Joe Lombardo
Governor

Laura Rich
Director

DEPARTMENT OF HUMAN SERVICES

NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

Andrea R. Rivers, *MS*
Administrator

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

NOTICE OF PUBLIC HEARING

Humbolt General Hospital EMS Rescue, Humbolt County IS REQUESTING A VARIANCE, Case # 798 FROM THE NEVADA STATE BOARD OF HEALTH REGULATIONS.

NOTICE IS HEREBY GIVEN THAT Humbolt General Hospital, 118 E. Haskell Steet Winnemucca NV has requested a variance from Nevada Administrative Code NAC 450B.384.

A public hearing will be conducted on December 4, 2026, at 9:00 am by the Nevada State Board of Health to consider this request. This meeting will be held online and at physical locations, listed below.

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

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

Meeting Link:
Microsoft Teams Meeting Virtual Link
https://teams.microsoft.com/meet/2884072667187768?p=ORYZiLdHq03FYZEVMD

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: 399-652-804#

Humbolt General Hospital, 118 E. Haskell Steet Winnemucca NV, is requesting a variance from NAC 450B.360 which states:

NAC 450B.384 is intended to protect public safety by ensuring that Emergency Medical Services personnel are properly trained, appropriately licensed, medically supervised, and held accountable for delivering care within clearly defined limits of practice. This framework promotes patient safety, quality care, and public confidence in the EMS system.

Overview of Variance Request:

Humboldt General Hospital EMS Rescue (HGH EMS) requests a variance from NAC 450B.384 to permit paramedics operating under the agency's Medical Director-approved protocols to initiate and administer approved blood products in the prehospital setting. The proposed program is intended to provide early blood resuscitation to patients experiencing severe traumatic hemorrhage, obstetrical hemorrhage, or other critical conditions associated with significant blood loss when transport times to definitive care are prolonged.

HGH EMS serves a large frontier and rural response area where access to trauma centers and surgical intervention may be significantly delayed. The agency proposes implementing a comprehensive prehospital blood administration program that includes physician oversight, specialized training, competency verification, patient selection criteria, blood storage and handling procedures, transfusion monitoring, documentation requirements, and continuous quality improvement measures. The variance would allow qualified paramedics to provide time-sensitive blood transfusion therapy prior to hospital arrival when clinically indicated and authorized under approved medical protocols.

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 450B and NAC 450B.

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/

4150 Technology Way, Suite 300 ● Carson City, NV 89706 ● (775) 684-4200 ● Fax (775) 687-7570 ● dpbh.nv.gov
ALL IN GOOD HEALTH.

NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

NEVADA STATE BOARD OF HEALTH

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)
- ☐ Child, Family, & Community Wellness (NAC 392, 394, 432A, 439, 441A, & 442)
- ☐ Public Health & Clinical Services (NAC 211, 444, 446, 447, 583, & 585)
- ☐ Health Care Quality & Compliance (NAC 449, 457, 459, & 652)
- ☒ Office of State Epidemiology (NAC 440, 450B, 452, 453, 453A, & 695C)

Date: 10/26/2026

Applicant Name: Andrew Loveless EMS Chief / Humboldt General Hospital EMS

Phone Number: (775) 623-5222 EXT. 1360

Mailing Address: 118 E. Haskell St. Winnemucca NV, 89445

Date of initial operation (if existing): N/A

"We do hereby apply for a variance to the Nevada Administrative Code,"

NAC: 450b.384

Title of code section in question:

Practice beyond scope of certificate prohibited; exception

Statement of existing or proposed conditions in violation of the code in question:

Humboldt General Hospital EMS seeks a variance to allow credentialed paramedics and EMS-RN's operating under the authority of the agency's EMS Medical Director to initiate administration of approved blood products in the prehospital setting for patients meeting established clinical criteria. The requested variance would apply to qualified advanced life support personnel who will have completed specialized training, competency validation, ongoing quality assurance review, and medical oversight requirements established by the agency's blood administration program. The proposed variance request would permit initiation of blood products during prehospital care for patients experiencing hemorrhagic shock, traumatic hemorrhage, or other approved indications where delaying blood administration until arrival at a receiving facility could result in increased morbidity or mortality.

Statement of degree of risk of health:

The requested variance reduces, rather than increases, risk to patients within Humboldt County and the surrounding response area served by HGH EMS. Currently, critically injured/ill patients may experience prolonged periods of uncontrolled hemorrhagic shock before reaching definitive care. Delayed blood administration increases the likelihood of death, organ failure, coagulopathy, and prolonged hospitalization. Under the proposed variance, blood product administration would occur pursuant to physician-approved protocols, extensive training, patient screening criteria, transfusion monitoring procedures, and comprehensive quality assurance oversight. The anticipated benefit of early blood administration significantly outweighs the minimal risks associated with transfusion when appropriate safeguards are implemented.

NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

NEVADA STATE BOARD OF HEALTH

APPLICATION FOR VARIANCE

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 them to preserve and enjoy their 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 they suffer 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.

NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

NEVADA STATE BOARD OF HEALTH

APPLICATION FOR VARIANCE

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

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

Humboldt General Hospital EMS serves one of the nations largest frontier response areas. The service area includes vast rural territory, extended highway corridors, mining operations, ranching communities, and remote population centers. Patients experiencing severe traumatic and medical hemorrhage frequently face:Extended EMS response times due to geographic distance. Long transport times to definitive surgical care. Delays in access to trauma centers capable of blood resuscitation. Limited availability of alternative healthcare resources. Environmental and weather-related challenges affecting transport. Unlike urban EMS systems where patients may reach a trauma center within minutes, patients in Humboldt County may remain in the prehospital setting for prolonged periods before receiving blood products. The inability of paramedics and EMS-RN's to initiate blood administration creates a unique hardship because:The agency serves a frontier population with significantly longer transport intervals than metropolitan systems. Patients who would benefit from immediate blood resuscitation often cannot receive such treatment until arrival at a distant hospital. The regulation impedes the use of current evidence-based trauma resuscitation practices. The agency has invested substantial resources toward implementing a safe prehospital blood program under physician oversight. Strict compliance limits the agency's ability to provide the highest level of care to critically ill/injured patients despite the ability to possess the training, equipment, and medical oversight necessary to safely provide the service.

2. The variance, if granted, would not:
    a. Cause substantial detriment to the public welfare:

Granting the requested variance would enhance public welfare by improving access to life-saving treatment for residents and visitors throughout rural northern Nevada. The variance would not create a danger to public health because: Blood administration would occur only under EMS physician-approved protocols/guidelines. All participating advanced life support providers would complete initial and ongoing competency validation. Blood products would be obtained, stored, tracked, and monitored in accordance with applicable blood-bank requirements. Transfusion reactions would be monitored and managed through established clinical protocols. Every transfusion would undergo retrospective review through the agency's quality improvement process. The program would operate under continuous medical director oversight. The requested variance would improve patient outcomes while maintaining appropriate safeguards to protect the public.

    b. Impair substantially the purpose of the regulation from which the applicant seeks a variance:

The apparent purpose of the regulation is to protect the public by ensuring blood products are administered safely and only by appropriately trained healthcare professionals.The requested variance maintains and supports that purpose because:Blood administration would occur only by licensed paramedics and EMS-RN's. Medical direction and physician oversight would remain intact. Specialized training requirements exceed standard paramedic education requirements. Program participation would be limited to qualified personnel. Quality assurance and performance improvement activities would continuously monitor safety and outcomes.The variance does not seek to remove safeguards. Instead, it allows qualified advanced life support providers to operate within a structured clinical program to provide evidence-based care that aligns with modern trauma resuscitation practices and the unique needs of frontier EMS systems.

NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

NEVADA STATE BOARD OF HEALTH

APPLICATION FOR VARIANCE

The program may require the following supporting documentation to be submitted with and as part of this application:

1. Specifics of the request:
2. A legal description of the property concerned
3. General area identification map of the property concerned
4. A plot map showing locations of all pertinent items and appurtenances
5. A well log (if applicable)
6. Lab reports (if applicable)
7. Any engineering or construction/remodeling information
8. Other items to be attached

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 following Board of Health agenda 40 days or more after receipt by the office, if accompanied by the required fee (NAC 439.210). The application and supporting documentation will form the basis for the program staff report and recommendation(s) to the Board. Failure to respond to the above statements may cause the Board to deny consideration of the application at the requested Board meeting

☒"I am/we are requesting this application for variance be placed on the next regularly scheduled Board of Health agenda. It is understood that I/we can attend the meeting in person, at either physical location, and/or we may attend virtually."

Applicant Signature: _____

Printed Name: Andrew Loveless

Title: EMS Chief

Date: 10/26/2026

NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

NEVADA STATE BOARD OF HEALTH

APPLICATION FOR VARIANCE

Please submit your application for variance by using any of the following methods:

MAIL TO:

Secretary, 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

HUMBOLDT GENERAL HOSPITAL EMS RESCUE
118 E. Haskell Street • Winnemucca, Nevada 89445
Phone 775.623.5222

Nevada State Board of Health
4150 Technology Way, Suite 300
Carson City, NV 89706

RE: Variance Request from NAC 450B.384 for Prehospital Blood Administration

Dear Members of the Nevada State Board of Health:

On behalf of Humboldt General Hospital EMS, I respectfully request a variance from **NAC 450B.384** to authorize HGH EMS paramedics and HGH EMS-RNs operating under EMS physician medical direction to initiate blood products in the prehospital setting.

HGH EMS serves approximately 10,000 square miles of rural and frontier Nevada, where extended response and transport times often delay access to definitive trauma and surgical care. Patients experiencing traumatic injury, gastrointestinal hemorrhage, obstetric hemorrhage, and other causes of hemorrhagic shock frequently face prolonged periods before blood products become available despite growing evidence supporting early blood administration.

To evaluate our local need, HGH EMS completed a retrospective review of approximately 3,000 calls for service during calendar year 2025. This review identified 21 patients who would have met criteria for prehospital blood administration had the capability been available. These findings demonstrate a clear and measurable need for this intervention within our service area.

The proposed program includes physician-approved protocols, competency-based training, transfusion reaction management, blood storage and temperature monitoring, inventory controls, and an ongoing quality assurance process to ensure safe and appropriate use. Funding for implementation has been secured through the Nevada Health Authority Rural Health Transformation Program (RHT/RHOAP), which has approved support for personnel training, blood storage and transport systems, warming devices, monitoring equipment, and program oversight.

Approval of this variance will allow qualified ALS clinicians to provide a proven, life-saving intervention to patients suffering from life-threatening hemorrhage while maintaining appropriate medical oversight and patient safety standards. We respectfully request the Board's favorable consideration of this application and appreciate your commitment to improving healthcare access and outcomes for Nevada's rural and frontier communities.

Respectfully,

Andrew Loveless
EMS Chief
Humboldt General Hospital EMS & Rescue

June 17, 2026

To Whom It May Concern,

Vitalant is pleased to provide this letter of support for Humboldt General Hospital's RHOAP grant application to develop and implement a prehospital blood transfusion program serving Humboldt County and the surrounding frontier region.

Humboldt General Hospital and HGH EMS serve approximately 13,600 square miles, one of the largest EMS service areas in the United States. Definitive trauma care often requires transfer to tertiary centers more than 2.5 hours away under optimal conditions. This geography creates a serious care gap for patients experiencing hemorrhage, trauma, obstetric emergencies, and acute gastrointestinal bleeding.

HGH's project directly addresses this gap by enabling EMS personnel to initiate life-saving blood transfusion during transport rather than waiting until hospital arrival. Based on HGH's CY2025 EMS review, 14 patients required immediate blood transfusion upon emergency department arrival, and 5 additional patients transported directly to tertiary centers met transfusion criteria. HGH estimates approximately 20 to 25 patients annually would benefit from prehospital transfusion capability.

Vitalant serves as a strategic partner to HGH by helping HGH establish the end-to-end systems required for safe prehospital blood deployment, including supply chain management, inventory control, storage, temperature monitoring, tracking, and coordination of blood components. This work aligns with the project's generator development and emergency preparedness goals by strengthening HGH's ability to maintain access to life-saving blood products during extended transports, severe weather, regional disruptions, and other rural emergency conditions.

This project also supports a coordinated rural care model involving HGH EMS, Humboldt General Hospital Laboratory, Vitalant, Renown Regional Medical Center, and regional referral and transport partners. These partnerships are essential to supply chain reliability, clinical continuity, quality assurance, and outcome tracking.

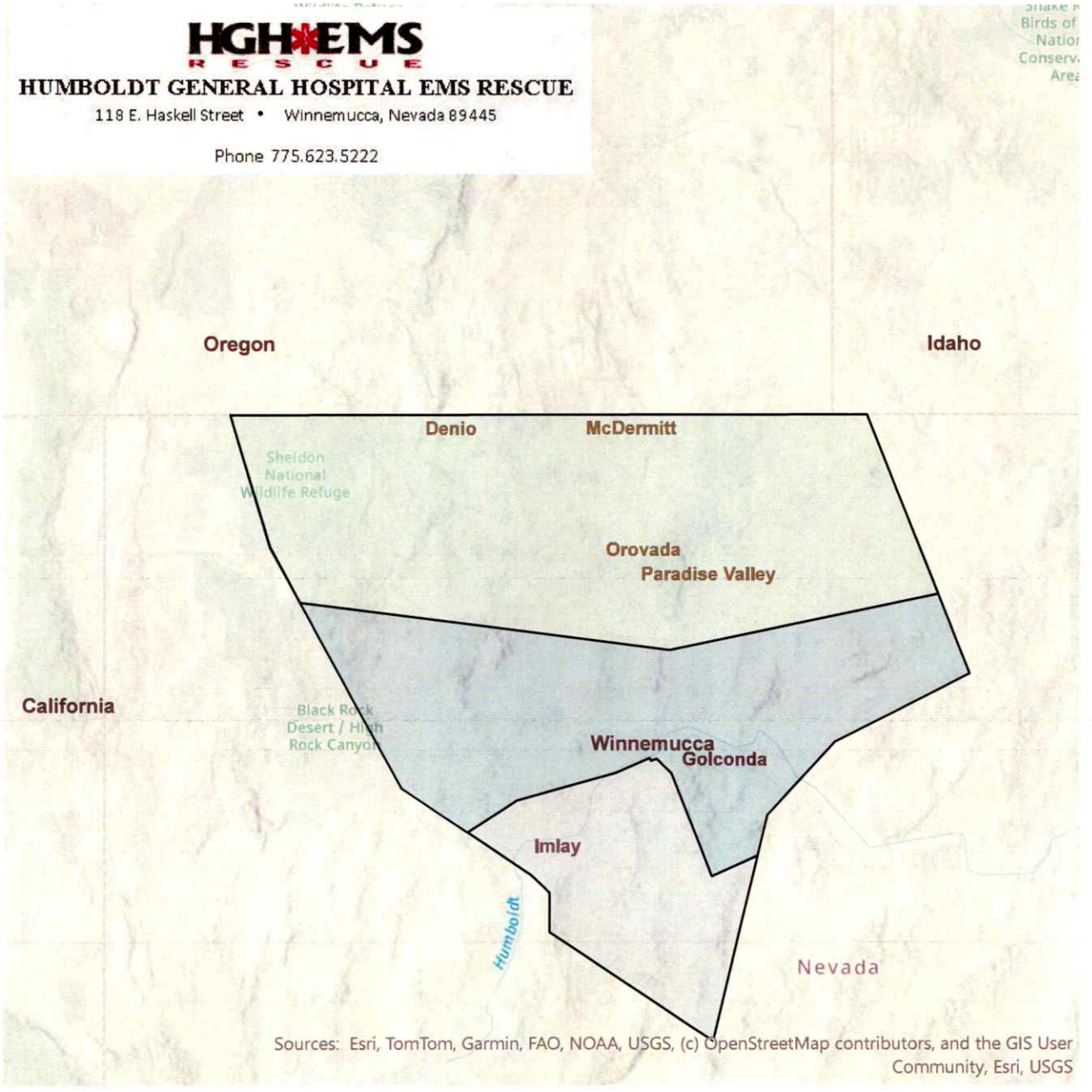
Vitalant recognizes the high trauma burden, geographic isolation, and prolonged transport times affecting Humboldt County and surrounding frontier communities. Earlier access to blood components has the potential to improve stabilization, reduce delays in definitive intervention, increase survival to hospital admission, and improve outcomes for patients experiencing hemorrhagic shock.

