

Richard Whitley,
MS
Director



DEPARTMENT OF HUMAN SERVICES



**NEVADA DIVISION of PUBLIC
and BEHAVIORAL HEALTH**



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

Lauara Lisk, Wendover Ambulance, 427 Mesa Street, West Wendover, Nevada 89883, IS REQUESTING A VARIANCE, # 789, FROM THE NEVADA STATE BOARD OF HEALTH REGULATIONS.

A public hearing will be conducted on September 5, 2025, at 9:00 am by the Nevada State Board of Health to consider this request. This meeting will be held online and at physical locations, listed below.

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

join/19%3ameeting_MjVmMTM4MTQtMmYyOC00NmVjLTg4NWQtOTVlZWU1MzUyZGZl%40thread.v2/0?context=%7b%22id%22%3a%22e4a340e6-b89e-4e68-8eaa-1544d2703980%22%2c%22oid%22%3a%22768e443d-3be6-48f0-9bb0-7e72f1276b8d%22%7d

NAC 450B.384 states as follows:

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.

NAC 450B.461(2) states in pertinent part:

No advanced emergency technician (AEMT) 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 AEMT or paramedic by a physician or registered nurse supervised by a physician; or
- (b) The AEMT 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.

Wendover Ambulance is requesting a variance to allow Advanced Emergency Medical Technicians (AEMTs) to administer **Midazolam (Versed)** for Seizures and also Violent Behavior under strict protocols and direct medical oversight. The request is specific to their agency and applies only to AEMTs who have completed an agency-developed training program approved by the Medical Director. All usage of Midazolam will require prior online medical control approval, and the agency will maintain robust quality assurance review of every case.

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

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

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

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

This notice has also been posted at the following locations:

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

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

Joe Lombardo
Governor

Richard Whitley,
MS
Director



DEPARTMENT OF HUMAN SERVICES



NEVADA DIVISION of PUBLIC
and BEHAVIORAL HEALTH



Dena Schmidt
Administrator

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

MEMORANDUM

DATE: August 13, 2025

TO: John Pennell, Chair
State Board of Health

FROM: Dena Schmidt, Administrator
Division of Public and Behavioral Health

RE: Case # 789, Wendover Ambulance

Regulation/Statutory Authority

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

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

NAC 450B.461(2) states in pertinent part:

No advanced emergency medical technician (AEMT) 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 AEMT or paramedic by a physician or registered nurse supervised by a physician;
- (b) The AEMT or paramedic is authorized pursuant 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

Summary of Variance Request:

On May 23, 2025, Wendover Ambulance ("Applicant") submitted a request for a variance from the requirements of NAC 450B.461(2) to allow AEMT's to administer **Midazolam (Versed)** for Seizures and Violent Behavior under strict protocols and direct medical oversight. The request is specific to their agency and applies only to AEMTs who have completed an agency-developed training program approved

by the Medical Director. All usage of Midazolam will require prior online medical control approval, and the agency will maintain robust quality assurance review of every case.

Degree of risk to public health or safety:

Midazolam is a Schedule IV controlled substance and meets the definition for “dangerous drug”. It has a favorable safety profile when administered under appropriate clinical indications. It is widely used internationally for seizures and violent behavior. The risk of adverse events is minimal, particularly when the medication is administered with direct medical oversight and under a rigorous training and quality assurance program, as proposed by Applicant. Delays in Midazolam administration are associated with reduced efficacy, especially in seizure patients, and Applicant's extended transport times (over 115 miles in any direction) amplify this risk.

Exceptional and undue hardship:

Applicant serves a geographically isolated population with long transport times and frequent staffing constraints. Second and third response units are often staffed with AEMTs as the highest-level provider. In these cases, the inability to provide time-sensitive interventions like Midazolam may result in preventable morbidity or mortality. The applicant has demonstrated that this limitation significantly affects their ability to deliver timely and appropriate care.

Intent of Regulation:

NAC 450B.384 and 450B.461 are intended to protect public safety by restricting the administration of medications, especially dangerous drugs to licensed providers within their scope of practice, and only under approved protocols. The regulation ensures a standardized and safe level of care across the state, following the National EMS Scope of Practice Model.

Staff Recommendation

DPBH staff recommends the State Board of Health approve Case # 789, Applicant’s variance to NAC 450B.384 and NAC 450B.461 for the administration of **Midazolam (Versed)** by AEMT’s. Applicant operates in a frontier setting where transport times to definitive care regularly exceed 115 miles. Early administration of Midazolam in seizure and violent behavior patients has been shown to reduce mortality. Midazolam has a favorable safety profile when given appropriately and under direct oversight.

If approved, this variance only becomes effective if all the following stipulations are met:

1. Documentation of successful Midazolam training for all AEMTs must be submitted to the Division prior to implementation.
2. Training must be conducted and overseen by the agency’s Medical Director and must include:
 - Pharmacology of Midazolam
 - Indications/contraindications
 - Safe reconstitution and administration
 - Recognition and management of adverse effects

3. Online Medical Control must be contacted prior to administration of Midazolam in all cases.
4. All Midazolam administrations must be reviewed by the Medical Director within 72 hours of the event.
5. Any adverse outcomes or dosing errors must be reported to the Division within 72 hours, including:
 - Type of occurrence
 - Steps taken for remediation or provider retraining
 - Whether the skill was suspended or revoked for the provider

Impairment to the purpose of the regulation:

None. The regulation's intent to prevent unsafe use of dangerous drugs will remain intact due to Applicant's implementation of advanced training, online medical control approval, and rigorous oversight. This variance is localized and does not represent a broad scope of practice expansion.

Public Comments:

[Enter any public comments staff may have received before variance is heard]

Presenter:

Bobbie Sullivan, Emergency Medical Services Program Manager

Attachments:

None.



NEVADA DIVISION of PUBLIC
and BEHAVIORAL HEALTH



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

APPLICATION FOR VARIANCE

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

☐

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

☐

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

☐

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

☒

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

☐

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

Date: _____

Name of Applicant: Wendover Ambulance

Phone: 801-516-1747

Mailing Address: P.O. Box 2530

City: W. Wendover

State: NV

Zip: 89883

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

Title of section in
question: 450B.384 EMT practice beyond scope of certificate prohibited.
450B.461 Restrictions on authority to administer

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

AEMT Scope of Practice does not allow for the administration of Midazolam.

Midazolam a Schedule IV controlled substance that meets the definition for "dangerous
drug". Wendover Ambulance proposes to utilize Midazolam under strict protocols and
on-line medical direction for Seizures and also for Violent Behavioral that puts EMS at
risk.



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

APPLICATION FOR VARIANCE

Date of initial operation (if existing): 10-01-1987

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

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

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

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

Statement of degree of risk of
health

Risk will be minimal due to the training of AEMTs directed and over-
seen by Medical Director. Strict protocols have been written and online medical control will be required. Due
to staffing shortage, many only have AEMT on ambulance and seizure patients will suffer undue harm during
long transport to a hospital – 120 miles. EMS Personnel is at risk of harm from a Violent Behavior patient until
they can deliver to a hospital or helicopter.



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NEVADA STATE BOARD OF HEALTH
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APPLICATION FOR VARIANCE

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

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

See the attached request document for additional information.

2. The variance, if granted, would not:

A. Cause substantial detriment to the public welfare.

See the attached request document for additional information.

B. Impair substantially the purpose of the regulation from which the application seeks a variance.
See the attached request document for additional information.

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

Specific Request:



NEVADA DIVISION of PUBLIC
and BEHAVIORAL HEALTH



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

APPLICATION FOR VARIANCE

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

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

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

Signature: _____

Printed Name: Lauara Lisk

Title: _____
President/CEO/AEMT

Date: _____
05/20/2025



NEVADA DIVISION of PUBLIC
and BEHAVIORAL HEALTH



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

APPLICATION FOR VARIANCE

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

MAIL TO:

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

FAX:

775-687-7570

EMAIL:

DPBH@health.nv.gov

StateBOH@health.nv.gov



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Title of section in
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health

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and seizure patients will suffer undue harm during a long transport to a hospital -120 miles
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APPLICATION FOR VARIANCE

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See attached request document for additional information

2. The variance, if granted, would not:

- A. Cause substantial detriment to the public welfare.

See attached request document for additional information

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

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

APPLICATION FOR VARIANCE

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

Signature: _____

Printed Name: _____

Title: _____

Date: _____

Lauara Lisk

Lauara Lisk

President/CEO/AEMT

05-20-2025



NEVADA DIVISION of PUBLIC
and BEHAVIORAL HEALTH



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

APPLICATION FOR VARIANCE

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4150 Technology Way, Suite 300

Carson City, NV 89706

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StateBOH@health.nv.gov

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

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

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

The specific variance requested is:

Allowing Wendover Ambulance Advanced Emergency Medical Technicians (AEMTs) to administer Midazolam to patients of Wendover Ambulance for seizures and violent behavior care under a set of very strict Protocols, guidelines and training requirements under authority of the Medical Director.

1. The State Board of Health will grant a variance from a regulation only if it finds from the evidence presented at the hearing that:
 - a. There are circumstances which:
 - i. Are unique to the applicant.
 - ii. Do not generally affect other persons subject to the regulation;
 - iii. Make compliance with the regulation unduly burdensome; and
 - iv. Cause a hardship to abridge a substantial property right of the applicant;
 - b. Granting the Variance:
 - i. Is necessary to render substantial justice to the applicant and enable him to preserve and enjoy his property; and
 - ii. Will not be detrimental or pose a danger to public health and safety.

Wendover Ambulance will provide information to show that our agency has unique circumstances and is burdened by this regulation in regards to the use of Midazolam.

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

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

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

We are governed by the EMS regulations of each state- Nevada and Utah and for the most part they are similar, but a marked difference is the scope of practice of AEMTs. Utah has had a state EMS Medical Director, Dr. Peter Tailac since 202 who has worked with the Utah State EMS Committee and various sub committees to establish state-wide EMS Protocols. While the Utah Protocol- 2013 version was updated two years ago (2023), Wendover Ambulance is still utilizing the 2013 Wendover Ambulance Protocols version. Based on the Utah 2013 scope of practice for AEMTs these protocols allow for more medication therapies for seizure control and behavioral emergencies than Nevada allows.

The current 2013 Wendover Ambulance Protocols allow AEMTs to administer Midazolam, Diazepam, and Lorazepam for patients with seizures and violent patient/chemical sedation. **Our new proposed 2025 Wendover Ambulance Protocols will allow AEMTs the use of MIDAZOLAM ONLY**, however they have not yet been approved and are not utilized because Nevada EMS requires that we have a variance from the Nevada Board Of Health for its use. Of course this protocol will be approved by and monitored according to the Agency Medical Director with appropriate training, testing and quality assurance of AEMT personnel.

