TITLE 172 PROFESSIONAL AND OCCUPATIONAL LICENSURE

CHAPTER 12 LICENSURE OF EMERGENCY MEDICAL SERVICES

12-001 SCOPE AND AUTHORITY. These regulations ~~apply to the licensure~~ govern the credentialing of Emergency Medical Services ~~as defined in~~ under Neb. Rev. Stat. §§ ~~71-5172 to 71-51,103~~ 38-1201 to 38-1237, and the Uniform Credentialing Act (UCA).~~and the Uniform Licensing Law.~~

12-002 DEFINITIONS

Act means Neb. Rev. Stat. §§ ~~71-5172 to 71-51,103~~ 38-1201 to 38-1237known as the Emergency Medical Services Practice Act.

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

Advanced Life Support Service means an Emergency Medical Service that utilizes personnel that have been trained and ~~certified~~ licensed as Advanced Emergency Medical Technicians, Emergency Medical Technician-Intermediates or ~~Emergency Medical Technician-Paramedic~~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 ~~or/~~/Attestation means that the individual declares that all statements on the application are true and complete.

Basic Life Support Service means an Emergency Medical Service that utilizes personnel that have been trained and ~~certified~~licensed, 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.

Business means a business providing the service of body art, cosmetology, emergency medical services, esthetics, funeral directing and embalming, massage therapy, or nail technology.

~~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.~~

Complete Application means an application that contains all of the information requested on the application, with attestation to its truth and completeness, and that is submitted with all required documentation

Confidential Information means information protected as privileged under applicable law.

Consumer means a person receiving health or health-related services or environmental services and includes a patient, client, resident, customer, or person with a similar designation.

Credential means a license, certificate, or registration.

Department means the ~~Department of Health and Human Services Regulation and Licensure~~ Division of Public Health of the Department of Health and Human Services.

Director means the Director of Public Health of the Division of Public Health or his/her designee.

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 Call means 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.

Emergency Medical Service (EMS) 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~~ license to practice as an emergency medical technician.

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

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

~~First Responder~~Emergency Medical Responder means an individual who has a current ~~certificate~~license to practice as a ~~first responder~~emergency medical responder.

Incident means an occurrence, natural or manmade, that requires a response 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. For the purpose of these regulations run, response, or call are equivalent terms.

Incident Commander means the individual responsible for all incident activities, including the development of strategies and tactics and the ordering and release of resources. The Incident Commander has overall authority and responsibility for conducting incident operations and is responsible for the management of all incident operations at the incident site.

License means an authorization issued by the Department to a business to provide services which would otherwise be unlawful in this state in the absence of such authorization.

Mandatory Reporting Law means Neb. Rev. Stat. § ~~71-168~~38-1,124.

NAC means the Nebraska Administrative Code, the system for classifying State agency rules and regulations. These regulations are 172 NAC 12.

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 Provider~~s~~ means all ~~certification~~ licensure classifications of emergency care providers established pursuant to the ~~act~~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~~38-1217.

Profession means any profession or occupation named in subsection (1) or (2) of Neb. Rev. Stat. § 38-121.

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~~ the Uniform Credentialing Act 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~~ renewal of licensure of out-of-hospital emergency care providers.

Qualified Trained Medical Person means ~~a~~ an ~~First Responder~~Emergency Medical Responder, Emergency Medical Technician, Emergency Medical Technician-Intermediate, Advanced Emergency Medical Technician~~-~~, ~~Emergency Medical Technician-Paramedic~~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~~license.

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;~~
~~(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;
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 Glascow 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.

12-003.06 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.
2. An advanced life support service must maintain a current roster of the names of its employees/members of the service.
3. 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 Glascow 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.~~

12-003 INITIAL EMERGENCY MEDICAL SERVICE LICENSE: Emergency medical services which provide emergency medical care must be licensed. There are two types of emergency medical services, basic life support and advanced life support.

12-003.01 Qualifications: To receive a credential as a basic life support service or advanced life support service, the service must meet the following qualifications:

1. Meet the standards defined in 172 NAC 12-004 or
2. Have a written agreement with a licensed service that meets the standards defined in 172 NAC 12-004 if applicable; and
3. Have a physician medical director;
4. Employ or have as a member at least one out-of-hospital emergency care provider, except for an emergency medical responder;
5. Have an advanced emergency medical technician, emergency medical technician-intermediate or paramedic as a member or employee of the service, if applying for an advanced life support service license;
6. Designate the service area that will be served by the emergency medical service;
7. Have service protocols;
8. Pass an initial inspection as set out in 172 NAC 12-005.01;
9. Must have a current Mid-Level Practitioner Controlled Substance Registration or have applied for a Mid-Level Practitioner Controlled Substance Registration, if an emergency medical service is applying for an advanced life support service license;
10. Must have a current Clinical Laboratory Improvement Amendments (CLIA) certificate if the emergency medical service is utilizing a glucose monitor.