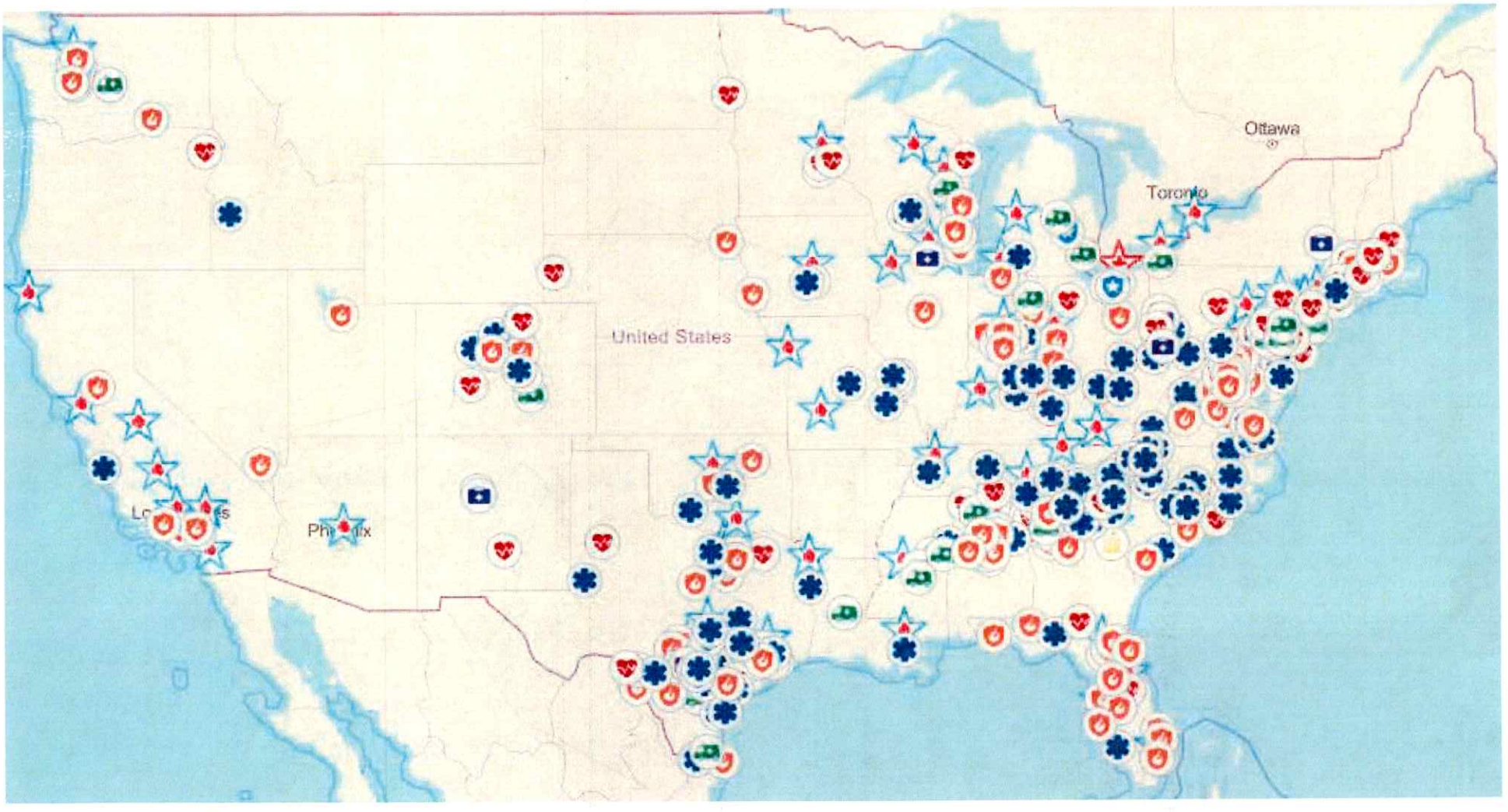
Vitalant supports Humboldt General Hospital's RHOAP grant application and its commitment to improving emergency care access for rural and frontier Nevadans. We look forward to continued coordination with HGH as this program develops.

Sincerely,

Jennifer Rataj
Vice President, Market Development
Vitalant
jrataj@vitalant.org

HGH EMS RESCUE
HUMBOLDT GENERAL HOSPITAL EMS RESCUE
118 E. Haskell Street • Winnemucca, Nevada 89445
Phone 775.623.5222





Types of EMS Service Model

- Fire-Based EMS
- Hospital-Based
- Law Enforcement
- OMD
- Private
- Third Service
- University-Based [EMS Training Academy]

BCA Center Headquarters

ARC Distribution Locations

PREHOSPITAL BLOOD TRANSFUSION COALITION

https://prehospitaltransfusion.org/blood-program-interactive-map/

HUMBOLDT GENERAL HOSPITAL
CRITICAL ACCESS HOSPITAL
118 East Haskell St. **Date: 10/22/2025**
Winnemucca, Nevada 89445 **Reviewed:**

Developed by: HGH EMS
Revised by:
Department: Ambulance

POLICY: EMS BLOOD PRODUCTS

POLICY STATEMENT: Policy on storage and management of Blood Products. Policy has been reviewed through risk management and no additional risk where identified.

PURPOSE: To provide guidance to Clinical Personnel on how to store, transport, monitor, and track inventory of blood products to include record keeping for the station blood bank.

PROCEDURE:

I. Overview:
- A. HGH EMS is allotted a par level of blood products decided by our blood supplier.
- B. HGH EMS leadership or designee will be responsible for purchasing all blood products for the station and to ensure all staff are following the policy correctly.
- C. All staff are responsible for understanding the policies, procedures, and clinical guidelines for the use of blood products.

II. Storage
- A. Blood Products may only be stored in HGH EMS approved blood storage device, the primary device for storing blood will be the Delta APRU 6L blood cooler. This cooler will generally be stored on the EMS supervisor unit.
- B. When at the station the EMS supervisor unit will need to be connected to shore power to ensure that the Delta cooler is being charged.
- C. There will be a secondary Delta cooler that will be stored in a secondary vehicle in the event of a malfunction with the primary Delta cooler or other incident. This back up Delta cooler will have a monthly inspection completed to ensure operability of the device.
- D. Blood products will be kept within a range of 2-6 degrees Celsius.
- E. Temperature monitoring will be performed by two independent systems. These are Senso scientific which digitally tracks temperatures and will provide alerts when the temperature falls outside of an approved range. The other system will be the Delta BloodCOMM Pro which is integrated into the Delta Cooler. Both systems will be checked every 12 hours by the EMS supervisor, ideally this will occur at 0800 and 2000 hours. This inspection will include a visual inspection of the blood products stored to make sure that the blood temp monitoring wheel is still within acceptable range and check on.

