

NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NOTICE OF PUBLIC HEARING

January 30, 2020  
1:00 p.m. Central Time  
Nebraska State Office Building – Lower Level B  
301 Centennial Mall South, Lincoln, Nebraska

The purpose of this hearing is to receive comments on proposed changes to the following regulations:

Title 172 Chapter 11 - *Licensure of Out-Of-Hospital Emergency Care Providers*

The proposed changes remove all duplicative statutory language from the regulations and removes any repetitive regulatory language that is found in 172 NAC 9 and 172 NAC 10. The proposed changes will: reduce the number of continuing education hours for Emergency Medical Responders and Paramedics; remove the cap on distributive education for license renewal for all license levels; change the requirement for education contact hours to minimum of a half hour; require continuing education hours to follow the National Continuing Competency Program; will require Emergency Medical Responders and Emergency Medical Technicians to meet initial licensure requirements if their license has been expired for five or more years or three more years, respectively; and add Emergency Medical Services instructors to this chapter.

Title 172 Chapter 12 - *Licensure of Emergency Medical Services*

The proposed changes remove all duplicative statutory language from the regulations and removes any repetitive regulatory language that is found in 172 NAC 9 and 172 NAC 10. The proposed changes will: update ambulance standards to reflect current industry standards; update records retention requirements; require Physician Medical Directors to be responsible for verifying all skills competency; and add deemed compliance for Emergency Medical Services who obtain national accreditation in lieu of inspection, and add deemed compliance in lieu of inspection for services and training agencies.

Title 172 Chapter 13 – *Emergency Medical Services Training Agency*

The proposed changes remove all duplicative statutory language from the regulations and removes any repetitive regulatory language that is found in 172 NAC 9 and 172 NAC 10. The proposed changes will: clarify the reporting requirements to the Department; update continuing education refresher courses to be consistent with Chapter 11; add deemed compliance in lieu of inspection; remove the list of items required to be submitted to the Department; and move Emergency Medical Service Instructors information to Chapter 11.

Authority for these regulations is found in Neb. Rev. Stat. § 81-3117(7).

Interested persons may attend the hearing and provide verbal or written comments or mail, fax or email written comments, no later than the day of the hearing to: DHHS Legal Services, PO Box 95026, Lincoln, NE 68509-5026, (402) 742-2382 or [dhhs.regulations@nebraska.gov](mailto:dhhs.regulations@nebraska.gov), respectively.

A copy of the proposed changes is available online at <http://www.sos.ne.gov>, or by contacting DHHS at the mailing address or email above, or by phone at (402) 471-8223. The fiscal impact statement for these proposed changes may be obtained at the office of the Secretary of State, Regulations Division, 1201 N Street, Suite 120, Lincoln, NE 68508, or by calling (402) 471-2385.

Auxiliary aids or reasonable accommodations needed to participate in a hearing can be requested by calling (402) 471-8223. Individuals with hearing impairments may call DHHS at (402) 471-9570 (voice and TDD) or the Nebraska Relay System at 711 or (800) 833-7352 TDD at least 2 weeks prior to the hearing.

## FISCAL IMPACT STATEMENT

Agency: <b>Department of Health and Human Services</b>	
Title: 172	Prepared by: Tim Wilson
Chapter: 11, 12, 13	Date prepared: 6/21/2019
Subject: Emergency Medical Services	Telephone: 402-471-0124

### Type of Fiscal Impact:

	State Agency	Political Sub.	Regulated Public
No Fiscal Impact	( <input type="checkbox"/> )	( <input checked="" type="checkbox"/> )	( <input type="checkbox"/> )
Increased Costs	( <input checked="" type="checkbox"/> )	( <input type="checkbox"/> )	( <input type="checkbox"/> )
Decreased Costs	( <input type="checkbox"/> )	( <input type="checkbox"/> )	( <input checked="" type="checkbox"/> )
Increased Revenue	( <input type="checkbox"/> )	( <input type="checkbox"/> )	( <input type="checkbox"/> )
Decreased Revenue	( <input type="checkbox"/> )	( <input type="checkbox"/> )	( <input type="checkbox"/> )
Indeterminable	( <input type="checkbox"/> )	( <input type="checkbox"/> )	( <input type="checkbox"/> )

### Provide an Estimated Cost & Description of Impact:

#### State Agency:

Emergency Medical Service inspections will result in a slight increase to travel costs and staff time. This work will be done by four EMS Regional Specialists. They currently travel to Emergency Medical Services locations and now will be conducting inspections, which may take slightly more time and travel. The increase will be minimal.

Political Subdivision: N/A

#### Regulated Public:

The continuing education requirements have been reduced for Emergency Medical Responders and Paramedics. This reduction in hours will reduce the costs of continuing education.

If indeterminable, explain why: N/A

TITLE 172      PROFESSIONAL AND OCCUPATIONAL LICENSURE

CHAPTER 11    LICENSURE OF OUT-OF-HOSPITAL EMERGENCY CARE PROVIDERS

001. SCOPE AND AUTHORITY. These regulations govern the licensure of out-of-hospital emergency care providers under the Emergency Medical Services Practice Act and the Uniform Credentialing Act. Persons providing out-of-hospital emergency care services to clients located in Nebraska must be licensed as out-of-hospital emergency care providers in Nebraska unless they are exempt under the Act or as provided by Nebraska Revised Statute (Neb. Rev. Stat.) § 38-3801.

002. DEFINITIONS. For purposes of these regulations, definitions in the Uniform Credentialing Act, the Emergency Medical Services Practice Act, 172 Nebraska Administrative Code (NAC) 10, 12, and 13, and the following definitions are hereby adopted.

002.01 DIRECT SUPERVISION. Direct supervision is when the supervisor is present with the patient visually monitoring, providing verbal direction, and overseeing patient care that is being provided by temporary licensee.

002.02 EMERGENCY MEDICAL SERVICE INSTRUCTOR. An emergency medical service instructor is an individual who has a current license to practice as an emergency medical service instructor.

002.03 NATIONAL CONTINUED COMPETENCY PROGRAM. The National Continued Competency Program is a program developed by the National Registry of Emergency Medical Technicians to ensure continued education and training programs for out-of-hospital emergency care providers. The national core certification level requirements as of the effective date of the chapter are adopted as part of the continuing competency requirements for renewal of licenses. A copy of the National Continued Competency Program is available on the Department's website or by contacting the Department at 301 Centennial Mall South, Lincoln, Nebraska.

002.04 NON-VISUALIZED AIRWAY MANAGEMENT. Non-visualized airway management is the insertion of a supraglottic airway device without visualization of airway anatomical structures and the removal of airway adjuncts as the sole means to provide for a patent airway.

002.05 SUPERVISOR. A supervisor is an individual who is a licensed out-of-hospital emergency care provider, licensed healthcare practitioner or under the direction of a registered nurse, with an unencumbered license and is the same or higher level as the temporary licensee and is responsible for holders of temporary licenses.

003. INITIAL CREDENTIAL. To obtain a license an applicant must submit a complete application provided by the Department and provide documentation demonstrating that the applicant meets the statutory requirements, 172 NAC 10, and this chapter.

003.01 EDUCATION. An applicant must be able to demonstrate successful completion within two years preceding application, of an approved education course required for the license applied for as set out below:

003.01(A) EMERGENCY MEDICAL RESPONDER. Acceptable courses for a license as emergency medical responder are the emergency medical responder course, emergency medical responder to emergency medical technician-bridge course, emergency medical technician course, advanced emergency medical technician course, advanced emergency medical technician to paramedic bridge course, pre-hospital emergency medical technician for nurses courses, paramedic course, or pre-hospital paramedic for registered nurses course.

003.01(B) EMERGENCY MEDICAL TECHNICIAN. Acceptable courses for a license as an emergency medical technician are the emergency medical responder to emergency medical technician-bridge course, emergency medical technician course, advanced emergency medical technician course, advanced emergency medical technician to paramedic bridge course, pre-hospital emergency medical technician for nurses course, or paramedic course, or pre-hospital paramedic for registered nurses course.

003.01(C) ADVANCED EMERGENCY MEDICAL TECHNICIAN. Acceptable courses for a license as an advanced emergency medical technician are the advanced emergency medical technician course, the emergency medical technician course and the advanced emergency medical technician to paramedic bridge course, paramedic course, or pre-hospital paramedic for registered nurses course.

003.01(D) PARAMEDIC. Acceptable courses for a license as a paramedic are the paramedic course or pre-hospital paramedic for registered nurses course.

003.02 LICENSURE EXAMINATION. The National Registry of Emergency Medical Technicians Cognitive Exam is the approved licensure examination. An applicant must have passed the licensure exam for the level of licensure for which the applicant is applying. The passing of a licensure examination is determined by The Standards for Educational and Psychological Testing.

003.03 APPLICATION. An applicant must be 18 years of age and submit documentation of having a current certificate for the level of license applied for from the National Registry of Emergency Medical Technicians as evidence of meeting the education and examination requirements.

004. TEMPORARY LICENSE. An applicant for a temporary license must meet all statutory requirements, the requirements of 172 NAC 10, the requirements of this chapter and submit a complete application and documentation to the Department that the applicant meets all requirements, except for passing the required examination. An applicant must have an official

certificate of completion from the training agency showing successful course completion with the date of completion sent directly to the Department from the originating program or institution.

004.01 PRACTICE UNDER A TEMPORARY LICENSE. An individual with a temporary license must be under direct supervision by the same or higher level of out-of-hospital emergency care provider, licensed healthcare practitioner or under the direction of a registered nurse, when performing practices or procedures at the level permitted by the temporary license.

005. RENEWAL. To renew a license an applicant must meet all statutory requirements, the requirements of 172 NAC 10, and this chapter.

006. DOWNGRADE. An applicant may change licensure level at the time of renewal as set out below:

- (A) Paramedics who do not meet the continuing competency requirements as provided in this chapter for their level of licensure may be licensed as an advanced emergency medical technician, emergency medical technician, or as an emergency medical responder if they meet the continuing competency requirements of the respective license;
- (B) Emergency medical technician-intermediates who do not meet the continuing competency requirements as provided in this chapter for their level of licensure may be licensed as an advanced emergency medical technician, emergency medical technician, or an emergency medical responder if they meet the continuing competency requirements for the respective license;
- (C) Advanced emergency medical technicians who do not meet the continuing competency requirements as provided in this chapter for their level may be licensed as an emergency medical technician, or an emergency medical responder if they meet the continuing competency requirements for the respective license; or
- (D) Emergency medical technicians who do not meet the continuing competency requirements as provided in this chapter for their level of licensure may be licensed as an emergency medical responder if they meet the continuing competency requirements for that license.

007. CONTINUING COMPETENCY REQUIREMENTS. On or before the license expiration date, each licensed out-of-hospital emergency care provider must have a current cardiopulmonary resuscitation certification from an organization that has been approved by the Board and complete continued competency requirements for their level of licensure as follows:

- (A) Emergency medical responders must:
  - (i) Complete 8 hours of continuing education that must meet the standards of the national component of the National Continuing Competency Program's continued competency requirements for emergency medical responders; or
  - (ii) Hold a current Emergency Medical Responder certificate from the National Registry of Emergency Medical Technicians.
- (B) Emergency medical technicians must:
  - (i) Complete 20 hours of continuing education that must meet the standards of the national component of the National Continuing Competency Program's continued competency requirements for emergency medical technicians; or

- (ii) Hold a current Emergency Medical Technician certificate from the National Registry of Emergency Medical Technicians.
- (C) Advanced emergency medical technicians must:
  - (i) Complete 25 hours of continuing education that must meet the standards of the national component of the National Continuing Competency Program's continued competency requirements for advanced emergency medical technicians and have documentation from the physician medical director or qualified physician surrogate of demonstrated competency in peripheral IV access, non-visualized advanced airway management and administration of approved medications in a clinical, out-of-hospital, or educational setting; or
  - (ii) Hold a current Advanced Emergency Medical Technician certificate from the National Registry of Emergency Medical Technicians.
- (D) Emergency medical technician-intermediates must attest to completing 30 hours of continuing education, 20 hours in the subject matter of the emergency medical technician course and 10 hours in the subject matter covering the emergency medical technician-intermediate practice and procedures and have documentation from a physician or qualified physician surrogate of demonstrated competency in peripheral IV administration and endotracheal intubation in a clinical, out-of-hospital, or educational setting.
- (E) Paramedics must:
  - (i) Complete 30 hours of continuing education that must meet the standards of the national component of the National Continuing Competency Program's continued competency requirements for paramedics and have documentation by a physician or qualified physician surrogate of demonstrated competency in peripheral IV administration, drug administration, cardiac skills and endotracheal intubation in a clinical, out-of-hospital, or educational setting; or
  - (ii) Hold a current Paramedic certificate from the National Registry of Emergency Medical Technicians.

008. ACCEPTABLE CONTINUING COMPETENCY. In order for an activity to be accepted for continuing competency to renew a license, the activity must meet the following criteria:

- (A) Be a planned, formally organized program of learning which directly contributes to the professional competency of out-of-hospital emergency care providers;
- (B) Must have objectives that demonstrate a reasonable connection to the practice of emergency medicine;
- (C) Be made available on a specific date and time or be a distributed learning program;
- (D) Have an instructor who has experience or training in the content area(s) of the course being taught;
- (E) Must have a course title and consist of content that is at least one-half hour in duration;
- (F) Delineate the number of contact hours, excluding meals and breaks to be awarded at the completion of the activity, with proof of such completion being documented; and
- (G) Have a mechanism that documents attendance and participation.

009. NON-ACCEPTABLE CONTINUING COMPETENCY. The following activities are not acceptable for continuing education to renew a license

- (A) Advanced National Incident Management System Training where the subject matter does not have an emergency medical service focus;

- (B) Advanced scene management courses where the subject matter does not have an emergency medical service focus;
- (C) Classes offered by Homeland Security where the subject matter does not have an emergency medical service focus;
- (D) Courses where the subject matter does not demonstrate a reasonable connection to the practice of emergency medical care; or
- (E) Fire training courses where the subject matter does not have an emergency medical service focus.

010. WAIVER OF CONTINUING EDUCATION. In addition to the waivers allowed by 172 NAC 10, the Department may waive continuing competency requirements, in whole or in part, upon submission by a credential holder of documentation that circumstances beyond their control have prevented completion of these requirements. These circumstances may include suffering from a serious or disabling illness or physical disability which prevented completion of the continuing competency requirements during the 24 months immediately preceding the license renewal date. Waiver of continuing education may not be used for consecutive renewal periods.

011. PRACTICE WITH NON AFFILIATED SERVICES. An out-of-hospital emergency care provider may perform any practice or procedure which they are authorized to perform with an emergency medical service other than the service with which they are affiliated when requested by the other service when the patient for whom they are to render services is in danger of loss of life.

012. OUT-OF-HOSPITAL EMERGENCY CARE PROVIDER UNPROFESSIONAL CONDUCT. Unprofessional conduct includes but is not limited to the acts set out in Neb. Rev. Stat. §38-179 and the following:

- (A) Providing or attempting to provide a service for which such provider is not trained or authorized by the physician medical director;
- (B) Failure of a provider to be accountable, responsible and answerable for decisions and action or inaction of self or others, and for the resultant patient outcomes related to decisions and actions or inactions;
- (C) Failure for a provider to exhibit a state or quality of being competent or capable as a result of having the required knowledge, skills, and ability;
- (D) Committing any act which endangers patient safety or welfare;
- (E) Encouraging or promoting emergency medical care by untrained or unqualified persons;
- (F) Failure to comply with emergency vehicle operating requirements pursuant to Neb. Rev. Stat. § 60-6,114;
- (G) Failure to comply or follow the physician medical director's directives;
- (H) Committing any of the following acts or behavior that do not safeguard the welfare of patients and maintain professional relationships with patients:
  - (i) Failure to be aware of the intimacy and responsibilities inherent in the care of a patient and failure to avoid actions that seek to meet their personal needs at the expense of clients. Providers must avoid exploiting the trust of a patient and make every effort to avoid conditions that could impair professional judgment or increase the risk of exploitation of another person for one's own advantage;
  - (ii) Failure to decline to carry out emergency medical care services that have been requested when the services are known to be contraindicated or unjustified;



- (iii) Failure to decline to carry out procedures that have been requested when the services are known to be outside of the out-of-hospital emergency medical care provider's scope of practice;
  - (iv) Verbally or physically abusing patients;
  - (v) Falsification, unauthorized destruction, or failure to document patient care records;
  - (vi) Attempting to provide diagnostic or treatment information to patient(s) that are beyond the out-of-hospital emergency medical care provider's level of training and expertise; or
  - (vii) Assigning to other personnel those patient related services when the clinical skills and expertise of an out-of-hospital emergency medical care provider is required or is beyond the individual's scope of practice;
- (I) Engaging in sexual harassment of patients or coworkers. Sexual harassment includes making unwelcome sexual advances, requesting sexual favors, and engaging in other verbal or physical conduct of a sexual nature as a condition of:
  - (i) The provision or denial of emergency medical care to a patient;
  - (ii) The provision or denial of employment;
  - (iii) The provision or denial of promotions to a co-worker; or
  - (iv) For the purpose or effect of creating an intimidating, hostile, or offensive environment for the patient or unreasonably interfering with a patient's ability to recover or for the purpose or effect of creating an intimidating, hostile, or offensive working environment or unreasonably interfering with the co-worker's ability to perform their work;
- (J) Failure to follow employer or emergency medical service policies or procedures implemented in the practice to safeguard patient care;
- (K) Failure to provide professional assistance to patients without discrimination on the basis of race, color, religion, sex, disability, marital status, national origin, age, familial status, and ancestry;
- (L) Failure to safeguard the patient's dignity and right to privacy; or
- (M) Failure of a licensee, who is the subject of a disciplinary investigation, to furnish the Board or its investigator with requested information or requested documents.

013. INITIAL EMERGENCY MEDICAL SERVICE INSTRUCTOR LICENSURE. Any person who wishes to represent themselves as an emergency medical service instructor must be licensed as such. To obtain a license an applicant must submit a complete application provided by the Department and provide documentation demonstrating that the applicant meets the statutory requirements, 172 NAC 10, and this chapter.

013.01 QUALIFICATIONS. An applicant who wishes to be licensed as an emergency medical service instructor must meet the requirements described below:

- (A) Be at least 18 years of age and of good character;
- (B) Hold a current license as an emergency care provider at or above the level being taught or hold a current license as a, registered nurse, advanced practice registered nurse, physician assistant, doctor of medicine, or doctor of osteopathy;
- (C) Have successfully completed:
  - (i) The 1986, 1995, or 2002 U.S. Department of Transportation, National Highway Traffic Administration Emergency Medical Service Instructor Course;
  - (ii) A college or university program where the applicant received a bachelor's degree

- or above in education;  
(iii) The National Fire Protection Agency 1041 Instructor 2 Course; or  
(iv) An equivalent course as approved by the Board; and  
(D) All applicants for an initial emergency medical services instructor must hold a current National Registry of Emergency Medical Technician certification at or above the level being instructed. An applicant that is currently licensed as a registered nurse, advanced practice registered nurse, physician assistant, doctor of medicine, or doctor of osteopathy is deemed to have met this requirement and must submit a copy of their current and unrestricted license are exempt from having National Registry of Emergency Medical Technician certification.

014. EMERGENCY MEDICAL SERVICES INSTRUCTOR CONTINUING COMPETENCY REQUIREMENTS. Each emergency medical service instructor holding an active credential must, on or before the date of expiration of the credential, must continue to meet the requirements for an initial license, and comply with the continuing competency requirements for the instructor as set out in this chapter. Each licensee is responsible for maintaining certificates or records of continuing competency activities and:

014.01 CONTINUING EDUCATION. An emergency medical services instructor must complete a total of 8 hours of continuing education, within the 24 months preceding the license expiration date, in educational subject matter that at a minimum must include the following subjects:

- (A) Emergency medical service course curriculum updates;
- (B) Emergency medical service legislation and regulations;
- (C) Emergency medical service evaluation methods; and
- (D) Fundamentals of teaching adults.

014.02 TEACHING REQUIREMENTS. An emergency medical services instructor must teach at least 12 hours of adult education over emergency medical services care topics within 24 months prior to the expiration date of the license.

015. EMERGENCY MEDICAL SERVICE INSTRUCTOR RENEWAL. To renew an emergency medical service instructor credential, an applicant must maintain a current emergency care provider license and meet all statutory requirements, the requirements of 172 NAC 10, and this chapter. All emergency medical services instructor credentials issued by the Department will expire on December 31 of each even-numbered year.

016. GROUNDS FOR DISCIPLINARY ACTION AGAINST A CREDENTIAL. A credential to practice as an emergency medical service instructor may have disciplinary actions taken against it on any of the following grounds:

016.01 EMERGENCY MEDICAL SERVICE INSTRUCTOR UNPROFESSIONAL CONDUCT. Unprofessional conduct includes but is not limited to the acts set out in Neb. Rev. Stat. §§38-179 and the following:

- (A) Use of inappropriate language during the course of instruction, such as obscenities, vulgarisms, or other offensive language;
- (B) Assigning duties to unqualified personnel for which the emergency medical service

- instructor is responsible;
- (C) Engaging in conduct involving dishonesty, fraud, deceit, or misrepresentation in the performance of duties involving instruction;
  - (D) Engaging in harassment or sexual harassment. Sexual harassment includes making unwelcome sexual advances, requesting sexual favors, and engaging in other verbal or physical conduct of a sexual nature for the purpose or effect of creating an intimidating, hostile, or offensive learning environment. Harassment includes but is not limited to creating an intimidating, hostile, or offensive learning environment;
  - (E) Teaching outside the scope of practice identified by the definition of emergency medical service courses as outlined in this chapter; or
  - (F) Failure of a licensee, who is the subject of a disciplinary investigation, to furnish the Board or its investigator with requested information or requested documents.

017. REINSTATEMENT. This section applies to individuals previously licensed in Nebraska who seek the authority to return to practice in Nebraska with a valid Nebraska license. In addition to the requirements outlined in 172 NAC 10, the applicant must submit a copy of the applicant's current cardiopulmonary resuscitation card, and documentation of meeting the following applicable requirements for the level applied for:

- (A) If an emergency medical responder license has been expired for less than five years and the applicant did not meet the renewal requirements by the renewal expiration date the applicant must submit the following:
  - (i) A copy of the applicant's current National Registry of Emergency Medical Technicians Certificate for the level applied for; or
  - (ii) Documentation of successful completion, within the two years preceding a renewal application, of a refresher course that meets the National Registry of Emergency Medical Technicians National Continuing Competency requirements for the level applied for as set out in this chapter.
- (B) If an emergency medical responder license has been expired for more than five years, the applicant must meet the requirements for an initial license as set out in this chapter.
- (C) If an emergency medical technician, advanced emergency medical technician or a paramedic license has been expired for less than three years and did not meet the renewal requirements by the renewal expiration date the applicant must submit the following:
  - (i) A copy of the applicant's current National Registry of Emergency Medical Technicians Certificate for the level applied for; or
  - (ii) Documentation of successful completion, within the two years preceding a renewal application, of a refresher course that meets the National Registry of Emergency Medical Technicians National Continuing Competency requirements for the level applied as set out in this chapter.
- (D) If an emergency medical technician, advanced emergency medical technician or paramedic license has been expired for more than three years, the applicant must meet the requirements for an initial license as set out in this chapter.
- (E) If an emergency medical services instructor has been expired for less than five years and the applicant did not meet the renewal requirements by the renewal expiration date the applicant must submit the following:
  - (i) Meet the requirements of 172 NAC 11-014.01(A), 014.01(B), and 014.01(D); and
  - (ii) Documentation of the current renewal period continuing competency requirements

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NEBRASKA DEPARTMENT OF  
HEALTH AND HUMAN SERVICES

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set forth in this chapter.

(F) If an emergency medical services instructor has been expired for more than five years, the applicant must meet the requirements for an initial license as set out in this chapter.

**Title 172 — PROFESSIONAL AND OCCUPATIONAL LICENSURE**

**Chapter 11 — LICENSURE OF OUT-OF-HOSPITAL EMERGENCY CARE PROVIDERS**

~~11-001 SCOPE AND AUTHORITY: These regulations apply to the licensure of out-of-hospital emergency care providers as defined in Neb. Rev. Stat. §§ 38-1201 to 38-1237 and the Uniform Credentialing Act (UCA).~~ **Remains in Section 001 as modified**

**11-002 DEFINITIONS:**

~~Act means Neb. Rev. Stat. §§ 38-1201 to 38-1237 known as the Emergency Medical Services Practice Act.~~ **Remains in Section 002 as modified**

~~Active addiction means current physical or psychological dependence on alcohol or a substance, which develops following the use of alcohol or a substance on a periodic or continuing basis.~~

~~Additional Skills Course means coursework that relates to the instruction of additional skills for emergency medical responders and emergency medical technicians that are listed in 172 NAC 11-009.01B and 11-009.02B, respectively.~~

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

~~Alcohol or substance abuse means a maladaptive pattern of alcohol or substance use leading to clinically significant impairment or distress as manifested by one or more of the following occurring at any time during the same 12-month period:~~

- ~~1. Recurrent alcohol or substance use resulting in a failure to fulfill major role obligations at work, school, or home;~~
- ~~2. Recurrent alcohol or substance use in situations in which it is physically hazardous;~~
- ~~3. Recurrent legal problems related to alcohol or substance use; or~~
- ~~4. Continued alcohol or substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the alcohol or substance use.~~

~~Anghoff Method means a method of determining passing scores based on aggregate information obtained by having judges predict the probability that a hypothetical minimally competent candidate will correctly answer items in a test. Source: Anghoff, W.H. 1971 Scales, Norms, & Equivalent Scores in R.L. Thorndike (E.d.) *Educational Measurement*, Washington, D.C.: American Council on Education.~~

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

~~Assessment Examination means examinations, developed by the National Registry of Emergency Medical Technicians, to determine the competency of out-of-hospital emergency care personnel.~~

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

~~Board means the Board of Emergency Medical Services.~~

~~Care and Treatment Standards means the most current standards established by a nationally recognized organization that, through research, accepted practice, and/or patient experience, issues guidelines for the care and treatment of patients in the emergency and/or out-of-hospital environment.~~

~~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.~~

~~Continuing Education means the attendance and participation in training, including distributive learning programs, which covers learning objectives of the subject matter of EMS Courses with an emergency medical service focus.~~

~~Conviction means a plea or verdict of guilty or a conviction following a plea of nolo contendere or non-vult contendere made to a formal criminal charge, or a judicial finding of guilt irrespective of the pronouncement of judgment or the suspension thereof, and includes instances in which the imposition or the execution of sentence is suspended following a judicial finding of guilt and the defendant is placed on probation.~~

~~Course of Study means a program of instruction necessary to obtain a credential meeting the requirements set out for each profession in the appropriate practice act and rules and regulations and includes a college, a professional school, a vocational school, hours of training, or a program of instruction with a similar designation.~~

~~Credential means a license, certificate, or registration.~~

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

~~Dependence means a maladaptive pattern of alcohol or substance use, leading to clinically significant impairment or distress, as manifested by three or more of the following occurring at any time in the same 12-month period:~~

1. ~~Tolerance as defined by either of the following:~~
  - a. ~~A need for markedly increased amounts of alcohol or the substance to achieve intoxication or desired effect; or~~
  - b. ~~A markedly diminished effect with continued use of the same amount of alcohol or the substance;~~
2. ~~Withdrawal as manifested by either of the following:~~
  - a. ~~The characteristic withdrawal syndrome for alcohol or the substance as referred to in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, published by the American Psychiatric Association; or~~
  - b. ~~Alcohol or the same substance or a closely related substance is taken to relieve or avoid withdrawal symptoms;~~
3. ~~Alcohol or a closely related substance is often taken in larger amounts or over a longer period than was intended;~~
4. ~~A persistent desire or unsuccessful efforts to cut down or control alcohol or substance use;~~
5. ~~A great deal of time is spent in activities necessary to obtain alcohol or the substance, to use alcohol or the substance; or to recover from the effects of use of alcohol or the substance;~~
6. ~~Important social, occupational, or recreational activities are given up or reduced because of alcohol or substance use; or~~
7. ~~Alcohol or substance use continues despite knowledge of having had a persistent or recurrent physical or psychological problem that was likely to have been caused or exacerbated by alcohol or the substance.~~

~~Direct Supervision means the field supervisor is present with the patient visually monitoring, providing verbal direction, and overseeing patient care that is being provided by a temporary licensee or student. The field supervisor must visually monitor the practices and procedures of the temporary licensee or student.~~ **Remains in Section 002 as modified**

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

~~Distributive Learning means an instructional model that allows instructor, students, and content to be located in different non-centralized locations so that instruction and content occur independent of time and place and may be offered in one or more of the following strategies: print, internet, videotape, CD-ROM/DVD, satellite and television.~~

~~Distributive Learning Program means a course, class, and or printed material, offered for credit toward out-of-hospital emergency care provider license renewal, presented in the strategies consistent with the Distributive Learning definition, covers the subject matter of the EMS courses and follows the current care and treatment standards. A Distributive Learning Program is provided by an approved Distributive Learning Organization pursuant to 172 NAC 13-019.~~

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

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

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

~~EMS Courses~~ means any one or more of the following as defined in Neb. Rev. Stat. § 38-1218 taught by an approved training agency as defined in 172 NAC 13-002.

