

2005

STATE OF NEBRASKA

Statutes, Rules and Regulations

Relating to:

EMERGENCY MEDICAL SERVICES

TITLE 172 NAC 12



**Nebraska Department of Health
and Human Services**

**Division of Public Health
Licensure Unit**

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Title 172 PROFESSIONAL AND OCCUPATIONAL LICENSURE

Chapter 12 EMERGENCY MEDICAL SERVICES

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Title 172 PROFESSIONAL AND OCCUPATIONAL LICENSURE

Chapter 12 EMERGENCY MEDICAL SERVICES

12-001 SCOPE AND AUTHORITY. These regulations apply to the licensure of Emergency Medical Services as defined in Neb. Rev. Stat. §§ 71-5172 to 71-51,103 and the Uniform Licensing Law.

12-002 DEFINITIONS

Act means Neb. Rev. Stat. §§ 71-5172 to 71-51,103 known as the Emergency Medical Services Act.

Advanced Life Support Service means an Emergency Medical Service that utilizes personnel that have been trained and certified as Emergency Medical Technician-Intermediates or Emergency Medical Technician-Paramedics and has equipment available commensurate with that level of training.

Ambulance means any privately or publicly owned motor vehicle or aircraft that is especially designed, constructed or modified, and equipped and is intended to be used and is maintained or operated for the overland or air transportation of patients upon the streets, roads, highways, airspace, or public ways in this state, including funeral coaches or hearses, or any other motor vehicles or aircraft used for such purposes.

Assessment means the act of determining the type and degree of injury, illness or other medical disability.

Attest/Attestation means that the individual declares that all statements on the application/petition are true and complete.

Basic Life Support Service means an Emergency Medical Service that utilizes personnel that have been trained and certified, as a minimum, as Emergency Medical Technicians and has equipment available commensurate with that level of training.

Board means the Board of Emergency Medical Services.

Certification means approval by the Department of individuals who have successfully met the minimum competency requirements by successfully completing EMS curriculum requirements and successfully passing certifying examinations.

Department means the Department of Health and Human Services Regulation and Licensure.

Direct Order means a written or verbal order.

Dry Run means travel to a scene where there could be a medical emergency but no one was found to be injured or ill at that location.

Emergency Medical Service means the organization responding to a perceived individual need for immediate medical care in order to prevent loss of life or aggravation of physiological or psychological illness or injury and which is licensed either as a basic life support service or an advanced life support service.

Emergency Medical Technician means an individual who has a current certificate to practice as an emergency medical technician.

Emergency Medical Technician-Intermediate means an individual who has a current certificate to practice as an emergency medical technician-intermediate.

Emergency Medical Technician-Paramedic means an individual who has a current certificate to practice as an emergency medical technician-paramedic.

First Responder means an individual who has a current certificate to practice as a first responder.

Mandatory Reporting Law means Neb. Rev. Stat. § 71-168.

Out-of-Hospital means locations where emergency medical services are requested to respond to actual or perceived individual needs for immediate medical care.

Out-of-Hospital Emergency Care Providers means all certification classifications of emergency care providers established pursuant to the act.

Patient means an individual who either identifies himself/herself as being in need of medical attention or upon assessment by an out-of-hospital emergency care provider has an injury or illness requiring treatment.

Physician Medical Director means a qualified physician who is responsible for the medical supervision of out-of-hospital emergency care providers and verification of skill proficiency of out-of-hospital emergency care providers pursuant to Neb. Rev. Stat. § 71- 5178.

Protocol means a set of written policies, procedures, and directions from a physician medical director to an out-of-hospital emergency care provider concerning the medical procedures to be performed in specific situations.

Qualified Physician means an individual licensed to practice medicine and surgery pursuant to Neb. §§ 71-1,102 to 71-1,107 or osteopathic medicine and surgery pursuant to Neb. Rev. Stat. §§ 71-1,137 to 71-1,141 and meets any other requirements established by rule and regulation.

Qualified Physician Surrogate means a qualified, trained medical person designated by a qualified physician in writing to act as an agent for the physician in directing the actions or recertification of out-of-hospital emergency care providers.

Qualified Trained Medical Person means a First Responder, Emergency Medical Technician, Emergency Medical Technician-Intermediate, Emergency Medical Technician-Paramedic, Licensed Practical Nurse, Registered Nurse, Physician Assistant, or Physician and does not act as an agent of the Physician Medical Director above the level of his/her certification or licensure.

Stand by Services means an emergency medical service that is requested to be readily available at a scene where there may be the potential need for such a service.

Standing Order means a direct order from the physician medical director to perform certain tasks for a patient under a specific set of circumstances.

12-003 BASIC LIFE SUPPORT SERVICE LICENSURE REQUIREMENTS: Basic life support services, utilizing an ambulance for the transportation of patients, must be licensed. The standards for issuance of the license and the documentation required are set forth below.

12-003.01 Basic Life Support Service: An applicant for licensure as a basic life support service must:

1. Meet the standards defined in 172 NAC 12-003-04A through 12-003.04L; or
2. Have a written agreement with a licensed basic life support service that meets the standards defined in 172 NAC 12-003.04A through 12-003.04L; and
3. Provide a listing of the names and certification levels of the members/employees of the service;
4. Pass an inspection by a representative of the Board or its designee prior to the start of operations; and
5. Submit to the Department:
 - a. An application for a basic life support service license. The application may be submitted on a form provided by the Department or on an alternate format which includes the following information:
 - (1) Name of the service;
 - (2) Mailing address;
 - (3) Name of the owner/operator;
 - (4) Owner/operators mailing address;
 - (5) Telephone number of the owner/operator;
 - (6) If the owner is an individual, his/her social security number;

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- (7) Name of the physician medical director;
- (8) Mailing address of the physician medical director; and
- (9) Telephone number of the physician medical director.

b. The following information must be provided with the license application:

- (1) Written agreement with a licensed basic life support service if the applicant does not own or lease an ambulance;
- (2) A listing of the names and certification levels of the members/employees of the service; and
- (3) A statement attesting that the service meets the standards defined in 172 NAC 12-003.04A through 12-003.04L.
- (4) Attestation by the applicant:
 - (a) That the entity has not provided emergency medical services in Nebraska prior to the application for a license; or
 - (b) To the actual number of days that the entity provided emergency medical services in Nebraska prior to the application for a license.

