APA-1
6/93

TRANSMITTAL SHEET FOR NOTICE OF INTENDED ACTION

Control 420 Department or Agency Alabama Department of Public Health

Rule Number : 420-2-1
Rule Title: Emergency Medical Services

__X__ New _____ Amend __X__ Repeal _____ Adopt by Reference

Would the absence of the proposed rule significantly harm or endanger the public health, welfare or safety?	YES
Is there a reasonable relationship between the state's police power and the protection of the public health, safety or welfare?	YES
Is there another, less restrictive method of regulation available that could adequately protect the public?	NO
Does the proposed rule have the effect of directly or indirectly increasing the costs of any goods or services involved and, if so, to what degree?	NO
Is the increase in cost, if any, more harmful to the public than the harm that might result from the absence of the proposed rule?	NO
Are all facets of the rulemaking process designed solely for the purpose of, and so they have, as their primary effect, the protection of the public?	YES
Does the proposed rule have an economic impact?	NO

If the proposed rule has an economic impact, the proposed rule is required to be accompanied by a fiscal note prepared in accordance with subsection (f) of §41-22-23, Code of Alabama, 1975.

Certification of Authorized Official

I certify that the attached proposed rule has been proposed in full compliance with the requirements of Chapter 22, Title 41, Code of Alabama, 1975, and that it conforms to all applicable filing requirements of the Administrative Procedure Division of the Legislative Reference Service.

Signature of Certifying Officer R Finch Hall Date 1/17/17

REC'D & FILED

JAN 19 2017

LEGISLATIVE REF SERVICE

APA-2
11/96

STATE BOARD OF HEALTH
NOTICE OF INTENDED ACTION

AGENCY NAME: Alabama Department of Public Health

RULE NUMBER AND TITLE: 420-2-1 Emergency Medical Services

INTENDED ACTION: To repeal and replace current rules.

SUBSTANCE OF PROPOSED ACTION: The new rules will be pursuant to Act 2016-96 and the language will be more concise.

TIME, PLACE, AND MANNER OF PRESENTING VIEWS: A public hearing will be held on February 16, 2017 at 9:00 a.m., The RSA Tower, Suite 1544, 201 Monroe Street, Montgomery, AL 36104.

FINAL DATE FOR COMMENTS AND COMPLETION OF NOTICE: Written or oral comments will be received until the close of the record at 5:00 p.m. on March 7, 2017. All comments and requests for copies of the proposed rule should be addressed to the contact person listed below.

CONTACT PERSON AT AGENCY: Stephen Wilson, Alabama Department of Public Health, Office of EMS , 201 Monroe Street, Suite 1100, Montgomery, Alabama 36104. Telephone number: 334-206-5383.

Brian Hale, Agency Secretary

ALABAMA STATE BOARD OF HEALTH
ALABAMA DEPARTMENT OF PUBLIC HEALTH
ADMINISTRATIVE CODE

CHAPTER 420-2-1
EMERGENCY MEDICAL SERVICES

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420-2-1-.01 General Provisions.

(1) Purpose. The purpose of these rules is to protect the health of the public by establishing standards for the training, qualification, scope of practice, and licensing of emergency medical services personnel and for the operation, design, equipment and licensing of ambulances, and ambulance service operators. These rules shall be interpreted and applied to protect the public health.

(2) Statutory Authority. The State Board of Health is authorized to adopt and promulgate these rules under and by virtue of the authority of §22-18-1, et seq., Code of Ala. 1975.

Author:
Statutory Authority:
History:

420-2-1-.02 Definitions.

(1) "Advanced Cardiac Life Support (ACLS)" means an approved course of instruction which follows the American Heart Association's Emergency Cardiac Care guidelines.

(2) "Advanced Emergency Medical Technician (AEMT)" means any person 18 years of age or older who has successfully completed the AEMT course of instruction, or its equivalent, as approved by the State Board of Health or its designee, and has passed the State approved AEMT certification exam, and who has been granted a current, valid AEMT license by the State Board of Health.

(3) "Advanced Life Support (ALS)" means the treatment of potentially life-threatening medical emergencies through the use of invasive medical techniques specified as advanced life support techniques in these rules which would ordinarily be performed or provided by physicians but may be performed by active licensed emergency medical services (EMS) personnel pursuant to these rules.

(4) "Advanced Trauma Life Support (ATLS)" means the course of instruction developed and sponsored by the American College of Surgeons.

(5) "Air Ambulance" means an aircraft approved by the Federal Aviation Administration (FAA), licensed by the Office of Emergency Medical Services (OEMS), and intended to be used for and maintained or operated for the transportation of sick or injured persons to a medical care facility. This term does not include fixed wing aircraft.

(6) "Alabama Department of Public Health (ADPH or the Department)" means the State of Alabama Department of Public

Health, as defined by §22-1-1, Code of Ala. 1975, and any officer, agent or employee of the Department that is authorized to act for the Department with respect to the enforcement and administration of these rules.

(7) "Alabama EMS Patient Care Protocols" means a written document approved by the State Board of Health for each emergency medical technician licensure level which specifies adult and pediatric patient treatment procedures, medication administration, and other administrative and organizational guidelines that shall be followed upon assessment and treatment of an adult or pediatric patient in the out-of-hospital environment.

(8) "Alabama Trauma Communication Center (ATCC)" means a central communication facility with the capability to constantly communicate with all pre-hospital providers and hospitals that have been designated by the Department as trauma centers. The ATCC's capabilities include the ability to immediately and directly link the pre-hospital providers to the trauma centers.

(9) "Alabama Trauma System" means an organized system designed to ensure that severely injured adult and pediatric patients are promptly transported and treated at trauma centers that are appropriate to the severity of the injury.

(10) "ALS Level 1 Authorization" means all fluids or medications described within the scope of practice of the Paramedic as approved by the State Board of Health.

(11) "ALS Level 1 - Critical Care Authorization" means all fluids or medications described within the Critical Care practice of the Critical Care Paramedic as approved by the State Board of Health.

(12) "ALS Level 2 Authorization" means all fluids or medications described within the scope of practice of the Advanced EMT as approved by the State Board of Health.

(13) "ALS Level 3 Authorization" means all fluids or medications described within the scope of practice of the EMT-Intermediate (I-85) as approved by the State Board of Health.

(14) "Automated External Defibrillator (AED)" means a cardiac defibrillator that is a sophisticated, reliable computerized device that uses voice and visual prompts to guide healthcare providers to safely defibrillate ventricular fibrillation sudden cardiac arrest.

(15) "Basic Life Support (BLS)" means non-invasive life support measures provided to out-of-hospital patients.

(16) "Board" or "State Board of Health" means the Board of Health of the State of Alabama as defined by §22-2-1, Code of Ala. 1975, or the State Health Officer, or his or her designee, when acting for the Board.

(17) "Certification" means a demonstration such as, but not limited to, the issuance of a card or certificate by which an organization provides public information concerning individuals who have successfully completed a certification process and demonstrated an ability to perform competently.

(18) "CoAEMSP" means the Commission on Accreditation of Educational Programs for the Emergency Medical Services Professions.

(19) "Controlled Substance Oversight Coordinator (CSOC)" means a Paramedic who is responsible for all aspects of the controlled substance plan of a provider service and is the designated contact person for any issues pertaining to the service's controlled substances.

(20) "Controlled Substance Plan (CSP)" means the plan written by each ALS fluid/drug service which specifies the method of ownership, security, drug testing for employees, quality assurance, and tables to be used for accounting logs. The CSP also contains original signatures from the service medical direction physician, the pharmacist from the medical direction hospital, and the controlled substance coordinator. This plan shall be submitted to and approved by the OEMS.

(21) "Criminal History Release Authorization" means a signed form that authorizes the OEMS to review and utilize the criminal history of an emergency medical technician (EMT) or EMT applicant for licensure purposes.

(22) "Critical Care Paramedic" means a paramedic endorsed by the OEMS, certified by the International Board of Specialty Certifications (IBSC) as Critical Care Paramedic - Certified (CCP-C) or Flight Paramedic - Certified (FP-C), and the provider service medical director has validated competency.

(23) "Critical Care Practice" means an expanded scope of practice within the State of Alabama that may be practiced by paramedics who have a current endorsement on their emergency medical services personnel (EMSP) license and who must be working

for a provider service that is currently licensed at the Critical Care level.

(24) "Electronic Patient Care Report (e-PCR)" means a Board approved method of electronic recording of an occurrence by emergency or non-emergency response EMS personnel where a medical or injured patient was encountered, evaluated, treated, or transported.

(25) "Emergency Medical Provider Service" means any emergency medical service properly licensed to provide out-of-hospital emergency medical response services within the State of Alabama. These include basic life support (BLS) transport, ALS transport and ALS non-transport.

(26) "Emergency Medical Responder" means any person 18 years of age or older who has successfully completed the Emergency Medical Responder course of instruction, or its equivalent, as approved by the Board or its designee, who has passed the State approved EMSP certification exam, and who has been granted a current, valid EMSP license by the Board.

(27) "Emergency Medical Services Educational Institution" means a single institution or site of higher learning which meets the EMS educational requirements of the OEMS and that has approval from the Alabama Community College System or the Alabama Commission on Higher Education to offer EMS educational programs for the recognized levels of licensure.

(28) "Emergency Medical Services Personnel (EMSP)" means all recognized National Highway Traffic Safety Administration (NHTSA) levels of personnel licensed by the Board, who have met all primary and/or renewal educational requirements of these rules, and are allowed to provide medical care within the level of their scope of practice granted by the OEMS.

(29) "Emergency Medical Technician (EMT)" means any person 18 years of age or older who has successfully completed the EMT course of instruction, or its equivalent, as approved by the Board or its designee, who has passed the State approved EMT certification exam, and who has been granted a current, valid EMT license by the Board.

(30) "Emergency Medical Technician-Intermediate" means any person 18 years of age or older who has successfully completed the 1985 EMT-Intermediate course of instruction, or its equivalent, as approved by the Board, who has passed the State approved EMT-Intermediate certification exam, and who has been granted a current, valid license by the Board.

(31) "Emergency Vehicle Operators Course (EVOC)" means the national standard curriculum developed by the NHTSA and conducted by an authorized OEMS instructor or the Alabama Fire College Apparatus Operator Course.

(32) "Federal Aviation Regulations (FAR)" means rules prescribed by the Federal Aviation Administration (FAA) governing all aviation activities in the United States. The FAR's are part of Title 14 of the Code of Federal Regulations.

(33) "Ground Ambulance" means a motor vehicle intended to be used for and maintained or operated for the transportation of persons who are sick or injured to a medical care facility.

(34) "Impaired EMS Personnel" means an individual licensed under these rules who misuses or abuses alcohol, drugs, or both, or who has a mental or behavioral issue which could affect the individual's judgment, skills, and abilities to practice.

(35) "Industry Standard Stretcher Locking Device" means a stretcher locking device permanently affixed to the vehicle which meets or exceeds the standards as adopted by the State Board of Health.

(36) "Industry Standard Wheelchair Locking Device" means a wheelchair locking device permanently affixed to the vehicle for use in Demand Responsive Systems under Title III of the Americans with Disabilities Act (ADA) which meets or exceeds the Department of Transportation (DOT) specifications for Ground Ambulances under Guideline Specifications for Wheelchair Securement Devices. When the wheelchair is secured in accordance with the manufacturer's instructions, the securement systems, recognized by the ambulance industry to provide the capability of securing the wheelchair in the vehicle, shall limit the movement of an occupied wheelchair to no more than two inches in any direction under normal operating conditions. All wheelchair locking devices shall be affixed to the vehicle so as to secure the wheelchair in a forward or rear facing position. Side facing securement is not permitted under any circumstances. This does not negate the necessity for providing a separate seatbelt and shoulder harness for each wheelchair or wheelchair user as specified elsewhere in these rules.

(37) "Licensure" means the state's grant of legal authority to perform skills within a designated scope of practice. Under the licensure system, states define, by statute, the tasks and function or scope of practice of a profession and provide that these tasks may be legally performed only by those who are licensed. As such, licensure prohibits anyone from practicing the

profession who is not licensed, regardless of whether or not the individual has been certified by a private organization.

(38) "MDPID" means the Medical Direction Physician Identification Number.

(39) "Medical Direction" means directions and advice provided from a designated medical direction physician.

(40) "Medical Direction Hospital" means a hospital which has properly credentialed and licensed medical direction physician coverage in the emergency department 24 hours per day, 7 days a week; assists with the initial and ongoing training of emergency medical provider services; maintains a communication system capable of serving the EMS providers for the areas served; and conducts continuing quality improvement of patient care to include the identification of deficiencies in procedures or performance among participating out-of-hospital provider services. The medical direction hospital provides logistical and/or supervising responsibilities for active licensed EMS personnel.

(41) "Non-Transport ALS Provider Service" means a non-transporting emergency medical provider service that is licensed by the OEMS and that provides ALS services.

(42) "Non-Transport BLS Provider Service" means a non-transporting service that provides BLS services that is recognized, but not licensed by the OEMS.

(43) "Non-Transport vehicle" means a vehicle operated with the intent to provide BLS or ALS on-scene stabilization, but not intended to transport a patient.

(44) "NREMT" means the National Registry of Emergency Medical Technicians.

(45) "Office of Emergency Medical Services (OEMS)" means the subdivision of the Department charged with the enforcement and administration of these rules.

(46) "On-Line Medical Director" means a licensed physician who has completed and maintains a current certification in ACLS and ATLS or maintains board certification in emergency medicine or pediatric medicine if the physician works in a designated pediatric specialty hospital, and shall have successfully completed the approved Alabama EMS Medical Directors Course, the annual refresher course and been issued a MDPID number.

(47) "Paramedic" means any person 18 years of age or older who has successfully completed the paramedic course of instruction, or its equivalent, as approved by the Board, and who has passed the State approved paramedic certification exam, and who has been granted a current, valid paramedic license by the Board.

(48) "Patient" means a person who receives or requests medical care or for whom medical care is requested because such individual is sick or injured.

(49) "Permitted Vehicle" means any vehicle to be used for the response to and care of patients that has been inspected, approved, and issued a decal by the OEMS.

(50) "Physician" means an individual currently licensed to practice medicine or osteopathy by the Medical Licensure Commission of Alabama.

(51) "Portable Physician Do Not Attempt Resuscitation (DNAR) Order" means a physician's written order, in a form prescribed by Rule 420-5-19-.02, that resuscitative measures not be provided to a person under a physician's care in the event the person is found with cardiopulmonary cessation. A DNAR order includes, without limitation, physician orders written as "do not resuscitate," "do not allow resuscitation," "do not allow resuscitative measures," "DNAR," "DNR," "allow natural death," or "AND."

(52) "Preceptor" means an individual with a higher level of licensure who is responsible for the supervision and instruction of an EMS student on a clinical rotation.

(53) "Provider Services" means an organization which provides either air or ground emergency medical services to the public.

(54) "Quality Improvement Education" means the remedial or ongoing education determined necessary by an emergency medical provider service's and/or the OEMS' quality assurance reviews and offered to improve the delivery of care of an individual emergency medical provider service or active licensed EMS personnel.

(55) "Recumbent Position" means a position whereby a patient is placed in a prone, supine, lying down, reclining or leaning back position, or angle of 20 degrees or more from the upright or vertical angle of 90 degrees.

(56) "Regional Agency" means a contractor located in a specific geographic area of the state that provides services

specified in a contract. These agencies have no regulatory authority other than that conferred by the OEMS.

(57) "Resuscitative Measures" means cardiopulmonary resuscitation, cardiac compression, endotracheal intubation and other advanced airway management, artificial ventilation, cardiac resuscitation medications, and cardiac defibrillation delivered by any means. This term does not mean and shall not be deemed to include such medical interventions as intravenous fluids, oxygen, suction, control of bleeding, administration of pain medication by properly licensed and authorized personnel, and the provision of support and comfort to patients, family members, friends, and other individuals.

(58) "Scope of Practice" means clearly defined levels of skills and roles allowed for each level of emergency medical licensure in the out-of-hospital environment.

(59) "Service Area" means 90 nautical miles from an air ambulance provider service's base of operation.

