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

NOTICE OF PUBLIC HEARING

LAUARA LISK, WENDOVER AMBULANCE, 427 MESA STREET, WEST WENDOVER, NEVADA 89883, IS REQUESTING A VARIANCE, # 791, FROM THE NEVADA STATE BOARD OF HEALTH REGULATIONS.

NOTICE IS HEREBY GIVEN THAT Lauara Lisk, Wendover Ambulance located at 427 Mesa Street, West Wendover, Nevada 89883, has requested a variance from Nevada Administrative Code (NAC) 450B. 384 and NAC 450B.461.

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.

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

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

Virtual Information:
Meeting Link:
https://teams.microsoft.com/l/meetup-join/19%3ameeting_MjVmMTM4MTQtMmYyOC00NmVjLTg4NWQtOTVlZWU1MzUyZGZl%40thread.v2/0?context=%7b%22Tid%22%3a%22e4a340e6-b89e-4e68-8eaa-1544d2703980%22%2c%22Oid%22%3a%22768e443d-3be6-48f0-9bb0-7e72f1276b8d%22%7d

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

Join by Phone:
1-775-321-6111
Phone Conference ID Number: 402 212 427#

Lauara Lisk, Wendover Ambulance, located at 427 Mesa Street, West Wendover, Nevada 89883, is requesting a variance from NAC 450B.384 and 450B.461 which states:

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 certficate.

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 **Tranexamic Acid (TXA)** for traumatic and obstetrical hemorrhage 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 TXA 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/

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DEPARTMENT OF HUMAN SERVICES
NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

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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 # 791, 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 **Tranexamic Acid (TXA)** for traumatic and obstetrical hemorrhage 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 TXA 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:

TXA is not a controlled substance and has a favorable safety profile when administered under appropriate clinical indications. It is widely used internationally in trauma systems and obstetrical care for life-threatening hemorrhage. 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 TXA administration are associated with reduced efficacy, especially in trauma 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 TXA 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 # 791, Applicant's variance to NAC 450B.384 and NAC 450B.461 for the administration of **Tranexamic Acid (TXA)** by AEMT's. Applicant operates in a frontier setting where transport times to definitive care regularly exceed 115 miles. Early administration of TXA in trauma and obstetrical hemorrhage has been shown to reduce mortality. TXA 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 TXA 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 TXA
    - Indications/contraindications
    - Safe reconstitution and administration
    - Recognition and management of adverse effects
3. Online Medical Control must be contacted prior to administration of TXA in all cases.

Bureau of Behavioral Health Wellness and Prevention
4126 Technology Way, Suite 200 ● Carson City, NV 89706 ● (775) 684-4190 ● Fax (775) 684-4185 ● dpbh.nv.gov

4. All TXA 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 Serivces Program Manager

Attachments:

None.

Bureau of Behavioral Health Wellness and Prevention
4126 Technology Way, Suite 200 ● Carson City, NV 89706 ● (775) 684-4190 ● Fax (775) 684-4185 ● dpbh.nv.gov

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 administration of Tranexamic Acid (TXA) for OB Hemorrhage – Extremity and Crash Injuries (amputations). Tranexamic Acid is not a controlled substance but may be considered dangerous if not administered correctly.

NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

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 Wendover Ambulance is very remote – 120 miles to a hospital in any direction – Elko, Salt Lake City (a helicopter is minimum 40-50 minutes). Due to staffing shortages our second crews may only have AEMTs. For patients with OB Hemorrhage or Traumatic injury – extremity and crush injuries (amputation) Hemorrhage our AEMTs need to be able to provide life-saving TXA with online medical control. Agency Medical Director will approve and direct training. Risk is non or minimal.

NEVADA STATE BOARD OF HEALTH

4150 Technology Way, Suite 300 CARSON CITY, NV 89706

APPLICATION FOR VARIANCE

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

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

See attached request document for additional information.

2. The variance, if granted, would not:

   A. Cause substantial detriment to the public welfare.

See attached request document for additional information.

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

See 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 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.

[X] 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 STATE BOARD OF HEALTH
4150 Technology Way, Suite 300 CARSON CITY, NV 89706

APPLICATION FOR VARIANCE

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

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

FAX:
775-687-7570

EMAIL:
DPBH@health.nv.gov
StateBOH@health.nv.gov

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

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) and Paramedics to administer Tranexamic Acid (TXA) to patients of Wendover Ambulance for Obstetrical and Traumatic Hemorrhage 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 regard to the use of TXA for treatment of hemorrhagic bleeding for Obstetric and Trauma patients.

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 postpartum and traumatic hemorrhage emergencies than Nevada allows.

The 2023 Utah Protocol allows AEMTs and Paramedics to administer TXA for patients with Postpartum Hemorrhage and Traumatic Hemorrhage Control – Extremity and Crush Injuries. **Our new proposed 2025 Wendover Ambulance Protocols will allow AEMTs the use of TXA for postpartum hemorrhage and traumatic hemorrhage control – extremity and crash injuries,** 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.

Our Medical Director wants us to follow the **proposed 2025 Wendover Ambulance Nevada Protocols** which have been submitted to the Nevada EMS office for approval (a copy of the protocol is attached). Because this will be a new medication for our AEMTs and Paramedics, 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 TXA for Obstetric Hemorrhage and Trauma Hemorrhage – Extremity and Crush Injury control and 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 ALS providers 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.

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 staffed with AEMTs as the highest level provider.
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 hemorrhagic control care.
b. 1. – Necessary – Wendover Ambulance needs this variance to provide quality prehospital care to appropriate patients and they have a right to expect that care.
b. 2. – The administration of TXA 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 the current traumatic bleeding control procedures, as well as additional trauma care and many have been certified in the PHTLS training for several years.

STATEMENT OF DEGREE OF RISK OF HEALTH:

Wendover Ambulance responds to approximately 1000 patient calls per year. Many of those calls include OB patients or traumatic hemorrhage patients. 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:

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 offer for treatment of Post Partum Hemorrhage or Traumatic Hemorrhage – Extremity and Crush Injury Control.

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 APPLUICANT SEEKS A VARIANCE.
   The variance would not impair the purpose of the regulation. When this regulation was drafted, TXA was not considered as a medication AEMTs and Paramedics were qualified to administer. There have been updates to the NHTSA National Scope of Practice Model that now includes more Medical Director Approved medications for AEMTs and Paramedics.