Wendover received a variance more than 15 years ago to use Midazolam in Nevada, but it is not found in the records of the State EMS, so we are requesting it now. When our Paramedic is on another transport, our crews have had to transfer the patient to another ambulance company with a Paramedic when Midazolam is required, This is not best practice or an acceptable situation for the patient and it also has a negative financial impact on our company.

Our Medical Director wants us to follow the current 2013 Wendover ambulance Protocols for Seizure Control and Violent Patient/Chemical Sedation that we have had approved each year when our Agency renews its Permit (A copy of the Protocol is attached) until our proposed 2025 Protocols are approved by the state office of EMS. Because our AEMTs have not been utilizing this protocol, Dr. Gerald Doyle, our Medical Director has requested we apply to the Nevada Board of Health for a variance to allow our AEMTs to utilize midazolam and has had our Paramedic Training Officer develop a training plan that he has approved (copy attached). We will continue to review calls with medication usage for Quality Assurance. Before implementation, all our AEMTs will have satisfactorily completed training and passed the examinations, both practical and didactic. All AEMTs will be individually approved by Dr. Doyle before they are allowed to follow the protocol.

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

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

Wendover Ambulance already has in place a quality control review process and narcotic supply control system. Our narcotics are stored in a large floor safe in an internal office with an electronic combination lock. There is also a Vivint Security System in the office that is monitored by Vivint. The system includes security cameras, door opening notification and broken glass notification. Each medication is marked

with a commercially acquired numbering identifier so it can be tracked. Only two administrators have access to that main supply. There is a working/restock supply kept in a smaller safe that only as few of our management team, 3 additional people, have access to. Additionally, each ambulance has a lock box with the controlled substances in them. There is an inventory sheet in each bag that logs the medication, date used, the Medic and a witness signature and logging of the numbered seal when opened and the replacement seal number.

To sum it up:

- a. 1. – Unique – Wendover is very rural ambulance service with a service area more than 1,000 square miles serving the local population of approximately 7500 people that swells to double that on weekends due to the casino industry. The closest hospitals are at least 115 miles away in any direction as well as the closest ALS ambulance companies. (Elko and Salt Lake City).
- a. 2. – Effect on other persons (Agencies) – Our variance request would not affect other persons subject to the regulation as we are only requesting Wendover Ambulance staff.
- a. 3. – Unduly burdensome – The current regulation burdens Wendover Ambulance, our community and our patients by limiting the level of service we can provide. The rural area and limited resources make the hiring of Paramedics difficult and AEMTs are limited in their scope of practice. Many of our second crew calls are only staffed with AEMTs.
- a. 4. – Hardship – Due to extended distances to hospital and limited Paramedics, the patients who receive care in our area may be deprived of appropriate seizure or behavioral emergency care.
- b. 1. – Necessary – Wendover Ambulance needs this variance to provide Midazolam to appropriate patients and they have a right to expect that care.
- b. 2. – The administration of Midazolam will not pose a danger to public health and safety. It would in fact do the opposite. Patients deserve to have appropriate medication if their condition requires it for the long-distance transport from Wendover. All AEMTs are currently trained in overdose resuscitation, including ventilation with a bag valve mask device, so can manage any negative effects.

STATEMENT OF DEGREE OF RISK OF HEALTH:

Wendover Ambulance responds to approximately 1000 patient calls per year. Many of those calls include seizures or behavioral emergencies. Many times, there are multiple calls at the same time with multiple crews transporting patients to hospitals. Without the immediate availability of paramedics, and subsequent administration of appropriate medications, patients will unnecessarily suffer an increased risk of harm during treatment and transport to a helicopter and/or hospital.

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

The difficulty in recruiting and retaining paramedics in our rural community causes hardship. The back-up AEMTs are unreasonably limited in the care they can offer for patients with seizures and also for violent patients.

THE VARIANCE, IF GRANTED WOULD NOT:

- A. CAUSE SUBSTANTIAL DETRIMENT TO THE PUBLIC WELFARE.
Approval of this variance would not cause detriment to the public welfare; it would have the opposite effect and provide citizens and visitors with exceptional prehospital medical care. The potential for damage is mitigated through continual, thorough training and quality control review of usage.

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

The variance would not impair the purpose of the regulation. There have been updates to the NHTSA National Scope of Practice Model that now includes more Medical Director Approved medications for AEMTs.

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

Sincerely,

A handwritten signature in cursive script, appearing to read "Lauara Lisk".

Lauara Lisk
President



Wendover Ambulance
427 Mesa Street
P.O. Box 2530
West Wendover, Nevada 89883
(775) 664-2081
Fax: (775) 664-2244

E-mail: lauara.wendoverambulance@gmail.com

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 2. Do not generally affect other persons subject to the regulation.
 3. Make compliance with the regulation unduly burdensome; and

4. Cause a hardship to abridge a substantial property right of the applicant

b. Granting the Variance:

1. Is necessary to render substantial justice to the applicant and enable him to preserve and enjoy his property; and
2. Will not be detrimental or pose a danger to public health and safety.

Wendover Ambulance will provide information to show that our agency has unique circumstances and is burdened by this regulation in regard to use of Midazolam.

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

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

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

We are governed by the EMS regulations of each state - Nevada and Utah and for the most part they are similar, but a marked difference is the scope of practice of AEMTs. Utah has had a state EMS Medical Director, Dr. Peter Tailac since 2012 who has worked with the state EMS Committee and various sub committees to establish state-wide EMS Protocols. While the 2013 version was updated two years ago (2023), Wendover Ambulance is still utilizing the 2013 Wendover Ambulance Protocols version. Based on the Utah 2013 scope of practice for AEMTs these protocols allow for more medication therapies for seizure control and behavioral emergencies than Nevada allows.

The Utah Protocol allows AEMTs to administer Midazolam, Diazepam and Lorazepam for patients with seizures and violent patient/chemical sedation. **Our new proposed 2025 Wendover Ambulance Protocols will allow AEMTs the use of MIDAZOLAM ONLY**, however they have not yet been approved and are not utilized because Nevada EMS requires that we have a variance from the Nevada Board Of Health for its use. Of course, this protocol will be approved by and monitored according to the Agency Medical Director with appropriate training, testing and quality assurance of AEMT personnel.

Wendover Ambulance received a variance more than 15 years ago to use Midazolam in Nevada, but it is not found in the records of the State EMS, so we are requesting it now. When our Paramedic is on another transport, our crews have had to transfer the patient to another ambulance company with a Paramedic when Midazolam is required. This is not best practice or an acceptable situation for the patient and it also has a negative financial impact on our company.

Our Medical Director wants us to follow the current 2013 Wendover Ambulance Protocols for Seizure Control and Violent Patient/Chemical Sedation that we have had approved each year when our Agency renews its Permit (A copy of the Protocol is attached) until our proposed 2025 Protocols are approved by the state office of EMS. Because our AEMTs have not been utilizing these protocols, Dr. Gerard Doyle, our Medical Director, has requested that we apply to the Nevada Board Of Health for a variance to allow our AEMTs to utilize Midazolam and has had our Paramedic Training Officer develop a training plan that he has approved (copy attached). We will continue to review calls with medication usage for Quality Assurance. Before implementation, all our AEMTs will have satisfactorily completed training and passed the examinations, both practical and didactic. All AEMTs will be individually approved by Dr. Doyle before they are allowed to follow the protocol.

As of October 1, 2023, Nevada is part of the EMS Compact that encompasses more than 20 states. Utah has been a member of the Compact for many years. This Compact facilitates the day-to-day movement of EMS Personnel across state boundaries in the

performance of their duties. It makes even more sense now that Wendover Ambulance update our protocols, since we've had the current ones in place for over 10 years.

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

Wendover Ambulance already has in place a quality control review process and narcotic supply control system. Our narcotics are stored in a large floor safe in an internal office with an electronic combination lock. There is also a Vivint Security System in the office that is monitored by Vivint. The system includes security cameras, door opening notification and broken glass notification. Each medication is marked with a commercially acquired numbering identifier so it can be tracked. Only two administrators have access to the main supply. There is a working/restock supply kept in a smaller safe that only a few of our management team, 3 additional people, have access to. Additionally, each ambulance has a lock box with the controlled substances in them. There is an inventory sheet in each bag that logs the medication, date used, the Medic and a witness signature and logging of the numbered seal when opened and the replacement seal number.

To sum up:

- a. 1 – Unique - Wendover is very rural ambulance service with a service area more than 1,000 square miles serving the local population of approximately 7500 people that swells to double that on the weekends due to the casino industry. The closest hospitals are at least 115 miles away in any direction as well as the closest ALS ambulance companies. (Elko and Salt Lake City).
- a. 2 - Effect on other persons (Agencies) - Our variance request would not affect other persons subject to the regulation as we are only requesting Wendover Ambulance staff.
- a. 3 – Unduly burdensome - The current regulation burdens Wendover Ambulance, our community and our patients by limiting the level of service we can provide. The rural area and limited resources make the hiring of Paramedics difficult and AEMTs are limited in their scope of practice. Many of our second crew calls are only staffed with AEMTs.

- a. 4 – Hardship – Due to extended distances to hospitals and limited Paramedics, the patients who receive care in our area may be deprived of appropriate seizure or behavioral emergency care.
- b. 1 – Necessary – Wendover Ambulance needs this variance to provide Midazolam to appropriate patients and they have a right to expect that care.
- b. 2 – The administration of Midazolam will not pose a danger to public health and safety. It would in fact do the opposite. Patients deserve to be treated with appropriate medication if their condition requires it for the long-distance transport from Wendover. All AEMTs are currently trained in overdose resuscitation, including ventilation with a bag valve mask device, so can manage any negative effects.

STATEMENT OF DEGREE OF RISK OF HEALTH:

Wendover Ambulance responds to approximately 1000 patient calls per year. Many of those calls include seizures or behavioral emergencies. Many times, there are multiple calls at the same time and transport patients to hospitals. Without the immediate availability of paramedics, and subsequent administration of appropriate medications, patients will unnecessarily suffer an increased risk of harm during treatment and transport to a helicopter and/or hospital.

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

There is considerable hardship due to the difficulty in recruiting and retaining paramedics in our rural community. The back-up AEMTs are unreasonably limited in the care and medications they can provide for patients with seizures and also for violent patients .

THE VARIANCE, IF GRANTED WOULD NOT:

A. CAUSE SUBSTANTIAL DETRIMENT TO THE PUBLIC WELFARE.

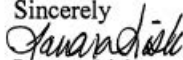
Approval of this variance would not cause detriment to the public welfare; it would have the opposite effect and provide citizens and visitors with exceptional prehospital medical care. The potential for damage is mitigated through continual thorough training and quality control review of usage.