(60) "Service Medical Director" means a physician who holds a current MDPID number and is responsible for medical direction and oversight for the day-to-day operations of a licensed emergency medical provider service(s).

(61) "Shall" means a mandatory requirement.

(62) "State Emergency Medical Control Committee (SEMCC)" means a committee authorized by §22-18-6, Code of Ala. 1975, to assist in formulating rules and policies pertaining to EMS.

(63) "Stretcher" means a cot, gurney, litter, or stretcher device of the type that can be used for and is maintained solely for the transportation of patients in a vehicle in a recumbent position. Either one or both of the patient's legs shall be maintained in a horizontal position or angle of 180 degrees at the foot of the stretcher, unless it is medically necessary to do otherwise, or to maintain any other position of either one or both of the legs above the horizontal angle 180 degrees. The stretcher shall be capable of being locked solely into an ambulance by an industry standard stretcher or cot locking device as defined by the rules.

(64) "Wheelchair" means a specialty chair or mobility aid that belongs to a class of three or four wheeled devices, usable indoors, usually designed for and used by persons with mobility impairments. Wheelchairs, as defined in these rules, shall not exceed 30 inches in width and 48 inches in length, as measured 2

inches above the ground, and shall not weigh more than 600 pounds when occupied.
Author:
Statutory Authority:
History:

420-2-1-.03 Exemptions.

(1) These rules shall not apply to the transport ambulance services referred to in §22-18-2, Code of Ala. 1975, and listed below, except when the services listed in (a) or (e) are offering or proposing to offer ALS services, as defined in these rules, to the public. All transport ambulance services offering or proposing to offer ALS services to the public shall become licensed as emergency medical provider service operators under these rules.

(a) Volunteer rescue squads that are members of the Alabama Association of Rescue Squads, Inc., that are not offering ALS services and that are not voluntarily licensed as a BLS transport service.

(b) Ambulances operated by a federal agency of the United States.

(c) Out of state services and/or Alabama licensed ambulances (ground or air) that are rendering assistance in the case of a major catastrophe, emergency, or natural disaster in which the active licensed EMS personnel and/or emergency medical provider services of Alabama are determined insufficient. All out of state services and Alabama licensed services shall notify the OEMS of their deployment to and departure from an emergency area. The OEMS may grant temporary approval for such ambulances and services until the incident can be managed by local Alabama licensed personnel and services.

(d) Out of state ambulances that either pick up patients in Alabama and transport to facilities outside Alabama or pick up patients outside Alabama and deliver to facilities in Alabama.

(e) BLS ambulances operated by a private business or industry exclusively as a free service to employees of such business or industry.
Author:
Statutory Authority:
History:

420-2-1-.04 Variances. The State Health Officer may approve a variance to any provision of these rules, except for any provision that restates a statutory requirement or that defines any term, in accordance with Rule 420-1-2-.09, Ala. Admin. Code.
Author:
Statutory Authority:
History:

420-2-1-.05 Emergency Medical Provider Service License.

(1) No person shall operate an emergency medical provider service until obtaining a license. All emergency medical provider service licenses are issued by the OEMS under the authority of the Board. Each emergency medical provider service license will be issued with the appropriate level of authorization.

(2) Categories of emergency medical provider service licenses.

(a) ALS Transport (ground or air)

(b) ALS Non-transport

(c) BLS Transport

(3) Classification of emergency medical provider services licenses.

(a) Unrestricted - An unrestricted license may be granted by the Board after it has determined that the EMS provider is willing and capable of maintaining compliance with these rules.

(b) Probationary - At its discretion, the Board may grant a probationary license or downgrade an unrestricted license, for a specific period which shall not exceed one year, when it determines that the provider has engaged in one or more deficient practices which are serious in nature, chronic in nature, or which the provider has failed to correct. This failure could lead to additional licensure actions including suspensions or revocation.

(4) Categories of ALS emergency medical provider service license authorizations.

(a) ALS Level 1: Paramedic authorization

(b) ALS Level 1-Critical Care: Paramedic authorization

(c) ALS Level 2: Advanced EMT authorization

(d) ALS Level 3: Intermediate authorization

(5) Licensure applications shall be submitted to and approved by the OEMS prior to an emergency medical provider service conducting operations. All licenses are valid for a period that shall not exceed 12 months. Applications are available upon request or may be obtained at http://www.adph.org/ems. In order to apply for licensure, the emergency medical provider service shall submit the following:

(a) Completed license application and a representative's attendance at a licensure and authorization orientation provided by the OEMS.

(b) Plans describing: (initial and when changes occur)

1. Biohazard waste management

2. Fluid and/or medication security

3. Controlled substance (if applicable)

4. Employee drug screening

5. Emergency Vehicle Operator training (ground providers only)

6. Declaration of Citizenship Form, if applicable

(c) The following agreements:

1. Emergency Medical Dispatch

2. Alabama Incident Management System (AIMS)

3. ALS

4. Pharmacy/Pharmaceutical

5. Service Medical Director

6. e-PCR conforming to National EMS Information System (NEMSIS) and Alabama validation requirements available at http://www.adph.org/ems.

(d) Proof of a minimum of $1,000,000 liability insurance from a carrier licensed by the Alabama Department of Insurance.

This includes all transport, non-transport vehicles and professional liability on all EMSP employed or volunteering for duty. Alternatively, a licensed provider service may be self-insured in the same amount through a plan approved by the OEMS. This liability insurance coverage shall be binding and in force prior to the service being issued a license or authorization.

(e) An application fee as provided in Rule 420-1-5-.08 (3).

(f) A roster of active licensed EMSP appropriate for the category of service desired.

(g) Demonstration of an ability to comply with the OEMS patient care reporting requirements.

(h) Prior to approval for a license, the OEMS will inspect the proposed emergency medical provider service to determine compliance with §22-18-1, et seq., Code of Ala. 1975, and the requirements of these rules.

(6) Emergency medical provider service licenses shall be renewed before the expiration date provided on the current license. Any service with an expired license shall immediately cease all operations. On the date of expiration, the OEMS will notify all third-party payors and hospital pharmacies regarding the affected service's license status.

(7) Each licensed emergency medical provider service shall obtain a separate license for each county in which a ground ambulance, or service area in which an air ambulance, is based. The license shall be displayed in a conspicuous place in the emergency medical provider's main office in the county or service area.

(8) The emergency medical provider service license and ALS authorization are nontransferable and shall be granted only to the service operator named on the application.

(9) Within 60 calendar days of receipt from the State Board of Health of its initial (first) license to operate as a provider service from a base within a ground provider's licensed county or an air provider's licensed service area, each licensed provider service shall be in continuous operation in the county in which it is licensed, providing 24 hours a day, 7 days a week, 365 days a year. Volunteer ALS Non-Transport services are exempt from this requirement.

(10) Licensed emergency medical provider services shall ensure:

(a) The highest level EMSP provides patient care when transporting any emergency patient.

(b) The highest level EMSP has the responsibility to provide care for emergency patients until relieved by appropriate medical personnel.

(c) Acknowledgement of the ability to respond within two minutes of initial dispatch of an emergency call (ground and air providers).

(d) An EMS response unit is en route within seven minutes of the initial dispatch (excluding air medical).

(e) The execution of mutual aid and dispatch agreements so that no emergency calls are purposefully delayed.

(f) Continuous telephone service with the capability to record or forward calls so that the service is accessible by phone to the public at all times (non emergency calls).

(g) A written roster for an ALS transport service of at least six properly licensed EMSP with a minimum of three at the ALS level of license. ALS non-transport shall have at least one properly licensed EMSP at the level of provider license. A written roster for a BLS transport service of at least three properly licensed EMSP.

(h) The provision of immediate verbal notification to the OEMS of any civil or criminal action brought against the service, or any criminal action brought against an employee, and the submission of a written report within five working days of the provider becoming aware.

(i) The provision of immediate verbal notification to the OEMS and a written report within five working days of any accident involving an ambulance that was responding to an emergency, that injured any crew members, or that had a patient on board. A copy of the accident police report must be provided to the OEMS as soon as it becomes available.

(j) The provision of an *Ambulance Add/Remove via* EMS Web Management to the OEMS immediately for any permitted vehicle added or removed from service for any reason other than scheduled maintenance. Information shall include the disposition of the removed vehicle.

(11) Compliance with all statewide system components (i.e., Trauma, Stroke, and STEMI) as written in the *Alabama OEMS Patient Care P-s*.

(12) Licensed emergency medical provider services shall not:

(a) Transfer a provider service license certificate or ALS authorization.

(b) Self-dispatch or cause a vehicle to be dispatched on a call in which another provider service has been dispatched.

(c) Allow EMSP to exceed their scope of practice as outlined within these rules.

(d) Intentionally bill or collect from patients or third-party payors for services not rendered.

(e) Refuse to provide appropriate treatment or transport for an emergency patient for any reason including the patient's inability to pay.

(f) Allow any ALS equipment, fluids or medications to remain unsecured on a permitted vehicle without the appropriate licensed EMSP on board.

(g) Allow EMSP to respond to a medical emergency with the intent to treat or transport a patient unless the EMSP is clean and appropriately dressed.

Author:
Statutory Authority:
History:

420-2-1-.06 Field Internship Of EMSP.

(1) Licensed emergency medical provider services may enter into an agreement with EMS educational institutions to provide field internships for EMSP students.

(2) Licensed provider services shall ensure that all designated preceptors are informed of educational requirements for the EMSP student.

(3) Field internship experiences shall include supervised instruction and practice of emergency medical skills and shall be evaluated by the designated preceptors.

(4) Licensed provider services are responsible to ensure that no EMSP student exceeds his or her current level of scope or privilege unless supervised by a designated preceptor in a designated field internship.

Author:
Statutory Authority:
History:

420-2-1-.07 Compliance And Enforcement For Licensed Provider Services.

(1) The OEMS shall have the right to inspect all licensed emergency medical provider service premises, facilities, and vehicles/aircraft at any time. A representative of the OEMS shall properly identify himself or herself prior to inspection.

(2) The provider service and vehicle/aircraft inspection standards are available from the OEMS and are posted at http://www.adph.org/ems.

(3) The inspection frequency shall be determined by the OEMS. Nothing in this rule precludes the OEMS from issuing an immediate Notice of Intent to Suspend/Revoke order, or issuing an emergency order to immediately cease operation or cease using a particular vehicle/aircraft, if necessary, in order to protect public health.

(4) A routine inspection shall be conducted:

(a) Prior to licensure, the OEMS will inspect the proposed emergency medical provider service's premises, facilities, and vehicles/aircraft to determine compliance with the requirements of these rules.

(b) Each provider service's premises, facilities, and permitted vehicles/aircraft will be inspected minimally every two years. The OEMS may alter the frequency and the number of vehicles inspected for providers that maintain a national accreditation.

(c) A licensed provider service shall not operate a vehicle/aircraft until the OEMS has inspected the vehicle and issued a current permit decal. If an immediate inspection cannot be performed, the OEMS may issue temporary approval to allow a vehicle/aircraft to be placed in service if the vehicle meets all other requirements of these rules. All pertinent information

regarding the vehicle/aircraft in question shall be documented and provided to the OEMS prior to temporary approval.

(d) A provider service's license may be suspended or revoked if the provider service's facilities do not provide reasonably safe conditions for the provider service's personnel.

(e) A deficiency noted during an inspection shall be corrected and the correction reported in writing within ten working days of the inspection. A failure to comply may result in the suspension or revocation of the vehicle/aircraft or provider service's license.

(f) A vehicle/aircraft may be temporarily or permanently removed from operation if it fails to meet minimum requirements for its safe operation, if it poses a threat to the public or staff, if it does not carry the appropriate equipment, or if it does not have adequate staffing.

(5) A copy of the inspection report shall be furnished to the emergency medical provider service with the OEMS retaining possession of the original. The inspection report shall designate the compliance status of the facility or vehicle/aircraft.

(6) All ALS licensed emergency medical provider services shall:

(a) Ensure that all fluids and medications are properly stored, secured, and inventoried no less than every 30 days by authorized licensed personnel.

(b) Ensure that all outdated, misbranded, adulterated, or deteriorated fluids and medications are removed immediately by the delegated responsible party.

(c) Inventory all fluids and medications by an approved method which document their sale or disposal; approved methods can include a contract with a reverse distributor company or return them to the origin of purchase.

(d) Notify the service medical director of all medication activities.

(e) Ensure that log records of all fluids and medication purchases, usage, wastage, and returns are documented and filed. Log records shall include dates, times, vehicle/aircraft number, medication or fluid name, quantity and personnel's name.

(f) Document all usage of fluids and medication on the Alabama OEMS patient care reports.

(g) Allow OEMS to examine all records pertaining to the usage, supply and re-supply of fluids and medications at any time.

(h) Provide notification and written documentation within three working days to the OEMS regarding any perceived protocol or rule violations.

(i) Upon determining intent to sell or cease operations, provide written documentation to the OEMS five working days prior to closing. The original copy of the provider service license and/or ALS authorization shall also be returned to the OEMS within five working days of closing.

(j) An EMSP shall not use any tobacco products, including cigarettes, e-cigarettes, and smokeless tobacco, and shall not be under the influence of alcohol or drugs while operating or riding in an ambulance or while providing patient care.

(7) Personnel found to be working with an expired license are in violation of these rules and the OEMS may report those individuals and the service to third-party reimbursement agencies and the local District Attorney, when applicable.

(8) All personnel are required to maintain confidentiality of all patient records and information.

Author:
Statutory Authority:
History:

420-2-1-.08 Air Provider Services, Equipment, Fluids And Medications.

(1) Air Ambulance Providers are subject to all rules in this chapter except Rule 420-2-1-.09.

(2) No unlicensed emergency medical provider service or personnel shall transport a patient from one point within Alabama to another point within Alabama.

(3) All permitted aircraft listed on an emergency medical provider service's application shall meet the *Minimum Equipment Standards and Supplies for Licensed EMS Provider Services*

that pertain to their type of provider service. The *Minimum Equipment Standards and Supplies for Licensed EMS Provider Services* will be maintained by the OEMS and will be available upon request or can be found posted at http://www.adph.org/ems.

(4) All permitted aircraft are subject to inspection by the OEMS.

(5) Air Ambulance Providers shall:

(a) Comply with current applicable provisions of Part 135 FAR and be authorized by the FAA to provide air ambulance operations.

(b) Cause the interior of the aircraft to be climate controlled to avoid adverse effects on patients and personnel.

1. The inside cabin shall be capable of maintaining temperature ranges of no less than 50 degrees Fahrenheit and no greater than 95 degrees Fahrenheit to prevent adverse effects on the patient. (This applies when patient is on board in flight - not during take-off or landing.)

2. Cabin temperatures shall be measured and documented every 15 minutes during a patient transport. A thermometer shall be secured inside the cabin.

3. The provider shall have written policies that address measures to be taken to avoid adverse effects of temperature extremes on patients and personnel on board.

4. In the event cabin temperatures are less than 50 degrees Fahrenheit or greater than 95 degrees Fahrenheit, the provider shall require documentation be red flagged for the quality improvement process to evaluate what measures were taken to mitigate adverse effects on the patient and crew and what outcomes resulted.

(6) All provider service aircraft shall have two forms of communication capabilities that provide vehicle-to-hospital communications and for entry of patients into ATCC. Additionally, all aircraft shall have radio communication capabilities with the following Very High Frequencies (VHF) to be used for mutual aid and disaster responses.

(a) 155.175 EMS-TAC 1

(b) 155.205 EMS-TAC 2

(c) 155.235 EMS-TAC 3

(d) 155.265 EMS-TAC 4

(e) 155.340 Hospital 1 (HEAR) (VMED28)

(f) 155.3475 (VMED 29)

(7) Medications and fluids shall be approved by the Board and listed on the *Formulary for EMS.* These medications and fluids shall be properly stored and inventoried in a fluid and/or medication container. Medication containers shall be kept properly secured and accessible only by authorized EMSP.

(8) All fluids and/or medications shall be stored in a locked (keyed or combination) compartment when not in use by appropriately licensed EMSP.

(9) The individual ALS EMSP is responsible for ensuring that all fluids and medications are present and have not expired. (Regardless of the supply/resupply source.)