12-003.02 Application: To apply for a credential to operate as an Emergency Medical Service (EMS), the service must submit a complete application to the Department. A complete application includes required documentation and a written application. The service may obtain an application from the Department or construct an application that contains the following information:

1. Written Application:
   a. The full name and address of the emergency medical service;
   b. The full name and address of the owner of the emergency medical service;
   c. The name of each person in control of the emergency medical service;
   d. The Social Security Number of the emergency medical service if the applicant is a sole proprietorship;
   e. Telephone number including area code (optional);
   f. E-Mail Address (optional);
   g. Fax Number (optional);
   h. The full name and address of the physician medical director;
   i. Signature of:
      (1) The owner or owners if the applicant is a sole proprietorship, a partnership, or a limited liability company that has only one member; or
      (2) Two of its members if the applicant is a limited liability company that has more than one member; or
      (3) Two of its officers if the applicant is a corporation; or
      (4) The head of the governmental unit having jurisdiction over the emergency medical service if the applicant is a governmental unit; or
      (5) If the applicant is not an entity described in 172 NAC 12-003.02 item 1i (1) to (4), the owner or owners or, if there is no owner, the chief executive officer or comparable official;
   j. Signature of the physician medical director;
   k. Attestation by the applicant;
      (1) That the emergency medical service has not operated in Nebraska before submitting the application; or
      (2) To the actual number of days of operation in Nebraska before submitting the application; and
      (3) That the service meets the standards defined in 172 NAC 12-004.
      (4) If the applicant is a sole proprietorship, that s/he is;
      (5) S/he is:
         (a) For purposes of Neb. Rev. Stat. §§4-108 to 4-114, a citizen of the United States or qualified alien under the Federal Immigration and Nationality Act; and
         (b) For purposes of Neb. Rev. Stat. §38-129:
            (i.) A citizen of the United States;
            (ii.) An alien lawfully admitted into the United States who is eligible for a credential under the Uniform Credentialing Act; or
            (iii.) A nonimmigrant lawfully present in the United States who is eligible for a credential under the Uniform Credentialing Act.
2. Documentation:
   a. Written agreement with a licensed emergency medical service if the applicant does not own or lease an ambulance:
   b. A listing of the names and licensure levels of the members/employees of the service;
   c. A description or map of its service area; and

d. A copy of the emergency medical service protocols. If the emergency medical service protocols are the State Emergency Medical Service Model Protocols, the service's officer must submit a statement attesting to that fact;
e. If applicable, a copy of the Mid-Level Practitioner Controlled Substance registration or a copy of the completed application for a Mid-Level Practitioner Controlled Substance registration; and
f. If applicable, a copy of the current Clinical Laboratory Improvement Amendments (CLIA) certificate or a copy of the completed application for a CLIA certificate.

12-003.03 Department Review: The Department will:

1. Review the application to determine completeness. Applications must be received at least 90 days prior to when the emergency medical service expects to commence operations:
2. Notify the applicant of the need for additional information/documentation;
3. Forward the completed application to the Board for its review
4. Issue or deny a license within 150 days after receipt of the completed application.

12-003.04 Board Review: 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.

12-003.05 Denial of Initial Credential: If an applicant for an initial credential to operate a service does not meet all of the requirements for the credential or if the applicant is found to have done any of the grounds listed in 172 NAC 12-008, the Department will deny issuance of a credential. To deny a credential, the Department will notify the applicant in writing of the denial and the reasons for the determination. The denial will become final 30 days after mailing the notice unless the applicant, within the 30-day period, requests a hearing in writing. The hearing will be conducted in accordance with the Administrative Procedure Act and 184 NAC 1, the Department's Rules of Practice and Procedure for Administrative Hearings.

12-003.06 Practice Without a Credential: An emergency medical service that practices prior to issuance of a credential is subject to assessment of an administrative penalty under 172 NAC 12-011 or such other action as provided in the statutes and regulations governing the credential.

12-003.07 Confidentiality: Social Security Numbers obtained under this section are not public information but may be shared by the Department for administrative purposes if necessary and only under appropriate circumstances to ensure against any unauthorized access to this information.

12-003.08 Address Information: Each credential holder must notify the Department of any change to the address of record.

12-004 STANDARDS FOR EMERGENCY MEDICAL SERVICES: All emergency medical services must meet the standards as set forth below:

12-004.01 Ambulance Standards

12-004.01A After March 7, 1999 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;

12-004.01B 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. 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

12-004.01C Ambulances used for the transportation of patients that are owned by licensed emergency medical services on March 7, 1999 may continue to be used as ambulances.

12-004.02 Standards for Ambulance Equipment

12-004.02A 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 and the level of care provided by the service. 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;
10. Intravenous Administration sets and fluids; and

11. Medications/Control Substances

12-004.02B Ambulances used for the transportation of patients must have patient transport and patient comfort supplies and equipment.

12-004.02C 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.

12-004.02D Each service must have a communications system that is capable of two-way communications with receiving hospitals, dispatchers, and medical control authorities.

12-004.02E 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.

12-004.03 Maintenance Standards

12-004.03A Motor vehicles used for the transportation of patients must be maintained as specified in the chassis manufacturer owner's manual and the recommendations of the ambulance manufacturer/contractor.

12-004.03B 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 12-004.01B.

12-004.03C Operational equipment, used for patient care or support, must be maintained in accordance with the manufacturers recommended procedures.

12-004.03D The service must maintain all ambulance and operational equipment maintenance procedure documents as described in 172 NAC 12-004 for as long as the life of the ambulance or operational equipment.