In conclusion, Wendover Ambulance believe this variance will allow our AEMTs and Paramedics 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,

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):

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

(a) Establish medical standards which:

(1) Are consistent with the national standard which is prepared by the National Highway Traffic Safety Administration of the United States Department of Transportation as a national standard for the level of service for which a permit is issued to the service or an equivalent standard approved by the Administrator of the Division and which are approved by the board;

(2) Are equal to or more restrictive than the national standard prepared by the National Highway Traffic Safety Administration of the United States Department of Transportation or an equivalent standard approved by the Administrator of the Division an 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)

Medical Director (Signature)

8 May 24
Date

Lauara Lisk
Agency Representative (Print)

Agency Representative (Signature)

5-08-2024
Date

Wendover Ambulance 2025 Protocols

West Wendover, Nevada
May 2025
Pending approval by Nevada EMS.

Tranexamic Acid (TXA)

Hemorrhage Control – extremity and crush injuries

Obstetrical Emergencies

HEMORRHAGE CONTROL, EXTREMITY AND CRUSH INJURIES

ALL PROVIDERS/EMT

Focused history and physical exam

Treatment Plan

- Maintain airway, administer oxygen to maintain SaO2 90-94%
- Assess for deformity, welling, tenderness, crepitus, open or closed fractures, hemorrhaging, lacerations, ecchymosis, instability, decreased function or pulses, loss sensation of distal extremities.
- **Epistaxis**: bleeding from the nose should be controlled by first having the patient sit and lean forward (unless there is a need for spinal motion restriction). Apply direct pressure by pinching the fleshy portion of the nostrils.
- Cover lacerations or puncture wounds on the neck near the great vessels or trachea with an occlusive dressing.
- **Crush syndrome** should be considered for the following patients:
    - Entrapped/compressed patients or limbs under a load of more than 30 minutes
    - Patients with little or no movement for more than 4 hours (e.g. older patient falls, overdoses, etc.)
    - Patients with crush syndrome are prone to cardiac dysrhythmias and electrolyte abnormalities. They should be placed on a cardiac monitor and the rescuer should be ready for possible cardiac arrest. If this happens then consider treatment for Hyperkalemia.
- Cover **abdominal eviscerations** with a moist sterile dressing
    - Do not attempt to replace organs
- Cover **extruded eye** or **deflated globe** with a moist sterile dressing and protective eye shield.
    - Do not apply pressure or attempt to replace it in the socket.
    - Cover both eyes, if the patient will tolerate it. This minimizes eye movements.
- In large, partially attached **skin avulsions**, the tissue should be returned to its original position and stabilized whenever possible.
- Elevate the limb such that the wound is above the heart.
- **Impaled objects** should be stabilized in place and covered with dry sterile dressings. The exceptions would be:
    - Objects through the cheek where there is possibility of airway compromise.
    - Objects that would interfere with chest compressions.

Extremity hemorrhage control:

- Apply direct pressure to the bleeding site, followed by a pressure dressing
- If direct pressure/pressure dressing is ineffective or impractical:
    - If the bleeding site is amenable to tourniquet placement, apply a tourniquet to the extremity
        - Tourniquet should be placed 2-3 cm proximal to the wound, not over a joint, and tightened until the bleeding stops *and* the distal pulse is eliminated. If bleeding or distal pulse still present, place a second tourniquet proximal to the first.
        - For thigh wounds, consider placement of two tourniquets, side by side, and tighten sequentially
        - When a tourniquet is initially placed to stop obvious severe hemorrhage, an attempt may be made to replace it with a pressure dressing after patient is stabilized and bleeding is controlled. The tourniquet should NOT be removed/replaced if:
            - Amputation or near-amputation
            - Unstable or complex multiple-trauma patients
            - Unstable or complex multiple-trauma patients
            - Unstable clinical or tactical situation
- If the bleeding site is NOT amenable to tourniquet placement (for example groin or auxiliary wounds): tightly pack the wound with gauze followed by 3 minutes of direct pressure, then apply a tight pressure bandage.

Fractures/dislocations:

- Stabilize suspected fractures/dislocations
    - If extremity is deformed and distal vascular status is compromised (poor distal pulse or capillary refill), gently attempt to restore normal anatomic position with gentle traction. Pain medication should be considered prior to any manipulation.
    - If extremity is deformed but vascular function is normal, splint in current position, to limit movement of suspected fracture.
    - If open fracture with exposed bone, place moist gauze over exposed bone
    - Elevate extremity above heart level, when possible, to minimize swelling.

Treatment for pain per the ***Pain Management Guideline.***

Key Considerations

- Tourniquets are painful and the conscious patient will likely require pain medication.
- Commercial tourniquets are strongly preferred over improvised tourniquets.

ADULT	PEDIATRIC (<15 years of Age) NOTE: Pediatric weight based dosing should not exceed Adult dosing.
AEMT • Advanced airway, vascular access and fluid therapy • For crush injury patients, when possible, initiate IV/IO access and consider administration of 1 liter NS bolus prior to release from entrapment • Consider hemostatic agents if available **RESTRICTED FOR AEMT USE PENDING VARIANCE APPROVAL PERMITTED FOR PARAMEDICS WITHIN SCOPE** **For patients with severe hemorrhage and hypotension:** • **Tranexamic Acid (TXA)** 1g IV bolus, Consider: A second TXA dose (1g IV infusion over 8 hours) **CONTACT MEDICAL CONTROL PRIOR TO ADMINISTRATION**	**AEMT** • Advanced airway, vascular access and fluid therapy • For crush injury patients, when possible, initiate IV/IO access and consider administration of 1 liter NS bolus prior to release from entrapment • Consider hemostatic agents if available **RESTRICTED FOR AEMT USE PENDING VARIANCE APPROVAL PERMITTED FOR PARAMEDICS WITHIN SCOPE** **Tranexamic Acid (TXA)** Please contact medical control for consideration in use of pediatrics
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OBSTETRICAL EMERGENCIES

ALL PROVIDERS/EMT

Focused history and physical exam

- Do not perform pelvic exam

Cardiac monitor, ETCO2, and pulse oximetry monitoring available.

Treatment Plan

- **Imminent Deliveries**: normal delivery procedures
  - Attempt to prevent explosive delivery
  - As delivery occurs, do not suction nose and mouth. Wipe nose and mouth to clear excess secretions
  - Place one umbilical cord clamp 2 inches away from baby, place second clamp 2 inches further, cut cord between the clamps.
  - Keep the newborn warm and dry with vigorous stimulation
  - Allow infant to nurse (unless multiple births when babies should not be allowed to nurse until all have been delivered)
  - Calculate APGAR score at 1 minute and again at 5 minutes

Apgar Score **Gestational age [blank] weeks**

Sign	0	1	2					
Color	**Blue or Pale**	**Acrocyanotic**	**Completely Pink**	**1 minute**	**5 minute**	**10 minute**	**15 minute**	**20 minute**
Heart rate	**Absent**	**<100 minute**	**>100 minute**					
Reflex irritability	**No Response**	**Grimace**	**Cry or Active Withdrawal**					
Muscle tone	**Limp**	**Some Flexion**	**Active Motion**					
Respiration	**Absent**	**Weak Cry; Hypoventilation**	**Good. Crying**					
			Total					