F. A blood wheel that records continuous temperature is to be on and functioning. The temperature recording wheel should be replaced every week and stored at the station.

III. Blood Refrigerator Failure

A. If the blood alarm sounds the medical personnel should immediately remove the blood from the primary Delta Cooler and place into the backup Delta cooler.
B. The crew members need to notify EMS leadership of the refrigerator failure as soon as possible.

IV. Use of Blood product and replacement

A. When the blood product has 7 days left of usable life it will be transferred to HGH laboratory to be used. Replacement blood will need to be ordered or arrived prior to transferring to HGH laboratory.
B. When a blood product is used the medical employee is to notify their HGH EMS Leadership or designee of the use so that the product can be immediately reordered. If the use occurs between 9:00 pm to 08:00 am the notification can be made by text message.
C. Blood products must be used in accordance with the Clinical Practice Guidelines.
D. When a blood product is administered an Emergency Uncrossmatched Blood administration form must be completed and left with the patient at the receiving hospital. A copy of the form should also be attached to the EHR.
E. The blood log must be filled out when a product is used, expires, or is added to our blood bank.

V. Procurement of blood products

A. Follow approved process from Vitalant for ordering, picking up, and outdating if necessary.

VI. Quality Assurance

A. All charts that include the administration of blood products by HGH EMS medical staff, will be reviewed by HGH EMS Leadership and medical director for accuracy and adherence to the Clinical Guidelines.

VII. Training Requirements

A. All ALS level staff will be required to attend an initial Blood products administration training. After successful completion of this training ALS staff will be able to initiate prehospital blood.
B. Ongoing training will be completed as follows:
    1. Quarterly, Hands-on skills, brief clinical overview and operational overview (1 hour).
    2. Annually, protocol update, skills verification, simulation, written examination (4 hours).
C. All ALS staff will be required to maintain ongoing training to remain compliant within the program. Failure to comply may result in progressive disciplinary action.

BLOOD PRODUCT TEMPERATURE & VISUAL INSPECTION LOG

Date/Time Received:	Expiration Date/Time:	Unit Serial Number:	Product: ☐ Packed Red Blood Cells ☐ Liquid Plasma

Instructions: The supervisor shall inspect the unit twice daily at scheduled checks of 0800 and 2000. Record the actual check time, temperature, visual inspection result, and supervisor initials/signature. Document and immediately report any temperature outside the facility-approved range or any abnormal appearance according to policy.

Day	Date	Scheduled Check	Temperature (1-6°C)	Visual Inspection	Actual Time	Supervisor Initials/ID	Comments / Corrective Action
1	___/___/___	0800	_____ °C	☐ Acceptable ☐ Abnormal			
		2000	_____ °C	☐ Acceptable ☐ Abnormal			
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		2000	_____ °C	☐ Acceptable ☐ Abnormal			
40	___/___/___	0800	_____ °C	☐ Acceptable ☐ Abnormal			
		2000	_____ °C	☐ Acceptable ☐ Abnormal			

Final Disposition: ☐ Transfused ☐ Transferred ☐ Returned ☐ Discarded **Date/Time:** _____	**Final Review / Supervisor Signature:** _____ **Date:** _____

Visual inspection: Follow facility policy and manufacturer instructions. Record any abnormal color, cloudiness, clots, leaks, damaged ports, compromised seals, or other concerns in the comments column and initiate required corrective action.

SECTION **TBD**

GUIDELINE **Pre-Hospital Blood Product Transfusion**

REVISED **10/15/2026**

Purpose

- Provide guidance for prehospital blood Product administration in patients with hemorrhagic shock due to severe traumatic injury, postpartum hemorrhage or severe internal non-traumatic hemorrhage.
- This guideline is meant to be used for both PRBCs and Liquid Plasma.

Definitions

- PRBC: O Positive Packed Red Blood Cells a concentrated blood product containing red blood cells that belong to blood group O and possess the Rh (Rhesus D) antigen, while lacking A and B antigens
- Plasma: the liquid, noncellular portion of whole blood, which contains coagulation factors, water, electrolytes, and fibrinogen.
- Fresh Frozen Plasma (FFP): plasma that is separated and prepared from whole blood and then frozen within 8-24 hours of collection to allow long-term storage. Prior to administration, FFP must be thawed to a liquid state, which takes approximately 45 minutes. The delay created in thawing FFP limits its use in the emergency situations frequently encountered in the prehospital and transport environment.
- Liquid Plasma (LP): plasma that is separated and prepared from whole blood in a liquid state and is never frozen. It is FDA approved and is stored at 1-6°C for up to 40 days. Because LP is stored in a liquid state, it is ready for immediate administration and is thus ideal for use in the prehospital and transport environment.

Indications

- Evidence of or concern for severe internal or external hemorrhage;
    - Presence of hemodynamic instability or acute coagulopathy of trauma as evidenced by any of the following criteria
        - SBP < 70 mmHg or unobtainable
        - SBP < 90 mmHg and HR ≥ 110
        - Traumatic arrest witnessed by EMS
        - Shock Index > 1.0 $\left(Shock\ Index\ = \frac{Heart\ Rate}{Systolic\ blood\ pressure} \right)$
- ALS provider suspects hemorrhage without meeting above indications – Contact Medical Control for guidance/orders.
- Pediatric patients (**≤14 years old or on length-based tape**). – Contact Medical Control for guidance/orders.
- Other non-Hemorrhage clinical presentation such as ACE inhibitor Angioedema – Contact Medical Control for guidance/orders.

Exclusions

- Traumatic arrest not witnessed by EMS
- Isolated head injury and/or ground level fall
- Patient refusal