- ~~1. Emergency Medical Responder Course~~ means a course of instruction that meets the United States Department of Transportation, National Highway Traffic Safety Administration, National Emergency Medical Services Education Standards for Emergency Medical Responder. This course will not include the Emergency Medical Responder Additional Skills Course material.
- ~~2. Emergency Medical Responder Additional Skills Course~~ means a course of instruction for licensed Emergency Medical Responders that meets the United States Department of Transportation, National Highway Traffic Safety Administration, National Emergency Medical Services Educational Standards for the Emergency Medical Technician level that relates to the topics of:
  - ~~a. Medication administration of aspirin and epinephrine by auto injector,~~
  - ~~b. Application of spinal and extremity immobilization devices,~~
  - ~~c. Patient transport devices, and~~
  - ~~d. Patient transport.~~

~~These topics may be instructed independently, grouped into two or three topics, or consolidated into one course. This course may only be taught to individuals licensed as emergency medical responders.~~

- ~~3. Emergency Medical Technician Course~~ means a course of instruction that meets the United States Department of Transportation, National Highway Traffic Safety Administration, National Emergency Medical Services Education Standards for Emergency Medical Technician and will include documentation of five patient contacts that must be completed during at least ten hours of field experience. If the student cannot meet the five patient contacts during the field experience because of a low number of emergency/medical requests, these contacts may be obtained in a hospital emergency department, clinic, or physicians' office. This course will not include the Emergency Medical Technician Additional Skills Course.
- ~~4. Emergency Medical Technician Additional Skills Course~~ means a course of instruction for licensed Emergency Medical Technician that meets the United States Department of Transportation, National Emergency Medical Services Educational Standards for the Advanced Emergency Medical Technician level as they relate to the topics of:
  - ~~a. Non-visualized advanced airway management,~~
  - ~~b. Impedance threshold device,~~
  - ~~c. Intravenous fluid monitoring only,~~
  - ~~d. Peripheral intravenous access and monitoring intravenous fluids,~~



- ~~e. Medication administration of albuterol by nebulizer and epinephrine by auto injector; and/or~~
- ~~f. Assessment utilizing a glucometer.~~

~~These topics may be instructed independently, grouped into two, three, or four topics, or consolidated into one course. This course may only be taught to individuals licensed as emergency medical technicians.~~

- ~~5. Pre-Hospital Emergency Care for Nurses Course means a course of instruction to train Licensed Registered Nurses and Licensed Practical Nurses to become emergency medical technicians that meets the United States Department of Transportation, National Highway Traffic Safety Administration, National Emergency Medical Services Education Standards for Emergency Medical Technician specific to the educational material and psychomotor skills not taught in nurses training.~~
- ~~6. Advanced Emergency Medical Technician Course means a course of instruction that meets the United States Department of Transportation, National Highway Traffic Safety Administration, National Emergency Medical Services Education Standards for Advanced Emergency Medical Technician included in this course is a foundational depth and foundational breadth of morphine sulfate and the antagonist agent used in overdose and the clinical behaviors/judgment to safely and effectively administer morphine sulfate. This course will include documentation of at least 25 patient contacts, at least 24 intravenous starts, and placement of at least 12 non-visualized airways that must be completed during a minimum of 150 hours of field experience. These requirements may also be completed in a hospital emergency department, clinic, or physician's office. If the student cannot meet the required patient contacts during the field/clinical experience because of a low number of emergency/medical requests, these patient contacts may be obtained in a classroom setting using manikins.~~
- ~~7. Paramedic Course means a course of instruction that meets the United States Department of Transportation, National Highway Traffic Safety Administration, National Emergency Medical Services Education Standards for Paramedic included in this course is a complex depth and comprehensive breadth of;
  - ~~a. Pharmacologic agents use to assist or to facilitate advanced airway management; and~~
  - ~~b. Airway anatomy as it relates to surgical cricothyrotomy and the clinical behaviors/judgment to safely and effectively perform the psychomotor skills of pharmacologically assisted endotracheal intubation, rapid sequence endotracheal intubation, and surgical cricothyrotomy.~~~~
- ~~8. Emergency Medical Responder Refresher Course means a course of instruction that meets the United States Department of Transportation National Highway Traffic Safety Administration, National Emergency Medical Services Education Standards for Emergency Medical Responder and covers the following content areas:
  - ~~a. Preparatory — at least 1 hour~~
  - ~~b. Airway — at least 2 hours~~
  - ~~c. Patient Assessment — at least 2 hours~~
  - ~~d. Circulation — at least 3 hours~~~~

- ~~e. Illness and Injury — at least 3 hours~~
- ~~f. Childbirth and Children — at least 1 hours~~

~~At the end of each course will be an examination that includes:~~

- ~~a. Fifty written questions that will cover all content areas; and~~
- ~~b. A practical skills examination covering the emergency medical responder licensing examination skills.~~

~~9. Emergency Medical Technician Refresher Course means a course of instruction that meets the United States Department of Transportation National Highway Traffic Safety Administration, National Emergency Medical Services Education Standards for Emergency Medical Technician and covers the following content areas:~~

- ~~a. Preparatory — at least 1 hour~~
- ~~b. Airway — at least 2 hours~~
- ~~c. Obstetrics, Infants, Children — at least 2 hours~~
- ~~d. Patient Assessment — at least 3 hours~~
- ~~e. Medical Behavior — at least 4 hours~~
- ~~f. Trauma — at least 4 hours~~
- ~~g. Electives — at least 8 hours.~~

~~At the end of each course will be an examination that includes:~~

- ~~a. One hundred written questions that will cover all content areas; and~~
- ~~b. A practical skills examination covering the emergency medical technician licensing examination skills.~~

~~10. Advanced Emergency Medical Technician Refresher Course means a course of instruction that meets the United States Department of Transportation, National Highway Traffic Safety Administration, National Emergency Medical Services Education Standards for Advanced Emergency Medical Technician and covers the following content areas:~~

- ~~a. Airway, Breathing, and Cardiology — at least 12 hours~~
- ~~b. Medical Emergencies — at least 6 hours~~
- ~~c. Trauma — at least 8 hours~~
- ~~d. Obstetrics and Pediatrics — at least 12 hours~~
- ~~e. Operational Tasks — at least 1 hour~~

~~At the end of each course will be an examination that includes:~~

- ~~a. One hundred written questions that will cover all content areas; and~~
- ~~b. A practical skills examination covering the advanced emergency medical technician licensing examination skills.~~

~~11. Paramedic Refresher Course means a course of instruction that meets the United States Department of Transportation, National Highway Traffic Safety Administration, National Emergency Medical Services Education Standards for Paramedic and cover the following content areas:~~

- ~~a. Airway, Breathing, and Cardiology — at least 16 hours~~
- ~~b. Medical Emergencies — at least 8 hours~~
- ~~c. Trauma — at least 6 hours~~
- ~~d. Obstetrics and Pediatrics — at least 16 hours~~

~~e. Operational Tasks — at least 2 hours~~

~~At the end of each course will be an examination that includes:~~

- ~~a. One hundred written questions that will cover all content areas; and~~
- ~~b. A practical skills examination covering the paramedic licensing examination skills.~~

~~12. Emergency Medical Responder to Emergency Medical Technician Bridge Course means a course of instruction to train licensed Emergency Medical Responders to become Emergency Medical Technicians that meets the United States Department of Transportation, National Highway Traffic Safety Administration, National Emergency Medical Services Education Standards for Emergency Medical Technician specific to the educational material and psychomotor skills not taught in the Emergency Medical Responder Course.~~

~~13. Emergency Medical Technician to Advanced Emergency Medical Technician Bridge Course means a course of instruction to train licensed Emergency Medical Technicians to become Advanced Emergency Medical Technicians that meets the United States Department of Transportation, National Highway Traffic Safety Administration, National Emergency Medical Services Education Standards for Advanced Emergency Medical Technician specific to the educational material and psychomotor skills not taught in the Emergency Medical Technician Course.~~

~~14. Advanced Emergency Medical Technician to Paramedic Bridge Course means a course of instruction to train licensed Advanced Emergency Medical Technicians to become Paramedics that meets the United States Department of Transportation, National Highway Traffic Safety Administration, National Emergency Medical Services Education Standards for Paramedic specific to the educational material and psychomotor skills not taught in the Advanced Emergency Medical Technician Course.~~

~~15. Nebraska Emergency Medical Service Instructor Course means a course of instruction developed by the department to train licensed out-of-hospital emergency care providers to become licensed Emergency Medical Services Instructors based on the United States Department of Transportation National Highway Traffic Safety Administration, National Emergency Medical Services Instructor Guidelines.~~

~~EMS Operations Course means a course that provides out-of-hospital emergency care providers knowledge of operational roles and responsibilities to ensure patient, public and personnel safety.~~

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

~~Field Experience means a period of direct supervised experience when a student is mentored by a field supervisor while operating with an emergency medical service that responds to an emergency/medical request and proceeds from observation to providing care commensurate with the student's training.~~

~~Field Supervision means a period of direct supervision or indirect supervision of a temporary licensee by a field supervisor.~~

~~Field Supervisor~~ means an individual who is a licensed out-of-hospital emergency care provider, with an unencumbered license and is the same or higher level of out-of-hospital emergency care provider as the temporary licensee or same or higher level as the student's course of study.

~~Higher level of out-of-hospital emergency care provider~~ means an individual who is licensed as an out-of-hospital emergency care provider and who may provide additional care commensurate with his/her level of training.

~~Inactive credential~~ means a credential which the credential holder has voluntarily placed on inactive status and by which action has terminated the right to practice or represent him/herself as having an active credential.

~~Indirect Supervision~~ means the field supervisor is present at the scene and during transport. The field supervisor is located in proximity of the patient and must approve all practice and procedures being performed by the temporary licensee. The field supervisor does not need to witness the procedures as they are performed.

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

~~Licensure Examination~~ means the cognitive and practical skills competency examination developed by the National Registry of Emergency Medical Technicians for emergency medical technicians, emergency medical responders, advanced emergency medical responders, emergency medical technician-intermediates, and paramedics.

~~Life Span Development~~ means physiological, psychological, and biological changes that occur as an individual ages from birth to death.

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

~~Military Service~~ means full-time duty in the active military service of the United States, or a National Guard call to active service for more than 30 consecutive days or active service as a commissioned officer of the Public Health Service or the National Oceanic and Atmospheric Administration. Military service may also include any period during which a service member is absent from duty on account of sickness, wounds, leave, or other lawful cause. (From the Servicemembers Civil Relief Act, 50 U.S.C. App. 501 et seq., as it existed on January 1, 2007.)

~~NAC~~ means the Nebraska Administrative Code, the system for classifying State agency rules and regulations. These regulations are 172 NAC 11.

~~National Registry of Emergency Medical Technicians (NREMT)~~ means an organization that develops minimum competency licensure examinations for EMS courses to be used as a requirement for licensure of Emergency Medical Responders, Emergency Medical Technicians, Advanced Emergency Medical Technicians and Paramedics.

Non-visualized Advanced Airway Management means the insertion without visualization of airway

~~anatomical structures and the removal of airway adjuncts not intended for placement into the trachea as the sole means to provide for a patent airway.~~ **Remains in Section 002 as modified**

~~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~~ means all licensure classifications of emergency care providers established pursuant to the act.

~~Paramedic~~ means an individual who has a current license to practice as a paramedic.

~~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.

~~Pattern of incompetent or negligent conduct~~ means a continued course of incompetent or negligent conduct in performing the duties of the profession.

~~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. § 38-1217.

~~Prescription~~ means an order for a drug or device issued by a practitioner for a specific patient, for emergency use, or for use in immunizations. Prescription does not include a chart order.

~~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 who is licensed to practice medicine and surgery or osteopathic medicine and surgery pursuant to 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 renewal of licensure of out-of-hospital emergency care providers.

~~Served in the regular armed forces~~ has the same meaning as “military service” in these regulations.

~~Supraglottic Airway~~ means an airway adjunct with a single lumen which at the distal end has a balloon device designed to seal the esophagus and near the mid-point has a second balloon device designed to seal the oropharynx. This airway adjunct may have a second lumen which is designed to allow passage of a gastric tube.

~~Temporary License means a license to practice as an out-of-hospital emergency care provider under supervision prior to receiving an initial credential after successful completion of an EMS course except for passing the licensure examination.~~

~~11-003 INITIAL CREDENTIAL: Any person who wishes to represent himself/herself as an out-of-hospital emergency care provider must be licensed as such. The criteria for issuance of a license and the documentation required by the Department and the Board are set forth below.~~  
Remains in Section 003 as modified

~~11-003.01 Qualifications: To receive a credential to practice as an out-of-hospital emergency care provider an individual must meet the following qualifications.~~

~~1. Age and Good Character: Be at least 18 years of age and of good character.~~

Remains in Section 003 as condensed and modified

~~2. Citizenship/Lawful Presence Information: 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. For purposes of Neb. Rev. Stat. §38-129, a citizen of the United States, an alien lawfully admitted into the United States who is eligible for a credential under the Uniform Credentialing Act, or a nonimmigrant lawfully present in the United States who is eligible for a credential under the Uniform Credentialing Act.~~ Remains in 172 NAC 10 as modified

~~3. Education:~~

~~a. Emergency Medical Responder: Have successfully completed, within the two years preceding the application, the Emergency Medical Responder course, emergency medical technician course, advanced emergency medical technician course, or paramedic course as defined in 172 NAC 11-002.~~

~~b. Emergency Medical Technician: Have successfully completed, within the two years preceding the application, the emergency medical technician course, pre-hospital emergency care course for nurses, Emergency Medical Responder to emergency medical technician-bridge course, advanced emergency medical technician course or paramedic course as defined in 172 NAC 11-002.~~

~~c. Advanced Emergency Medical Technician: Have successfully completed, within the two years preceding the application, the advanced emergency medical technician course or paramedic course as defined in 172 NAC 11-002.~~

~~d. Paramedic: Have successfully completed, within the two years preceding the application, the Paramedic course as defined in 172 NAC 11-002.~~

~~4. Examination: Successfully pass the licensure examination with a passing score as determined by using the Anghoff Method for the level the individual is applying.~~  
Remains in Section 003 as condensed and modified

~~5. In place of meeting 172 NAC 11-003.01, items 3 and 4, hold a current certificate for the level the individual is applying from the National Registry of Emergency Medical Technicians.~~

6. ~~If an applicant holds an out-of-hospital emergency care provider license from another jurisdiction, the applicant must meet the qualifications listed in 172 NAC 11-003.01, items 1 through 5.~~

~~11-003.02 Application: To apply for a credential to practice as an out-of-hospital emergency medical care provider, an individual must submit a complete application to the Department. A complete application includes all required documentation and a written application. The applicant may obtain an application from the Department or construct an application that must contain the following information: Remains in Section 003, 172 Chapter 10 and Statute~~

~~1. Written Application:~~

~~a. Personal Information:~~

- ~~(1) The legal name of the applicant, maiden name (if applicable), and any other names by which the applicant is known;~~
- ~~(2) Date of birth (month, day, and year);~~
- ~~(3) Place of birth (city and state or country if not born in the United States);~~
- ~~(4) Mailing address (street, rural route, or post office address; and city, state, and zip code, or country information);~~
- ~~(5) The applicant's:~~
  - ~~(a) Social Security Number (SSN); or~~
  - ~~(b) Alien Registration Number ("A"#); or~~
  - ~~(c) Form 1-94 (Arrival-Departure Record) number.~~

~~Certain applicants may have both a SSN and an A# or 1-94 number, and if so, must report both.~~

- ~~(6) The applicant's telephone number including area code (optional);~~
- ~~(7) The applicant's e-mail address (optional);~~
- ~~(8) The applicant's fax number (optional);~~

~~b. Practice Before Application: The applicant must state:~~

- ~~(1) That s/he has not practiced as an out-of-hospital emergency medical care provider in Nebraska at the level for which s/he is applying before submitting the application; or~~
- ~~(2) If s/he has practiced as an out-of-hospital emergency medical care provider in Nebraska at the level for which s/he is applying before submitting the application, the actual number of days practiced in Nebraska; and before submitting the application for a credential, the name and location of practice;~~

~~Remains in 172 Chapter 10~~

~~c. Attestation: The applicant must attest that:~~

- ~~(1) S/he has read the application or has had the application read to him/her;~~
- ~~(2) All statements on the application are true and complete; and~~
- ~~(3) S/he is of good character;~~
- ~~(4) S/he has not committed any act that would be grounds for denial under 172 NAC 11-010 or if an act(s) was committed, provide an explanation of all such acts;~~
- ~~(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; or

(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: The applicant must submit the following documentation with the application:~~

~~a. Evidence of age, such as:~~

~~(1) Driver's license;~~

~~(2) Birth certificate;~~

~~(3) Marriage license that provides date of birth;~~

~~(4) Transcript that provides date of birth;~~

~~(5) U.S. State identification card;~~

~~(6) Military identification; or~~

~~(7) Other similar documentation;~~ Remains in 172 Chapter 10 as modified

~~b. Evidence of good character, including:~~

~~(1) Other Credential Information: If the applicant holds a credential to provide health services, health-related services, or environmental services in Nebraska or in another jurisdiction, the applicant must submit the state, credential number, type of credential, date issued, and expiration date of each credential where the applicant has been or is currently credentialed. The applicant must have the licensing agency submit to the Department a certification of his/her credential;~~

~~(2) Disciplinary Action: A list of any disciplinary actions taken against the applicant's credential and a copy of the disciplinary action(s), including charges and disposition;~~

~~(3) Denial: If the applicant was denied a credential or denied the right to take an examination, an explanation of the basis for the denial;~~

~~(4) Conviction Information: If the applicant has been convicted of a felony or misdemeanor, the applicant must submit to the Department:~~

~~(a) A list of any misdemeanor or felony convictions;~~

~~(b) A copy of court record, which includes charges and disposition;~~

~~(c) Explanation from the applicant of the events leading to the conviction (what, when, where, why); and a summary of actions the applicant has taken to address the behaviors/actions related to the convictions;~~

~~(d) All addiction/mental health evaluations and proof of treatment, if the conviction involved a drug and/or alcohol related offense and if treatment was obtained and/or required;~~

~~(e) A letter from the probation officer addressing probationary conditions and current status, if the applicant is currently on probation; and~~

~~(f) Any other information as requested by the Board/Department;~~ Remains in 172 Chapter 10 as modified

~~c. Evidence that the applicant is:~~



- (1) 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
- (2) For purposes of ~~Neb. Rev. Stat. §38-129~~, a citizen of the United States, an alien lawfully admitted into the United States who is eligible for a credential under the Uniform Credentialing Act, or a nonimmigrant lawfully present in the United States who is eligible for a credential under the Uniform Credentialing Act.

~~d. Evidence of citizenship, lawful presence, and/or immigration status may include a copy of:~~ **Remains in 172 Chapter 10 as modified**

- (1) A U.S. Passport (unexpired or expired);
- (2) A birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal;
- (3) An American Indian Card (I-872);
- (4) A Certificate of Naturalization (N-550 or N-570);
- (5) A Certificate of Citizenship (N-560 or N-561);
- (6) Certification of Report of Birth (DS-1350);
- (7) A Consular Report of Birth Abroad of a Citizen of the United States of America (FS-240);
- (8) Certification of Birth Abroad (FS-545 or DS-1350);
- (9) A United States Citizen Identification Card (I-197 or I-179);
- (10) A Northern Mariana Card (I-873);
- (11) A Green Card, otherwise known as a Permanent Resident Card (Form I-551), both front and back of the card;
- (12) An unexpired foreign passport with an unexpired Temporary I-551 stamp bearing the same name as the passport;
- (13) A document showing an Alien Registration Number ("A#"). An Employment Authorization Card/Document is not acceptable; or
- (14) A Form I-94 (Arrival-Departure Record);

~~e. Documentation of Education, including:~~

- (1) Name and date of the EMS Course that was completed; and
- (2) Name of approved training agency that awarded certificate; and
- (3) Submission of official certificate showing completion of EMS course; or
- (4) Copy of current National Registry Certificate at the level for which the individual applied. **Remains in 172 Chapter 10 as modified**

~~f. Documentation of Examination, including:~~

- (1) Name and level of the examination completed; and
- (2) Date of examination; and
- (3) Location of examination; and
- (4) Submission of official documentation showing successful completion of the examination. **Remains in 172 Chapter 10 as modified**

~~g. Documentation of Board approved Cardiopulmonary Resuscitation Certification as specified in 172 NAC 13-017 the applicant must submit to the Department a copy of current certificate.~~

- ~~h. Documentation of holding a credential as an out of hospital emergency care provider in another jurisdiction(s)~~
- ~~(1) Certification from the other jurisdiction(s) verifying licensure including:~~
- ~~(a) Name of Licensee;~~
  - ~~(b) License number;~~
  - ~~(c) Level of out-of-hospital emergency care provider;~~
  - ~~(d) Issuance and expiration date of license;~~
  - ~~(e) Date of Birth;~~
  - ~~(f) Social Security number;~~
  - ~~(g) Name of training program completed;~~
  - ~~(h) Name of examination passed and score received;~~
  - ~~(i) Disciplinary action taken against the license;~~
  - ~~(j) Signature of licensing official.~~
- ~~(2) The applicant must:~~
- ~~(a) Answer the following questions: Have you practiced as an out-of-hospital emergency care provider within the three years preceding application: and~~
  - ~~(b) Provide the name of your service, address and dates where you were actively engaged in practice as an out-of-hospital emergency care provider.~~

~~11-003.03 Department Review: The Department will act within 150 days upon all completed applications for initial credentialing.~~

~~11-003.04 Denial of Initial Credential: If an applicant for an initial credential does not meet all of the requirements for a credential, the department will deny issuance of a credential. If the applicant is found to have committed any act which would be grounds for denial of a credential as listed in 172 NAC 11-010, the Department may 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 that 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.~~

~~11-003.05 Practice Prior to Credential: An individual who practices prior to issuance of a credential is subject to assessment of an administrative penalty under 172 NAC 11-013 or such other action as provided in the statutes and regulations governing the credential.~~  
**Remains in 172 Chapter 10 as modified**

~~11-003.06 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.~~

~~11-003.07 Address Information: Each credential holder must notify the Department of any change to the address of record.~~

~~11-003.08 Non-English Documents: Any documents written in a language other than English must be accompanied by a complete translation into the English language. The translation must be an original document and contain the notarized signature of the translator. An~~

individual may not translate his/her own documents.

~~11-004 CREDENTIAL FOR TEMPORARY LICENSURE: Any person who wishes to practice as an out-of-hospital emergency care provider prior to receiving an initial credential after successful completion of an EMS course but has not passed the licensure examination must obtain a temporary license. The criteria for issuance of a temporary license and the documentation required by the Department and the Board are set forth below.~~ **Remains in Section 004 as modified**

~~11-004.01 Qualifications: To receive a temporary license as an out-of-hospital emergency care provider, an individual must:~~

- ~~1. Meet all requirements for licensure pursuant to 172 NAC 11-003.01 except passing the licensure examination; and~~
- ~~2. Be supervised by the same or higher level of out-of-hospital emergency care provider.~~

~~Previous experience or a waiting period is not required to obtain a temporary license.~~

~~11-004.02 Standards for Supervision: The supervisor must supervise the temporary licensee performing practices and procedures outlined in 172 NAC 11-009 for the level of the temporary license.~~

~~11-004.02A The temporary licensee prior to performing the practice and procedures defined in 172 NAC 11-009:~~

- ~~1. Must have a field supervisor as defined in 172 NAC 11-002; and~~
- ~~2. The field supervisor must supervise the temporary licensee as follows:~~
  - ~~a. For a temporary licensed Emergency Medical Responder:~~
    - ~~(1) Direct supervision will be provided for the first 10 patient contacts; and~~
    - ~~(2) May be indirect supervision after the 10 patient contacts.~~
    - ~~(3) If the temporary licensed Emergency Medical Responder has failed an attempt at the licensure examination all supervision must be direct supervision.~~
  - ~~b. For a temporary licensed Emergency Medical Technician:~~
    - ~~(1) Direct supervision will be provided for the first 20 patient contacts; and~~
    - ~~(2) May be indirect supervision after the 20 patient contacts.~~
    - ~~(3) If the temporary licensed Emergency Medical Technician has failed an attempt at the licensure examination all supervision must be direct supervision.~~
  - ~~c. For a temporary licensed Advanced Emergency Medical Technician:~~
    - ~~(1) Direct supervision will be provided for the first 40 patient contacts; and~~
    - ~~(2) May be indirect supervision after the 40 patient contacts.~~
    - ~~(3) If the temporary licensed Advanced Emergency Medical Technician has failed an attempt at the licensure examination all supervision must be direct supervision.~~
  - ~~d. For a temporary licensed Paramedic:~~
    - ~~(1) Direct supervision will be provided for the first 70 patient contacts; and~~

- ~~(2) May be indirect supervision after the 70 patient contacts.~~
- ~~(3) If the temporary licensed Paramedic has failed an attempt at the licensure examination all supervision must be direct supervision.~~

~~11-004.02B The field supervisor of a person who holds a temporary license must immediately notify the Department when the supervision of the temporary licensee is terminated.~~ **Remains in Section 004 as modified**

~~11-004.02C Expiration of a Temporary License: All temporary licenses will become null and void upon the Department's notification that the temporary licensee has passed the examination or a year from the issuance date, whichever comes first.~~

~~11-004.02D If a person who holds a temporary license has not successfully passed the licensing examination within 12 months of the date of issuance of the temporary license, the temporary licensee must reenroll and successfully complete an out-of-hospital emergency care provider course and pass the licensure examination.~~

~~11-004.02E Valid Period and Renewal: The temporary license will only be valid for a period of one year and may not be renewed. The temporary license will become null and void upon issuance of an initial license.~~

~~11-004.03 Application: To apply for a credential to practice as a temporary out-of-hospital emergency medical care provider, an individual must submit a complete application to the Department. A complete application includes all required documentation and a written application. The applicant may obtain an application from the Department or construct an application that must contain the following information:~~

~~1. Written Application:~~

~~a. Personal Information:~~

- ~~(1) The legal name of the applicant, maiden name (if applicable), and any other names by which the applicant is known;~~
- ~~(2) Date of birth (month, day, and year);~~
- ~~(3) Place of birth (city and state or country if not born in the United States);~~
- ~~(4) Mailing address (street, rural route, or post office address; and city, state, and zip code, or country information);~~
- ~~(5) The applicant's:
  - ~~(a) Social Security Number (SSN); or~~
  - ~~(b) Alien Registration Number ("A" #); or~~
  - ~~(c) Form 1-94 (Arrival-Departure Record) number.~~Certain applicants may have both a SSN and an A# or 1-94 number, and if so, must report both.~~
- ~~(6) The applicant's telephone number including area code (optional);~~
- ~~(7) The applicant's e-mail address (optional);~~
- ~~(8) The applicant's fax number (optional);~~

~~b. Practice Before Application: The applicant must state:~~

- ~~(1) That s/he has not practiced as an out-of-hospital emergency medical care provider in Nebraska at the level for which s/he is applying before submitting~~

the application; or

- (2) If s/he has practiced as an out-of-hospital emergency medical care provider in Nebraska at the level for which s/he is applying before submitting the application, the actual number of days practiced in Nebraska; and before submitting the application for a credential, the name and location of practice;

c. ~~Attestation:~~ The applicant must attest that:

- (1) S/he has read the application or has had the application read to him/her;
- (2) All statements on the application are true and complete; and
- (3) S/he is of good character;
- (4) S/he has not committed any act that would be grounds for denial under 172 NAC 11-010 or if an act(s) was committed, provide an explanation of all such acts; and
- (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: The applicant must submit the following documentation with the application:

a. Evidence of age, such as:

- (1) Driver's license;
- (2) Birth certificate;
- (3) Marriage license that provides date of birth;
- (4) Transcript that provides date of birth;
- (5) U.S. State identification card;
- (6) Military identification; or
- (7) Other similar documentation;

b. Evidence of good character, including:

- (1) Other Credential Information: If the applicant holds a credential to provide health services, health-related services, or environmental services in Nebraska or in another jurisdiction, the applicant must submit the state, credential number, type of credential, date issued, and expiration date of each credential where the applicant has been or is currently credentialed. The applicant must have the licensing agency submit to the Department a certification of his/her credential;
- (2) Disciplinary Action: A list of any disciplinary actions taken against the applicant's credential and a copy of the disciplinary action(s), including charges and disposition;
- (3) Denial: If the applicant was denied a credential or denied the right to take an examination, an explanation of the basis for the denial;

- ~~(4) Conviction Information: If the applicant has been convicted of a felony or misdemeanor, the applicant must submit to the Department:~~
- ~~(a) A list of any misdemeanor or felony convictions;~~
  - ~~(b) A copy of court record, which includes charges and disposition;~~
  - ~~(c) Explanation from the applicant of the events leading to the conviction (what, when, where, why); and a summary of actions the applicant has taken to address the behaviors/actions related to the convictions;~~
  - ~~(d) All addiction/mental health evaluations and proof of treatment, if the conviction involved a drug and/or alcohol related offense and if treatment was obtained and/or required;~~
  - ~~(e) A letter from the probation officer addressing probationary conditions and current status, if the applicant is currently on probation; and~~
  - ~~(f) Any other information as requested by the Board/Department;~~
- ~~c. Evidence that the applicant is:~~
- ~~(1) 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~~
  - ~~(2) For purposes of Neb. Rev. Stat. §38-129, a citizen of the United States, an alien lawfully admitted into the United States who is eligible for a credential under the Uniform Credentialing Act, or a nonimmigrant lawfully present in the United States who is eligible for a credential under the Uniform Credentialing Act.~~
- ~~d. Evidence of citizenship, lawful presence and/or immigration status may include a copy of:~~
- ~~(1) A U.S. Passport (unexpired or expired);~~
  - ~~(2) A birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal;~~
  - ~~(3) An American Indian Card (I-872);~~
  - ~~(4) A Certificate of Naturalization (N-550 or N-570);~~
  - ~~(5) A Certificate of Citizenship (N-560 or N-561);~~
  - ~~(6) Certification of Report of Birth (DS-1350);~~
  - ~~(7) A Consular Report of Birth Abroad of a Citizen of the United States of America (FS-240);~~
  - ~~(8) Certification of Birth Abroad (FS-545 or DS-1350);~~
  - ~~(9) A United States Citizen Identification Card (I-197 or I-179);~~
  - ~~(10) A Northern Mariana Card (I-873);~~
  - ~~(11) A Green Card, otherwise known as a Permanent Resident Card (Form I-551), both front and back of the card;~~
  - ~~(12) An unexpired foreign passport with an unexpired Temporary I-551 stamp bearing the same name as the passport;~~
  - ~~(13) A document showing an Alien Registration Number ("A#"). An Employment Authorization Card/Document is not acceptable; or~~
  - ~~(14) A Form I-94 (Arrival-Departure Record);~~
- ~~e. Documentation of Education, including:~~
- ~~(1) Name and date of the EMS Course that was completed; and~~
  - ~~(2) Name of approved training agency that awarded certificate; and~~
  - ~~(3) Submission of official certificate showing completion of EMS course; or~~

f. Documentation of Board approved Cardiopulmonary Resuscitation Certification as specified in 172 NAC 13-017.

(1) Applicant must submit to the Department a copy of current certificate.

~~11-004.04 Department Review:~~ The Department will act within 150 days upon all completed applications for initial licensing.

~~11-004.05 Denial of a Temporary License:~~ If an applicant for a temporary license does not meet all of the requirements for the license, the department will deny issuance of a license. If the applicant is found to have committed any act which would be grounds for denial of a license as listed in 172 NAC 11-010, the Department may deny issuance of a license. To deny a license, 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 that 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.

~~11-004.06 Practice Prior to License:~~ An individual who practices prior to issuance of a temporary license is subject to assessment of an administrative penalty under 172 NAC 11-013 or such other action as provided in the statutes and regulations governing the license.

~~11-004.07 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.

~~11-004.08 Address Information:~~ Each license holder must notify the Department of any change to the address of record.

~~11-004.09 Non-English Documents:~~ Any documents written in a language other than English must be accompanied by a complete translation into the English language. The translation must be an original document and contain the notarized signature of the translator. An individual may not translate his/her own documents.

#### 11-005 NULL AND VOID CERTIFICATIONS AND TRANSITION TO TITLE CHANGES:

1. Effective March 7, 1999, the following certification levels became null and void:

- a. EMT-A/D, EMT-A/M, EMT-IV, and EMT-D: Individuals, who had been certified at any one or more of these certification levels, prior to March 7, 1999, may continue to perform these skills with approval of their emergency medical service's physician medical director and by maintaining a current certificate as an emergency medical technician;
- b. Field Supervisor: Individuals who had been certified as field supervisors, prior to March 7, 1999, may continue to perform as field supervisors with the approval of the medical director.