12-003.02 The Department will:

1. Review the application to determine completeness. Applications must be received at least 90 days prior to when the basic life support service expects to commence operations;
2. Notify the applicant of the need for additional information/documentation; and
3. After the application is complete, the Department will forward the completed application to the Board for its review.
4. After receiving the Board's recommendation, as referenced in 172 NAC 12-003.03 item 2, the Department will issue or deny a license within 150 days after receipt of the completed application.

12-003.03 The Board will:

1. Schedule an inspection within 15 working days after it receives the application for review; and
2. Make its recommendations for approval or denial of the application at the next scheduled meeting of the Board.

12-003.04 Standards for Basic Life Support Services: Basic life support services must meet the standards as set forth below.

12-003.04A Ambulance Standards

12-003.04A1 After the effective date of these regulations motor vehicles purchased for the transportation of patients must comply with the Federal Specifications for Ambulances, KKK-A-1822C, issued by the United States General Services Administration; except Section 3.16.2, COLOR, PAINT, AND FINISH, AND Section 3.16.2.1, COLOR STANDARDS AND TOLERANCES. The entity purchasing the ambulance may establish their own standards for painting and paint schemes.

Specifications may be obtained from: General Services Administration, Federal Supply Service Bureau, Specifications Section, Suite 8100, 470 East L'Enfant Plaza, SW, Washington, DC 20407;

12-003.04A2 Aircraft used for the transportation of patients must comply with Federal Aviation Administration Regulations 14 CFR 135, that are current on the effective date of these regulations and related Bulletins and Supplements. These documents may be obtained from: United States Department of Transportation, Subsequent Distribution Office, Ardmore East Business Center, 3341 Q 75th Avenue, Landover, Maryland 20785; and

12-003.04A3 Ambulances used for the transportation of patients that are owned by licensed emergency medical services on March 9, 1999 may continue to be used as ambulances.

12-003.04B Standards for Ambulance Equipment

12-003.04B1 Ambulances used for the transportation of patients must carry supplies and equipment for providing care to pediatric and adult patients. Appropriate supplies and equipment are determined by the physician medical director. The equipment authorized by the physician medical director must be capable of providing the following procedures as authorized by the service's license.

1. Patient assessment/diagnostic measurements;
2. Airway management;
3. Bleeding control and wound management;
4. Extremity fracture immobilization;
5. Cervical and spinal immobilization;
6. Burn care;
7. Cardiac care;
8. Care of ingested poisons; and
9. Obstetrics and gynecology care.

12-003.04B2 Ambulances used for the transportation of patients must have patient transport and patient comfort supplies and equipment.

12-003.04B3 Ambulances used for the transportation of patients must have supplies and equipment for the protection of personnel and patients from infectious diseases and for personal safety.

12-003.04B4 Basic life support emergency medical services must have a communications system that is capable of two-way communications with receiving hospitals, dispatchers, and medical control authorities.

12-003.04B5 The Board will develop and revise as needed, a recommended list of supplies and equipment to be carried on ambulances. Any changes in the listing will be provided to each basic and advanced life support emergency medical service.

12-003.04C Maintenance Standards

12-003.04C1 Motor vehicles used for the transportation of patients must be maintained as specified in the chassis manufacturer's owner's manual and the recommendations of the ambulance manufacturer/contractor.

12-003.04C2 Aircraft used for the transportation of patients must be maintained in accordance with Federal Aviation Regulation 14 CFR Part 135 and/or 14 CFR Part 91 and related bulletins and supplements as defined in 172 NAC 12-003.04A2.

12-003.04C3 Operational equipment, used for patient care or support, must be maintained in accordance with the manufacturers recommended procedures.

12-003.04C4 The service must maintain all ambulance and operational equipment maintenance procedure documents as described in 172 NAC 12-003.04C1 through 003.04C3 for as long as the life of the ambulance or operational equipment.

12-003.04D Sanitation Standards

12-003.04D1 Basic life support services must follow written policies, approved by their physician medical director, concerning sanitation and infection control which must include:

1. Pre-exposure precautions;
2. Post-exposure procedures for personnel must be in accordance with Neb. Rev. Stat. §§ 71-506 to 71-514;
3. Procedures for decontamination/cleaning of the ambulance;
4. Procedures for the decontamination/cleaning of equipment; and
5. Procedures for the disposal of contaminated equipment and supplies.

12-003.04D2 Equipment and supplies identified by the manufacturer as single use or disposable must NOT be reused and must be disposed of in accordance with written procedures approved by the physician medical director.

12-003.04E Inspections Standards

12-003.04E1 Basic life support services utilizing motor vehicles for the transportation of patients must establish and perform, as a minimum, monthly vehicle checks to assure that the vehicle's emergency warning devices, electrical systems, engine, and fuel systems are in proper working order. Checklists must be developed and used by the service to conduct these inspections. Completed checklists must be maintained for five years.

12-003.04E2 Operational equipment, used for patient care or support, must be inspected and tested by the service for proper operation or function at least monthly.

12-003.04F Personnel Standards

12-003.04F1 A basic life support service must have a physician medical director by July 1, 1998.

12-003.04F2 A basic life support service must maintain a current roster of the names of its employees/members of the service.

12-003.04F3 A physician, registered nurse, licensed physician assistant, or licensed practical nurse can satisfy the requirement that an ambulance when transporting patients be occupied by at least one certified out-of-hospital emergency care provider. The individual must be acting within the scope of practice of his/her license.