(10) The Board approved *Formulary for EMS* medications will be available upon request or can be found posted at http://www.adph.org/ems.

(11) All pre-hospital medical personnel shall provide ALS medical treatments and interventions as described in the *Alabama EMS Patient Care Protocols* as applicable to their level of licensure.

(12) Medications, I.V. fluids, and other ALS equipment supply/resupply system for approved ALS certificate holders shall be established and maintained with an approved pharmacy and/or a pharmaceutical distributor. The OEMS will conduct periodic inspections of medications, I.V. fluids, and ALS equipment. All sources of supply/resupply for each ALS service participating in the medication, I.V. fluid, and other ALS equipment supply/resupply program must be submitted and approved by the OEMS.

Author:
Statutory Authority:
History:

420-2-1-.09 Ground Provider Services, Equipment, Fluids And Medications.

(1) Ground Provider Services are subject to all rules in this chapter except Rule 420-2-1-.08.

(2) No unlicensed emergency medical provider service or personnel shall transport a patient from one point within Alabama to another point within Alabama.

(3) All permitted vehicles listed on an emergency medical provider service's application shall meet the *Minimum Equipment Standards and Supplies for Licensed EMS Provider Services* that pertain to their type of provider service and vehicles. The *Minimum Equipment Standards and Supplies for Licensed EMS Provider Services* will be maintained by the OEMS for each type of vehicle and will be available upon request or can be found posted at http://www.adph.org/ems.

(4) Permitted ambulances may utilize locking wheelchair devices for restricted patients and the device shall be secured appropriately and permanently in accordance with the manufacturer's instructions. Safety harnesses and belts for the patient shall comply with all provisions contained in the Federal Motor Vehicle Safety Standards (FMVSS) at 49 CFR Part 571.

(5) Seat belts and shoulder harnesses shall not be used in lieu of a device which secures the wheelchair or mobility aid itself.

(6) All ambulances shall meet or exceed the federal trade industry specifications or standards for ambulance vehicles.

(7) Ambulances shall not have exterior wording which may mislead the public as to the type of service that the emergency medical provider service is licensed to provide.

(8) All ambulances shall have the same color schemes and the schemes shall be approved by the OEMS prior to being placed in service.

(9) All provider service names as designated on the license issued by the OEMS shall be displayed prominently on each side of the ambulance as outlined in the current OEMS approved specifications. All permitted ambulances shall have exterior lettering a minimum of four inches in height and shall be placed above the parallel stripe on each side of the ambulance.

(10) All permitted vehicles are subject to inspection by the OEMS.

(11) All provider service ground ambulances shall have two forms of communication capabilities that provide vehicle-to hospital communications and for entry of patients into ATCC.

Additionally, all ground ambulances shall have radio communication capabilities with the following VHF to be used for mutual aid and disaster responses. Additionally, all vehicles shall have radio communication capabilities with the following VHF to be used for mutual aid and disaster responses:

(a)	155.175	EMS-TAC-1
(b)	155.205	EMS-TAC-2
(c)	155.235	EMS-TAC-3
(d)	155.265	EMS-TAC-4
(e)	155.340	Hospital 1 (HEAR) (VMED28)
(f)	155.3475	(VMED 29)

(12) Medications and fluids shall be approved by the Board and listed on the *Formulary for EMS*. These medications and fluids shall be properly stored and inventoried in a fluid and/or medication container. Medication containers shall be kept properly secured and accessible only by authorized EMSP.

(13) All fluids and/or medications shall be stored in a locked (keyed or combination) compartment when not in use by appropriately licensed EMSP.

(14) The individual ALS EMSP is responsible for ensuring that all fluids and medications are present and have not expired.

(15) The Board approved *Formulary for EMS* medications will be available upon request or can be found posted at http://www.adph.org/ems.

(16) All pre-hospital medical personnel shall provide ALS medical treatments and interventions as described in the *Alabama EMS Patient Care Protocols* as applicable to their level of licensure.

(17) Medications, I.V. fluids, and other ALS equipment supply/resupply system for approved ALS certificate holders shall be established and maintained with an approved pharmacy and/or a pharmaceutical distributor. The OEMS will conduct periodic inspections of medications, I.V. fluids, and ALS equipment. All sources of supply/resupply for each ALS service participating in the medication, I.V. fluid, and other ALS equipment supply/resupply program must be submitted and approved by the OEMS.

Author:
Statutory Authority:
History:

420-2-1-.10 Controlled Substance Plan.

(1) Each emergency medical provider service carrying controlled substances shall submit a *Controlled Substance Plan* (CSP) to the OEMS at the time of licensure and renewal. If a provider service does not plan to carry controlled substances, this shall be noted in the service's I.V. Fluid/Drug Plan. Any modification to the plan shall be submitted to the OEMS for approval.

(2) Each CSP shall include the following items: a method of ownership, security, how initial stock is obtained, restocking procedures, internal orientation for new employees, on-going internal training for employees, drug testing for employees, quality assurance/quality improvement program, tables to be used for accounting logs, and original signatures from the service medical control physician, the pharmacist from the medical direction hospital, and the Controlled Substance Oversight Coordinator (CSOC).

(3) All controlled substances shall be secured behind no less than two locks upon initial receipt. If a provider service stores a controlled substance at a central location, it shall be placed in a separate container with a lock, and inside a safe, cabinet, file cabinet, or similar device, which is secured to the wall and/or floor of the building. Controlled substances may be placed in a medication container, but shall be placed in a separate, locked container. Building or vehicle doors are not considered to be separate, locked containers. The only time it is permissible for an employee to maintain a personal key to a service provider's controlled substances containers is if that key is for a container specifically for that individual. Otherwise, controlled substance keys shall be swapped at shift change.

(4) Prior to obtaining any controlled substances, all employees shall be given an in-service by the provider service's CSOC on the protocols for handling/securing controlled substances based on the CSP approved for the service by the OEMS.

(5) All ALS fluid and medication licensed and authorized for the emergency medical provider services shall have the option to stock controlled substances.

(6) Each licensed provider service shall immediately notify the OEMS upon identification of missing or suspected diversion of a controlled substance.

Author:
Statutory Authority:
History:

420-2-1-.11 Licensed Provider Service Staffing.

(1) Licensed Ground ALS transport and non-transport services shall meet the following applicable staffing configurations:

(a) Licensed transport services with an ALS Level 1 Authorization shall minimally staff each ALS Ground Ambulance with a Driver and licensed Paramedic.

(b) Licensed transport services with an ALS Level 1-Critical Care Authorization shall minimally staff each ALS Ground Ambulance with a Driver, a licensed ALS EMSP, and a Critical Care Paramedic.

(c) Licensed transport services with an ALS Level 2 Authorization shall minimally staff each ALS vehicle with a Driver and licensed Advanced EMT.

(d) Licensed transport services with an ALS Level 3 Authorization shall minimally staff each ALS vehicle with a Driver and licensed Intermediate (I-85).

(e) Licensed non-transport services with an ALS Level 1 Authorization shall minimally staff each ALS vehicle with a licensed Paramedic.

(f) Licensed non-transport services with an ALS Level 2 Authorization shall minimally staff each ALS vehicle with a licensed Advanced EMT.

(g) Licensed non-transport services with an ALS Level 3 Authorization shall minimally staff each ALS vehicle with a licensed Intermediate (I-85).

(2) Licensed Air Medical transport services shall meet the following applicable staffing configurations:

(a) Licensed Air Medical transport services with an ALS Level 1 Authorization shall be staffed with a licensed pilot and two Alabama licensed medical professionals capable of providing ALS with one being a Paramedic.

(b) Licensed Air Medical transport services with an ALS Level 1-Critical Care Authorization shall be staffed with a licensed pilot and two Alabama licensed medical professionals capable of providing ALS with one being a Critical Care Paramedic.

(3) Licensed BLS provider transport services shall minimally staff each vehicle with a Driver and a licensed EMT.

(4) Licensed Provider Services shall not allow EMSP to respond to a medical emergency with the intent to treat or transport a patient unless the EMSP are clean and appropriately dressed.

Author:
Statutory Authority:
History:

420-2-1-.12 Provider Service Record Keeping.

(1) Each emergency medical provider service shall be responsible for supervising, preparing, filing, and maintaining records and for submitting reports to the Board as requested. All records shall be handled in a manner as to ensure reasonable safety from water and fire damage and shall be safeguarded from unauthorized use. Any records maintained by a provider service as required by these rules shall be accessible to authorized representatives of the Board and shall be retained for a period of at least five years except as otherwise specified in these rules. Each provider service shall maintain the following administrative records:

(a) A current license certificate issued by the OEMS which is publicly displayed in the provider service's main office. Any provider service changing ownership, ceasing operations, or surrendering its license shall return its license certificate within five working days to the OEMS;

(b) A copy of past inspection reports; and

(c) Personnel records for each employee that shall include protocols and continuing education, a current approved CPR card, and a copy of current license. If applicable, a copy of driver's certification requirements.

(2) Each provider service shall maintain written plans, compliant with these rules and available for review by the OEMS, for the proper handling, storage and disposal of all bio-hazardous waste, emergency medical dispatch, employee drug screening, mutual

aid agreements and for the proper use, handling, storage and disposal of all fluids and medications.
Author:
Statutory Authority:
History:

420-2-1-.13 Patient Care Reporting.

(1) The EMSP providing patient care is responsible for the completion and submission of a Patient Care Report to the emergency medical provider service.

(2) Each emergency medical provider service shall ensure that an accurate and complete electronic Patient Care Report (e-PCR) is completed and submitted to the OEMS within the required time frames, and use software approved by the OEMS' Director.

(3) Each provider service shall provide a copy of the patient care report to the receiving facility upon delivery of the patient or as soon as reasonably possible. In no instance should the delivery of the report exceed 24 hours.

(4) Records and data collected or otherwise captured by the Board, its agents, or designees shall be deemed to be confidential medical records and shall be released only in the following circumstances:

(a) Upon a patient's presentation of a duly signed release.

(b) Records and data may be used by Department staff and staff of other designated agencies in the performance of regulatory duties and in the investigation of disciplinary matters provided that individual patient records used in the course of public hearings shall be handled in a manner reasonably calculated to protect the privacy of individual patients.

(c) Records and data may be used by Department staff and staff of other designated agencies in the performance of authorized quality assurance and improvement activities.

(d) Existing records, data, and reports may be released in any format in which they appear in the Department's database in response to a valid subpoena or order from a court of competent jurisdiction.

(e) Data may be compiled into reports by an emergency medical provider service from the respective emergency medical provider service's collected records.

(f) Aggregate patient care report data may be released to the public in a format reasonably calculated to not disclose the identity of individual patients or proprietary information such as the volume of non-emergency calls undertaken by an individual provider service or insurance and other reimbursement related-information related to an individual provider service.

(g) Records and data shall be disclosed as required by federal and state law.

(h) Any individual or entity designated by the OEMS as having authority to collect or handle data that withholds or releases data or information collected in a manner not pursuant to these rules shall be subject to disciplinary action.

(i) Any individual or entity that is not compliant with the disclosure aspects of this rule is subject to loss of licensure or prosecution under these rules.

Author:
Statutory Authority:
History:

420-2-1-.14 Medical Direction Facility.

Medical direction facilities shall:

(1) Provide properly credentialed and licensed medical direction physician coverage in the emergency department 24 hours per day, 7 days a week, 365 days a year.

(2) Provide on-line medical direction to EMSP for out of hospital care on a 24 hour per day, 7 day a week, 365 days a year basis in accordance with approved operations, treatment, triage and transfer protocols.

(3) Complete and sign a Memorandum of Understanding (MOU) with the OEMS. The agreement shall include a list of all licensed emergency medical direction physicians who give medical orders to EMSP. The list shall also include the full name of each physician and his or her Medical Direction Physician Identification (MDPID).

(4) Maintain a Hospital Emergency Administrative Radio (HEAR) communication system capable of serving the emergency medical provider services' needs for the areas served.

(5) Ensure that all on-line medical direction physicians communicate directly with emergency medical provider services and

EMSP when providing orders unless the physician is providing other critical medical duties which can only be provided by a physician.
Author:
Statutory Authority:
History:

420-2-1-.15 **Medical Direction.**

(1) Service Medical Directors shall:

(a) Sign a written agreement outlining accepted responsibilities to provide emergency medical provider service medical oversight;

(b) Have experience, training, and a current or previous board certification from a recognized broad-based medical specialty organization such as emergency medicine, internal medicine, surgery, family practice, general practice (if current MDPID number issued prior to January 1, 2011), or pediatrics (in combination with an adult specialty);

(c) Hold and maintain a current ACLS certificate or be board certified in emergency medicine. Pediatric physicians shall hold and maintain a current Pediatric Advanced Life Support (PALS) certificate or be board certified in pediatric emergency medicine;

(d) Complete the Alabama EMS Medical Director Course and be issued an OEMS Medical Direction Physician Identification (MDPID) number;

(e) Possess a current license to practice medicine from the Medical Licensure Commission of Alabama and a current unrestricted Drug Enforcement Agency (DEA) number and an unrestricted Alabama controlled substances certificate or obtain a variance as provided for within these rules;

(f) Provide oversight to ensure that all EMSP, for which he or she provides direction, are properly educated and licensed pursuant to these rules;

(g) Provide oversight to ensure that all EMSP, for which he or she provides direction, are following the Board approved Alabama EMS Patient Care Protocols;

(h) Provide oversight to ensure that an effective method of quality assurance and improvement is integrated into the emergency medical provider services for which he or she provides direction, day-to-day patient care delivery;

(i) Provide oversight to ensure that the emergency medical provider services for which he or she provides direction, are in compliance with these rules; and

(j) Have authority to remove and/or provide remedial education to any EMSP working under his or her license, and notify the OEMS of each occurrence.

(2) On-line Medical Directors shall:

(a) Complete the Alabama EMS Medical Directors Course and be issued an OEMS MDPID number; and

(b) Hold and maintain a current ACLS and ATLS certificate or be board certified in emergency medicine by a board recognized by the American Board of Medical Specialties (ABMS). Pediatric physicians shall hold and maintain a current PALS certificate or be board certified in pediatric emergency medicine;

(c) Possess a current license to practice medicine from the Medical Licensure Commission of Alabama and a current unrestricted DEA number and an unrestricted Alabama controlled substances certificate or obtain a variance as provided for within these rules.

(d) Report improper care or complaints regarding licensed EMSP and/or emergency medical provider services directly to the OEMS.

Author:
Statutory Authority:
History:

420-2-1-.16 Patient Transfers.

(1) No person or facility of any type shall order, arrange, or conduct a transfer of a patient in a recumbent position by ground or air ambulance unless transport of the patient is done by an emergency medical provider service licensed by the Board in an ambulance permitted in accordance with the level of care (ALS or BLS) the patient needs, or is likely to need, during transport. Each ambulance transporting patients between facilities shall have, in addition to a driver/pilot, at least one EMSP licensed at a level which will allow the EMSP to provide the care the patient needs or is likely to need. The provider service medical director is responsible for assuring, in advance, that the ambulance and EMSP have the capability to meet the patient's expected needs. The transferring physician will ensure that the level of patient care, staffing, and equipment during transport is appropriate to meet the current and anticipated needs of the patient.

(2) The transferring hospital should provide a complete medical record or patient chart to the receiving hospital. The emergency medical provider service operator shall ensure that a complete and accurate patient care report, as prescribed by the Board, is submitted for each transfer.

(3) In addition to the fluids and medications which a paramedic may administer to an emergency patient, they may administer, perform, and maintain other types of I.V. fluids and medications during the transfer of a stabilized patient on the signed, written order of the transferring physician given to a paramedic in advance. The following conditions apply:

(a) The patient shall be deemed by the transferring physician to be appropriately stabilized to permit transport to another healthcare facility by the mode of transport selected.

(b) The transferring physician shall have communicated to a paramedic all necessary aspects of patient management and the administration or maintenance of specified fluids, medications, equipment, and procedures that would be administered or maintained during transport.