2. Effective September 1, 2010 the following licensure levels will no longer be issued:

- ~~a. First Responder: Individuals who had been licensed at this level may continue to perform within the practice and procedures for Emergency Medical Responders defined in 172 NAC 11-009.01A until the individual's First Responder license has expired.~~
  - ~~b. Emergency Medical Technician-Intermediate: Individuals who had been licensed at this level may continue to perform within the practice and procedures for Emergency Medical Technician-Intermediate defined in 172 NAC 11-009.04 until the individual's Emergency Medical Technician-Intermediate license has expired.~~
  - ~~c. Emergency Medical Technician-Paramedic: Individuals who had been licensed at this level may continue to perform defined in 172 NAC 11-009.05 until the individual's Emergency Medical Technician-Paramedic license has expired.~~
- ~~3. After the effective date of these regulations, an individual who possessed a valid license as First Responder, Emergency Medical Technician-Intermediate, Emergency Medical Technician-Paramedic prior to September 1, 2010 will transition as follows:~~
- ~~a. First Responder: An individual who meets the renewal requirements for Emergency Medical Responder defined in 172 NAC 11-007.01 will be issued a license as an Emergency Medical Responder.~~
  - ~~b. Emergency Medical Technician-Intermediate: An individual who meets the renewal requirements for Emergency Medical Technician-Intermediate defined in 172 NAC 11-007.01 will be issued a license as an Emergency Medical Technician-Intermediate.~~
  - ~~c. Emergency Medical Technician-Paramedic: An individual who meets the renewal requirements for Paramedic defined in 172 NAC 11-007.01 will be issued a license as a Paramedic.~~

## 11-006 EXAMINATION ELIGIBILITY AND PROCEDURES

~~11-006.01 Emergency Medical Responder: An emergency medical responder licensure examination consists of a written examination and a practical examination. Individuals requesting to take an Emergency Medical Responder licensure examination must successfully complete, within two years prior to requesting to take the licensure examination, an Emergency Medical Responder course from an approved emergency medical services training agency.~~

~~11-006.02 Emergency Medical Technician: An emergency medical technician licensure examination consists of a written examination and a practical examination. Individuals requesting to take an emergency medical technician licensure examination must successfully complete, within two years prior to requesting to take the licensure examination, an emergency medical technician course from an approved emergency medical services training agency.~~

~~11-006.03 The emergency medical responder or emergency medical technician's eligibility to take the licensure examination will be authorized by the approved emergency medical services training agency that provided the training to the individual.~~

~~11-006.04 Advanced Emergency Medical Technician: An advanced emergency medical technician licensure examination consists of a written examination and a practical~~



~~examination. Individuals requesting to take an advanced emergency medical technician licensure examination must:~~

- ~~1. Be currently licensed as an emergency medical technician; OR~~
- ~~2. Have a current certification from the National Registry of Emergency Medical Technicians; AND~~
- ~~3. Successfully complete, within two years prior to requesting to take the licensure examination, an advanced emergency medical technician course from an approved emergency services training agency.~~
- ~~4. Applicants requesting to take the advanced emergency medical technician practical portion of the licensure examination must apply to the Department. The Department will maintain a schedule of the dates and locations of the practical examinations in the state.~~

~~11-006.05 Paramedic: A paramedic licensure examination consists of a written examination and a practical examination. Individuals requesting to take the paramedic licensure examination must:~~

- ~~1. Be currently licensed as an emergency medical technician; OR~~
- ~~2. Have a current certification from the National Registry of Emergency Medical Technicians; AND~~
- ~~3. Successfully complete, within two years prior to requesting to take the licensure examination, a Paramedic course from an approved emergency services training agency;~~
- ~~4. Applicants requesting to take the Paramedic practical portion of the licensure examination must apply to the Department. The Department will maintain a schedule of the dates and locations of the practical examinations in the state.~~

~~11-007 CONTINUING COMPETENCY REQUIREMENTS: Each person holding an active credential within the state must, on or before the date of expiration of the credential, comply with the continuing competency requirements for his/her profession, unless such requirements are waived in accordance with 172 NAC 11-008.03 and 11-008.04. Each credentialed individual is responsible for maintaining certificates or records of continuing competency activities.~~

~~11-007.01 Requirements: On or before the credential expiration date, each licensed out-of-hospital emergency care provider must complete continued competency requirements for their level of licensure as follows:~~

- ~~1. Emergency Medical Responder~~
  - ~~a. Hold a current CPR certification from an organization that has been approved by the Board; AND~~
  - ~~b. Attest to completing 14 hours of continuing education with no more than seven hours of distributive learning programs, obtained within 24 months prior to license expiration date, in the subject matter of the Emergency Medical Responder course or request a waiver of continuing competency requirements; OR~~
  - ~~c. Have a verification from a physician medical director or qualified physician surrogate that the applicant is qualified for renewal as defined in 172 NAC 12-004.08 item 10.a; OR~~

- d. Hold a current Emergency Medical Responder certificate from the NREMT; OR
- e. Have passed a written assessment examination.
  - (1) Licensees must achieve a passing score on the written assessment examination as determined by using the Anghoff Method.
  - (2) Licensees that fail the assessment examination on the first attempt will be required to renew by one of the methods specified in 172 NAC 11-007.01 item 1. a - d.

**2. Emergency Medical Technician**

- a. Hold a current CPR certification from an organization that has been approved by the Board; AND
- b. Attest to completing 20 hours of continuing education with no more than 10 hours of distributive learning programs, within the 24 months prior to the license expiration date, in the subject matter of the emergency medical technician course or request a waiver of continuing competency requirements; OR
- c. Have a verification from his/her basic life support service's physician medical director or qualified physician surrogate that the applicant is qualified for renewal as defined in 172 NAC 12-004.08 item 10.b; OR
- d. Hold a current emergency medical technician certificate from the NREMT; OR
- e. Passed a written assessment examination.
  - (1) Licensees must achieve a passing score on the written assessment examination as determined by using the Anghoff Method.
  - (2) Licensees that fail the written assessment examination on the first attempt will be required to renew by one of the methods specified in 172 NAC 11-007.01 item 2, a - d.

**3. Advanced Emergency Medical Technician**

- a. Hold a current CPR certification from an organization that has been approved by the Board; AND
- b. Attest to 26 hours of continuing education with no more than ten hours of distributive education learning programs, within the certification period. Eighteen hours must be in the subject matter of the Emergency Medical Technician Course and eight hours in the subject matter of the Advanced Emergency Medical Technician Course.
- c. Have documentation from the physician medical director or qualified physician surrogate of demonstrated proficiency in peripheral IV access, non-visualize advanced airway management and administration of approved medications in a clinical, out-of hospital, or educational setting; OR
- d. Hold verification from the applicant's advanced life support service's physician medical director or qualified physician surrogate that the applicant is qualified for renewal as defined in 172 NAC 12-004.08 item 10.c; OR
- e. Hold a current Advanced Emergency Medical Technician certificate from the National Registry of EMT; OR
- f. Pass the written assessment examination.
  - (1) Licensees must achieve a passing score on the written examination as determined by using the Anghoff Method.

~~(2) Licensees that fail any part of the examination on the first attempt will be required to renew by one of the methods specified in 172 NAC 11-007.01 item 3, a – e.~~

~~4. Emergency Medical Technician-Intermediate~~

- ~~a. Hold a current CPR certification from an organization that has been approved by the Board; AND~~
- ~~b. Attest to completing 30 hours of continuing education with no more than 15 hours of distributive learning programs, obtained within the 24 months prior to the license expiration date, 20 hours in the subject matter of the emergency medical technician course and 10 hours in the subject matter covering the emergency medical technician-intermediate practice and procedures or request a waiver of continuing competency requirements; AND~~
- ~~c. Have documentation from a physician or qualified physician surrogate of demonstrated proficiency in peripheral IV administration and endotracheal intubation in a clinical, out-of-hospital, or educational setting; OR~~
- ~~d. Have a verification from the applicants advanced life support service's physician medical director or qualified physician surrogate that the applicant is qualified for renewal as defined in 172 NAC 12-004.08 item 10.c; OR~~
- ~~e. A current emergency medical technician-intermediate certificate from the NREMT; OR~~
- ~~f. Pass a written and practical skills assessment examination.~~
  - ~~(1) Licensees must achieve a passing score on the written examination as determined by using the Anghoff Method.~~
  - ~~(2) Licensees that fail any part of the examination on the first attempt will be required to renew by one of the methods specified in 172 NAC 11-007.01 tem 4, a – e.~~

~~5. Paramedic:~~

- ~~a. Hold a current CPR certification from an organization that has been approved by the Board; AND~~
- ~~b. Attest to completing 40 hours of continuing education with no more than 20 hours of distributive learning programs, obtained within the 24 months prior to the license expiration date, of which 20 hours must be in the subject matter of the emergency medical technician course and 20 hours must be in the subject matter of the Paramedic course or request a waiver of continuing competency requirements; AND~~
- ~~c. Documentation by a physician or qualified physician surrogate of demonstrated proficiency in peripheral IV administration, drug administration, cardiac skills and endotracheal intubation in a clinical, out-of-hospital, or educational setting. OR~~
- ~~d. Have a verification by the applicants advanced emergency medical service's physician medical director or qualified physician surrogate that the applicant is qualified for renewal as defined in 172 NAC 12-004.08 item 10.d; OR~~
- ~~e. Hold a current Paramedic certificate from the NREMT; OR~~
- ~~f. Passed a written and practical skills assessment examination.~~
  - ~~(1) Licensees must achieve a passing score on the written examination as determined by using the Anghoff Method.~~

- (3) Licensees that fail any part of the examination on the first attempt will be required to renew by one of the methods specified in 172 NAC 11-007.01 tom 5, a-e.
6. Paramedics who do not meet the continuing competency requirements as outlined in 172 NAC 11-007.01, item 5, for their level of licensure may be licensed as an Advanced Emergency Medical Technician if they meet the continuing competency requirements criteria of 172 NAC 11-007.01, item 3, they may be licensed as an Emergency Medical Technician if they meet the continuing competency requirements of NAC 11-007.01, item 2, or they may be licensed as an Emergency Medical Responder if they meet the continuing competency requirements of 172 NAC 11-007.01, item 1.
- 7.
8. Emergency Medical Technician-Intermediates who do not meet the continuing competency requirements as outlined in 172 NAC 11-007.01, item 4, for their level of licensure may be licensed as an Advanced Emergency Medical Technician if they meet the continuing competency requirements of 172 NAC 11-007.01, item 3, or they may be licensed as an Emergency Medical Technician if they meet the continuing competency requirements of 172 NAC 11-007.01, item 2, or they may be licensed as an Emergency Medical Responder if they meet the continuing competency requirements of 172 NAC 11-007.01, item 1.
- 9.
10. Advanced Emergency Medical Technicians who do not meet the continuing competency requirements as outlined in 172 NAC 11-007.01, item 3, for their level of licensure may be licensed as an Emergency Medical Technician if they meet the continuing competency requirements of 172 NAC 11-007.01, item 2, or they may be licensed as an Emergency Medical Responder if they meet the continuing competency requirements of 172 NAC 11-007.01, item 1.
- 11.
12. Emergency Medical Technicians who do not meet the continuing competency requirements as outlined in 172 NAC 11-007.01, item 2, for their level of licensure may be licensed as an Emergency Medical Responder if they meet the continuing competency requirements of 172 NAC 11-007.01, item 1. **Remains in Section 007 as modified**
13. Out-of-Hospital Emergency Care Providers who want to upgrade their current license to any level up to a license that they previously held must meet the requirements for continuing competency for the level of license they want to obtain as stated in 172 NAC 11-007.01.
14. Clinical Training and Skills Proficiency: Licensed out-of-hospital emergency care providers, may, under direct supervision as determined by the physician medical director, perform skills as identified in 172 NAC 11-009, in a hospital for the purpose of maintaining skill proficiency. The skills performed must be specifically identified by the physician medical director and be commensurate with the individuals license level.

11-007.02 Acceptable Continuing Education: In order for an activity to be accepted for continuing education to renew a license, the activity must meet the following criteria:

1. Be a planned, formally organized program of learning which directly contributes to the professional competency of out-of-hospital emergency care providers;
2. Must have objectives that relate to the subject matter of an EMS course with an emergency medical service focus;
3. Be made available on a specific date and time or be a distributed learning program as defined in 172 NAC 11-002;
4. Have an instructor who has experience or training in the content area(s) of the course being taught;
5. Must have a course title and consist of content that is at least one hour in duration;
6. Delineate the number of contact hours, excluding meals and breaks to be awarded at the completion of the activity, with proof of such completion being documented pursuant to 172 NAC 11-008.05C; AND
7. Have a mechanism that assures attendance/ participation. All distributive learning programs must test each student at the completion of the distributive learning program.

Remains in Section 008 as modified

11-007.03 The following types of activities will be accepted as continuing education for renewal of a license:

1. Programs at State and National Association meetings, e.g. a meeting of the Nebraska Emergency Medical Services Association, Professional Ambulance Association of Nebraska, or similar organizations;
2. Workshops, seminars, and/or conferences where the subject matter has an emergency medical service focus;
3. Formal education courses given at accredited institutions of higher education where the subject matter has an emergency medical service focus. No more than 15 hours of continuing education credit will be awarded by the Board for each semester hour earned or 10 hours for each quarter hour earned;
4. Nebraska EMS Leadership Training and/or Nebraska EMS Programs Leadership Conference and/or EMS Operations Courses. No more than 6 hours will be awarded in each 24 month renewal period for one course or a combination of any of these courses for all licensure levels;
5. National Incident Management System (NIMS) Training. The Board will only award hours for core courses;
6. Distributive Learning Programs approved by Continuing Education Coordinating Board for Emergency Medical Services (CECBEMS); and
7. Basic cardiopulmonary resuscitation certification (Initial or recertification course). 4 hours will be awarded for each 24 month renewal period for all licensure levels.

11-007.04 Non-acceptable Continuing Education: The following activities are not acceptable for continuing education to renew a license:

1. Advanced NIMS Training where the subject matter does not have an emergency medical service focus;

- ~~2. Advanced scene management courses where the subject matter does not have an emergency medical service focus;~~
- ~~3. Classes offered by Homeland Security where the subject matter does not have an emergency medical service focus;~~
- ~~4. Courses that relate to job duties performed in a hospital, nursing home or other health care facility where the subject matter does not have an emergency medical service focus; and~~
- ~~5. Fire training courses where the subject matter does not have an emergency medical service focus.~~ **Remains in Section 009 as modified**

~~11-007.05 Continuing education programs or courses are not required to be pre-approved by the Board prior to any such program or course offering.~~

~~11-007.06 A licensee who is an instructor of an EMS course as set out in 172 NAC 11-002 may receive one hour of continuing education credit for each hour of initial instruction of an EMS Course during a renewal period. A maximum of one third of the licensee's required continuing education hours for a renewal period may be awarded for instruction. Credit will not be given to the licensee for subsequent instruction of the same EMS course.~~

~~11-007.07 Material that is delivered by means of classroom, internet or inter-active video that allows for two-way communication between an instructor and a student is instructor based content and does not qualify as distributive learning.~~

~~11-008 RENEWAL: An individual who wants to renew his/her out-of-hospital emergency care provider credential must request renewal as specified in 172 NAC 11-008.02. All out-of-hospital emergency care providers' credentials issued by the Department will expire on December 31 as follows:~~ **This and all subsections below remains in Section 005 as modified**

- ~~1. Emergency Medical Technicians — Every Odd-Numbered Year~~
- ~~2. Paramedics — Every Even-Numbered Year~~
- ~~3. EMT-Intermediates — Every Even-Numbered Year~~
- ~~4. Advanced Emergency Medical Technicians — Every Even-Numbered Year~~
- ~~5. Emergency Medical Responders — Every Even-Numbered Year~~

~~Following the effective date of these regulations, to achieve the biennial renewal cycle the expiration date of credentials will be adjusted to coincide with these year ends by renewing for one year those credentials with expiration dates which do not coincide with these dates. Continuing educational requirements will be adjusted accordingly.~~

~~11-008.01 Renewal Notice: At least 30 days before the expiration of a credential, the Department will notify each credential holder 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. Continuing competency requirements for renewal;~~
- ~~5. Information on how to request renewal and how to place credential on inactive status;~~

and

6. A request for disclosure of whether the applicant is practicing as an EMT-Intermediate, Advanced Emergency Medical Technician or Paramedic in a hospital or health clinic, and if so the name of the hospital(s) or clinic(s).

~~11-008.02 Renewal Procedures:~~ The request for renewal may be submitted in person or by mail or Internet, and must include all required documentation. The applicant may obtain an application from the Department or construct an application.

1. ~~Application:~~ The applicant on his/her application:
  - a. ~~Must provide the following information:~~
    - (1) ~~The legal name of the applicant, maiden name (if applicable), and any other names by which the applicant is known;~~
    - (2) ~~Mailing address (street, rural route, or post office address; and city, state, and zip code, or country information);~~
    - (3) ~~The applicant's:~~
      - (a) ~~Social Security Number (SSN); or~~
      - (b) ~~Alien Registration Number (A#); or~~
      - (c) ~~Form I-94 (Arrival-Departure Record) number.~~

~~Certain applicants may have both a SSN and an A# or I-94 number, and if so, must report both.~~
  - b. ~~May provide the following information about him/herself:~~
    - (1) ~~The applicant's telephone number including area code;~~
    - (2) ~~The applicant's e-mail address; and~~
    - (3) ~~The applicant's fax number;~~
  - c. ~~Must attest that s/he:~~
    - (1) ~~Is of good character;~~
    - (2) ~~Has met the continuing competency requirements as specified in 172 NAC 11-007.01 or requested a waiver if s/he meets the requirements of 172 NAC 11-008.03 and 11-008.04;~~
    - (3) ~~Has not, since the last renewal of the credential, committed any act(s) which would be grounds for action against a credential as specified in 172 NAC 11-010.01 or if an act(s) was committed, provide an explanation of all such act(s); and~~
    - (4) ~~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~~
    - (5) ~~For purposes of Neb. Rev. Stat. §38-129, a citizen of the United States, an alien lawfully admitted into the United States who is eligible for a credential under the Uniform Credentialing Act, or a nonimmigrant lawfully present in the United States who is eligible for a credential under the Uniform Credentialing Act.~~
2. ~~Documentation:~~ The applicant must submit the following documentation with the application:
  - a. ~~Alien or Non-Immigrant:~~ Evidence of lawful presence, and/or immigration status may include a copy of:
    - (1) ~~A Green Card otherwise known as a Permanent Resident Card (Form I-551),~~

- both front and back of the card;
- (2) An unexpired foreign passport with an unexpired Temporary I-551 stamp bearing the same name as the passport;
  - (3) A document showing an Alien Registration Number ("A#"). An Employment Authorization Card/Document is not acceptable; or
  - (4) A Form I-94 (Arrival-Departure Record)
- b. ~~Other Credential Information:~~ If the applicant holds a credential to provide health services, health-related services, or environmental services in Nebraska or in another jurisdiction, the applicant must submit the state, credential number, type of credential, date issued, and expiration date of each credential where the applicant has been or is currently credentialed;
- c. ~~Disciplinary Action:~~ A list of any disciplinary actions taken against the applicant's credential and a copy of the disciplinary action(s), including charges and disposition;
- d. ~~Denial:~~ If the applicant was denied a credential or denied the right to take a licensure examination, an explanation of the basis for the denial;
- e. ~~Conviction Information:~~ If the applicant has been convicted of a felony or misdemeanor since his/her last renewal or during the time period since initial credentialing if such occurred within the previous two years, the applicant must submit to the Department:
- (1) A list of any misdemeanor or felony convictions;
  - (2) A copy of court record, which includes charges and disposition;
  - (3) Explanation from the applicant of the events leading to the conviction (what, when, where, why) and a summary of actions the applicant has taken to address the behaviors/actions related to the convictions;
  - (4) All addiction/mental health evaluations and proof of treatment, if the conviction involved a drug and/or alcohol related offense and if treatment was obtained and/or required; and
  - (5) A letter from the probation officer addressing probationary conditions and current status, if the applicant is currently on probation.

~~11-008.03 Waivers for Military Service:~~ A credential holder who has served in the regular armed forces of the United States during part of the credentialing period immediately preceding the renewal date, or is actively engaged in military service as defined in 172 NAC 11-002, is not required to meet the continuing competency requirements if acceptable documentation is submitted to the Department. The individual must document his/her military service by submitting to the Department:

- 1. ~~Military identification proving that s/he is in active service;~~
- 2. ~~Military orders; or~~
- 3. ~~A letter from his/her Commanding Officer indicating that s/he is on active duty.~~

~~Upon receipt of acceptable documentation, the Department will waive the continuing competency requirements and renew the credential. The credential will remain active until the next renewal period.~~

**11-008.04 Waiver of Continuing Competency Requirements:** The Department waives continuing competency requirements for individuals who were first credentialed within the 24-



~~month period immediately preceding the renewal date.~~

~~11-008.04A The Department may waive continuing competency requirements, in whole or in part, upon submission by a credential holder of documentation that circumstances beyond his/her control have prevented completion of these requirements. These circumstances may include suffering from a serious or disabling illness or physical disability which prevented completion of the continuing competency requirements during the 24 months immediately preceding the certification renewal date.~~ **Remains in Section 0010 as modified**

~~11-008.05 Audit Of Continuing Competency Requirements: The Department or the Board may biennially select, in a random manner, a sample of the renewal applications for audit of continuing competency requirements. Each credential holder selected for audit must produce documentation of the continuing competency activities.~~

~~11-008.05A The Department will notify each selected credential holder by mail. Failure to notify the Department of a current mailing address will not absolve the credential holder from the requirement for audit.~~

~~11-008.05B Within 30 days, each selected credential holder must respond by submitting documentation that s/he has met the requirements for continuing competency. An extension beyond 30 days for submission of the documentation may be granted at the discretion of the Department. Documentation submitted by the credential holder will not be returned.~~

~~11-008.05C Acceptable documentation that the credential holder has met the continuing competency requirements which include:~~

- ~~1. Certificates of completion;~~
- ~~2. Training Rosters;~~
- ~~3. Service minutes that list training course title, length of training, name of instructor and names of those who attended training; or~~
- ~~4. List of individual's training signed by service training officer.~~

~~11-008.05D The Department/Board will review the submitted documentation to determine if the credential holder has met the requirements for continuing competency activities for renewal of the credential. Only documented activities/hours that meet the continuing competency requirements will be counted toward the total requirements for renewal.~~

~~11-008.05E The Department will notify the credential holder upon satisfactory completion of the audit.~~

~~11-008.05F The credential of any person who fails to comply with the conditions of the audit will expire 30 days after notice and an opportunity for a hearing.~~

~~11-008.05G The Board reserves the right to audit continuing competency requirements of any credential holder by notifying the credential holder and requesting that s/he produce the required documentation of attendance at or participation in acceptable continuing~~

~~competency programs within 30 days of mailing.~~

~~11-008.06 Department Review:~~ The Department will act within 150 days upon all completed applications for renewal.

~~11-008.06A False Information:~~ The Department may refuse to renew a credential for falsification of any information submitted for renewal of a credential. The refusal will be made according to 184 NAC 1, the Department's Rules of Practice and Procedure for Administrative Hearings.

~~11-008.07 Address Information:~~ Each credential holder must notify the Department of any change to the address of record.

~~11-008.08 Expiration of a Credential:~~ A credential expires if a credential holder fails to:

- ~~1. Notify the Department that s/he wants to place his/her credential on inactive status upon its expiration;~~
- ~~2. Meet the requirements for renewal on or before the date of expiration of his/her credential; or~~
- ~~3. Otherwise fails to renew his/her credential.~~

~~11-008.08A Failure to Renew:~~ A credential automatically expires without further notice or opportunity for hearing if a credential holder fails by the expiration date of the credential to submit documentation of continuing competency.

~~11-008.08B Failure to Meet Continuing Competency Requirements:~~ The Department will refuse to renew a credential, after notice and opportunity for hearing, if a credential holder fails to meet the continuing competency requirements for renewal by the expiration date of the credential.

~~11-008.08C Right to Practice:~~ When an individual's credential expires, the right to represent him/herself as a credential holder and to practice as an out-of-hospital emergency care provider terminates.

~~11-008.08D Practice after Expiration:~~ An individual who practices after expiration of his/her credential is subject to assessment of an administrative penalty under 172 NAC 11-012 or such other action as provided in the statutes and regulations governing the credential.

~~11-008.08E Reinstatement of an Expired Credential:~~ If a credential holder wants to resume the practice of out-of-hospital emergency care provider after failing to renew his/her credential by the expiration date, s/he must apply to the Department for reinstatement as specified in 172 NAC 11-012.

~~11-008.09 Inactive Status:~~ When an individual wants to have his/her credential placed on inactive status, s/he must notify the Department in writing. There is no fee to have a credential placed on inactive status and continuing competency is not required.

~~11-008.09A Request for Inactive Status:~~ When the Department has received notification that an individual wants to have his/her credential placed on inactive status, the Department will notify the credential holder in writing of the acceptance or denial of the request.

~~11-008.09B Placement on Inactive Status:~~ When an individual's credential is placed on inactive status, the credential holder must not engage in the practice of an out-of-hospital emergency care provider, but may represent him/herself as having an inactive credential.

~~11-008.09C Return to Active Status:~~ A credential may remain on inactive status for an indefinite period of time. An individual who wants to have his/her credential returned to active status must apply to the Department for reinstatement and meet the requirements specified in 172 NAC 11-012.

~~11-009 PRACTICES AND PROCEDURES FOR LICENSED OUT-OF-HOSPITAL EMERGENCY CARE PROVIDERS:~~ The following practices and procedures for out-of-hospital emergency care providers have been taken from the United States Department of Transportation, National Emergency Medical Services Education Standards, National Medical Services Scope of Practice including modifications, and approved by the Board.

~~11-009.01 Emergency Medical Responder Practices and Procedures:~~ The Emergency Medical Responder initiates immediate lifesaving care to critical patients who access the emergency medical system. This individual possesses the basic knowledge and skills necessary to provide lifesaving interventions while awaiting additional EMS response and to assist higher level personnel at the scene and during transport. The Emergency Medical Responder is intended to function as part of a comprehensive EMS response.

~~11-009.01A~~ An Emergency Medical Responder while functioning in response to a medical emergency:

- ~~1. Responds safely to the scene of the emergency;~~
- ~~2. Determines:~~
  - ~~a. Scene Safety;~~
  - ~~b. Number of Patients;~~
  - ~~c. Nature of the illness or mechanism of injury; and~~
  - ~~d. Resources needed to manage the emergency;~~
- ~~3. Communicates:~~
  - ~~a. Resources needed to dispatch agency or appropriate agencies;~~
  - ~~b. Scene Hazards to other responders at the scene and still enroute; and~~
  - ~~c. Patient condition to the patient transporting service;~~
- ~~4. Completes a patient care report;~~
- ~~5. While awaiting the transporting service performs a patient primary, secondary, and reassessments as appropriate for the patient's illness and/or injury and life span development. This includes:~~
  - ~~a. Level of consciousness;~~
  - ~~b. Use of nationally recognized noninvasive scales and scores including but not limited to:~~
    - ~~(1) Glasgow Coma Scale;~~

- ~~(2) Revised Trauma Score;~~
- ~~(3) Cincinnati Stroke Scale; and~~
- ~~(4) Los Angeles Pre-hospital Stroke Scale;~~
- ~~c. Airway status:~~
  - ~~(1) Patency; and~~
  - ~~(2) Partial or fully obstructed;~~
- ~~d. Breathing status:~~
  - ~~(1) Rate; and~~
  - ~~(2) Breathing Sounds:~~
    - ~~(a) Normal;~~
    - ~~(b) Stridor;~~
    - ~~(c) Wheezing;~~
    - ~~(d) Gurgles; and~~
    - ~~(e) Effort of Breathing;~~
- ~~e. Circulatory status:~~
  - ~~(1) Presence or absence of pulse;~~
  - ~~(2) Rate; and~~
  - ~~(3) Bleeding;~~
- ~~f. Skin status:~~
  - ~~(1) Color;~~
  - ~~(2) Temperature;~~
  - ~~(3) Moisture; and~~
  - ~~(4) Capillary refill;~~
- ~~6. Gathers patient demographic data;~~
- ~~7. Gathers a patient history determining:~~
  - ~~a. Chief complaint;~~
  - ~~b. Signs and symptoms; and~~
  - ~~c. Events leading up to this illness/injury;~~
- ~~8. Rapid full body scan;~~
- ~~9. Focused assessment based on complaint;~~
- ~~10. Head to toe exam;~~
- ~~11. Vital Signs:~~
  - ~~a. Pulse;~~
  - ~~b. Respiratory rate; and~~
  - ~~c. Manual blood pressure;~~
- ~~12. While awaiting the transporting emergency medical service provide care as appropriate for the patient's illness and/or injury and life span development. This includes:~~
  - ~~a. Manual airway maneuvers;~~
  - ~~b. Sellick's maneuver;~~
  - ~~c. Manual non-visualized foreign body airway obstruction removal;~~
  - ~~d. Insert and remove oropharyngeal airway;~~
  - ~~e. Upper airway suctioning;~~
  - ~~f. Positive pressure ventilation by:~~
    - ~~(1) Mouth to mask; and~~
    - ~~(2) Bag valve mask;~~
  - ~~g. Oxygen administration using:~~
    - ~~(1) Non-Rebreather mask;~~

- ~~(2) Nasal cannula; and~~
- ~~(3) Positive pressure ventilation;~~
- ~~h. Manual cardiopulmonary resuscitation;~~
- ~~i. Use of automatic or semi-automatic external defibrillator;~~
- ~~j. Manual stabilization of suspected:
  - ~~(1) Spinal injuries; and~~
  - ~~(2) Extremity injuries;~~~~
- ~~k. External application of cold to swollen facial and extremity injuries;~~
- ~~l. Control hemorrhaging including use of tourniquet;~~
- ~~m. Bandaging wounds;~~
- ~~n. Moving patient by drags, lifts and carries due to:
  - ~~(1) Imminent danger to the patient and/or out of hospital emergency care provider; or~~
  - ~~(2) Limited access to patient and delay that would likely increase morbidity and mortality;~~~~
- ~~o. Assist with normal childbirth;~~
- ~~p. Use of auto injector antidote kits during an exposure for treatment of:
  - ~~(1) Self; or~~
  - ~~(2) Other emergency responders.~~~~

~~11-009.01B The Emergency Medical Responder while functioning with a licensed emergency medical service may perform all of the practices and procedures defined in 172 NAC 11-009.01A and in addition may,~~

- ~~1. After successful completion of appropriate training;~~
- ~~2. With the approval of the service's Physician Medical Director;~~
- ~~3. Under written Physician Medical Director approved protocols;~~
- ~~4. While awaiting the transporting service, provide care as appropriate for the patient's illness and/or injury and life span development. This includes:
  - ~~a. Administration of the following medications:
    - ~~(1) Aspirin for suspected acute myocardial infarction; and~~
    - ~~(2) Epinephrine auto injectors for:
      - ~~(a) Status asthmaticus; or~~
      - ~~(b) Anaphylaxis;~~~~~~
  - ~~b. Application of devices for immobilization of suspected:
    - ~~(1) Spinal injuries; or~~
    - ~~(2) Extremity Injuries;~~~~
  - ~~c. Use of patient transport devices;~~~~
- ~~5. Use an auto injector antidote kit during an exposure for treatment of patients in mass numbers when higher level out of hospital emergency care providers are insufficient in numbers to administer the antidote kit and delay in the administration of the antidote would lead to mortality and morbidity of patients;~~
- ~~6. Assist with continued patient care under the direct supervision of an Emergency Medical Technician, Advanced Emergency Medical Technician, Emergency Medical Technician-Intermediate, or Paramedic not to exceed the practices and procedures in 172 NAC 11-009.01A and 11-009.01B;~~
- ~~7. Perform self-administration of prophylactic medications;~~

- a. ~~For treatment immediately following a significant exposure to an infectious pathogen;~~
  - b. ~~For the prevention of disease progression in the out of hospital emergency care provider;~~
  - c. ~~In situations where delay in the administration of the prophylactic medications would significantly reduce the effectiveness against the infectious pathogen; and~~
  - d. ~~Under the direction of the physician medical director's approved protocol and in conjunction with the physician medical director's approved infection control plan; and~~
8. ~~Transport a patient if an Emergency Medical Technician, or higher level out of hospital emergency care provider is present and providing patient care in the patient compartment of the ambulance, except as defined in 172 NAC 11-009.01C.~~

~~11-009.01C The Emergency Medical Responder who is a member/employee of a licensed emergency medical service may transport a patient in the event an emergency medical technician, advanced emergency medical technician, emergency medical technician-intermediate, or paramedic fails to respond to the emergency call if:~~

1. ~~The licensed service has prior written approval from the Physician Medical Director to allow the Emergency Medical Responder to transport and perform any of the practices and procedures defined in 172 NAC 11-009.01B4b and 11-009.01B4c;~~
2. ~~The Physician Medical Director may optionally approve the practices and procedures defined in 172 NAC 11-009.01B4a;~~
3. ~~The Emergency Medical Responder has successfully completed appropriate training that meets the National Emergency Medical Services Educational Standards listed under the Emergency Medical Technician level as they relate to application of:~~
  - a. ~~Spinal and extremity immobilization devices;~~
  - b. ~~Patient transport devices, AND~~
  - c. ~~Patient transport to include the following educational standards from the National Emergency Medical Services Educational Standards:~~
    - (1) ~~Fundamental depth and simple breath of primary assessment subject matter to form a general impression;~~
    - (2) ~~Fundamental depth and foundational breath of secondary assessment subject matter to assess anatomical regions;~~
    - (3) ~~Fundamental depth and foundational breath of reassessment subject matter to determine how and when to perform reassessments;~~
    - (4) ~~Simple depth and foundation breath of the medical overview subject matter to make transport mode and destination decision making;~~
    - (5) ~~Fundamental depth and foundational breath of trauma overview subject matter to make rapid transport, destination and transport mode decision making; and~~
    - (6) ~~Simple depth and foundation breath of the principals of safely operating a ground ambulance;~~
4. ~~The Emergency Medical Responder has the approval of the Physician Medical Director;~~