12-003.04F4 Only certified out-of-hospital emergency care providers and individuals as identified in 172 NAC 12-003.04F3 must be used to provide patient care.

12-003.04F5 When acting as an out-of-hospital emergency care provider for a basic life support service, the provider may only provide the level of care as defined in 172 NAC 11-006.01 or 11-006.02.

12-003.04F6 On all runs an ambulance or aircraft must be staffed by at least one EMT, EMT-Intermediate, or EMT-Paramedic to provide patient care and a person to drive the ambulance or operate the aircraft.

12-003.04G Personnel Training Standards: Basic life support services must provide training every three years for its members that includes, but is not limited to, the following areas:

1. Emergency vehicle driving for operators of motor vehicles or aircraft safety for operators of aircraft;
2. Infection control;
3. Extrication;

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4. Extraction and victim recovery for special conditions as may be determined in the response area of the emergency medical service;
5. Procedures for dealing with hazardous materials;
6. Personal safety issues; and
7. Other training as directed by the physician medical director of the service program.

12-003.04H Medical Direction Standards: Responsibilities of a physician medical director include but are not limited to the following and those identified in 172 NAC 12-003.04B1, 12-003.04D1, 12-003.04D2, and 12-003.04G item 7:

1. Notifying the Department of the name(s) of licensed emergency medical services for which s/he is serving as the physician medical director.
2. Notifying the Department if s/he terminates his/her responsibilities as the physician medical director for an emergency medical service and the date of the termination.
3. Development and approval of medical protocols and standing orders. Model protocols and standing orders promulgated by the Board may be used, or may be modified for use by the basic life support service. The responsibility to develop medical protocols and standing orders may be delegated by the physician medical director to other qualified physician surrogates, if designated in writing.
4. Limiting the skills that each certified out-of-hospital emergency care provider may perform until satisfied that the out-of-hospital emergency care provider has satisfactorily completed a training program for the skill.
5. Supervising the development of a medical quality control program for each emergency medical service being directed. The quality control program must include, but is not limited to:
 - a. An annual review of protocols and standing orders;
 - b. Medical care audits as needed; and
 - c. Continuing medical education for the emergency medical services personnel.
6. Providing monitoring and supervision of the medical quality control program. This responsibility may be delegated by the physician medical director to other qualified physician surrogates if designated in writing.
7. The physician medical director has the ultimate authority and responsibility for monitoring and supervision, for establishing protocols, for standing orders and for the overall supervision of the medical aspects of the emergency medical service.

8. Ensuring that each written standing order and/or protocol is appropriate for the certification and skill level of each of the individuals to whom the performance of medical acts is delegated and authorized.
9. The physician medical director or qualified physician surrogate, may exercise the option to attest that an individual meets the recertification requirements. If this option is exercised, the physician medical director or qualified physician surrogate must document that the individual is competent in the skills required for his/her level of certification.
 - a. If the individual is a first responder, the documentation must show all of the following skills the individual is competent to perform:
 - (1) Bleeding Control/Shock Management;
 - (2) Patient Assessment/Management Trauma;
 - (3) Upper Airway Adjuncts and Suction;
 - (4) Mouth to Mask Ventilation; and if trained and functioning;
 - (5) Automatic/Semi-Automatic External Defibrillator.
 - b. If the individual is an emergency medical technician, the documentation must show all of the following skills the individual is competent to perform:
 - (1) Patient Assessment Management-Trauma;
 - (2) Patient Assessment Management-Medical;
 - (3) Cardiac Arrest Management;
 - (4) Bag-Valve-Mask Apneic Patient;
 - (5) Spinal Immobilization- supine or seated;
 - (6) Random Basic Skill Verification to include but not limited to:
 - (a) Bleeding-Wounds-Shock;
 - (b) Long Bone Splinting;
 - (c) Traction Splinting; and
 - (d) Spinal Immobilization; and if trained and practicing in any or all of the following procedures;
 - (7) Advanced Airway Management;
 - (8) Management/Automatic/Semi-automatic External Defibrillator;
 - (9) Intravenous Fluids Administration and Monitoring;
 - (10) Home Monitoring Glucometer.
10. The Board will annually develop and revise, for use of physician medical directors and qualified physician surrogates, model protocols, standing orders, operating procedures, and guidelines which may be necessary or appropriate to carry out the purposes of the act. The model protocols, standing orders, operating procedures, and guidelines may be modified by the physician medical

director for use by an out-of-hospital emergency care provider or emergency medical service before or after adoption.

11. No physician medical director will incur any liability by reason of his/her use of any unmodified protocol, standing order, operating procedure or guideline provided by the Board.

12-003.04I Records Maintenance Standards: Each emergency medical service must maintain records as outlined below:

1. Emergency medical services must maintain current personnel rosters and personnel files on each out-of-hospital emergency care provider for their service. All records must be maintained until superseded. Each file must include, but not be limited to, the following:
 - a. Name, address, and telephone number;
 - b. Current level of certification; and
 - c. Current cardiopulmonary resuscitation certification.
2. Other current certifications/endorsements as may be required by the physician medical director; and
3. Documentation of each out-of-hospital emergency care providers emergency medical continuing education training, as defined in 172 NAC 11-002, that includes:
 - a. Name of the course taken;
 - b. Date of the course;
 - c. Name of the instructors of the course; and
 - d. Number of hours of training for each course taken.
4. Copies of renewal documentation from the physician medical director or surrogate which verifies personnel competency.

12-003.04J Vehicle Records: Emergency medical services must maintain records of vehicle and equipment maintenance and repair for not less than five years.

12-003.04K Patient Care Records: Emergency medical services must complete a patient care record for each response that the service makes.