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

The variance would not impair the purpose of the regulation. There have also been updates to the NHTSA National Scope of Practice Model that now includes more Medical Director Approved medications for AEMTs.

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

Sincerely



Lauara Lisk

President

Wendover Ambulance Verification of Protocols

as of 5-08-24 (last license renewal)

Will be updated for next license renewal 7-01-2025

VERIFICATION OF CURRENT PROTOCOLS

Pursuant to NAC 450B.505(2):

2. The medical director of a service or fire-fighting agency shall:
 - a. Establish medical standards which:
 - i. 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;
 - ii. 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;
 - iii. Must be reviewed and maintained on file by the Division or a physician active in providing emergency care who is designated by the Division to review and make recommendations to the Division.
 - b. Direct the emergency care provided by any certified person who is actively employed by the service.

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

Medical Director who initiated Protocols: Dr. Gerard Doyle

Current Protocols on file: 06-01-2024

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

Medical Director (Print): Gerard Doyle



Date: 8 May 24

Agency Representative: Lauara Lisk



Date: 5-08-2024

Wendover Ambulance
Verification of Protocols
as of 5-08-24 (last license renewal)
Will be updated for next license renewal
7-01-2025

VERIFICATION OF CURRENT PROTOCOLS

Pursuant to NAC 450B.505 (2):

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(a) Establish medical standards which:

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

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

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

Medical Director who initiated Protocols: Dr. Gerard Dopyle

Current Protocols on file: 06-01-2024

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

Gerard Doyle

Medical Director (Print)

Date

Lauara Lisk

Agency Representative (Print)

Date

Medical Director (Signature)

Agency Representative (Signature)

5-08-2024



Wendover Ambulance 2013 Protocols

West Wendover, Nevada

Seizures

Violent Patient

SEIZURES

ALL PROVIDERS

Focused history and physical exam

- Blood glucose, temperature and oxygen saturation assessment.
- Question patient / bystanders regarding possibility of pregnancy.
- Assess scene for possible toxin, overdose or trauma.

Continuous ECG, ETCO₂, and Pulse Oximetry monitoring when available

Treatment Plan

- Do not restrain, but provide protection during the tonic-clonic phase.
- Spinal motion restriction per ***Spinal Immobilization and Clearance Guideline***
- Ensure patients experiencing febrile seizures are not excessively dressed or bundled.
- Any child <12 months old with seizure activity should be transported to the ED for further evaluation.

ADULT

EMT

Treat for hypoglycemia, if present, per
Hypoglycemia/Hyperglycemia Guideline

Apply oxygen to maintain oxygen saturation >90%

Assist patient's family or caretaker with any home medication treatments

If patient has a vagal nerve stimulator in place, assist patient's family or caretaker with use of the magnet every 3 minutes, 3 attempts maximum

AEMT

Advanced airway, vascular access and fluid therapy per ***IV-IO Access and Fluid Therapy Guidelines***

Choose **ONE** benzodiazepine for treatment and maximize dosing. Contact OLMC before changing to a different medication.

Midazolam (Versed)

- Dosage is cut in half if the patient has received narcotics or alcohol
- Consider the size of the patient for dosing
- **IV/IO – 2-4mg** every 5 minutes to the desired effect or max dose of 10mg
- **Intranasal or oral- 0.4 mg/kg** to a maximum of 10mg as a one-time dose

Diazepam (Valium) – May be used as an alternative. Follow the same safety parameters as with Midazolam

- **IV/IO – 5-10mg** every 5 min to the desired effect or max dose of 30mg
- **Rectally** – Same dosage

Lorazepam (Ativan) – May be used as an alternative. Follow the same safety parameters as with Midazolam

- **IV/IO – 1-2mg** every 5 min. to the desired effect or max dose of 4mg

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

PEDIATRIC (<15 years of Age)

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

EMT

Treat for hypoglycemia, if present, per
Hypoglycemia/Hyperglycemia Guideline

Apply oxygen to maintain oxygen saturation >90%

Assist patient's family or caretaker with any home medication treatments

If patient has a vagal nerve stimulator in place, assist patient's family or caretaker with use of the magnet every 3 minutes, 3 attempts maximum

AEMT

Advanced airway, vascular access and fluid therapy per ***IV-IO Access and Fluid Therapy Guidelines***

Choose **ONE** benzodiazepine for treatment and maximize dosing. Contact OLMC before changing to a different medication.

Midazolam (Versed)

- **Intranasal or oral- 0.2 mg/kg, max dose** of 10mg as a one-time dose
- Dosage is cut in half if the patient has received narcotics or alcohol.
- Consider the size of the patient for dosing
- **IV/IO – 0.1 mg/kg, max dose of 4mg**
 - Do NOT exceed adult dosing

Diazepam (Valium) – May be used as an alternative. Follow the same safety parameters as with Midazolam

- **IV/IO – 0.1 mg/kg, max dose of 10mg**
- **Rectally – 0.3 mg/kg PR**

Lorazepam (Ativan) – May be used as an alternative. Follow the same safety parameters as with Midazolam

- **IV/IO – 0.1mg/kg, max dose of 4mg.** Do NOT exceed adult dosing

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

PARAMEDIC

For females with advanced pregnancy and seizures: magnesium sulfate – 4 grams IM or 4 grams over 15 to 30 min IV/IO.

PARAMEDIC

Magnesium sulfate – For pediatric patients who are pregnant and having a seizure contact OLMC

VIOLENT PATIENT / CHEMICAL SEDATION

ALL PROVIDERS

Scene management

- Contact Law Enforcement if the patient is determined to be a threat to themselves or others or if assistance with patient control is needed.
- Remove patient from the stressful environment and remove any possible weapons.
- Before touching any patient that has been Tasered, ensure law enforcement has disconnected the wires from the hand held unit.

Focused history and physical exam

- Blood glucose, temperature and oxygen saturation assessment.
- Always assess for a possible medical condition, exposure or trauma including possible abuse/assault.

Continuous ECG, ETCO₂, and Pulse Oximetry monitoring when available

Treatment Plan

- Tasered patient
 - Removal of Taser probes
 - EMS providers may remove probes, unless they are embedded in the face, neck, groin, breast, or spinal area.
 - To remove probes
 - Place one hand on the patient in the area where the probe is embedded and stabilize the skin surrounding the puncture site. Place other hand firmly around the probe.
 - In one fluid motion pull the probe straight out from the puncture site and repeat procedure with second probe.
 - The following patients should be transported to an Emergency Department for evaluation
 - Patient with probes embedded in the face, neck, groin, breast, or spinal area
 - Patient with significant cardiac history
 - Patient having ingested drugs, especially stimulus, such as phencyclidine/PCP, cocaine, "spice", "bath salts", "designer drugs", etc.
 - Patients exhibiting bizarre behavior or who have persistently abnormal vital signs
- Pepper Spray exposure
 - Irrigate eyes copiously with normal saline or water, medial to lateral, with copious amounts of water

Key Considerations

- Chemical sedation should be considered for patients that cannot be calmed by another method available and they are a danger to themselves or others

ADULT

EMT

Attempt to calm or gently restrain the patient

PEDIATRIC (<15 years of Age)

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

EMT

Attempt to calm or gently restrain the patient

AEMT

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

Choose **ONE** benzodiazepine for treatment and maximize dosing. Contact OLMC before changing to a different medication.

Midazolam

- Dosage is cut in half if the patient has received narcotics or alcohol
- Consider the size of the patient for dosing.
- **IV/IO – 2-4mg** every 5 minutes to the desired effect or max dose of 10mg
- **Intranasal or oral – 0.4 mg/kg** to a maximum of 10mg as a one-time dose.

Diazepam – May be used as an alternative. Follow the same safety parameters as with Midazolam.

- **IV/IO – 5-10mg** every 5 min to the desired effect or max dose of 30mg.
- **Rectally** – Same dosage.

Lorazepam – May be used as an alternative. Follow the same safety parameters as with Midazolam.

- **IV/IO – 1-2mg** every 5 min to the desired effect or max dose of 4mg

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

PARAMEDIC

Haloperidol 5-10mg IM or 2-5 mg IV/IO

Haloperidol (Haldol) Contact OLMC for repeat dosing.

AEMT

Advanced airway, vascular access and fluid therapy per ***IV-IO Access and Fluid Therapy Guidelines***

Choose **ONE** benzodiazepine for treatment and maximize dosing. Contact OLMC before changing to a different medication

Midazolam

- Dosage is cut in half if the patient has received narcotics or alcohol
- Consider the size of the patient for dosing.
- **IV/IO – 0.1 mg/kg, max dose of 4mg**
 - Do NOT exceed adult dosing
- **Intranasal or oral – 0.4 mg/kg to a maximum of 10mg** as a one-time dose.

Diazepam – May be used as an alternative. Follow the same safety parameters as with Midazolam.

- **IV/IO – 0.1 mg/kg, max dose of 10mg.**
- **Rectally – 0.3 mg/kg PR**

Lorazepam – May be used as an alternative. Follow the same safety parameters as with Midazolam.

- **IV/IO – 0.1 mg/kg, max dose of 4mg**
 - Do NOT exceed adult dosing

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

PARAMEDIC

Contact OLMC or Poison Control Center for instructions prior to using haloperidol

Haloperidol

- 6-12 years old: **1-3 mg/dose IM**
- 12 years and older: **5-10mg IM or 2-5mg IV/IO**
- <6 years old – NOT recommended.