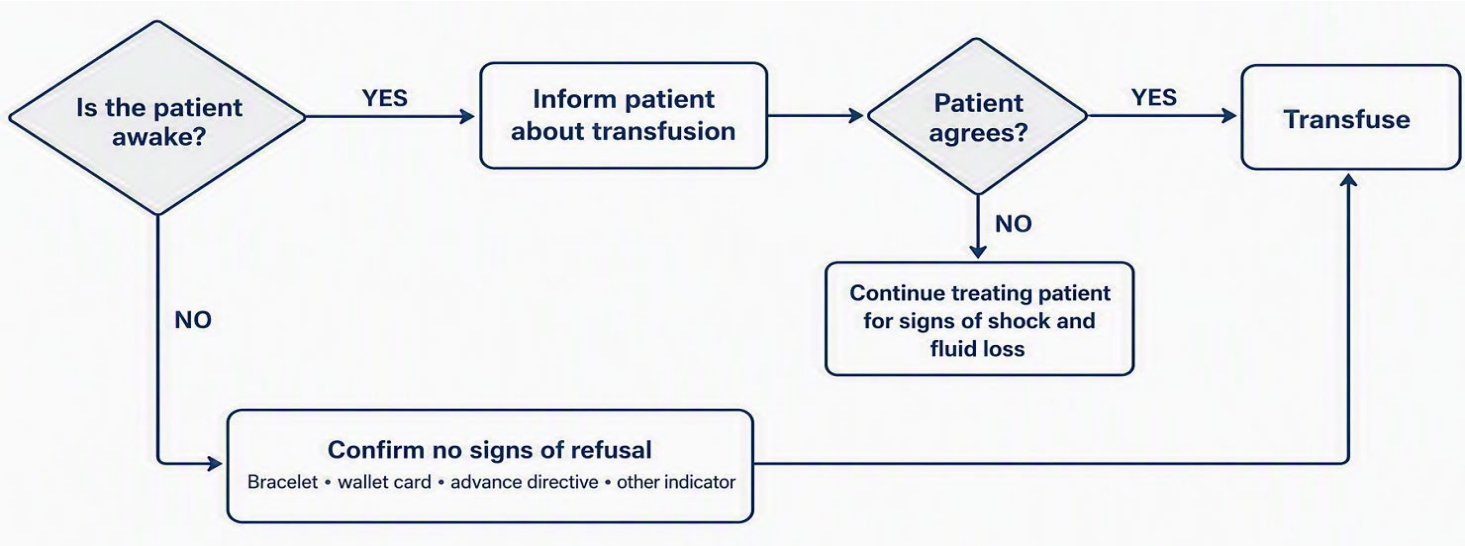
Treatment

1. If recognized that Blood Products are needed or may be needed on a patient request EMS supervisor response.
2. Control external bleeding and apply tourniquet as needed
3. Consider tension pneumothorax
4. Prioritize transport
5. When blood product transfusion is indicated for the hemorrhaging trauma patient, it is the preference of HGH EMS that 2 sites of vascular access be obtained to allow infusion of both PRBC and liquid plasma simultaneously. However, if a second vascular access cannot be obtained during transport, strongly consider transfusion of liquid plasma first followed then by PRBC to maintain the desired 1:1 ratio
6. Transfuse 1-unit PRBCs and 1-unit of Liquid Plasma at a 1:1 ratio. If only 1 site is available begin with Liquid Plasma.
    a. Only 0.9% Sodium Chloride can be ran in the line with blood products
    b. Use warmer when transfusing
    c. Consider use of Life flow for rapid infusion
7. Administer TXA per clinical guidelines
8. Continuous monitoring of HR, SpO2, EtCO2, Temperature and BP every 3 minutes
9. Administer Calcium Chloride per clinical guidelines
10. If criteria persist, transfuse one additional unit of PRBCs and liquid Plasma and reassess for alternate causes of shock

Transfusion Reaction

- STOP transfusion
- Disconnect tubing and flush IV port
- Follow applicable treatment guidelines
- Document reaction and transfer blood bag/tubing to receiving facility
- Complete a transfusion reaction investigation form and submit to EMS leadership for review.

Consent Guidance



Scripting Suggestions:

- *"We need to give you a life saving blood transfusion due to your severe bleeding. The risks are very low and include allergy, fever, or breathing reactions and we will monitor you closely. There is a very rare chance of disease transmission, about 1 in 1 million."*

Special Circumstances:

- **If patient sex is female and of childbearing age (<50 years):** *"Depending on your blood type, your body may produce a reactions from a blood transfusion that has a potential risk of affecting future pregnancies."*
- **If patient refuses blood or carries documentation/identifying marker of blood refusal:** *"Because I want to make sure I respect your decisions, I want to confirm that you do not want to be treated with blood products even if that means you might die. Is that correct?"*

For Minors (< 18 years):

- If parent/guardian on scene, inform them of the need for transfusion.
- If no parent/guardian on scene, utilize implied consent.

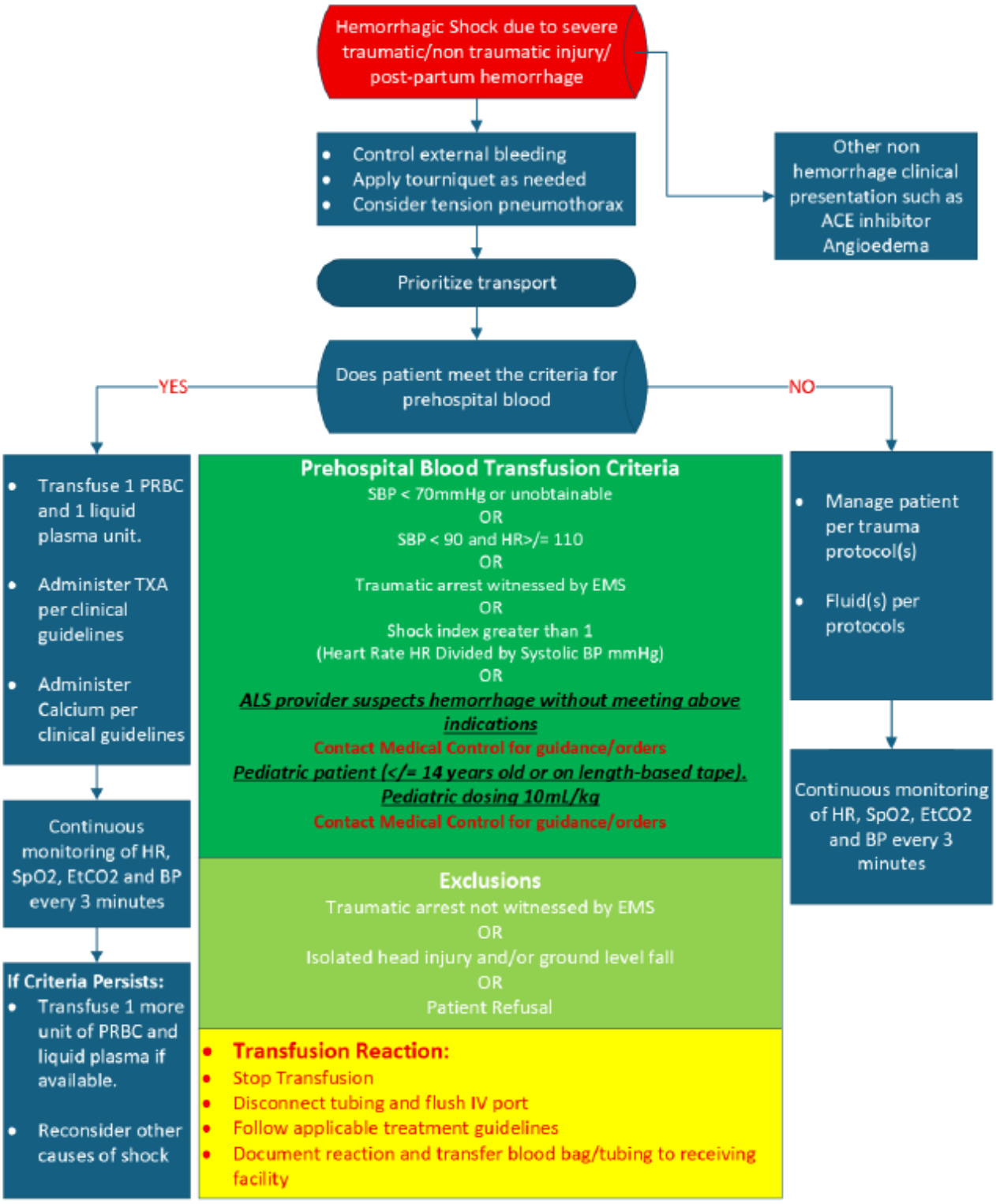
MARCH Acronym

- **M – Massive Hemorrhage:** Focuses on stopping severe, life-threatening bleeding first (such as a major extremity bleed) using tourniquets or hemostatic dressings
- **A – Airway:** Ensures the patient has an open, clear passage for breathing, using positioning or advanced airway management if needed.
- **R – Respirations:** Addresses serious chest injuries, such as a tension pneumothorax or open chest wound, using needle decompression or chest seals.
- **C – Circulation:** Manages shock, evaluates blood flow, monitors pulses, and administers fluid or blood resuscitation.
- **H – Head Injury / Hypothermia:** Prevents or treats the lethal triad of hypothermia using thermal blankets and monitors the patient for traumatic brain or head injuries.