12-003.04K1 The following information, as a minimum, must be recorded for each patient transported:

1. The name, age, and sex of the patient(s);
2. The address or location from which the patient(s) is taken;
3. The date of the call;

4. The time of dispatch and the time the ambulance is en route to the call;
5. The time of arrival at the scene;
6. A record of the chief complaint of the patient and/or the signs and symptoms of the patient;
7. A record of the patient(s) vital signs and the times at which these were noted;
8. A brief patient history;
9. A description of the treatment provided and equipment used;
10. A record of the time of each electrotherapy attempt and the results of each administration;
11. The name of the receiving facility or location;
12. The name or code number of the individual providing the primary care for the patient; and
13. A record of any care provided to the patient prior to the arrival of the out of hospital personnel;
14. Location type;
15. Time unit left scene;
16. Time arrival at destination;
17. Time back in service;
18. Race/ethnicity of the patient;
19. Destination determination;
20. No patient treatment/no patient transportation;
21. Factors affecting EMS delivery;
22. Time CPR discontinued;
23. Adult/pediatric Glasgow coma scale; and
24. Trauma score.
25. A record of the time, dosage, and route of epi-auto injections and aspirin administered; and
26. A record of the time, rate, type and delivery location of intravenous fluids administered.

12-003.04K2 A record of dry runs, refused transportation, and stand by services must be maintained.

12-003.04K3 The Department will make available a form that will meet the patient record keeping requirements of these regulations.

12-003.04K4 All patient care and run information records must be maintained and preserved, in original microfilm, electronic, or other similar form for a period of at least five years following each incident or in the case of minors, the records must be kept until three years after the age of majority has been attained. Patient medical care and run information must be sent to the Department quarterly, within 30 days after the end of each quarter, for inspection and use for data collection and research. Patient care and run information may be sent either in paper form or by electronic media. This requirement does not supersede any medical or legal requirements for maintenance of patient records.

12-003.04K5 No patient data received or recorded will be divulged, made public or released by an emergency medical service or out-of-hospital emergency care provider, except that the patient data may be released to the receiving health care facility, to the Department for statistical purposes, or to anyone to whom the patient who is the subject of the record has given written authorization. When a patient is transferred to a health care facility or another EMS service, all available patient care data must be given to the receiving health care facility or EMS service.

12-003.04K6 Confidentiality: Medical records must be kept confidential, available only for use by authorized persons or as otherwise permitted by law. Records must be available for examination by authorized representatives of the Department.

12-003.04K7 Destruction: Medical records may be destroyed only when they are in excess of the retention requirements specified in 172 NAC 12-003.04K4. In order to ensure the patient's right of confidentiality, medical records must be destroyed or disposed of by shredding, incineration, electronic deletion, or another equally effective protective measure.

12-003.04K8 Closing of Service: In cases in which a service ceases operation, all medical records of patients that have not met the record retention timeline must be stored or relinquished to the patient or the patient's authorized representative. If records are stored, the Department must be notified of the storage address.

12-003.04L Practices and Procedures Standards: Each emergency medical services must have a written back up response plan in the event it is unable to respond to requests for service.

12-003.05 Licensure Levels That Will Become Null and Void: Effective March 9, 1999 licensure levels of EMT-A/D, EMT-A/M, EMT-IV, EMT-D and first responder services will become null and void. Services with any one or more of these licenses may continue to provide these levels of care with approval of their physician medical director and written protocols directing the provision of these procedures.

2-003.06 Administrative Penalty/Other Action: An entity that provides emergency medical services prior to issuance of a license, is subject to assessment of an administrative penalty pursuant to 172 NAC 12-011, or such other action as provided in the statutes and regulations governing the license.

12-004 ADVANCED LIFE SUPPORT SERVICE LICENSURE REQUIREMENTS: Emergency medical services which provide advanced life support out-of-hospital patient care must be licensed. The standards for issuance of the license and the documentation required are set forth below.

12-004.01 Advanced Life Support Services: An applicant for licensure as an advanced life support service must:

1. Meet the standards as defined in 172 NAC 12-003.04; or

2. Have a written agreement with a basic or advanced life support service for the transportation of patients; and
3. Meet the standards as defined in 172 NAC 12-004.04;
4. Provide a listing of the names and certification levels of the members/employees of the service;
5. Have a controlled substance registration or have applied for a controlled substance registration;
6. Pass an inspection by a representative of the Board or it's designee prior to the start of operations; and
7. Submit to the Department:
 - a. An application for an advanced life support service license. The application may be submitted on a form provided by the Department or on an alternate format which includes the following information:
 - (1) Name of the service;
 - (2) Mailing address;
 - (3) Name of the owner/operator;
 - (4) Owner/operator's mailing address;
 - (5) Telephone number of the owner/operator;
 - (6) Name of the physician medical director;
 - (7) Mailing address of the physician medical director;
 - (8) Telephone number of the physician medical director; and
 - (9) Controlled substance registration number or statement that the service has applied for it's controlled substance registration.
 - b. The following information must be provided with the license application:
 - (1) A written agreement with a licensed basic life support service if the applicant does not have an ambulance.
 - (2) A listing of the names and certification levels of the members/employees of the service.
 - (3) A statement attesting that the service meets the standards defined in 172 NAC 12 -004.04A through 004.04I.
 - (4) Attestation by the applicant:
 - (a) That the entity has not provided emergency medical services in Nebraska prior to the application for a license; or
 - (b) To the actual number of days that the entity provided emergency medical services in Nebraska prior to the application for a license.

12-004.02 The Department will:

1. Review the application to determine completeness. Applications must be received at least 90 days prior to when the advanced life support service expects to commence operations;
2. Notify the applicant of the need for additional information/documentation; and

3. After the application is complete, the Department will forward the completed application to the Board for its review.
4. After receiving the Boards recommendation as referenced by 172 NAC 12-004.03 item 2. the Department will deny or issue a license within 150 days after receipt of the application.