Wendover Ambulance 2025 Protocols

West Wendover, Nevada

May 2025

Pending approval by Nevada EMS

Midazolam

Seizures

Violent Patient

SEIZURES

ALL PROVIDERS

Focused history and physical exam

- Blood glucose, temperature and oxygen saturation assessment.
- Determine possibility of third trimester pregnancy, if appropriate
- Assess scene for possible toxin, overdose or trauma

Cardiac monitor, ETCO₂, and Pulse Oximetry monitoring, when available

Treatment Plan

- Do not restrain, but do provide protection from injury during the tonic-clonic phase.
- Spinal motion restriction per ***Spinal Immobilization and Clearance Guideline***
- Ensure patients experiencing febrile seizures are not excessively dressed or bundled.
- Any child <12 months old with seizure activity should be encouraged to be transported

Key Considerations:

- Intranasal (IN) and intramuscular (IM) routes are preferred for first line administration of benzodiazepines
- Intravenous (IV) administration of benzodiazepines is appropriate once an IV is in place
- Rectal administration is not recommended

ADULT

EMT

Maintain open airway with patient in the recovery position

Assist patient's family or caretaker with any home medication treatments

AEMT

Advanced airway, vascular access and fluid therapy

**RESTRICTED FOR AEMT USE PENDING
VARIANCE APPROVAL PERMITTED FOR
PARAMEDICS WITHIN SCOPE**

Benzodiazepines: cut dose in half if the patient is under the influence of narcotics or alcohol

Midazolam

- **IN/IV/IO** – 5 mg, may repeat once in 5 minutes, if needed. Total max dose: 10 mg
- **IM** – 10 mg. May repeat once after 5 minutes if unable to establish IV/IO

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

PEDIATRIC (<15 years of Age)

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

EMT

Maintain open airway with patient in the recovery position

Assist patient's family or caretaker with any home medication treatments

AEMT

Advanced airway, vascular access and fluid therapy

**RESTRICTED FOR AEMT USE PENDING
VARIANCE APPROVAL PERMITTED FOR
PARAMEDICS WITHIN SCOPE**

Benzodiazepines: cut dose in half if the patient is under the influence of narcotics or alcohol

Midazolam

- **IN/IV/IO** – 0.2 mg/kg (max 5 mg), may repeat once in 5 minutes, if needed. Total max dose: 10 mg
- **IM** – 0.1 mg/kg (max 10mg), may repeat once in 5 minutes, if needed. Total max dose: 10 mg

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

PARAMEDIC

Lorazepam

IV/IO/IM – 4 mg, may repeat every 5 minutes, if needed. Total max dose: 8 mg

Pregnant females with eclampsia/seizures

Magnesium sulfate – 5 gm IM/IV/IO gm. Give infusion over 15 to 30 min.

PARAMEDIC

Lorazepam

IV/IO/IM – 0.1 mg/kg (max 4 mg per dose), may repeat every 5 minutes, if needed. Total max dose: 8 mg

Magnesium sulfate – For pediatric patients who are pregnant and having a seizure contact OLMC

BEHAVIORAL EMERGENCY

ALL PROVIDERS

Scene management

- Contact Law Enforcement if the patient is determined to be a threat to EMS providers, themselves, or others or if assistance with patient control is needed.
- Remove patient from the stressful environment and remove any possible weapons from scene.
- Before touching any patient that has been Taser'd, ensure law enforcement has disconnected the wires from the hand held unit.

Focused history and physical exam

- Blood glucose, temperature, oxygen saturation assessment, and end-tidal CO₂ monitoring for any sedated patient
- Always assess for a possible medical condition, exposure or trauma including possible abuse.
- Note medications/substances on scene that may contribute to the agitation, or may be for a treatment of a relevant medical condition

Mandatory cardiac monitor, ETCO₂, and Pulse Oximetry monitoring

Treatment Plan

- **Tasere'd patient:** Removal of Taser probes
 - EMS providers may remove probes that are not embedded in the face, neck, groin, breast, or spinal area.
 - To remove probes
 - Place one hand on the patient in the area where the probe is embedded and stabilize the skin surrounding the puncture site. Place other hand firmly around the probe.
 - In one fluid motion, pull the probe straight out from the puncture site and repeat procedure with second probe.
 - The following patients should be transported to an Emergency Department for evaluation
 - Patient with probes embedded in the face, neck, groin, breast, or spinal area
 - Patient with significant cardiac history
 - Patient having ingested stimulants, s(including methamphetamines, phencyclidine/PCP, cocaine, spice, bath salts, designer drugs, etc.)
 - Patients exhibiting bizarre behavior or those with abnormal vital signs including end-tidal CO₂

Key Considerations

- Chemical restraint should be considered for patients that cannot be calmed by non-pharmacologic methods and who are a danger to EMS providers, themselves, or others.
 - Extreme caution, careful assessment of medical capacity, and consultation with OLMC should be utilized when considering sedation for non-combative patients refusing transport
- Selection of chemical restraint medications should be based upon the patient's age, medical history, clinical condition, current medications, and allergies. Consult OLMC when necessary to assist in the selection of medications in difficult cases.
- It is preferable to choose ONE drug for management of agitation and maximize dosing of that medication prior to adding another medication.
- Consider a reduction in the initial dosage of chemical restraint medications if the patient has taken narcotics or alcohol or is >65 yo (e.g. begin with 50% of the recommended initial dose to assess response).
- Consider procedural related anxiety management

The order in which medications below are listed is not intended to indicate hierarchy, order, or preference of administration

ADULT

EMT

Attempt to calm or gently restrain the patient with verbal reassurance. Engage the assistance of any family or significant others in the process.

AEMT

Vascular access and fluid therapy

RESTRICTED FOR AEMT USE PENDING VARIANCE APPROVAL PERMITTED FOR PARAMEDICS WITHIN SCOPE

Benzodiazepines: cut dose in half if the patient is under the influence of narcotics or alcohol

Midazolam

- **IV/IO** – 5mg, may repeat once in 10 minutes, if needed. Total max dose: 10mg
- **Intranasal (IN)**– 5 mg, may repeat once in 10 minutes to a max dose of 10mg
- **Intramuscular (IM)** – 10 mg once

PARAMEDIC

Lorazepam

- **IV/IO** – 2mg, every 5 min to the desired effect or max dose of 4mg
- **Intramuscular (IM)** – 4mg once

Ketamine

- **Intramuscular (IM)** – 4 mg/kg once
- **IV/IO** – 2-5 mg once

Haloperidol

- **Intramuscular (IM)** – 5-10mg once
- **IV/IO** – 2-5mg once

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

PEDIATRIC (<15 years of Age)

NOTE: Pediatric weight based dosing should not exceed Adult dosing

EMT

Attempt to calm or gently restrain the patient with verbal reassurance. Engage the assistance of any family or significant others in the process.

AEMT

Vascular access and fluid therapy

RESTRICTED FOR AEMT USE PENDING VARIANCE APPROVAL PERMITTED FOR PARAMEDICS WITHIN SCOPE

Benzodiazepines: cut dose in half if the patient is under the influence of narcotics or alcohol

Midazolam

- **IV/IO** – 0.1 mg/kg (max 5mg), may repeat once in 10 minutes, if needed. Total max dose: 10mg
- **IN/IM** – 0.2 mg/kg (max 5mg), may repeat once in 10 minutes, if needed. Total max dose: 10mg



Wendover Ambulance 2013 Protocols

West Wendover, Nevada

Seizures

Violent Patient

SEIZURES

ALL PROVIDERS

- ☐ Focused history and physical exam
 - Blood glucose, temperature and oxygen saturation assessment.
 - Question patient / bystanders regarding possibility of pregnancy.
 - Assess scene for possible toxin, overdose or trauma.
- ☐ Continuous ECG, ETCO₂, and pulse oximetry monitoring when available.
- ☐ Treatment Plan
 - Do not restrain, but provide protection during the tonic-clonic phase.
 - Spinal motion restriction per **Spinal Immobilization and Clearance Guideline**
 - Ensure patients experiencing febrile seizures are not excessively dressed or bundled.
 - Any child <12 months old with seizure activity should be transported to the ED for further evaluation.

ADULT

PEDIATRIC (<15 years of Age)

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

EMT

- ☐ Treat for hypoglycemia, if present, per **Hypoglycemia/Hyperglycemia Guideline**
- ☐ Apply oxygen to maintain oxygen saturation >90%
- ☐ Assist patient's family or caretaker with any home medication treatments
- ☐ If patient has a vagal nerve stimulator in place, assist patient's family or caretaker with use of the magnet every 3 minutes, 3 attempts maximum

EMT

- ☐ Treat for hypoglycemia, if present, per **Hypoglycemia/Hyperglycemia Guideline**
- ☐ Apply oxygen to maintain oxygen saturation >90%
- ☐ Assist patient's family or caretaker with any home medication treatments
- ☐ If patient has a vagal nerve stimulator in place, assist patient's family or caretaker with use of the magnet every 3 minutes, 3 attempts maximum

AEMT

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

AEMT

- ☐ Advanced airway, vascular access and fluid therapy per **IV-IO Access and Fluid Therapy Guidelines**
- ☐ Choose **ONE** benzodiazepine for treatment and maximize dosing. **Contact OLMC before changing to a different medication**
- ☐ Midazolam (Versed)
 - Intranasal or oral- 0.2 mg/kg, max dose of 10mg as a one-time dose
 - Dosage is cut in half if the patient has received narcotics or alcohol.
 - Consider the size of the patient for dosing
 - IV/IO - 0.1 mg/kg, max dose of 4mg
 - Do NOT exceed adult dosing
- ☐ Diazepam (Valium) – May be used as an alternative. Follow the same safety parameters as with Midazolam
 - IV/IO - 0.1 mg/kg, max dose of 10mg
 - Do NOT exceed adult dosing
 - Rectally – 0.3 mg/kg PR
- ☐ Lorazepam (Ativan) – May be used as an alternative. Follow the same safety parameters as with Midazolam

- IV/IO – 1-2mg every 5 min. to the desired effect or max dose of 4mg

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

PARAMEDIC

① For females with advanced pregnancy and seizures: magnesium sulfate - 4 grams IM or 4 grams over 15 to 30 min IV/IO.

- IV/IO – 0.1mg/kg, max dose of 4mg. Do NOT exceed adult dosing

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

PARAMEDIC

① Magnesium sulfate – For pediatric patients who are pregnant and having a seizure contact OLMC

VIOLENT PATIENT / CHEMICAL SEDATION

ALL PROVIDERS

- ☐ Scene management
 - Contact Law Enforcement if the patient is determined to be a threat to themselves or others or if assistance with patient control is needed.
 - Remove patient from the stressful environment and remove any possible weapons.
 - Before touching any patient that has been Tasered, ensure law enforcement has disconnected the wires from the hand held unit.
- ☐ Focused history and physical exam
 - Blood glucose, temperature and oxygen saturation assessment.
 - Always assess for a possible medical condition, exposure or trauma including possible abuse/assault.
- ☐ Continuous ECG, ETCO₂, and pulse oximetry monitoring when available
- ☐ Treatment Plan
 - Tasered patient
 - Removal of Taser probes
 - EMS providers may remove probes, unless they are embedded in the face, neck, groin, breast, or spinal area.
 - To remove probes
 - Place one hand on the patient in the area where the probe is embedded and stabilize the skin surrounding the puncture site. Place other hand firmly around the probe.
 - In one fluid motion pull the probe straight out from the puncture site and repeat procedure with second probe.
 - The following patients should be transported to an Emergency Department for evaluation
 - Patient with probes embedded in the face, neck, groin, breast, or spinal area
 - Patient with significant cardiac history
 - Patient having ingested drugs, especially stimulants, such as phencyclidine/PCP, cocaine, "spice", "bath salts", "designer drugs", etc.
 - Patients exhibiting bizarre behavior or who have persistently abnormal vital signs
 - Pepper Spray exposure
 - Irrigate eyes copiously with normal saline or water, medial to lateral, with copious amounts of water
- ☐ Key Considerations
 - ☐ Chemical sedation should be considered for patients that cannot be calmed by another method available and they are a danger to themselves or others

ADULT

PEDIATRIC (<15 years of Age)

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

EMT
<input type="checkbox"/> Attempt to calm or gently restrain the patient
AEMT
<input type="checkbox"/> Vascular access and fluid therapy per <i>IV-IO Access and Fluid Therapy Guidelines</i>
<input type="checkbox"/> Choose ONE benzodiazepine for treatment and maximize dosing. Contact OLMC before changing to a different medication.