(c) During transfers, a paramedic may be authorized to administer or maintain infusion of the classification of fluids and medications, perform procedures, or maintain equipment identified herein only after successful completion of the continuing education course of instruction approved by the State Board of Health entitled, "Administration and/or Maintenance of Fluids, Medications, Procedures, and Equipment during Inter-hospital Transfer of the Stabilized Patient," and have in his or her possession documented evidence issued by the OEMS attesting to the completion of such training. In addition, the service medical director, regional medical director and SEMCC shall approve, in writing, specific medications under each general classification. This written approval shall be on file with the transferring institution and the OEMS, and shall be renewed annually.

(d) The specific classifications of I.V. fluids and medications which a paramedic are authorized to administer or maintain (in addition to those set forth on the standardized pre-hospital Physician Medication Order form approved by the State Board of Health) are strictly limited to the following, or their generic equivalents, for administration or maintenance only in the dosages, forms, frequency, and amounts as ordered in writing, in advance, by the transferring physician:

1. Vitamin, mineral, and electrolyte infusions;

2. Central nervous system and neuromuscular agents;

3. Anticonvulsants;

4. Antipsychotics, anxiolytics, antidepressants;

5. Anti-infective agents;

6. Antineoplastic agents;

7. Respiratory agents;

8. Cardiovascular agents;

9. Gastrointestinal agents;

10. Endocrine and ophthalmic agents;

11. Reproductive agents;

12. Circulatory support agents.

(e) Administration of thrombolytics by paramedics will be administered by established Alabama EMS Patient Care Protocols.

(f) The specific invasive procedures and equipment which a paramedic are authorized to administer or maintain during transfers are strictly limited to the following as ordered in writing, in advance, by the transferring physician:

1. Portable Ventilators

2. Chest Tubes

(g) A written order, signed by the transferring physician containing the following elements of information, shall be completed and delivered to the receiving hospital with the patient:

1. The patient's name and diagnosis;

2. The name and signature of the transferring physician;

3. The name of the transferring hospital;

4. The name of the paramedic accepting the patient for transport;

5. The name of the receiving physician;

6. The name of the receiving hospital;

7. The date and time the patient was released by the transferring physician;

8. The date and time the patient was accepted by the receiving physician;

9. All fluids and medications administered or maintained or both;

10. Specific medical orders and detailed prescriptions clearly specifying dosages and frequency;

11. All required life support equipment the patient needs or is likely to need; and

12. Other remarks as appropriate related to patient management.

(h) All medications required by the transferring physician to accompany the patient or medications which are already infusing should be supplied by the transferring hospital. All medications provided for use during the transfer together with all unused medications, syringes, vials, or empty containers shall be accounted for by the paramedic in the same manner in which the transferring hospital would normally do so or require.

(i) Documentation shall account fully for all medications administered or maintained during transfer.

(j) All medications authorized to be administered or maintained during inter-hospital transfers shall be stored, managed, and accounted for separately from those in the normal paramedic's medication container for pre-hospital emergency care.

(4) The requirements of this rule and other requirements of these rules do not apply to vehicles operated by a hospital exclusively for intra-hospital facility transfers. To qualify for this exemption, a vehicle shall conform to all of the following requirements:

(a) The vehicle shall be used exclusively for the transport of patients from one building in a licensed hospital to another building in the same licensed hospital. The vehicle shall not be used to respond to emergencies, to transport emergency

patients, or to transport patients for any purpose other than intra-hospital facility transfers.

(b) The hospital shall be licensed by the Board and licensure records shall be on file with the Department's Division of Licensure and Certification.

(c) Each building from which patients are sent or by which patients are received shall be operated by the licensed hospital, as documented in the hospital's licensure records. Patients sent from a building operated by one licensed hospital to a building operated by another licensed hospital will be considered inter-facility and NOT intra-facility transfers, regardless of whether the licensed facilities are owned or operated by the same entity.

(d) All crew members on board the vehicle shall be hospital employees.

Author:
Statutory Authority:
History:

420-2-1-.17 EMSP Testing And Certification Requirements.

(1) All EMS educational programs shall strictly adhere to the State Board of Health approved curriculum for each Alabama EMT license level and pass the state certification exam.

(2) All Basic Life Support (BLS) levels, Emergency Medical Responders, and Emergency Medical Technicians shall complete the Board-approved curriculum from one of the following approved organizations:

(a) An Alabama Community College System or Alabama Commission on Higher Education (ACHE) accredited educational institution.

(b) A hospital, clinic, or medical center accredited by a healthcare accrediting agency or equivalent that is recognized by the U.S. Department of Health and Human Services.

(c) A branch of the U.S. Armed Forces or other governmental, educational, or medical service.

(d) An Emergency Medical Services (EMS) related organization recognized by the OEMS.

(3) All ALS level courses must be conducted by one of the following institutions:

(a) A post secondary academic institution accredited by an institutional accrediting agency, or equivalent, that is recognized by the U.S. Department of Education and that is authorized under applicable law or other acceptable authority to provide a post secondary program or to approve college credit which awards, at a minimum, a certificate at the completion of the program.

(b) A foreign post secondary academic institution acceptable to the Commission on Accreditation of Allied Health Education Programs (CAAHEP).

(c) A hospital, clinic, or medical center accredited by a healthcare accrediting agency, or equivalent, that is recognized by the U.S. Department of Health and Human Service and authorized under applicable law or other acceptable authority to provide healthcare which is affiliated with an accredited post secondary educational institution or equivalent or an accredited graduate medical educational program which awards, at a minimum, a certificate at the completion of the program.

(d) A branch of the U.S. Armed Forces or other governmental educational or medical service which is affiliated with an accredited post secondary educational institution, or equivalent, that is authorized under applicable law or other acceptable authority to provide a post secondary educational program which awards, at a minimum, a certificate at the completion of the program, or a national organization authorized under applicable law or other acceptable authority to approve college credit.

(e) Paramedic level programs shall be conducted by an institution that meets the standards and guidelines of the Commission on Accreditation for the Emergency Medical Services Professions (CoAEMSP).

(4) Notification must be submitted to the OEMS prior to the beginning of any ALS EMSP licensure level courses. Documentation from CoAEMSP, for paramedic level, stating the qualification as a sponsoring institution shall be submitted to the OEMS prior to the beginning of any course.

(5) All approvals of EMSP educational programs shall be reported in writing by the approving agency or organization to the OEMS prior to graduates being eligible for certification, examination, and licensure.

(6) All EMSP education programs shall adhere to the Board approved curriculum and scope of practice for each EMSP level of licensure.

(7) All paramedic programs shall be accredited by the CoAEMSP to be eligible for the certification examination and licensure. Documentation of CoAEMSP accreditation shall be provided to the OEMS.

(8) All paramedic programs providing initial education at the ALS EMSP level shall provide the OEMS verification that an application for accreditation has been submitted to CoAEMSP prior to the education program initiating a second class.

(9) All EMSP shall graduate with current EMSP Protocol training.

(10) Advanced EMTs shall graduate with current Advanced EMT Protocols, the appropriate Patient Transfer Course, and previous level requirements.

(11) Paramedics shall graduate with current Paramedic Protocols, an OEMS approved ACLS course, the appropriate Patient Transfer course, and previous level requirements.

(12) All accreditation or re-accreditation site visits shall be attended by an OEMS staff representative as a silent observer. All pending visits shall be communicated to the OEMS by the EMSP educational program.

(13) Each graduate of an approved EMSP program will be eligible to take the OEMS' approved examination for licensure provided the candidate has completed all educational requirements as outlined by these rules. Any deviation from these rules will disqualify a candidate from taking the examination.

(14) Any student graduating from an unapproved and unrecognized EMSP course will not be eligible for the OEMS' licensure examination.

(15) Approved EMSP educational programs shall adhere to the license examination scheduling and eligibility policies of the OEMS.

(16) EMSP educational programs shall notify the OEMS in writing within five working days of any case of student cheating, falsification, or misrepresentation of documents, positive results of a drug screening, or dismissal for any reason.

Author:
Statutory Authority:
History:

420-2-1-.18 EMS Personnel Licensure Status Categories.

(1) Active - A license that allows an individual the privilege to practice all duties within the scope defined pursuant to his or her level of licensure.

(a) Unrestricted - An unrestricted license may be granted by the Board after it has determined that the Emergency Medical Services Personnel (EMSP) is willing and capable of maintaining compliance with these rules.

(b) Probationary - At its discretion, the Board may grant a probationary license or downgrade an unrestricted license, for a specific period which shall not exceed one year, when it determines that the following condition exists:

1. The EMSP has engaged in one or more deficient practices which are serious in nature, chronic in nature, or which the EMSP has failed to correct. This failure could lead to additional licensure actions including suspension or revocation.

(2) Expired - A license that has not been renewed upon its stated expiration date.

(3) Revoked - A license terminated due to a violation of these rules, or state or federal law.

(4) Suspended - A license that has had its associated privileges temporarily removed.

Author:
Statutory Authority:
History:

420-2-1-.19 Driver Qualifications.

(1) A valid driver license;

(2) A current emergency vehicle operations certificate from an approved course that shall be maintained in the emergency medical provider service's employee file;

(3) A current approved CPR card and;

(4) A certificate of completion from a Department Of Transportation Emergency Medical Responder Curriculum Course.

Author:
Statutory Authority:
History:

420-2-1-.20 Initial EMSP Licensure Qualifications.

(1) Initial EMSP qualifications are:

(a) The license candidate shall be 18 years of age within one year of the course completion date of the entry level course. Candidate must be a high school graduate or have a GED equivalent.

(b) The license candidate shall meet the essential functions of an EMSP as outlined in the *Functional Job Analysis*. The *Functional Job Analysis* was developed and adopted for the State examination accommodations to meet the requirements of the Americans with Disabilities Act (ADA.) A copy of these functions may be reviewed in the U.S. Department of Transportation, National Highway Traffic Safety Administration's *Emergency Medical Technician: EMT, National Standard Curriculum: Appendix A.*

(c) The license candidate shall disclose any convictions during enrollment procedures and gain clearance through the OEMS prior to beginning any classes.

(2) The license candidate shall complete the current National Standard Curriculum approved by the Board.
Author:
Statutory Authority:
History:

420-2-1-.21 Initial Licensure Application For EMS Personnel.

(1) No individual may perform EMSP duties prior to obtaining a license, except under the guidelines of the EMSP field internship.

(2) The licensure candidate shall submit a license application only upon official notification from the NREMT of successful completion of the certification examination, a current approved CPR card, a declaration of citizenship form, and verification of current protocol education to be issued an active license.

(3) The fee for a license shall accompany the application in the form of a check, money order, credit/debit card or cash.

Author:
Statutory Authority:
History:

420-2-1-.22 Out-Of-State EMS Personnel Licensure.

(1) All applicants shall have a current NREMT certificate.

(2) All persons possessing a current NREMT EMT Intermediate certificate will be eligible for an EMT license.

Author:
Statutory Authority:
History:

420-2-1-.23 License Expiration, Renewal, And Reinstatement For EMS Personnel.

(1) Prior to license expiration, the OEMS will attempt to notify each licensed individual utilizing the most recent contact information that has been provided. If an individual fails to receive this notice, it will not relieve him or her of the responsibility for license renewal.

(2) Renewal applications received after March 1 will not guarantee the applicant's license will be processed in time to avoid expiring. All individual licenses expire on March 31 of a given year.

(3) Any applicant who submits an application attesting that all continuing education requirements have been met, when they have not, will be subject to disciplinary action for falsification of records.

(4) Individuals using the on-line re-licensure process are subject to audit of all information attested to on the application. All applicants who are selected for audit have 72 hours to submit their documentation. Failure to provide the requested documentation will result in disciplinary action for falsification of records.

(5) An individual who was licensed prior to 1986 and was not required to obtain NREMT certification for initial licensure will be granted amnesty for the requirement of maintaining NREMT certification. In lieu of the NREMT certification requirement, these individuals may submit current OEMS continuing education requirements and OEMS approved adult and pediatric protocol education.

(6) The license renewal fees for the OEMS are listed in Rule 420-1-5-.08 (3), Ala. Admin. Code.

(7) Renewal Level Requirements:

(a) Emergency Medical Responder (EMR):

1. A completed application and the two-year license renewal fee in the form of a check, money order, credit/debit card, or cash;

2. Current NREMT certification.

(b) EMT:

1. A completed application and the two-year license renewal fee in the form of a check, money order, credit/debit card, or cash;

2. OEMS approved adult and pediatric protocols update and full course certificate; and

3. Current NREMT certification.

(c) EMT-Intermediate (I-85):

1. A completed application and the two-year license renewal fee in the form of a check, money order, credit/debit card, or cash;

2. OEMS approved adult and pediatric protocols update and full course certificate; and

3. Meet the OEMS continuing education requirements.

(d) Advanced EMT:

1. A completed application and the two-year license renewal fee in the form of a check, money order, credit/debit card, or cash;

2. OEMS approved adult and pediatric protocols update and a full course certificate; and

3. Current NREMT certification.

(e) Paramedic:

1. A completed application and the two-year license renewal fee in the form of a check, money order, credit/debit card, or cash;

2. OEMS approved adult and pediatric protocols update and full course certificate; and

3. Current NREMT certification.

(8) Duplicate license.

a. A completed application.

b. A license fee in the form of a check, money order, credit/debit card, or cash.

(9) Renewal applications may be paid by credit/debit card through the OEMS on-line process, but each EMSP shall meet the same requirements as listed above.

(10) For license reinstatement, an application and a fee must be resubmitted to the OEMS.

Author:
Statutory Authority:
History:

420-2-1-.24 EMT-Intermediates (I-85).

NOTE: This section only applies to current licensed Alabama EMT-Intermediates.

(1) The OEMS discontinued licensing EMT-Intermediates (I-85) in 2003. All existing EMT-Intermediates (I-85) will continue to be licensed as such so long as their licenses are properly renewed each license cycle.

(2) The EMT-Intermediate (I-85) shall have the ability to provide medical treatment skills and interventions as described in the *Alabama EMS Patient Care Protocols for the EMT-Intermediate (I-85)* that are modified as needed based on changes granted by the Board.

(3) The license certification examination is not applicable in Alabama for this level. This does not affect EMT-Intermediates (I-85) already licensed in Alabama. (See Reciprocity for Out of State EMT-Intermediates (I-85.)

Author:
Statutory Authority:
History:

420-2-1-.25 Advanced Life Support Personnel Scope of Practice.

(1) All advanced EMS licensure levels shall have the ability to provide ALS medical treatments and interventions as described in the *Alabama EMS Patient Care Protocols* as applicable to their level of licensure, and if the following criteria are met:

(a) The individual has a valid Alabama EMSP license;

(b) The individual is current on all applicable protocol updates approved by the Board; and

(c) The individual is listed on a licensed ALS emergency medical provider service's personnel roster.

(2) No individual licensed at any level shall transport ALS equipment, fluids, or medications for the purpose of rendering ALS care in any vehicle not listed on the provider vehicle roster.

(3) All advanced EMS licensure levels shall comply with all state-wide system components (i.e., Trauma, Stroke, and STEMI) as written in the *Alabama EMS Patient Care Protocols*.

Author:
Statutory Authority:
History:

420-2-1-.26 Continuing Education.

(1) All continuing education submitted in support of license renewal shall meet the requirements set forth by the OEMS and the NREMT.

(2) The *Alabama EMS Patient Care Protocols* include all adult and pediatric protocols and are available from the OEMS or can be found posted at http://www.adph.org/ems. It is the emergency medical provider service's responsibility to ensure that the most current protocols are being utilized during annual updates and bi-annual education requirements.

(3) All licensed provider services shall ensure that protocol training is provided for all EMSP employed by their service. Evaluation and training records shall be kept on file and shall be available for review by the OEMS.

(4) The provider service's medical director and management staff are responsible for appointing an individual to be

the provider service's protocol trainer and continuing education coordinator.

(5) All continuing education must be state approved, Commission on Accreditation for Prehospital Continuing Education (CAPCE) approved, or an approved nationally recognized course. Continuing education coordinators/instructors shall provide all students with a certificate of course completion that documents the dates of the course, the instructor's signature, the title of the course, state approval number, the student's full name, and EMSP license number (if applicable).

(6) Renewal cards (i.e., ACLS, PALS, and CPR) and certificates for an approved course shall be typed and completed by the continuing education instructor.

