

Emergency Medical Service Inspection

STATE OF NEBRASKA
DEPARTMENT OF HEALTH & HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
OFFICE OF EMERGENCY HEALTH SYSTEMS

The following Inspection Guidance Document has been created to assist emergency medical services with complying with [State of Nebraska Statutes](#) and Rules & Regulations, [172 NAC Chapter 12](#). It gives some guidance on some of the requirements that might be difficult to understand. The suggestions/recommendations will be in blue print directly below the section it pertains to.

Selections of what locations and/or ambulances will be inspected for services with multiple, will be up to the Department personnel that are completing the inspection.

EMS Roster

Provide an updated EMS roster. You can print off a roster for your service from the following website and make written changes to the roster or supply your own electronic roster:

https://dhhs.ne.gov/licensure/Documents/EMS_Roster.pdf

For changes to your roster on this website, you should email changes to: DHHS.EMSLicensing@nebraska.gov (The only way EMS Licensing with Emergency Health Systems knows of providers joining your service or resigning, is to let them know via the email address above.)

If your service utilizes eNARSIS, please make sure your staff roster is up-to-date in that system also.

<https://www.nebems.com/elite>

A – Emergency Medical Service License – 12-003

	Yes	No	N/A
1. If service is a non-transport service, does it have a written agreement with a licensed emergency medical service that meets such standards?			
2. Service employs or has at least one member that is an emergency care provider, except for an emergency medical responder.			
3. Service 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.			
4. Service has a Mid-Level Practitioner Controlled Substance Registration or has applied for such registration, if applying for an advanced life support service license.			
5. Service 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			

B – Ambulance Standards – 12-004.01

	Yes	No	N/A
1. All overland vehicles including remounts meet the National Fire Protection Association (NFPA) 1917 Standard for Automotive Ambulances or the Commission on Accreditation of Ambulance Services (CAAS) Ground Vehicle Standard for Ambulances that is current on the effective date of these regulations. Ambulances that are owned by a licensed emergency medical service on July 20, 2020 may continue to be used as ambulances.			
2. Aircraft are in compliance with FAR 14 CFR 135 that is current on the effective date of these regulations and related bulletins and supplements.			

1. If an ambulance is owned or leased by a licensed service on July 20, 2020 but it does not meet the NFPA 1917 or CAAS standards, it may continue to be used as an ambulance by the service that was using it on July 20, 2020. If it is transferred to another emergency medical service after July 20, 2020, then the ambulance cannot be used as an ambulance.

The Federal Specifications for Ambulances, KKK-A-1822C, is no longer accepted.

NFPA and CAAS Standards stickers generally can be found on the inside of the house oxygen door.

C – Equipment and Communication Standards – 12-004.02, 12-004.03

	Yes	No	N/A	
1. Service has equipment that can be used to provide the following procedures as authorized by the service’s license:	a. Patient assessment and diagnostic measurement			
	b. Airway management			
	c. Bleeding control and wound management			
	d. Extremity fracture immobilization			
	e. Cervical and spinal motion restriction			
	f. Burn care			
	g. Cardiac care			
	h. Obstetrics and gynecology care			
	i. Intravenous administration sets and fluids			
	j. Medications and controlled substances			
2. Service has patient transport (if applicable) and patient comfort supplies and equipment.				
3. Service has supplies and equipment for the protection of personnel and patients from infectious diseases and for personal safety.				
4. Service has a communications system that is capable of two-way communications with receiving hospitals, dispatchers, and medical control authorities.				

A Recommended Emergency Medical Services Equipment List can be found at: <https://dhhs.ne.gov/ems>

D – Maintenance and Records Standards – 12-004.04, 12-004.11(B)**Yes No N/A**

1. Ambulances are maintained as specified in the chassis manufacturer owner's manual and the recommendations of the ambulance manufacturer.			
2. Aircraft is maintained in accordance with Federal Aviation Regulation 14 CFR Part 135 and 14 CFR Part 91 and related bulletins and supplements.			
3. Equipment used for patient care or support is maintained in accordance with the manufacturer's recommended procedures.			
4. Service retains all ambulance and operational equipment maintenance procedure documents (manuals) for the life of the ambulance or operational equipment.			
5. Service maintains records of vehicle and equipment maintenance and repair for no less than five years.			