- ~~5. The licensed service meets the Practices and Procedure Standards as defined in 172 NAC 12-004.10; and~~
- ~~6. The Emergency Medical Responder completes a patient care report that complies with 172 NAC 12-004.09C.~~

~~11-009.02 Emergency Medical Technician Practices and Procedures: The Emergency Medical Technician provides basic emergency medical care and transportation for critical and emergent patients who access the emergency medical system. This individual possesses the basic knowledge and skills necessary to provide patient care and transportation under the physician medical director's oversight. Emergency Medical Technician is the minimum level of provider required to transport a patient.~~

~~11-009.02A An Emergency Medical Technician, who is functioning as a member or employee of a licensed emergency medical service and under physician medical director approved written protocol may:~~

- ~~1. Respond safely to the scene of the emergency;~~
- ~~2. Determines:
  - ~~a. Scene Safety;~~
  - ~~b. Number of Patients;~~
  - ~~c. Nature of the illness or mechanism of injury; and~~
  - ~~d. Resources needed to manage the emergency;~~~~
- ~~3. Communicate:
  - ~~a. Resources needed to dispatch agency or appropriate agencies;~~
  - ~~b. Scene hazards to other responders at the scene and still enroute; and~~
  - ~~c. Patient condition to the:
    - ~~(1) Patient transporting service if another out-of-hospital provider will be transporting the patient; or~~
    - ~~(2) Receiving facility;~~~~~~
- ~~4. Employ interview and communication techniques that:
  - ~~a. Adjust for:
    - ~~(1) Age and development;~~
    - ~~(2) Special needs; and~~
    - ~~(3) Cultural differences;~~~~
  - ~~b. Verbally defuses:
    - ~~(1) Patients;~~
    - ~~(2) Family members; and~~
    - ~~(3) Bystanders;~~~~~~
- ~~5. Complete a patient care report;~~
- ~~6. Perform patient primary, secondary, and reassessments as appropriate for the patient's illness and/or injury and life span development; also treats or adjusts treatment based on assessment findings. This includes:
  - ~~a. Level of consciousness;~~
  - ~~b. Patient condition or general impression:
    - ~~(1) Stable;~~
    - ~~(2) Potentially unstable; and~~
    - ~~(3) Unstable;~~~~~~

- ~~c. Use of nationally recognized noninvasive scales and scores including but not limited to:
  - ~~(1) Glasgow Coma Scale;~~
  - ~~(2) Revised Trauma Score;~~
  - ~~(3) Cincinnati Stroke Scale; and~~
  - ~~(4) Los Angeles Pre-hospital Stroke Scale;~~~~
- ~~d. Airway status:
  - ~~(1) Patency; and~~
  - ~~(2) Partial or fully obstructed;~~~~
- ~~e. Breathing status:
  - ~~(1) Rate;~~
  - ~~(2) Breathing sounds:
    - ~~(a) Normal;~~
    - ~~(b) Stridor;~~
    - ~~(c) Wheezes;~~
    - ~~(d) Crackles; and~~
    - ~~(e) Silent Chest;~~~~
  - ~~(3) Effort of breathing:
    - ~~(a) Positioning;~~
    - ~~(b) Retractions; and~~
    - ~~(c) Accessory muscle use; and~~~~
  - ~~(4) Chest Symmetry;~~~~
- ~~f. Circulatory status:
  - ~~(1) Presence or absence of pulse;~~
  - ~~(2) Rate;~~
  - ~~(3) Rhythm;~~
  - ~~(4) Strength; and~~
  - ~~(5) Bleeding;~~~~
- ~~g. Skin status:
  - ~~(1) Color;~~
  - ~~(2) Temperature;~~
  - ~~(3) Moisture; and~~
  - ~~(4) Capillary refill;~~~~
- ~~h. Gathering patient demographic data;~~
- ~~i. Gathering a patient history including:
  - ~~(1) Chief complaint;~~
  - ~~(2) Signs and symptoms;~~
  - ~~(3) Allergies;~~
  - ~~(4) Medications;~~
  - ~~(5) Past medical history;~~
  - ~~(6) Last oral intake;~~
  - ~~(7) Events leading up to illness and/or injury;~~
  - ~~(8) History of current complaint including:
    - ~~(a) Onset;~~
    - ~~(b) Provocation and/or palliation;~~
    - ~~(c) Quality of pain/discomfort;~~
    - ~~(d) Radiation of pain/discomfort;~~
    - ~~(e) Severity of pain/discomfort; and~~~~~~



- (f) ~~Time of onset;~~
- (9) ~~Current health status; and~~
- (10) ~~Other health and scene information needed to form a general impression;~~
- j. ~~Rapid full body scan;~~
- k. ~~Focused assessment based on complaint;~~
- l. ~~Head to toe exam;~~
- m. ~~Vital Signs:~~
  - (1) ~~Pulse Rate;~~
  - (2) ~~Respiratory Rate; and~~
  - (3) ~~Manual Blood Pressure;~~
- n. ~~Non-invasive patient monitoring devices:~~
  - (1) ~~Blood pressure;~~
  - (2) ~~Pulse oximetry without wave form interpretation;~~
  - (3) ~~Carbon monoxide without wave form interpretation;~~
  - (4) ~~End tidal carbon dioxide without wave form interpretation;~~
  - (5) ~~Body temperature; and~~
  - (6) ~~Apply EKG electrodes and obtain an EKG tracing for purpose of:~~
    - (a) ~~Transmitting the EKG to another location for interpretation;~~
    - (b) ~~Assisting an out-of-hospital emergency care provider whose scope of practice includes EKG interpretation; and~~
    - (c) ~~Handing off the tracing upon arrival at the receiving facility for interpretation;~~
- 7. ~~Provides patient care to the sick and injured. This care includes:~~
  - a. ~~Manual airway maneuvers;~~
  - b. ~~Sellick's maneuver;~~
  - c. ~~Manual non-visualized foreign body airway obstruction removal;~~
  - d. ~~Insertion and removal of airway adjuncts including:~~
    - (1) ~~Oropharyngeal airway; and~~
    - (2) ~~Nasopharyngeal airway;~~
  - e. ~~Upper airway suctioning;~~
  - f. ~~Suctioning an airway stoma;~~
  - g. ~~Positive pressure ventilation by:~~
    - (1) ~~Mouth to mask;~~
    - (2) ~~Bag valve mask; or~~
    - (3) ~~Manually triggered oxygen powered device;~~
  - h. ~~Oxygen administration by:~~
    - (1) ~~Non-Rebreather mask;~~
    - (2) ~~Nasal cannula;~~
    - (3) ~~Venturi mask; and~~
    - (4) ~~Positive pressure ventilation;~~
  - i. ~~Cardiopulmonary Resuscitation by:~~
    - (1) ~~Manual means; or~~
    - (2) ~~Mechanical devices;~~
  - j. ~~Use of Automatic or semi-automatic external defibrillator;~~
  - k. ~~Manual stabilization of suspected:~~
    - (1) ~~Spinal injuries; and~~
    - (2) ~~Extremity injuries;~~
  - l. ~~Application of devices for immobilization of suspected:~~

- ~~(1) Spinal injuries; and~~
- ~~(2) Extremity injuries;~~
- ~~m. External application of cold and heat for treatment of injuries or environmental emergencies;~~
- ~~n. Control hemorrhaging including the use of a tourniquet;~~
- ~~o. Bandaging wounds;~~
- ~~p. Non-invasive treatment of shock;~~
- ~~q. Moving patient by drags, lifts and carries due to:
  - ~~(1) An imminent danger to the patient and/or out of hospital emergency care provider; or~~
  - ~~(2) Limited access to patient and delay would likely increase morbidity and mortality;~~~~
- ~~r. Use of patient transport devices;~~
- ~~s. Transport of the patient;~~
- ~~t. Assist with normal or complicated childbirth;~~
- ~~u. Monitor an established:
  - ~~(1) Urinary catheter; and~~
  - ~~(2) Nasal or Oral gastric tube;~~~~
- ~~v. Assist the patient under the patient's direction in taking prescribed medications unique to that patient including:
  - ~~(1) Nitroglycerin by sublingual route;~~
  - ~~(2) Bronchodilators with a mechanism of action that is for the immediate relief of bronchospasm and/or bronchoconstriction delivered by metered dose inhaler; and~~
  - ~~(3) Epinephrine by auto injector;~~~~
- ~~w. Administration of:
  - ~~(1) Oral glucose;~~
  - ~~(2) Aspirin for suspected acute myocardial infarction; and~~
  - ~~(3) Use auto injector antidote kits during an exposure for treatment of:
    - ~~(a) Self;~~
    - ~~(b) Other emergency responders; and~~
    - ~~(c) Patients in mass numbers when higher level out-of-hospital emergency care providers are insufficient in numbers to administer the antidote kit and delay in the administration of the antidote would lead to mortality and morbidity of patients; and~~~~~~
- ~~x. Self-administration of prophylactic medications:
  - ~~(1) For treatment immediately following a significant exposure to an infectious pathogen;~~
  - ~~(2) For the prevention of disease progression in the out-of-hospital emergency care provider;~~
  - ~~(3) In situations where delay in the administration of the prophylactic medications would significantly reduce the effectiveness against the infectious pathogen; and~~
  - ~~(4) Under the direction of the physician medical director approved protocol and in conjunction with the physician medical director approved infection control plan.~~~~

~~of a licensed emergency medical service may perform the practices and procedures as defined in 172 NAC 11-009.02A and in addition may:~~

- ~~1. After successful completion of appropriate training;~~
- ~~2. With the approval of the service's Physician Medical Director;~~
- ~~3. Under written Physician Medical Director approved protocols; and~~
- ~~4. Provide care as appropriate for the patient's illness and/or injury and life span development which includes:
  - ~~a. Insertion and removal of airway adjuncts not intended for insertion into the trachea as the sole means to provide for a patent airway limited to:
    - ~~(1) Dual lumen airway; and~~
    - ~~(2) Supraglottic airways, limited to Combitube, King Airway all types and sizes, PTL or equipment as determined by the Board;~~~~
  - ~~b. Insertion and removal of non-visualized advanced airways;~~
  - ~~c. Suctioning using special ports or lumens which are part of a non-visualized advanced airway for temporary gastric suctioning;~~
  - ~~d. Use of Impedance Threshold Device in cardiac arrest;~~
  - ~~e. When trained for peripheral intravenous fluid monitoring only:
    - ~~(1) Monitor only non-medicated intravenous solutions of:
      - ~~(a) 0.9% Sodium chloride;~~
      - ~~(b) Lactated ringers; and~~
      - ~~(c) Dextrose 5% in water;~~~~
    - ~~(2) Maintain an ordered rate of infusion without the use of an electronic mechanical device; and~~
    - ~~(3) Stop the infusion if intravenous line becomes compromised;~~~~
  - ~~f. When trained for establishing peripheral intravenous access and monitoring intravenous fluids:
    - ~~(1) Cannulate peripheral veins in the extremities;~~
    - ~~(2) Administer and monitor only non-medicated intravenous solutions of:
      - ~~(a) 0.9% Sodium chloride;~~
      - ~~(b) Lactated ringers; and~~
      - ~~(c) Dextrose 5% in water;~~~~
    - ~~(3) Adjust rate of infusion based on patient condition without the use of an electronic mechanical device;~~
    - ~~(4) Maintain an ordered rate of infusion without the use of electronic mechanical device; and~~
    - ~~(5) Stop the infusion and discontinue intravenous access if the intravenous line becomes compromised;~~~~
  - ~~g. Use of glucose monitor;~~
  - ~~h. Administration of the following medications:
    - ~~(1) Albuterol by nebulizer for respiratory distress; and~~
    - ~~(2) Epinephrine by auto injector for:
      - ~~(a) Status Asthmaticus; and~~
      - ~~(b) Anaphylaxis.~~~~~~~~

11-009.03 Advanced Emergency Medical Technician Practices and Procedures: The Advanced Emergency Medical Technician provides basic and limited advanced skills focused on the acute management and transportation of critical and emergent patients. This individual

possesses the basic knowledge and limited advanced skills necessary to provide patient care and transportation under the physician medical director's over site.

~~11-009.03A~~ An Advanced Emergency Medical Technician, while functioning as a member or employee of a licensed advanced life support emergency medical service may perform all the practices and procedures in 172 NAC 11-009.02A. In addition, with the approval of the service's physician medical director or as determined by the medical staff of the hospital or by the governing authority of the health clinic, this care may include the following as set forth in written protocols:

- ~~1. Insertion and removal of airway adjuncts not intended for insertion into the trachea as the sole means to provide for a patent airway limited to:
  - ~~a. Dual lumen airway; and~~
  - ~~b. Supraglottic airway;~~~~
- ~~2. Insertion and removal of non-visualized advanced airways;~~
- ~~3. Suctioning using special ports or lumens which are part of a non-visualized advanced airway for temporary gastric suctioning;~~
- ~~4. Use of Impedance Threshold Device in cardiac arrest;~~
- ~~5. Determine Lung Sounds:
  - ~~a. Vesicular;~~
  - ~~b. Bronchovesicular;~~
  - ~~c. Bronchial sounds; and~~
  - ~~d. Adventitious sounds;~~~~
- ~~6. Use of glucose monitor;~~
- ~~7. Intravenous therapy including:
  - ~~a. Establish peripheral intravenous access;~~
  - ~~b. Monitoring established intravenous access site;~~
  - ~~c. Administer and monitor non-medicated intravenous fluids of:
    - ~~(1) 0.9% Sodium Chloride;~~
    - ~~(2) Lactated Ringers; and~~
    - ~~(3) Dextrose 5% in Water;~~~~
  - ~~d. Adjust intravenous fluid administration rate;~~
  - ~~e. Discontinue Intravenous therapy; and~~
  - ~~f. Use of electronic and non-electronic devices to control rate of administration;~~~~
- ~~8. Intraosseous therapy including:
  - ~~a. Establishing intraosseous access;~~
  - ~~b. Monitoring an established intraosseous access site;~~
  - ~~c. Administer and monitor through intraosseous site non-medicated intravenous fluids of:
    - ~~(1) 0.9% Sodium Chloride;~~
    - ~~(2) Lactated Ringers; and~~
    - ~~(3) Dextrose 5% in Water;~~~~
  - ~~d. Adjust fluid administration rate;~~
  - ~~e. Discontinue Intraosseous therapy; and~~
  - ~~f. Use of electronic devices and non-electronic devices to control rate of administration;~~~~
- ~~9. Venipuncture;~~
- ~~10. Administration of approved medications by:~~

- a. ~~Bolus intravenous and intraosseous route;~~
  - b. ~~Subcutaneous injection;~~
  - c. ~~Intramuscular injection;~~
  - d. ~~Oral route;~~
  - e. ~~Sublingual route;~~
  - f. ~~Inhalation; and~~
  - g. ~~Nasal; and~~
11. ~~Administration of the following approved medications:~~
- a. ~~Aspirin;~~
  - b. ~~Nitroglycerin;~~
  - c. ~~Albuterol;~~
  - d. ~~Epinephrine;~~
  - e. ~~Glucagon;~~
  - f. ~~Dextrose;~~
  - g. ~~Naloxone; and~~
  - h. ~~Morphine.~~

~~11-009.04 Emergency Medical Technician-Intermediate Practice and Procedures: The Emergency Medical Technician-Intermediate provides basic and focused advanced skills for the acute management and transportation of critical and emergent patients. This individual possesses the basic and advanced knowledge and a focused group of skills and medications to provide patient care and transportation under the physician medical director over site.~~

~~11-009.04A An Emergency Medical Technician-Intermediate (EMT-I), while functioning as a member or employee of a licensed advanced life support emergency medical service with the approval of the service's physician medical director or as determined by the medical staff of the hospital or by the governing authority of the health clinic, and under physician medical director approved written protocol may perform all the practices and procedures of an Emergency Medical Responder, Emergency Medical Technician, and Advanced Emergency Medical Technician as defined in 172 NAC 11-009. In addition, EMT-I Practice and Procedures include:~~

- 1. ~~Integration of scene and patient assessment findings to form a field impression;~~
- 2. ~~Formulate and as needed modify a treatment plan;~~
- 3. ~~Performs an advanced physical assessment:~~
  - a. ~~Percussion of the chest;~~
  - b. ~~Auscultation of lung sounds; and~~
  - c. ~~Auscultation of heart tones;~~
- 4. ~~Visualized foreign body airway obstruction removal;~~
- 5. ~~Insertion and removal of advanced airway adjuncts including:~~
  - a. ~~Dual lumen airway;~~
  - b. ~~Supraglottic airway; and~~
  - c. ~~Endotracheal tube through the oral route;~~
- 6. ~~Suctioning of the visualized and non-visualized advanced airway adjuncts;~~
- 7. ~~Suctioning using special ports or lumens which are part of a non-visualized advanced airway for temporary gastric suctioning;~~
- 8. ~~Placement of oral and nasal gastric tube;~~

- ~~9. Positive pressure ventilation by automatic transport ventilator to include the use of PEEP;~~
- ~~10. Use of Impedance Threshold Device in cardiac arrest;~~
- ~~11. Administration of supplemental oxygen by:
  - ~~a. Simple mask; and~~
  - ~~b. Partial rebreather mask;~~~~
- ~~12. Decompression of tension pneumothorax;~~
- ~~13. Interpretation of Lead One (I), Two (II), and Three (III) electrocardiograms;~~
- ~~14. Therapeutic electrical therapy:
  - ~~a. Manual defibrillation; and~~
  - ~~b. Transcutaneous pacing;~~~~
- ~~15. Use of devices to monitor:
  - ~~a. End tidal Carbon Dioxide including capnography;~~
  - ~~b. Pulse Oximetry; and~~
  - ~~c. Airway/breathing pressures;~~~~
- ~~16. Use of glucose monitor;~~
- ~~17. Intravenous therapy including:
  - ~~a. Establish peripheral intravenous access;~~
  - ~~b. Monitoring established intravenous access site;~~
  - ~~c. Administer and monitor intravenous fluids of:
    - ~~(1) 0.9% Sodium Chloride;~~
    - ~~(2) Lactated Ringers; and~~
    - ~~(3) Dextrose 5% in Water;~~~~
  - ~~d. Adjust intravenous fluid administration rate;~~
  - ~~e. Discontinue intravenous therapy; and~~
  - ~~f. Use of electronic and non-electronic devices to control rate of administration;~~~~
- ~~18. Intraosseous therapy including:
  - ~~a. Establishing intraosseous access;~~
  - ~~b. Monitoring an established intraosseous access site;~~
  - ~~c. Administer and monitor through intraosseous site intravenous fluids of:
    - ~~(1) 0.9% Sodium Chloride;~~
    - ~~(2) Lactated Ringers; and~~
    - ~~(3) Dextrose 5% in Water;~~~~
  - ~~d. Adjust fluid administration rate;~~
  - ~~e. Discontinue intraosseous therapy; and~~
  - ~~f. Use of electronic devices to control rate of administration;~~~~
- ~~19. Venipuncture;~~
- ~~20. Administration of approved medications by:
  - ~~a. Bolus intravenous and intraosseous route;~~
  - ~~b. Subcutaneous injection;~~
  - ~~c. Intramuscular injection;~~
  - ~~d. Oral route;~~
  - ~~e. Sublingual route;~~
  - ~~f. Inhalation route;~~
  - ~~g. Endotracheal tube route; and~~
  - ~~h. Nasal route;~~~~
- ~~21. Administration of the following approved medications:
  - ~~a. Adenosine;~~~~

- b. ~~Atropine;~~
- c. ~~Epinephrine;~~
- d. ~~Lidocaine 2%;~~
- e. ~~Nitroglycerin;~~
- f. ~~Morphine;~~
- g. ~~Naloxone;~~
- h. ~~Furosemide;~~
- i. ~~Diazepam;~~
- j. ~~50% Dextrose;~~
- k. ~~Albuterol;~~
- l. ~~Ipratropium;~~
- m. ~~Terbutaline;~~
- n. ~~Methylprednisolone;~~
- o. ~~Dexamethasone;~~
- p. ~~Triamcinolone;~~
- q. ~~Acetylsalicylic acid;~~
- r. ~~Vasopressin;~~
- s. ~~Amiodarone;~~
- t. ~~Glucagon; and~~
- u. ~~Diphenhydramine; and~~

22. ~~With the approval of the emergency medical service's physician medical director and showing completion of a nationally recognized course in Advanced Cardiac Life Support (ACLS), the Emergency Medical Technician-Intermediate may:~~
- a. ~~Perform synchronized cardioversion; and~~
  - b. ~~Establish and maintain infusion of Lidocaine.~~

~~11-009.05 Paramedic Practice and Procedures: The Paramedic is an allied health professional whose primary focus is to provide advanced emergency medical care for critical and emergent patients who access the emergency medical system. This individual possesses the complex knowledge and skills necessary to provide patient care and transportation under medical oversight.~~

~~11-009.05A A Paramedic while functioning as a member or employee of a licensed advanced life support emergency medical service with the approval of the service's physician medical director or as determined by the medical staff of the hospital or by the governing authority of the health clinic, and under physician medical director approved written protocol may perform all the practices and procedures of an Emergency Medical Responder, Emergency Medical Technician, Advanced Emergency Medical Technician, and Emergency Medical Technician-Intermediate as defined in 172 NAC 11-009. In addition this care includes;~~

- 1. ~~Integration of scene and patient assessment findings with knowledge of epidemiology and pathophysiology to:~~
  - a. ~~Form a field impression;~~
  - b. ~~Develop differential diagnoses; and~~
  - c. ~~Formulate and as needed modify a treatment plan;~~
- 2. ~~A comprehensive patient primary assessment, secondary assessment, reassessments, evaluation of body systems, body functions, and anatomic regions~~

- as appropriate for the patient's illness and/or injury, life span development, special needs, and cultural differences. Also treats or adjust treatments based on assessment findings. This includes:
- a. Therapeutic communication;
  - b. History taking techniques;
  - c. Auscultation;
  - d. Inspection;
  - e. Palpation;
  - f. Percussion;
  - g. Use of Otoscope and Ophthalmoscope;
  - h. Analysis of Blood Chemistry results;
  - i. Monitor invasive blood pressure;
  - j. Monitor body temperature using an esophageal probe;
  - k. Use of electronic and non-electronic devices to determine the presences, absence, and /or the amount of gas(es) in inhaled or exhaled breath;
  - l. Use of noninvasive electronic patient monitoring devices;
  - m. Use of electronic and non-electronic devices to monitor airway and or breathing volumes and pressures;
  - n. Interpretation of:
    - (1) Single and multiple lead electrocardiograms;
    - (2) Numerical results, positive/negative results, waveform and/or graphs generated by the devices defined in 172 NAC 11-006.05A2 k through m; and
    - (3) Monitor but not establish arterial access lines; and
  - o. Use of glucose monitor; and
3. Provide patient care as appropriate for the patient's illness and/or injury and life span development. This care may include:
- a. Insertion and removal of advanced airway adjuncts including:
    - (1) Devices and/or methods utilizing a non-visualized insertion technique; and
    - (2) Devices and/or methods requiring a visualized insertion technique;
  - b. Perform emergency cricothyrotomy established by:
    - (1) Surgical technique; or
    - (2) Percutaneous technique;
  - c. Perform pharmacological assisted intubation including:
    - (1) Use of sedative pharmacological agents; and/or
    - (2) Use of paralytic pharmacological agents;
  - d. Visualized removal foreign body airway obstructions;
  - e. Suctioning of the visualized and non-visualized advanced airway adjuncts;
  - f. Suctioning using special ports or lumens which are part of a non-visualized advanced airway for temporary gastric suctioning;
  - g. Placement of nasal and oral gastric tubes;
  - h. Placement of esophageal probe for body temperature monitoring;
  - i. Use of devices that solely or in conjunction another device assist with or ventilate a patient including:
    - (1) Automatic transport ventilator;
    - (2) Impedance Threshold Device in Both Cardiac Arrest and Non Cardiac Arrest Patients;
    - (3) Continuous positive airway pressure (CPAP);



- ~~(4) Bi-level positive airway pressure (BiPAP);~~
- ~~(5) Positive end expiratory pressure (PEEP);~~
- ~~(6) Peak inspiratory pressure (PIP); and~~
- ~~(7) Blending with room air or compressed air to a desired percent of inspired oxygen;~~
- ~~j. Supplemental oxygen administration by all devices;~~
- ~~k. Decompression of a tension pneumothorax;~~
- ~~l. Therapeutic electrical therapy:
  - ~~(1) Manual Defibrillation;~~
  - ~~(2) Cardioversion; and~~
  - ~~(3) External Pacing;~~~~
- ~~m. Intravenous therapy including:
  - ~~(1) Establish peripheral intravenous access;~~
  - ~~(2) Establish intravenous access through external jugular vein;~~
  - ~~(3) Access, maintain, and/or monitor but not establish central intravenous lines;~~
  - ~~(4) Monitoring established intravenous access site;~~
  - ~~(5) Administer and monitor medicated and non-medicated intravenous fluids;~~
  - ~~(6) Adjust intravenous fluid administration rate;~~
  - ~~(7) Discontinue intravenous therapy; and~~
  - ~~(8) Use of electronic and non-electronic devices to control rate of administration;~~~~
- ~~n. Intraosseous therapy including:
  - ~~(1) Establishing intraosseous access;~~
  - ~~(2) Monitoring an established intraosseous access site;~~
  - ~~(3) Administer and monitor through intraosseous site medicated and non-medicated intravenous fluids;~~
  - ~~(4) Adjust fluid administration rate;~~
  - ~~(5) Discontinue intraosseous therapy; and~~
  - ~~(6) Use of electronic and non-electronic devices to control rate of administration;~~~~
- ~~o. Venipuncture;~~
- ~~p. Medication administration by injection, bolus, or infusion by parenteral routes including:
  - ~~(1) Intradermal;~~
  - ~~(2) Subcutaneous;~~
  - ~~(3) Intramuscular;~~
  - ~~(4) Intravenous; and~~
  - ~~(5) Intraosseous;~~~~
- ~~q. Medication administration absorbed through percutaneous routes:
  - ~~(1) Sublingual, buccal;~~
  - ~~(2) Topical;~~
  - ~~(3) Eyes;~~
  - ~~(4) Ears;~~
  - ~~(5) Nose;~~
  - ~~(6) Lungs;~~
  - ~~(7) Enteral routes;~~
  - ~~(8) Oral;~~~~

- (9) Gastric; and
- (10) Rectal;

r. Administration of:

- (1) Physician Medical Director approved medications;
- (2) On line medical control ordered medications;
- (3) Physician ordered medications specific to the patient; and
- (4) Mid-level Practitioner ordered medications specific to the patient; and

s. Administration of blood and blood products.

~~11-009.06 Temporary License Out-of-Hospital Emergency Care Provider possesses the knowledge and skills to provide emergency lifesaving interventions under field supervision. The temporary license holder is intended to function as part of a team and not to be the sole licensed out-of-hospital emergency care provider but acting under field supervision as defined in 172 NAC 11-002 and may perform all of the practice and procedures as defined for the specific level of credential listed in 172 NAC 11-009 when the temporary licensee is:~~

- ~~1. Functioning with a licensed emergency medical service,~~
- ~~2. Under physician medical director approval~~
- ~~3. Under physician medical director approved protocols,~~
- ~~4. Under the field supervision of the same or higher level of out-of-hospital emergency care provider outlined in 172 NAC 11-004.02~~

~~11-009.07 A paramedic, an emergency medical technician-intermediate, and an advanced emergency medical technician while functioning as an employee or volunteer with a basic life support service, must perform only those practices and procedures as identified in 172 NAC 11-009.02.~~

~~11-009.08 An out-of-hospital emergency care provider, other than an emergency medical responder, may not assume the duties incident to the title or practice the skills of an out-of-hospital emergency care provider unless:~~

- ~~1. S/he is employed by or serving as a volunteer member of an emergency medical service licensed by the Department; and~~
- ~~2. S/he may only practice the skills s/he is authorized to employ and which are covered by the license.~~

~~11-009.09 An advanced emergency medical technician, an emergency medical technician-intermediate or a paramedic may volunteer or be employed at a hospital or a health clinic to perform activities within his/her scope of practice within such hospital or health clinic under the supervision of a registered nurse, a physician assistant or a physician.~~

~~11-009.10 An out-of-hospital emergency care provider may perform any practice or procedure which they are authorized to perform with an emergency medical service other than the service with which they are affiliated when requested by the other service when the patient for whom they are to render services is in danger of loss of life.~~ **Remains in Section 011 as modified**

## 11-010 DISCIPLINARY ACTIONS

11-010.01 Grounds for Action Against a Credential: A credential to practice a profession may have disciplinary actions taken against it on any of the following grounds:

- ~~1. Misrepresentation of material facts in procuring or attempting to procure a credential;~~
- ~~2. Immoral or dishonorable conduct evidencing unfitness to practice the profession in this state;~~
- ~~3. Abuse of, dependence on, or active addiction to alcohol, any controlled substance, or any mind-altering substance;~~
- ~~4. Failure to comply with a treatment program or an aftercare program, including, but not limited to, a program entered into under the Licensee Assistance Program established pursuant to Neb. Rev. Stat. § 38-175;~~
- ~~5. Conviction of:
  - ~~a. A misdemeanor or felony under Nebraska law or federal law; or~~
  - ~~b. A crime in any jurisdiction which, if committed within this state, would have constituted a misdemeanor or felony under Nebraska law and which has a rational connection with the fitness or capacity of the applicant or credential holder to practice the profession;~~~~
- ~~6. Practice of the profession:
  - ~~a. Fraudulently;~~
  - ~~b. Beyond its authorized scope;~~
  - ~~c. With gross incompetence or gross negligence; or~~
  - ~~d. In a pattern of incompetent or negligent conduct;~~~~
- ~~7. Practice of the profession while the ability to practice is impaired by alcohol, controlled substances, drugs, mind-altering substances, physical disability, mental disability, or emotional disability;~~
- ~~8. Physical or mental incapacity to practice the profession as evidenced by a legal judgment or a determination by other lawful means;~~
- ~~9. Illness, deterioration, or disability that impairs the ability to practice the profession;~~
- ~~10. Permitting, aiding, or abetting the practice of a profession or the performance of activities requiring a credential by a person not credentialed to do so;~~
- ~~11. Having had his/her credential denied, refused renewal, limited, suspended, revoked, or disciplined in any manner similar to 172 NAC 11-010.05 by another state or jurisdiction based upon acts by the applicant or credential holder similar to acts described in this part;~~
- ~~12. Use of untruthful, deceptive, or misleading statements in advertisements;~~
- ~~13. Conviction of fraudulent or misleading advertising or conviction of a violation of the Uniform Deceptive Trade Practices Act;~~
- ~~14. Distribution of intoxicating liquors, controlled substances, or drugs for any other than lawful purposes;~~
- ~~15. Violations of the Uniform Credentialing Act or the rules and regulations relating to the particular profession;~~
- ~~16. Unlawful invasion of the field of practice of any profession regulated by the Uniform Credentialing Act which the credential holder is not credentialed to practice;~~
- ~~17. Violation of the Uniform Controlled Substances Act or any rules and regulations adopted pursuant to the act;~~
- ~~18. Failure to file a report required by Neb. Rev. Stat. §§ 38-1,124 or 38-1,125;~~
- ~~19. Failure to maintain the requirements necessary to obtain a credential;~~

20. Violation of an order issued by the Department;
21. Violation of an assurance of compliance entered into under Neb. Rev. Stat. § 38-1,108;
22. Failure to pay an administrative penalty;
23. Unprofessional conduct as defined in 172 NAC 11-010.02; or
24. Violation of the Automated Medication Systems Act.