(7) Falsification of continuing education documents is a violation of state law. Any provider service, continuing education coordinator, or EMSP found guilty of such activity will be subject to disciplinary action.

Author:
Statutory Authority:
History:

420-2-1-.27 Expired License And Reinstatement Requirements For The EMSP.

(1) All licenses expire at midnight on March 31 in the stated year of their expiration.

(2) All EMSP who fail to renew their license shall follow the guidelines established by the NREMT. This information may be found at http://www.nremt.org.

(3) An individual who was licensed prior to 1986 and was not required to obtain NREMT certification for initial licensure may reinstate his/her license through April 30, providing the current OEMS educational requirements of the license expiration year have been met. Those individuals who have not been reinstated by May 1 will be subject to the OEMS initial licensure process.

(4) All EMSP whose license expires will be required to pay an additional $50.00 late fee.

Author:
Statutory Authority:
History:

420-2-1-.28 Responsibility For Patient.

(1) The highest level EMSP shall provide patient care when treating and/or transporting an emergency patient and shall have the responsibility to provide care until relieved by appropriate medical personnel.

(2) The transfer of a patient that does not require ALS procedures may be attended by a lower level EMSP at the discretion of the highest level EMSP.

(3) Licensed EMSP providing care to a patient shall remain under a continuing duty to provide care to the patient. The circumstances under which an EMSP may stop providing care are set forth below:

(a) EMSP providing care to a patient may yield patient care responsibilities to any other licensed EMSP or licensed physician who is willing to assume patient care responsibilities. EMSP providing care to a patient shall yield patient care responsibilities to a licensed physician when directed to do so by the on-line medical director;

(b) EMSP personnel shall yield patient care responsibilities to licensed EMSP when directed to do so by licensed EMSP of a higher level; and

(c) EMSP shall discontinue patient care measures when directed to do so by the on-line medical director.

(4) On-scene disputes regarding patient care responsibilities shall be referred to the on-line medical director.

Author:
Statutory Authority:
History:

420-2-1-.29 Impaired EMSP.

(1) When the OEMS receives evidence of the possible impairment of a licensed EMSP, it will initiate an investigation. The OEMS will consider the facts and circumstances of each case, and may recommend disciplinary action, or may offer entry into a drug, alcohol, or psychiatric rehabilitation program approved by the OEMS.

(2) An individual may be offered entry into a drug, alcohol, or psychiatric rehabilitation program if they meet the following criteria:

(a) The individual has not been found guilty of any crime related to drug or alcohol abuse. Guilty means the individual was found guilty following a trial, or entered a plea of guilty or no contest accompanied by a court's finding of guilt.

(b) The appropriate medical authority has determined that the individual does not present a danger to him or herself, to those around them, or to patients.

(c) The individual has not previously completed a drug, alcohol, or psychiatric rehabilitation program, in Alabama or elsewhere.

(3) An individual who meets the above criteria may retain their license if they successfully complete the rehabilitation program, and agree to the following conditions:

(a) Waiver of confidentiality so that the OEMS may access the individual's patient records in the inpatient and/or aftercare program;

(b) Submission of all follow-up treatment reports and drug screening tests to the OEMS for review (submission shall be made by the entity conducting the treatment or drug screening); and

(c) Participation in random drug or alcohol screenings, or psychiatric examinations as required by the OEMS or by the entity providing outpatient care.

(4) An individual is in violation of this rule, and subject to immediate disciplinary action if any of the following occur:

(a) The individual does not comply with the OEMS and the approved program's recommendations;

(b) The individual does not complete inpatient and/or outpatient care;

(c) The individual tests positive for drugs or alcohol prior to completing the treatment program;

(d) The individual tests positive on a random drug screen;

(e) The individual is deemed to present a danger to him or herself, to those around them, or to patients.

(5) An emergency medical provider service shall immediately report to the OEMS, in writing, any EMSP who tests positive on any drug screening, including pre-employment screenings.

(6) Emergency medical provider services shall provide immediate notification to the OEMS and written documentation about any EMSP that is or appears to be impaired. Written documentation shall include the employee's name, level of licensure, license number, relevant facts, and drug screening and/or blood alcohol content results.

Author:
Statutory Authority:
History:

420-2-1-.30 Complaint/Disciplinary Procedures.

(1) The Board may investigate any complaint at the discretion of the State EMS Director, State EMS Medical Director, or their authorized representative.

(2) If the Board receives a verbal complaint of any matter relating to the regulation of provider services or EMSP, the complainant is deemed to have filed an informal complaint against the provider service or EMSP. Should the Board determine that a complaint is valid; the complaint then becomes formal and may warrant action pursuant to this chapter. The provider service or EMSP shall comply with any request for records from the OEMS within three business days from the date of request.

(3) If the Board receives a written and signed statement of any matter relating to the regulation of provider services or EMSP, the complainant is deemed to have filed a formal complaint against the provider service or EMSP. Within ten days of receipt of the complaint, a designated representative of the Board shall inform the provider service or EMSP that a formal complaint has been filed. The personnel or organization shall be informed of the nature of the allegations made and the potential rule violation. The provider service or EMSP shall comply with any request for records from the OEMS within three business days from the date of request.

(4) After the Board investigates a formal complaint, the Board shall render a written decision to all parties involved of its findings.

(5) The Board may issue a request for an interview with the provider service or EMSP if evidence indicates that grounds for

action exist. The request shall state the date and time for the interview.

(6) If the Board determines that evidence warrants action or if the provider service or EMSP refuses to attend the interview, the OEMS Director shall institute formal proceedings and hold a hearing pursuant to §22-18-6, Code of Ala. 1975.

(7) If the Board determines disciplinary action is appropriate, the Board may take action up to and including license revocation.

(8) Complaints against EMSP, applicants, or students, may be submitted if they:

(a) Do not meet or no longer meet the qualifications for licensure;

(b) Are guilty of misconduct or has otherwise committed a serious and material violation of these rules;

(c) Have provided care to a patient under his or her care which falls short of the standard of care which ordinarily would be expected to be provided by similarly situated EMSP personnel and has thereby jeopardized the life, health, or safety of a patient;

(d) Have abused an individual sexually, physically, mentally, or verbally;

(e) Have submitted any document which is fraudulent or knowingly false in any respect;

(f) Have committed fraud in the performance of his or her duties;

(g) Have been convicted of a crime;

(h) Have performed any act requiring licensure or certification under state EMS statutes or these rules without possession of the requisite licensure or certification;

(i) Have performed any act which exceeds the scope of practice as granted to the license holder or has performed any act while working with an expired license; or

(j) Meet the definition of Impaired EMSP.

(9) Hearings to suspend or revoke a license shall be governed by the Board's Rules for Hearing of Contested Cases, Chapter 420-1-3, Ala. Admin. Code.

Author:
Statutory Authority:
History:

420-2-1-.31 Portable Physician Do Not Attempt Resuscitation Orders.

EMSP are authorized to follow Portable Physician DNAR Orders that are available, known to them, and executed in accordance with Rule 420-5-19-.02. In honoring a portable DNAR, EMSP may withhold resuscitative measures, but shall not withhold comfort care, such as I.V. fluids, oxygen, suction, control of bleeding, administration of pain medication, and the provision of support and comfort. In no event shall EMSP honor a portable DNAR for any patient who is able to, and does express to such personnel the desire to be provided resuscitative measures.
Author:
Statutory Authority:
History:

420-2-1-.32 Research And Data.

(1) Records and data may be released as needed to the principal investigators associated with a valid scientific study provided that the protocols for release and handling of such records and data shall be approved in advance by a duly constituted institutional review board for the protection of human subjects.

(2) All data requests shall be made to the OEMS by submitting a *Data Request* application.

(3) All approved data requests and/or studies involving any information collected through the OEMS shall require that the published results contain a statement acknowledging the efforts and cooperation by the OEMS.

(4) All published results of a data request shall be submitted to the OEMS within a reasonable time.

(5) Any licensee who is, or contemplates being, engaged in a bona fide research program which may be in conflict with one or more specific provisions of these rules may make application for a variance of the specific provisions in conflict. Application for a variance shall be made to the OEMS which shall, upon completion

of its investigation and recommendation of the SEMCC, send its findings, conclusions, and recommendations to the State Health Officer for final action.

Author:
Statutory Authority:
History:

420-2-1-.33 Critical Care Practice

(1) To become Critical Care licensed, a provider service must submit the following to the OEMS:

(a) Critical Care Practice application.

(b) Proposed protocols that are to be utilized by the provider service and are not already in the current Alabama EMS Patient Care Protocols.

(c) Any updates to these protocols must be approved by the OEMS prior to implementation.

(2) To be eligible for a Critical Care license, each provider service medical director must attend, or call in for, the majority of the quarterly quality assurance meetings.

(3) Each provider service shall:

(a) Carry all required equipment listed on the Critical Care Equipment List.

(b) Carry only the medications that are listed in the Critical Care medication formulary that has been approved by the OEMS.

Author:
Statutory Authority:
History:

420-2-1-.34 Critical Care Paramedic Endorsement

(1) To obtain a Critical Care endorsement, a paramedic must:

(a) Present a Board approved application and proof of the IBSC CCP or FP certification.

(b) The provider service medical director shall validate the certification and skills competency at the critical care level.

(c) The initial endorsement may be certified by the provider service medical director for the first two years, at which point the IBSC certification must be submitted to the OEMS for approval.

(d) The critical care endorsement shall be valid so long as the paramedic maintains:

(1) Current licensure as a paramedic by the Board; and

(2) Current certification through the IBSC and verification of continued clinical competence by the paramedic's provider service medical director.

(e) A paramedic with a Critical Care endorsement shall be authorized to perform the skills and procedures included in the Alabama EMS Patient Care Protocols and the approved provider service protocols.

(f) A licensed paramedic with a Critical Care endorsement shall be responsible for providing the OEMS with copies of his/her current IBSC CCP or FP certification.

Author:
Statutory Authority:
History:

ALABAMA STATE BOARD OF HEALTH
ALABAMA DEPARTMENT OF PUBLIC HEALTH
ADMINISTRATIVE CODE

CHAPTER 420-2-1
EMERGENCY MEDICAL SERVICES

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Appendix A Do Not Attempt Resuscitation Order Form (DNAR)

420-2-1-.01 General Provisions.

(1) Purpose. The purpose of these rules is to protect the health of the public by establishing standards for the training, qualification, scope of privilege, and licensing of emergency medical services personnel and for the operation, design, equipment and licensing of ambulances, and ambulance service operators. These rules shall be interpreted and applied to protect the public health.

(2) Statutory Authority. The State Board of Health is authorized to adopt and promulgate these rules under and by virtue of the authority of §22-18-1, et seq., Code of Ala. 1975.
Author: Dennis Blair
Statutory Authority: Code of Ala. 1975, §22-18-1, et seq.
History: Filed September 1, 1982. **Amended:** Filed May 24, 1984; September 19, 1990. **Amended:** Filed January 20, 1995; effective February 24, 1995. **Repealed and Replaced:** Filed September 20, 1996; effective October 24, 1996. **Amended:** Filed March 20, 2001; effective April 24, 2001. **Repealed and New Rule:** December 17, 2007; effective January 21, 2008. **Repealed and New Rule: Filed April** 20, 2011; effective May 25, 2011.

420-2-1-.02 Definitions.

(1) "Advanced Cardiac Life Support (ACLS)" means an approved course of instruction which follows the American Heart Association's Emergency Cardiac Care guidelines.

(2) "Advanced Emergency Medical Technician (AEMT)" means any person 18 years of age or older who has successfully completed the AEMT course of instruction, or its equivalent, as approved by the State Board of Health or its designee, and has passed the State approved AEMT certification exam, and who has been granted a current, valid AEMT license by the State Board of Health.

(3) "Advanced Life Support (ALS)" means the treatment of potentially life-threatening medical emergencies through the use of invasive medical techniques specified as advanced life support techniques in these rules which would ordinarily be performed or provided by physicians but may be performed by active licensed EMS personnel pursuant to these rules.

(4) "Advanced Trauma Life Support (ATLS)" means the course of instruction developed and sponsored by the American College of Surgeons.

(5) "Advisory Board" means the 25-member Advisory Board for the Office of EMS and Trauma authorized by the Code of Ala. 1975, §22-18-5, to assist in the establishment of rules necessary to carry out the provisions of said statute.

(6) "Air Ambulance" means an aircraft approved by the Federal Aviation Administration (FAA), licensed by OEMS&T, and intended to be used for and maintained or operated for the transportation of sick or injured persons to a medical care facility. This term does not include fixed wing aircraft.

(7) "Alabama Department of Public Health (ADPH or the Department)" means the State of Alabama Department of Public Health, as defined by §22-1-1, Code of Ala. 1975, and any officer, agent or employee of the Department that is authorized to act for the Department with respect to the enforcement and administration of these rules.

(8) "Alabama EMS Patient Treatment Protocols" means a written document approved by the State Board of Health for each emergency medical technician licensure level which specifies adult and pediatric patient treatment procedures, medication administration, and other administrative and organizational guidelines that shall be followed upon assessment and treatment of an adult or pediatric patient in the out-of-hospital environment.

(9) "Alabama Trauma Communication Center (ATCC)" means a central communication facility with the capability to constantly communicate with all pre-hospital providers and hospitals that have been designated by the Department as trauma centers. The ATCC's capabilities include the ability to immediately and directly link the pre-hospital providers to the trauma centers.

(10) "Alabama Trauma System" means an organized system designed to ensure that severely injured adult and pediatric patients are promptly transported and treated at trauma centers that are appropriate to the severity of the injury.

(11) "ALS Level 1 Authorization" means all fluids or medications described within the scope of practice of the Paramedic as approved by the State Board of Health.

(12) "ALS Level 2 Authorization" means all fluids or medications described within the scope of practice of the Advanced EMT as approved by the State Board of Health.

(13) "ALS Level 3 Authorization" means all fluids or medications described within the scope of practice of the EMT-Intermediate (I-85) as approved by the State Board of Health.

(14) "Automated External Defibrillator (AED)" means a cardiac defibrillator that is a sophisticated, reliable computerized device that uses voice and visual prompts to guide healthcare providers to safely defibrillate ventricular fibrillation sudden cardiac arrest.

(15) "Basic Life Support (BLS)" means non-invasive life support measures provided to out-of-hospital patients.

(16) "Board" or "State Board of Health" means the Board of Health of the State of Alabama as defined by §22-2-1, Code of Ala. 1975, or the State Health Officer, or his or her designee, when acting for the Board.

(17) "Certification" means a demonstration such as, but not limited to, the issuance of a card or certificate by which an organization provides public information concerning individuals who have successfully completed a certification process and demonstrated an ability to perform competently.

(18) "CoAEMSP" means the Commission on Accreditation of Educational Programs for the Emergency Medical Services Professions.

(19) "Controlled Substance Oversight Coordinator (CSOC)" means a Paramedic who is responsible for all aspects of the controlled substance plan of a provider service and is the designated contact person for any issues pertaining to the service's controlled substances.

(20) "Controlled Substance Plan (CSP)" means the plan written by each ALS fluid/drug service which specifies the method of ownership, security, drug testing for employees, quality assurance, and tables to be used for accounting logs. The CSP also contains original signatures from the service medical direction physician, the pharmacist from the medical direction hospital, and the controlled substance coordinator. This plan shall be submitted to and approved by the OEMS&T.

(21) "Criminal History Release Authorization" means a signed form that authorizes the OEMS&T to review and utilize the criminal history of an EMT or EMT applicant for licensure purposes.

(22) "Electronic Patient Care Report (e-PCR)" means a Board approved method of electronic recording of an occurrence by emergency or non-emergency response EMS personnel where a medical or injured patient was encountered, evaluated, treated, or transported.

(23) "Emergency Medical Provider Service" means any emergency medical service properly licensed to provide out-of-hospital emergency medical response services within the State of Alabama. These include basic life support (BLS) transport, advanced life support (ALS) transport and ALS non-transport.

(24) "Emergency Medical Responder" means any person 18 years of age or older who has successfully completed the Emergency Medical Responder course of instruction, or its equivalent, as approved by the Board or its designee, who has passed the State approved EMSP certification exam, and who has been granted a current, valid EMSP license by the Board.