EMT
<input type="checkbox"/> Attempt to calm or gently restrain the patient
AEMT
<input type="checkbox"/> Vascular access and fluid therapy per <i>IV-IO Access and Fluid Therapy Guidelines</i>
<input type="checkbox"/> Choose ONE benzodiazepine for treatment and maximize dosing. Contact OLMC before changing to a different medication

Midazolam

- Dosage is cut in half if the patient has received narcotics or alcohol
- Consider the size of the patient for dosing.
- **IV/IO - 2-4mg** every 5 minutes to the desired effect or max dose of 10mg
- **Intranasal or oral - 0.4 mg/kg** to a maximum of 10mg as a one-time dose.

Diazepam – May be used as an alternative. Follow the same safety parameters as with Midazolam.

- **IV/IO – 5-10mg** every 5 min to the desired effect or max dose of 30mg.
- **Rectally** – Same dosage.

Lorazepam – May be used as an alternative. Follow the same safety parameters as with Midazolam.

- **IV/IO – 1-2mg** every 5 min. to the desired effect or max dose of 4mg.

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

PARAMEDIC

Haloperidol 5-10mg IM or 2-5 mg IV/IO

① **Haloperidol (Haldol) Contact OLMC for repeat dosing.**

Midazolam

- Dosage is cut in half if the patient has received narcotics or alcohol
- Consider the size of the patient for dosing.
- **IV/IO - 0.1 mg/kg, max dose of 4mg**
 - Do NOT exceed adult dosing
- **Intranasal or oral - 0.4 mg/kg to a maximum of 10mg** as a one-time dose

Diazepam – May be used as an alternative. Follow the same safety parameters as with Midazolam

- **IV/IO - 0.1 mg/kg, max dose of 10mg**
 - Do NOT exceed adult dosing
- **Rectally – 0.3 mg/kg PR**

Lorazepam – May be used as an alternative. Follow the same safety parameters as with Midazolam

- **IV/IO – 0.1mg/kg, max dose of 4mg**
 - Do NOT exceed adult dosing

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

PARAMEDIC

① **Contact OLMC or Poison Control Center for instructions prior to using haloperidol**

- **Haloperidol**
 - 6-12 years old: **1-3 mg/dose IM**
 - 12 years and older: **5-10mg IM or 2-5 mg IV/IO**
 - <6 years old – NOT recommended.



Wendover Ambulance

2025 Protocols

West Wendover, Nevada

May 2025

Pending Approval by Nevada EMS

Midazolam

Seizures

Violent Patient

SEIZURES

ALL PROVIDERS

- ☐ Focused history and physical exam
 - Blood glucose, temperature and oxygen saturation assessment
 - Determine possibility of third trimester pregnancy, if appropriate
 - Assess scene for possible toxin, overdose or trauma
- ☐ Cardiac monitor, ETCO₂, and pulse oximetry monitoring, when available
- ☐ **Treatment Plan**
 - Do not restrain, but do provide protection from injury during the tonic-clonic phase
 - Spinal motion restriction per *Spinal Motion Restriction Guideline*
 - Ensure patients experiencing febrile seizures are not excessively dressed or bundled
 - Any child <12 months old with seizure activity should be encouraged to be transported
- ☐ **Key Considerations:**
 - Intranasal (IN) and intramuscular (IM) routes are preferred for first line administration of benzodiazepines
 - Intravenous (IV) administration of benzodiazepines is appropriate once an IV is in place
 - Rectal administration is not recommended

ADULT

PEDIATRIC (<15 years of Age)

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

EMT

- ☐ Maintain open airway with patient in the recovery position
- ☐ Assist patient's family or caretaker with any home medication treatments

EMT

- ☐ Maintain open airway with patient in the recovery position
- ☐ Assist patient's family or caretaker with any home medication treatments

AEMT

- Advanced airway, vascular access and fluid therapy

**RESTRICTED FOR AEMT USE
PENDING VARIANCE APPROVAL
PERMITTED FOR PARAMEDICS
WITHIN SCOPE**

- Benzodiazepines: cut dose in half if the patient is under the influence of narcotics or alcohol
- Midazolam
- IN/IV/IO - 5 mg, may repeat once in 5 minutes, if needed. Total max dose: 10 mg
- IM - 10 mg, May repeat once after 5 minutes if unable to establish IV/IO

AEMT

- Advanced airway, vascular access and fluid therapy

**RESTRICTED FOR AEMT USE
PENDING VARIANCE APPROVAL
PERMITTED FOR PARAMEDICS
WITHIN SCOPE**

- Benzodiazepines: cut in half if the patient is under the influence of narcotics or alcohol
- Midazolam
- IN/IM: 0.2 mg/kg (max 5 mg), may repeat once in 5 minutes, if needed. Total max dose: 10 mg
- IV/IO - 0.1 mg/kg (max 10 mg), may repeat once in 5 minutes, if needed. Total max dose: 10 mg

• Contact OLMC for dosages above those provided or use of medication NOT fitting the guideline parameters

• Contact OLMC for dosages above those provided or use of medication NOT fitting the guideline parameters

PARAMEDIC

- ☐ **Lorazepam**
IV/IO/IM – 4 mg, may repeat every 5 minutes, if needed. Total max dose: 8 mg
- ☐ Pregnant females with eclampsia/seizures
- ☐ **Magnesium sulfate** - 5 gm IM/IV/IO gm. Give infusion over 15 to 30 min.

PARAMEDIC

- **Lorazepam**
IV/IO/IM – 0.1mg/kg (max 4 mg per dose), may repeat every 5 minutes, if needed. Total max dose: 8 mg

Magnesium Sulfate – For pediatric patients who are pregnant and having a seizure contact OLMC

BEHAVIORAL EMERGENCY

ALL PROVIDERS

- ☐ **Scene management**
 - Contact Law Enforcement if the patient is determined to be a threat to EMS providers, themselves, or others or if assistance with patient control is otherwise needed.
 - Remove patient from the stressful environment and remove any possible weapons from scene.
 - Before touching any patient that has been Taser'd, ensure law enforcement has disconnected the wires from the hand-held unit.
- ☐ **Focused history and physical exam**
 - Blood glucose, temperature, oxygen saturation, assessment, and end-tidal CO₂ monitoring for any sedated patient
 - Always assess for a possible medical condition, exposure or trauma including possible abuse.
 - Note medications/substances on scene that may contribute to the agitation, or may be for treatment of a relevant medical condition
- ☐ **Mandatory cardiac monitor, ETCO₂, and pulse oximetry monitoring**
- ☐ **Treatment Plan**
 - **Taser'd patient:** Removal of Taser probes
 - EMS providers may remove probes that are not embedded in the face, neck, groin, breast, or spinal area.
 - To remove probes:
 - Place one hand on the patient in the area where the probe is embedded and stabilize the skin surrounding the puncture site. Place other hand firmly around the probe.
 - In one fluid motion, pull the probe straight out from the puncture site and repeat procedure with second probe.
 - The following patients should be transported to an Emergency Department for evaluation:
 - Patient with probes embedded in the face, neck, groin, breast, or spinal area
 - Patient with significant cardiac history
 - Patient having ingested stimulants (including methamphetamines, phencyclidine/PCP, cocaine, spice, bath salts, designer drugs, etc).
 - Patients exhibiting bizarre behavior or those with abnormal vital signs including end-tidal CO₂
- ☐ **Key Considerations**
 - Chemical restraint should be considered for patients that cannot be calmed by non-pharmacologic methods and who are a danger to EMS providers, themselves, or others.
 - Extreme caution, careful assessment of medical capacity, and consultation with OLMC should be utilized when considering sedation for non-combative patients refusing transport
 - Selection of chemical restraint medications should be based upon the patient's age, medical history, clinical condition, current medications, and allergies. Consult OLMC when necessary to assist in the selection of medications in difficult cases.
 - It is preferable to choose ONE drug for management of agitation and maximize dosing of that medication prior to adding another medication.
 - Consider a reduction in the initial dosage of chemical restraint medications if the patient has taken narcotics or alcohol or is > 65 yo (e.g. begin with 50% of the recommended initial dose to assess response).
 - Consider procedural related anxiety management

The order in which medications below are listed is not intended to indicate hierarchy, order, or preference of administration

ADULT

PEDIATRIC (<15 years of Age)

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

EMT

- ☐ Attempt to calm or gently restrain the patient with verbal reassurance. Engage the assistance of any family or significant others in the process.

EMT

- ☐ Attempt to calm or gently restrain the patient with verbal reassurance. Engage the assistance of any family or significant other's in the process.

AEMT

- ☐ Vascular access and fluid therapy

**RESTRICTED FOR AEMT USE
PENDING VARIANCE APPROVAL
PERMITTED FOR PARAMEDICS
WITHIN SCOPE**

- ☐ Benzodiazepines: cut dose in half if the patient is under the influence of narcotics or alcohol
 - Midazolam
 - IV/IO – 5 mg, may repeat once in 10 minutes, if needed. Total max dose: 10mg
 - Intranasal (IN) – 5 mg, may repeat once in 10 minutes to a max dose of 10mg
 - Intramuscular (IM) – 10 mg once

AEMT

- ☐ Vascular access and fluid therapy

**RESTRICTED FOR AEMT USE
PENDING VARIANCE APPROVAL
PERMITTED FOR PARAMEDICS
WITHIN SCOPE**

- ☐ Benzodiazepines: cut dose in half if the patient is under the influence of narcotics or alcohol
 - Midazolam
 - IV/IO - 0.1 mg/kg (max 5 mg), may repeat once in 10 minutes, if needed. Total max dose: 10 mg
 - IN/IM - 0.2 mg/kg (max 5 mg), may repeat once in 10 minutes, if needed. Total max dose: 10 mg

PARAMEDIC

- ☐ Lorazepam
 - IV/IO – 2 mg every 5 min. to the desired effect or max dose of 4 mg
 - Intramuscular (IM) – 4 mg once
- ☐ Ketamine
 - Intramuscular (IM) – 4 mg/kg once
 - IV/IO – 1 mg/kg once
- ☐ Haloperidol
 - Intramuscular (IM) - 5-10mg once
 - IV/IO – 2-5 mg once
- ☒ Contact OLMC for dosages above those provided or use of medication NOT fitting the guideline parameters.