11-010.02 Unprofessional Conduct: Unprofessional conduct 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:

1. Receipt of fees on the assurance that an incurable disease can be permanently cured;
2. Division of fees, or agreeing to split or divide the fees, received for professional services with any person for bringing or referring a consumer other than:
  - a. With a partner or employee of the applicant or credential holder or his/her office or clinic;
  - b. With a landlord of the applicant or credential holder pursuant to a written agreement that provides for payment of rent based on gross receipts; or
  - c. With a former partner or employee of the applicant or credential holder based on a retirement plan or separation agreement;
3. Obtaining any fee for professional services by fraud, deceit, or misrepresentation, including, but not limited to, falsification of third-party claim documents;
4. Cheating on or attempting to subvert the licensing examination;
5. Assisting in the care or treatment of a consumer without the consent of the consumer or his/her legal representative;
6. Use of any letters, words, or terms, either as a prefix, affix, or suffix, on stationery, in advertisements, or otherwise, indicating that the person is entitled to practice a profession for which s/he is not credentialed;
7. Performing, procuring, or aiding and abetting in the performance or procurement of a criminal abortion;
8. Knowingly disclosing confidential information except as otherwise permitted by law;
9. Commission of any act of sexual abuse, misconduct, or exploitation related to the practice of the profession of the applicant or credential holder;
10. Failure to keep and maintain adequate records of treatment or service;
11. Prescribing, administering, distributing, dispensing, giving, or selling any controlled substance or other drug recognized as addictive or dangerous for other than a medically accepted therapeutic purpose;
12. Failure to comply with any federal, state, or municipal law, ordinance, rule, or regulation that pertains to the applicable profession;
13. Disruptive behavior, whether verbal or physical, which interferes with consumer care or could reasonably be expected to interfere with the care;
14. Competence: An out-of-hospital emergency medical care provider must not provide services for which s/he is not trained or authorized by the physician medical director. Unprofessional conduct while practicing as an out-of-hospital emergency medical care provider includes but is not limited to:
  - a. Committing any act which endangers patient safety or welfare;

- ~~b. Encouraging or promoting emergency medical care by untrained or unqualified persons;~~
- ~~c. Failure to comply with emergency vehicle operating requirements pursuant to Neb. Rev. Stat. § 60-6,114; and~~
- ~~d. Failure to comply with the physician medical director's directives;~~
- ~~15. Confidentiality: An out-of-hospital emergency medical care provider 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 constitutes unprofessional conduct;~~
- ~~16. Professional Relationships: An out-of-hospital emergency medical care provider must safeguard the welfare of patients and maintain appropriate professional relationships with patients. Commission of any of the following acts or behavior constitutes unprofessional conduct:~~
  - ~~a. Improper use of another person for one's own advantage;~~
  - ~~b. Failure to decline to carry out emergency medical care services that have been requested when the services are known to be contraindicated or unjustified;~~
  - ~~c. Failure to decline to carry out procedures that have been requested when the services are known to be outside of the out-of-hospital emergency medical care provider's scope of practice;~~
  - ~~d. Verbally or physically abusing patients;~~
  - ~~e. Falsification, unauthorized destruction, or failure to document patient care records;~~
  - ~~f. Attempting to provide diagnostic or treatment information to patient(s) that beyond the out-of-hospital emergency medical care provider's level of training and expertise;~~
  - ~~g. Delegating to other personnel those patient related services when the clinical skills and expertise of an out-of-hospital emergency medical care provider is required; and~~
  - ~~h. Failure to follow the directives of the physician medical director;~~
- ~~17. Sexual Harassment: An out-of-hospital emergency medical care provider must not under any circumstances engage in sexual harassment of patients or coworkers. Sexual harassment includes making unwelcome sexual advances, requesting sexual favors, and engaging in other verbal or physical conduct of a sexual nature as a condition of:~~
  - ~~a. The provision or denial of emergency medical care to a patient;~~
  - ~~b. The provision or denial of employment;~~
  - ~~c. The provision or denial of promotions to a co-worker;~~
  - ~~d. For the purpose or effect of creating an intimidating, hostile, or offensive environment for the patient or unreasonably interfering with a patient's ability to recover; or~~
  - ~~e. For the purpose or effect of creating an intimidating, hostile, or offensive working environment or unreasonably interfering with the co-worker's ability to perform his/her work;~~
- ~~18. Obtaining any fee for professional services by fraud, deceit, or misrepresentation;~~
- ~~19. Failure to follow policies or procedures implemented in the practice to safeguard patient care;~~
- ~~20. Failure to safeguard the patient's dignity and right to privacy;~~

- ~~21. Practicing as an out-of-hospital emergency medical care provider in this state without a current Nebraska license;~~
- ~~22. Providing services except otherwise provided by law while not a member of a service; and~~
- ~~23. Failure of a licensee, who is the subject of a disciplinary investigation, to furnish the Board or its investigator with requested information or requested documents.~~ **Remains in Section 012 as modified**

#### 11-010.03 Temporary Suspension or Limitation

~~11-010.03A~~ 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 11-010.01 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.

~~11-010.03B~~ 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.

~~11-010.03C~~ A temporary suspension or temporary limitation of a credential under 172 NAC 11-010.03 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.

~~11-010.04 Department Action:~~ The Department will follow the procedures delineated in the Uniform Credentialing Act to notify credential holders of any disciplinary action to be imposed and the time and place of the hearing.

~~11-010.05 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.~~

~~11-010.05A Additional Terms and Conditions of Discipline:~~ If any discipline is imposed pursuant to 172 NAC 11-010.05, 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.~~

~~11-011 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 constructed by the credential holder, which must include the following information:~~

- ~~1. Personal Information:
  - ~~a. First, middle and last name;~~
  - ~~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: The credential holder must;
  - ~~a. "Attest that all the information on the offer is true and complete"; and~~
  - ~~b. Provide the credential holder's signature and date.~~~~

~~11-011.01 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 response to a notice of disciplinary action.~~

~~11-011.02 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.~~

~~11-011.03 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.~~

~~11-011.04 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.~~

~~11-011.05 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.~~

~~11-011.06 Reinstatement following voluntary surrender is set out in 172 NAC 11-011.~~

~~11-012 REINSTATEMENT: This section applies to individuals previously credentialed in Nebraska who seek the authority to return to practice in Nebraska with a valid Nebraska credential. Individuals may apply for reinstatement as follows:~~

1. ~~An individual whose credential has expired, been placed on inactive status, voluntarily surrendered for an indefinite period of time, or suspended or limited for disciplinary reasons, may apply for reinstatement at any time.~~
2. ~~An individual whose credential has been voluntarily surrendered for a definite period of time may apply for reinstatement after that period of time has elapsed.~~
3. ~~An individual whose credential has been permanently voluntarily surrendered may not apply for reinstatement.~~ **Remains in Section 017 as modified**

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 response to a notice of



disciplinary action.

~~11-012.01 Reinstatement From Expired or Inactive Status or Following Voluntary Surrender Unrelated to a Disciplinary Matter.~~

The applicant must submit to the Department a written application on a form provided by the Department or constructed by the applicant.

- ~~1. Application: The applicant on his/her application:~~
  - ~~a. Must provide the following information:~~
    - ~~(1) The legal name of the applicant, maiden name (if applicable), and any other names by which the applicant is known;~~
    - ~~(2) Mailing address (street, rural route, or post office address; and city, state, and zip code or country information);~~
    - ~~(3) The applicant's:~~
      - ~~(a) Social Security Number (SSN); or~~
      - ~~(b) Alien Registration Number (A#); or~~
      - ~~(c) Form I-94 (Arrival-Departure Record) number; and~~

~~Certain applicants may have both a SSN and an A# or I-94 number, and if so, must report both.~~

    - ~~(4) If the applicant holds a professional credential in another state, a list of the state(s) and type of credential;~~
  - ~~b. If the applicant is an alien or non-immigrant, s/he must submit evidence of lawful presence which may include a copy of:~~
    - ~~(1) A Green Card otherwise known as a Permanent Resident Card (Form I-551), both front and back of the card;~~
    - ~~(2) An unexpired foreign passport with an unexpired Temporary I-551 stamp bearing the same name as the passport;~~
    - ~~(3) A document showing an Alien Registration Number ("A#"). An Employment Authorization Card/Document is not acceptable; or~~
    - ~~(4) A Form I-94 (Arrival-Departure Record);~~
  - ~~c. May provide the following information about him/herself:~~
    - ~~(1) Telephone number including area code;~~
    - ~~(2) E-mail address;~~
    - ~~(3) Fax number; and~~
  - ~~d. Must attest that s/he:~~
    - ~~(1) Is of good Character;~~
    - ~~(2) Has met the continuing competency requirements specified in 172 NAC 11-007 within the 24 months immediately preceding submission of the application (or other requirements as specified by the practice act);~~
    - ~~(3) Has not practiced in Nebraska since s/he last held an active credential, or if the applicant has practiced in Nebraska since s/he last held an active credential, the actual number of days practiced;~~
    - ~~(4) Has not committed any act which would be grounds for action against a credential as specified in 172 NAC 11-010 since the last renewal or issuance of the credential (whichever is later), or if an act(s) was committed, provide an explanation of all such acts; and~~
    - ~~(5) 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

~~(6) For purposes of Neb. Rev. Stat. §38-129:~~

~~(a) A citizen of the United States;~~

~~(b) An alien lawfully admitted into the United States who is eligible for a credential under the Uniform Credentialing Act; or~~

~~(c) A nonimmigrant lawfully present in the United States who is eligible for a credential under the Uniform Credentialing Act.~~

~~2. A copy of the applicant's current CPR certification from an organization approved by the Board pursuant to 172 NAC 13-017, item 2.~~

~~3. If an Out-of-Hospital Emergency Care Provider's license has expired for less than one year from the expiration date and the renewal requirements were met prior to the expiration date, s/he must submit a written application as listed in 172 NAC 11-012.01, item 1.~~

~~4. If an emergency medical responder or emergency medical technician license expired and s/he did not meet the renewal requirements by the renewal expiration date, s/he must submit in addition to a written application as listed in 172 NAC 11-012, item 1 the following:~~

~~a. A copy of the applicant's current National Registry Technician Certificate; or~~

~~b. Documentation of successful completion of a refresher course as defined in 172 NAC 11-002, items 6 or 7, as applicable.~~

~~5. If an advanced emergency medical technician or a paramedic license expired for less than three years, s/he must submit in addition to a written application as listed in 172 NAC 11-012, item 1 the following:~~

~~a. A copy of the applicant's current National Registry Advanced Emergency Medical Technician or Paramedic Certificate; or~~

~~b. Documentation of successful completion of a refresher course as defined in 172 NAC 11-002 items 8 or 9, as applicable.~~

~~6. If an emergency medical technician-intermediate does not meet the requirements outlined in 172 NAC 11-012.01 item 4 and wants to hold a license as an out-of-hospital emergency care provider s/he must follow the procedures specified in 172 NAC 11-007.01 item 7.~~

~~7. If an advanced emergency medical technician or paramedic license has been expired for more than three years, s/he must reapply in accordance with 172 NAC 11-003.~~

~~8. Fee: If the credential is expired or inactive, the reinstatement fee according to 172 NAC 2.~~

~~11-012.01A If an applicant has practiced while her/his credential was expired, inactive, voluntarily surrendered, the Department may, with the recommendation of the Board, take one or more of the following actions:~~

~~1. Deny the application to reinstate the credential;~~

- ~~2. Reinstate the credential to active status and impose limitation(s) or other disciplinary actions on the credential; and/or~~
- ~~3. Reinstate the credential.~~

~~11-012.01B~~ If an applicant has committed any other violation of the statutes and regulations governing the credential, the Department may:

- ~~1. Deny the application for reinstatement of the credential;~~
- ~~2. Reinstate the credential to active status and impose limitation(s) or other disciplinary actions on the credential; and/or~~
- ~~3. Reinstate the credential.~~

~~11-012.01C~~ The Department will act within 150 days on all completed applications.

~~11-012.01D~~ The Department's decision may be appealed to the Director by any party to the decision. The appeal must be in accordance with the Administrative Procedure Act.

~~11-012.02~~ Reinstatement Following Suspension, Limitation, or Voluntary Surrender to Resolve a Pending Disciplinary Matter, In Lieu of Discipline, or In Response to a Notice of Disciplinary Action: An individual whose credential was suspended or limited may apply for reinstatement at any time. An individual whose credential was voluntarily surrendered may apply for reinstatement according to the order entered by the Director

The applicant must submit to the Board a written application on a form provided by the Department or constructed by the applicant.

- ~~1. Application: The applicant on his/her application:~~
  - ~~a. Must provide the following information:~~
    - ~~(1) The legal name of the applicant, maiden name (if applicable), and any other names by which the applicant is known;~~
    - ~~(2) Mailing address (street, rural route, or post office address; and city, state, and zip code or country information);~~
    - ~~(3) The applicant's:~~
      - ~~(a) Social Security Number (SSN); or~~
      - ~~(b) Alien Registration Number (A#); or~~
      - ~~(c) Form 1-94 (Arrival-Departure Record) number.~~

~~Certain applicants may have both a SSN and an A# or I-94 number, and if so, must report both.~~
    - ~~(4) If the applicant holds a professional credential in another state, a list of the state(s) and type of credential;~~
    - ~~(5) A statement of the reason the applicant believes his/her credential should be reinstated;~~
  - ~~b. If the applicant is an alien or non-immigrant, s/he must submit evidence of lawful presence, and/or immigration status which may include a copy of:~~
    - ~~(1) A Green Card otherwise known as a Permanent Resident Card (Form I-551), both front and back of the card;~~
    - ~~(2) An unexpired foreign passport with an unexpired Temporary I-551 stamp~~

- bearing the same name as the passport;
- ~~(3) A document showing an Alien Registration Number ("A#"). An Employment Authorization Card/Document is not acceptable; or~~
- ~~(4) A Form I-94 (Arrival-Departure Record);~~
- c. ~~May provide the following information about him/herself:~~
- ~~(1) Telephone number including area code;~~
- ~~(2) E-mail address;~~
- ~~(3) Fax number; and~~
- d. ~~Must attest that s/he:~~
- ~~(1) Is of good character;~~
- ~~(2) Has met the continuing competency requirements specified in 172 NAC 11-007 within the 24 months immediately preceding submission of the application (or other requirements as specified by the practice act);~~
- ~~(3) Has not practiced in Nebraska since s/he last held an active credential, or if the applicant has practiced in Nebraska since s/he last held an active credential, the actual number of days practiced;~~
- ~~(4) Has not committed any act(s) which would be grounds for action against a credential as specified in 172 NAC 11-010.01 since the last renewal or issuance of the credential (whichever is later), or if an act(s) was committed, provide an explanation of all such act(s); and~~
- ~~(5) 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~~
- ~~(6) For purposes of Neb. Rev. Stat. §38-129:~~
- ~~(a) A citizen of the United States;~~
- ~~(b) An alien lawfully admitted into the United States who is eligible for a credential under the Uniform Credentialing Act; or~~
- ~~(c) A nonimmigrant lawfully present in the United States who is eligible for a credential under the Uniform Credentialing Act.~~

~~11-012.02A The Board will make a recommendation regarding reinstatement following suspension, limitation or voluntary surrender within 180 days of receipt of the application.~~

~~11-012.02B The Department, with the recommendation of the Board, may:~~

- ~~1. Conduct an investigation to determine if the applicant has committed acts or offenses prohibited by Neb. Rev. Stat. § 38-178;~~
- ~~2. Require the applicant to submit to a complete diagnostic examination, at the expense of the applicant, by one or more physician(s) or other professionals appointed by the Board. The applicant may also consult a physician(s) or other professionals of his/her own choice for a complete diagnostic examination and make available a report(s) of the examination(s) to the Department and to the Board;~~
- ~~3. Require the applicant to pass a written, oral, or practical examination or any combination of examinations at the expense of the applicant;~~
- ~~4. Require the applicant to successfully complete additional education at the expense of the applicant;~~

- ~~5. Require the applicant to successfully pass an inspection of his/her practice site; or~~
- ~~6. Take any combination of these actions.~~

~~11-012.02C On the basis of the written application, materials submitted by the applicant, and the information obtained under 172 NAC 11-012.02B, the Board may:~~

- ~~1. Deny the application for reinstatement; or~~
- ~~2. Recommend to the Department:
  - ~~a. Full reinstatement of the credential;~~
  - ~~b. Modification of the suspension or limitation; or~~
  - ~~c. Reinstatement subject to limitations or subject to probation with terms and conditions.~~~~

~~If the applicant has practiced while his/her credential was suspended, limited or voluntarily surrendered, the Department may assess an administrative penalty pursuant to 172 NAC 11-013, in which case a separate notice of opportunity for hearing will be sent to the applicant.~~

~~11-012.02D An affirmative vote of a majority of the full membership of the Board as authorized by statute is required to recommend reinstatement of a credential with or without terms, conditions, or restrictions.~~

~~11-012.02E Full Reinstatement: If the Board recommends full reinstatement of the credential, modification of the suspension or limitation, or reinstatement of the credential subject to limitations or subject to probation with terms and conditions, the Board's recommendation will be sent to the applicant by certified mail. The following information will be forwarded to the Director for a decision:~~

- ~~1. The written recommendation of the Board, including any finding of fact or order of the Board;~~
- ~~2. The application for reinstatement;~~
- ~~3. The record of hearing, if any; and~~
- ~~4. Any pleadings, motions, requests, preliminary or intermediate rulings and orders, and similar correspondence to or from the Board and the applicant.~~

~~11-012.02F Denial, Modification, Limitation, or Probation: If the Board's decision is to deny the application for reinstatement, recommend modification of the suspension or limitation, or reinstate the credential subject to limitation or probation with terms and conditions, notification of the Board's decision will be mailed to the applicant by certified mail.~~

- ~~1. The initial decision or recommendation of the Board will become final 30 days after the decisions or recommendation is mailed to the applicant unless the applicant requests a hearing within that 30-day period:
  - ~~a. If the applicant requests a hearing before the Board, the Department will mail a notice of the date, time, and location of the hearing. The notice will be sent by certified mail at least 30 days before the hearing.~~
  - ~~b. Following the hearing, the Board may deny the reinstatement or recommend~~~~

~~full reinstatement of the credential, or recommend modification of the suspension or limitation, or recommend reinstatement of the credential subject to limitation or probation with terms and conditions.~~

- ~~2. If the applicant has been afforded a hearing or an opportunity for a hearing on an application for reinstatement within two years before filing the current application, the Department may grant or deny the application without another hearing before the Board.~~

~~11-012.02G Denial Decision: If the Board's final decision is denial of the application for reinstatement, the applicant will be notified by certified mail. The applicant may appeal the Board's denial to District Court in accordance with the Administrative Procedure Act.~~

~~11-012.02H Board Recommendation: If the Board's final recommendation is full reinstatement of the credential, modification of the suspension or limitation, or reinstatement of the credential subject to limitations or subject to probation with terms and conditions, the Board's recommendation will be sent to the applicant by certified mail. The following information will be forwarded to the Director for a decision:~~

- ~~1. The written recommendation of the Board, including any finding of fact or order of the Board;~~
- ~~2. The application for reinstatement;~~
- ~~3. The record of hearing, if any; and~~
- ~~4. Any pleadings, motions, requests, preliminary or intermediate rulings and orders, and similar correspondence to or from the Board and the applicant.~~

~~11-012.02I The Director's Review: The Director, upon receipt of the Board's recommendation for full reinstatement, modification, or probation, will review the application and other documents and make a decision within 150 days of receipt of the Board's recommendation and accompanying documents. The Director will enter an order setting forth the decision. The Director may:~~

- ~~1. Affirm the recommendation of the Board and grant reinstatement; or~~
- ~~2. Reverse or modify the recommendation if the Board's recommendation is:
  - ~~a. In excess of statutory authority;~~
  - ~~b. Made upon unlawful procedure;~~
  - ~~c. Unsupported by competent, material, and substantial evidence in view of the entire record; or~~
  - ~~d. Arbitrary or capricious.~~~~

~~The order regarding reinstatement of the applicant's credential will be sent to the applicant by certified mail. The Director's decision may be appealed to District Court by a party to the decision. The appeal must be in accordance with the Administrative Procedure Act.~~

~~11-013 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 credential for the purpose of this regulation means practice:~~

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

~~11-013.01 Evidence of Practice:~~ The Department will consider any of the following conditions as prima facie evidence of practice without being credentialed:

- ~~1. The person admits to engaging in practice;~~
- ~~2. Staffing records or other reports from the 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 person;~~
- ~~4. Service, care, or treatment records document the provision of service, care, or treatment by the person;~~
- ~~5. Appointment records indicate that the person was engaged in practice;~~
- ~~6. Government records indicate that the person was engaged in practice; and~~
- ~~7. The person opens a business or 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.

~~11-013.02 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 certificate. To assess the penalty, the Department will:

- ~~1. Provide written notice of the assessment to the person. The notice will 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;~~
  - ~~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~~
  - ~~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 the last known address of the person to whom the penalty is assessed.~~

~~11-013.03 Administrative Hearing:~~ When a person contests the administrative penalty and requests a hearing, the Department will hold a hearing pursuant to the Administrative Procedure Act and 184 NAC 1, the Department's Rules of Practice and Procedure for

Effective Date \_\_\_\_\_ NEBRASKA DEPARTMENT OF \_\_\_\_\_ 172 NAC 11  
September 9, 2012 \_\_\_\_\_ HEALTH AND HUMAN SERVICES

Administrative Hearings.

~~11-014 FEES:~~ Fees referred to in these regulations are set out in 172 NAC 2, unless otherwise specified.

~~11-015 METHOD OF IDENTIFICATION:~~ Every person credentialed as an out-of-hospital emergency care provider must identify himself/herself to the consumer by stating his/her name and the level of out-of-hospital emergency care provider credential that he/she holds. If the consumer requests to see the Department issued credential, the provider must make it available within 48 hours of the request. All signs, announcements, stationery, and advertisements of emergency medical services shall identify the profession.

~~THESE AMENDED RULES AND REGULATIONS Replace Title 172 Chapter 11, Regulations Governing the Practice of Out-of-Hospital Emergency Care Providers, effective December 27, 2005.~~

Approved by the Attorney General: \_\_\_\_\_ July 30, 2012  
Approved by Governor: \_\_\_\_\_ September 4, 2012  
Filed with Secretary of State of Nebraska: \_\_\_\_\_ September 4, 2012  
Effective Date: \_\_\_\_\_ September 9, 2012

Forms may be obtained by contacting the Licensure Unit or by accessing the website at:  
[http://dhhs.ne.gov/publichealth/Pages/crl\\_profindex1.aspx](http://dhhs.ne.gov/publichealth/Pages/crl_profindex1.aspx)



TITLE 172            PROFESSIONAL AND OCCUPATIONAL LICENSURE

CHAPTER 12        LICENSURE OF EMERGENCY MEDICAL SERVICES

001. SCOPE AND AUTHORITY. These regulations govern the licensure of emergency medical services under the Emergency Medical Services Practice Act and the Uniform Credentialing Act. Persons providing out-of-hospital emergency care services to clients located in Nebraska must be licensed as out-of-hospital emergency care providers in Nebraska unless exempt or as provided by Nebraska Revised Statute (Neb. Rev. Stat.) §38-3801.

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

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

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

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

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

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

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

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

003. EMERGENCY MEDICAL SERVICE LICENSE. All levels of emergency medical services which provide emergency medical care must have a license. To receive a license, an applicant must meet all statutory requirements and the requirements of this chapter, 172 NAC 9, and submit a complete application and documentation that the applicant:

- (A) Meets the standards set in this chapter for transporting patients or has a written agreement with a licensed emergency medical service that meets such standards;
- (B) Has a physician medical director;
- (C) Employs or has at least one member that is an out-of-hospital emergency care provider, except for an emergency medical responder;
- (D) Has an advanced emergency medical technician, emergency medical technician intermediate, paramedic, registered nurse, advanced practice registered nurse, physician assistant, doctor of medicine, or doctor of osteopathy as a member or employee of the service, if applying for an advanced life support service license;
- (E) Has protocols approved by the physician medical director of the service;
- (F) Has passed an inspection by the Department;
- (G) Has a current Mid-Level Practitioner Controlled Substance Registration or has applied for such registration, if applying for an advanced life support service license; and
- (H) Has a current Clinical Laboratory Improvement Amendments (CLIA) certificate for the level of point-of-care testing utilized by the service or has applied for such certificate.

003.01 APPLICATION. An applicant must submit:

- (A) A list of all station locations;
- (B) The legal name and address of the physician medical director;
- (C) Signature of the physician medical director on the application;
- (D) A copy of a written agreement with a licensed emergency medical service if the applicant does not own or lease an ambulance;
- (E) Documentation of membership or employment personnel that meet the requirements set out in these regulations as applicable;
- (F) A copy of the Mid-Level Practitioner Controlled Substance registration or a copy of the completed and submitted application for such registration, as applicable; and
- (G) A copy of a current Clinical Laboratory Improvement Amendments certificate or a copy of the completed and submitted application for such certification.

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

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

- (A) After the effective date of the regulations, meet the National Fire Protection Association (NFPA) 1917 Standard for Automotive Ambulances that is current on the effective date of these regulations or the Commission on Accreditation of Ambulance

Services (CAAS) Ground Vehicle Standard for Ambulances that is current on the effective date of these regulations;

- (B) After the effective date of the regulations, remounted ambulances must meet the requirements of 172 NAC 12-004.01(A).
- (C) Aircraft used for the transportation of patients must comply with Federal Aviation Administration Regulations 14 CFR 135 that is current on the effective date of these regulations and related bulletins and supplements; or
- (D) Ambulances, including remounted ambulances, that are owned by a licensed emergency medical service on the effective date of these regulations may continue to be used as ambulances.
  - (i) If the ownership of an ambulance that meets the requirements of 172 NAC 12-004.01(C) is transferred to another emergency medical service after the effective date of these regulations, then the ambulance cannot be used as an ambulance.

004.02 STANDARDS FOR EMERGENCY MEDICAL SERVICES EQUIPMENT. Ambulances and non-transporting emergency medical services must carry supplies and equipment for providing care to pediatric and adult patients. The equipment and supplies must include:

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

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

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

- (A) Ambulances must be maintained as specified in the chassis manufacturer owner's manual and the recommendations of the ambulance manufacturer;
- (B) Aircraft must be maintained in accordance with Federal Aviation Regulation 14 CFR Part 135 and 14 CFR Part 91 and related bulletins and supplements as required by this chapter;
- (C) Equipment used for patient care or support must be maintained in accordance with the manufacturer's recommended procedures; and

- (D) The licensee must maintain all ambulance and operational equipment maintenance procedure documents as described in this chapter for as long as the life of the ambulance or operational equipment.

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

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

004.06 AMBULANCE INSPECTION STANDARDS. A licensee which transports 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. Operational equipment, used for patient care or support, must be inspected, as a minimum, monthly and tested by the service for proper operation or function. All drugs must be inventoried, as a minimum, monthly. Checklists must be developed and used by the service to conduct these inspections monthly. Completed checklists must be maintained for five years.

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

- (A) A licensee must maintain a current roster of the names of its employees and members of the service.
- (B) Only use licensed out-of-hospital emergency care providers and individuals as identified in Neb. Rev. Stat. §38-1226 must be used to provide patient care.
- (C) 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 Neb. Rev. Stat. §38-1206.01 and 38-1207.01. 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 Neb. Rev. Stat. §38-1204.01, 38-1207.01, and 38-1208.01.

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

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

004.09 PERSONNEL TRAINING DOCUMENTATION. Training must be documented for each individual that participated. The documentation must be maintained by the service for five years.

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

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

- (i) Experience in, and knowledge of, emergency care of acutely ill or traumatized patients.
- (ii) Be familiar with the design and operation of local, regional, and state emergency medical service systems.
- (iii) Obtain at least three hours of category one continuing medical education within the subject area of emergency medical services every twenty-four months.

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

- (i) Notifying the Department of the name(s) of licensed emergency medical services for which the individual is the physician medical director;
- (ii) Notifying the Department when responsibility as the physician medical director for an emergency medical service is terminated and the date of the termination;
- (iii) Development and approval of protocols and standing orders for the emergency medical service;
- (iv) Ensuring and documenting the competency of each licensed out-of-hospital emergency care provider to perform skills used by the emergency medical service;
- (v) Implementation of a medical quality assurance program. The medical quality assurance program must include:
  - (1) An annual review of protocols and standing orders;
  - (2) Medical care audits as needed; and
  - (3) Continuing medical education for the emergency medical services personnel;
- (vi) Ultimate authority and responsibility for monitoring and for the overall supervision of the medical aspects of the emergency medical service;
- (vii) Ensuring that each written standing order and protocol is appropriate for the licensure and skill level of each of the individuals to whom the performance of medical acts is delegated and authorized; and
- (viii) The oversight of the distribution, storage, ownership and security of medications and controlled substances utilized by the emergency medical service.

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

004.11(A) PERSONNEL RECORDS. Current personnel rosters and personnel files on each out-of-hospital emergency care provider must be maintained. All records must be maintained until superseded. Each file must include the following:

- (i) Name, address, and telephone number;
- (ii) Current level of licensure; and
- (iii) Current cardiopulmonary resuscitation certification.

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

005. PATIENT CARE RECORDS. A licensee must complete a patient care record for each incident, dry run, refused transportation, and stand-by service. Patient care records must contain all data points as defined in the Nebraska Emergency Medical Services Data Dictionary.

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

- (A) Maintained and preserved, in electronic form, for a period of at least five years or in the case of minors, the records must be kept until three years after the age of majority has been attained.
- (B) Compliant with the highest standard as certified by the National Emergency Medical Services Information System, or successor organizations;
- (C) Sent to the Department as a complete record within 72 hours upon completion of an incident and when a unit is back in service to be used for inspection, data collection and research;
- (D) Submitted electronically to the Department. This requirement does not supersede any medical or legal requirements for maintenance of patient records;
- (E) Compliant with the current version of the Nebraska Emergency Medical Services Data Dictionary; and
- (F) If no incidents are performed by a service during any month, that information must be reported to the Department at the end of the calendar month.

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

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

005.04 DESTRUCTION OF PATIENT CARE RECORDS. In order to ensure the patient's right of confidentiality, medical records must be destroyed or disposed of by shredding, incineration, electronic deletion, or another equally effective protective measure or as otherwise provided by law.

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

- (A) List how many times the service is dispatched and the time period between each dispatch if there is no response;
- (B) List the back-up service that must be called no more than ten minutes after the original call activation;
- (C) Be approved by the physician medical director of the initial service and the back-up service; and

- (D) Be sent to the dispatching agency with acknowledgement of receipt from the dispatching agency.

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

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

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

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

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

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

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

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

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

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

- (C) The owner of the emergency medical service is responsible for the retention and preservation of the appropriate records upon termination of license.

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

- (A) Competence: A licensee must not provide services for which the service has not been licensed or individuals licensed or authorized by the physician medical director. Unprofessional conduct while providing services as an Emergency Medical Service will include but is not limited to:
- (i) Encouraging or promoting emergency medical care by untrained or unqualified persons;
  - (ii) Failure to comply with emergency vehicle operating requirements in accordance with Neb. Rev. Stat. § 60-6,114; and
  - (iii) Failure to comply with the lawful directions of the physician medical director;
- (B) Confidentiality: An licensee 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 decline to carry out emergency medical care services that have been requested when the services are known to be contraindicated or unjustified;
- (D) Failure to accurately provide interfacility arrival response time;
- (E) Failure to ensure and document out-of-hospital emergency care provider competency;
- (F) Failure to decline to carry out procedures that have been requested when the services are known to be outside of the emergency medical services licensure level;
- (G) Falsification or unauthorized destruction of patient records;
- (H) Delegating to unqualified personnel those patient related services when the clinical skills and expertise of an out-of-hospital emergency care provider is required;
- (I) Failure of an licensee to appropriately account for shortages or overages of controlled substances;
- (J) Failure to discipline out-of-hospital emergency care providers who have engaged in sexual harassment or any form of harassment of patients or co-workers;
- (K) Violating an assurance of compliance entered into under Neb. Rev. Stat. § 38- Neb. Rev. Stat. § 1,108;
- (L) Failure to exercise appropriate supervision over persons who are authorized to practice only under the supervision of the licensed professional;
- (M) Practicing as an emergency medical service in this state without a current Nebraska license;
- (N) Obtaining any fee for professional services by fraud, deceit, or misrepresentation, including, but not limited to, falsification of third-party claim documents;
- (O) Failure to permit access by an agent or employee of the Department for the purposes of inspection, investigation, or other information collection activities necessary to carry out the duties of the Department; and
- (P) Failure of a licensee, who is subject of a disciplinary investigation, to furnish the Board or its investigator with requested information or requested documents.