Resuscitation

Comments:	**Minutes**	**1**	**5**	**10**	**15**	**20**
	Oxygen					
	PPV/NCPAP					
	ETT					
	Chest Compressions					
	Epinephrine					

- Special Situations – **TRANSPORT TO THE CLOSEST HOSPITAL**
  - **Excessive hemorrhage** following delivery or delayed placenta delivery.
    - Begin fundal massage immediately after placental delivery
    - Allow infant to nurse
    - High Flow O2
  - **Nuchal cord:** cord is wrapped around the infant's neck
    - Attempt to slip cord over the head
    - If the cord is too tight to remove, immediately clamp in two places and cut between clamps
  - **Prolapsed cord or limb presentation:** cord or limb out of the vagina before the baby – DO NOT ATTEMPT DELIVERY
    - Maintaining a pulsatile cord is the objective: insert two fingers of gloved hand into vagina to raise the presenting portion of the newborn off the cord
    - If possible, place the mother in Trendelenburg position. Otherwise, use knee-chest position.
    - Keep cord moistened with sterile saline
    - Continue to keep pressure off cord throughout transport

- **Breech presentation** (coming out buttocks first)
  - Position mother with her buttocks at edge of bed, legs flexed
  - Support the baby's body as it delivers
  - As the head passes the pubis, apply gentle upward pressure until the mouth appears over the perineum. Immediately suction mouth, then nose
  - If the head does not deliver, but newborn is attempting to breathe, place gloved hand into the vagina, palm toward the newborn's face, forming a "V" with the index and middle finger on either side of the nose. Push the vaginal wall from the face. Maintain position throughout transport
- **Shoulder Dystocia:** head is out but shoulder will not pass
  - Position mother with buttocks off the edge of the bed and thighs flexed upward as much as possible
  - Apply firm, open hand pressure above the symphysis pubis
  - If delivery does not occur, maintain airway patency as best as possible, immediately transport.
- **Stillborn/Abortion**
  - All products of conception should be carefully collected and transported with the mother to the hospital. Anything other than transport should be coordinated with on-line medical consultation and/or law enforcement

Key Considerations

- Attempt to create a sanitary environment
- Transport in left lateral decubitus position

ADULT

AEMT

- Shock, Sepsis, and fluid therapy
- Treat seizures as per ***Seizure Guideline***

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

- **Tranexamic Acid (TXA)** 1g IV bolus, Consider: A second TXA dose (1g IV infusion over 8 hours)

CONTACT MEDICAL CONTROL PRIOR TO ADMINISTRATION

PARAMEDIC

Oxytocin 10 units IM after newborn delivery, and confirmation there are no additional babies. If unsure, contact medical control or do not administer

Oxytocin Infusion may be started if bleeding continues:

- **IM 10 units followed by IV/IO Infusion by adding 10-40 units to 500mL or 100 mL NS** and titrating the infusion to decrease bleeding and patient comfort

Tranexamic Acid (TXA) 1 gram IV if within 3 hours of deliver for postpartum hemorrhage

In the event of uterine inversion, cover uterus with moistened sterile gauze. Contact OLMC for surgical preparations

PEDIATRIC (<15 years of Age)

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

AEMT

- Shock, Sepsis, and fluid therapy
- Treat seizures as per ***Seizure Guideline***

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

- **Tranexamic Acid (TXA)** 1g IV bolus, Consider: A second TXA dose (1g IV infusion over 8 hours)

CONTACT MEDICAL CONTROL PRIOR TO ADMINISTRATION

PARAMEDIC

Refer to the ***Newborn Resuscitation Guideline***

High-risk preterm labor when delivery is imminent: (1) Rapidly infuse 1 liter of NS, (2) Albuterol 2.5 mg via nebulization, (3) Magnesium Sulfate 1 gram IV and titrate per OLMC

HEMORRHAGE CONTROL, EXTREMITY AND CRUSH INJURIES

ALL PROVIDERS / EMT

- ❑ Focused history and physical exam
- ❑ **Treatment Plan**
  - Maintain airway, administer oxygen to maintain SaO2 90-94%.
  - Assess for deformity, swelling, tenderness, crepitus, open or closed fractures, hemorrhaging, lacerations, ecchymosis, instability, decreased function or pulses, loss of sensation of distal extremities.
  - **Epistaxis**: bleeding from the nose should be controlled by first having the patient sit and lean forward (unless there is a need for spinal motion restriction). Apply direct pressure by pinching the fleshy portion of the nostrils.
  - Cover lacerations or puncture wounds on the neck near the great vessels or trachea with an occlusive dressing.
  - **Crush syndrome** should be considered for the following patients:
    - Entrapped/compressed patients or limbs under a load for more than 30 minutes
    - Patients with little or no movement for more than 4 hours (e.g. older patient falls, overdoses, etc.)
    - Patients with crush syndromes are prone to cardiac dysrhythmias and electrolyte abnormalities. They should be placed on a cardiac monitor and the rescuer should be ready for possible cardiac arrest. If this happens then consider treatment for Hyperkalemia.
  - Cover **abdominal evisceration**s with a moist sterile dressing.
    - Do not attempt to replace organs.
  - Cover **extruded eye** or **deflated globe** with a moist sterile dressing and protective eye shield.
    - Do not apply pressure or attempt to replace it in the socket.
    - Cover both eyes, if the patient will tolerate it. This minimizes eye movements.
  - In large, partially attached **skin avulsions**, the tissue should be returned to its original position and stabilized whenever possible.
  - Elevate the limb such that the wound is above the heart.
  - **Impaled objects** should be stabilized in place and covered with dry sterile dressings. The exceptions would be:
    - Objects through the cheek where there is the possibility of airway compromise.
    - Objects that would interfere with chest compressions.
- ❑ **Extremity hemorrhage control**:
  - Apply direct pressure to the bleeding site, followed by a pressure dressing
  - If direct pressure/pressure dressing is ineffective or impractical:
    - If the bleeding site is amenable to tourniquet placement, apply a tourniquet to the extremity
      - Tourniquet should be placed 2-3 cm proximal to the wound, not over a joint, and tightened until the bleeding stops *and* the distal pulse is eliminated. If bleeding or distal pulse still present, place a second tourniquet proximal to the first.
      - For thigh wounds, consider placement of two tourniquets, side by side, and tighten sequentially.
      - When a tourniquet is initially placed to stop obvious severe hemorrhage, an attempt may be made to replace it with a pressure dressing after patient is stabilized and bleeding is controlled. The tourniquet should NOT be removed/replaced if:

- ➢ Amputation or near-amputation
- ➢ Unstable or complex multiple-trauma patients
- ➢ Unstable clinical or tactical situation

- If the bleeding site is NOT amenable to tourniquet placement (for example groin or axillary wounds): tightly pack the wound with gauze followed by 3 minutes of direct pressure, then apply a tight pressure bandage.