12-004.03 The Board will:

1. Schedule an inspection within 15 working days after it receives the application for review; and
2. Make its recommendations for approval or denial of the application at the next scheduled meeting of the Board.

12-004.04 Emergency Medical Service Standards: All advanced life support services must meet the following standards:

12-004.04A Equipment Standards:

1. Advanced life support services must have available at the scene of an out-of-hospital medical response, supplies and equipment appropriate with the level of the service license, from the following categories and which have been approved in writing by the service's physician medical director.
 - a. Patient assessment/diagnostic measurement;
 - b. Airway management care;
 - c. Cardiac care;
 - d. Intravenous administration sets and fluids; and
 - e. Medications/controlled substances.
2. Advanced life support services must have a communications system that is capable of two-way communications with receiving hospitals, dispatchers, and medical control authorities.
3. The Board will develop and revise, as needed, a recommended list of supplies and equipment to be carried by advanced life support services. Any changes to the listing will be provided to each emergency medical service.

12-004.04B Maintenance Standards: Operational equipment, used for patient care or support, must be maintained in accordance with the manufacturers recommended procedures.

12-004.04C Sanitation Standards:

12-004.04C1 Advanced life support services must follow written policies, approved by their physician medical director, concerning sanitation and infection control which includes:

1. Pre-exposure precautions;
2. Post-exposure procedures must be in accordance with Neb. Rev. Stat. §§ 71-506 to 71-514;
3. Procedures for decontamination/cleaning of vehicles and equipment; and
4. Procedures for the disposal of contaminated equipment and supplies.

12-004.04C2 Equipment and supplies identified by the manufacturer as single use or disposable must NOT be reused and must be disposed of in accordance with written procedures approved by the physician medical director.

12-004.04D Inspection Standards:

12-004.04D1 Controlled substances used in an advanced life support service must be inventoried/inspected not less than monthly or more frequently if directed by the service's physician medical director.

12-004.04D2 Operational equipment, used for patient care or support, must be inspected and tested for proper operation or function at least monthly.

12-004.04E Personnel Standards:

1. An advanced life support services must have a physician medical director.
3. An advanced life support service must maintain a current roster of the names of its employees/members of the service.
4. Only certified out-of-hospital emergency care providers and individuals as identified in 172 NAC 12-003.04F3 must be used to provide patient care.
4. On all runs an ambulance or aircraft must be staffed by at least one EMT, EMT-Intermediate, or EMT-Paramedic to provide patient care and a person to drive the ambulance or operate the aircraft.

12-004.04F Personnel Training Standards: Advanced life support services must provide training every three years for its members that includes, but is not limited to, the following areas:

1. Infection control;
2. Procedures for dealing with hazardous materials;
3. Personal safety issues; and
4. Other training as directed by the physician medical director.

12-004.04G Medical Direction Standards: The responsibilities of a physician medical director includes but is not limited to the following and those identified in 172 NAC 12-004.04A item 1., 12-004.04C item 1., 12-004.04C2, and 12-004.04D1:

1. Notifying the Department of the name(s) of emergency medical services for which s/he is serving as the physician medical director.

2. Notifying the Department if the physician medical director intends to terminate his/her responsibilities as serving as the medical director for an advanced life support service.
3. Development and approval of medical protocols and standing orders. Model protocols and standing orders promulgated by the Board may be used, or may be modified for use by the advanced life support service. The responsibility to develop medical protocols and standing orders may be delegated by the physician medical director to other qualified physician surrogates, if designated in writing.
4. Limiting the skills that each certified out-of-hospital emergency care provider may perform until satisfied that the out-of-hospital emergency care provider has satisfactorily completed a training program for the skill.
5. Supervising the development of a medical quality control program for each emergency medical service being directed. The quality control program must include, but is not limited to:
 - a. An annual review of protocols and standing orders;
 - b. Medical care audits as needed; and
 - c. Continuing medical education for the emergency medical services personnel.
6. Providing monitoring and supervision of the performance of the medical quality control program. This responsibility may be delegated by the physician medical director to other qualified physician surrogates if designated in writing.
7. The physician medical director must retain ultimate authority and responsibility for monitoring and supervision, for establishing protocols and for standing orders and for the overall supervision of the medical aspects of the emergency medical service.
8. Ensuring that each written standing order and/or protocol is appropriate for the certification and skill level of each of the individuals to whom the performance of medical acts is delegated and authorized.
9. The physician medical director or qualified physician surrogate, may exercise the option to attest that an individual meets the recertification requirements. If this option is exercised, the physician medical director or qualified physician surrogate must document that the individual is competent in the skills required for his/her level of certification.
 - a. If the individual is an emergency medical technician-intermediate, the documentation must show all of the following skills the individual is competent to perform:

- (1) Patient Assessment/Management;
 - (2) Ventilatory Management (ET);
 - (3) Intravenous Therapy Skills;
 - (4) Spinal Immobilization (Seated Patient); and
 - (5) Random Basic Skills which include but are not limited to the following:
 - (a) Bleeding-Wounds-Shock;
 - (b) Long Bone Splinting;
 - (c) Traction Splinting; and
 - (d) Spinal Immobilization (Lying Patient).
- b. If the individual is an emergency medical technician-paramedic, the documentation must show, in addition to the skills in 172 NAC 12-004.04G item 9.a., all of the following skills the individual is competent to perform:
- (1) Cardiac Arrest Skills; and
 - (2) IV and Medication Skills.
10. The physician medical director of the advanced life support service is accountable for the distribution, storage, ownership and security of medications and controlled substances utilized by the advanced life support service.
11. The Board will annually develop and revise, for use of physician medical directors and qualified physician surrogates, model protocols, standing orders, operating procedures, and guidelines which may be necessary or appropriate to carry out the purposes of the act. The model protocols, standing orders, operating procedures, and guidelines may be modified by the physician medical director for use by an out-of-hospital emergency care provider or advanced life support service before or after adoption.
12. No physician medical director will incur any liability by reason of his/her use of any unmodified protocol, standing order, operating procedure or guideline provided by the Board.