12-004.04 Sanitation Standards

12-004.04A The emergency medical service must follow written policies, approved by its 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 71-514.05;
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.

12-004.04B 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.

12-004.05 Inspection Standards

12-004.05A An emergency medical service utilizing motor vehicles for the transportation of patients must establish and perform, as a minimum, monthly vehicle inspections 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.

12-004.05B Operational equipment, used for patient care or support, must be inspected and tested by the service for proper operation or function at least monthly.

12-004.05C Controlled substances or prescription medications carried must be inventoried/inspected not less than monthly or more frequently if directed by the service's physician medical director.

12-004.06 Personnel Standards

12-004.06A An emergency medical service must have a physician medical director.

12-004.06B An emergency medical service must maintain a current roster of the names of its employees/members of the service.

12-004.06C 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 licensed out-of-hospital emergency care provider. The individual must be acting within the scope of practice of his/her license.

12-004.06D Only licensed out-of-hospital emergency care providers and individuals as identified in 172 NAC 12-004.06C must be used to provide patient care.

12-004.06E 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 11-009.01 or 11-009.02. When acting as an out-of-hospital 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 172 NAC 11-009.03, 11-009.04 and 11-009.05.

12-004.06F On all incidents an ambulance or aircraft must be staffed by at least one, emergency medical technician, advanced emergency medical technician, emergency medical technician-intermediate, or paramedic to provide patient care and a person to drive the ambulance or operate the aircraft except as provided in 172 NAC 12-004.06G.

12-004.06G In the event one or more the individuals listed in 172 NAC 12-004.06F fails to respond to an emergency run, an emergency medical responder with appropriate training, physician medical director approval and meets the requirements listed in 172 NAC 12-004.10 item 2 may staff the ambulance along with a person to drive the ambulance. This alternate staffing is intended for emergency runs only and does not apply to a health care facility to health care facility transport of a patient.

12-004.07 Personnel Training Standards: An emergency medical service must provide training every two 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;
4. Extraction and victim recovery for special conditions as may be determined in the incident 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.

12-004.07A Training must be documented for each individual that participated. The documentation must be maintained by the service for four years.

12-004.08 Medical Direction Standards: Responsibilities of a physician medical director include but are not limited to the following and those identified in 172 NAC 12-004.02A, 12-004.04A, 12-004.04B, 12-004.05C, and 12-004.07, 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. Authorizing out-of-hospital emergency care providers to practice the additional skills as stated in 172 NAC 11-009 upon completion of training.

3. 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.

4. 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 an emergency medical 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.

5. Limiting the skills that each licensed 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.

6. Supervising the development of a medical quality assurance program for each emergency medical service being directed. The medical quality assurance 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.

7. Providing monitoring and supervision of the medical quality assurance program. This responsibility may be delegated by the physician medical director to other qualified physician surrogates if designated in writing.

8. 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.

9. Ensuring that each written standing order and/or 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.

10. The physician medical director or qualified physician surrogate may exercise the option to attest that an individual meets the renewal of licensure 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 licensure.

    a. If the individual is an emergency medical responder, the documentation must show all of 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 Glucometers.

c. 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).

d. If the individual is a paramedic, the documentation must show, in addition to the skills in 172 NAC 12-004.08 item 10c. all of the following skills the individual is competent to perform:
(1) Cardiac Arrest Skills; and
(2) IV and Medication Skills.

11. The physician medical director of the emergency medical service is accountable for the distribution, storage, ownership and security of medications and controlled substances utilized by the emergency medical service.

12-004.08A 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.

12-004.08B 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.

12-004.09 Records Maintenance Standards: Each emergency medical service must maintain records as outlined below:

12-004.09A Personnel Records:

1. 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 licensure;
   c. Current cardiopulmonary resuscitation certification; and
   d. Other current certifications/endorsements as may be required by the physician medical director; and

2. Documentation of each out-of-hospital emergency care provider's emergency medical continuing education training, as defined in 172 NAC 11-002 that includes:

   a. Name of the course;
   b. Date of the course;
   c. Name of the instructors of the course;
   d. Number of hours of training for each course taken; and
   e. Provider of the course: e.g. Nebraska Emergency Medical Services Association, Department of Health & Human Services Emergency Medical Service Program workshops; or
   f. Certificates of attendance and/or participation.

3. Copies of renewal documentation from the physician medical director or surrogate which verifies personnel competency as defined in 172 NAC 12-004.08 item 10.

12-004.09B Vehicle Records: Emergency medical service must maintain records of vehicle and equipment maintenance and repair for not less than five years.

12-004.09C Patient Care Records: Emergency medical services must complete a patient care record for each incident that the service makes.[1]

12-004.09C1 The following information must be recorded for each patient incident as applicable:

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 incident;
4. The time of dispatch and the time the ambulance is en route to the incident;
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;

[1] The Department will make available a data software system that will meet the patient record keeping requirements of these regulations.

8. A brief patient history;
9. A description of the treatment provided and equipment used;
10. A record of time, dosage, and route of any medications;
11. A record of time, rate, type, and delivery location of intravenous fluids administered;
12. A record of the time of each electrotherapy attempt and the 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 emergency medical service delivery;
24. Time CPR discontinued in the field;
25. Adult/pediatric Glasgow Coma Score;
26. Trauma score;
27. The name of the incident commander responsible for all incident activities; and
28. Reading and unit for each use of the glucose monitoring device.