Letters of Support

Agency Medical Director

Utah State EMS Medical Director

Utah Bureau of EMS

1 May, 2025

Bobbie Sullivan
Program Manager, Emergency Medical Services Program
Division of Public and Behavioral Health
Nevada Department of Health and Human Services
4126 Technology Way, STE 100
Carson City, NV 89706

Dear Ms. Sullivan:

I am writing to express my unequivocal support for the variance requests for EMS protocols by the Wendover Ambulance service. Specifically, I have been the volunteer EMS director for Wendover Ambulance for over 10 years, and also am faculty at one of their primary (if not their only) receiving facilities.

As you know, Wendover serves a large rural catchment area with essentially no local healthcare support, and no local hospital. They rely heavily on critical care air medical transport rendezvous because of this, and additionally, because of limited support available locally, this service is the only option for early institution of relatively advanced medical interventions in time critical illnesses such as trauma, shock states, cardiac arrest, seizures and acute behavioral emergencies. The variances that are being requested are essential for this care. In addition, these requests are well within the scope of practice according to Utah guidelines and we have the endorsement of Dr. Peter Taillac, the current EMS Medical Director for the State of Utah, for these protocols.

From my standpoint as a physician, there is an excellent evidence-base in the medical literature for the prehospital use of medications and protocols discussed in these requests.

For instance, American Epilepsy Society guidelines recommends that EMS personnel use midazolam, (or lorazepam or diazepam) as first-line treatment for status epilepticus. Additionally, an overwhelming majority of patients with status epilepticus did not receive adequate treatment. Higher midazolam doses were not associated with respiratory harm, and patients do not derive clinical benefit despite the risks of prolonged seizures. Wendover also has limited law enforcement response for behavioral emergencies and EMS crews can be at risk from agitated patients for behavioral emergencies and EMS crews can be at risk from agitated patients; a midazolam protocol for prehospital agitation will be associated with reduced agitation and a low rate of adverse events, as reported by other EMS system.

Other medications requested by Wendover in these variances have similar support, and given the unique logistical and other factors demand serious consideration for adaptation. As their medical director, I will ensure that these protocols utilize continuous monitoring of oxygen saturation,

blood pressure and heart rate when those medications are administered. This will allow crews to frequently reassess patients. Finally, several protocols will require online medical control (done via radio to the University of Utah ED physicians on duty) as well as documentation of use and dose, time, and patient response to each administration for later case review by me and Wendover personnel.

I look forward to hearing any thoughts, questions or comments you have regarding these variances and trust that we can ensure the best care for the residents of the Wendover area and it's many visitors.

Sincerely,

Gerard Doyle, MD MPH

May 16, 2025

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

Re: Support for Wendover Ambulance Variance Request to Allow Midazolam to be Administered by Advanced EMTs Under Medical Director-Approved Protocol

As the Utah State EMS Medical Director, I would like to lend my strong support to Wendover Ambulance in seeking a Nevada variance to allow Advanced EMTs (AEMTs) to administer Midazolam to patients with seizures or behavioral health conditions, under a protocol approved by their medical director.

Wendover Ambulance does not always have a paramedic on duty and in many cases their patients are cared for and transported by AEMTs. Their transport times are long, as their nearest hospital is over 100 miles away. Patients with seizures and behavioral health emergencies should be afforded appropriate medical care en route to the hospital. **This is also a very important safety concern for the EMS clinicians staffing the ambulance.**

Utah has allowed AEMTs to safely administer midazolam for over 15 years. Such administration is reflected in our Utah State EMS Protocol Guidelines¹. Essentially all of our rural EMS agencies allow this in their local protocols. Over this extended period, we have had no issues with inappropriate or unsafe administration of Midazolam by trained AEMTs.

As of 2019, the National Highway Traffic Administration National EMS Scope of Practice Model has allowed administration of “Medical Director-Approved Medications.”² The administration of intravenous Midazolam is within the national scope of practice for AEMTs and is thus allowed by most states.

I fully support and recommend approval of this Nevada variance for Wendover Ambulance to allow AEMTs to administer Midazolam under a medical director-approved protocol. I am available at any time for questions regarding this issue: ptailiac@utah.gov / 801-803-3217

Peter Taillac, MD, FACEP, FAEMS
Medical Director
Office of Emergency Medical Services and Preparedness
Department of Health and Human Services

1. <https://ems.utah.gov/operations-and-response/ems-operations/medical-direction-ems-protocol-guidelines/>
2. https://www.ems.gov/assets/National_EMS_Scope_of_Practice_Model_2019.pdf (page 36, please note the footnote on that page: “and others defined by state/local protocol”)

4/28/2025

To Whom It May Concern,

The Utah Bureau of Emergency Medical Services is pleased to support Wendover Ambulance's request to authorize Advanced Emergency Medical Technicians (AEMTs) to administer Midazolam consistent with the 2023 Utah EMS Protocol Guidelines.

Midazolam is an essential medication in the prehospital management of life-threatening seizures and severe behavioral emergencies. Rapid control of seizures is critical to prevent hypoxia, traumatic injury, and worsening neurological outcomes. Likewise, Midazolam provides a safe and effective option to manage combative or agitated patients when physical restraints alone would pose risks to both patients and EMS providers.

The Utah EMS Protocols offer clear and structured use of Midazolam by AEMTs under defined dosing parameters, with OLMC consultation available when needed. Wendover Ambulance has demonstrated the clinical preparedness and organizational commitment necessary to responsibly integrate this medication into their AEMT scope of practice.

This expansion will enhance public safety, provider safety, and the overall quality of emergency care in Wendover and the surrounding region. We fully support this important step forward.

Respectfully,

A handwritten signature in black ink, appearing to read 'M Herrera', with a stylized, cursive script.

Mark Herrera
EMS Ed., Rural Outreach, & SSoC Program Manager
Utah Bureau of EMS
801-232-9138
markherrera@utah.gov
ems.utah.gov

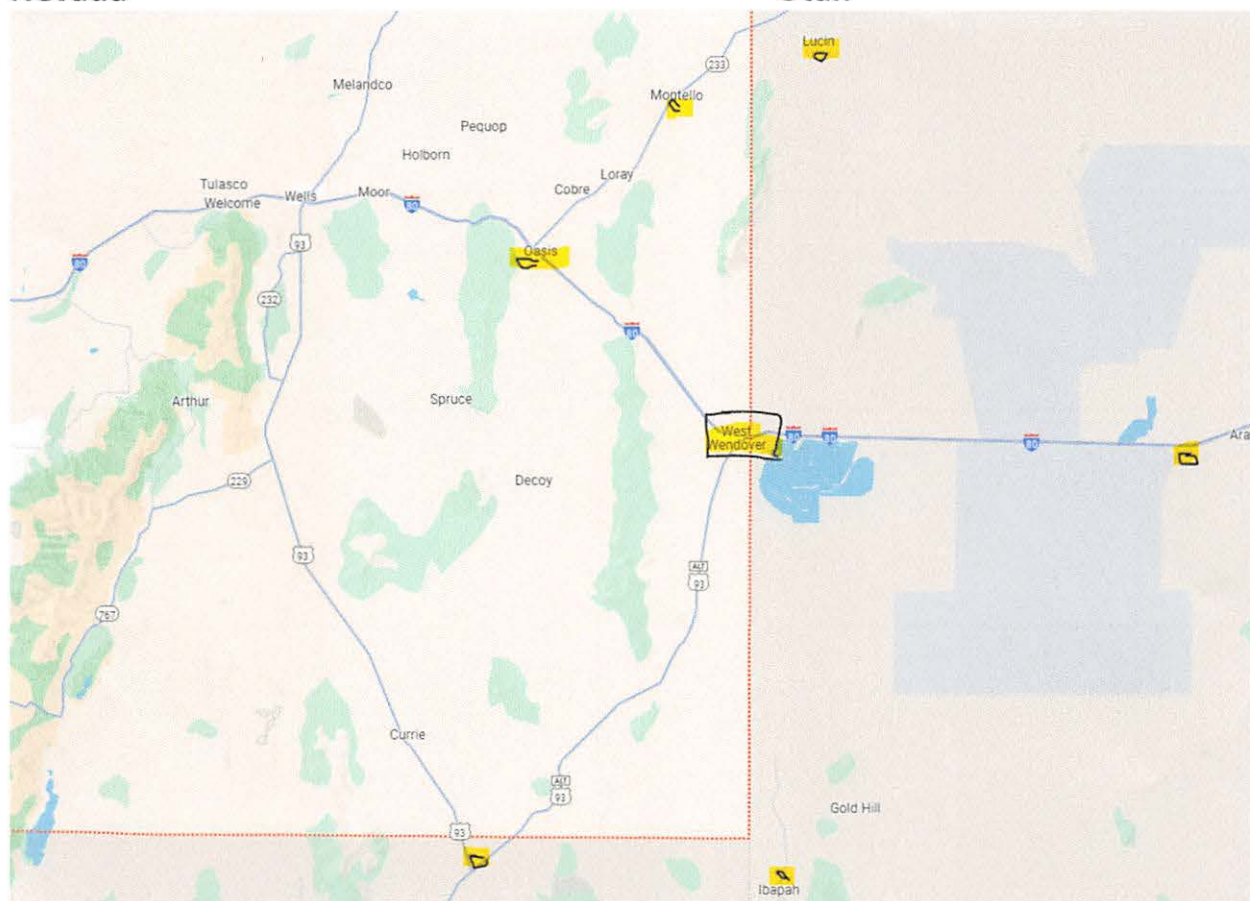
Wendover Ambulance

service area map

Utah and Nevada

Nevada

Utah



Wendover Ambulance Service area:

- West –MM 380 I-80 - ½ way to Wells, NV
- North – SR 233 to Montello , NV
- North – Pilot Mtn Rd. to Lucin, UT
- South – Alt 93 Loges Junction – ½ way to Ely, NV
- South – Alt 93, NV to Irapah Rd, UT
- East – mm 56 I-80 – ½ way to Tooele, UT

Wendover Ambulance Lesson Plan

Midazolam

WENDOVER AMBULANCE LESSON PLAN

MIDAZOLAM

PURPOSE: TO FAMILIARIZE ADVANCED EMTS PARAMEDICS ON THE PROPER ADMINISTRATION AND UTILIZATION OF MIDAZOLAM. THIS WILL BE ACCOMPLISHED BY SYNCHRONUS AND ASYNCHRONUS TRAINING, ONLINE TESTING AND IN PERSON SKILLS TESTING

LESSON PLAN: Will review the following information regarding the use of MIDAZOLAM

