#) to [450B.875](#), inclusive.

(Added to NAC by Bd. of Health, eff. 3-15-88; A 10-22-93; 11-1-95; R139-07, 1-30-2008; R048-22, 12-29-2022)

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

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

NAC 450B.799 "Pediatric center for the treatment of trauma" defined. ([NRS 450B.120](#), [450B.237](#)) "Pediatric center for the treatment of trauma" means a facility that is designated by the

Administrator of the Division pursuant to the provisions of [NAC 450B.780](#) to [450B.875](#), inclusive, to provide comprehensive surgical, medical and nursing care to persons who are less than 15 years of age.
(Added to NAC by Bd. of Health, eff. 1-18-94; A by R139-07, 1-30-2008)

NAC 450B.808 “Service area” defined. ([NRS 450B.120](#), [450B.237](#)) “Service area” means the geographical area described by a center for the treatment of trauma or a pediatric center for the treatment of trauma in its plan for providing treatment for trauma as the area served by that center.
(Added to NAC by Bd. of Health, eff. 3-15-88; A 1-18-94; R139-07, 1-30-2008)

NAC 450B.810 “System for providing treatment for trauma” defined. ([NRS 450B.120](#), [450B.237](#)) “System for providing treatment for trauma” means a formally organized arrangement of resources providing health care which is described in writing by a center for the treatment of trauma or a pediatric center for the treatment of trauma and approved by the Division, whereby patients with trauma are treated at a designated center for the treatment of trauma or a pediatric center for the treatment of trauma.
(Added to NAC by Bd. of Health, eff. 3-15-88; A 1-18-94; R139-07, 1-30-2008)

NAC 450B.814 “Triage criteria” defined. ([NRS 450B.120](#), [450B.237](#)) “Triage criteria” means a measure or method of assessing the severity of a person’s injuries which is used to evaluate the patient’s condition in the field and is based on anatomical considerations, physiological conditions and the mechanism of injury.
(Added to NAC by Bd. of Health, eff. 3-15-88; A 1-18-94)

NAC 450B.815 “Verification review” defined. ([NRS 450B.120](#), [450B.237](#)) “Verification review” means the process by which the American College of Surgeons, or an equivalent medical organization or agency approved by the Board, conducts an on-site review of a hospital and confirms that the hospital is performing or is capable of performing as a center for the treatment of trauma or a pediatric center for the treatment of trauma and meets the appropriate criteria contained in *Resources for Optimal Care of the Injured Patient*, as adopted by reference in [NAC 450B.816](#).
(Added to NAC by Bd. of Health by R139-07, eff. 1-30-2008)

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

1. The Board hereby adopts by reference:

(a) *Resources for Optimal Care of the Injured Patient*, 2006 edition, published by the American College of Surgeons, and any subsequent revision of the publication, unless the Board gives notice that the revision is not suitable for this State pursuant to subsection 2. A copy of the publication may be obtained by mail from the American College of Surgeons, 633 North Saint Clair Street, Chicago, Illinois 60611-3211, or on their website at <http://www.facs.org>, for the price of \$50 for a printed copy plus shipping and handling or free of charge for an electronic copy.

(b) *Guidelines for Design and Construction of Hospitals and Outpatient Facilities*, in the form most recently published by the Facility Guidelines Institute, unless the Board gives notice that the most recent revision is not suitable for this State pursuant to subsection 2. A copy of the publication may be obtained by mail from the Facility Guidelines Institute at AHA Services, Inc., P.O. Box 933283, Atlanta, Georgia 31193-3283, at the Internet address <http://www.fgiguilines.org/> or by telephone at (800) 242-2626, for the price of \$200.

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

(Added to NAC by Bd. of Health, eff. 3-15-88; A 10-22-93; 1-18-94; R182-01, 3-5-2002; R139-07, 1-30-2008; R068-16, 1-27-2017)

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

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

treatment of trauma.

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

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

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

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

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

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

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

3. Any hospital in a county whose population is 700,000 or more must include with its application a letter for provisional authorization from the district board of health for that county.

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

(a) Review the application and verify the information contained within; and

(b) Upon review, notify the applicant in writing if any section of the application is incomplete or unclear.

5. An application must include the following information:

(a) A description of the qualifications of the hospital's personnel to provide care for patients with trauma;

(b) A description of the facilities and equipment to be used to provide care for patients with trauma;

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

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

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

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

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

(h) Written policies for:

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

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

(Added to NAC by Bd. of Health, eff. 8-10-90; A 10-22-93; 1-18-94; 11-1-95; R182-01, 3-5-2002; R139-07, 1-30-2008; R068-16, 1-27-2017)

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

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

2. The cost to verify the proposed center's capability as a level I, II or III center for the treatment of trauma or a pediatric center for the treatment of trauma must be borne by the hospital applying for such a

designation.

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

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

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

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

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

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

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

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

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

(2) A letter for provisional authorization from the district board of health if the hospital is located in a county whose population is 700,000 or more;

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

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

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

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

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

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

(Added to NAC by Bd. of Health, eff. 8-10-90; A 10-22-93; 1-18-94; 11-1-95; R182-01, 3-5-2002; R139-07, 1-30-2008; R068-16, 1-27-2017)

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

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

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

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

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

3. If the Division finds that extenuating circumstances exist while an application for the renewal of a designation is pending and that the withholding of the renewal of the designation may have a detrimental impact on the health of the public, it may recommend to the Administrator of the Division that a provisional designation be issued. The Administrator may issue a provisional designation for not

more than 1 year on an application for the renewal of a level I, II or III center for the treatment of trauma or a pediatric center for the treatment of trauma. The Administrator may impose such conditions on the issuance of the provisional designation as he or she deems necessary.