12-004.09C2 A record of dry runs, refused transportation, and stand by services must be maintained. If an emergency medical service performs no incidents during any month, that fact must be reported to the Department at the end of the month.

12-004.09C3 Two years from the effective date of these regulations, all patient care and incident information records must be:

1. Maintained and preserved, in electronic 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.
2. Compliant with the highest standard as certified by the National Emergency Medical Services Information System (NEMSIS);
3. Sent to the Department within 48 hours after the incident, for inspection and use for data collection and research;
4. Submitted by electronic media. This requirement does not supersede any medical or legal requirements for maintenance of patient records; and
5. Compliant with the current version of the Nebraska Emergency Medical Services Data Dictionary.

Compliance information can be found at the National EMS Information Systems Technical Assistance Centers' website – http://www.nemsis.org. Information about the Nebraska Data Dictionary can be found at http://www.dhhs.ne.gov/ems/emsindex.htm see Patient Care Documents and then Nebraska EMS Data Dictionary

12-004.09C4 Full and complete use of the current Nebraska Emergency Medical Services Data Software System constitutes, and is evidence of, compliance with the record keeping and reporting requirements pursuant to 172 NAC 12-004.09C3.

12-004.09C5 If an emergency medical service chooses not to use the Nebraska Emergency Medical Services Data Software System, the patient care and incident information must;

1. Be in the form of a digital file, readable and manipulable by computer; and,
2. Be in a format that is compatible with the data import requirements of the current Nebraska Emergency Medical Services data software system.

12-004.09C6 No patient data received or recorded by an emergency medical service or an out-of-hospital emergency care provider shall be divulged, made public, or released by an emergency medical service or an out-of-hospital emergency care provider, except that patient data may be released for purposes of treatment, payment and other health care operation as defined and permitted under the federal Health Insurance Portability and Accountability Act of 1996, as such act existed on January 1, 2007, or as otherwise permitted by law. Such data shall be provided to the department for public health purposes pursuant to rules and regulations of the department. For purposes of this subpart, patient data means any data received or recorded as part of the records maintenance requirements of the Emergency Medical Services Practice Act. When a patient is transferred to a health care facility or another emergency medical service, all available patient care data must be given to the receiving health care facility or emergency medical service.

12-004.09C7 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.

12-004.09C8 Destruction: Medical records may be destroyed only when they are in excess of the retention requirements specified in 172 NAC 12–004.09C3 item 1. 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.

12-004.09C9 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. When a service closes, 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 and name and telephone number of the person who has access to the records.

12-004.10 Practices and Procedure Standards: Emergency medical service responsibilities include;

1. Each emergency medical service must have a written back-up response plan in the event of their inability to respond to requests for their services. The back-up response plan must:
   a. List how many times the call activation mode is sounded and the time period between each call 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;
   c. Be approved by the physician medical director(s) of the initial service and the back-up service.
   d. Be sent to the dispatching agency.

2. An emergency medical service that anticipates the use of emergency medical responders to transport patient(s) in the event an emergency medical technician, advanced emergency medical technician, emergency medical technician-intermediate or paramedic fails to respond to an emergency call must have:
   a. Prior written approval of the physician medical director to allow emergency medical responders to transport;
   b. Physician medical director approval of those practices and procedures defined in 172 NAC 11.009.01 that the emergency medical responder may perform;
   c. A recruitment and retention plan that includes:
      (1) A policy prohibiting discrimination based on race, color, religion, gender, or national origin;
      (2) A budget for the recruitment and retention plan;
      (3) Leadership training;
      (4) Steps for recruitment of new members or employees; and
      (5) Steps for retention of current members or employees
   d. A staffing schedule that:
      (1) Lists dates and time periods when each individual member will be on call;
      (2) Lists of individuals and their levels of licensure when each member/employee will be on call;
      (3) Is updated at least monthly; and
      (4) Identifies time periods where emergency medical technicians, advanced emergency medical technicians, emergency medical technician-intermediates or paramedics are unavailable and the automatic aid plan to be followed.
   e. Outlines an automatic aid plan which includes:
      (1) Intercepting with a back-up licensed service to allow patient care to be transferred to an emergency medical technician, advanced emergency medical technician, emergency medical technician-intermediate or paramedic;

(2) Dispatching of the licensed service and the back-up licensed service at the same time without a requirement for a verbal request from the initial licensed service;
(3) Contacting the dispatch center to request the backup service when a scheduled emergency medical technician, advanced emergency medical technician, emergency medical technician-intermediate or paramedic fails to respond. In this event this request will take place within ten minutes of the initial notification;
(4) Direction on how to cancel the back-up licensed service in the event an emergency medical technician, advanced emergency medical technician, emergency medical technician-intermediate or paramedic does respond;
(5) Lists the following:
(a) The names of the service, the backup service and the dispatching agency;
(b) The procedure for notifying the dispatch agency; and
(c) The names of the emergency medical service members responsible for notifying the dispatch center that they are following the automatic aid plan.
(6) Officer signatures of the licensed service and the backup licensed service agreeing to the automatic aid plan; and
(7) Acknowledgment of receipt of the plan by the dispatching agency.