- 1. Breakdown of pathophysiology of medication**
 - a. Including how MIDAZOLAM effects the cardiovascular system and CNS
- 2. Appropriate uses for MIDAZOLAM**
 - a. Review of the following protocols:
 - i. Behavioral Emergencies
 - ii. Seizures
- 3. Review of Potential Adverse Effects of MIDAZOLAM**
- 4. Management of Potential Adverse Effects of MIDAZOLAM**
 - a. Airway management including BVM if necessary
 - b. Hemodynamic management with appropriate fluids
- 5. Required Patient monitoring after administration**
 - a. ETCO₂
 - b. Blood Pressure
 - c. SPO₂
 - d. 4-Lead Cardiac Monitoring
- 6. Review of physical administration**
 - a. Dosing
 - b. Concentration
 - c. Physical practice of drawing
 - d. Safe IV medication administration
- 7. Testing- Students will be required to pass Didactic and Psychomotor testing at 80% or higher**
 - a. Written test reviewing**
 - i. Action
 - ii. Indications
 - iii. Contraindications
 - iv. Side Effects
 - v. Dosing
 - vi. Adverse Reaction Management
 - vii. Patient Scenarios where MIDAZOLAM may or may not be appropriate for use

b. Psychomotor Testing to include

i. Patient Scenarios

1. Appropriate for using MIDAZOLAM
2. Inappropriate for using MIDAZOLAM
3. Management of adverse effects

Wendover Ambulance Lesson Plan

Midazolam

WENDOVER AMBULANCE LESSON PLAN

MIDAZOLAM

PURPOSE: TO FAMILIARIZE ADVANCED EMTS PARAMEDICS ON THE PROPER ADMINISTRATION AND UTILIZATION OF MIDAZOLAM. THIS WILL BE ACCOMPLISHED BY SYNCHRONUS AND ASYNCHRONUS TRAINING, ONLINE TESTING AND IN PERSON SKILLS TESTING

LESSON PLAN: Will review the following information regarding the use of MIDAZOLAM

- 1. Breakdown of pathophysiology of medication**
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 - i. Behavioral Emergencies
 - ii. Seizures
- 3. Review of Potential Adverse Effects of MIDAZOLAM**
- 4. Management of Potential Adverse Effects of MIDAZOLAM**
 - a. Airway management including BVM if necessary
 - b. Hemodynamic management with appropriate fluids
- 5. Required Patient monitoring after administration**
 - a. ETCO2
 - b. Blood Pressure
 - c. SPO2
 - d. 4-Lead Cardiac Monitoring
- 6. Review of physical administration**
 - a. Dosing
 - b. Concentration
 - c. Physical practice of drawing
 - d. Safe IV medication administration

7. Testing – Students will be required to pass Didactic and Psychomotor testing at 80% or higher

a. Written test reviewing


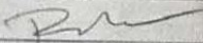
- i. Action
- ii. Indications
- iii. Contraindications
- iv. Side Effects
- v. Dosing
- vi. Adverse Reaction Management
- vii. Patient Scenarios where MIDAZOLAM may or may not be appropriate for use

b. Psychomotor Testing to include

- i. Patient Scenarios
 - 1. Appropriate for using MIDAZOLAM
 - 2. Inappropriate for using MIDAZOLAM
 - 3. Management of adverse effects

Wendover Ambulance

Narcotics and Medication handling

 HEALTH UNIVERSITY OF UTAH Pharmacy Services INVOICE / STATEMENT				
Sold To:		Wendover Ambulance Service Attn: Inpatient Pharmacy/Accounts Payable PO Box 2530 Wendover, NV 89883-2530		
Invoice Number:		20250304-4		
Invoice Date:		3/4/2025		
DATE	QTY	Description	Unit Price	Amount
2/14/2025	50	Midazolam 5mg/1ml vial NDC: 63323-0415-25	\$3.56	\$178.75
2/14/2025	50	Morphine 10mg/1ml vial NDC: 00641-6127-25	\$2.79	\$139.50
2/14/2025	25	Fentanyl 100mcg/2ml NDC: 72572-0170-25	\$1.58	\$39.50
Grand Total:				\$357.85
Signed:  _____ <div style="text-align: center;">University of Utah Representative</div>				
Contact:		Name pharmacy purchasing @hsc.utah.edu		
Remit to:		University of Utah Health Department of Pharmacy Services 50 North Medical Drive Rm A050 Salt Lake City, Utah 84143		

Medications are logged and marked with a consecutive numbered tag:

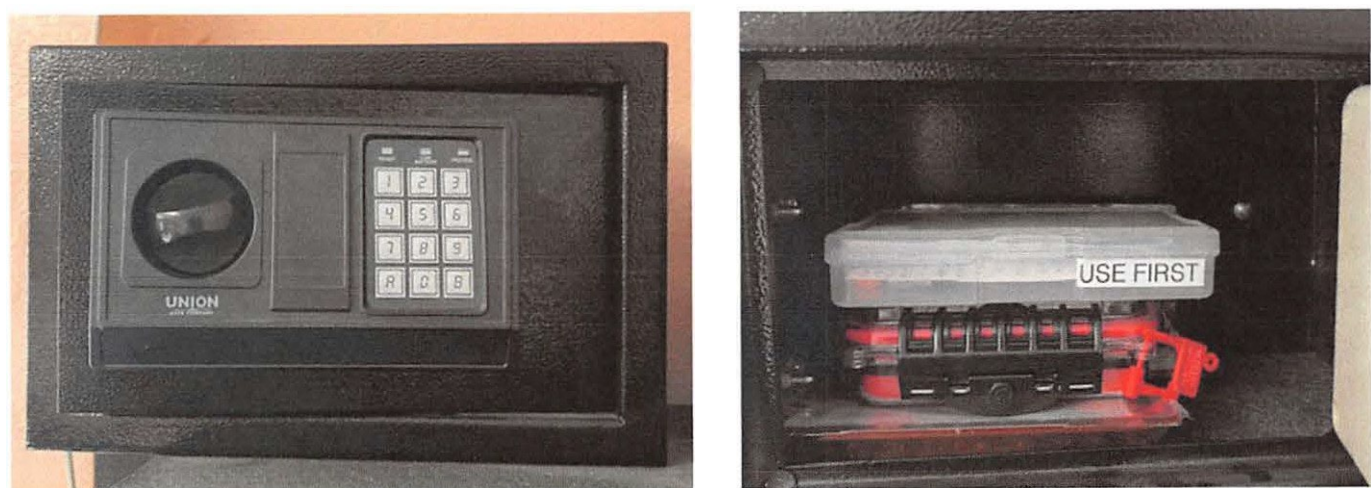


A black, heavy-duty metal safe is shown standing upright. The safe has a combination dial and a keyhole on its front door. The door is slightly ajar, revealing the interior. The safe is positioned against a light-colored wall, and a window with blinds is visible in the background.

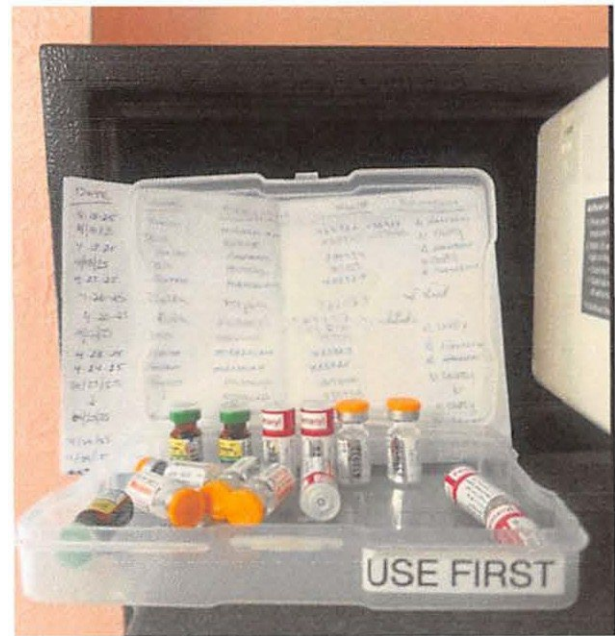
[illegible]

Record keeping and audits are integral to a successful program. Once the narcotics are delivered to Wendover, they are logged and kept in the Big Safe that is in the Manager's office. Only two people have access to that safe – the Owner, Lauara Lisk and Operations Manager Darin Hanson. The door lock to the Owner's office is an electronic lock and has limited access by Owner and Managers. Ambulances are equipped with small combo safes that are attached to the wall.

There is a smaller safe in the manager's office that is bolted to the wall and has a limited amount of controlled substance for use to re-stock the ambulances after a call when Lauara or Darin are not available. Only three crew leads have the combination to this safe:



When Crew Leaders take medications from the small safe, the following documentation is done:



All ambulances have combination lock safes for the controlled substances, dangerous drugs:



These are the individual locked boxes for controlled Substances that are in each ambulance lock safe:



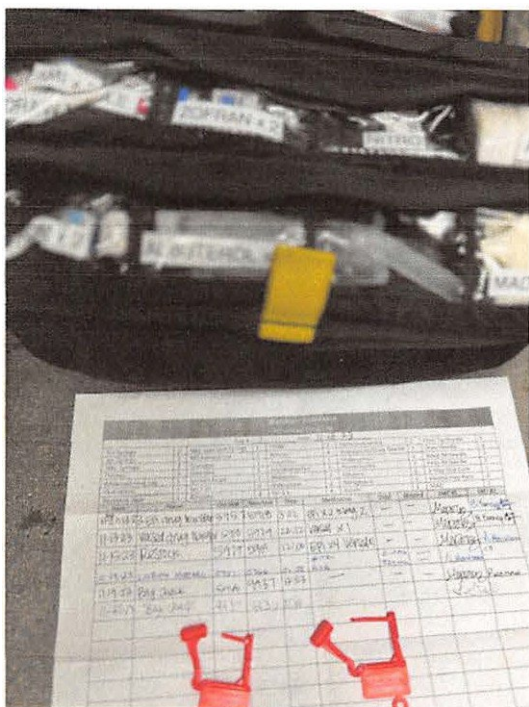
Medications are logged as seen here:



Crew on-scene bag with AEMT medications:



Inside the AEMT medications bag with control log:



In our ambulance bay we have a small safe that is bolted to the wall for the used/wasted medications that we track and account for. The used vial is taped to a control form with the patient and call info and deposited into that wall safe. Every couple of weeks the contents are taken out, the vial removed and the forms scanned to records systems. The vials are then disposed of by either Lauara or Darin at t he University of Utah Hospital Pharmacy used medications depository.