(25) "Emergency Medical Services Educational Institution" means a single institution or site of higher learning which meets the EMS educational requirements of the

OEMS&T and that has approval from the Alabama Department of Postsecondary Education or the Alabama Commission on Higher Education to offer EMS educational programs for the recognized levels of licensure.

(26) "Emergency Medical Services Do Not Attempt Resuscitation (DNAR) Order" means a written physician's order, in a form prescribed by the Board, which authorizes active licensed EMS personnel to withhold resuscitative measures in the absence of on-line medical direction.

(27) "Emergency Medical Services Personnel (EMSP") means all recognized National Highway Traffic Safety Administration (NHTSA) levels of personnel licensed by the Board, who have met all primary and/or renewal educational requirements of these rules, and are allowed to provide medical care within the level of their scope of practice granted by the OEMS&T.

(28) "Emergency Medical Technician (EMT)" means any person 18 years of age or older who has successfully completed the emergency medical technician course of instruction, or its equivalent, as approved by the Board or its designee, who has passed the State approved EMT certification exam, and who has been granted a current, valid EMT license by the Board.

(29) "Emergency Medical Technician-Intermediate" means any person 18 years of age or older who has successfully completed the 1985 EMT-Intermediate course of instruction, or its equivalent, as approved by the Board, who has passed the State approved EMT-Intermediate certification exam, and who has been granted a current, valid license by the Board.

(30) "Emergency Vehicle Operators Course (EVOC)" means the national standard curriculum developed by the National Highway Traffic Safety Administration (NHTSA) and conducted by an authorized OEMS&T instructor or the Alabama Fire College Apparatus Operator Course.

(31) "Federal Aviation Regulations (FAR)" means rules prescribed by the Federal Aviation Administration (FAA) governing all aviation activities in the United States. The FAR's are part of Title 14 of the Code of Federal Regulations.

(32) "Ground Ambulance" means a motor vehicle intended to be used for and maintained or operated for the transportation of persons who are sick or injured to a medical care facility.

(33) "Impaired EMS Personnel" means an individual licensed under these rules who misuses or abuses alcohol, drugs, or both, or who has a mental or behavioral issue which could affect the individual's judgment, skills, and abilities to practice.

(34) "Industry Standard Stretcher Locking Device" means a stretcher locking device permanently affixed to the vehicle which meets or exceeds the standards as adopted by the State Board of Health. When the stretcher is secured in accordance with the manufacturer's instructions, the securement system, recognized by the ambulance industry to provide the capability of securing the stretcher in the vehicle, shall limit movement so as not to permit longitudinal movement in excess of one half inch and lateral movement in excess of one quarter inch.

(35) "Industry Standard Wheelchair Locking Device" means a wheelchair locking device permanently affixed to the vehicle for use in Demand Responsive Systems under Title III of the Americans with Disabilities Act (ADA) which meets or exceeds the Department of Transportation (DOT) specifications for Ground Ambulances under Guideline Specifications for Wheelchair Securement Devices. When the wheelchair is secured in accordance with the manufacturer's instructions, the securement systems, recognized by the ambulance industry to provide the capability of securing the wheelchair in the vehicle, shall limit the movement of an occupied wheelchair to no more than two inches in any direction under normal operating conditions. All wheelchair locking devices shall be affixed to the vehicle so as to secure the wheelchair in a forward or rear facing position. Side facing securement is not permitted under any circumstances. This does not negate the necessity for providing a separate seatbelt and shoulder harness for each wheelchair or wheelchair user as specified elsewhere in these rules.

(36) "Licensure" means the state's grant of legal authority to perform skills within a designated scope of practice. Under the licensure system, states define, by statute, the tasks and function or scope of practice of a profession and provide that these tasks may be legally performed only by those who are licensed. As such, licensure prohibits anyone from practicing the profession who is not licensed, regardless of whether or not the individual has been certified by a private organization.

(37) "MDPID" means the Medical Direction Physician Identification Number.

(38) "Medical Direction Hospital" means a hospital which has properly credentialed and licensed medical direction physician coverage in the emergency department 24 hours per day, seven days a week; assists with the initial and ongoing training of emergency medical provider services; maintains a communication system capable of serving the EMS providers for the areas served; and conducts continuing quality improvement of patient care to include the identification of deficiencies in procedures or performance among participating out-of-hospital provider services. The medical direction hospital provides logistical and/or supervising responsibilities for active licensed EMS personnel.

(39) "Medical Direction" means directions and advice provided from a designated medical direction physician.

(40) "Non-Transport ALS Provider Service" means a non-transporting emergency medical provider service that is licensed by the OEMS&T and that provides ALS services.

(41) "Non-Transport BLS Provider Service" means a non-transporting service that provides BLS services that is recognized, but not licensed by the OEMS&T.

(42) "Non-Transport vehicle" means a vehicle operated with the intent to provide BLS or ALS on-scene stabilization, but not intended to transport a patient.

(43) "NREMT" means the National Registry of Emergency Medical Technicians.

(44) "Office of Emergency Medical Services and Trauma (OEMS&T)" means the subdivision of the Department charged with the enforcement and administration of these rules.

(45) "On-Line Medical Director" means a licensed physician who has completed and maintains a current certification in ACLS and ATLS or maintains board certification in emergency medicine or pediatric medicine if the physician works in a designated pediatric specialty hospital, and shall have successfully completed the approved Alabama EMS Medical Directors Course, the annual refresher course and been issued a MDPID number.

(46) "Paramedic" means any person 18 years of age or older who has successfully completed the paramedic course of instruction, or its equivalent, as approved by the Board, and who has passed the State approved paramedic certification exam, and who has been granted a current, valid paramedic license by the Board.

(47) "Patient" means a person who receives or requests medical care or for whom medical care is requested because such individual is sick or injured.

(48) "Permitted Vehicle" means any vehicle to be used for the response to and care of patients that has been inspected, approved, and issued a decal by the OEMS&T.

(49) "Physician" means an individual currently licensed to practice medicine or osteopathy by the Medical Licensure Commission of Alabama.

(50) "Preceptor" means an individual with a higher level of licensure who is responsible for the supervision and instruction of an EMS student on a clinical rotation.

(51) "Provider Services" means an organization which provides either air or ground emergency medical services to the public.

(52) "Quality Improvement Education" means the remedial or ongoing education determined necessary by an emergency medical provider service's and/or the OEMS&T's quality assurance reviews and offered to improve the delivery of care of an individual emergency medical provider service or active licensed EMS personnel.

(53) "Recumbent Position" means a position whereby a patient is placed in a prone, supine, lying down, reclining or leaning back position, or angle of 20 degrees or more from the upright or vertical angle of 90 degrees.

(54) "Regional Agency" means a contractor located in a specific geographic area of the state that provides services specified in a contract. These agencies have no regulatory authority other than that conferred by the OEMS&T.

(55) "Resuscitative Measures" means cardiopulmonary resuscitation, cardiac compression, endotracheal intubation and other advanced airway management, artificial ventilation,

cardiac resuscitation medications, and cardiac defibrillation delivered by any means. This term does not mean and shall not be deemed to include such medical interventions as intravenous fluids, oxygen, suction, control of bleeding, administration of pain medication by properly licensed and authorized personnel, and the provision of support and comfort to patients, family members, friends, and other individuals.

(56) "Scope of Practice" means clearly defined levels of skills and roles allowed for each level of emergency medical licensure in the out-of-hospital environment.

(57) "Service Area" means 90 nautical miles from an air ambulance provider service's base of operation.

(58) "Service Medical Director" means a physician who holds a current MDPID number and is responsible for medical direction and oversight for the day-to-day operations of a licensed emergency medical provider service(s).

(59) "Shall" means a mandatory requirement.

(60) "State Emergency Medical Control Committee (SEMCC)" means a committee authorized by §22-18-6, Code of Ala. 1975, to assist in formulating rules and policies pertaining to EMS.

(61) "Stretcher" means a cot, gurney, litter, or stretcher device of the type that can be used for and is maintained solely for the transportation of patients in a vehicle in a recumbent position. Either one or both of the patient's legs shall be maintained in a horizontal position or angle of 180 degrees at the foot of the stretcher, unless it is medically necessary to do otherwise, or to maintain any other position of either one or both of the legs above the horizontal angle 180 degrees. The stretcher shall be capable of being locked solely into an ambulance by an industry standard stretcher or cot locking device as defined by the rules.

(62) "Wheelchair" means a specialty chair or mobility aid that belongs to a class of three or four wheeled devices, usable indoors, usually designed for and used by persons with mobility impairments. Wheelchairs, as defined in these rules, shall not exceed 30 inches in width and 48 inches in length, as measured two inches above the ground, and shall not weigh more than 600 pounds when occupied.
Author: Dennis Blair

Statutory Authority: Code of Ala. 1975, §22-18-1, et seq. **History:** Filed September 1, 1982. **Amended:** Filed May 24, 1984. **Amended:** Filed January 20, 1995; effective February 24, 1995. **Repealed and Replaced:** Filed September 20, 1996; effective October 24, 1996. **Amended:** Filed March 20, 2001; effective April 24, 2001. **Amended:** Filed June 23, 2004; effective July 28, 2004. **Repealed and New Rule:** December 17, 2007; effective January 21, 2008. **Repealed and New Rule:** Filed April 20, 2011; effective May 25, 2011. **Amended:** January 17, 2013; effective February 21, 2013.

420-2-1-.03 Exemptions.

(1) These rules shall not apply to the transport ambulance services referred to in §22-18-2, Code of Ala. 1975, and listed below, except when the services listed in (a) or (e) are offering or proposing to offer ALS services, as defined in these rules, to the public. All transport ambulance services offering or proposing to offer ALS services to the public shall become licensed as emergency medical provider service operators under these rules.

(a) Volunteer rescue squads that are members of the Alabama Association of Rescue Squads, Inc., that are not offering ALS services and that are not voluntarily licensed as a BLS transport service.

(b) Ambulances operated by a federal agency of the United States and ambulance drivers and attendants of such ambulances.

(c) Out of state services and/or Alabama licensed ambulances (ground or air) that are rendering assistance in the case of a major catastrophe, emergency, or natural disaster in which the active licensed EMS personnel and/or emergency medical provider services of Alabama are determined insufficient. All out of state services and Alabama licensed services shall notify the OEMS&T of their deployment to and departure from an emergency area. The OEMS&T may grant temporary approval for such ambulances and services until the incident can be managed by local Alabama licensed personnel and services.

(d) Out of state ambulances that either pick up patients in Alabama and transport to facilities outside Alabama

or pick up patients outside Alabama and deliver to facilities in Alabama.

(e) Basic life support ambulances operated by a private business or industry exclusively as a free service to employees of such business or industry.
Author: Dennis Blair
Statutory Authority: Code of Ala. 1975, §22-18-1, et seq.
History: Filed September 1, 1982. **Amended:** Filed May 24, 1984. **Emergency Rule** filed August 22, 1990; September 19, 1990. **Amended:** Filed September 19, 1990; November 19, 1990. **Emergency rule** filed December 19, 1990; April 19, 1991. **Amended:** Filed March 20, 1992. **Amended:** Filed July 21, 1993; effective August 25, 1993. **Repealed and Replaced:** Filed September 20, 1996; effective October 24, 1996. **Amended:** Filed March 20, 2001; effective April 24, 2001. **Repealed and New Rule:** December 17, 2007; effective January 21, 2008. **Repealed and New Rule: Filed April** 20, 2011; effective May 25, 2011.

420-2-1-.04 Variances. The State Health Officer may approve a variance to any provision of these rules, except for any provision that restates a statutory requirement or that defines any term, in accordance with Rule 420-1-2-.09, Ala. Admin. Code.
Author: Dennis Blair
Statutory Authority: Code of Ala. 1975, §22-18-1, et seq.
History: New Rule: Filed September 20, 1996; effective October 24, 1996. **Amended:** Filed March 20, 2001; effective April 24, 2001. **Repealed and New Rule:** December 17, 2007; effective January 21, 2008. **Repealed and New Rule: Filed April** 20, 2011; effective May 25, 2011.

Ed. Note: Rule 420-2-1-.17 was repealed as per certification Filed March 20, 2001; effective April 24, 2001. As a result of this Rule 420-2-1-.28 was renumbered to 420-2-1-.27. Rule 420-2-1-.27 was renumbered 420-2-1-.26 as per certification filed December 17, 2007; effective January 21, 2008. Rule was .26 and renumbered to .04 as per certification filed April 20, 2011; effective May 25, 2011.

420-2-1-.05 Emergency Medical Provider Service License.

(1) No person shall operate an emergency medical provider service until obtaining a license. All emergency

medical provider service licenses are issued by the OEMS&T under the authority of the Board. Each emergency medical provider service license will be issued with the appropriate level of authorization.

(2) Categories of emergency medical provider service licenses.

(a) ALS Transport (ground or air)

(b) ALS Non-transport

(c) BLS Transport

(3) Classification of emergency medical provider services licenses.

(a) Unrestricted - An unrestricted license may be granted by the Board after it has determined that the Emergency Medical Services provider is willing and capable of maintaining compliance with these rules.

(b) Probationary - At its discretion, the Board may grant a probationary license or downgrade an unrestricted license, for a specific period which shall not exceed one year, when it determines that the provider has engaged in one or more deficient practices which are serious in nature, chronic in nature, or which the provider has failed to correct. This failure could lead to additional licensure actions including suspensions or revocation.

(4) Categories of ALS emergency medical provider service license authorizations.

(a) ALS Level 1: Paramedic authorization

(b) ALS Level 2: Advanced EMT authorization

(c) ALS Level 3: Intermediate authorization

(5) Licensure applications shall be submitted to and approved by the OEMS&T prior to an emergency medical provider service conducting operations. All licenses are valid for a period of no less than twelve months. Applications may be obtained at http://www.adph.org/ems. In order to apply for licensure, the emergency medical provider service shall submit the following:

(a) Completed license application and a representative's attendance at a licensure and authorization orientation provided by the OEMS&T.

(b) Plans describing: (initial and when changes occur)

1. Biohazard waste

2. Fluid and/or medication security

3. Controlled substance (if applicable)

4. Employee drug screening

5. Emergency Vehicle Operator training (ground providers only)

(c) Agreements:

1. Emergency Medical Dispatch

2. Alabama Incident Management System (AIMS)

3. Advanced Life Support

4. Pharmacy/Pharmaceutical

5. Service Medical Director

6. Electronic Patient Care Reporting (e-PCR) conforming to NEMSIS and Alabama validation requirements available at http://www.adph.org/ems.

(d) Proof of a minimum of $1,000,000.00 liability insurance from a carrier licensed by the Alabama Department of Insurance. This includes all transport, non-transport vehicles and professional liability on all EMSP employed or volunteering for duty. Alternatively, a licensed provider service may be self-insured in the same amount through a plan approved by the OEMS&T. This liability insurance coverage shall be binding and in force prior to the service being issued a license or authorization.

(e) An annual fee of $25.00.

(f) A roster of active licensed EMSP appropriate for the category of service desired.

(g) Demonstration of an ability to comply with the OEMS&T patient care reporting requirements.

(h) A signed copy of a contract for a service medical director.

(i) Prior to approval for a license, the OEMS&T will inspect the proposed emergency medical provider service to determine compliance with §22-18-1, et seq., Code of Ala. 1975, and the requirements of these rules.

(6) Emergency medical provider service licenses shall be renewed before the expiration date provided on the current license. Any service with an expired license shall immediately cease all operations. On the date of expiration, the OEMS&T will notify all third-party payors and hospital pharmacies regarding the affected service's license status.

(7) Each licensed emergency medical provider service shall obtain a separate license for each county in which a ground ambulance, or service area in which an air ambulance, is posted or based. The license shall be displayed in a conspicuous place in the emergency medical provider's main office in the county or service area.

(8) The emergency medical provider service license and ALS authorization are nontransferable and shall be granted only to the service operator named on the application.

(9) Licensed emergency medical provider services shall ensure:

(a) The highest level EMSP provides patient care when transporting any emergency patient.

(b) The highest level EMSP has the responsibility to provide care for emergency patients until relieved by appropriate medical personnel.