3. Each emergency medical service that utilizes the use of emergency medical responders to transport patient(s) in the event an emergency medical technician, advanced emergency medical technician, emergency medical technician-intermediate or paramedic fails to respond to an emergency call must submit within 30 days a report for each event to the Department. The report must include:
a. The name of the service;
b. The name of the back-up service;
c. The names of all the members or employees that responded to the event;
d. The date and time of the event;
e. The patient condition and care provided;
f. The actions taken to notify an emergency medical technician, advanced emergency medical technician, emergency medical technician-intermediate or paramedic who indicated availability on the staffing schedule but did not respond when this event occurred;
g. Reason(s) an emergency medical technician, advanced emergency medical technician, emergency medical technician-intermediate or paramedic where unavailable to respond or be placed on the staffing schedule to respond; and
h. An attestation that the emergency medical service has complied with and will make available upon request of the Board the items defined in 172 NAC 12-004.10 item 2 a through e and the records verifying that the emergency medical responder(s) in attendance at the incident have completed the appropriate training as defined in 172 NAC 11-009.01 item 3.

The regulation defined in 172 NAC 12-004.10 does not prevent the emergency medical service from responding to the scene of an emergency with an emergency response vehicle

staffed by an emergency medical responder, however the emergency medical responder cannot initiate transport unless the requirements of 172 NAC 11-009.01C AND 172 NAC 12-004.10 are met.

~~12-004.10 Practices and Procedures Standards: Each emergency medical service must have a written back-up incident plan in the event of their inability to respond to requests for their services.~~

~~12-004.10A The back-up incident plan must list how many times the incident activation mode is sounded and the time period between each incident if there is no incident. The back-up service must be incidented no more than ten minutes after the original incident activation. The plan must be approved by the physician medical director(s) of the initial service and of the back-up service. The signed back-up incident plan must be sent to the dispatching agency.~~

12-004.11 Licensure Levels That Became Null and Void: Effective March 7, 1999 licensure levels of EMT-A/D, EMT-A/M, EMT-IV, EMT-D and first responder services became 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.

~~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.~~

12-005 COMPLIANCE INSPECTIONS: Each emergency medical service has the responsibility to be in compliance, and to remain in compliance, with the regulations set out in this chapter.

12-005.01 Initial Inspection: The Department will conduct an initial inspection of an entity seeking to provide emergency medical services within 45 days of receipt of a completed application and prior to the service commencing operations.

12-005.01A The criteria for successful completion of an initial inspection are set forth below:

1. The Department will issue a rating of "Pass/Fail" on an inspection.
2. A rating of "Pass" will be issued when the applicant complies with all of the requirements of 172 NAC 12-004. 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. The Department will conduct a re-inspection within 90 days after the failed inspection.
6. When an applicant receives a "Pass" rating at the time of the re-inspection, the Department will issue an emergency medical service license if all other licensure requirements are met.
7. When an applicant receives a "Fail" rating at the time of the re-inspection, the Department will deny an emergency medical service license.

12-005.02 Continued Compliance Inspections

12-005.02A Self Inspection: An emergency medical service must ensure that it remains in compliance with the requirements as specified in 172 NAC 12-004. This assurance shall be accomplished by a self-inspection and documented by the submission of an Emergency Medical Service Quality Assurance Report.

12-005.02A1 The Emergency Medical Service Quality Assurance Report:

1. Must be submitted prior to the service's license expiration date;
2. Is not required to be completed by an emergency medical service that holds a current certification from the Commission on Accreditation of Medical Transport Systems (CAMTS); and
3. Will fulfill the self-inspection requirement if the service is in full compliance.

12-005.02A2 If the Department determines that the emergency medical service is not in compliance after the emergency medical service submits the Emergency Medical Service Quality Assurance Report, the emergency medical service will be subject to an onsite inspection.

12-005.02A3 Any emergency medical service that fails to submit an Emergency Medical Service Quality Assurance Report will be subject to an onsite inspection.

12-005.02B Onsite Inspections: After the effective date of these regulations, all emergency medical services are subject to an onsite inspection to determine whether an emergency medical service complies with the requirements of 172 NAC 12-004. Any emergency medical service that holds a current certificate from the Commission on Accreditation of Medical Transport Systems (CAMTS) will meet the onsite inspection requirements.

12-005.02B1 Onsite inspections may be conducted:

1. When the Department determines, based upon the criteria specified in 172 NAC 12-005.02A, that the Emergency Medical Service Quality Assurance Report does not fulfill the onsite inspection requirement, a Department inspector must conduct an onsite inspection to determine compliance with the Emergency Medical Services Act and these regulations; or
2. When the Department/Board selects services for inspection;
    a. The Board may biennially select, in a random manner, a sample of emergency medical services;
    b. Each emergency medical service selected for onsite inspection must produce documentation that proves that it meets the standards specified in 172 NAC 12-004;
    c. The Department will notify each selected emergency medical service by mail. Failure to notify the Department of a current mailing address

will not absolve the emergency medical service from the requirement of an onsite inspection;

d. Within 30 days, each selected emergency medical service will be contacted by a Department inspector to set up an onsite inspection; and

e. The results of the inspection will be determined as outlined in 172 NAC 12-005.02C; or

3. For cause: The Department may inspect an emergency medical service to determine violations when any one or more of the following conditions or circumstances occur:

a. A complaint alleging violation of the Emergency Medical Services Practice Act or these regulations;

b. A complaint that raises concern about patient care, maintenance, operation, or management of the service;

c. Change of licensure level, change of transporting level, or when transferring control;

d. Failure to submit an Emergency Medical Service quality Assurance Report within 30 days of the due date;

e. Submitting incomplete or questionable answers on the Emergency Medical Service Quality Assurance Report.