12-004.04H Records Maintenance Standards

12-004.04H1 Personnel Records: Advanced life support services must maintain current personnel rosters and personnel files. All records must be maintained until superseded. Each file will include the following:

1. Name, addresses, and telephone number;
2. Current level of certification;
3. Current cardiopulmonary resuscitation certification;
4. Other current certifications/endorsements as may be required by the medical director; and

5. Documentation of each out-of-hospital emergency care providers emergency medical continuing education training, as defined in 172 NAC 11-002, that includes:
 - (a) The subject matter;
 - (b) Date taken;
 - (c) Name of the instructor; and
 - (d) Number of hours of the training.
6. Copies of renewal documentation from the physician medical director or surrogate which verifies the personnel competency.

12-004.04H2 Vehicle Records: Advanced life support services must maintain records of vehicle and equipment maintenance and repair for not less than five years.

12-004.04H3 Patient Care Records: Advanced life support services must complete a patient care record for each response that the service makes.

12-004.04H3a The following information, as a minimum, will be recorded for each patient transported:

1. The name, age, and sex of the patient(s);
2. The address or location from which the patient(s) is taken;
3. The date of the call;
4. The time of dispatch, the time the ambulance is en route to the call;
5. The time of arrival at the scene;
6. A record of the chief complaint of the patient and/or the signs and symptoms of the patient;
7. A record of the patient(s) vital signs and the times at which these were noted;
8. A brief patient history;
9. A description of the treatment provided and equipment used;
10. A record of the time, dosage, and route of the medications administered;
11. A record of the time, rate, type, and delivery location of intravenous fluids administered;
12. A record of the time of each electro therapy attempt and results of each administration;
13. The name of the receiving facility or location;
14. The name or code number of the individual providing the primary care for the patient;
15. A record of any care provided to the patient prior to the arrival of the out of hospital personnel;
16. Location type;
17. Time unit left scene;
18. Time arrival at destination;

19. Time back in service;
20. Race/ethnicity of the patient;
21. Destination determination;
22. No patient treatment/no patient transportation;
23. Factors affecting EMS delivery;
24. Time CPR discontinued;
25. Adult/pediatric Glasgow coma scale; and
26. Trauma score.

12-004.04H3b A record of dry runs, refused transportation, and stand by services must be maintained.

12-004.04H3c The Department provides a form which meets the patient record keeping requirements of these regulations.

12-004.04H3d All patient care and run information records must be maintained and preserved, in original, microfilm, electronic or other similar form, for a period of at least five years following each incident or in the case of minors, the records must be kept until three years after the age of majority has been attained. Patient medical care and run information must be sent to the Department quarterly, within 30 days after the end of each quarter, for inspection and use for data collection and research. Patient care and run information may be sent either in paper form or by electronic media. This requirement does not supersede any medical or legal requirements for maintenance of patient records.

12-004.04H3e No patient data received or recorded will be divulged, made public or released by an emergency medical service or an out-of-hospital emergency care provider, except that the patient data may be released to the receiving health care facility, to the Department for statistical purposes, or to anyone to whom the patient who is the subject of the record has given written authorization of the patient who is the subject of the record. When a patient is transferred to a health care facility or another EMS service, all available patient care data must be given to the receiving health care facility or EMS service.

12-004.04H3f Confidentiality: Medical records must be kept confidential, available only for use by authorized persons or as otherwise permitted by law. Records must be available for examination by authorized representatives of the Department.

12-004.04H3g Destruction: Medical records may be destroyed only when they are in excess of the retention requirements specified in 172 NAC 12-003.04K4. In order to ensure the patient's right of confidentiality, medical records must be destroyed or disposed of by shredding, incineration, electronic deletion, or another equally effective protective measure.

12-004.04H3h Closing of Service: In cases in which a service ceases operation, all medical records of patients that have not met the record retention timeline must be stored or relinquished to the patient or the patient's authorized representative. If records are stored, the Department must be notified of the storage address.

12-004.04I Practices and Procedures Standards: Advanced life support services must have a written back up response plan in the event of their inability to respond to requests for their services.

12-004.05 Administrative Penalty/Other Action: An entity that provides emergency medical services prior to issuance of a license, is subject to assessment of an administrative penalty pursuant to 172 NAC 12-011, or such other action as provided in the statutes and regulations governing the license.

12-005 RENEWAL REQUIREMENTS FOR LICENSED EMERGENCY MEDICAL SERVICES: This section is applicable to both basic life support and advanced life support services.

12-005.01 Expiration of Licenses: Emergency medical services licenses issued by the Department under this Act and 172 NAC 12 expire at midnight on December 31 the third year after issuance.

12-005.02 Notice of Renewal of Licensure: By October 1 of each year, the Department must send a renewal notice, to the address of record, to those license holders whose licenses expire on December 31 of that year.

12-005.03 Emergency Medical Services Renewal: An emergency medical service requesting renewal must submit a completed renewal notice attesting that the service is in compliance with 172 NAC 12.

12-005.03A The renewal notice will specify:

1. Name of the service;
2. Address of the service;
3. License number of the service; and
4. Expiration date of the license.

12-005.03B The service must apply for renewal by submitting to the Department:

1. The renewal notice;
2. The name of the chief operating officer;
3. The chief operating officer's daytime telephone number;
4. The name of the owner of the service;
5. The name of the physician medical director;
6. The address of the physician medical director;
7. A current roster;
8. Whether the service is a transport or non-transport service; and

9. A copy of the entity's controlled substance registration if an advanced emergency medical service.

12-005.04 The Department may audit, in a random manner, a sample of the emergency medical services renewal applications for the purpose of determining that the service meets the licensing requirements of 172 NAC 12.