(c) Continuous 24 hours a day, seven days a week, 365 days a year emergency medical services operation from a base within a ground provider's licensed county or an air provider's licensed service area. Volunteer ALS Non-Transport services are exempt from this requirement.

(d) Acknowledgement of the ability to respond within two minutes of initial dispatch of an emergency call (ground and air providers).

(e) An EMS response unit is en route within seven minutes of the initial dispatch (excluding air medical).

(f) The execution of mutual aid and dispatch agreements so that no emergency calls are purposefully delayed.

(g) Continuous telephone service with the capability to record or forward calls so that the service is accessible by phone to the public at all times (non emergency calls).

(h) A written roster for an ALS transport service of at least six properly licensed EMSP with a minimum of three at the ALS level of license. ALS non-transport shall have at least one properly licensed EMSP at the level of provider license. A written roster for a BLS transport service of at least three properly licensed EMSP.

(i) The provision of immediate verbal notification to the OEMS&T of any civil or criminal action brought against the service, or any criminal action brought against an employee, and the submission of a written report within five working days of the provider becoming aware.

(j) The provision of immediate verbal notification to the OEMS&T and a written report within five working days of any accident involving a vehicle that was responding to an emergency, that injured any crew members, or that had a patient on board.

(k) The provision of an *Ambulance Add/Remove via* EMS Web Management to the OEMS&T immediately for any permitted vehicle added or removed from service for any reason other than scheduled maintenance. Information shall include the disposition of the removed vehicle.

(10) Compliance with all statewide system components (i.e., Trauma, Stroke, and STEMI) as written in the *Alabama OEMS&T Patient Care Protocols*.

(11) Licensed emergency medical provider services shall not:

(a) Transfer a provider service license certificate or ALS authorization.

(b) Self-dispatch or cause a vehicle to be dispatched on a call in which another provider service has been dispatched.

(c) Allow EMSP to exceed their scope of practice as outlined within these rules.

(d) Intentionally bill or collect from patients or third-party payors for services not rendered.

(e) Refuse to provide appropriate treatment or transport for an emergency patient for any reason including the patient's inability to pay.

(f) Allow any ALS equipment, fluids or medications to remain unsecured on a permitted vehicle without the appropriate licensed EMSP on board.

(g) Allow EMSP to respond to a medical emergency with the intent to treat or transport a patient unless the EMSP is clean and appropriately dressed and wearing photo identification with the level of license, license number, and name of EMSP visible. The photo identification shall be displayed at all times unless extenuating circumstances prevent the picture identification from being available.

Author: Dennis Blair
Statutory Authority: Code of Ala. 1975, §22-18-1, et seq.
History: Filed September 1, 1982. **Amended:** Filed May 24, 1984. **Repealed and Replaced:** Filed September 20, 1996; effective October 24, 1996. **Amended:** Filed March 20, 2001; effective April 24, 2001. **Repealed and New Rule:** December 17, 2007; effective January 21, 2008. **Repealed and New Rule: Filed April** 20, 2011; effective May 25, 2011. **Amended:** January 17, 2013; effective February 21, 2013.

420-2-1-.06 Field Internship Of EMSP.

(1) Licensed emergency medical provider services may enter into an agreement with EMS educational institutions to provide field internships for EMSP students.

(2) Licensed provider services shall ensure that all designated preceptors are informed of educational requirements for the EMSP student.

(3) Field internship experiences shall include supervised instruction and practice of emergency medical skills and shall be evaluated by the designated preceptors.

(4) Licensed provider services are responsible to ensure that no EMSP student exceeds his or her current level of scope or privilege unless supervised by a designated preceptor in a designated field internship.

Author: Dennis Blair
Statutory Authority: Code of Ala. 1975, §22-18-1, et seq.
History: Filed September 1, 1982. **Repealed and Replaced:** Filed September 20, 1996; effective October 24, 1996. **Amended:** Filed March 20, 2001; effective April 24, 2001. **Amended:** Filed October 19, 2006; effective November 23, 2006. **Repealed and New Rule:** December 17, 2007; effective January 21, 2008.

420-2-1-.07 Compliance And Enforcement For Licensed Provider Services.

(1) The OEMS&T shall have the right to inspect all licensed emergency medical provider service premises, facilities, and vehicles/aircraft at any time. A representative of the OEMS&T shall properly identify himself or herself prior to inspection.

(2) The provider service and vehicle/aircraft inspection standards are available from the OEMS&T and are posted at http://www.adph.org/ems.

(3) The inspection frequency shall be determined by the OEMS&T. Nothing in this rule precludes the OEMS&T from issuing an immediate Notice of Intent to Suspend/Revoke order, or issuing an emergency order to immediately cease operation or cease using a particular vehicle/aircraft, if necessary, in order to protect public health.

(4) A routine inspection shall be conducted:

(a) Prior to licensure, the OEMS&T will inspect the proposed emergency medical provider service's premises,

facilities, and vehicles/aircraft to determine compliance with the requirements of these rules.

(b) Each provider service's premises, facilities, and permitted vehicles/aircraft will be inspected minimally every two (2) years. The OEMS&T may alter the frequency and the number of vehicles inspected for providers that maintain a national accreditation.

(c) A licensed provider service shall not operate a vehicle/aircraft until the OEMS&T has inspected the vehicle and issued a current permit decal. If an immediate inspection cannot be performed, the OEMS&T may issue temporary approval to allow a vehicle/aircraft to be placed in service if the vehicle meets all other requirements of these rules. All pertinent information regarding the vehicle/aircraft in question shall be documented and provided to the OEMS&T prior to temporary approval.

(d) A provider service's license may be suspended or revoked if the provider service's facilities do not provide reasonably safe conditions for the provider service's personnel.

(e) A deficiency noted during an inspection shall be corrected and the correction reported in writing within 10 working days of the inspection. A failure to comply may result in the suspension or revocation of the vehicle/aircraft or provider service's license.

(f) A vehicle/aircraft may be temporarily or permanently removed from operation if it fails to meet minimum requirements for its safe operation, if it poses a threat to the public or staff, if it does not carry the appropriate equipment, or if it does not have adequate staffing.

(5) A copy of the inspection report shall be furnished to the emergency medical provider service with the OEMS&T retaining possession of the original. The inspection report shall designate the compliance status of the facility or vehicle/aircraft.

(6) All ALS licensed emergency medical provider services shall:

(a) Ensure that all fluids and medications are properly stored, secured, and inventoried no less than every 30 days by authorized licensed personnel.

(b) Ensure that all outdated, misbranded, adulterated, or deteriorated fluids and medications are removed immediately by the delegated responsible party.

(c) Inventory all fluids and medications by an approved method which document their sale or disposal; approved methods can include a contract with a reverse distributor company or return them to the origin of purchase.

(d) Notify the service medical director of all medication activities.

(e) Ensure that log records of all fluids and medication purchases, usage, wastage, and returns are documented and filed. Log records shall include dates, times, vehicle/aircraft number, medication or fluid name, quantity and personnel's name.

(f) Document all usage of fluids and medication on the Alabama OEMS&T patient care reports.

(g) Have the authority at any time to examine all records pertaining to the usage, supply and re-supply of fluids and medications by the OEMS&T.

(h) Provide notification and written documentation within three working days to the OEMS&T regarding any perceived protocol or rule violations.

(i) Upon determining intent to sell or cease operations, provide written documentation to the OEMS&T five working days prior to closing. The original copy of the provider service license and/or ALS authorization shall also be returned to the OEMS&T within five working days of closing.

(7) Personnel found to be working with an expired license are in violation of these rules and the OEMS&T may report those individuals and the service to third-party reimbursement agencies and the local District Attorney, when applicable.

Author: Dennis Blair
Statutory Authority: Code of Ala. 1975, §22-18-1, et seq.
History: New Rule: Filed April 20, 2011; effective May 25, 2011.

420-2-1-.08 Air Provider Services, Equipment, Fluids And Medications.

(1) Air Ambulance Providers are subject to all rules in this chapter except Rule 420-2-1-.09.

(2) No unlicensed emergency medical provider service or personnel shall transport a patient from one point within Alabama to another point within Alabama.

(3) All permitted aircraft listed on an emergency medical provider service's application shall meet the *Minimum Equipment Standards and Supplies for Licensed EMS Provider Services* that pertain to their type of provider service. The *Minimum Equipment Standards and Supplies for Licensed EMS Provider Services* will be maintained by the OEMS&T and will be available upon request or can be found posted at http://www.adph.org/ems.

(4) All permitted aircraft are subject to inspection by the OEMS&T.

(5) Air Ambulance Providers shall:

(a) Comply with current applicable provisions of Part 135 Federal Aviation Regulations (FAR) and be authorized by the Federal Aviation Administration (FAA) to provide air ambulance operations.

(b) Cause the interior of the aircraft to be climate controlled to avoid adverse effects on patients and personnel.

1. The inside cabin shall be capable of maintaining temperature ranges of no less than 50 degrees Fahrenheit and no greater than 95 degrees Fahrenheit to prevent adverse effects on the patient. (This applies when patient is on board in flight - not during take-off or landing).

2. Cabin temperatures shall be measured and documented every 15 minutes during a patient transport. A thermometer shall be secured inside the cabin.

3. The provider shall have written policies that address measures to be taken to avoid adverse effects of temperature extremes on patients and personnel on board.

4. In the event cabin temperatures are less than 50 degrees Fahrenheit or greater than 95 degrees Fahrenheit, the provider shall require documentation be red flagged for the quality improvement process to evaluate what measures were taken to mitigate adverse effects on the patient and crew and what outcomes resulted.

(6) All provider service aircraft shall have two forms of communication capabilities that provide vehicle-to-hospital communications and for entry of patients into ATCC. Additionally, all aircraft shall have radio communication capabilities with the following Very High Frequencies (VHF) to be used for mutual aid and disaster responses.

(a)	155.175	EMS-TAC 1
(b)	155.205	EMS-TAC 2
(c)	155.235	EMS-TAC 3
(d)	155.265	EMS-TAC 4
(e)	155.340	Hospital 1 (HEAR) (VMED28)
(f)	155.3475	(VMED 29)

All channels shall be functional by January 1, 2013, except (e) which is currently required.

(7) Medications and fluids shall be approved by the Board and listed on the *Formulary for EMS*. These medications and fluids shall be properly stored and inventoried in a fluid and/or medication container. Medication containers shall be kept properly secured and accessible only by authorized EMSP.

(8) All fluids and/or medications shall be stored in a locked (keyed or combination) compartment when not in use by appropriately licensed EMSP.

(9) The individual ALS EMSP is responsible for ensuring that all fluids and medications are present and have not expired. (Regardless of the supply/resupply source)

(10) The Board approved *Formulary for EMS* medications will be available upon request or can be found posted at http://www.adph.org/ems.

(11) All pre-hospital medical personnel shall provide ALS medical treatments and interventions as described in the *Alabama OEMS&T Patient Care Protocols* as applicable to their level of licensure.

Author: Dennis Blair
Statutory Authority: Code of Ala. 1975, §22-18-1, et seq.
History: New Rule: Filed April 20, 2011; effective May 25, 2011.

420-2-1-.09 Ground Provider Services, Equipment, Fluids And Medications.

(1) Ground Providers Services are subject to all rules in this chapter except Rule 420-2-1-.08.

(2) No unlicensed emergency medical provider service or personnel shall transport a patient from one point within Alabama to another point within Alabama.

(3) All permitted vehicles listed on an emergency medical provider service's application shall meet the *Minimum Equipment Standards and Supplies for Licensed EMS Provider Services* that pertain to their type of provider service and vehicles. The *Minimum Equipment Standards and Supplies for Licensed EMS Provider Services* will be maintained by the OEMS&T for each type of vehicle and will be available upon request or can be found posted at http://www.adph.org/ems.

(4) Permitted ambulances may utilize locking wheelchair devices for restricted patients and the device shall be secured appropriately and permanently in accordance with the manufacturer's instructions. Safety harnesses and belts for the patient shall comply with all provisions contained in the Federal Motor Vehicle Safety Standards (FMVSS) at 49 CFR Part 571.

(5) Seat belts and shoulder harnesses shall not be used in lieu of a device which secures the wheelchair or mobility aid itself.

(6) All ambulances shall meet or exceed the federal trade industry specifications or standards for ambulance vehicles.

(7) Ambulances shall not have exterior wording which may mislead the public as to the type of service that the emergency medical provider service is licensed to provide.

(8) All ambulances shall have the same color schemes and the schemes shall be approved by the OEMS&T prior to being placed in service.

(9) All provider service names as designated on the license issued by the OEMS&T shall be displayed prominently on each side of the ambulance as outlined in the current OEMS&T approved specifications. All permitted ambulances shall have exterior lettering a minimum of four inches in height and shall be placed above the parallel stripe on each side of the ambulance.

(10) All permitted vehicles are subject to inspection by the OEMS&T.

(11) All provider service ground ambulances shall have two forms of communication capabilities that provide vehicle-to hospital communications and for entry of patients into ATCC. Additionally, all ground ambulances shall have radio communication capabilities with the following Very High Frequencies (VHF) to be used for mutual aid and disaster responses. Additionally, all vehicles shall have radio communication capabilities with the following Very High Frequencies (VHF) to be used for mutual aid and disaster responses.

(a)	155.175	EMS-TAC 1
(b)	155.205	EMS-TAC 2
(c)	155.235	EMS-TAC 3
(d)	155.265	EMS-TAC 4
(e)	155.340	Hospital 1 (HEAR) (VMED28)
(f)	155.3475	(VMED 29)

All channels shall be functional by January 1, 2013, except (e) which is currently required.

(12) Medications and fluids shall be approved by the Board and listed on the *Formulary for EMS*. These medications and

fluids shall be properly stored and inventoried in a fluid and/or medication container. Medication containers shall be kept properly secured and accessible only by authorized EMSP.

(13) All fluids and/or medications shall be stored in a locked (keyed or combination) compartment when not in use by appropriately licensed EMSP.

(14) The individual ALS EMSP is responsible for ensuring that all fluids and medications are present and have not expired.

(15) The Board approved *Formulary for EMS* medications will be available upon request or can be found posted at http://www.adph.org/ems.

(16) All pre-hospital medical personnel shall provide ALS medical treatments and interventions as described in the *Alabama OEMS&T Patient Care Protocols* as applicable to their level of licensure.

Author: Dennis Blair
Statutory Authority: Code of Ala. 1975, §22-18-1, et seq.
History: **New Rule:** Filed September 20, 1996; effective October 24, 1996. **Amended:** Filed March 20, 2001; effective April 24, 2001. **Amended:** Filed June 23, 2004; effective July 28, 2004. **Repealed and New Rule:** December 17, 2007; effective January 21, 2008.

420-2-1-.10 Controlled Substance Plan.

(1) Each emergency medical provider service carrying morphine sulfate shall submit a *Controlled Substance Plan* (CSP) to the OEMS&T at the time of licensure and renewal. If a provider service does not plan to carry morphine sulfate, this shall be noted in the service's I.V. Fluid/Drug Plan. Any modification to the plan shall be submitted to the OEMS&T for approval.

(2) Each CSP shall include the following items: a method of ownership, security, how initial stock is obtained, restocking procedures, internal orientation for new employees, on-going internal training for employees, drug testing for employees, quality assurance/quality improvement program, tables to be used for accounting logs, and original signatures from the service medical control physician, the pharmacist from the

medical direction hospital, and the Controlled Substance Oversight Coordinator (CSOC).

(3) All controlled substances shall be secured behind no less than two locks upon initial receipt. If a provider service stores a controlled substance at a central location, it shall be placed in a separate container with a lock, and inside a safe, cabinet, file cabinet, or similar device, which is secured to the wall and/or floor of the building. Controlled substances may be placed in a medication container, but shall be placed in a separate, locked container. Building or vehicle doors are not considered to be separate, locked containers. The only time it is permissible for an employee to maintain a personal key to a service provider's controlled substances containers is if that key is for a container specifically for that individual. Otherwise, controlled substance keys shall be swapped at shift change.

(4) Prior to obtaining any controlled substances, all employees shall be given an in-service by the provider service's CSOC on the protocols for handling/securing controlled substances based on the CSP approved for the service by the OEMS&T.