12-005.02C Results of Onsite or Self Inspections

12-005.02C1 When the Department finds that the emergency medical service fully complies with the requirements of 172 NAC 12-004, the Department will notify the emergency medical service of its compliance within 30 days after the self or onsite inspection.

12-005.02C2 When the Department finds that the licensee does not fully comply with the requirements of 172 NAC 12-004, but the nature of the violations do not create an imminent danger of death or serious physical harm to the patients of the emergency medical service, the Department may send to the emergency medical service a letter requesting that the violation(s) be corrected. The letter must include:

1. A description of each violation;
2. A request that the emergency medical service correct the violation(s) within 20 working days;
3. A request that the emergency medical service send a letter to the Department outlining how each deficiency will be corrected; and
4. A notice that the Department may take further disciplinary action if the violation(s) are not corrected.

12-005.02C3 The letter submitted by an emergency medical service must indicate any steps that have been or will be taken to correct each violation and the estimated time when each correction will be completed. Based on the letter, the Department will take one of the following actions:

1. If the emergency medical service submits and implements a letter that indicates a good faith effort to correct the violations, the Department will notify the licensee of the acceptance of the letter and may re-inspect; or
2. If the emergency medical service fails to submit and implement a letter that indicates a good faith effort to correct the violations, the Department may initiate disciplinary action against the emergency medical service license.

~~12-006 GROUNDS 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;~~

~~1.~~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.

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.~~

~~12-008~~ 12-006 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~~ physician 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~~,~~ and 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.~~f. 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 12-004.~~04H3h~~09C9.

12-007 RENEWAL OF AN EMERGENCY MEDICAL SERVICE CREDENTIAL: To renew an Emergency Medical Service license, the licensed service must request renewal and complete the renewal requirements specified in 172 NAC 12-007.02. All Emergency Medical Service licenses issued by the department will expire at midnight on December 31, the second year after issuance. Emergency medical service licenses will expire 12/31 on every even year.

Renewal periods for Emergency Medical Service licenses that expire on December 31, 2011 will be renewed for one year.

12.007.01 Renewal Notice: At least 30 days before the expiration of a credential, the Department will notify the licensed service at the last known address of record. The renewal notice will include:

1. The type of credential;
2. The credential number;
3. The expiration date;
4. Information on how to request renewal; and
5. An Emergency Medical Service Quality Assurance Report Form.

12-007.02 Renewal Procedures: To request renewal of a service license, a service must submit by mail or in person, the following:

1. Completed Application;
   a. The full name and address of the service;
   b. The full name and address of the owner of the service;
   c. The name(s) of each person in control of the service;
   d. The Social Security Number of the service is the applicant is a sole proprietorship;
   e. Telephone number including area code (optional);
   f. E-Mail Address (optional);
   g. Fax Number (optional);
   h. The name of the physician medical director;
   i. The address of the physician medical director;
   j. Attestation by the applicant that:
      (1) S/he has read the application or have had the application read to him/her; and
      (2) All Statements on the application are true and complete;
      (3) If the applicant is a sole proprietorship, that s/he is;
      (4) S/he is:

(a) For purposes of Neb. Rev. Stat. §§4-108 to 4-114, a citizen of the United States or qualified alien under the Federal Immigration and Nationality Act; and
(b) For purposes of Neb. Rev. Stat. §38-129:
(i.) A citizen of the United States;
(ii.) An alien lawfully admitted into the United States who is eligible for a credential under the Uniform Credentialing Act; or
(iii.) A nonimmigrant lawfully present in the United States who is eligible for a credential under the Uniform Credentialing Act.

k. Signature of:
(1) The owner or owners if the applicant is a sole proprietorship, a partnership, or a limited liability company that has only one member;
(2) Two of its members if the applicant is a limited liability company that has more than one member;
(3) Two of its officers if the applicant is a corporation;
(4) The head of the governmental unit having jurisdiction over the business if the applicant is a governmental unit; or
(5) If the applicant is not an entity described in items (1) through (4), the owner or owners or, if there is no owner, the chief executive officer or comparable official; and

2. The following documentation:
a. A current roster of members/employees listing level of licensure; and
b. A copy of emergency medical service controlled substance registration if an advanced emergency medical service; and
c. An Emergency Medical Service Quality Assurance Report; or
d. Proof of current accreditation from the Commission on Accreditation of Medical Transportation Systems.

12-007.03 Expiration of an Emergency Medical Service License: A service credential will expire if a service fails to:

1. Meet the requirements for renewal on or before the date of expiration of the service credential; and/or
2. Renew the service credential.

12-007.03A Right to Operate: When an emergency medical service credential expires, the right to operate the service terminates without further notice of hearing.

12-007.03B Re-Application for an Emergency Medical Service License: When a service fails to renew its credential by the expiration date, a service must re-apply to the Department.