**TITLE 172 — PROFESSIONAL AND OCCUPATIONAL LICENSURE**

**CHAPTER 12 — LICENSURE OF EMERGENCY MEDICAL SERVICES**

~~12-001 SCOPE AND AUTHORITY. These regulations govern the credentialing of Emergency Medical Services under Neb. Rev. Stat. §§38-1201 to 38-1237, and the Uniform Credentialing Act (UCA). Remains in Section 001 as modified~~

~~12-002 DEFINITIONS~~

~~Act means Neb. Rev. Stat. §§ 38-1201 to 38-1237 known 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 licensed as Advanced Emergency Medical Technicians, Emergency Medical Technician-Intermediates or Paramedics and has equipment available commensurate with that level of training. Remains in Section 002 as modified~~

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

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

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

~~Basic Life Support Service means an Emergency Medical Service that utilizes personnel that have been trained and licensed, as a minimum, as Emergency Medical Technicians and has equipment available commensurate with that level of training. Remains in Section 002 as modified~~

~~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.~~

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 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. **Remains in Section 002 as modified**

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. **Remains in Section 002 as modified**

Emergency Medical Service (EMS) means the organization responding to a perceived individual need for 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 license to practice as an emergency medical technician.

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

Paramedic means an individual who has a current license to practice as a Paramedic.

Emergency Medical Responder means an individual who has a current license to practice as a 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. **Remains in Section 002 as modified**

~~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. §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 means all licensure classifications of emergency care providers established pursuant to the Act.~~

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

~~Physician Medical Director means a qualified physician who is responsible for the medical supervision of out-of-hospital emergency care providers and verification of skill proficiency of out-of-hospital emergency care providers pursuant to Neb. Rev. Stat. §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 or osteopathic medicine and surgery pursuant to 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 renewal of licensure of out-of-hospital emergency care providers.~~

~~Qualified Trained Medical Person means an Emergency Medical Responder, Emergency Medical Technician, Emergency Medical Technician-Intermediate, Advanced Emergency Medical Technician, Paramedic, Licensed Practical Nurse, Registered Nurse, Physician Assistant, or Physician and does not act as an agent of the Physician Medical Director above the level of his/her 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 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: **Remains in Section 003 as modified**

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 75<sup>th</sup> 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. Remains in Section 004 as modified

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/Controlled 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.  
Remains in Section 004 as modified

~~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. Remains in Section 004 as modified

#### 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. Remains in Section 004 as modified

#### 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. **Remains in Section 004 as modified**

#### 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.~~ **Remains in Section 004 as modified**

~~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.~~ **Remains in Section 009 as modified**

~~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.~~ **Remains in Section 004.10 as modified**
- ~~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. Remains in Section 004.10 as modified~~
- ~~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 advanced 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) Ventilatory Management including:
      - ~~(a) Simple Airway Maneuvers;~~
      - ~~(b) Simple Airway Adjuncts;~~
      - ~~(c) Bag Valve Mask Apneic Patient; and~~
      - ~~(d) Approved Advanced Airway;~~~~~~~~

- ~~(4) Cardiac Arrest Management/AED;~~
- ~~(5) Spinal Immobilization — supine and seated;~~
- ~~(6) Random Basic Skill Verification to include but not limited to;~~
  - ~~(a) Bleeding Control/Shock Management;~~
  - ~~(b) Long Bone Splinting; and~~
  - ~~(c) Joint Immobilization; and~~
- ~~(7) Intravenous Therapy and Medication Administration including;~~
  - ~~(a) Peripheral Intravenous Access;~~
  - ~~(b) Intravenous Fluid Administration; and~~
  - ~~(c) Intravenous Bolus Medication Administration.~~
- ~~d. 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).~~
- ~~e. 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. Remains in Section 004.10 as modified**

~~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. **Remains in Section 004.11 as modified**

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

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;
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;

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<sup>1</sup> The Department will make available a data software system that will meet the patient record keeping requirements of these regulations.

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 72 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.~~ **Remains in Section 005 as modified**

~~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.~~ **Remains in Section 010 as modified**

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.~~ **Remains in Section 006 as modified**
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.~~

~~12-004.11 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 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.  
Remains in Section 008 as modified

~~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 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 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~~
  - ~~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 12-004.09C9.~~  
~~Remains in Section 010 as modified~~

~~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 on December 31 of every even-numbered 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 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 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.~~

Remains in Section 011 as modified

#### 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 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 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 another 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 credential for the purpose of this regulation means practice:

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

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

- ~~1. The person admits to engaging in practice;~~
- ~~2. Staffing records or other reports from the 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 person;~~
- ~~4. Service, care, or treatment records document the provision of service, care, or treatment by the person;~~
- ~~5. Appointment records indicate that the person was engaged in practice;~~
- ~~6. Government records indicate that the person was engaged in practice; and~~
- ~~7. The person opens a business or 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~~
  - ~~f. Failure to pay an administrative penalty may result in disciplinary action.~~~~

EFFECTIVE DATE ~~NEBRASKA DEPARTMENT OF~~ 172 NAC 12  
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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 person contests the administrative penalty and requests a hearing, the Department will hold a hearing pursuant to 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 REGULATIONS: 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.~~

Forms may be obtained by contacting the Licensure Unit or by accessing the website at:  
[http://dhhs.ne.gov/publichealth/Pages/crl\\_profindex1.aspx](http://dhhs.ne.gov/publichealth/Pages/crl_profindex1.aspx)

TITLE 172            PROFESSIONAL AND OCCUPATIONAL LICENSURE

CHAPTER 13        EMERGENCY MEDICAL SERVICES TRAINING AGENCY

001. SCOPE AND AUTHORITY. These regulations govern the credentialing of emergency medical services training agencies under the Emergency Medical Services Practice Act and the Uniform Credentialing Act. Persons providing out-of-hospital emergency care services training must be approved as an out-of-hospital emergency care training agency in Nebraska unless exempt.

002. DEFINITIONS. Definitions in the Uniform Credentialing Act, the Emergency Medical Services Practice Act, 172 Nebraska Administrative Code (NAC) 9, 11, and 12, and the following definitions apply to this chapter.

002.01 ACCREDITED. Accredited means from an accrediting body recognized by the United States Department of Education.

002.02 APPROVED TRAINING AGENCY. An approved training agency is a person which is approved to conduct Emergency Medical Service course training by the Department upon recommendation of the Board.

002.03 CLINICAL TRAINING. Clinical training is the instruction or training in a supervised practice of emergency medical skills in hospital settings such as critical care units, emergency departments, obstetrical units, or operating rooms or in other medical settings such as a clinic or office of an individual licensed to practice medicine and surgery.

002.04 DIRECT SUPERVISION. Direct supervision is the visual monitoring, providing of verbal direction, and overseeing patient care that is being provided by a student

002.05 FIELD EXPERIENCE. Field experience is a time in an emergency medical service course when a student is directly supervised while operating with an emergency medical service, hospital, health clinic, or physician's office that provides care to a perceived individual need for medical care and proceeds from observation to providing care commensurate with the student's training.

002.06 PRIMARY INSTRUCTOR. A primary instructor is a licensed emergency medical service instructor who must attend a majority of the class sessions to assure course continuity and who is responsible for identifying that students have the cognitive, affective and psychomotor skills necessary to function at the level being taught.

003. REQUIREMENTS FOR APPROVAL AS AN EMERGENCY MEDICAL SERVICE TRAINING AGENCY. To receive approval, an applicant must meet all statutory requirements, 172 NAC 9 and this chapter, submit a complete application and documentation that the applicant meets the following qualifications:

- (A) Be an accredited community college, college, university, or a school of nursing in this state that awards an academic degree to its graduates;
- (B) Paramedic training programs must be accredited by the Commission on Accreditation of Allied Health Education Program (CAAHEP) upon the recommendation of the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (COAEMSP). Programs holding a current Letter of Review from the Commission on Accreditation of Allied Health Education Program will be deemed to meet this requirement;
- (C) Have a qualified physician to serve as the training agency medical director;
- (D) Have written agreements with hospital(s), health care clinics, or physician offices for clinical training of students for the level of training being conducted;
- (E) Have written agreements with licensed emergency medical services for field experience for the level of training being conducted;
- (F) Direct supervision of students must be performed by an individual who is a licensed out-of-hospital emergency care provider, with an unencumbered license and is the same or higher level of out-of-hospital emergency care provider as the student's course of study or a licensed health care practitioner or under the direction of a registered nurse;
- (G) Meet the standards for operating set in this chapter;
- (H) Emergency Medical Service Instructors must meet the requirements set forth in 172 NAC 11;
- (I) Provide adequate facilities, equipment, apparatus, supplies and staffing;
- (J) Publish a catalog which includes at least the following information:
  - (i) The full name and address of the school;
  - (ii) Names of owners and officers, including any governing boards;
  - (iii) A description of each authorized educational service offered, including courses or programs offered, tuition, fees, and length of courses;
  - (iv) Enrollment procedures and entrance requirements, including late enrollment if permitted;
  - (v) A description of the training agencies placement assistance. If no assistance is offered, the school must state this fact;
  - (vi) Attendance policy including minimum attendance requirements;
  - (vii) A description of how the agency determines a student's progress. The description must include:
    - (1) How student progress is measured and evaluated, including an explanation of any system of grading used;
    - (2) The conditions under which the student may be readmitted if terminated for unsatisfactory progress;
    - (3) An explanation of any probation policy; and
    - (4) Information about the system used to make progress reports to students;
  - (viii) An explanation of the refund policy which also includes the training agencies method of determining the official date of termination; and
  - (xi) A description of its policy that addresses student harassment and training agency action if such harassment takes place;

- (K) Provide resources to support students who may need disability accommodations, student support, and other counseling services; and
- (L) Pass an on-site inspection.

004. TRAINING AGENCY STANDARDS AND COURSES: Training agencies must:

- (A) Provide official verification to individuals who have successfully completed any of the emergency medical service courses. The official verification must include the following:
  - (i) Training agency name and location of central or headquarters office;
  - (ii) Signature and title or position of a training agency individual attesting to the official verification;
  - (iii) Date student successfully completed the emergency medical service course;
  - (iv) Student full name including first and last name;
  - (v) Name of course that was successfully completed;
  - (vi) Total number of hours that the emergency medical service course provided. Advanced emergency medical technician and paramedic courses must include the number of didactic hours, clinical hours, and field internship hours;
- (B) Maintain, for a minimum of five years, the following records for each emergency medical service course taught including:
  - (i) All student records must include:
    - (1) Name and address for each student enrolled in emergency medical service courses;
    - (2) Grades for each cognitive examination;
    - (3) Documentation of successful completion of each student's psychomotor skill, patient contacts and scenario evaluations;
    - (4) Documentation of the Advanced Emergency Medical Technician intravenous starts and non-visualized airway placement; and
    - (5) A copy of each student's documentation of meeting entrance requirements to each course;
  - (ii) All instructor and course records must include:
    - (1) Names and qualifications of the primary instructors;
    - (2) Names and qualifications of other emergency medical service course instructors;
    - (3) Instructor evaluation records completed by students and training agency personnel;
    - (4) Names and qualifications of the psychomotor skills evaluators for the emergency medical service courses;
    - (5) Names and qualifications of the person providing direct supervision for field experience; and
    - (6) Agreements with other entities for use of equipment needed to conduct an emergency medical service course if the equipment is not provided by the training agency;
- (C) Conduct at least one emergency medical service course each calendar year;
- (D) Submit the following information to the Department for each course taught within 30 days of the completion of each course:
  - (i) Course location;
  - (ii) Name of training agency;
  - (iii) Name of instructor(s) of each course;
  - (iv) Name of course;



- (v) Number of students enrolled;
- (vi) Number of students that left prior to course completion; and
- (vii) Number of students who:
  - (1) Completed the course;
  - (2) Total number of didactic hours; and
  - (3) For advanced emergency medical technician and paramedic courses the total number of clinical and field internship hours;
- (E) Obtain at least a 70% aggregate pass rate for each emergency medical service course for a period of two consecutive years on all attempts of the licensure examination as set forth in 172 NAC 11;
- (F) Implement a written quality assurance program for instruction. The quality assurance program must:
  - (i) Include the implementation of written policies and procedures for periodic observation of all instructors including the feedback for strengths and opportunities for improvement;
  - (ii) Include the completion of student evaluations during and after each emergency medical service course taught;
  - (iii) Include the implementation of remediation plan(s) for instructor deficiencies. Documentation of such remediation must be maintained for five years; and
  - (iv) Conducting semi-annual meetings with each emergency medical service course instructor for the purpose of discussing training issues and identifying any instruction needs. Documentation of such meetings must be maintained for five years.

004.01 EMERGENCY MEDICAL SERVICE COURSE. Each emergency medical service course listed below must meet the requirements of the Uniform Credentialing Act, Emergency Medical Services Practice Act, United States Department of Transportation guidelines for Emergency Medical Service Instructors, and the current United States Department of Transportation and National Highway Traffic Safety Administration National Emergency Medical Services Educational Standards, on the date of the adoption of this chapter. The standards are available on the Department's website or may be requested from the Department at 301 Centennial Mall South, Lincoln, NE 68509. Each training agency must:

- (A) Use primary instructors for the administration, coordination, and teaching of each emergency medical service course:
  - (i) Primary instructors may utilize subject matter experts to assist in the teaching of emergency medical service course.
- (B) Conduct, at the end of the course, the psychomotor skill component in accordance with the National Registry of Emergency Medical Technicians licensure examination for the emergency medical responder, emergency medical technician, emergency medical responder to emergency medical technician bridge, and pre-hospital emergency medical technician for nurse's courses.
- (C) Adhere to all components for the psychomotor skills testing of the course that must meet the requirements established by the National Registry of Emergency Medical Technicians Psychomotor Users Guide.
- (D) Ensure that each student in an Advance Emergency Medical Technician Course completes at least 25 patient contacts, at least 24 intravenous starts, and placement of at least 12 non-visualized airways during a minimum of 150 hours of field experience. These requirements may also be completed in a hospital emergency department, clinic, or physician's office. If the student cannot meet the required

- patient contacts during the field experience because of a low number of emergency or medical requests, these patient contacts may be obtained in a simulated patient encounter laboratory setting. Documentation of each of these must be maintained.
- (E) An Emergency Medical Technician to Advanced Emergency Medical Technician bridge course must meet the requirements in this chapter for an advanced emergency medical technician course specific to the educational material and psychomotor skills not taught in the emergency medical technician course.
  - (F) Ensure that each student in an Emergency Medical Technician Course completes a minimum of five patient contacts during field experience. Each student must successfully complete simulated adult and, when applicable, pediatric patient encounters in a laboratory setting that must include a minimum of cardiac, trauma, pediatrics, geriatric, stroke, obstetric, difficulty breathing, altered mental status, and toxicology. If the student cannot meet the five patient contacts during the field experience because of a low number of emergency or medical requests, these contacts may be obtained in a hospital emergency department, clinic, or physicians' office. Documentation of each of these must be maintained.
  - (G) An Emergency Medical Responder to Emergency Medical Technician Bridge Course must the requirements in this chapter for an emergency medical technician course specific to the educational material and psychomotor skills not taught in the Emergency Medical Responder Course.
  - (H) Pre-Hospital Emergency Medical Technician for Nurses Course is a course of instruction for licensed registered nurses and licensed practical nurses to become emergency medical technicians that must meet the requirements in this chapter for an emergency medical technician course specific to the educational material and psychomotor skills not taught in a nursing course.
  - (I) An Advanced Emergency Medical Technician to Paramedic Bridge Course must meet the requirements in this chapter for a paramedic course specific to the educational material and psychomotor skills not taught in the Advanced Emergency Medical Technician Course.
  - (J) Pre-Hospital Paramedic for Nurses Course is a course of instruction for licensed registered nurses to become a paramedic that must meet the requirements in this chapter for a paramedic specific to the educational material and psychomotor skills not taught in a nursing course.
  - (K) A Nebraska Emergency Medical Service Instructor Course must meet the requirements set out in this chapter.
  - (L) Emergency medical service refresher courses must meet the National Continued Competency Program requirements set out as defined in 172 NAC 11.

005. RESPONSIBILITIES AND QUALIFICATIONS OF APPROVED TRAINING AGENCY MEDICAL DIRECTORS. The emergency medical service training agency medical director must be responsible for the medical oversight of the program and the following:

- (A) Responsible for the medical supervision of the curriculum of an approved training agency and verification of entry level competency of the students;
- (B) Review and approve education course content, procedures, and protocols related to medical care for appropriateness, accuracy and evidence-based care;
- (C) Review and approve minimum number of required patient contacts and procedures not addressed in this chapter of regulation;

- (D) Review and approve any evaluation tools and processes used to evaluate student's didactic, laboratory, and field experience;
- (E) Review the progress of each student to assist in determining appropriate corrective action.
- (F) Ensure the cognitive, psychomotor, and affective domains for students; and
- (G) Ensure the effectiveness and quality of any training agency medical director responsibility that is delegated to another qualified physician.

005.01 MEDICAL DIRECTOR QUALIFICATIONS. A medical director must:

- (A) Have a current licensed in Nebraska to practice medicine and surgery;
- (B) Have experience providing emergency care to acutely ill and injured patients;
- (C) Have training or experience in the delivery of out-of-hospital emergency care, including the proper care and transport of patients, medical direction, and quality improvement in out-of-hospital care;
- (D) Be active in the medical community and participate in activities related to out-of-hospital care; and
- (E) Be knowledgeable about emergency medical service education including professional, legislative and regulatory issues regarding emergency medical services education.

006. CHANGE IN MEDICAL DIRECTOR. Prior to a change in the training agency medical director, the licensee must submit a change in medical director form provided by the Department. A licensee may operate no more than 30 days and notify the Department immediately if a medical director resigns with no notice or due to unforeseen circumstances.

007. CLOSURE OF A TRAINING AGENCY. A training agency must notify the Department, in writing, a minimum of six months prior to a planned closure of the training agency. The notification must include a plan for completion of the training or transfer of students currently enrolled in the approved training agency and the disposition and storage of the records of the approved training agency. All requirements for operation must be maintained until the approved training agency is officially closed.

008. DEEMED COMPLIANCE. An approved training agency may be deemed in compliance with this chapter based on accreditation or certification by the Commission on Accreditation of Allied Health Education Programs. The approved training agency may still be selected for inspection.

008.01 REQUIREMENTS FOR APPROVED TRAINING AGENCY TO BECOME DEEMED. An approved training agency may request the Department to recognize the accreditation. The request must be:

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

008.02 MAINTAINANCE OF DEEMED COMPLIANCE. An approved training agency must maintain the accreditation or certification on which the approval was issued. If the accreditation is sanctioned, modified, terminated, or withdrawn, the training agency must notify the Department within 15 days of receipt of notification of the action. After notifying the

Department, the training agency may continue to operate unless the Department determines that the training agency no longer meets the requirements for. If the Department determines the approved training agency no longer qualifies for deemed status, the approved training agency is subject to compliance inspection.

009. COMPLIANCE INSPECTIONS. Each approved training agency has the responsibility to be in compliance, and to remain in compliance with all requirements. To determine compliance with the statutes and regulations, the Department may conduct announced or unannounced inspections of the approved training agency.

010. GROUNDS ON WHICH THE DEPARTMENT MAY DENY APPROVAL OR DISCIPLINE AN EMERGENCY MEDICAL SERVICE TRAINING AGENCY. The Department may deny an application for approval when the applicant fails to meet the requirements. The Department may deny, suspend, or revoke approval or otherwise discipline an applicant or approved training agency for any of the grounds listed in Neb. Rev. Stat. §38-178 or §38-179 or for any of the following grounds:

- (A) Violation of the regulations promulgated thereto governing the approval of approved training agencies;
- (B) Misrepresentation of material facts, in procuring or attempting to procure approval as an approved training agency; or
- (C) Providing an emergency medical service course while the approved training agency's approval is suspended or in contravention of a limitation placed upon the approval.

011. PLAN OF CORRECTION PROCEDURE. In lieu of denial or other sanctions when an approved training agency is found to be in violation, the Department may require such agency to submit and complete a plan of correction. When requested the approved training agency must submit to the Department a plan of correction containing the steps it will take to correct violations and the estimated time for correct. Such plan must be submitted within 30 days from date of mailing of the request from the Department. The estimated time for correction may not exceed one year. The plan of correction must be acceptable to the Department. Failure to submit an acceptable plan is grounds for denial, suspension, or revocation or otherwise discipline the agency's approval. The approved training agency must submit to the Department documentation of completion of the plan of correction. The Department may conduct an inspection to determine if correction has been obtained. If the approved training agency fails to successfully complete an approved plan of correction or to correct a violation, the Department may suspend or revoke or otherwise discipline the agency's approval.

012. REAPPLICATION REQUIREMENTS AND PROCEDURES FOR AN EMERGENCY MEDICAL SERVICE TRAINING AGENCY. An emergency medical service training agency whose approval has been terminated may apply for a new approval as provided in 172 NAC 13-003.

013. APPROVED CARDIOPULMANRY RESUSCITATION ORGANIZATIONS. The following are the approved Cardiopulmonary Resuscitation organizations:

- (A) American Heart Association;
- (B) American Red Cross;
- (C) American Safety and Health Institute;
- (D) American Trauma Event Management;
- (E) ACLS Certification Institute;

- (F) Emergency Care and Safety Institute;
- (G) National Safety Council; and
- (H) Pro CPR Organization.

013.01 CARDIOPULMONARY RESUSCITATION ORGANIZATION PROCESS FOR APPROVAL. To become an approved Cardiopulmonary Resuscitation organization an organization's cardiopulmonary resuscitation training program must be substantially equivalent to the approved cardiopulmonary resuscitation organizations listed in this chapter and be approved by the Nebraska Board of Emergency Medical Services

~~TITLE 172 — PROFESSIONAL AND OCCUPATIONAL LICENSURE~~

~~CHAPTER 13 — EMERGENCY MEDICAL SERVICES TRAINING AGENCIES~~

~~13-001 SCOPE AND AUTHORITY:~~ These regulations govern the credentialing of Emergency Medical Services (EMS) Training Agencies, Emergency Medical Services Instructors, Cardiopulmonary Resuscitation Organizations, and Distributive Learning Courses under Neb. Rev. Stat. §§ 38-1201 to 38-1237 and the Uniform Credentialing Act (UCA). **Remains in Section 001 as modified**

13-002 DEFINITIONS:

~~Accredited~~ means obtained accreditation from an accrediting body recognized by the United States Department of Education. **Remains in Section 002 as modified**

~~Act~~ means Neb. Rev. Stat. §§ 38-1201 to 38-1237 known as the Emergency Medical Services Practices Act.

~~Active Addiction~~ means current physical or psychological dependence on alcohol or a substance, which develops following the use of alcohol or a substance on a periodic or continuing basis.

~~Additional Skills Course~~ means coursework that relates to the instruction of additional skills for Emergency Medical Responders and Emergency Medical Technicians that are listed in 172 NAC 11-009.01B and 11-009.02B, respectively.

~~Alcohol or substance abuse~~ means a maladaptive pattern of alcohol or substance use leading to clinically significant impairment or distress as manifested by one or more of the following occurring at any time during the same 12-month period:

- ~~1. Recurrent alcohol or substance use resulting in a failure to fulfill major role obligations at work, school, or home;~~
- ~~2. Recurrent alcohol or substance use in situations in which it is physically hazardous;~~
- ~~3. Recurrent legal problems related to alcohol or substance use; or~~
- ~~4. Continued alcohol or substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the alcohol or substance use.~~

~~Approved Distributive Learning Organization~~ means an educational institution, a national, state, regional, or local agency or association, a non-profit corporation, a for-profit corporation, a hospital, or any combination of the above who offer a distributive learning program or programs approved by the Department upon recommendation of the Board.

~~Approved Emergency Medical Services Training Agency~~ means a person which is approved to conduct training by the Department upon recommendation of the Board. **Remains in Section 002 as modified**

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

~~Board means the Board of Emergency Medical Services.~~

~~Care and Treatment Standards means the more current standards established by a nationally recognized organization that, through research, accepted practice, and/or patient experience, issues guidelines for the care and treatment of patients in the emergency and/or out of hospital environment.~~

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

~~Clinical Training means instruction or training in a supervised practice of emergency medical skills in hospital settings such as critical care units, emergency departments, obstetrical units, or operating rooms or in other medical settings such as a clinic or office of an individual licensed to practice medicine and surgery. Remains in Section 002 as modified~~

~~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 the required fees and 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.~~

~~Conviction means a plea or verdict of guilty or a conviction following a plea of nolo contendere or non-vult contendere made to a formal criminal charge, or a judicial finding of guilt irrespective of the pronouncement of judgment or the suspension thereof, and includes instances in which the imposition or the execution of sentence is suspended following a judicial finding of guilt and the defendant is placed on probation.~~

~~Credential means a license, certificate, or registration.~~

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

~~Dependence means a maladaptive pattern of alcohol or substance use, leading to clinically significant impairment or distress, as manifested by three or more of the following occurring at any time in the same 12-month period:~~

- ~~1. Tolerance as defined by either of the following:
  - ~~a. A need for markedly increased amounts of alcohol or the substance to achieve intoxication or desired effect; or~~
  - ~~b. A markedly diminished effect with continued use of the same amount of alcohol or the substance;~~~~
- ~~2. Withdrawal as manifested by either of the following:
  - ~~a. The characteristic withdrawal syndrome for alcohol or the substance as referred in the~~~~

- Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, published by the American Psychiatric Association; or
- b. ~~Alcohol or the same substance or a closely related substance is taken to relieve or avoid withdrawal symptoms;~~
  3. ~~Alcohol or the substance is often taken in larger amounts or over a longer period than was intended;~~
  4. ~~A persistent desire or unsuccessful efforts to cut down or control alcohol or substance use;~~
  5. ~~A great deal of time is spent in activities necessary to obtain alcohol or the substance, to use alcohol or the substance; or to recover from the effects of use of alcohol or the substance;~~
  6. ~~Important social, occupational, or recreational activities are given up or reduced because of alcohol or substance use; or~~
  7. ~~Alcohol or substance use continues despite knowledge of having had a persistent or recurrent physical or psychological problem that was likely to have been caused or exacerbated by alcohol or the substance.~~

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

Distributive Learning means an instructional model that allows instructor, students, and content to be located in different non-centralized locations so that instruction and content occur independent of time and place and may be offered in one or more of the following strategies: print, internet, videotape, CD-ROM/DVD, satellite and television.

Distributive Learning Program means a course, class, and or printed material, offered for credit toward out-of-hospital emergency care provider license renewal, presented in the strategies consistent with the Distributive Learning definition, covers the subject matter of the EMS courses and follows the current care and treatment standards. A Distributive Learning Program is provided by an approved Distributive Learning Organization pursuant to 172 NAC 13-108.

EMS Courses means any one or more of the following courses as defined in Neb. Rev. Stat. § 38-1218 taught by an approved training agency as defined in 172 NAC 13-002.

1. Emergency Medical Responder Course means a course of instruction that meets the United States Department of Transportation, National Highway Traffic Safety Administration, National Emergency Medical Services Education Standards for Emergency Medical Responder Additional Skills Course Material.
2. Emergency Medical Responder Additional Skills Course means a course of instruction for licensed Emergency Medical Responders that meets the United States Department of Transportation, National Highway Traffic Safety Administration, National Emergency Medical Services Educational Standards for the Emergency Medical Technician level that relates to the topics of:
  - a. Medication administration of aspirin and epinephrine by auto injector,
  - b. Application of spinal and extremity immobilization devices,
  - c. Patient transport devices, and
  - d. Patient transport.



These topics may be instructed independently, grouped into two or three topics, or consolidated into one course. This course may only be taught to individuals licensed as emergency medical responders.

3. Emergency Medical Technician Course means a course of instruction that meets the United States Department of Transportation, National Highway Traffic Safety Administration, National Emergency Medical Services Education Standards for Emergency Medical Technician and will include documentation of five patient contacts that must be completed during at least ten hours of field experience. If the student cannot meet the five patient contacts during the field experience because of a low number of emergency/medical requests, these contacts may be obtained in a hospital emergency department, clinic, or physicians' office. This course will not include the Emergency Medical Technician Additional Skills Course.
4. Emergency Medical Technician Additional Skills Course means a course of instruction for licensed Emergency Medical Technician that meets the United States Department of Transportation, National Emergency Medical Services Educational Standards for the Advanced Emergency Medical Technician level as they relate to the topics of:
  - a. Non-visualized advanced airway management,
  - b. Impedance threshold device,
  - c. Intravenous fluid monitoring only,
  - d. Peripheral intravenous access and monitoring intravenous fluids,
  - e. Medication administration of albuterol by nebulizer and epinephrine by auto injector; and/or
  - f. Assessment utilizing a glucometer.

These topics may be instructed independently, grouped into two, three, or four topics, or consolidated into one course. This course may only be taught to individuals licensed as emergency medical technicians.

5. Pre-Hospital Emergency Care for Nurses Courses means a course of instruction to train Licensed Registered Nurses and Licensed Practical Nurses to become emergency medical technicians that meets the United States Department of Transportation, National Highway Traffic Safety Administration, National Emergency Medical Services Education Standards for Emergency Medical Technician specific to the educational material and psychomotor skills not taught in the nurses training.
6. Advanced Emergency Medical Technician Course means a course of instruction that meets the United States Department of Transportation, National Highway Traffic Safety Administration, National Emergency Medical Services Education Standards for Advanced Emergency Medical Technician. Included in this course is a foundational depth and foundational breadth of morphine sulfate and the antagonist agent used in overdose and the clinical behaviors/judgment to safely and effectively administer morphine sulfate. This course will include documentation of at least 25 patient contacts, at least 24 intravenous starts, and placement of at least 12 non-visualized airways that must be completed during a minimum of 150 hours of field experience. These requirements may also be completed in a hospital emergency department, clinic, or physician's office. If the student cannot meet the required patient contacts during the field/clinical experience because of a low

number of emergency/medical requests, these patient contacts may be obtained in a classroom setting using manikins.