12-005.04A The Department will send to each license holder selected for audit, with the renewal notice, a notice of audit.

12-005.04B The emergency medical service will be inspected according to the procedures defined in 172 NAC 12-007.02.

12-005.04C Emergency medical services selected for audit will not be issued a renewal license until the Department determines that all licensing requirements are met.

12-006 GROUND ON WHICH THE DEPARTMENT MAY DENY, REFUSE RENEWAL OF OR DISCIPLINE A LICENSE

12-006.01 The Department will deny an initial application for licensure when the applicant fails to meet the requirements for licensure as specified in 172 NAC 12-003 or 12-004.

12-006.02 The Department will refuse renewal of a license if the license holder fails to meet the requirements specified in 172 NAC 12-005.

12-006.03 The Department may deny, refuse renewal of, limit, suspend, revoke, or take other disciplinary measures against licensees for any of the following grounds:

1. Violation of the regulations promulgated thereto governing the licensure of emergency medical services;
2. Permitting, aiding, or abetting the commission of any unlawful act;
3. Fraud, forgery, or misrepresentation of material facts, in procuring or attempting to procure a license;
5. Unprofessional conduct which terms include all acts specified in Neb. Rev. Stat. § 71-148 and such other acts which include but are not limited to:
 - a. Competence: An emergency medical service must not provide services for which the service has not been licensed or individuals certified or authorized by the physician medical director. Unprofessional conduct while practicing as an emergency medical service will include but is not limited to:
 - (1) Committing any act that endangers patient safety or welfare;
 - (2) Encouraging or promoting emergency medical care by untrained or unqualified persons;

- (3) Failure or departure from the standards of acceptable and prevailing practice as an emergency medical service;
 - (4) Failure to comply with emergency vehicle operating requirements in accordance with Neb. Rev. Stat. § 60-6,114; and
 - (5) Failure to comply with the directions of the physician medical director.
- b. Confidentiality: An emergency medical service must hold in confidence information obtained from a patient, except in those unusual circumstances in which to do so would result in clear danger to the person or to others, or where otherwise required by law. Failure to do so will constitute unprofessional conduct;
 - c. Failure to discipline out-of-hospital emergency care providers who are volunteering for, or employed by the emergency medical service for the grounds outlined under 172 NAC 11-007;
 - d. Failure to decline to carry out emergency medical care services that have been requested when the services are known to be contraindicated or unjustified;
 - e. Failure to decline to carry out procedures that have been requested when the services are known to be outside of the emergency medical services licensure level;
 - f. Falsification or unauthorized destruction of patient records;
 - g. Delegating to unqualified personnel those patient related services when the clinical skills and expertise of an out-of-hospital emergency care provider is required;
 - h. Failure of an emergency medical service to appropriately account for shortages or overages of controlled substances;
 - i. Failure to discipline out-of-hospital emergency care providers who have engaged in sexual harassment of patients or co-workers;
 - j. Violating an assurance of compliance entered into under Neb. Rev. Stat. § 71-171.02;
 - k. Failure to exercise appropriate supervision over persons who are authorized to practice only under the supervision of the licensed professional;
 - l. Practicing as an emergency medical service in this state without a current Nebraska license; and
 - m. Obtaining any fee for professional services by fraud, deceit, or misrepresentation, including, but not limited to, falsification of third-party claim documents.

5. Distribution of intoxicating liquors, controlled substances or drugs for any other than lawful purposes.
6. Willful or repeated violations of these rules and regulations.
7. Practicing as an emergency medical service while the service license is suspended or in contravention of any limitation placed upon the service license.
8. Use of untruthful or improbable statements, or flamboyant, exaggerated, or extravagant claims concerning such license holder's professional excellence or abilities, in advertisements.
9. Conviction of fraudulent or misleading advertising or conviction of a violation of the Uniform Deceptive Trade Practices Act.

12-006.04 If the Department determines to deny, refuse renewal of, suspend or revoke a license, it must send the applicant or owner/operator of the emergency medical service, by registered or certified mail, a notice setting forth the specific reasons for the determination.

12-006.05 The denial, refusal of renewal, suspension or revocation becomes final 30 days after the mailing of the notice unless the applicant or owner/operator of the emergency medical service, within the 30 day period, gives written notice to the Department of request for a hearing.

12-006.06 The applicant or owner/applicant of the emergency medical service must be given a fair hearing before the Department and may present the evidence as may be proper. On the basis of such evidence, the determination involved must be affirmed or set aside, and a copy of the decision setting forth the findings of the facts and the particular reasons upon which it is based must be sent by registered or certified mail to the applicant or owner/operator of the emergency medical service.

12-006.07 Hearings before the Department will be conducted in accordance with Title 184 NAC 1, the Rules of Practice and Procedure for the Department.

12-006.08 The decision becomes final 30 days after a copy of the decision is mailed unless the owner/operator of the emergency medical service within the 30 day period appeals the decision to the District Court.

12-007 INSPECTION OF EMERGENCY MEDICAL SERVICES

12-007.01 An initial inspection will be conducted within 45 days of receipt of a completed emergency medical services application and prior to the service commencing operations.

12-007.01A The criteria for successful completion of an inspection is set forth below:

1. The Department will issue a rating of "Pass/Fail" on an inspection.

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2. A rating of "Pass" will be issued when the applicant complies with all of the requirements of 172 NAC 12-003.04 and/or 12-004.04. The applicant will be notified on-site of the outcome of the inspection at the conclusion of the inspection.
3. When a "Pass" rating is received the Department will issue an emergency medical service license.
4. A rating of "Fail" will be issued when the applicant fails to comply with all of the requirements for an emergency medical services license.
5. When an applicant receives a "Fail" rating, the applicant must not operate an emergency medical service and must be granted 90 days from the date of the initial inspection to meet the requirements.
6. The Department will conduct a re-inspection within 90 days after the failed inspection or sooner as requested by the emergency medical service.
7. When an applicant receives a "Pass" rating at the time of the re-inspection, the Department must issue an emergency medical service license.
8. When an applicant receives a "Fail" rating at the time of the re-inspection, the Department will deny the application. Applicant is then required to submit a new application.