Blood Administration Field Checklist

- ☐ Ensure external bleeding controlled, think "MARCH"
- ☐ Place patient on cardiac monitor
  - Obtain HR, BP, SPO2 and ETCO2
- ☐ Establish 2 large bore IVs (preferred) or IOs if unable
- ☐ Confirm indications and rule out contraindications
- ☐ Inform patient of transfusion or use implied consent and look for refusal markers
- ☐ Remove blood product from cooler and inspect the blood bag for integrity and blood clots
- ☐ Perform cross check with a second paramedic:
  - Product Type (PRBCs or Plasma)
  - Rh Factor (O positive or O negative)
  - Expiration Date
- ☐ Prime blood tubing and warmer with ***0.9% normal saline***
- ☐ Spike 1 unit of blood to the Y connector with primed tubing
- ☐ Verify that blood is flowing and no extravasation at access site
- ☐ Rapidly transfuse the entire bag of blood by rapid infuser or pressure bag
- ☐ After initial round of PRBCs and Plasma Consider administration of Calcium Chloride.
- ☐ Reassess to determine if patient meets indications for additional blood products:
  - If yes, transfuse 1 additional unit (PRBCs and Plasma) Maintaining a 1:1 ratio of PRBCs to Plasma.
  - If no, flush remaining blood in tubing with NS on Y connector until clear
- ☐ Administer TXA per guideline as soon as feasible
- ☐ Immediately recheck vital signs, continuous monitoring, reassess BP q3 mins
- ☐ Maintain IV/IO line patency
- ☐ Continuously monitor for transfusion reaction

Prehospital Blood Transfusion Flow Diagram



BLOOD PRODUCTS: HGH EMS RESCUE **TRANSFUSION FORM**

Patient Information

Patient Name:	Incident Number:	Date of Birth:

Blood Product Units

Unit	Serial Number	Product	Inspected Prior to admin.	Start Time	End Time	Volume Infused
1			☐ Yes ☐ No	:	:	ml
2			☐ Yes ☐ No	:	:	ml
3			☐ Yes ☐ No	:	:	ml
4			☐ Yes ☐ No	:	:	ml

Patient Consent

I consent to the transfusion of blood and/or blood products. I have received an explanation of the reason for transfusion, expected benefits, material risks (including transfusion reaction, infection, and other serious complications), reasonable alternatives, and the risks of refusing. I had the opportunity to ask questions, understand that no outcome is guaranteed, and may withdraw consent before transfusion begins.

Patient/Legal Representative:	Date:	Time:

Signature: _____ **Relationship (if representative):** _____

Provider/Witness: _____

Transfusion Checklist

☐	Only 0.9% sodium chloride was added to or infused through the same tubing as blood or blood components.
☐	Blood warmer used.
☐	LifeFlow rapid infuser used.
☐	TXA administered within guideline recommendations.
☐	Calcium chloride given after every two units.

Vital Sign Log

Interval	Time	Temp	Pulse	Respirations	Blood Pressure	Signs of Transfusion Reaction	Signature
Baseline							
15 minutes							
30 minutes							
1 hour							
1.5 hours							
2 hours							
2.5 hours							
3 hours							

HUMBOLDT GENERAL HOSPITAL EMS RESCUE
118 E. Haskell Street • Winnemucca, Nevada 89445
Phone 775.623.5222

This form Must be completed and scanned into the patient EHR on ESO.

HGH EMS RESCUE

If...	Then...
• Temperature rise of 2° F or 1° C Shaking chills • Back pain (lumbar or flank pain) - new or worsening • Dyspnea (shortness of breath), wheezing or coughing - new or worsening • Chest pain - new or worsening • Strider or difficulty breathing - new or worsening • Pain or heat at the transfusion site or along the vein • Nausea, vomiting, diarrhea or abdominal cramps - new or worsening • Unexplained loss of consciousness • Unexplained signs of shock • Red urine or hematuria - new or worsening • Headache - new or worsening • Joint pain - new or worsening • Oozing or increased bleeding from wound • Flushing of skin - new or worsening • Death	1. The transfusion **MUST BE STOPPED IMMEDIATELY!** 2. Transfusion reaction investigation initiated a. Contact EMS Supervisor / EMS Deputy Chief / EMS chief b. Notify Receiving Physician. c. Fill out Transfusion Reaction Investigation Form d. Obtain / Maintain possession of the blood transfusion unit with infusion set attached and sealed off. 3. EMS leadership will notify EMS Medical Director

If...	Then...
Change in pulse from initial reading (either decrease or increase) **of greater than 25 beats per minute** Change in Blood Pressure from initial reading (either increase or decrease in systolic or diastolic) **of greater than 35 mmHg** Increased respirations from initial reading, **greater than 10 breaths per minute**	Watch patient for signs of a transfusion reaction, while the goal for the patient would be to improve their heart rate and blood pressure, these may be early signs of a transfusion reaction. The provider must assess the hemodynamic status of the patient. If patient develops transfusion reaction a transfusion reaction investigation is recommended, also the receiving physician must be notified of reaction.
Urticarial (hives) reaction	NOT AN INDICATION FOR AUTOMATICALLY DISCONTINUING the transfusion; although a Transfusion Reaction Investigation Form must be completed and submitted to EMS leadership for review. The patient should be treated for urticarial reaction.

HUMBOLDT GENERAL HOSPITAL EMS RESCUE
118 E. Haskell Street • Winnemucca, Nevada 89445
Phone 775.623.5222

This form Must be completed and scanned into the patient EHR on ESO.

HUMBOLDT GENERAL HOSPITAL
CRITICAL ACCESS HOSPITAL
118 East Haskell St.
Winnemucca, Nevada 89445

Date: 10/15/2026
Reviewed:

Developed by: HGH EMS
Revised by:
Department: Ambulance

POLICY: BLOOD PRODUCTS TRANSFUSION REACTION

POLICY STATEMENT: HGH EMS personnel shall rapidly recognize, stop, stabilize, report, and document any suspected adverse reaction occurring during or after prehospital administration of blood or blood components. Patient care takes priority while the implicated product, tubing, identifiers, and records are preserved for investigation by the receiving facility, HGH EMS medical oversight, and Vitalant as applicable.

PURPOSE: To provide a standardized response to suspected acute or delayed transfusion reactions, support definitive evaluation, and meet agency, receiving-facility, blood-supplier, and regulatory reporting responsibilities.

SCOPE: Applies to all HGH EMS personnel who store, transport, issue, administer, document, or investigate blood products.

DEFINITION:

I. Suspected Transfusion Reaction
- A. A suspected transfusion reaction is any new or worsening sign or symptom temporally associated with transfusion for which the blood product cannot promptly be excluded as a cause.

II. TACO
- A. Transfusion-Associated Circulatory Overload (TACO) is a serious adverse reaction to a blood transfusion defined as acute or worsening respiratory compromise and/or acute or worsening pulmonary edema occurring during or within 12 hours of a blood product transfusion.

III. TRALI
- A. Transfusion-related acute lung injury (TRALI) is a life-threatening clinical syndrome defined as acute, noncardiogenic pulmonary edema (fluid in the lungs) and severe hypoxemia (low blood oxygen) that occurs during or within 6 hours of receiving a blood product transfusion.

PROCEDURE:

I. Recognition and monitoring.
- A. Obtain and document baseline vital signs before transfusion and reassess continuously during transport. At minimum monitor ECG, blood pressure, pulse, respiratory rate,

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oxygen saturation, temperature when feasible, mental status, skin findings, lung sounds, infusion site, and urine appearance/output when observable.