1 - 3. Keep all maintenance and service records. When the ambulance/aircraft is serviced, make sure it lists what was done.

Ambulances and operational equipment that have manuals and/or stated manufacturer's recommended procedures, should be maintained according to those procedures. Documentation of such maintenance should be on file. Inspection of maintenance records will be on items such as cot, monitor/AED, LUCAS (mechanical CPR device), glucometer, suction. If ALS, additional equipment maintenance records will be inspected such as IV pumps and ventilators.

E – Sanitation Standards – 12-004.05**Yes No N/A**

1. The service follows written policies approved by its PMD concerning sanitation and infection control including:	a. Pre-exposure precautions			
	b. Post-exposure procedures for personnel 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			
	e. Procedures for the disposal of contaminated or single use equipment and supplies			

1. A sample Infection Control Policy can be found at: <https://dhhs.ne.gov/ems>

This sample policy can be used but it is up to your physician medical director to determine what written policies concerning sanitation and infection control your service uses.

F – Inspection Standards – 12-004.06**Yes No N/A**

1. Ambulances used for the transportation of patients, are checked at least monthly to assure that the vehicle's emergency warning devices, electrical systems, engine, and fuel systems are in proper working order.			
2. Operational equipment, used for patient care or support, is inspected and tested for proper operation or function at least monthly.			
3. Drugs are inventoried at least monthly.			
4. Checklists are used by the service to conduct inspections of #1 (if applicable), #2 & #3 (if applicable) and are available for review.			
5. Completed checklists are maintained for five years.			

1. If a service has more than one ambulance, the front-line ambulance will be inspected. If there is more than one front-line ambulance, it will be up to the inspector to decide which one and if additional ambulances should be inspected.

3. Services should inventory ALL drugs at least monthly.

G – Personnel Standards – 12-004.07

Yes No N/A

1. Service maintains a current roster of the names of its employees and members			
2. All members of the service who provide care have current licenses.			
3. On all incidents an ambulance or aircraft is staffed by at least one EMT, AEMT, EMT-Intermediate, Paramedic or provider as defined by §38-1226 to provide patient care.			

1. Service rosters are preferred to be kept by eNARSIS or electronically.
2. Services can make sure licenses are current by having a current printed copy of the license, have a current verification from the State Lookup at <https://dhhs.ne.gov/lookup> or having a current State roster showing Active licenses from https://dhhs.ne.gov/licensure/Documents/EMS_Roster.pdf.

H – Personnel Training Standards and Documentation – 12-004.08, 12-004.09

Yes No N/A

Service provides training for its members every 2 years including:	1. Emergency vehicle driving for operators of ambulances or aircraft safety for operators of aircraft			
	2. Infection control standards			
	3. Procedures for dealing with hazardous materials			
	4. Health Insurance Portability and Accountability Act (HIPAA)			
	5. Personal safety issues			
	6. Training is documented for each member that participated and maintained by the service for five years.			

Services should provide training every two (2) years for their members in the topics above. Training documentation or rosters are needed as proof. If members are able to get specific topic training with neighboring services, conferences, etc., this would be accepted as long as the majority of the service providers can show proof of attendance for that particular topic in the last two years. Proof of training can include rosters or certificates and can be kept electronically or by paper.