Controlled substance use

Date 3/11/25

Medication Used Morphine

NDC # 0441-6127-01

Lot # J230625

Expiration Date Sep 2025

Amount Used 10mg

Amount Left None


Patient Name [REDACTED]

DOB 6/19/1966

Reason Used Pain Management

Paramedic/EMT Kergh Wolfe Charles Lanier

LB # Tangu
Serial # 781019

A small vial of Morphine is taped to the form. The vial is white with a black label that reads "MORPHINE". It is taped to the form with a piece of clear tape.

Office Security - electronic lock to Owner's Office:



NAC 450B.461

Restrictions on authority to administer

Licensed Ambulance equipment and supply list from NV EMS website

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)

Note added by applicant: Protocol verification and approval signed by medical director and provided with annual permit renewal.

**State of Nevada EMS Program Inspection Form
AMBULANCE UNIT**

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

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

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

N/A = Not Applicable

** = Optional Equipment

Unit #

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

ALL VIOLATIONS MUST BE CORRECTED AS OUTLINED BELOW

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

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

Comments :

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



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

Date:	Inspected By:	Acknowledged By:
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NAC 450B.461
Restrictions on authority to administer

**Licensed Ambulance equipment and supply list
from NV EMS website**

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

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

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

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

(a) The applicant:

- (1) Is a resident of Nevada;
- (2) Will be a resident of Nevada within 6 months after applying for a certificate;
- (3) Is a resident of another state and is employed by an agency that is responsible for emergency medical dispatch within the State of Nevada; or
- (4) Is attending a course of training held in this State and approved by the Division.

(b) The applicant:

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

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

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

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

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

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

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

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

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

2. Such a certificate may be renewed if:

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

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

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

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

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

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

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

CONTROLLED SUBSTANCES AND DANGEROUS DRUGS

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



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,

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

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

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

N/A = Not Applicable

** = Optional Equipment

OPERATIONAL STANDARDS

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

ALL VIOLATIONS MUST BE CORRECTED AS OUTLINED BELOW

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

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

Comments :

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



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

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

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

2019 National EMS Scope of Practice Model

Pharmacological Intervention Minimum Psychomotor Skill Set

AEMT Scope of Practice - Pages 20 – 21, 28

Medical Director Approved Medications – pages 29 & 30

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

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2019 National EMS Scope of Practice Model

Pharmacological Intervention Minimum Psychomotor Skill Set

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Medical Director Approved Medications – pages 29-30



U.S. Department
of Transportation
**National Highway
Traffic Safety
Administration**



DOT HS 813 151

August 2021

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

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Advanced Emergency Medical Technician

AEMT Scope of Practice - Pages 20 – 21, 28

(Start of Page 20)

Education Requirements

Successful completion of an EMT training program that is:

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

Primary Role

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

Type of Education

Vocational/Technical setting:

- Diploma or certificate awarded for successful completion.

Critical Thinking

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

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

Level of Supervision

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



Advanced Emergency Medical Technician

Description

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

Advanced emergency medical technicians:

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

(End of Page 20)

(Start of Page 21)



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

Other Attributes

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

Education Requirements

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

Primary Role

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

Type of Education

Vocational/technical or academic setting:

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

Critical Thinking

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

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

Level of Supervision

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

Paramedic

Description

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

(End of Page 21)

(Start of Page 28)

IV. Skill – Medication Administration – Routes

IV. Skill – Medication Administration – Routes ³	EMR	EMT	AEMT	Paramedic
Aerosolized/nebulized		X	X	X
Endotracheal tube				X
Inhaled		X	X	X
Intradermal				X
Intramuscular		X ⁴	X	X
Intramuscular – auto-injector	X	X	X	X
Intranasal			X	X
Intranasal – unit-dosed, premeasured	X	X	X	X
Intraosseous – Initiation, peds or adult			X	X
Intravenous			X	X
Mucosal/sublingual		X	X	X
Nasogastric				X
Oral		X	X	X

³Limited to Medical Director Approved Medications.

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

(End of Page 28)

Advanced Emergency Medical Technician

AEMT Scope of Practice - pages 20-21, 28

Education Requirements

Successful completion of an EMT training program that is:

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

Primary Role

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

Type of Education

Vocational/Technical setting:

- Diploma or certificate awarded for successful completion.

Critical Thinking

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

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

Level of Supervision

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



Advanced Emergency Medical Technician

Description

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

Advanced emergency medical technicians:

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

added in 2019

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

Other Attributes

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

Education Requirements

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

Primary Role

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

Type of Education

Vocational/technical or academic setting:

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

Critical Thinking

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

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

Level of Supervision

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

Paramedic

Description

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

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

IV. Skill – Medication Administration – Routes

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

³ Limited to Medical Director Approved Medications.

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

Advanced Emergency Medical Technician

Medical Director Approved Medications - Pages 29 – 30

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

V. Medical Director Approved Medications

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



– limited to patient’s own prescribed medication				
Sublingual nitroglycerin for chest pain of suspected ischemic origin			X	X
Thrombolytics				X

☆⁵Limited to analgesia, antinausea/antiemetic, dextrose, epinephrine, naloxone, and other defined by State/local protocol

VI. Skill – IV Initiation/Maintenance Fluids

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

VI. Skill – IV Initiation/Maintenance Fluids

VI. Skill – Miscellaneous	EMR	EMT	AEMT	Paramedic
Access indwelling catheters and implanted central IV ports	X	X	X	X
Assisted delivery (childbirth)		X	X	X

Advanced Emergency Medical Technician

Medical Director Approved Medications – pages 29-30

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

V. Medical Director Approved Medications

V. Medical Director Approved Medications	EMR	EMT	AEMT	Paramedic
Use of epinephrine (auto-injector) for anaphylaxis (supplied and carried by the EMS agency)		X	X	X
Use of auto-injector antidotes for chemical/hazardous material exposures	X	X	X	X
Use of opioid antagonist auto-injector for suspected opioid overdose	X	X	X	X
Immunizations			X	X
Immunizations during a public health emergency		X	X	X
Inhaled – beta agonist/bronchodilator and anticholinergic for dyspnea and wheezing		X	X	X
Inhaled – monitor patient administered (i.e., nitrous oxide)			X	X
Intranasal - opioid antagonist for suspected opioid overdose	X	X	X	X
Intravenous			X ³	X
Maintain infusion of blood or blood products				X
Oral aspirin for chest pain of suspected ischemic origin		X	X	X
Oral glucose for suspected hypoglycemia		X	X	X

³ Limited to analgesia, antinausea/antiemetic, dextrose, epinephrine, glucagon, naloxone, and others defined by State/local protocol.

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

VI. Skill – IV Initiation/Maintenance Fluids

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

VII. Skill – Miscellaneous

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

BEFORE THE STATE BOARD OF HEALTH

IN THE MATTER OF)
LAUARA LISK, WEDNOVER AMBULANCE)
VARIANCE REQUEST: CASE #789)

The Nevada State Board of Health ("Board"), having considered the application for a variance and all other related documents submitted in support of the application in the above referenced matter, makes the following Findings of Fact, Conclusions of Law, and Decision.

FINDINGS OF FACT

1. On May 23, 2025, the Division of Public & Behavioral Health ("Division") received a request for variance from Nevada Administrative Code (NAC) 450B.384 and NAC 450B.461(2).
2. NAC 450B.384 states:
The holder of a certificate issued pursuant to NAC 450B.360 shall not practice beyond the scope of the certificate unless authorized by the health authority which issued the certificate.
3. NAC 450B.461(2) states in pertinent part:
No advanced emergency medical technician (AEMT) 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 AEMT or paramedic by a physician or registered nurse supervised by a physician; or
 - b) The AEMT 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

4. Ms. Lauara Lisk, on behalf of Wendover Ambulance (“Applicant”) has submitted a request for variance from the requirement of Nevada Administrative Code (NAC) 450B.384 and 450B.461(2). Applicant is requesting approval to allow Advanced Emergency Medical Technicians (AEMT) volunteering or employed by Applicant to administer Midazolam (Versed) for Seizures and Violent Behavior under strict protocols and direct medical oversight.
5. Midazolam (Versed) administration at the AEMT level is currently not recognized by the National Highway Traffic Safety Administration (NHTSA) at the AEMT level.
6. There is little to no risk to the public health in allowing the Applicant to train and authorize AEMTs to administer Midazolam (Versed) for Seizures and Violent Behavior under strict protocols and direct medical oversight.
7. The Applicant, with support of the agency Medical Director, has presented a program for training, implementation of the skill set, as well as quality assurance review.
8. Transport times in rural communities such as Wendover and surrounding communities can be more than an hour and ambulance services frequently experience staffing constraints, up to and including paramedics, including Applicant.

CONCLUSIONS OF LAW

1. This matter is properly before the board pursuant to NRS 439.200 and determination of the matter on the merits is properly within the subject matter jurisdiction of the board.
2. NRS 439.200(3) provides:

The State Board of Health may grant a variance from the requirements of a regulation if it finds that:

- (a) Strict application of that regulation would result in exceptional and undue hardship to the person requesting the variance; and
- (b) The variance, if granted would not:
 - (1) Cause substantial detriment to the public welfare; or
 - (2) Impair substantially the purpose of the regulation.

3. The Board finds that strict application of the regulation is an exceptional and undue hardship, as the applicant is a combination career/volunteer department with extensive response and transport times where air support from medical aircraft or rendezvous with advanced life support ground ambulance is not always an option.

4. The Board finds that granting this variance would not impair the purpose of the regulation or cause substantial detriment to the public welfare, as the Applicant could provide a higher level of care for the citizens and visitors on a more consistent level.

5. To ensure the regulation is met, the Applicant must report any adverse outcomes from administration or improper administration as well as unanticipated reactions to Midazolam (Versed) in a written report to the EMS office within 72 hours of occurrence.

6. This variance only becomes effective if: 1) Documentation of successful training has been provided, 2) Training must be conducted by a documented Nevada Paramedic Instructor or above, 3) Online Medical Control Shall be contacted prior to administration in all cases, 4) All administration of Midazolam (Versed) shall be reviewed by the Medical Director within 72 hours of use.

ORDER

Based upon the foregoing Findings of Fact and Conclusions of Law, and good cause appearing, therefore, IT IS HEREBY ORDERED, ADJUDGED, AND DECREED that the variance to NAC 450B.384 and 450B.461(2) be APPROVED.

DATED this__5th_____day of_ September_____, 2025.

Dena Schmidt, Executive Officer
Nevada State Board of Health

CERTIFICATE OF MAILING

I hereby certify that I am employed by the Department of Health & Human Services,
Division of Public & Behavioral Health, and that on the _____ day of _____, 2025, I
served the foregoing FINDINGS OF FACTS AND DECISION by mailing a copy thereof to:

Ms. Lauara Lisk

Wendover Ambulance

427 Mesa Street

Wendover, NV 89883
