TITLE 172 PROFESSIONAL AND OCCUPATIONAL LICENSURE

CHAPTER 12 LICENSURE OF EMERGENCY MEDICAL SERVICES

001. SCOPE AND AUTHORITY. These regulations govern the licensure of emergency medical services under the Emergency Medical Services Practice Act Nebraska Revised Statute (Neb. Rev. Stat.) §§ 38-1201 to 38-1237 and the Uniform Credentialing Act, Neb. Rev. Stat. §§ 38-101 to 38-1,146.

002. DEFINITIONS. For purposes of these regulations, definitions in the Uniform Credentialing Act, the Emergency Medical Services Practice Act, 172 Nebraska Administrative Code (NAC) 9, 11, and 13, and the following definitions are hereby adopted.

002.01 ADVANCED LIFE SUPPORT SERVICE. An emergency medical service that utilizes personnel trained and licensed as advanced emergency medical technicians, emergency medical technician-intermediates, or paramedics and has equipment available commensurate with that level of training.

002.02 BASIC LIFE SUPPORT SERVICE. An emergency medical service that utilizes personnel trained and licensed, at a minimum, as emergency medical technicians and has equipment available commensurate with that level of training.

002.03 DRY RUN. Travel to a scene where there could be a medical emergency but no one was found to be injured or ill at that location.

002.04 EMERGENCY CALL. A call for an ambulance in which the reporting party utilizes a dedicated activation number or system intended for rapid notification of emergency services and the reporting party indicates endangerment to a person’s life or limb.

002.05 INCIDENT. An occurrence, natural or manmade, requiring a response to a perceived individual need for medical care in order to prevent loss of life or aggravation of physiological or psychological illness or injury. For the purpose of these regulations “run”, “response”, or “call” are equivalent terms.

002.06 PATIENT ASSESSMENT. The act of determining the type and degree of injury, illness, or other medical disability.

002.07 PROTOCOL. A set of written policies, procedures, and directions from a physician medical director to an emergency care provider concerning the medical procedures to be performed in specific situations.

003. EMERGENCY MEDICAL SERVICE LICENSE. To receive a license, an applicant must submit a complete application, meet the requirements for a license set out in statute, 172 NAC 9, this chapter, and submit documentation of the following:

(A) Meets the standards for transporting patients or has a written agreement with a licensed emergency medical service that meets such standards;
(B) Has a physician medical director;
(C) Employs or has at least one member that is an emergency care provider, except for an emergency medical responder;
(D) Has an advanced emergency medical technician, emergency medical technician - intermediate, paramedic, registered nurse, advanced practice registered nurse, physician assistant, doctor of medicine, or doctor of osteopathy as a member or employee of the service, if applying for an advanced life support service license;
(E) Has protocols approved by the physician medical director of the service; and
(F) Has passed an inspection by the Department.

004. DOWNGRADE. An applicant may change licensure level if the applicant is unable to meet the requirements of an Advanced Life Support Service.

005. STANDARDS FOR PROVIDING COMMUNITY PARAMEDIC SERVICES. Any Nebraska licensed basic or advanced emergency medical service providing community paramedic services must:

(A) Implement a written plan which includes:
  (i) Area and populations being served;
  (ii) Conclusions or recommendations of a healthcare gap assessment in the area and population;
  (iii) Healthcare goals and objectives; and
  (iv) Benchmarks and performance measures that will be utilized to measure the efficacy of the program to include clinical and financial data;
(B) Minimum of one licensed community paramedic as member or employee of the service and on each community paramedic response; and
(C) Have a physician medical director who:
  (i) Provides monitoring and supervision of community paramedic services;
  (ii) Is involved in a community paramedicine training and competency evaluation; and
  (iii) Establishes and maintains appropriate treatment protocols, standing orders, and equipment.