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

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

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

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

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

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

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

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

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

NAC 450B.832 Fee for designation or renewal of designation. (NRS 439.150, 450B.120, 450B.237) A hospital applying for a designation as a level I, II or III center for the treatment of trauma or a pediatric center for the treatment of trauma or to renew such a designation must pay the fee prescribed in [NAC 450B.700](#) at the time it submits its application to the Division.

(Added to NAC by Bd. of Health, eff. 3-15-88; A 8-10-90; 10-22-93; 1-18-94; 11-1-95; R139-07, 1-30-2008; R068-16, 1-27-2017)

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

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

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

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

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

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

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

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

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

NAC 450B.838 Level I center: Requirements for designation. ([NRS 439.200](#), [450B.120](#), [450B.237](#)) To be designated as a level I center for the treatment of trauma, a licensed hospital must:

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

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

(Added to NAC by Bd. of Health, eff. 3-15-88; A 10-22-93; R182-01, 3-5-2002; R139-07, 1-30-2008; R048-22, 12-29-2022)

NAC 450B.845 Pediatric center: Requirements for designation. ([NRS 439.200](#), [450B.120](#), [450B.237](#)) To be designated as a pediatric center for the treatment of trauma, a licensed hospital must:

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

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

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

(Added to NAC by Bd. of Health, eff. 1-18-94; A by R182-01, 3-5-2002; R139-07, 1-30-2008; R048-22, 12-29-2022)

NAC 450B.852 Level II center: Requirements for designation. ([NRS 439.200](#), [450B.120](#), [450B.237](#)) To be designated as a level II center for the treatment of trauma, a licensed hospital must:

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

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

(Added to NAC by Bd. of Health, eff. 3-15-88; A 10-22-93; R182-01, 3-5-2002; R139-07, 1-30-2008; R048-22, 12-29-2022)

NAC 450B.866 Level III center: Requirements for designation. ([NRS 439.200](#), [450B.120](#), [450B.237](#)) To be designated as a level III center for the treatment of trauma, a licensed hospital must:

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

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

(Added to NAC by Bd. of Health, eff. 3-15-88; A 10-22-93; 11-1-95; R182-01, 3-5-2002; R139-07, 1-30-2008; R048-22, 12-29-2022)

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

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

COLLECTION OF DATA CONCERNING WAITING TIMES AT HOSPITALS

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

[450B.884](#) have the meanings ascribed to them in those sections.
(Added to NAC by Bd. of Health by R138-07, eff. 1-30-2008)

NAC 450B.882 “Hospital” defined. ([NRS 450B.120](#), [450B.795](#)) “Hospital” has the meaning ascribed to it in [NRS 449.012](#).
(Added to NAC by Bd. of Health by R138-07, eff. 1-30-2008)

NAC 450B.884 “Provider of emergency medical services” defined. ([NRS 450B.120](#), [450B.795](#)) “Provider of emergency medical services” has the meaning ascribed to it in [NRS 450B.795](#).
(Added to NAC by Bd. of Health by R138-07, eff. 1-30-2008)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(a) The State Board of Health; or

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

2. A provider of emergency medical services located in a county whose population is less than 700,000 that participates in the collection of data pursuant to [NRS 450B.795](#) shall report the information required pursuant to subsection 5 of that section to:

- (a) The State Board of Health; or
 - (b) If the State Board has delegated its duties to the county or district board of health in the county in which the provider of emergency medical services is located, the county or district board of health.
- (Added to NAC by Bd. of Health by R138-07, eff. 1-30-2008; A by R068-16, 1-27-2017)

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

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

WITHHOLDING LIFE-SUSTAINING TREATMENT

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

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

NAC 450B.955 Do-not-resuscitate identification: Form; issuance to qualified patient upon submission of application and fee. ([NRS 450B.120](#), [450B.490](#)) In a county whose population is less than 700,000:

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

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

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

(b) A fee in the following amount:

(1) For a do-not-resuscitate identification in the form of an identification card or document, the amount prescribed in [NAC 450B.700](#).

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

(Added to NAC by Bd. of Health by R043-98, eff. 5-18-98; A by R054-99, 9-27-99; R182-01, 3-5-2002; R068-16, 1-27-2017)

NAC 450B.960 Procedures to be followed by persons who administer emergency medical services. ([NRS 449A.581](#), [450B.490](#), [450B.530](#), [450B.550](#))

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

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

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

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

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

make a reasonable effort to verify that the identification, order or form belongs to the patient. If the person who administers emergency medical services determines that the identification, order or form belongs to the patient, the person who administers emergency medical services shall:

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

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

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

3. If the person who administers emergency medical services to a patient with a do-not-resuscitate identification, do-not-resuscitate order or Provider Order for Life-Sustaining Treatment form is unable or unwilling to comply with paragraph (b) of subsection 2, the person shall promptly:

(a) Transfer care of the patient to a person who administers emergency medical services who is able and willing to comply with paragraph (b) of subsection 2; or

(b) Transport the patient to a physician or health care facility at which the do-not-resuscitate protocol may be followed.

4. As used in this section, "Provider Order for Life-Sustaining Treatment form" has the meaning ascribed to it in [NRS 449A.542](#).

(Added to NAC by Bd. of Health by R043-98, eff. 5-18-98; A by R182-01, 3-5-2002; R024-14, 10-24-2014)