❑ **Fractures/dislocations:**

- Stabilize suspected fractures/dislocations
  - o If extremity is deformed and distal vascular status is compromised (poor distal pulse or capillary refill), gently attempt to restore normal anatomic position with gentle traction. Pain medication should be considered prior to any manipulation.
  - o If extremity is deformed but vascular function is normal, splint in current position, to limit movement of suspected fracture.
  - o If open fracture with exposed bone, place moist gauze over exposed bone
  - o Elevate extremity above heart level, when possible, to minimize swelling.

❑ Treatment for pain per the ***Pain Management Guideline***.

❑ **Key Considerations**

- Tourniquets are painful and the conscious patient will likely require pain medication.
- Commercial tourniquets are strongly preferred over improvised tourniquets.

ADULT

AEMT

- ❑ Advanced airway, vascular access and fluid therapy
- ❑ For crush injury patients, when possible, initiate IV/IO access and consider administration of 1 liter NS bolus prior to release from entrapment
- ❑ Consider hemostatic agents if available

For patients with severe hemorrhage and hypotension:

RESTRICTED FOR AEMT USE PENDNG VARIANCE APPROVAL. PERMITTED FOR PARAMEDICS WITHIN SCOPE

- ❑ **Tranexamic Acid (TXA)** 1g IV bolus, Consider: A second TXA dose (1g IV infusion over 8 hours)
- ❑ **CONTACT MEDICAL CONTROL PRIOR TO ADMINISTRATION**

PARAMEDIC

For patients with severe hemorrhage and hypotension:

- ❑ **Tranexamic Acid (TXA)** 1g IV bolus, Consider: A second TXA dose (1g IV infusion over 8 hours)

PEDIATRIC (<15 years of Age)
NOTE: Pediatric weight based dosing should not exceed Adult dosing.

AEMT

- ❑ Advanced airway, vascular access and fluid therapy
- ❑ For crush injury patients, when possible, initiate IV/IO access and consider administration of NS 20 mg/kg bolus prior to release from entrapment
- ❑ Consider hemostatic agents if available

RESTRICTED FOR AEMT USE PENDNG VARIANCE APPROVAL. PERMITTED FOR PARAMEDICS WITHIN SCOPE

Tranexamic Acid (TXA) Please contact medical control for consideration in use in pediatrics

PARAMEDIC

- ⊘ **Tranexamic Acid (TXA)** Please contact medical control for consideration in use in pediatrics

OBSTETRICAL EMERGENCIES

ALL PROVIDERS / EMT

- ❑ Focused history and physical exam
  - Do not perform pelvic exam
- ❑ Cardiac monitor, ETCO2, and pulse oximetry monitoring when available.
- ❑ **Treatment Plan**
  - Imminent Deliveries: normal delivery procedures
    - Attempt to prevent explosive delivery.
    - As delivery occurs, do not suction nose and mouth. Wipe nose and mouth to clear excess secretions
    - Place one umbilical cord clamp 2 inches away from baby, place second clamp 2 inches further, cut cord between the clamps.
    - Keep the newborn warm and dry with vigorous stimulation.
    - Allow infant to nurse (unless multiple births when babies should not be allowed to nurse until all have been delivered)
    - Calculate APGAR score at 1 minute and again at 5 minutes

Apgar Score Gestational age_____weeks

Sign	0	1	2	1 minute	5 minute	10 minute	15 minute	20 minute
Color	Blue or Pale	Acrocyanotic	Completely Pink					
Heart rate	Absent	<100 minute	>100 minute					
Reflex irritability	No Response	Grimace	Cry or Active Withdrawal					
Muscle tone	Limp	Some Flexion	Active Motion					
Respiration	Absent	Weak Cry, Hypoventilation	Good, Crying					
			Total					

Comments:

Resuscitation

Minutes	1	5	10	15	20
Oxygen					
PPV/MCPAP					
ETT					
Chest Compressions					
Epinephrine					

    - Special Situations – **TRANSPORT TO THE CLOSEST HOSPITAL**
      - **Excessive hemorrhage** following delivery or delayed placenta delivery.
        - Begin fundal massage immediately after placental delivery
        - Allow infant to nurse
        - High Flow O2
      - **Nuchal cord**: cord is wrapped around the infant's neck
        - Attempt to slip cord over the head.
        - If the cord is too tight to remove, immediately clamp in two places and cut between clamps.
      - **Prolapsed cord or limb presentation**: cord or limb out of the vagina before the baby – DO NOT ATTEMPT DELIVERY
        - Maintaining a pulsatile cord is the objective: insert two fingers of gloved hand into vagina to raise the presenting portion of the newborn off the cord.
        - If possible, place the mother in Trendelenburg position. Otherwise, use knee-chest position.
        - Keep cord moistened with sterile saline.
        - Continue to keep pressure off cord throughout transport.
      - **Breech presentation** (coming buttocks first)

- Position mother with her buttocks at edge of bed, legs flexed.
- Support the baby's body as it delivers.
- As the head passes the pubis, apply gentle upward pressure until the mouth appears over the perineum. Immediately suction mouth, then nose.
- If the head does not deliver, but newborn is attempting to breathe, place gloved hand into the vagina, palm toward the newborn's face, forming a "V" with the index and middle finger on either side of the nose. Push the vaginal wall from the face. Maintain position throughout transport.

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  - All products of conception should be carefully collected and transported with the mother to the hospital. Anything other than transport should be coordinated with on-line medical consultation and/or law enforcement.

❑ **Key Considerations**
- Attempt to create a sanitary environment
- Transport in left lateral decubitus position

ADULT

AEMT

- ❑ Shock, Sepsis, and fluid therapy
- ❑ Treat seizures as per ***Seizure Guideline***

RESTRICTED FOR AEMT USE PENDNG VARIANCE APPROVAL. PERMITTED FOR PARAMEDICS WITHIN SCOPE

- ❑ **Tranexamic Acid (TXA)** 1 gram IV if within 3 hours of delivery for postpartum hemorrhage
  CONTACT ONLINE MEDICAL CONTROL PRIOR TO ADMINISTRATION

PARAMEDIC

- ❑ **Oxytocin** 10 units IM after newborn delivery, and confirmation there are no additional babies. If unsure, contact medical control or do not administer.
- ❑ **Oxytocin Infusion may be started if bleeding continues:**
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PEDIATRIC (<15 years of Age)
NOTE: Pediatric weight based dosing should not exceed Adult dosing.