006. STANDARDS FOR EMERGENCY MEDICAL SERVICES. All applicants and licensees who own or lease an ambulance must meet the standards as set forth below:

006.01 AMBULANCE STANDARDS. Ambulance standards are available on the Department's website or may be requested from the Department at 301 Centennial Mall South, Lincoln, NE 68509. Licensees must have documentation of the date an ambulance was acquired. Ambulances and aircraft must:

(A) After the effective date of the regulations, meet the National Fire Protection Association (NFPA) 1917 Standard for Automotive Ambulances that is current on the effective date of these regulations or the Commission on Accreditation of Ambulance Services (CAAS) Ground Vehicle Standard for Ambulances that is current on the effective date of these regulations;
(B) After the effective date of the regulations, remounted ambulances must meet the requirements of 172 NAC 12-006.01(A);
(C) Aircraft used for the transportation of patients must comply with Federal Aviation Administration Regulations 14 CFR 135 that is current on the effective date of these regulations and related bulletins and supplements; or
(D) Ambulances, including remounted ambulances, that are owned by a licensed emergency medical service on the effective date of these regulations may continue to be used as ambulances.
    (i) If the ownership of an ambulance meets the requirements of 172 NAC 12-006 .01(D) is transferred to another emergency medical service after the effective date of these regulations, then the ambulance cannot be used as an ambulance. unless the ambulance:
        (1) Meets the requirements of 172 NAC 12-006.01 (A) or (B); or
        (2) The ambulance is fifteen years of age or less; and,
        (3) Meets or exceeds the Federal Specifications for Ambulances, KKK-A-1822C.
    (ii) Section 006.01(D)(i) (2) and (3) terminate ten years after effective date of these regulations.

006.02 STANDARDS FOR EMERGENCY MEDICAL SERVICES EQUIPMENT. Ambulances and non-transporting emergency medical services must carry supplies and equipment, approved by the physician medical director for providing care to pediatric and adult patients. The equipment and supplies must include:

(A) Equipment that can be used to provide the following procedures as authorized by the service's license:
    (i) Patient assessment and diagnostic measurements;
    (ii) Airway management;
    (iii) Bleeding control and wound management;
    (iv) Extremity fracture immobilization;
    (v) Cervical and spinal motion restriction;
    (vi) Burn care;
    (vii) Cardiac care;
    (viii) Obstetrics and gynecology care;
    (ix) Intravenous administration sets and fluids; and
    (x) Administration of medications and controlled substances;
(B) Patient transport and comfort supplies;
(C) Supplies and equipment for the protection of personnel and patients from infectious diseases and for personal safety; and
(D) Equipment and supplies appropriate for a critical care transport.

006.03 DRUG ENFORCEMENT AGENCY CONTROLLED SUBSTANCE REGISTRATION. An advanced life support emergency medical service must have a Drug Enforcement Agency Controlled Substance Registration to deliver, store, or otherwise handle controlled substances.

006.04 CLINICAL LABORATORY IMPROVEMENT AMENDMENTS. An emergency medical service must have a current Clinical Laboratory Improvement Amendments (CLIA) certificate for all levels of point-of-care testing utilized by the service.

006.05 COMMUNICATION SYSTEMS. Each licensee must have a communications system that is capable of two-way communications with receiving hospitals, dispatchers, and medical control authorities.

006.06 AMBULANCE MAINTENANCE STANDARDS. Each licensee must meet the maintenance standards set out below:

(A) Ambulances must be maintained as specified in the chassis manufacturer owner's manual and the recommendations of the ambulance manufacturer;
(B) Aircraft must be maintained in accordance with Federal Aviation Regulation 14 CFR Part 135 and 14 CFR Part 91 and related bulletins, and supplements as required by this chapter;
(C) Equipment used for patient care or support must be maintained in accordance with the manufacturer's recommended procedures; and
(D) The licensee must keep and maintain all ambulance and operational equipment owner manuals and maintenance procedure manuals for the life of the ambulance or operational equipment or as long as the equipment is owned or used by the emergency medical service.