12-007.04 Address Information: The credentialed service must notify the Department of any change in name or address.

12-008 DISCIPLINARY ACTION: A license to operate as an emergency medical service may have disciplinary actions taken against it in accordance with 172 NAC 12-008.03 on any of the following grounds:

1. Violation of the Uniform Credentialing Act or the rules and regulations adopted and promulgated under the act relating to the applicable business;
2. Committing or permitting, aiding, or abetting the commission of any unlawful act;
3. Conduct or practices detrimental to the health or safety of an individual served or employed by the business;
4. Failure to allow an agent or employee of the Department access to the business for the purposes of inspection, investigation, or other information collection activities necessary to carry out the duties of the Department;
5. Discrimination or retaliation against an individual served or employed by the business that has submitted a complaint or information to the Department or is perceived to have submitted a complaint or information to the Department.
6. Fraud, forgery, or misrepresentation of material facts, in procuring or attempting to procure a license;
7. Unprofessional conduct which terms include all acts specified in Neb. Rev. Stat. § 38-179 and means any departure from or failure to conform to the standards of acceptable and prevailing practice of a profession or the ethics of the profession, regardless of whether a person, consumer, or entity is injured, but does not include a single act of ordinary negligence. Unprofessional conduct also means conduct that is likely to deceive or defraud the public or is detrimental to the public interest. Unprofessional conduct includes but is not limited to:

    a. Competence: An Emergency Medical Service 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:
        (1) Encouraging or promoting emergency medical care by untrained or unqualified persons;
        (2) Failure to comply with emergency vehicle operating requirements in accordance with Neb. Rev. Stat. § 60-6,114; and
        (3) 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 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 11-010;

    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. § 38-1,108;

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;

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

n. Failure to permit an inspection for the purposes outlined in 172 NAC 12-005; and

o. Failure of a licensee, who is subject of a disciplinary investigation, to furnish the Board or its investigator with requested information or requested documents.

12-008.01 Temporary Suspension or Limitation

12-008.081A The Department may temporarily suspend or temporarily limit any credential issued by the Department without notice or a hearing if the Director determines that there is reasonable cause to believe that grounds exist under 172 NAC 12-008 for the revocation, suspension, or limitation of the credential and that the credential holder's continuation in practice or operation would constitute an imminent danger to the public health and safety. Simultaneously with the action, the Department will institute proceedings for a hearing on the grounds for revocation, suspension, or limitation of the credential. The hearing will be held no later than 15 days from the date of the temporary suspension or temporary limitation of the credential.

12-008.01B A continuance of the hearing will be granted by the Department upon the written request of the credential holder, and the continuance must not exceed 30 days unless waived by the credential holder. A temporary suspension or temporary limitation order by the Director will take effect when served upon the credential holder.

12-008.01C A temporary suspension or temporary limitation of a credential under 172 NAC 12-008.01 will not be in effect for more than 90 days unless waived by the credential holder. If a decision is not reached within 90 days, the credential will be reinstated unless and until the Department reaches a decision to revoke, suspend, or limit the credential or otherwise discipline the credential holder.

12-008.02 Department Action: The Department will follow the procedures delineated in the Uniform Credentialing Act to notify the credential holders of any disciplinary action to be imposed and the time and place of the hearing.

12-008.03 Sanctions: Upon the completion of any hearing held regarding discipline of a credential, the Director may dismiss the action or impose the following sanctions:

1. Censure;
2. Probation;
3. Limitation;
4. Civil Penalty;
5. Suspension; or
6. Revocation.

12-008.03A Additional Terms and Conditions of Discipline: If any discipline is imposed pursuant to 172 NAC 12-008, the Director may, in addition to any other terms and conditions of that discipline:

1. Require the credential holder to obtain additional professional training and to pass an examination upon the completion of the training. The examination may be written or oral or both and may be a practical or clinical examination or both or any or all of the combinations of written, oral, practical, and clinical, at the option of the Director;

2. Require the credential holder to submit to a complete diagnostic examination by one or more physicians or other qualified professionals appointed by the Director. If the Director requires the credential holder to submit to an examination, the Director will receive and consider any other report of a complete diagnostic examination given by one or more physicians or other qualified professionals of the credential holder's choice if the credential holder chooses to make available the report or reports by his/her physician or physicians or other qualified professionals; and

3. Limit the extent, scope, or type of practice of the credential holder.

~~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.~~

12-009 VOLUNTARY SURRENDER OR LIMITATION: A credential holder may offer to voluntarily surrender or limit a credential issued by the Department. The credential holder must make the offer in writing on a form provided by the Department or a form constructed by the credential holder, which must include the following information:

1. Personal Information:
   a. Legal name of service;
   b. Mailing address (street, rural route, or post office address), city, state, and zip code;
   c. Telephone number; and
   d. Fax number.

2. Information Regarding the Credential Being Offered for Surrender or Limitation:
   a. List credential(s) and credential number(s) that would be surrendered or limited;
   b. Indicate the desired time frame for offered surrender or limitation:
      (1) Permanently;
      (2) Indefinitely; or
      (3) Definite period of time (specify);
   c. Specify reason for offered surrender or limit of credential; and
   d. Specify any terms and conditions that the credential holder wishes to have the Department consider and apply to the offer.