B. Suspect a reaction with any new fever or temperature rise, chills/rigors, flushing, pruritus, urticaria, angioedema, wheezing, stridor, dyspnea, hypoxemia, cough, chest/back/flank/abdominal pain, nausea/vomiting, anxiety or sense of impending doom, hypotension or hypertension, tachycardia, pulmonary edema, dark urine/hemoglobinuria, abnormal bleeding, shock, or cardiac arrest. Consider acute hemolysis, allergic/anaphylactic reaction, febrile non-hemolytic reaction, TACO, TRALI, bacterial contamination/sepsis, and other/unknown reactions.

C. Delayed symptoms reported after transfer—including fever, jaundice, dark urine, rash, unexplained anemia, dyspnea, or infection—shall be relayed immediately to the receiving facility/transfusion service and EMS medical oversight.

II. Immediate response to any suspected reaction.

A. STOP the transfusion immediately. Do not restart the implicated unit in the field.

B. Disconnect the blood tubing from the vascular access. Maintain access with new tubing and 0.9% sodium chloride at the minimum rate needed for patency unless a different rate is clinically required.

C. Assess airway, breathing, circulation, neurologic status, and severity; obtain a complete set of vital signs. Repeat frequently and continue cardiac and pulse-oximetry monitoring.

D. Verify patient identity, product type, ABO/Rh label, unit number, expiration, compatibility/issue documentation, and start/stop times with a second clinician when available. Do not delay resuscitation.

E. Treat life threats under current HGH EMS protocols and medical direction. Do not restart transfusion without transfusion-service/physician authorization.

F. Expedite transport to an appropriate emergency department. Request online medical control for severe, atypical, worsening, or uncertain reactions and whenever additional transfusion is contemplated.

III. Notifications.

A. Immediately advise the receiving emergency department and request notification of its transfusion service/blood bank.

B. Notify online medical control as clinically indicated and the HGH EMS supervisor/on-call administrator as soon as patient care permits.

C. Notify the HGH EMS Medical Director and HGH blood bank/transfusion-service designee before end of shift, or immediately for a serious reaction, suspected contamination, wrong blood/wrong patient event, product defect, or death.

D. The HGH transfusion service/designee shall promptly notify Vitalant when a donor- or product-related cause is suspected and follow the current supplier agreement.

E. External regulatory reports shall be made by the authorized EMS/transfusion-service representative. Escalate a possible transfusion-related fatality immediately for FDA reporting and a suspected transfusion-transmitted infection for applicable public-health/CDC reporting.

IV. Product preservation and transfer.

A. Do not discard the blood bag, labels, attached segments, administration set, filters, or packaging. Do not alter identifiers.

B. Clamp and place the implicated unit and tubing in a clean, leak-resistant secondary container. Maintain temperature as directed by the receiving transfusion service; do not

place specimens inside the blood-product cooler or allow direct contact with ice.

C. Transfer the product, tubing, component tag/issue documentation, temperature record, and related paperwork directly to authorized EMS Leadership. Document recipient, date/time, and chain of custody.

D. Quarantine products only under blood bank, Vitalant, or medical-oversight direction.

V. Patient handoff and documentation.

A. Provide a structured verbal and written handoff including the transfusion indication; product and unit identifiers; volume infused; start, symptom-onset, stop, treatment, and arrival times; baseline and serial vital signs; symptoms and severity; identity checks; treatments and response; other products given within the prior 24 hours if known; and all notifications.

B. Complete the ePCR, blood administration record, and transfusion-reaction report before end of shift unless patient care prevents completion. Document facts without assigning final causation.

VI. Investigation.

A. EMS Leadership and Medical Director shall secure the EHR, blood-product and temperature logs, issue/return records, device information, appropriate photographs, and personnel statements. Review identification, eligibility, selection, storage, transport, verification, administration, monitoring, recognition, treatment, notification, and handoff.

B. The HGH EMS shall coordinate with Vitalant and provide the supplier reaction form [KG2.1]and requested records, including unit numbers, clinical course, medications, and transfusion history. Vitalant may quarantine or trace co-components and conduct donor/product investigation.

C. The Medical Director, Quality/Patient Safety, EMS leadership, transfusion service, and Vitalant representative as applicable shall determine classification, severity, imputability, contributing factors, and corrective actions. Document and communicate final conclusions.

D. Corrective actions may include protocol revision, education, competency reassessment, equipment/storage changes, supplier action, and recurrence monitoring. Serious events and trends shall enter the HGH quality-improvement process.

VII. Follow-up, training, and review.

A. Personnel administering blood products must complete initial and recurring competency training on recognition, response, product preservation, documentation, and notification.

B. Review this policy and contact information at least annually and whenever blood products, supplier requirements, equipment, medical protocols, or standards change.

TRANSFUSION REACTION REPORTING FORM

Humboldt General Hospital EMS

Related policy: Blood Product Transfusion Reaction Policy	**Date:**
Related record: Blood Products Transfusion Form	**EMS Run Number:**

Purpose: The transfusing crew completes this form for any suspected transfusion reaction and submits it to EMS leadership. EMS leadership will initiate and document the formal investigation in Synergi.

Immediate response: Stop the transfusion; maintain IV access with 0.9% sodium chloride using new tubing; assess and treat the patient; verify patient and blood-product identifiers; notify medical control/receiving facility; retain the blood component, tags, and tubing; and follow the Blood Product Transfusion Reaction Policy.

1. Patient and Transfusion Information

Patient name: _____		**DOB:** _____
MRN/encounter: _____	**Weight:** _____ kg	**Receiving facility:** _____
Indication for transfusion: _____		

2. Suspected Reaction

Symptoms began: Date _____ Time _____	**Transfusion stopped:** Time _____
Pre-transfusion: T ____ BP ____/____ HR ____ RR ____ SpO_2 ____%	**At reaction:** T ____ BP ____/____ HR ____ RR ____ SpO_2 ____%

Signs/symptoms—check all that apply:

☐ Fever	☐ Chills/rigors	☐ Rash/hives/itching	☐ Flushing
☐ Dyspnea	☐ Wheezing/stridor	☐ Hypoxemia	☐ Pulmonary edema
☐ Chest/back/flank pain	☐ Hypotension	☐ Hypertension	☐ Tachycardia
☐ Nausea/vomiting	☐ Hemoglobinuria	☐ Anxiety/doom	☐ Other: _____

Crew narrative—onset, findings, treatment, response, and patient condition:

_____

_____

_____

3. Actions and Notifications

☐ Transfusion stopped ☐ New NS tubing used ☐ Patient reassessed ☐ Patient/product identifiers verified ☐ Product, tags, and tubing retained ☐ Blood Products Transfusion Form completed

Medical control/provider notified	**Time:** _____	**Name:** _____
Receiving facility notified	**Time:** _____	**Name:** _____
EMS leadership notified	**Time:** _____	**Name:** _____

Orders/treatments and response:

_____

_____

Disposition of patient, blood product, and tubing:

_____

4. Crew Submission

Primary crew member: _____	**Signature/date/time:** _____
Second crew member: _____	**Signature/date/time:** _____
Submitted to EMS leadership: Name _____ Date/time _____	

Submit with: ☐ Blood Products Transfusion Form ☐ EHR/run report ☐ Medication/treatment record ☐ Available product documentation ☐ Other: _____

EMS LEADERSHIP: Initiate the formal event investigation in Synergi, attach this form and supporting records, assign follow-up, and coordinate required notifications under the Blood Product Transfusion Reaction Policy.

Synergi event no.: _____ **Entered by:** _____ **Date:** _____

PREHOSPITAL BLOOD PRODUCT ADMINISTRATION TRAINING

O-Positive Packed Red Blood Cells (PRBCs) and Liquid Plasma

Course Length: 10 Hours Initial Certification

Course Description:

This course prepares EMS clinicians to safely identify hemorrhagic shock and administer O-positive packed red blood cells (PRBCs) and liquid plasma in the prehospital environment. Participants will learn the principles of damage control resuscitation, transfusion safety, blood product stewardship, equipment operation, and quality improvement processes. Training includes classroom instruction, hands-on skills laboratories, and high-fidelity simulation.