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- ❑ **Tranexamic Acid (TXA)** 1 gram IV if within 3 hours of delivery for postpartum hemorrhage
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❑

PARAMEDIC

- ❑ Refer to the ***Newborn Resuscitation Guideline***

✆ **High-risk preterm labor when delivery is imminent:** (1) Rapidly infuse 1 liter of NS, (2) Albuterol 2.5 mg via nebulization, (3) Magnesium Sulfate 1 gram IV and titrate per OLMC.

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 rendezvouses 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

5/18/2025

To Whom It May Concern,

I am writing to express my full support for the use an continued integration of Tranexamic Acid (TXA) in prehospital and emergency medical care. As an EMS professional, I have seen firsthand the critical role TXA plays in improving outcomes for patients experiencing life-threatening hemorrhage.

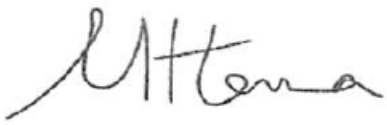
TXA is a proven, cost-effective antifibrinolytic agent that significantly reduces mortality when administered early in cases of trauma and postpartum hemorrhage. Studies such as the CRASH-2 trials have demonstrated its efficacy and safety, particularly when used within the first three hours of injury or bleeding onset. The integration of TXA into trauma protocols has been a game changer for both civilian and military medical systems.

In rural and underserved areas, where transport times are longer and access to trauma centers may be delayed, TXA offers a vital intervention that can help stabilize patients and buy time. It is easy to administer, has a favorable safety profile, and requires minimal training, making it an ideal addition to EMS protocols and emergency departments.

I strongly support the ongoing training, use, and integration of TXA as part of comprehensive trauma and hemorrhage control strategies. Incorporating TXA into standard treatment algorithms can save lives and improve outcomes across diverse healthcare settings.

Thank you for considering this essential medication as a standard of care in emergency and trauma medicine. Please feel free to contact me if I can provide further information or assistance in support of this initiative.

Respectfully,



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

Letters of Support

Agency Medical Director

Utah State EMS Medical Director

Utah Bureau of EMS

HEALTH
UNIVERSITY OF UTAH

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

1 May, 2025

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State of Utah

SPENCER J. COX
Governor

DEIDRE M. HENDERSON
Lieutenant Governor

Department of Public Safety

JESS L. ANDERSON
Commissioner

5/18/2025

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Respectfully,

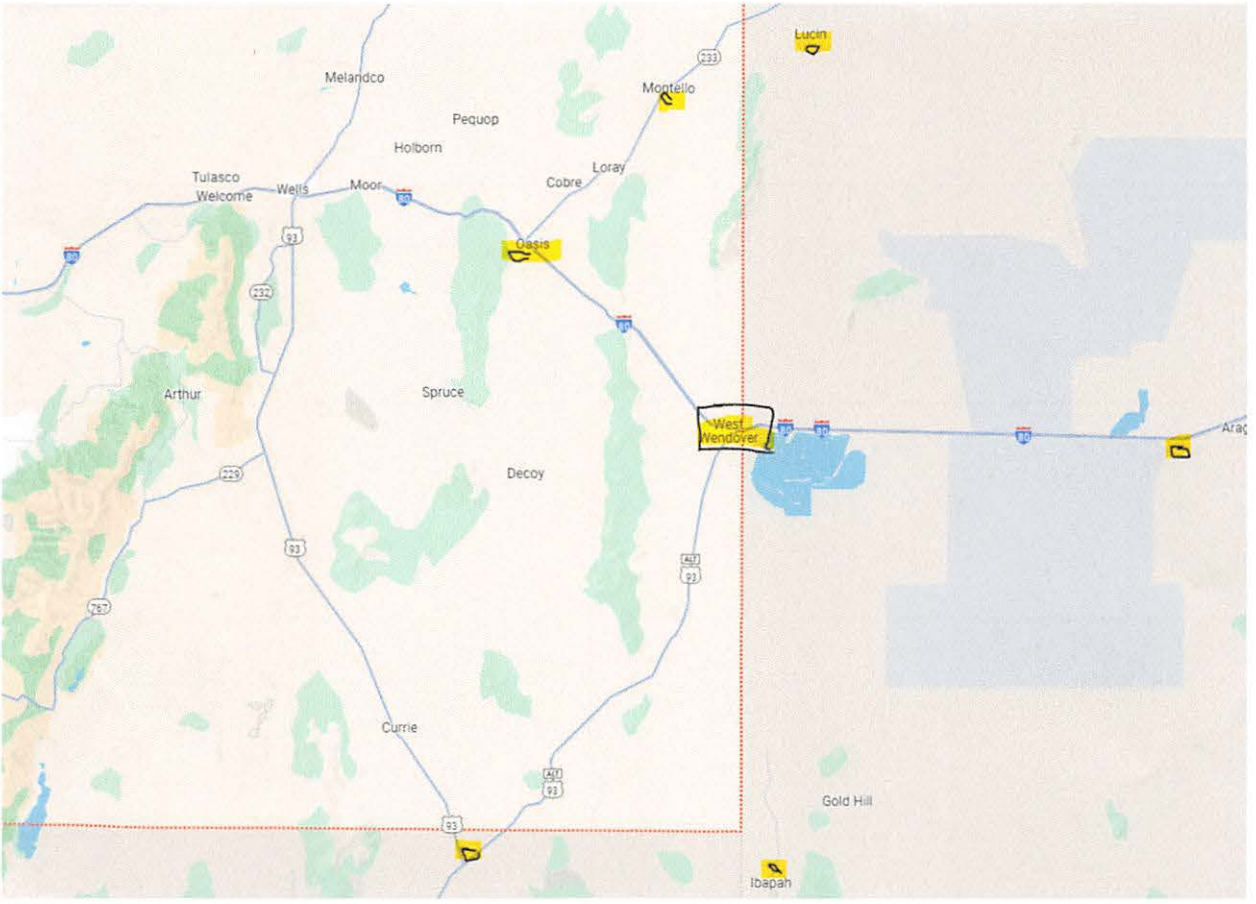
MARK HERRERA
EMS Ed., Rural Outreach, & SSoC Program Manager
Utah Bureau of EMS
801-232-9138
markherrera@utah.gov
ems.utah.gov

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 Ibapah Rd, UT
East – mm 56 I-80 – ½ way to Tooele, UT

Wendover Ambulance
Lesson Plan

Tranexamic Acid (TXA)

WENDOVER AMBULANCE LESSON PLAN

Tranexamic Acid (TXA)

PURPOSE: TO FAMILIARIZE ADVANCED EMTS ON THE PROPER ADMINISTRATION AND UTILIZATION OF TXA. 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 TXA