I – Medical Direction and Surrogate Standards – 12-004.10, §38-1213

Yes No N/A

1. Service has a qualified physician medical director as defined in 12-004.10A.			
a. Has the physician medical director obtained at least 3 hours of category 1 continuing medical education within the subject area of emergency medical services in the last 2 years?			
2. Approved the medical protocols and standing orders by signing the documents.			
3. Has documentation of competency of each licensed emergency care provider to perform skills used by the emergency medical service.			
4. The service has a medical quality assurance program approved by the PMD. The quality assurance program must include:			
a. An annual review of protocols and standing orders Protocol Revised Date: Annual Review Date:			
b. Medical care audits as needed			
c. Continuing medical education for the emergency medical services personnel			
5. If applicable, a written document that delegates responsibilities to the physician surrogate and is on file in the service office, i.e., skills verification, approving protocols, quality assurance.			

4. Your service must have a medical quality assurance program. A sample Quality Assurance Plan can be found at: <https://dhhs.ne.gov/ems>. It is up to the physician medical director how specific this plan is.
 - a. Service will be need to have PMD signed set of protocols with the date they were signed. The date signed must be within the last year. If using the state Model Protocols, which Revision Date is the service using?
5. This written document should include a list of responsibilities the physician surrogate is allowed to do for the physician medical director. A PMD Surrogate Form can be found at: <https://dhhs.ne.gov/ems>

J – Personnel Records – 12-004.11A**Yes No N/A**

1. Personnel files are maintained by the service and must be retained until superseded. Each file must include:	a. Name, address, and telephone number			
	b. Current level of licensure			
	c. Current cardiopulmonary resuscitation certification			

1. All records must be maintained until superseded. Example: EMS license and CPR certification can be replaced after renewing with current cards.

K – Patient Care Records – 12-005**Yes No N/A**

1. A patient care record has been completed for each incident that the service made.			
2. All patient care records have been checked for completeness.			
3. If EMS performs no incidents during any month, that fact is reported at the end of the month. (Attach report)			
4. Medical records are destroyed only when they are in excess of the retention requirements specified in 12-005.01A defined as “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.”			
5. Patient care records are sent to the Department electronically within 72 hours after the incident. This is calculated from date and time unit back in service to created on date and time. (Attach report)			

To assist with checking to see if your service is in compliance, go to eNARSIS and follow these instructions for running a report: (An eNARSIS Rescue Service Administrator must do this.)

<https://nebems.com/elite>

Click on Tools, then Report Writer. Go to Shared Reports, then Inspection Report.

Click on Generate Report. Select Incident Date Range. Select Agency Name. Generate Report.

2. Services will be allowed to have a 5% variance of completeness (validity score) for the aggregate average of patient care reports for the previous three years from date of inspection. This means the service needs a 95% or higher average validity score using the report above.
3. Services will be allowed to have a 10% variance of 72-hour rule compliance for the aggregate average of patient care reports for the previous three years from date of inspection. This means the service needs a 90% or higher average compliance of the 72-hour rule using the report above.

L – Backup Response Plan – 12-006

	Yes	No	N/A
1. The service has a written backup response plan. EXCEPTION: No backup response plan is required for INTERFACILITY ONLY or FLIGHT ONLY services. The plan includes:			
a. How many times the service is dispatched and time period between each dispatch if there is no response.			
b. Back-up service that must be called no more than ten minutes after original call activation.			
c. Approved by the PMD of the initial service and the back-up service.			
d. Sent to the dispatching agency with acknowledgement of receipt from the dispatching agency.			

1. A sample Backup Response Plan can be found at: <https://dhhs.ne.gov/ems>

This sample plan can be used but it is up to your physician medical director to determine what the plan includes but as a minimum, it must include #1. a-d.

A backup response plan is different than a mutual aid plan. A backup response plan is used in the event of your service's inability to respond to requests for service. A mutual aid plan is an agreement among services to lend assistance when an emergency response exceeds local resources.

If your service is an inter-facility or flight only service, you will be exempt from having a backup response plan.

If your service is a non-transport service, you will still need to have a backup response plan. Write the plan accordingly to explain how your service area is covered if you do not respond.