7. ~~Paramedic Course~~ means a course of instruction that meets the United States Department of Transportation, National Highway Traffic Safety Administration, National Emergency Medical Services Education Standards for Paramedic. Included in this course is a complex depth and comprehensive breadth of:
  - a. ~~Pharmacologic agents use to assist or to facilitate advanced airway management;~~  
and
  - b. ~~Airway anatomy as it relates to surgical cricothyrotomy and the clinical behaviors/judgment to safely and effectively perform the psychomotor skills of pharmacologically assisted endotracheal intubation, rapid sequence endotracheal intubation, and surgical cricothyrotomy.~~
8. ~~Emergency Medical Responder Refresher Course~~ means a course of instruction that meets the United States Department of Transportation, National Highway Traffic Safety Administration, National Emergency Medical Services Education for Emergency Medical Responder and covers the following content areas:
  - a. ~~Preparatory — at least 1 hour~~
  - b. ~~Airway — at least 2 hours~~
  - c. ~~Patient Assessment — at least 2 hours~~
  - d. ~~Circulation — at least 3 hours~~
  - e. ~~Illness and Injury — at least 3 hours~~
  - f. ~~Childbirth and Children — at least 1 hours~~

~~At the end of each course will be an examination that includes:~~

- a. ~~Fifty written questions that will cover all content areas; and~~
- b. ~~A practical skills examination covering the emergency medical responder licensing examination skills.~~

9. ~~Emergency Medical Technician Refresher Course~~ means a course of instruction that meets the United States Department of Transportation, National Highway Traffic Safety Administration, National Emergency Medical Services Education Standards for Emergency Medical Technician and covers the following areas:
  - a. ~~Preparatory — at least 1 hour~~
  - b. ~~Airway — at least 2 hours~~
  - c. ~~Obstetrics, Infants, Children — at least 2 hours~~
  - d. ~~Patient Assessment — at least 3 hours~~
  - e. ~~Medical Behavior — at least 4 hours~~
  - f. ~~Trauma — at least 4 hours~~
  - g. ~~Electives — at least 8 hours.~~

~~At the end of each course will be an examination that includes:~~

- a. ~~One hundred written questions that will cover all content areas; and~~
- b. ~~A practical skills examination covering the emergency medical technician licensing examination skills.~~

10. ~~Advanced Emergency Medical Technician Refresher Course~~ means a course of instruction that meets the United States Department of Transportation, National Highway

Traffic Safety Administration, National Emergency Medical Services Education Standards for Advanced Emergency Medical Technician and covers the following content areas:

- a. Airway, Breathing, and Cardiology — at least 12 hours
- b. Medical Emergencies — at least 6 hours
- c. Trauma — at least 5 hours
- d. Obstetrics and Pediatrics — at least 12 hours
- e. Operational Tasks — at least 1 hour

At the end of each course will be an examination that includes:

- a. One hundred written questions that will cover all content areas; and
- b. A practical skills examination covering the advanced emergency medical technician licensing examination skills.

11. Paramedic Refresher Course means a course of instruction that meets the United States Department of Transportation, National Highway Traffic Safety Administration, National Emergency Medical Services Education Standards for Paramedic and covers the following content areas:

- a. Airway, Breathing, and Cardiology — at least 16 hours
- b. Medical Emergencies — at least 8 hours
- c. Trauma — at least 6 hours
- d. Obstetrics and Pediatrics — at least 16 hours
- e. Operational Tasks — at least 2 hours

At the end of each course will be an examination that includes:

- a. One hundred written questions that will cover all content areas; and
- b. A practical skills examination covering the paramedic licensing examination skills.

12. Emergency Medical Responder to Emergency Medical Technician Bridge Course means a course of instruction to train licensed Emergency Medical Responders to become Emergency Medical Technicians that meets the United States Department of Transportation, National Highway Traffic Safety Administration, National Emergency Medical Services Education Standards for Emergency Medical Technician specific to the educational material and psychomotor skills not taught in the Emergency Medical Responder Course.

13. Emergency Medical Technician to Advanced Emergency Medical Technician Bridge Course means a course of instruction to train licensed Emergency Medical Technicians to become Advanced Emergency Medical Technicians that meets the United States Department of Transportation, National Highway Traffic Safety Administration, National Emergency Medical Services Education Standards for Advanced Emergency Medical Technician specific to the educational material and psychomotor skills not taught in the Emergency Medical Technician Course.

14. Advanced Emergency Medical Technician to Paramedic Bridge Course means a course of instruction to train licensed Advanced Emergency Medical Technicians to become Paramedics that meets the United States Department of Transportation, National Highway Traffic Safety Administration, National Emergency Medical Services Education Standards for Paramedic specific to the educational material and psychomotor skills not taught in the Advanced Emergency Medical Technician Course.

~~15. Nebraska Emergency Medical Service Instructor Course means a course of instruction developed by the Department to train licensed out-of-hospital emergency care providers to become licensed Emergency Medical Service Instructors based on the United States Department of Transportation, National Highway Traffic Safety Administration, National Emergency Medical Services Instructor Guidelines. Remains in Section 004 as modified~~

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

~~Emergency Medical Service (EMS) means the organization responding to a perceived individual need for 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 Service (EMS) Instructor means an individual who has a current license to practice as an EMS instructor.~~

~~Field Experience means a period of direct supervised experience when a student is mentored by a field supervisor while operating with an emergency medical service that responds to an emergency/medical request and proceeds from observation to providing care commensurate with the student's training. Remains in Section 002 as modified~~

~~Field Supervision means a period of direct supervision or indirect supervision of a temporary licensee by a field supervisor.~~

~~Field Supervisor means an individual who is a licensed out-of-hospital emergency care provider, with an unencumbered license and is the same or higher level of out-of-hospital emergency care provider as the temporary licensee or same or higher level as the student's course of study.~~

~~Higher level of out-of-hospital emergency care provider means an individual who is licensed as an out-of-hospital emergency care provider and who may provide additional care commensurate with his/her level of training.~~

~~Inactive credential means a credential which the credential holder has voluntarily placed on inactive status and by which action has terminated the right to practice or represent him/herself as having an active credential.~~

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

~~Licensure Examination means the cognitive and practical skills competency examination developed by the National Registry of Emergency Medical Technicians for emergency medical technicians, emergency medical responders, advanced emergency medical responders, emergency medical technician-intermediates, and paramedics.~~

~~Military Service means full-time duty in the active military service of the United States, or a National Guard call to active service for more than 30 consecutive days or active service as a~~

~~commissioned officer of the Public Health Service or the National Oceanic and Atmospheric Administration. Military service may also include any period during which a service member is absent from duty on account of sickness, wounds, leave, or other lawful cause. (From the Servicemembers Civil Relief Act, 50 U.S.C. App. 501 et seq., as it existed on January 1, 2007.)~~

~~NAC means the Nebraska Administrative Code, the system for classifying State agency rules and regulations. These regulations are 172 NAC 13.~~

~~National Registry of Emergency Medical Technicians (NREMT) means the organization that develops minimum competency licensing examinations for EMS courses to be used as a requirement for licensure of Emergency Medical Responders, Emergency Medical Technicians, Advanced Emergency Medical Technicians and Paramedics.~~

~~Non-Visualized Advanced Airway Management means the insertion without visualization of airway anatomical structures and the removal of airway adjuncts not intended for placement into the trachea as the sole means to provide for a patient airway.~~

~~Official means issued by and under the original seal of the issuing agency.~~

~~Pattern of incompetent or negligent conduct means a continued course of incompetent or negligent conduct in performing the duties of the profession.~~

~~Person means an individual, firm, partnership, limited liability company, corporation, company, association, or joint stock company or association or group of individuals acting together for a common purpose and includes the State of Nebraska and any agency or political subdivision of the state.~~

~~Primary Instructor means a licensed EMS instructor who must attend a majority of the class sessions to assure course continuity and identifies that students have the cognitive, affective and psychomotor skills necessary to function at the level being taught.~~ **Remains in Section 002 as modified**

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

~~Training Agency Medical Director means an individual licensed to practice medicine and surgery or osteopathic medicine and surgery pursuant to the Medicine and Surgery Practice Act and the Uniform Credentialing Act, and who is responsible for the medical supervision of the curriculum of an approved training agency and verification of the skill proficiency of the students.~~ **Remains in Section 002 as modified**

~~13-003 REQUIREMENTS FOR APPROVAL AS AN EMERGENCY MEDICAL SERVICE TRAINING AGENCY: Any person or agency who intends to provide training, utilizing EMS courses as defined in 172 NAC 13-002 to prepare individuals for licensure as out-of-hospital emergency care providers must be approved by the Department.~~ **Remains in Section 003 as modified**

~~13-003.01 Qualifications: An applicant applying to become an approved emergency medical service training agency must meet the following qualifications:~~

~~1. Be an accredited community college, college, university, or a school of nursing in this state that awards an academic degree to its graduates or a person as defined in 172 NAC 13-002;~~

~~By January 1, 2013, an approved emergency medical services training agency that provides training for paramedics must be accredited by the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP).~~

~~2. Have a written agreement with a qualified physician to serve as the training agency medical director;~~

~~3. Have written agreements with hospital(s) for clinical training of students for the level of training being conducted in accordance with the EMS courses as defined in 172 NAC 13-002;~~

~~4. Have written agreements with licensed emergency medical services for field experience for the level of training being conducted in accordance with the EMS courses as defined in 172 NAC 13-002;~~

~~5. Meet the standards for operating as defined in 172 NAC 13-004;~~

~~6. Admit individuals to EMS courses who meet the prerequisite requirements as identified in the EMS courses;~~

~~7. Utilize instructors who hold a certificate/license in or above the discipline that they are teaching or have demonstrated expertise in the subject matter being taught;~~

~~8. Teach EMS courses as defined in 172 NAC 13-002;~~

~~9. Provide adequate facilities, equipment, apparatus, supplies and staffing as required by the EMS course for each respective course as defined in 172 NAC 13-002;~~

~~10. Comply with local fire, building, health, and safety requirements, and be able to accommodate the educational requirement of the EMS courses being taught;~~

~~11. The owner(s) must not have any felony convictions if they hold any financial interest of 25% or more of the training agency;~~

~~12. Publish a catalog which includes at least the following information:~~

~~a. The full name and address of the school;~~

~~b. Names of owners and officers, including any governing boards;~~

~~c. A description of each authorized educational service offered, including courses or programs offered, tuition, fees, and length of courses;~~

~~d. Enrollment procedures and entrance requirements, including late enrollment if permitted;~~

~~e. A description of the training agencies placement assistance. If no assistance is offered, the school must state this fact;~~

- ~~f. Attendance policy including minimum attendance requirements;~~
- ~~g. The policy concerning satisfactory progress will include:
  - ~~(1) How student progress is measured and evaluated, including an explanation of any system of grading used;~~
  - ~~(2) The conditions under which the student may be readmitted if terminated for unsatisfactory progress;~~
  - ~~(3) Explanation of any probation policy; and~~
  - ~~(4) A description of the system used to make progress reports to students;~~~~
- ~~h. An explanation of the refund policy which also includes the training agencies method of determining the official date of termination;~~
- ~~i. A policy that addresses student harassment and training agency action if such harassment takes place.~~

~~13. Pass an on-site inspection; and~~

~~14. Hold a surety bond in the penal sum of \$20,000. Applicants who are accredited as defined in 172 NAC 13-002 and municipalities that are self-insured are exempt from the surety bond requirement. Remains in Section 003 as modified~~

~~13-003.02 Application: To apply for a credential to practice as an Emergency Medical Service Training Agency, and agency must submit a complete application to the Department. A complete application includes all required documentation and a written application. The applicant may obtain an application from the Department or construct an application that must contain the following information:~~

~~1. Written Application:~~

- ~~a. The full name and address of the business;~~
- ~~b. The full name and address of the owner of the business;~~
- ~~c. The name of each person in control of the business;~~
- ~~d. The Social Security Number of the business if the applicant is a sole proprietorship;~~
- ~~e. Telephone number including area code (optional);~~
- ~~f. E-Mail Address optional);~~
- ~~g. Fax Number (optional);~~
- ~~h. Name of the training agency medical director;~~
- ~~i. License number of the training agency medical director;~~
- ~~j. Mailing address of the training agency medical director;~~
- ~~k. Telephone number of the training agency medical director;~~
- ~~l. Signature of the applicant. If the applicant is a business, the application must be signed by:
  - ~~(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 172 NAC 13-003.02 item 1l(1) to (4), the owner or owners or, if there is no owner, the chief executive~~~~

- ~~officer or comparable official;~~
- m. ~~Attestation by the applicant:~~
- ~~(1) That the business 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;~~
  - ~~(3) That any owner who holds financial interest of 25% or more has not had a felony conviction;~~
  - ~~(4) That all statements on the application are true and complete; and~~
  - ~~(5) If the applicant is a sole proprietorship, that 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: The applicant must submit the following documentation with the application.~~
- ~~a. A copy of the training agency's accreditation certificate as defined in 172 NAC 13-003.01, item 1, if applicable;~~
  - ~~b. A copy of the written agreement with the physician medical director;~~
  - ~~c. A copy of the written agreement with the hospital(s), clinic(s), and/or physician office(s) that will provide clinical training;~~
  - ~~d. A copy of the written agreement with the licensed emergency medical service that will provide field experience as applicable;~~
  - ~~e. A listing of the names of persons who have financial interest in the school as defined in 172 NAC 13-003.01 item 11;~~
  - ~~f. A copy of the training agencies catalogue as defined in 172 NAC 13-003.01, item 12;~~
  - ~~g. If applicable, file with the Department a good and sufficient surety bond in the penal sum of \$20,000. The bond must be executed by the applicant as principal and by a surety company qualified and authorized to do business in this state. The bond must be conditioned to provide indemnification for any student or enrollee or his/her parent or guardian determined by the Department to have suffered loss or damage as a result of any act or practice which is a violation of these regulations by the school and that the surety also must pay any final judgment rendered by any court of this state having jurisdiction upon receipt of written notification of the judgment from the Department. Regardless of the number of years that the bond is in force, the aggregate liability of the surety thereon must in no event exceed the penal sum of the bond. The bond must be continuous; and~~
  - ~~h. A list of names of the primary instructor(s) and their level of licensure.~~

13-003.03 Department Review:



The Department will:

1. ~~Review the application to determine completeness. Applications must be received at least 90 days prior to when the training agency expects to commence training;~~
2. ~~Notify the applicant of the need for additional information/documentation;~~
3. ~~Forward the completed application to the Board for its review; and~~
4. ~~Act within 150 days upon all completed applications.~~

13-003.04 Board Review:

The Board will:

1. ~~Schedule an on-site inspection within 15 working days after it receives the application. The on-site inspection will be completed to determine if the training agency meets the standards as set out in 172 NAC 13-003.01 AND 13-004; and~~
2. ~~Make its recommendations for approval or denial of the application at the next scheduled meeting of the Board.~~

~~13-003.05 Emergency Medical Service Training Agencies Approved Prior to March 7, 1999: All emergency medical services training agencies, who were approved emergency medical service training agencies prior to March 7, 1999, will continue to be approved at their current level of approval. Approved training agencies that request to change their level of training must reapply and meet the requirements as set out in 172 NAC 13-003.01.~~

~~13-003.06 Denial of Initial Approval: If an applicant for an initial approval to operate an emergency medical services training agency does not meet all of the standards as set out in 172 NAC 13-003.01 and 13-004 for the approval or if the applicant is found to have done any of the grounds listed in 172 NAC 13-008, the Department will deny issuance of an approval. To deny an approval, 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 that 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.~~

~~13-003.07 Practice Prior to Approval: An emergency medical services training agency who practices prior to issuance of an approval is subject to assessment of an administrative penalty under 172 NAC 13-019 or such other action as provided in the statutes and regulations governing the credential.~~

~~13-003.08 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.~~

~~13-003.09 Address Information: Each credential holder must notify the Department of any change to the address of record.~~

**13-004 STANDARDS FOR OPERATING AS AN APPROVED EMERGENCY MEDICAL SERVICE TRAINING AGENCY:** Emergency medical service training agencies must meet the following standards:

~~13-004.01 All emergency medical services training agencies must meet the standards required by the EMS courses.~~

~~13-004.02 Approved emergency medical services training agencies may teach one or more of the EMS courses as defined in 172 NAC 13-002.~~

~~13-004.03 Emergency medical services training agencies must use primary instructors for the administration, coordination, and/or teaching of EMS courses as defined in 172 NAC 13-002.~~

~~13-004.04 Training agencies must conduct at the end of the course the practical skill component of the licensing examination for students enrolled in the following EMS courses:~~

- ~~1. Emergency Medical Technician course to include, when applicable, advanced airway management, intravenous administration and monitoring skills, and glucose monitoring devices;~~
- ~~2. Pre-Hospital Emergency Care Course for Nurses to include, when applicable, advanced airway management, intravenous administration and monitoring skills, and glucose monitoring devices;~~
- ~~3. Emergency Medical Responder course to include automatic/semi-automatic defibrillator; and~~
- ~~4. Emergency Medical Responder to Emergency Medical Technician-Bridge course to include, when applicable, advanced airway management, intravenous administration and monitoring skills, and glucose monitoring devices.~~

~~13-004.05 The practical skill evaluators for the practical skill component of the licensing examinations must meet the requirements as established by the National Registry of Emergency Medical Technicians for the practical skill component of the licensing examination.~~

~~13-004.06 Training agencies must provide official verification to individuals who have successfully completed any of the EMS courses. The official verification will include at a minimum the following:~~

- ~~1. Training agency name and location of central or headquarters office;~~
- ~~2. Signature and title or position of a training agency individual attesting to the official verification;~~
- ~~3. Date student completed EMS course;~~
- ~~4. A statement that indicates the student successfully completed the EMS course;~~
- ~~5. Student name including first and last name;~~
- ~~6. Name of EMS course as defined in 172 NAC 13-002 that was successfully completed;~~
- ~~7. Total number of hours that the EMS course provided. In addition, Advanced Emergency Medical Technician and Paramedic courses must show the number of didactic hours and clinical hours;~~
- ~~8. If the Emergency Medical Responder or Emergency Medical Technician-Additional Skills course is taught by grouping only two or three skills or teaching a skill independently, the verification must identify the skills taught.~~

~~13-004.07 Training agencies must maintain, for a minimum of five years, the following records for EMS courses taught.~~

~~1. Student records that include:~~

- ~~a. Name and address for each student enrolled in EMS Courses;~~
- ~~b. Grades for each written examination;~~
- ~~c. Documentation of successful completion of each student's Practical Skill Evaluations, and Advanced Airway Management, Intravenous Monitoring, Automatic/Semi-Automatic Defibrillator, and Glucose Monitoring Devices Practical Skills as defined in 172 NAC 13-004.04; and~~
- ~~d. Copies of each student's documentation of entrance requirements to each course including a copy of the individual's CPR certification.~~

~~2. Instructor and course records that include:~~

- ~~a. Names and qualifications of the primary instructors;~~
- ~~b. Names and qualifications of other EMS course instructors;~~
- ~~c. Instructor evaluation records completed by students and training agency personnel;~~
- ~~d. Names and qualifications of the practical skills evaluators for the EMS courses identified in 172 NAC 13-004.04;~~
- ~~e. Names and qualifications of field internship supervisors; and~~
- ~~f. Agreements with other entities for use of equipment needed to conduct an EMS course if the equipment is not provided by the training agency.~~

~~13-004.08 Conduct at least one EMS course each calendar year.~~

~~13-004.09 Obtain at least a 70% pass rate for a period of two consecutive years on the licensing written examination taken by students who successfully completed the emergency medical responder course, emergency medical technician course, the advanced emergency medical technician course, and paramedic course as defined in 172 NAC 13-002 taught by an approved agency.~~

~~13-004.10 If a training agency does not annually conduct an EMS course as identified in 172 NAC 13-004.08, it must document the rationale for non-compliance with these regulations.~~

~~13-004.11 All approved training agencies must develop and implement a quality assurance program for instruction. The quality assurance program must:~~

- ~~1. Establish and implement policies and procedures for periodic observation of all instructors;~~
- ~~2. Establish and implement a mentoring program for each new EMS instructor. Each new EMS instructor will be assigned a mentor who has a background in the course being taught or in teaching. The assigned mentor will complete an evaluation of his/her assignee at least once prior to renewal of the new instructor's license;~~
- ~~3. Establish and have completed student evaluations during and after each EMS course taught;~~
- ~~4. Establish and implement a remediation plan for all noted instructor deficiencies. Documentation of remediation must be maintained for five years; and~~
- ~~5. Conduct semi-annual meetings with each EMS course instructor for the purpose of discussing training issues and identifying any instruction needs. These meetings may be held face to face or by other means of telecommunication. These meetings must~~

~~be documented. The documentation must be maintained for five years.~~ **Remains in Section 004 as modified**

~~13-005 RESPONSIBILITIES OF EMERGENCY MEDICAL SERVICE TRAINING AGENCY MEDICAL DIRECTORS: The emergency medical service training agency medical director's responsibilities include, but not be limited to, the following:~~

- ~~1. The ultimate medical authority regarding course content, procedures, and protocols;~~
- ~~2. Acting as a liaison between the training agency and the medical community;~~
- ~~3. Reviewing the quality of care rendered by the out-of-hospital emergency care provider student in the field, hospital, clinic, and/or physicians offices;~~
- ~~4. Verifying student competence in the cognitive, affective and psychomotor domains; and~~
- ~~5. Reviewing all examinations.~~ **Remains in Section 005 as modified**

~~13-006 REQUIREMENTS FOR CHANGES IN MEDICAL DIRECTOR, TRANSFERRING AND CLOSING AN EMERGENCY MEDICAL SERVICE TRAINING AGENCY: The following procedures must be followed by training agencies who wish to change their medical director, transfer control, or who wish to close their training agency.~~

~~13-006.01 A change in the medical director for an emergency medical service training agency requires the submission of a letter from the training agency which delineates the following:~~

- ~~1. Termination date of the current medical director;~~
- ~~2. Name of the new medical director;~~
- ~~3. Effective date of the appointment of the new medical director;~~
- ~~4. A statement from the new medical director that states that the training agency will operate in accordance with the current statutes, and regulations; and~~
- ~~5. The letter must be signed and dated by the new medical director.~~

~~13-006.02 If an emergency medical service training agency wants to transfer control of an approved training agency, the applicant must apply for an initial approval as an out-of-hospital emergency medical services training agency as defined in 172 NAC 13-003.~~

~~13-006.03 If a training agency wants to terminate its training approval, it must notify the Department at least six months in advance of the termination, when possible, and submits to the Department the plan for completion of the training or transfer of students currently enrolled in the approved training agency and the disposition of records of the approved training agency. All requirements for operation must be maintained until the approved training agency is officially closed.~~

~~13-006.04 The approval of the training agency is considered null and void by the Department immediately after the date the last enrolled student completes the EMS course being taken, is transferred to another approved training agency, or voluntarily withdraws from the approved training agency.~~

~~13-006.05~~ The person operating the training agency is responsible for notifying the Department of the method of retention, storage, or transfer of all of the training agency's emergency medical service training records.

~~13-006.06~~ Any change of ownership of an emergency medical service training agency requires a new application for approval. **Remains in Section 006 as modified**

~~13-007 REVIEW OF APPROVED EMERGENCY MEDICAL SERVICE TRAINING AGENCIES:~~ Emergency medical service training agencies will have an on-site review, conducted by the Department or its designee, at least once every three years. Each review will evaluate compliance with 172 NAC 13-003.01 items 1—14 and 13-004. **Remains in Section 008 as modified**

~~13-008 GROUND ON WHICH THE DEPARTMENT MAY DENY APPROVAL OF AN EMERGENCY MEDICAL SERVICE TRAINING AGENCY~~

~~13-008.01~~ The Department will deny an application for approval when the applicant fails to meet the requirements specified in 172 NAC 13-003.

~~13-008.02~~ The Department may deny approval of an emergency medical service training agency for any of the following grounds:

- ~~1. Violation of the regulations promulgated thereto governing the approval of emergency medical service training agencies;~~
- ~~2. Acting negligently in performing the authorized services;~~
- ~~3. Fraud, forgery, or misrepresentation of material facts, in procuring or attempting to procure approval as an emergency medical services training program;~~
- ~~4. Permitting, aiding, or abetting the practice or profession or the performance of activities requiring a license or certification by a person not licensed or certified to do so;~~
- ~~5. Use of untruthful or improbable statements, or flamboyant, exaggerated, or extravagant claims concerning such training agency's professional excellence or abilities, in advertisements;~~
- ~~6. Providing EMS courses while the emergency medical service training agencies approval is suspended or in contravention of a limitation placed upon the approval.~~
- ~~7. Grossly immoral or dishonorable conduct evidencing unfitness or lack of proficiency sufficient to meet the standards required for operation of an approved emergency medical service training agency;~~
- ~~8. Operation of the emergency medical service training agency (a) fraudulently, (b) beyond its authorized scope, (c) with manifest incapacity, or (d) with gross incompetence or gross negligence, or (e) in a pattern of negligent conduct. Pattern of negligent conduct means a continued course of negligent conduct in performing the duties of the profession;~~
- ~~9. Conviction of fraudulent or misleading advertising or conviction of a violation of the Uniform Deceptive Trade Practices Act;~~
- ~~10. Distribution of intoxicating liquors, controlled substances, or drugs for any other than lawful purposes;~~
- ~~11. Willful or repeated violations of Neb. Rev. Stat. §§ 38-178 to 38-179 of the Uniform Credentialing Act or the rules and regulations of the Department relating to the training agencies operation of an emergency medical service training agency; and~~

~~12. Unprofessional conduct, as defined in Neb. Rev. Stat. § 38-179.~~ Remains in Section 009 as modified

~~13-009 PROCEDURE FOR TERMINATION OF THE APPROVAL OF AN EMERGENCY MEDICAL SERVICE TRAINING AGENCY:~~ Approval of an emergency medical service training agency will not be terminated except as provided hereafter:

~~1. If the Department determines that the emergency medical service training agency is not maintaining the standards required by the statutes and by these regulations, the emergency medical service training agency will be notified. Notice thereof will be given in writing by the Department to the approved training agency specifying the deficiency(ies).~~

~~The notice must:~~

- ~~a. Be given by either registered or certified mail;~~
- ~~b. Specify the deficiency(ies); and~~
- ~~c. Specify the dates that the deficiencies are to be corrected.~~

~~2. The emergency medical service training agency will be given no more than 12 months in which to correct the deficiency(ies) in its program.~~

~~3. If the emergency medical service training agency fails to make the necessary corrections within the prescribed period, the Department will terminate approval.~~

~~4. If the Department proposes to terminate the approval to be an emergency medical services training agency, the training agency will be given an opportunity for a hearing before the Department and has the right to present evidence on it's own behalf. Hearings before the Department will be conducted pursuant to 184 NAC 1, the Rules of Practice and Procedure for the Department.~~

~~5. If the emergency medical service training agency does not accept the Director's decision, it may appeal the decision to the District Court pursuant to Neb. Rev. Stat. §§ 84-901 to 84-920, Administrative Procedure Act.~~ Remains in Section 010 as modified

~~13-010 REAPPLICATION REQUIREMENTS AND PROCEDURES FOR AN EMERGENCY MEDICAL SERVICE TRAINING AGENCY:~~ An emergency medical service training agency whose approval has been terminated, must reapply to the Department as set forth in 172 NAC 13-003. Remains in Section 011 as modified

~~13-011 INITIAL EMERGENCY MEDICAL SERVICE INSTRUCTOR LICENSURE:~~ Any person who wishes to represent himself/herself as an emergency medical service instructor must be licensed as such. The criteria for issuance of a license and the documentation required by the Department are set forth below.

~~13-011.01 Qualifications:~~ An applicant who wishes to be licensed as an emergency medical service instructor must meet the requirements described below:

~~1. Be at least 18 years of age and of good character;~~

~~2. 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. For purposes of Neb. Rev. Stat. §38-129, a citizen of the United States, an alien lawfully admitted into the United States who is eligible for a credential under the Uniform Credentialing Act, or a nonimmigrant lawfully present in the United States who is eligible for a credential under the Uniform Credentialing Act;~~

- ~~3. Hold a current license as an out-of-hospital emergency care provider at or above the level being taught;~~
- ~~4. Have successfully completed:
  - ~~a. The 1986, 1995, or 2002 U.S. Department of Transportation, National Highway Traffic Administration Emergency Medical Service Instructor Course; or~~
  - ~~b. A college or university program where the applicant received a bachelor's degree or above in education; or~~
  - ~~c. The National Fire Protection Agency 1041 Instructor 2 Course; or~~
  - ~~d. The Nebraska EMS Instructor Course, or its equivalent.~~~~
- ~~5. Must have at least three years of field experience as an out-of-hospital emergency care provider immediately preceding the date the Department receives the emergency medical service instructor application; and~~
- ~~6. Demonstrate skill competency in the National Registry Skills at the level being taught by:
  - ~~a. Having a current National Registry Certificate; OR~~
  - ~~b. Submitting documentation of successfully completing a practical examination over the National Registry Skills conducted by a licensed EMS instructor, training agency medical director or training agency physician surrogate. Moved to 172 NAC 11 Section 013 as modified~~~~

~~13-011.02 Application:~~ To apply for a credential to practice as an emergency medical service instructor, the individual must submit a complete application to the Department. A complete application includes all required documentation and a written application. The applicant may obtain an application from the Department or construct an application that must contain the following information:

- ~~1. Written Application:
  - ~~a. Personal Information:
    - ~~(1) The legal name of the applicant, maiden name (if applicable), and any other names by which the applicant is known;~~
    - ~~(2) Date of birth (month, day, and year);~~
    - ~~(3) Place of birth (city and state or country if not born in the United States);~~
    - ~~(4) Mailing address (street, rural route, or post office address; and city, state, and zip code, or country information);~~
    - ~~(5) The applicant's:
      - ~~(a) Social Security Number (SSN);~~
      - ~~(b) Alien Registration Number ("A#"); or~~
      - ~~(c) Form I-94 (Arrival-Departure Record) number.~~~~~~
  - ~~Certain applicants may have both a SSN and an A# or I-94 number, and if~~~~

- so, must report both:
- ~~(6) The applicant's telephone number including area code (optional);~~
  - ~~(7) The applicant's e-mail address (optional);~~
  - ~~(8) The applicant's fax number (optional);~~
  - ~~(9) Out-of-hospital emergency care provider license number;~~
  - ~~(10) Level that will be taught;~~
  - ~~(11) List the emergency medical services where you practiced for the past three years as an out-of-hospital emergency care provider, the dates you were practicing and the name of the service officer;~~
- b. ~~Practice Before Application: The applicant must state:~~
- ~~(1) That s/he has not practiced as a primary emergency medical service instructor in Nebraska before submitting the application; or~~
  - ~~(2) If s/he has practiced as a primary emergency medical service instructor in Nebraska before submitting the application, the actual number of days practiced in Nebraska before submitting the application for a credential and the name and location of practice; and~~
- c. ~~Attestation: The applicant must attest that:~~
- ~~(1) S/he has read the application or has had the application read to him/her;~~
  - ~~(2) All statements on the application are true and complete;~~
  - ~~(3) S/he is of good character;~~
  - ~~(4) S/he has not committed any act that would be grounds for denial under 172 NAC 13-014 or if an act(s) was committed, provide an explanation of all such acts; and~~
  - ~~(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: The applicant must submit the following documentation with the application:~~
- a. ~~Evidence of age, such as:~~
- ~~(1) Driver's license;~~
  - ~~(2) Birth certificate;~~
  - ~~(3) Marriage license that provides date of birth;~~
  - ~~(4) Transcript that provides date of birth;~~
  - ~~(5) U.S. State identification card;~~
  - ~~(6) Military identification; or~~
  - ~~(7) Other similar documentation;~~
- b. ~~Evidence of good character, including:~~
- ~~(1) Other Credential Information: If the applicant holds a credential to provide health services, health-related services, or environmental services in Nebraska or in another jurisdiction, the applicant must submit the state, credential number, type of credential, date issued, and expiration date of each credential where the applicant has been or is currently credentialed. The applicant must~~



- have the licensing agency submit to the Department a certification of his/her credential;
- (2) ~~Disciplinary Action:~~ A list of any disciplinary actions taken against the applicant's credential and a copy of the disciplinary action(s), including charges and disposition;
- (3) ~~Denial:~~ If the applicant was denied a credential or denied the right to take a credentialing examination, an explanation of the basis for the denial;
- (4) ~~Conviction Information:~~ If the applicant has been convicted of a felony or misdemeanor, the applicant must submit to the Department:
- (a) A list of any misdemeanor or felony convictions;
  - (b) A copy of the court record, which includes charges and disposition;
  - (c) Explanation from the applicant of the events leading to the conviction (what, when, where, why) and a summary of actions the applicant has taken to address behaviors/actions related to the conviction;
  - (d) All addiction/mental health evaluations and proof of treatment, if the conviction involved a drug and/or alcohol related offense and if treatment was obtained and/or required;
  - (e) A letter from the probation officer addressing probationary conditions and current status, if the applicant is currently on probation; and
  - (f) Any other information as requested by the Board/Department;
- c. ~~Evidence that the applicant is:~~
- (1) ~~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~~
  - (2) ~~For purposes of Neb. Rev. Stat. §38-129, a citizen of the United States, an alien lawfully admitted into the United States who is eligible for a credential under the Uniform Credentialing Act, or a nonimmigrant lawfully present in the United States who is eligible for a credential under the Uniform Credentialing Act~~
- d. ~~Evidence of citizenship, lawful presence, and/or immigration status may include a copy of:~~
- (1) ~~A U.S. Passport (unexpired or expired);~~
  - (2) ~~A birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal;~~
  - (3) ~~An American Indian Card (I-872);~~
  - (4) ~~A Certificate of Naturalization (N-550 or N-570);~~
  - (5) ~~A Certificate of Citizenship (N-560 or N-561);~~
  - (6) ~~Certification of Report of Birth (DS-1350);~~
  - (7) ~~A Consular Report of Birth Abroad of a Citizen of the United States of America (FS-240);~~
  - (8) ~~Certification of Birth Abroad (FS-545 or DS-1350);~~
  - (9) ~~A United States Citizen Identification Card (I-197 or I-179);~~
  - (10) ~~A Northern Mariana Card (I-873);~~
  - (11) ~~A Green Card, otherwise known as a Permanent Resident Card (Form I-551), both front and back of the card;~~
  - (12) ~~An unexpired foreign passport with an unexpired Temporary I-551 stamp bearing the same name as the passport;~~
  - (13) ~~A document showing an Alien Registration Number ("A#"). An Employment Authorization Card/Document is not acceptable; or~~
  - (14) ~~A Form I-94 (Arrival-Departure Record);~~

- e. ~~Documentation of EMS Instructor Course, including:
  - (1) ~~Name and date of EMS Instructor Course;~~
  - (2) ~~Name of training agency, school, college, university that awarded certificate; and~~
  - (3) ~~Certificate of Completion issued by entity that awarded the certificate.~~~~
- f. ~~Documentation of Completed Practice Examination:
  - (1) ~~Current National Registry certification at the level being taught or;~~
  - (2) ~~Verification from a certified EMS Instructor, Training Agency Medical Director or Training Agency Physician Surrogate that the applicant has successfully completed a practical examination over the National Registry Skills for the level being taught; and~~~~
- g. ~~Documentation of Board Approved Basic Cardiac Life Support Instructor or Advanced Cardiac Life Support Certification as specified in 172 NAC 13-017.~~

~~13-011.03 Department Review: The Department will act within 150 days upon all completed applications for initial credentialing.~~

~~13-011.04 Denial of Initial Credential: If an applicant for an initial credential does not meet all of the requirements for a credential, the Department will deny issuance of a credential. If the applicant is found to have committed any act which would be grounds for denial of a credential as listed in 172 NAC 13-014, the Department may 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 that 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.~~

~~13-011.05 Withdrawn Applications: An applicant for a credential who withdraws his/her application or whose application is rejected by the Department prior to administration of the examination will be allowed the return of his/her fee, except for a \$25 administrative fee to be retained by the Department.~~

~~13-011.06 Practice Prior to Credential: An individual who practices prior to issuance of a credential is subject to assessment of an administrative penalty under 172 NAC 13-019 or such other action as provided in the statutes and regulations governing the credential.~~

~~13-011.07 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.~~

~~13-011.08 Address Information: Each credential holder must notify the Department of any change to the address of record.~~

~~13-011.09 Non-English Documents: Any documents written in a language other than English must be accompanied by a complete translation into the English language. The translation must be an original document and contain the notarized signature of the translator. An individual may not translate his/her own documents.~~

~~13-012 EMS INSTRUCTOR CONTINUING COMPETENCY REQUIREMENTS:~~ Each person holding an active credential within the state must, on or before the date of expiration of the credential, comply with the continuing competency requirements for his/her profession, unless such requirements are waived in accordance with 172 NAC 13-013.03 and 13-013.04. Each credentialed individual is responsible for maintaining certificates or records of continuing competency activities.