1. **Breakdown of pathophysiology of medication**
    - **a.** Including how TXA effects the cardiovascular system
2. **Appropriate uses for TXA**
    - **a.** Review of the following protocols:
        - i. Bleeding Control and Hemorrhage
        - ii. Postpartum Hemorrhage
3. **Review of Potential Adverse Effects of TXA**
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 TXA may or may not be appropriate for use
    - **b. Psychomotor Testing to include**
        - i. Patient Scenarios
            1. Appropriate for using TXA

2. Inappropriate for using TXA
3. Management of adverse effects

c. Prehospital Trauma Life Support-AEMTS will be required to hold NAEMT PHTLS certification by December 31, 2025

i. Can be accomplished by

1. In Person Training Class
2. Online didactic with in person skills pass off

Wendover Ambulance Lesson Plan

Tranexamic Acid (TXA)

WENDOVER AMBULANCE LESSON PLAN

Tranexamic Acid (TXA)

PURPOSE: TO FAMILIARIZE ADVANCED EMTS ON THE PROPER ADMINISTRATION AND UTILIZATION OF TXA. 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 TXA

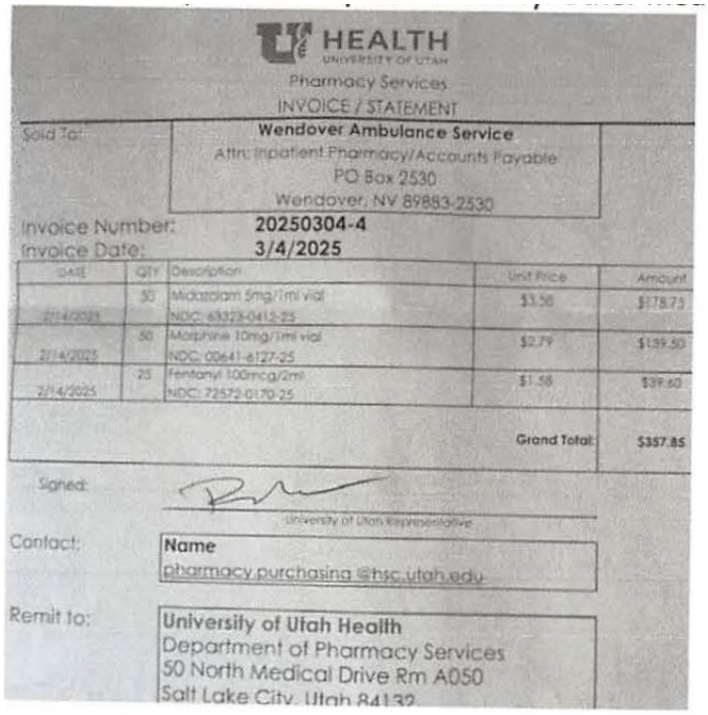
1. **Breakdown of pathophysiology of medication**
    a. Including how TXA effects the coagulation cascade
2. **Appropriate uses for TXA**
    a. Review of the following protocols:
        i. Bleeding Control and Hemorrhage
        ii. Postpartum Hemorrhage
3. **Review of Potential Adverse Effects of TXA**
    a. Gastrointestinal
    b. Musculoskeletal
    c. Nervous System
4. **Management of Potential Adverse Effects of TXA**
    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 TXA may or may not be appropriate for use
    b. **Psychomotor Testing to include**
        i. Patient Scenarios
            1. Appropriate for using TXA
            2. Inappropriate for using TXA
            3. Management of adverse effects
    c. **Prehospital Trauma Life Support- AEMTS will be required to hold NAEMT PHTLS certification by December 31, 2025**
        i. Can be accomplished by
            1. In Person Training Class
            2. Online didactic with in person skills pass off

Wendover Ambulance

Narcotics and Medication handling

Narcotics are purchased through the U of U Hospital in-house pharmacy with RX from Medical Control – Dr. Doyle and picked up at the hospital Pharmacy. Other medications from vendor Henry Schein with a RX on file from Dr. Doyle:



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

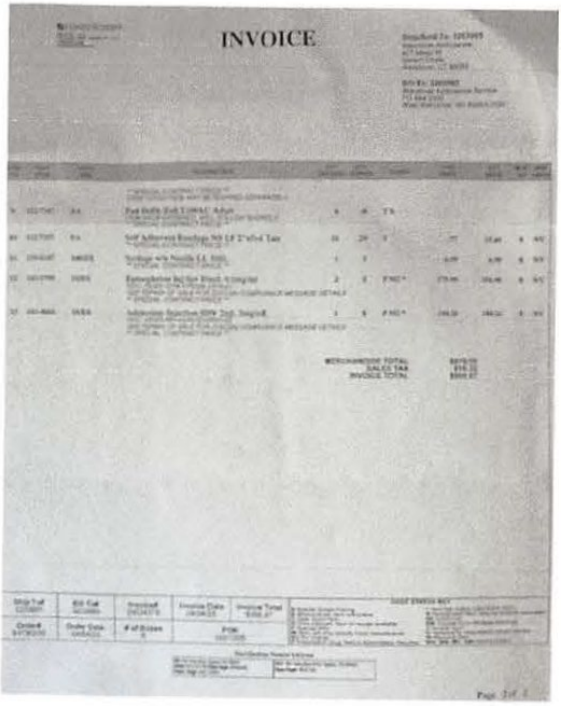
Invoice Number: 20250304-4
Invoice Date: 3/4/2025

DATE	QTY	Description	Unit Price	Amount
2/14/2025	50	Midazolam 5mg/1ml vial NDC: 63323-0412-25	$3.55	$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	$39.60
			Grand Total:	$357.85

Signed: _____ University of Utah Representative

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 84132

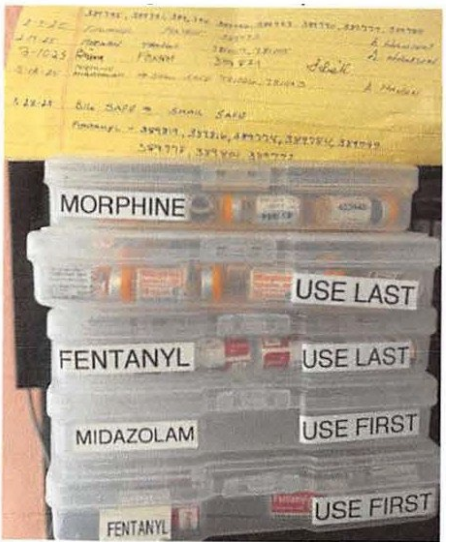


INVOICE

Medications are logged and marked with a consecutive numbered tag:

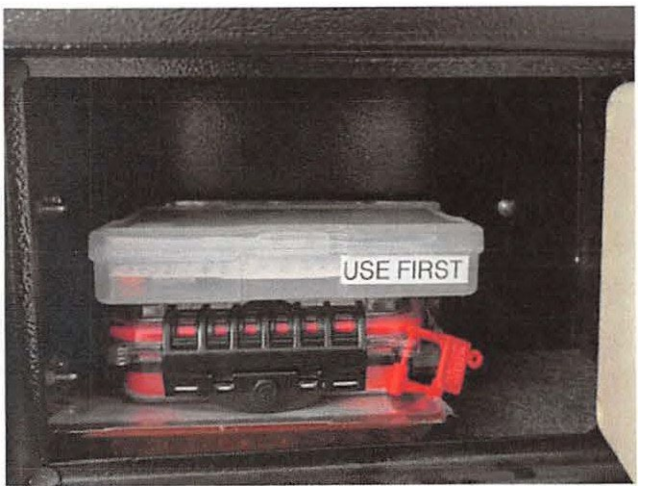
Then they are put into the big safe in Manager's Office:

When medication is moved from big safe, to small safe, the following record is kept:

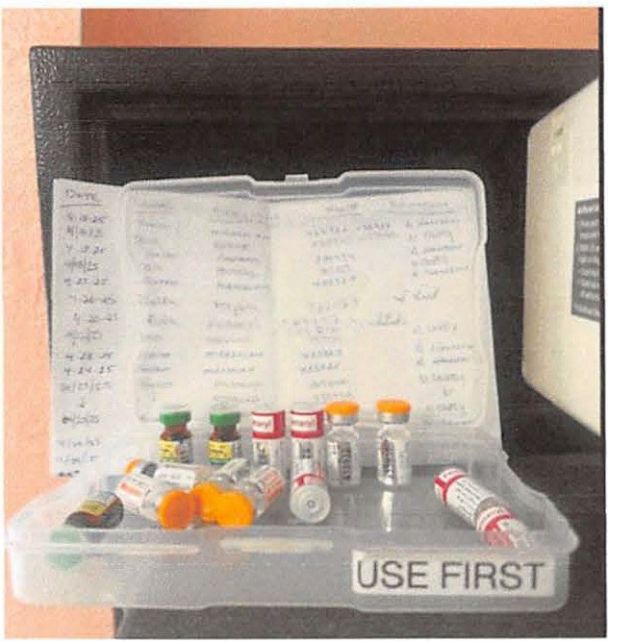


Record keeping and audits are integral to a successful program. Once the narcotics are delivered to Wendover, they are logged and kept in the Big Safe that is in the Manager's office. Only two people have access to that safe – the Owner, Lauara Lisk and Operations Manager Darin Hanson. The door lock 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:



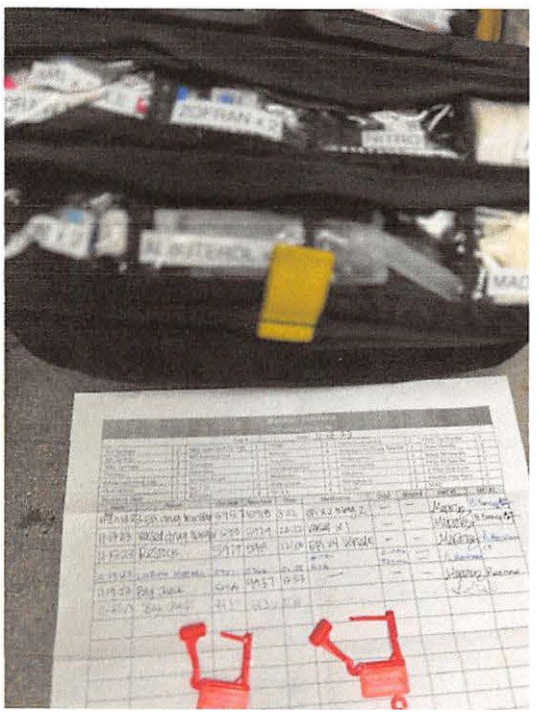
All ambulances have combination lock safes for the controlled substances, dangerous drugs:

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

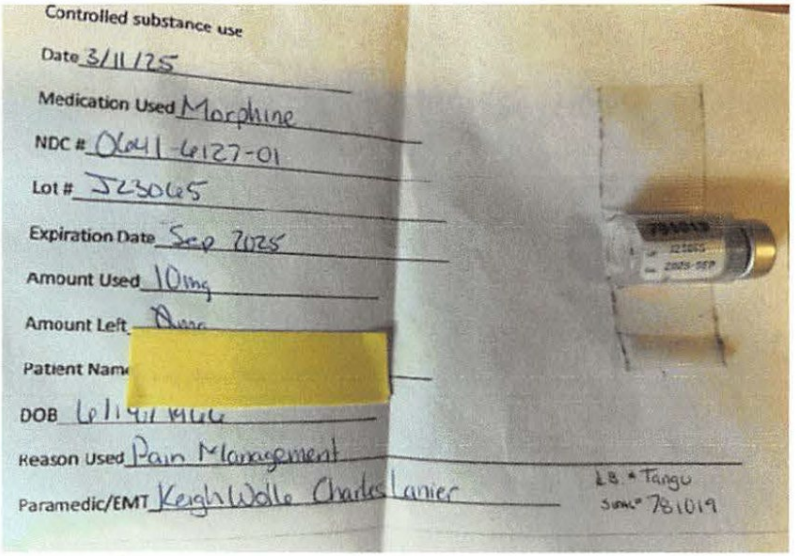
Medications are logged as seen here:

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.



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		Odometer
New	Regular	Corrective	Service	Replacement of	

Basic Life Support

Airway/Ventilation	Min.	Y/N	Cat.
Fixed Oxygen (500 lbs. min.)	1		A
Portable Oxygen (500 lbs. min.)	1		A
Adult Nasal Cannula	4		A
Child & Infant Nasal Cannula **	2		
Adult Non Rebreather Mask	4		A
Child Non Rebreather Mask	2		A
Infant Non Rebreather Mask **	2		
Bag Valve Mask with O2 Reservoir Adult & Child	1ea		A
OPA's Size 0 - 5 / equiv.	1ea		A
NPA's 16F - 34F / equiv.	1ea		A
Fixed Suction	1		A
Portable Suction / battery operated	1		A
Tonsillar Suction	2		A
Suction Tubing	2		A
Flexible Suction Cath. W/ airflow ctrl	2		B
Bulb Syringe not in OB Kit	1		B

Immobilization Devices			
Backboard Impervious	2		A
KED or equiv.	1		A
Straps (3 per Board) / Spider Straps	2		A
C-Collars (Adult-Tall,Reg,No-Neck Short,Pedi, No-Neck or Adjustable)	2ea		A
Adult & Pedi Traction Splint	1		A
Pediatric Backboard **	1		
Head Immobilizers	2		A
Splints for Extremities / Arms & Legs	2ea		B