006.07 INFECTION CONTROL STANDARDS. The licensee must follow written policies, approved by its physician medical director, concerning sanitation and infection control and the following:

(A) Pre-exposure precautions;
(B) Post-exposure procedures for personnel. Such procedures must be in accordance with Neb. Rev. Stat. §§ 71-506 to 71-514.05;
(C) Procedures for decontamination and cleaning of the ambulance;
(D) Procedures for the decontamination and cleaning of equipment; and
(E) Procedures for the disposal of contaminated or single use equipment and supplies.

006.08 AMBULANCE INSPECTION STANDARDS. A licensee which transports patients must establish and perform, at a minimum, monthly vehicle inspections to assure the vehicle's emergency warning devices, electrical systems, engine, and fuel systems are in proper working order. Operational equipment, used for patient care or support, must be inspected, at a minimum, monthly and tested by the service for proper operation or function. All drugs must be inventoried, at a minimum, monthly. Checklists must be developed and used by the service to conduct these inspections monthly. Completed checklists must be maintained for five years.

006.09 PERSONNEL STANDARDS. A licensee must meet the statutory requirements and the following personnel standards:

(A) Maintain a current roster of the names of its employees and members of the service;
(B) Only use licensed emergency care providers and individuals as identified in Neb. Rev. Stat. § 38-1226 to provide patient care;
(C) When acting as an emergency care provider for a basic life support service, the provider may only provide the level of care as defined in Neb. Rev. Stat. §§ 38-

1206.01 and 38-1207.01. When acting as an emergency care provider for an advanced life support service, the provider may provide the level of care for a basic life support service and the level of care as defined in Neb. Rev. Stat. §§ 38-1204.01, 38-1207.01, and 38-1208.01; and

(D) Staffing of at least one critical care paramedic or a licensed physician, registered nurse, physician assistant, or advanced practice nurse practitioner when providing critical care transportation.

006.10 PERSONNEL TRAINING STANDARDS. A licensee must provide training every two years for its members that includes, but is not limited to, the following areas:

(A) Emergency vehicle driving for operators of ambulances or aircraft safety for operators of aircraft;
(B) Infection control standards;
(C) Procedures for dealing with hazardous materials;
(D) Health Insurance Portability and Accountability Act (HIPAA) Training;
(E) Personal safety issues; and
(F) Equipment used in the care of patients.

006.11 PERSONNEL TRAINING DOCUMENTATION. Training must be documented for each individual that participated in training provided by the licensee. The documentation must be maintained by the service for five years.

006.12 PHYSICIAN MEDICAL DIRECTION STANDARDS. Every licensee must have a physician medical director who meets the requirements and responsibilities in the Emergency Medical Services Practice Act and this chapter.

006.12(A) PHYSICIAN MEDICAL DIRECTOR QUALIFICATIONS. A physician medical director must have the following:

(i) Experience in, and knowledge of, emergency care of acutely ill or traumatized patients;
(ii) Be familiar with the design and operation of local, regional, and state emergency medical service systems;
(iii) Obtain at least three hours of category one continuing medical education within the subject area of emergency medical services every twenty-four months; and
(iv) An advanced life support service providing critical care services shall maintain a physician medical director with specialty board certification in emergency medicine or a critical care subspecialty.

006.12(B) PHYSICIAN MEDICAL DIRECTOR RESPONSIBILITIES. A physician medical director is responsible for:

(i) Notifying the Department of the name(s) of licensed emergency medical services for which the individual is the physician medical director;
(ii) Notifying the Department immediately when responsibility as the physician medical director for an emergency medical service is terminated and the date of the termination;
(iii) Development and approval of protocols and standing orders for the emergency medical service;

(iv) Ensuring and documenting the competency of each licensed emergency care provider to perform skills used by the emergency medical service and documentation of any limitations on the practice of any emergency care provider;
(v) Implementation of a medical quality assurance program. The medical quality assurance program must include:
(1) An annual review of protocols and standing orders;
(2) Documentation of medical care audits as required by physician medical director; and
(3) Continuing medical education for the emergency medical services personnel;
(vi) Ultimate authority and responsibility for monitoring and for the overall supervision of the medical aspects of the emergency medical service;
(vii) Ensuring each written standing order and protocol is appropriate for the licensure and skill level of each of the individuals to whom the performance of medical acts is delegated and authorized; and
(viii) The oversight of the distribution, storage, ownership and security of medications and controlled substances utilized by the emergency medical service.

