Service Name: _____ Inspection Date: _____

Emergency Medical Service Inspection

State of Nebraska
Department of Health and 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. If you have multiple locations, you should complete the multiple sites form that can be found at: https://dhhs.ne.gov/OEHS%20Program%20Documents/EMS%20Multiple%20Sites%20Form.pdf

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

Deemed Compliance – 12-011	**Yes**	**No**	**N/A**
1. The Service meets requirements for deemed compliance by becoming accredited, making a request in writing to the Department, submitted within 30 days of receipt of a report granting accreditation, and accompanied by a copy of the accreditation report and certificate.			
a. The Service maintained accreditation or certification on which the license was issued or notified the Department within 15 days of receipt of notification of an action of being sanctioned, modified, terminated, or withdrawn.			

Deemed Compliance: This section only pertains to EMS services that have been deemed compliant by an accreditation process.

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For the following areas of compliance indicate "Yes" if service is in compliance, "No" if service is not in compliance, or "N/A" if it does not apply to the service. For each item not in compliance, document on the Corrective Action Plan what the compliance issue is and the recommendation of how to correct it.

A – Emergency Medical Service License – 12-003, 12-006.03, 12-006.04	**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 they are an advanced life support (ALS) service or they are applying for an ALS service license.			
4. Service has a Drug Enforcement Agency Controlled Substance Registration to deliver, store, or otherwise handle controlled substances if they are an advanced life support (ALS) service.			
5. Service has a current Clinical Laboratory Improvement Amendments (CLIA) certificate for the level of point-of-care testing utilized by the service.			

B – Standards for Providing Community Paramedic Services – 12-005		**Yes**	**No**	**N/A**
1. Implement a written plan which includes:	a. Area and populations being served			
	b. Conclusions or recommendations of a healthcare gap assessment in the area and population			
	c. Healthcare goals and objectives			
	d. Benchmarks and performance measures that will be utilized to measure the efficacy of the program to include clinical and financial data			
2. Service has a minimum of one licensed community paramedic as member or employee of the service and on each community paramedic response.				
3. Have a physician medical director who:	a. Provides monitoring and supervision of community paramedic services			
	b. Is involved in a community paramedicine training and competency evaluation			
	c. Establishes and maintains appropriate treatment protocols, standing orders, and equipment			

Section B only pertains to EMS services that are providing community paramedic services.

C – Ambulance Standards – 12-006.01	**Yes**	**No**	**N/A**
1. Ambulances including remounts must 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 3/5/2022**; or** ambulances owned by a licensed emergency medical service on 3/5/2022, may continue to be used as ambulances**; or** ambulances that were transferred from another emergency medical service after the effective date 3/5/2022, are 15 years of age or less and meet or exceed the Federal Specification for Ambulances KKK-A-1822C, may continue to be used as ambulances but the purchase of the used ambulances will be valid for 10 years after the effective date 3/5/2022.			
2. Aircraft are in compliance with FAR 14 CFR 135 that is current on the effective date of these Regulations, July 15, 2023 and related bulletins and supplements.			

Section C. 1. Ambulance standards stickers generally can be found on the inside of the house oxygen door.

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D – Equipment and Communication Standards – 12-006.02, 12-006.05		Yes	No	N/A
1. Service has supplies and equipment, approved by the physician medical director, 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.				
3. Service has supplies and equipment for the protection of personnel and patients from infectious diseases and for personal safety.				
4. Service has equipment and supplies appropriate for a critical care transport (if applicable).				
5. Service has a communications system that is capable of two-way communications with receiving hospitals, dispatchers, and medical control authorities.				

Section D. 1. A Recommended Emergency Medical Services Equipment List can be found at: https://dhhs.ne.gov/ems

E – Maintenance and Records Standards – 12-006.06, 12-006.13(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 and records are maintained for no less than five years.			
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 and records are maintained for no less than five years.			
4. Service retains all ambulance and operational equipment owner's manual and maintenance procedure manuals for the life of the ambulance or operational equipment or as long as the equipment is owned or used by the emergency medical service.			