Dressing	Min.	Y/N	Cat.
ABD- Trauma Dressings	2		A
4x4's	20		A
5x9's or equiv.	5		A
Triangular Bandage	2		B
Roller Gauze	4		A
Occlusive Dressing	2		A
Burn Dressing Various Sizes	2		A
Tape/Hypoallergenic Various Sizes	2		B
Survival/Thermal Blanket **	1		

Patient Assessment			
AED or SAED with Adult & Pedi Pads	1		A
Adult BP Cuff	1		A
Pulse Ox with Adult & Pedi Probes **	1		
Child BP Cuff	1		A
Infant BP Cuff **	1		
Adult Stethoscope	1		A
Pediatric Stethoscope **	1		
Pen Flashlight	1		B
Thermometer	1		B

Obstetrical/Child			
Obstetrical Kit (sterile)	2		A
Infant Swaddler	2		B
Current Broselow Tape or equiv.	1		B
Meconium Aspirator **	1		
Infant Warming Device **	1		
Child Restraint System **			

Miscellaneous Items

PPE Gowns, Glasses, Gloves etc.	2		A	Tourniquet	1		B
Drinking Water, 1000 ml	1		B	Ring Cutter **	1		
Hot & Cold Packs	2		B	Supply of Clean Linen	2		A
Hemostatic Agent **	1			Trauma Scissors	1		A
Emesis Basin / Bags	2		B	Irrigation Solution1000 ml	1		B
Mounted Sharps Container	1		A	Chem Strips/Glucometer **	1		

					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:

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.

from NV EMS website

ILS EQUIPMENT	Min.	Y/N	CAT.
IV Administration Sets Macro Drip	2		A
Buretrol or equiv.	1		A
Capnography Adult **	1		
Capnography Pedi **	2		
End Tidal CO2 Detector	2		B
IV Catheters Various Sizes	2ea		A
IO Needles #15 or 18 Gauge	2		A
Syringes,TB w/ needle	2ea		A
IM Needles	2		B
Supraglottic Airway Device	2ea		A
Magill Forceps	1		A
Nebulizers	2		A
Syringes Various Sizes	2ea		A

ALS EQUIPMENT	Unit # MIN.	Y/N	CAT.
Monitor/Defibrillator-Adult and Pedi Pads	1		A
Chest Decompression Kit	1		A
Needle Cricothyroidotomy Kit	1		A
Nasogastric Tubes Various Sizes	2ea		B
Endotracheal Intubation Kit	1		A
Endotracheal Tubes 2.5 - 8.0	2ea		A
Adult & Pedi Stylet	2ea		A
IV FLUIDS			
Normal Saline 1000cc	4		A
Lactated Ringers **	2		
Dextrose 5% Water **	2		

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:

State of Nevada EMS Program Inspection Form
AMBULANCE UNIT

Permit No.	Agency Name					Level
	Address					Unit #
Year	Make	Type	Color	License #	Vin/Serial #	Insp. Date
Type of Inspection : New Regular Corrective Return to Service Replacement of						Odometer

Basic Life Support

Airway/Ventilation	Min.	Y/N	Cat.	Dressing	Min.	Y/N	Cat.
Fixed Oxygen (500 lbs. min.)	1		A	ABD- Trauma Dressings	2		A
Portable Oxygen (500 lbs. min.)	1		A	4x4's	20		A
Adult Nasal Cannula	4		A	5x9's or equiv.	5		A
Child & Infant Nasal Cannula **	2			Triangular Bandage	2		B
Adult Non Rebreather Mask	4		A	Roller Gauze	4		A
Child Non Rebreather Mask	2		A	Occlusive Dressing	2		A
Infant Non Rebreather Mask **	2			Burn Dressing Various Sizes	2		A
Bag Valve Mask with O2 Reservoir Adult & Child	1ea		A	Tape/Hypoallergenic Various Sizes	2		B
OPA's Size 0 - 5 / equiv.	1ea		A	Survival/Thermal Blanket **	1		
NPA's 16F - 34F / equiv.	1ea		A	**Patient Assessment**			
Fixed Suction	1		A	AED or SAED with Adult & Pedi Pads	1		A
Portable Suction / battery operated	1		A	Adult BP Cuff	1		A
Tonsillar Suction	2		A	Pulse Ox with Adult & Pedi Probes **	1		
Suction Tubing	2		A	Child BP Cuff	1		A
Flexible Suction Cath. W/ airflow ctrl	2		B	Infant BP Cuff **	1		
Bulb Syringe not in OB Kit	1		B	Adult Stethoscope	1		A
Immobilization Devices				Pediatric Stethoscope **	1		
Backboard Impervious	2		A	Pen Flashlight	1		B
KED or equiv.	1		A	Thermometer	1		B
Straps (3 per Board) / Spider Straps	2		A	**Obstetrical/Child**			
C-Collars (Adult-Tall,Reg,No-Neck Short,Pedi, No-Neck or Adjustable)	2ea		A	Obstetrical Kit (sterile)	2		A
				Infant Swaddler	2		B
Adult & Pedi Traction Splint	1		A	Current Broselow Tape or equiv.	1		B
Pediatric Backboard **	1			Meconium Aspirator **	1		
Head Immobilizers	2		A	Infant Warming Device **	1		
Splints for Extremities / Arms & Legs	2ea		B	Child Restraint System **			
Miscellaneous Items							
PPE Gowns, Glasses, Gloves etc.	2		A	Tourniquet	1		B
Drinking Water, 1000 ml	1		B	Ring Cutter **	1		
Hot & Cold Packs	2		B	Supply of Clean Linen	2		A
Hemostatic Agent **	1			Trauma Scissors	1		A
Emesis Basin / Bags	2		B	Irrigation Solution1000 ml	1		B
Mounted Sharps Container	1		A	Chem Strips/Glucometer **	1		

2019 National EMS Scope of Practice Model

Pharmacological Intervention Minimum Phychomotor Skill Set

AEMT Scope of Practice - Pages 20 – 21, 28

Medical Director Approved Medications – pages 29 & 30

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 extend 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

[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.

(End of Page 28)

Advanced Emergency Medical Technician

AEMT Scope of Practice - pages 20-21, 28

Education Requirements

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Advanced Emergency Medical Technician

Description

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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.
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Description

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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 – 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

[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.

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

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National Highway Traffic Safety Administration

NHTSA

DOT HS 813 151

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BEFORE THE STATE BOARD OF HEALTH

IN THE MATTER OF)

LAUARA LISK, WEDNOVER AMBULANCE)

VARIANCE REQUEST: CASE #791)

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 Tranexamic Acid (TXA) for traumatic and obstetrical hemorrhage under strict protocols and direct medical oversight.
5. Tranexamic Acid 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 Tranexamic Acid for traumatic and obstetrical hemorrhage 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 Tranexamic Acid (TXA) 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) All administration of Tranexamic Acid 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

_____