~~13-012.01~~ On or before the credential expiration date, the emergency medical service instructor must meet the following continued competency requirements:

- ~~1. Hold a current license as an out-of-hospital emergency care provider. The license must be at or above the level being taught by the EMS instructor;~~
- ~~2. Complete 12 hours of continuing education, within the 24 months preceding the license expiration date, in educational subject matter that includes all of the following subjects:
  - ~~a. EMS Course Curriculum Updates;~~
  - ~~b. EMS Legislation and Regulations;~~
  - ~~c. EMS Evaluation Methods; and~~
  - ~~d. Fundamentals of Teaching Adults.~~~~
- ~~3. Hold a current certificate as a basic cardiac life support instructor or advance cardiac life support instructor or above; and~~
  - ~~e. Teach at least 12 hours of adult education over public safety or health care within 24 months prior to the expiration date of the license. Moved to 172 NAC 11 Section 014 as modified~~
- ~~4.~~

~~13-013 EMS INSTRUCTOR RENEWAL:~~ An individual who wants to renew his/her emergency medical service instructor credential must maintain a current out-of-hospital emergency care provider license. All emergency medical services instructor credentials issued by the Department will expire on December 31 of each even-numbered year or expire the second year after issuance. Renewal period for emergency medical services instructor licenses that expire on December 31, 2011 will be renewed for one year. Continuing education obtained in the year 2010 will be allowed towards the renewal in 2011. Moved to 172 NAC 11 Section 015 as modified

~~13-013.01 Renewal Notice:~~ At least 30 days before the expiration of a credential, the Department will notify each credential holder 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. Continuing competency requirements for renewal; and~~
- ~~5. Information on how to request renewal.~~

~~13-013.02 Renewal Procedures:~~ The request for renewal may be submitted in person or by mail or Internet, and must include all required documentation. The applicant may obtain an application from the Department or construct an application.

1. ~~Application: The applicant on his/her application:~~
  - a. ~~Must provide the following information:~~
    - (1) ~~The legal name of the applicant, maiden name (if applicable), and any other names by which the applicant is known;~~
    - (2) ~~Mailing address (street, rural route, or post office address; and city, state, and zip code, or country information);~~
    - (3) ~~The applicant's:~~
      - (a) ~~Social Security Number (SSN); or~~
      - (b) ~~Alien Registration Number (A#) or~~
      - (c) ~~Form I-94 (Arrival-Departure Record) number.~~

~~Certain applicants may have both a SSN and an A# or I-94 number, and if so, must report both;~~
  - b. ~~May provide the following information about him/herself:~~
    - (1) ~~The applicant's telephone number including area code;~~
    - (2) ~~The applicant's e-mail address; and~~
    - (3) ~~The applicant's fax number;~~
  - c. ~~Must attest that s/he:~~
    - (1) ~~Is of good character;~~
    - (2) ~~Has met the continuing competency requirements specified in 172 NAC 13-012 or has requested a waiver if s/he meets the requirements of 172 NAC 13-013.03 and/or 13-013.04~~
    - (3) ~~Has not, since the last renewal of the credential, committed any act which would be grounds for action against a credential as specified in 172 NAC 13-014, or if an act(s) was committed, provide an explanation of all such acts; and~~
    - (4) ~~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~~
    - (5) ~~For purposes of Neb. Rev. Stat. §38-129, a citizen of the United States, an alien lawfully admitted into the United States who is eligible for a credential under the Uniform Credentialing Act, or a nonimmigrant lawfully present in the United States who is eligible for a credential under the Uniform Credentialing Act.~~
2. ~~Documentation: The applicant must submit the following documentation with the application:~~
  - a. ~~Alien or Non-Immigrant: Evidence of lawful presence, and/or immigration status may include a copy of:~~
    - (1) ~~A Green Card otherwise known as a Permanent Resident Card (Form I-551), both front and back of the card;~~
    - (2) ~~An unexpired foreign passport with an unexpired Temporary I-551 stamp bearing the same name as the passport;~~
    - (3) ~~A document showing an Alien Registration Number ("A#"). An Employment Authorization Card/Document is not acceptable; or~~
    - (4) ~~A Form I-94 (Arrival-Departure Record);~~
  - b. ~~Other Credential Information: If the applicant holds a credential to provide health services, health-related services, or environmental services in Nebraska or in another jurisdiction, the applicant must submit the state, credential~~

- number, type of credential, date issued, and expiration date of each credential where the applicant has been or is currently credentialed;
- c. ~~Disciplinary Action: A list of any disciplinary actions taken against the applicant's credential and a copy of the disciplinary action(s), including charges and disposition;~~
  - d. ~~Denial: If the applicant was denied a credential or denied the right to take a credentialing examination, an explanation of the basis for the denial;~~
  - e. ~~Conviction Information: If the applicant has been convicted of a felony or misdemeanor since his/her last renewal or during the time period since initial credentialing if such occurred within the previous two years, the applicant must submit to the Department:~~
    - (1) ~~A list of any misdemeanor or felony convictions;~~
    - (2) ~~A copy of the court record, which includes charges and disposition;~~
    - (3) ~~Explanation from the applicant of the events leading to the conviction (what, when, where, why) and a summary of actions the applicant has taken to address the behaviors/actions related to the convictions;~~
    - (4) ~~All addiction/mental health evaluations and proof of treatment, if the conviction involved a drug and/or alcohol related offense and if treatment was obtained and/or required;~~
    - (5) ~~A letter from the probation officer addressing probationary conditions and current status, if the applicant is currently on probation; and~~
    - (6) ~~Any other information as requested by the Board/Department;~~

~~13-013.03 Waivers for Military Service: A credential holder who has served in the regular armed forces of the United States during part of the credentialing period immediately preceding the renewal date, or is actively engaged in military service as defined in 172 NAC 13-002, is not required to pay the renewal fee or to meet the continuing competency requirements if acceptable documentation is submitted to the Department. The individual must document his/her military service by submitting to the Department:~~

- ~~1. Military identification proving that s/he is in active service;~~
- ~~2. Military orders; or~~
- ~~3. A letter from his/her Commanding Officer indicating that s/he is on active duty.~~

~~Upon receipt of acceptable documentation, the Department will waive the fee and the continuing competency requirements and renew the credential. The credential will remain active until the next renewal period.~~

~~13-013.04 Waiver of Continuing Competency Requirements: The Department waives continuing competency requirements for individuals who were first credentialed within the 24-month period immediately preceding the renewal date.~~

~~13-013.04A The Department may waive continuing competency requirements, in whole or in part, upon submission by a credential holder of documentation that circumstances beyond his/her control have prevented completion of these requirements. These circumstances may include suffering from a serious or disabling illness or physical disability which prevented completion of the continuing competency requirements during the 24 months immediately preceding the certification renewal date.~~

~~13-013.05 Audit of Continuing Competency Requirements:~~ The Department or the Board may biennially select, in a random manner, a sample of the renewal applications for audit of continuing competency requirements. Each credential holder selected for audit must produce documentation of the continuing competency activities.

~~13-013.05A~~ The Department will notify each selected credential holder by mail. Failure to notify the Department of a current mailing address will not absolve the credential holder from the requirement for audit.

~~13-013.05B~~ Within 30 days, each selected credential holder must respond by submitting documentation that s/he has met the requirements for continuing competency. An extension beyond 30 days for submission of the documentation may be granted at the discretion of the Department. Documentation submitted by the credential holder will not be returned.

~~13-013.05C~~ Acceptable documentation that the credential holder has met the continuing competency requirements include:

- ~~1. Certificates of completion; and~~
- ~~2. Letters from training agencies or equivalent agencies attesting that the credential holder taught at least 12 hours of adult education over public safety or health care.~~

~~13-013.05D~~ The Department/Board will review the submitted documentation to determine if the credential holder has met the requirements for continuing competency activities for renewal of the credential. Only documented activities/hours that meet the continuing competency requirements will be counted toward the total requirements for renewal.

~~13-013.05E~~ The Department will notify the credential holder upon satisfactory completion of the audit.

~~13-013.05F~~ The credential of any person who fails to comply with the conditions of the audit will expire 30 days after notice and an opportunity for a hearing.

~~13-013.05G~~ The Board reserves the right to audit continuing competency requirements of any credential holder by notifying the credential holder and requesting that s/he produce the required documentation of attendance at or participation in acceptable continuing competency programs within 30 days of mailing.

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~~13-013.06 Department Review:~~ The Department will act within 150 days upon all completed applications for renewal.

~~13-013.06A False Information:~~ The Department may refuse to renew a credential for falsification of any information submitted for renewal of a credential. The refusal will be made according to 184 NAC 1, the Department's Rules of Practice and Procedure for Administrative Hearings.

~~13-013.07 Address Information:~~ Each credential holder must notify the Department of any change to the address of record.

~~13-013.08 Expiration of a Credential:~~ A credential expires if a credential holder fails to:

- ~~1. Notify the Department that s/he wants to place his/her credential on inactive status upon its expiration;~~
- ~~2. Meet the requirements for renewal on or before the date of expiration of his/her credential; or~~
- ~~3. Otherwise fails to renew his/her credential.~~

~~13-013.08A Failure to Renew:~~ A credential automatically expires without further notice or opportunity for hearing if a credential holder fails by the expiration date of the credential to submit documentation of continuing competency.

~~13-013.08B Failure to Meet Continuing Competency Requirements:~~ The Department will refuse to renew a credential, after notice and opportunity for hearing, if a credential holder fails to meet the continuing competency requirements for renewal by the expiration date of the credential.

~~13-013.08C Right to Practice:~~ When an individual's credential expires, the right to represent him/herself as a credential holder and to practice as an EMS instructor terminates.

~~13-013.08D Practice After Expiration:~~ An individual who practices after expiration of his/her credential is subject to assessment of an administrative penalty under 172 NAC 13-019 or such other action as provided in the statutes and regulations governing the credential.

~~13-013.08E Reinstatement of an Expired Credential:~~ If a credential holder wants to resume the practice of EMS instructor after failing to renew his/her credential by the expiration date, s/he must apply to the Department for reinstatement as specified in 172 NAC 11-012.

~~13-013.09 Inactive Status:~~ When an individual wants to have his/her credential placed on inactive status, s/he must notify the Department in writing. There is no fee to have a credential placed on inactive status and continuing competency is not required.

~~13-013.09A Request for Inactive Status:~~ When the Department has received notification that an individual wants to have his/her credential placed on inactive status, the Department will notify the credential holder in writing of the acceptance or denial of the request.

~~13-013.09B Placement on Inactive Status:~~ When an individual's credential is placed on inactive status, the credential holder must not engage in the practice of an emergency medical services instructor, but may represent him/herself as having an inactive credential.

~~13-013.09C Return to Active Status:~~ A credential may remain on inactive status for an indefinite period of time. An individual who wants to have his/her EMS Instructor license returned to active status must hold a current out-of-hospital emergency care provider license and must apply to the Department for reinstatement and meet the requirements

specified in 172 NAC 11-012.01 items 1, 2 and 8.

### 13-014 DISCIPLINARY ACTIONS

~~13-014.01 Grounds for Action Against a Credential: A credential to practice as an EMS Instructor may have disciplinary actions taken against it on any of the following grounds:~~  
**Moved to 172 NAC 11 Section 016 as modified**

- ~~1. Misrepresentation of material facts in procuring or attempting to procure a credential;~~
- ~~2. Immoral or dishonorable conduct evidencing unfitness to practice the profession in this state;~~
- ~~3. Abuse of, dependence on, or active addiction to alcohol, any controlled substance, or any mind-altering substance;~~
- ~~4. Failure to comply with a treatment program or an aftercare program, including, but not limited to, a program entered into under the Licensee Assistance Program established pursuant to Neb. Rev. Stat. § 38-175;~~
- ~~5. Conviction of:
  - ~~a. A misdemeanor or felony under Nebraska law or federal law, or~~
  - ~~b. A crime in any jurisdiction which, if committed within this state, would have constituted a misdemeanor or felony under Nebraska law and which has a rational connection with the fitness or capacity of the applicant or credential holder to practice the profession;~~~~
- ~~6. Practice of the profession:
  - ~~a. Fraudulently,~~
  - ~~b. Beyond its authorized scope,~~
  - ~~c. With gross incompetence or gross negligence, or~~
  - ~~d. In a pattern of incompetent or negligent conduct;~~~~
- ~~7. Practice of the profession while the ability to practice is impaired by alcohol, controlled substances, drugs, mind-altering substances, physical disability, mental disability, or emotional disability;~~
- ~~8. Physical or mental incapacity to practice the profession as evidenced by a legal judgment or a determination by other lawful means;~~
- ~~9. Illness, deterioration, or disability that impairs the ability to practice the profession;~~
- ~~10. Permitting, aiding, or abetting the practice of a profession or the performance of activities requiring a credential by a person not credentialed to do so;~~
- ~~11. Having had his/her credential denied, refused renewal, limited, suspended, revoked, or disciplined in any manner similar to 172 NAC 13-014.05 by another state or jurisdiction based upon acts by the applicant or credential holder similar to acts described in this part;~~
- ~~12. Use of untruthful, deceptive, or misleading statements in advertisements;~~
- ~~13. Conviction of fraudulent or misleading advertising or conviction of a violation of the Uniform Deceptive Trade Practices Act;~~
- ~~14. Distribution of intoxicating liquors, controlled substances, or drugs for any other than lawful purposes;~~
- ~~15. Violations of the Uniform Credentialing Act or the rules and regulations relating to the particular profession;~~
- ~~16. Unlawful invasion of the field of practice of any profession regulated by the Uniform Credentialing Act which the credential holder is not credentialed to practice;~~
- ~~17. Violation of the Uniform Controlled Substances Act or any rules and regulations~~



- adopted pursuant to the act;
18. Failure to file a report required by Neb. Rev. Stat. §§ 38-1,124 or 38-1,125;
  19. Failure to maintain the requirements necessary to obtain a credential;
  20. Violation of an order issued by the Department;
  21. Violation of an assurance of compliance entered into under Neb. Rev. Stat. § 38-1,108;
  22. Failure to pay an administrative penalty;
  23. Unprofessional conduct as defined in 172 NAC 13-014.02; or
  24. Violation of the Automated Medication Systems Act.

13.014.02 Unprofessional Conduct: Unprofessional conduct 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:

1. Receipt of fees on the assurance that an incurable disease can be permanently cured;
2. Division of fees, or agreeing to split or divide the fees, received for professional services with any person for bringing or referring a consumer other than:
  - a. With a partner or employee of the applicant or credential holder or his/her office or clinic;
  - b. With a landlord of the applicant or credential holder pursuant to a written agreement that provides for payment of rent based on gross receipts;
  - b. With a former partner or employee of the applicant or credential holder based on a retirement plan or separation agreement; or
  - c. By a person credentialed pursuant to the Water Well Standards and Contractors' Practice Act.
3. Obtaining any fee for professional services by fraud, deceit, or misrepresentation, including, but not limited to, falsification of third-party claim documents;
4. Cheating on or attempting to subvert the credentialing examination;
5. Assisting in the care or treatment of a consumer without the consent of the consumer or his/her legal representative;
6. Use of any letters, words, or terms, either as a prefix, affix, or suffix, on stationery, in advertisements, or otherwise, indicating that the person is entitled to practice a profession for which s/he is not credentialed;
7. Performing, procuring, or aiding and abetting in the performance or procurement of a criminal abortion;
8. Knowingly disclosing confidential information except as otherwise permitted by law;
9. Commission of any act of sexual abuse, misconduct, or exploitation related to the practice of the profession of the applicant or credential holder;
10. Failure to keep and maintain adequate records of treatment or service;
11. Prescribing, administering, distributing, dispensing, giving, or selling any controlled substance or other drug recognized as addictive or dangerous for other than a medically accepted therapeutic purpose;
12. Prescribing any controlled substance to:
  - a. Oneself; or
  - b. Except in the case of a medical emergency:
    - (1) One's spouse;
    - (2) One's child;

- ~~(3) One's parent;~~
- ~~(4) One's sibling; or~~
- ~~(5) Any other person living in the same household as the prescriber;~~
- ~~13. Failure to comply with any federal, state, or municipal law, ordinance, rule, or regulation that pertains to the applicable profession;~~
- ~~14. Disruptive behavior, whether verbal or physical, which interferes with consumer care or could reasonably be expected to interfere with the care;~~
- ~~15. Use of inappropriate language during the course of instruction, such as obscenities, vulgarisms, or other offensive language;~~
- ~~16. Assigning duties to unqualified personnel for which the EMS instructor is responsible;~~
- ~~17. Engaging in conduct involving dishonesty, fraud, deceit, or misrepresentation in the performance of duties involving instruction;~~
- ~~18. Engaging in sexual harassment of students. Sexual harassment includes making unwelcome sexual advances, requesting sexual favors, and engaging in other verbal or physical conduct of a sexual nature for the purpose or effect of creating an intimidating, hostile, or offensive learning environment; and~~
- ~~19. Teaching outside the scope of practice identified by the definition of EMS courses as outlined in 172 NAC 13-002. Moved to 172 NAC 11 Section 016 as modified~~

#### 13-014.03 Temporary Suspension or Limitation

~~13-014.03A~~ 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 13-014.01 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.

~~13-014.03B~~ 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.

~~13-014.03C~~ A temporary suspension or temporary limitation of a credential under 172 NAC 13-014.03 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.

13-014.04 Department Action: The Department will follow the procedures delineated in the Uniform Credentialing Act to notify credential holders of any disciplinary action to be imposed and the time and place of the hearing.

13-014.05 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.~~

~~13-014.05A Additional Terms and Conditions of Discipline:~~ If any discipline is imposed pursuant to 172 NAC 13-014.05, 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.~~

~~13-015 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 constructed by the credential holder, which must include the following information:

- ~~1. Personal Information:~~
  - ~~a. First, middle and last name;~~
  - ~~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: The credential holder must:~~
  - ~~a. Attest that all the information on the offer is true and complete; and~~
  - ~~b. Provide the credential holder's signature and date.~~

~~13-015.01~~ 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 response to a notice of disciplinary action.~~

~~13-015.02~~ 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.~~

~~13-015.03~~ 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.~~~~

~~13-015.04~~ 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.

~~13-015.05~~ 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.

~~13-015.06~~ Reinstatement following voluntary surrender is set out in 172 NAC 11-012.

~~13-016 REINSTATEMENT FOR EMS INSTRUCTOR:~~ Information on reinstatement may be found in 172 NAC 11-012. **Moved to 172 NAC 11 Section 017 as modified**

~~13-017 REQUIREMENTS FOR APPROVING ORGANIZATIONS ISSUING A CARDIOPULMONARY RESUSCITATION CERTIFICATION:~~ The Board will annually review and approve any nationally recognized organization, issuing cardiopulmonary resuscitation certificates to out-of-hospital emergency medical care providers, whose course meets the following criteria:

1. A Cardiopulmonary Resuscitation course curriculum must include but not be limited to the following components:
  - a. Two person adult resuscitation;
  - b. One person adult resuscitation;
  - c. Procedure for treating an adult with an obstructed airway;
  - d. One person child resuscitation;
  - e. Procedure for treating a child with an obstructed airway;
  - f. One person infant resuscitation;
  - g. Procedure for treating an infant with an obstructed airway;
  - h. Using barrier devices; and
  - i. Requiring a written and practical skills evaluation for each student.
  
2. A Cardiopulmonary Resuscitation course must be taught by an individual: Recognized as:
  - a. An American Heart Association Basic Life Support Instructor;
  - b. An American Heart Association Basic Life Support Instructor Trainer;
  - c. An American Heart Association Basic Life Support Regional Faculty;
  - d. An American Heart Association Basic Life Support National Faculty;
  - e. An American Red Cross Professional Rescuer Instructor Trainer;
  - f. An American Red Cross CPR for the Professional Rescuer Instructor;
  - g. A National Safety Council Basic Life Support Instructor;
  - h. A National Safety Council Basic Life Support Instructor Trainer; or
  - i. An individual who has completed and passed an instructor course which trains instructors to teach a cardiopulmonary resuscitation course which includes the components identified in 172 NAC 13-010 item 1.
  
3. The organization issuing the cardiopulmonary resuscitation certificate must issue a certificate to each individual who completes the course that identifies the following:
  - a. Name of the course;
  - b. Name of the person passing the course;
  - c. Date the certificate was issued;
  - d. Date the certificate expires;
  - e. Name of the organization issuing the certificate; and
  - f. Identification of the instructor.
  
4. The cardiopulmonary resuscitation certificate issued by an approved organization will expire no more than two years from the date of issuance.
  
5. The organization issuing the cardiopulmonary resuscitation certificate maintains the records of the training for three years. The records are to include:
  - a. Course rosters indicating attendance at each session of the course;
  - b. Course curricula;
  - c. Documentation of successful completion of the skills evaluation; and
  - d. Documentation of successful completion of the written evaluation.
  
6. The records of the course must be available for inspection and copying by the Department.  
Remains in Section 012 as modified

~~13-018 REQUIREMENTS FOR APPROVAL AS A DISTRIBUTIVE LEARNING ORGANIZATION:~~

~~Any organization who intends to provide distributive learning programs for the purpose of issuing certificates of completion and/or award hours to be used towards the renewal of out-of-hospital emergency care provider licensure must be approved by the Department.~~

~~13-018.01 An applicant applying to become an approved distributive learning organization must:~~

- ~~1. Be accredited by the Continuing Education Coordinating Board of Emergency Medical Services (CECBEMS); or~~
- ~~2. Be an educational institution, a national, state, regional, or local agency or any combination of the above;~~
- ~~3. Conduct and document an assessment of each distributive learning program. An assessment must be completed on each distributive learning program annually or prior to initial distribution. The assessment must include:
  - ~~a. Review of each distributive learning program's objectives for adherence to care and treatment standards;~~
  - ~~b. Review of the media in which the distributive learning program is produced to ensure it is of good quality in appearance and has not been edited or tampered with by an unauthorized third party;~~
  - ~~c. Review of student evaluations of its distributive learning programs by mail, electronic mail, Internet, or direct voice comment. Each test should:
    - ~~(1) Cover the distributive learning program's objectives;~~
    - ~~(2) Be knowledge appropriate for the targeted level of out-of-hospital emergency care provider; and~~
    - ~~(3) Require a score of pass/fail for each student before a certificate of completion is awarded.~~~~~~
- ~~4. Test each student who completes a distributive learning program and maintain records of individual scores;~~
- ~~5. Utilize a quality assurance (QA) and/or quality improvement (QI) model with each distributive learning program that will delineate the areas that need improvement. The QA/QI model must include:
  - ~~a. Student satisfaction surveys. The surveys must include questions that indicate if:
    - ~~(1) The program's instruction is of high quality;~~
    - ~~(2) The media used was clear; and~~
    - ~~(3) The program was easy to use.~~~~
  - ~~b. An evaluation of test pass rates for:
    - ~~(1) Each individual distributive learning program; and~~
    - ~~(2) All distributive learning program offerings authored/instructed by the same individual or group of authors/instructors.~~~~
  - ~~c. Test group or committee evaluations of each new distributive learning program. The evaluations will contain:
    - ~~(1) Review of the security for awarding certificates of completion to ensure that only students who complete the program requirements are awarded such certificates; and~~~~~~

- ~~(2) Review of the organization's management of:
  - ~~(a) Compliance with the requirements of these regulations;~~
  - ~~(b) Record keeping maintenance;~~
  - ~~(c) New program development; and~~
  - ~~(d) Instructor/author development.~~~~
- ~~6. Have a program coordinator;~~
- ~~7. Utilize individual(s) trained in educational delivery and/or expert(s) in the specific distributive learning program contents to develop the program's objectives, content, instructional style or authorship, and method of delivery. The program may utilize professional narrators and actors to professionally deliver the program under the direction of the program's development expert;~~
- ~~8. Clearly display the organizational name, address, phone number, program, author/instructors names in any information regarding each distributive learning program;~~
- ~~9. Have a secured system to protect all electronic transfers of student information, test score results, certificates of completion, and evaluations; and~~
- ~~10. Have a system for awarding certificates of completion for each individual that successfully completes one of the organization's distributive learning programs; and~~
- ~~11. Submit an application provided by the Department for approval as a distributive learning organization or on an alternate format which includes:
  - ~~a. The organization name;~~
  - ~~b. The organization address and telephone number;~~
  - ~~c. The organization program coordinator name; and~~
  - ~~d. The following attachments
    - ~~(1) Copy of the policy and procedure addressing the security system for protecting all electronic transfers of student information, test score results, certificates of completion and evaluations;~~
    - ~~(2) Copy of completed assessment of a distributed learning program;~~
    - ~~(3) Copy of a test for a distributive learning program;~~
    - ~~(4) Copy of a distributive learning program;~~
    - ~~(5) Copy of the organization's Quality Assurance/Improvement policy and process;~~
    - ~~(6) Sample of a certificate of completion; and~~
    - ~~(7) List of the organizations instructors/authors and each individual's qualifications; or~~
    - ~~(8) A copy of the Certificate of Accreditation from CECBEMS.~~~~~~

~~13-018.02~~ A representative or designee of the Department may request information from the distributive learning organization with these regulations if a complaint has been received that alleges that the distributive learning organization has violated the Emergency Medical Services Practice Act or these regulations.

~~13-018.03~~ The distributive learning organization may submit the additional information as the applicant may consider relevant to the application and compliance with the provisions of these regulations.

~~13-018.04~~ In the event that an application is determined to be incomplete, the Department will notify the applicant of the information necessary to complete the application and retain the application submitted pending receipt of the additional information. The applicant will have ten days in which to provide the information necessary to complete the application. Should an applicant fail to complete the application within the ten day period, all materials will be returned and a new application will be necessary.

~~13-018.05~~ Grounds for Denial of Approval as a Distributive Learning Organization: The Department will deny an application for approval as a distributive learning organization or will suspend or revoke approval as a distributive learning organization on any of the following grounds:

- ~~1. Fraud or misrepresentation of information in the application; or~~
- ~~2. Distributive learning organization fails to meet the requirements as specified in 172 NAC 13-018.~~

~~13-018.06~~ Once a distributive learning organization is granted approval by the Department reapproval will not be required, except if approval has been suspended or revoked.

~~13-018.07~~ The Department may grant or deny an application for approval as a distributive learning organization. Should the Department determine to deny an application for approval as a distributive learning organization, it will send to the applicant by either certified or registered mail to the last address of record in the Department, a notice setting forth the reason/reasons for the determination. The denial will become final 30 days after the mailing of the notice unless the applicant within the 30 day period gives written notice to the Department requesting a hearing. The hearing will be conducted in accordance with the Administrative Procedure Act and 184 NAC 1 of the Rules of Practice and Procedure for the Department.

~~13-019~~ 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 credential for the purpose of this regulation means practice:

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

~~13-019.01~~ Evidence of Practice: The Department will consider any of the following conditions as prima facie evidence of practice without credentialed:

- ~~1. The person admits to engaging in practice;~~
- ~~2. Staffing records or other reports from the employer of the person or indicate that the person was engaged in practice;~~
- ~~3. Billing or payment records document the provision of service, care, or treatment by the person;~~
- ~~4. Service, care, treatment records document the provision of service, care, or treatment by the person;~~
- ~~5. Appointment records indicate that the person was engaged in practice;~~
- ~~6. Government records indicate that the person was engaged in practice; and~~
- ~~7. The person opens a business or 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.~~

~~13-019.02 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 the 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;
  - 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
  - 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 or entity to whom the penalty is assessed.~~

~~13-019.03 Administrative Hearing: When a person contests the administrative penalty and requests a hearing, the Department will hold a hearing pursuant to the Administrative Procedure Act and 184 NAC 1, the Department's Rules of Practice and Procedure for Administrative Hearings.~~

~~13-020 FEES: Fees referred to in these regulations are set out in 172 NAC 2, unless otherwise specified.~~

~~These amended rules and regulations replace Title 172 NAC 13, Emergency Medical Services Training Agencies, effective December 27, 2005 and Section 13-008 Repealed (Effective date October 4, 2006).~~

Approved by the Attorney General: \_\_\_\_\_ July 30, 2012  
Approved by Governor: \_\_\_\_\_ September 4, 2012  
Filed with Secretary of State of Nebraska: \_\_\_\_\_ September 4, 2012  
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Forms may be obtained by contacting the Licensure Unit or by accessing the website at:  
[http://dhhs.ne.gov/publichealth/Pages/crl\\_profindex1.aspx](http://dhhs.ne.gov/publichealth/Pages/crl_profindex1.aspx)