Section E. 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, AED, LUCAS (mechanical CPR device), 12-lead EKG device. If ALS, additional equipment maintenance records will be inspected such as IV pumps and ventilators.

Service Name: _____ Inspection Date: _____

F – Infection Control Standards – 12-006.07		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			

Section F. 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.

G – Inspection Standards – 12-006.08	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. Completed checklists are maintained for five years.			
2. Operational equipment, used for patient care or support, is inspected and tested for proper operation or function at least monthly. Completed checklists are maintained for five years.			
3. Drugs are inventoried at least monthly, and checklists are maintained for five years.			

Section G. 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.

NOTE: When a service is inspected, and they do not have checklists that check items in #1, #2 and #3, they would have those deficiencies along with deficiencies OR they will have the deficiencies if they have the checklists but haven't kept them for five years.

Service Name: _____ Inspection Date: _____

H – Personnel Standards – 12-006.09, 12-006.13(A), 38-1226		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.				
4. Staffing of at least one critical care paramedic or a licensed physician, registered nurse, physician assistance, or advanced practice nurse practitioner when providing critical care transportation (if applicable).				
5. 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			

Section H. 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.

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

I – Personnel Training Standards and Documentation – 12-006.10, 12-006.11		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. Equipment used in the care of patients			
	7. Training is documented for each member that participated in training provided by the licensee and maintained by the service for five years.			

Section I. Services should provide training every two (2) years for their members in the topics above. 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.

Service Name: Inspection Date:

J – Medical Direction and Surrogate Standards – 12-003 (B)&(E), 12-006.11, 12-006.12, §38-1213	Yes	No	N/A
1. Service has a qualified physician medical director as defined in 12-006.12(A).			
a. The physician medical director has obtained at least 3 hours of category 1 continuing medical education within the subject area of emergency medical services in the last 2 years?			
b. An advanced life support service providing critical care services shall maintain a physician medical director with specialty board certification in emergency medicine or a critical care subspecialty.			
2. Service has medical protocols and standing orders approved by the PMD. The documents are signed by the PMD.			
3. Has documentation of competency of each licensed emergency care provider to perform skills used by the emergency medical service and documentation of any limitation on the practice of any emergency care provider.			
4. Service has a medical quality assurance program approved by the PMD. The quality assurance program includes:			
a. An annual review of protocols and standing orders Last Review Date: Protocol Revised Date:			
b. Documentation of medical care audits as required by physician medical director			
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.			

Section J. 1. a. Your service should have documentation of at least 3 hours of category 1 continuing medical education for your PMD within the last two years. If you have their list of continuing medical education, that can be used to determine compliance. If not, we accept a picture or copy of any of the following: ATLS, PALS or ACLS certification.

Section J. 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.

4. a. Service will 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

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K – Patient Care Records – 12-009	Yes	No	N/A
1. A patient care record has been completed for each incident, dry run, refused transportation, critical care run (if applicable), community paramedic response (if applicable), and stand-by service.			
a. The patient care records are completed by responding personnel.			
2. All patient care records have been checked for completeness.			
3. 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."			
4. 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.			

K. 1. a. REMINDER: All patient care records are to be completed by responding personnel on each incident.

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 – Direct Entry OR Inspection Report - Imports. (If you directly enter runs into eNARSIS, choose "Inspection Report – Direct Entry." If you use a third party vendor software, choose "Inspection Report – Imports.")
Click on Generate Report. Select Incident Date Range. Select Agency Name. Generate Report.

1. A patient care record must be completed for each incident, including dry runs, refused transportation, and stand-by service.
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 year from date of inspection. This means the service needs a 95% or higher average validity score using the report above.
4. 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.

Service Name: _____ Inspection Date: _____

L – Backup Response Plan – 12-010	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. Sent to the dispatching agency with acknowledgement of receipt from the dispatching agency.			

Section L. 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-c.

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.