12-007.02 A representative or designee of the Department may inspect an emergency medical service for compliance with these regulations if a complaint has been received that alleges that the emergency medical service has violated the Emergency Medical Services Act or these regulations or if the service has been randomly selected for audit at the time of licensure renewal. The service will be inspected according to the procedures defined in 172 NAC 12-007.01A item 1., 12-007.01A item 2., and 12-007.01A item 4.

12-008 REQUIREMENTS FOR CHANGING PHYSICIAN MEDICAL DIRECTOR, TRANSFERRING AND CLOSING A LICENSED EMERGENCY MEDICAL SERVICE: The following procedures must be followed by an emergency medical service who wishes to change physical medical directors, transfer control or close its emergency medical service:

1. A change in the physician medical director for an emergency medical service requires the submission of a letter to the Department from the emergency medical service and new physician medical director which delineates the following:
 - a. Termination date of the current physician medical director;
 - b. Name of the new physician medical director;
 - c. Effective date of the appointment of the new physician medical director;
 - d. A statement by the new physician medical director that s/he has reviewed and signed the emergency medical service's protocols and either agrees with them or has revised them;
 - e. A statement from the new physician medical director that states that the emergency medical service will operate in accordance with the current statutes, regulations and application;
 - f. A statement that the service has changed the service's controlled substance registration to reflect the change in its physician medical director; and
 - g. The letter must be signed and dated by the new physician medical director and the service's officer.

2. If an emergency medical service wants to transfer control of its service, the new controlling agency must apply for licensure and must comply with 172 NAC 12-003 and 12-004.
3. If an emergency medical service wants to terminate its license, it must notify the Department in advance of the termination, when possible. All requirements for operation must be maintained until the emergency medical service is officially terminated.
4. The person that has operated the emergency medical service will be responsible for the retention and preservation of the appropriate records pursuant to 172 NAC 12-003.04K8 and 12-004.04H3h.

12-009 REAPPLICATION REQUIREMENTS AND PROCEDURES FOR A SERVICE LICENSE:

12-009.01 Reapplication After Revocation For Failure to Meet Renewal Requirements, for Failure to Renew, or for Disciplinary Action: An emergency medical service whose license has been revoked for failure to meet renewal requirements failure to renew, or for disciplinary action, must apply to the Department as set forth in 172 NAC 12-003 and/or 12-004.

12-010 SCHEDULE OF FEES: The following fees have been set by the Department:

1. Certification of License Fee: For issuance of a certification of a license the fee of \$25. The certification includes information regarding:
 - a. The basis on which a license was issued;
 - b. The date of issuance;
 - c. Whether disciplinary action has been taken against the license; and
 - d. The current status of the license.
2. Verification License Fee: For issuance of a verification of a license the fee of \$5. The verification includes written confirmation as to whether a license was valid at the time the request was made.
3. Duplicate License Fee: By an applicant for a duplicate original license or a reissued license, the fee of \$10;

12-011 ADMINISTRATIVE PENALTY: The Department may assess an administrative penalty when evidence exists that an entity practices without a license. Practice without a license for the purpose of this regulation means practice:

1. Prior to the issuance of a license;
2. Following the expiration of a license;
3. Prior to reinstatement of a license.

12-011.01 Evidence of Practice: The Department will consider any of the following conditions as prima facie evidence of practice without a license:

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1. The entity admits to engaging in practice;
2. Staffing records or other reports from the service indicate that the person was engaged in practice;
3. Billing or payment records document the provision of service, care, or treatment by the entity;
4. Service, care, treatment records document the provision of service, care, or treatment by the entity;
5. The entity establishes a practice site and announces or advertises that the site is open to provide service, care, or treatment.

For purposes of this regulation prima facie evidence means a fact presumed to be true unless disproved by some evidence to the contrary.

12-011.02 Penalty: The Department may assess an administrative penalty in the amount of \$10 per day, not to exceed a total of \$1,000 for practice without a license. To assess such penalty, the Department will:

1. Provide written notice of the assessment to the entity. The notice must specify:
 - a. The total amount of the administrative penalty;
 - b. The evidence on which the administrative penalty is based;
 - c. That the entity may request, in writing, a hearing to contest the assessment of an administrative penalty;
 - d. That the Department will within 30 days following receipt of payment of the administrative penalty, transmit the penalty to the State Treasurer for credit to the Permanent School fund; and
 - e. That an unpaid administrative penalty constitutes a debt to the State of Nebraska which may be collected in the manner of a lien, foreclosure, or sued for and recovered in a proper form of action in the name of the state in the District Court of the county in which the violator operates or owns property.
2. Send by certified mail, a written notice of the administrative penalty to the last known address of the person to whom the penalty is assessed.

12-011.03 Administrative Hearing: When a entity contests the administrative penalty and requests a hearing, the Department will hold a hearing pursuant to Neb. Rev. Stat. §§ 84-901 to 84-920 and the Department's rules and regulations adopted pursuant to these statutes.

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Title 172 NAC 12, Part 12-007.02A – 12.007.02H repealed (Pages 24-25)

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Forms may be obtained by contacting the Credentialing Division.

Nebraska Department of Health and Human Services
Regulation and Licensure
Credentialing Division
PO Box 94986
Lincoln NE 68509-4986

Advanced Certification: (402)471-2159 or 800/422-3460 Press 1 then 2
Basic Certification: (402)471-0153 or 800/422-3460 Press 1 then 1

<http://www.hhs.state.ne.us/crl/profindex1.htm>