3. Attestation:
   a. (Insert the following statement) “I attest that all the information on this offer is true and complete”; and
   b. Signature of:
      (1) The owner or owners if the applicant is a sole proprietorship, a partnership, or a limited liability company that has only one member; or
      (2) Two of its members if the applicant is a limited liability company that has more than one member; or
      (3) Two of its officers if the applicant is a corporation; or
      (4) The head of the governmental unit having jurisdiction over the emergency medical service if the applicant is a governmental unit; or
      (5) If the applicant is not an entity described in 172 NAC 12-009 item 3b (1) to (4), the owner or owners or, if there is no owner, the chief executive officer or comparable official;
   c. Date.

12-009.01 The Department may accept an offer of voluntary surrender or limitation of a credential based on:

1. An offer made by the credential holder on his/her own volition;
2. An offer made with the agreement of the Attorney General or the legal counsel of the Department to resolve a pending disciplinary matter;
3. A decision by the Attorney General to negotiate a voluntary surrender or limitation in lieu of filing a petition for disciplinary action; or
4. A decision by the legal counsel of the Department to negotiate a voluntary surrender or limitation in incident to a notice of disciplinary action.

12-009.02 The Department may reject an offer of voluntary surrender of a credential under circumstances which include, but are not limited to, when the credential:

1. Is under investigation;
2. Has a disciplinary action pending but a disposition has not been rendered; or
3. Has had a disciplinary action taken against it.

12-009.03 When the Department either accepts or rejects an offer of voluntary surrender or limitation, the Director will issue the decision in a written order. The order will be issued within 30 days after receipt of the offer of voluntary surrender or limitation and will specify:

1. Whether the Department accepts or rejects the offer of voluntary surrender; and
2. The terms and conditions under which the voluntary surrender is accepted or the basis for the rejection of an offer of voluntary surrender. The terms and conditions governing the acceptance of a voluntary surrender will include, but not be limited to:
   a. Duration of the surrender;
   b. Whether the credential holder may apply to have the credential reinstated; and
   c. Any terms and conditions for reinstatement.

12-009.04 A limitation may be placed on the right of the credential holder to practice a profession or operate a business to the extent, for the time, and under the conditions as imposed by the Director.

12-009.05 Violation of any of the terms and conditions of a voluntary surrender or limitation by the credential holder will be due cause for the refusal of renewal of the credential, for the suspension or revocation of the credential, or for refusal to restore the credential.

12-009.06 Re-application following voluntary surrender is set out in 172 NAC 12-010.

The voluntary surrender of a credential may be unrelated to disciplinary matters, or may be done to resolve a pending disciplinary matter, in lieu of disciplinary action, or in incident to a notice of disciplinary action.

~~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;~~
~~27.c. Whether disciplinary action has been taken against the license; and~~
~~28.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;~~

12-010 RE-APPLICATION: This section applies to business previously credentialed in Nebraska who seeks the authority to return to practice in Nebraska with a valid Nebraska credential.

1. A business whose credential has expired, voluntarily surrendered for an indefinite period of time, or suspended or limited for disciplinary reasons may apply at any time to the Department for and obtain another credential as specified in 172 NAC 12-003.

2. A business whose credential has been voluntarily surrendered for a definite period may apply to the Department for and obtain anther credential as specified in 172 NAC 12-003 after the period of time has elapsed.

3. A business whose credential has been revoked may apply to the Department for and obtain another credential as specified in 172 NAC 12-003 only after a period of two years has elapsed from the date of revocation.

4. A business whose credential has been permanently voluntarily surrendered may not re-apply.

12-011 ADMINISTRATIVE PENALTY: The Department may assess an administrative penalty when evidence exists of practice without a credential to practice a profession or operate a business. Practice without a ~~license~~credential for the purpose of this regulation means practice:

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

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

1. The ~~entity~~ person admits to engaging in practice;

2. Staffing records or other reports from the ~~service~~ employer of the person indicate that the person was engaged in practice;
3. Billing or payment records document the provision of service, care, or treatment by the ~~entity~~person;
4. Service, care, or treatment records document the provision of service, care, or treatment by the ~~entity~~person;
5. Appointment records indicate that the person was engaged in practice;
6. Government records indicate that the person was engaged in practice; and
~~5.~~7. The ~~entity establishes~~person opens a business or ~~a~~ practice site and announces or advertises that the business or 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 credential. To assess the penalty, the Department will:

1. Provide written notice of the assessment to the person. 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 person 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, remit the penalty to the State Treasurer to be disposed of in accordance with Article VII, section 5 of the Constitution of Nebraska; 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 resides or owns property. The Department may also collect in such action attorney's fees and costs incurred directly in the collection of the administrative penalty~~.~~; and
   ~~e.~~f. Failure to pay an administrative penalty may result in disciplinary action.

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~~ person 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~~the Administrative Procedure Act and 184 NAC 1, the Department's Rules of Practice and Procedure.

12-012 FEES: Fees referred to in these regulations are set out in 172 NAC 2, unless otherwise specified.

THESE AMENDED RULES AND REGLATIONS: Replace Title 172 Chapter 12, Regulations Governing the Practice of Emergency Medical Services effective December 27, 2005 and repeal Part 12-007.02A – 12-007.02H effective October 4, 2006.