006.13 RECORDS MAINTENANCE STANDARDS. Each licensee must maintain records as set out below:

006.13(A) PERSONNEL RECORDS. Current personnel files on each emergency care provider must be maintained. All records must be maintained until superseded. Each file must include the following:
(i) Name, address, and telephone number;
(ii) Current level of licensure; and
(iii) Current cardiopulmonary resuscitation certification.

006.13(B) AMBULANCE AND EQUIPMENT RECORDS. A licensee must maintain records of vehicle and equipment maintenance and repair for no less than five years.

007. RENEWAL OF AN EMERGENCY MEDICAL SERVICES. All emergency medical service's licenses issued by the Department expire on March 31 of each odd-numbered year. On or before the license expiration date, each emergency medical service must submit a complete application, meet all statutory requirements, meet the requirements of 172 NAC 9, this chapter, and
(A) Submit documentation of meeting 172 NAC 12-003(A) through (G); or
(B) Submit proof of current accreditation from the Commission on Accreditation of Medical Transportation Systems or Commission on Accreditation of Ambulance Services.

008. PATIENT CARE AND TREATMENT. Each licensee must provide the necessary care and treatment within its ability to meet the needs of patients. Care and treatment provided must meet prevailing professional standards and scope of practice requirements. Each licensee is to implement written policies and procedures that encompass care and treatment provided to patients.

009. PATIENT CARE RECORDS. A licensee must ensure a patient care record for each incident, dry run, refused transportation, critical care run, community paramedic response, and stand-by service is completed by responding personnel. Patient care records must contain all data points as defined in the Nebraska Emergency Medical Services Data Dictionary.

009.01 MAINTENANCE OF PATIENT CARE RECORDS. All patient care records for each incident, dry run, refused transportation, stand-by, critical care run, community paramedic response, and reporting of no incidents for a month must be:

(A) Maintained and preserved, in electronic form, for a period of at least five years or in the case of minors, the records must be kept until three years after the age of majority has been attained;
(B) Compliant with the highest standard as certified by the National Emergency Medical Services Information System, or successor organizations;
(C) Sent to the Department as a complete record within 72 hours upon completion of an incident and when a unit is back in service to be used for inspection, data collection and research;
(D) Submitted electronically to the Department. This requirement does not supersede any medical or legal requirements for maintenance of patient records; and
(E) Compliant with the current version of the Nebraska Emergency Medical Services Data Dictionary.

009.02 THIRD PARTY PATIENT CARE REPORTING SYSTEMS. If a licensee chooses not to use the electronic Nebraska Ambulance Rescue Service Information System, the patient care and incident information must meet all requirements in this chapter:

009.03 PATIENT CARE RECORD CONFIDENTIALITY. Patient data must be kept confidential as required by Neb. Rev. Stat. § 38-1225. Records must be available for examination by authorized representatives of the Department.

009.04 DESTRUCTION OF PATIENT CARE RECORDS. 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 or as otherwise provided by law.

010. BACKUP RESPONSE PLAN. A licensee must have a written back-up response plan in the event of their inability to respond to requests for their services except for interfacility transport and flight transport. The back-up response plan must:

(A) List how many times the service is dispatched and the time period between each dispatch if there is no response;
(B) List the back-up service that must be called no more than ten minutes after the original call activation; and
(C) Be sent to the dispatching agency with acknowledgement of receipt from the dispatching agency.

011. DEEMED COMPLIANCE. A licensee may be deemed in compliance with this set of regulations based on its accreditation. The service may still be selected for inspection in accordance with this set of regulations.

011.01 ACCREDITATION. A licensee may be deemed in compliance with this chapter on its accreditation by:

(A) Commission on Accreditation of Medical Transport Systems; or
(B) Commission on Accreditation of Ambulance Services.