Course Goal:

Upon successful completion, participants will demonstrate the knowledge, skills, and clinical judgment necessary to safely store, transport, administer, monitor, and document blood product transfusions in accordance with agency protocols and medical direction.

Course Learning Objectives:

I. Upon completion of this course, participants will be able to:
   1. Describe the pathophysiology of hemorrhagic shock and trauma-induced coagulopathy.
   2. Explain the principles of damage control resuscitation and balanced blood component therapy.
   3. Identify clinical indications for prehospital administration of PRBCs and liquid plasma.
   4. Demonstrate proper blood product verification, storage, handling, and documentation procedures.
   5. Safely administer blood products utilizing approved equipment and transfusion protocols.
   6. Recognize and manage transfusion reactions and transfusion-associated complications.
   7. Utilize noninvasive hemoglobin monitoring and clinical assessment to support transfusion decisions.
   8. Complete all required blood product tracking, chain-of-custody, and patient care documentation.
   9. Successfully perform blood product administration in simulated hemorrhagic shock scenarios.

Course Outline

I. Didactic Instruction (5 Hours)
   1. Hemorrhagic Shock and Damage Control Resuscitation
   2. Blood Product Science and Transfusion Medicine
   3. Patient Selection and Activation Criteria
   4. Balanced Component Resuscitation
   5. Transfusion Reactions and Complications
   6. Blood Program Operations and Quality Assurance

II. Equipment and Skills Training (3 Hours)
   1. Delta Development 6L APRU Blood Cooler
   2. QuinFlow Warrior Lite Blood and Fluid Warmer
   3. LifeFlow Rapid Infuser
   4. Masimo RAD-67 Hemoglobin Monitor
   5. Blood Product Verification and Administration
   6. Documentation and Chain-of-Custody Procedures

III. Simulation Training (1.5 Hours)

1. Penetrating Trauma with Hemorrhagic Shock
2. Blunt Trauma and Pelvic Fracture
3. Massive Gastrointestinal Hemorrhage
4. Postpartum Hemorrhage

IV. Testing and Competency Validation (0.5 Hour)

1. Written Examination
2. Psychomotor Skills Assessment
3. Scenario-Based Evaluation

V. Required Competencies

1. Participants must successfully demonstrate:
2. Blood Product Verification
3. PRBC Administration
4. Liquid Plasma Administration
5. Delta APRU Cooler Operations
6. Warrior Lite Operation
7. LifeFlow Rapid Infusion Techniques
8. Masimo RAD-67 Monitoring
9. Transfusion Reaction Recognition and Management
10. Documentation and Product Accountability

Course Completion Requirements:

I. Participants who successfully complete all requirements will be authorized to administer O-positive PRBCs and liquid plasma in accordance with agency policy and physician medical oversight.
   1. Attendance at all course sessions
   2. Minimum written examination score of 80%
   3. Successful completion of all psychomotor skills evaluations
   4. Successful completion of final simulation assessment

Ongoing Competency Requirements:

I. **Quarterly:** Hands-on skills refresher (1 hour)

II. **Annual:** Protocol update, skills verification, simulation, and written examination (4 hours)

Joe Lombardo
Governor

Laura Rich
Director

DEPARTMENT OF HUMAN SERVICES
NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

Andrea Rivers, MS
Administrator

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

MEMORANDUM

DATE: **October 28, 2026**

TO: **John Pennell, Chair**
State Board of Health

FROM: **Andrea Rivers, Administrator**
Division of Public and Behavioral Health

RE: **Case # 798, Humboldt General Hospital EMS Rescue**

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.

Summary of Variance Request:

On October 26, 2026, Humboldt General Hosptial EMS Rescue ("Applicant") submitted a request for a variance from the requirements of NAC 450B.384 to allow HGH EMS paramedics operating under EMS physician medical direction to initiate blood products in the pre-hospital setting.

Degree of risk to public health or safety:

The requested variance reduces, rather than increases, risk to patients within Humboldt County and the surrounding response area served by HGH EMS. Currently, critically injured/ill patients may experience prolonged periods of uncontrolled hemorrhagic shock before reaching definitive care. Delayed blood administration increases the likelihood of death, organ failure, coagulopathy, and prolonged hospitalization. Under the proposed variance, blood product administration would occur pursuant to physician-approved protocols, extensive training, patient screening criteria, transfusion monitoring procedures, and comprehensive quality assurance oversight. The anticipated benefit of early blood administration significantly outweighs the minimal risks associated with transfusion when appropriate safeguards are implemented.

Exceptional and undue hardship:

Applicant serves one of the nations largest frontier response areas. The service area includes vast rural territory, extended highway corridors, mining operations, ranching communities, and remote population centers. Patients experiencing severe traumatic and medical hemorrhage frequently face:Extended EMS response times due to geographic distance. Long transport times to definitive surgical care. Delays in access to trauma centers capable of blood resuscitation. Limited availability of alternative healthcare resources. Environmental and weather-related challenges affecting transport. Unlike urban EMS systems where patients may reach a trauma center within minutes, patients in Humboldt County may remain in the pre-hospital setting for prolonged periods before receiving blood products. The inability of paramedics and EMS-RN's to initiate blood administration creates a unique hardship because:The agency serves a frontier population with significantly longer transport intervals than metropolitan systems. Patients who would benefit from immediate blood resuscitation often cannot receive such treatment until arrival at a distant hospital. The regulation impedes the use of current evidence-based trauma resuscitation practices. The agency has invested substantial resources toward implementing a safe pre-hospital blood program under physician oversight. Strict compliance limits the agency's ability to provide the highest level of care to critically ill/injured patients despite the ability to possess the training, equipment, and medical oversight necessary to safely provide the service.

Intent of Regulation:

NAC 450B.384 NAC 450B.384 is intended to protect public safety by ensuring that Emergency Medical Services personnel are properly trained, appropriately licensed, medically supervised, and held accountable for delivering care within clearly defined limits of practice. This framework promotes patient safety, quality care, and public confidence in the EMS system.

Staff Recommendation

DPBH staff recommends the State Board of Health approve Case # 798, Applicant's variance to NAC 450B.384 for the administration of **Approved Blood Products in the pre-hospital setting** by Paramedics. Applicant operates in a frontier setting where transport times to definitive care regularly exceed 100 miles or more. Early administration of blood products in trauma and obstetrical hemorrhage has been shown to reduce mortality. Administration of approved blood products in the pre-hospital setting 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 pre-hospital administration of blood products training for all Paramedics 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:
    - All Advanced Life Support (ALS) level staff will be required to attend an initial Blood products administration training. After successful completion of this training ALS staff will be able to initiate pre-hospital blood.
    - Ongoing training will be completed as follows:
        1. Quarterly: Hands-on skills, brief clinical overview and operational overview (1 hour).

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

2. Annually: protocol update, skills verification, simulation, written examination (4 hours).

- All ALS staff will be required to maintain ongoing training to remain compliant within the program. Failure to comply may result in progressive disciplinary action.

3. All blood product administrations must be reviewed by the Medical Director and/or EMS Chief within 72 hours of the event.
4. Any adverse outcomes or 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:

- Humboldt General Hospital EMS Rescue Variance Application
- Humboldt General Hospital EMS Rescue Protocol, Training Guideline, & Forms
- Humboldt General Hospital EMS Rescue Distric Map
- Humboldt General Hospital EMS Rescue Letter of Support

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

ALL IN GOOD HEALTH.