011.02 REQUIREMENTS FOR EMERGENCY MEDICAL SERVICE TO BECOME DEEMED. A licensee may request the Department deem the emergency medical service in compliance with this chapter. The request must be:

(A) Made in writing to the department;
(B) Submitted within 30 days of receipt of a report granting accreditation; and
(C) Accompanied by a copy of the accreditation report and certificate.

011.03 MAINTAINANCE OF DEEMED COMPLIANCE. The licensee must maintain the accreditation or certification on which the license was issued. If the accreditation or certification has been sanctioned, modified, terminated, or withdrawn, the licensee must notify the Department within 15 days of receipt of notification of the action. After notifying the Department, the licensee may continue to operate unless the Department determines the licensee no longer meets the requirements for licensure under the Uniform Credentialing Act, Emergency Medical Services Practice Act, or this chapter. If the Department determines the licensee no longer qualifies for deemed compliance, the licensee is subject to inspections in accordance with this chapter.

012. COMPLIANCE INSPECTIONS. Each licensee has the responsibility to be in compliance, and to remain in compliance, with the statutes and this chapter. To determine compliance with the statutes and regulations, the Department may conduct announced or unannounced inspections of emergency medical services.

013. REQUIREMENTS FOR CHANGING PHYSICIAN MEDICAL DIRECTOR. Prior to a change in a physician medical director, the licensee must submit a change in medical director form provided by the Department. A licensee may not operate without a physician medical director.

014. REQUIREMENTS FOR CLOSING A LICENSED EMERGENCY MEDICAL SERVICE. The following procedures must be followed by a licensee that wishes to close:

(A) Notify the Department in advance of closing, when possible. All requirements for operation must be maintained until the emergency medical service is officially closed;
(B) All patient care records that have not met the record retention timeline, must be stored, or relinquished to the patient or the patient's authorized representative. The Department must be notified as to where the records are stored if the records were relinquished to patients or destroyed. If records are stored, the Department must be notified of the storage address, name, and telephone number of the person who has access to the records; and
(C) The owner of the emergency medical service is responsible for the retention and preservation of the appropriate records upon termination of license.

015. UNPROFESSIONAL CONDUCT. Unprofessional conduct includes but is not limited to the acts set out in Neb. Rev. Stat. §§ 38-179, § 38-182 and the following:

(A) Competence: A licensee must not provide services for which the service has not been licensed or individuals licensed or authorized by the physician medical director. Unprofessional conduct while providing services as an Emergency Medical Service will include but is not limited to:
    (i) Encouraging or promoting emergency medical care by untrained or unqualified persons;

(ii) Failure to comply with emergency vehicle operating requirements in accordance with Neb. Rev. Stat. § 60-6,114; and

(iii) Failure to comply with the lawful directions of the physician medical director;

(B) Confidentiality: A licensee 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 decline to carry out emergency medical care services that have been requested when the services are known to be contraindicated or unjustified;

(D) Failure to accurately provide interfacility arrival response time;

(E) Failure to ensure and document emergency care provider competency;

(F) 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;

(G) Falsification or unauthorized destruction of patient records;

(H) Delegating to unqualified personnel those patient related services when the clinical skills and expertise of an emergency care provider is required;

(I) Failure of a licensee to appropriately account for shortages or overages of controlled substances;

(J) Failure to discipline emergency care providers who have engaged in sexual harassment or any form of harassment of patients or co-workers;

(K) Violating an assurance of compliance entered into under Neb. Rev. Stat. § 38-1,108;

(L) Failure to exercise appropriate supervision over persons who are authorized to practice only under the supervision of the licensed professional;

(M) Practicing as an emergency medical service in this state without a current Nebraska license;

(N) Obtaining any fee for professional services by fraud, deceit, or misrepresentation, including, but not limited to, falsification of third-party claim documents;

(O) Failure to permit access by an agent or employee of the Department for the purposes of inspection, investigation, or other information collection activities necessary to carry out the duties of the Department; and

(P) Failure of a licensee or applicant, who is subject of a disciplinary investigation, to furnish the Department, Board, or its investigator with requested information or requested documents.