(5) All ALS fluid and medication licensed and authorized emergency medical provider services shall have the option to stock morphine sulfate.

Author: Dennis Blair
Statutory Authority: Code of Ala. 1975, §22-18-1 et seq.
History: **New Rule:** Filed September 20, 1996; effective October 24, 1996. **Amended:** Filed March 20, 2001; effective April 24, 2001. **Repealed and New Rule:** December 17, 2007; effective January 21, 2008.

420-2-1-.11 Licensed Provider Service Staffing.

(1) Licensed Ground ALS transport and non-transport services shall meet the following applicable staffing configurations:

(a) Licensed transport services with an ALS Level 1 Authorization shall minimally staff each ALS Ground Ambulance with a Driver and licensed Paramedic.

(b) Licensed transport services with an ALS Level 2 Authorization shall minimally staff each ALS vehicle with a Driver and licensed Advanced EMT.

(c) Licensed transport services with an ALS Level 3 Authorization shall minimally staff each ALS vehicle with a Driver and licensed Intermediate (I-85).

(d) Licensed non-transport services with an ALS Level 1 Authorization shall minimally staff each ALS vehicle with a licensed Paramedic.

(e) Licensed non-transport services with an ALS Level 2 Authorization shall minimally staff each ALS vehicle with a licensed Advanced EMT.

(f) Licensed non-transport services with an ALS Level 3 Authorization shall minimally staff each ALS vehicle with a licensed Intermediate (I-85).

(2) Licensed Air Medical transport services shall be staffed with a licensed pilot and two Alabama licensed medical professionals capable of providing ALS with one being a Paramedic.

(3) Licensed BLS provider transport services shall minimally staff each vehicle with a Driver and a licensed EMT.

(4) License Provider Services shall not allow EMSP to respond to a medical emergency with the intent to treat or transport a patient unless the EMSP are clean and appropriately dressed and wearing photo identification with the level of license, license number, and name of EMSP visible. The photo identification shall be displayed at all times unless extenuating circumstances prevent the photo identification from being available.

Author: Dennis Blair

Statutory Authority: Code of Ala. 1975, §22-18-1, et seq.

History: **New Rule:** Filed September 20, 1996; effective October 24, 1996. **Amended:** Filed March 20, 2001; effective April 24, 2001. **Repealed and New Rule:** December 17, 2007; effective January 21, 2008.

420-2-1-.12 Provider Service Record Keeping.

(1) Each emergency medical provider service shall be responsible for supervising, preparing, filing, and maintaining records and for submitting reports to the Board as requested. All records shall be handled in a manner as to ensure reasonable safety from water and fire damage and shall be safeguarded from unauthorized use. Any records maintained by a provider service as required by these rules shall be accessible to authorized representatives of the Board and shall be retained for a period of at least five years except as otherwise specified in these rules. Each provider service shall maintain the following administrative records:

(a) A current license certificate issued by the OEMS&T which is publicly displayed in the provider service's main office. Any provider service changing ownership, ceasing operations, or surrendering its license shall return its license certificate within five working days to the OEMS&T;

(b) A copy of past inspection reports; and

(c) Personnel records for each employee that shall include protocols and continuing education, a current approved CPR card, and a copy of current license. If applicable, a copy of driver's certification requirements.

(2) Each provider service shall maintain written plans, compliant with these rules and available for review by the OEMS&T, for the proper handling, storage and disposal of all bio-hazardous waste, emergency medical dispatch, employee drug screening, mutual aid agreements and for the proper use, handling, storage and disposal of all fluids and medications.
Author: Dennis Blair
Statutory Authority: Code of Ala. 1975, §22-18-1, et seq.
History: **New Rule:** Filed September 20, 1996; effective October 24, 1996. **Amended:** Filed March 20, 2001; effective April 24, 2001. **Repealed and New Rule:** December 17, 2007; effective January 21, 2008.

420-2-1-.13 Patient Care Reporting.

(1) The EMSP providing patient care is responsible for the completion and submission of a Patient Care Report to the emergency medical provider service.

(2) Each emergency medical provider service shall ensure that an accurate and complete electronic Patient Care Report (e-PCR) is completed and submitted to the OEMS&T within the time frames, and use software approved by the OEMS&T's Director.

(3) Each provider service shall provide a copy of the patient care report to the receiving facility upon delivery of the patient or as soon as reasonably possible. In no instance should the delivery of the report exceed 24 hours.

(4) Records and data collected or otherwise captured by the Board, its agents, or designees shall be deemed to be confidential medical records and shall be released only in the following circumstances:

(a) Upon a patient's presentation of a duly signed release.

(b) Records and data may be used by Department staff and staff of other designated agencies in the performance of regulatory duties and in the investigation of disciplinary matters provided that individual patient records used in the course of public hearings shall be handled in a manner reasonably calculated to protect the privacy of individual patients.

(c) Records and data may be used by Department staff and staff of other designated agencies in the performance of authorized quality assurance and improvement activities.

(d) Existing records, data, and reports may be released in any format in which they appear in the Department of Public Health's database in response to a valid subpoena or order from a court of competent jurisdiction.

(e) Data may be compiled into reports by an emergency medical provider service from the respective emergency medical provider service's collected records.

(f) Aggregate patient care report data may be released to the public in a format reasonably calculated to not disclose the identity of individual patients or proprietary information such as the volume of non-emergency calls undertaken by an individual provider service or insurance and other reimbursement related-information related to an individual provider service.

(g) Records and data shall be disclosed as required by federal and state law.

(h) Any individual or entity designated by the OEMS&T as having authority to collect or handle data that withholds or releases data or information collected in a manner not pursuant to these rules shall be subject to disciplinary action.

(i) Any individual or entity that is not compliant with the disclosure aspects of this rule is subject to loss of licensure or prosecution under these rules.
Author: Dennis Blair
Statutory Authority: Code of Ala. 1975, §22-18-1, et seq.
History: **New Rule:** Filed September 20, 1996; effective October 24, 1996. **Amended:** Filed March 20, 2001; effective April 24, 2001. **Repealed and New Rule:** December 17, 2007; effective January 21, 2008.

420-2-1-.14 Medical Direction Facility. Medical direction facilities shall:

(1) Provide properly credentialed and licensed medical direction physician coverage in the emergency department 24 hours per day, 7 days a week.

(2) Provide on-line medical direction to EMSP for out of hospital care on a 24 hour per day, 7 day a week basis in accordance with approved operations, treatment, triage and transfer protocols.

(3) Complete and sign a Memorandum of Understanding (MOU) with the OEMS&T. The agreement shall include a list of all licensed emergency medical direction physicians who give medical orders to EMSP. The list shall also include the full name of each physician and his or her Medical Direction Physician Identification (MDPID).

(4) Maintain a Hospital Emergency Administrative Radio (HEAR) communication system capable of serving the emergency medical provider services' needs for the areas served.

(5) Ensure that all on-line medical direction physicians communicate directly with emergency medical provider services and EMSP when providing orders unless the physician is

providing other critical medical duties which can only be provided by a physician.
Author: Dennis Blair
Statutory Authority: Code of Ala. 1975, §22-18-1, et seq.
History: **New Rule:** Filed September 20, 1996; effective October 24, 1996. **Amended:** Filed March 20, 2001; effective April 24, 2001. **Repealed and New Rule:** December 17, 2007; effective January 21, 2008.

420-2-1-.15 Medical Direction.

(1) Service Medical Directors shall:

(a) Sign a written agreement outlining accepted responsibilities to provide emergency medical provider service medical oversight;

(b) Have experience, training, and a current or previous board certification from a recognized broad-based medical specialty organization such as emergency medicine, internal medicine, surgery, family practice, general practice (if current MDPID number issued prior to January 1, 2011), or pediatrics (in combination with an adult specialty);

(c) Hold and maintain a current ACLS certificate or be board certified in emergency medicine. Pediatric physicians shall hold and maintain a current PALS certificate or be board certified in pediatric emergency medicine;

(d) Complete the Alabama EMS Medical Director Course and be issued an OEMS&T Medical Direction Physician Identification (MDPID) number;

(e) Possess a current license to practice medicine from the Medical Licensure Commission of Alabama and a current unrestricted Drug Enforcement Agency (DEA) number and an unrestricted Alabama controlled substances certificate or obtain a variance as provided for within these rules;

(f) Provide oversight to ensure that all EMSP, for which he or she provides direction, are properly educated and licensed pursuant to these rules;

(g) Provide oversight to ensure that all EMSP, for which he or she provides direction, are following the Board approved Statewide EMS Treatment Protocols;

(h) Provide oversight to ensure that an effective method of quality assurance and improvement is integrated into the emergency medical provider services for which he or she provides direction, day-to-day patient care delivery;

(i) Provide oversight to ensure that the emergency medical provider services for which he or she provides direction, are in compliance with these rules; and

(j) Have authority to remove and/or provide remedial education to any EMSP working under his or her license, and shall notify the OEMS&T of each occurrence.

(2) On-line Medical Directors shall:

(a) Complete the Alabama EMS Medical Directors Course and be issued an OEMS&T Medical Direction Physician Identification (MDPID) number; and

(b) Report improper care or complaints regarding licensed EMSP and/or emergency medical provider services directly to the OEMS&T.

Author: Dennis Blair
Statutory Authority: Code of Ala. 1975, §22-18-1, et seq.
History: Filed September 1, 1982. **Amended:** Filed September 19, 1990. **Amended:** Filed August 21, 1995; effective September 25, 1995. **Repealed and Replaced:** Filed September 20, 1996; effective October 24, 1996. **Amended:** Filed March 20, 2001; effective April 24, 2001. **Repealed and New Rule:** December 17, 2007; effective January 21, 2008. **Repealed and New Rule: Filed April** 20, 2011; effective May 25, 2011.

Ed. Note: Rule .06 was renumbered .15 and the original Rule **420-2-1-.15, Ambulance Driver** was repealed as per certification filed April 20, 2011; effective May 25, 2011.

420-2-1-.16 Patient Transfers.

(1) No person or facility of any type shall order, arrange, or conduct an inter-facility transfer of a patient in a recumbent position by ground or air ambulance unless transport

of the patient is done by an emergency medical provider service licensed by the Board in an ambulance permitted in accordance with the level of care (ALS or BLS) the patient needs, or is likely to need, during transport. Each ambulance transporting patients between facilities shall have, in addition to a driver/pilot, at least one EMSP licensed at a level which will allow the EMSP to provide the care the patient needs or is likely to need. The provider service medical director is responsible for assuring, in advance, that the ambulance and EMSP have the capability to meet the patient's expected needs. The transferring physician will ensure that the level of patient care, staffing, and equipment during transport is appropriate to meet the current and anticipated needs of the patient.

(2) The transferring hospital should provide a complete medical record or patient chart to the receiving hospital. The emergency medical provider service operator shall ensure that a complete and accurate patient care report, as prescribed by the Board, is submitted for each transfer.

(3) In addition to the fluids and medications which an ALS EMSP may administer to an emergency patient, they may administer, perform, and maintain other types of I.V. fluids and medications during the inter-hospital transfer of a stabilized patient on the signed, written order of the transferring physician given to the ALS EMSP in advance. The following conditions apply:

(a) The patient shall be deemed by the transferring physician to be appropriately stabilized to permit transport to another health care facility by the mode of transport selected.

(b) The transferring physician shall have communicated to the ALS EMSP all necessary aspects of patient management and the administration or maintenance of specified fluids, medications, equipment, and procedures that would be administered or maintained during transport.

(c) During inter-facility transfers, an ALS EMSP may be authorized to administer or maintain infusion of the classification of fluids and medications, perform procedures, or maintain equipment identified herein only after successful completion of the continuing education course of instruction approved by the State Board of Health entitled, "Administration and/or Maintenance of Fluids, Medications, Procedures, and Equipment during Inter-hospital Transfer of the Stabilized Patient," and have in his or her possession documented evidence

issued by the OEMS&T attesting to the completion of such training. In addition, the service medical director, regional medical director and State Emergency Medical Control Committee shall approve, in writing, specific medications under each general classification. This written approval shall be on file with the transferring institution and the OEMS&T, and shall be renewed annually.

(d) The specific classifications of I.V. fluids and medications which ALS EMSP are authorized to administer or maintain (in addition to those set forth on the standardized pre-hospital Physician Medication Order form approved by the State Board of Health) are strictly limited to the following, or their generic equivalents, for administration or maintenance only in the dosages, forms, frequency, and amounts as ordered in writing, in advance, by the transferring physician:

1. Vitamin, mineral, and electrolyte infusions;

2. Central nervous system and neuromuscular agents;

3. Anticonvulsants;

4. Antipsychotics, anxiolytics, antidepressants;

5. Anti-infective agents;

6. Antineoplastic agents;

7. Respiratory agents;

8. Cardiovascular agents;

9. Gastrointestinal agents;

10. Endocrine and ophthalmic agents;

11. Reproductive agents;

12. Circulatory support agents.

(e) *THROMBOLYTICS and PITOCIN cannot be administered by ALS EMSP in the BOLUS form.

(f) The specific invasive procedures and equipment which ALS EMSP are authorized to administer or maintain during inter-facility transfers are strictly limited to the following

as ordered in writing, in advance, by the transferring physician:

1. Portable Ventilators

2. I.V. Pumps

3. Chest Tubes

(g) A written order, signed by the transferring physician containing the following elements of information, shall be completed and delivered to the receiving hospital with the patient:

1. The patient's name and diagnosis;

2. The name and signature of the transferring physician;

3. The name of the transferring hospital;

4. The name of the ALS EMSP accepting the patient for transport;

5. The name of the receiving physician;

6. The name of the receiving hospital;

7. The date and time the patient was released by the transferring physician;

8. The date and time the patient was accepted by the receiving physician;

9. All fluids and medications administered or maintained or both;

10. Specific medical orders and detailed prescriptions clearly specifying dosages and frequency;

11. All required life support equipment the patient needs or is likely to need; and

12. Other remarks as appropriate related to patient management.

(h) All medications required by the transferring physician to accompany the patient or medications which are already infusing should be supplied by the transferring hospital. All medications provided for use during the transfer together with all unused medications, syringes, vials, or empty containers shall be accounted for by the ALS EMSP in the same manner in which the transferring hospital would normally do so or require.

(i) Documentation shall account fully for all medications administered or maintained during transfer.

(j) All medications authorized to be administered or maintained during inter-hospital transfers shall be stored, managed, and accounted for separately from those in the normal ALS EMSP's medication container for pre-hospital emergency care.

(4) The requirements of this rule and other requirements of these rules do not apply to vehicles operated by a hospital exclusively for intra-hospital facility transfers. To qualify for this exemption, a vehicle shall conform to all of the following requirements:

(a) The vehicle shall be used exclusively for the transport of patients from one building in a licensed hospital to another building in the same licensed hospital. The vehicle shall not be used to respond to emergencies, to transport emergency patients, or to transport patients for any purpose other than intra-hospital facility transfers.

(b) The hospital shall be licensed by the Board and licensure records shall be on file with the Department's Division of Licensure and Certification.

(c) Each building from which patients are sent or by which patients are received shall be operated by the licensed hospital, as documented in the hospital's licensure records. Patients sent from a building operated by one licensed hospital to a building operated by another licensed hospital will be considered inter-facility and NOT intra-facility transfers, regardless of whether the licensed facilities are owned or operated by the same entity.

(d) All crew members on board the vehicle shall be hospital employees.

Author: Dennis Blair

Statutory Authority: Code of Ala. 1975, §22-18-1, et seq.

History: Filed September 1, 1982. **Repealed and Replaced:** Filed September 20, 1996; effective October 24, 1996. **Amended:** Filed March 20, 2001; effective April 24, 2001. **Repealed and New Rule:** December 17, 2007; effective January 21, 2008. **Repealed and New Rule: Filed April** 20, 2011; effective May 25, 2011.

Ed. Note: Rule .07 was renumbered .16 and original Rule **420-2-1-.16, Responsibility For Patient** was repealed as per certification filed April 20, 2011; effective May 25, 2011.

420-2-1-.17 EMSP Testing And Certification Requirements.

(1) All EMS educational programs shall strictly adhere to the State Board of Health approved curriculum for each Alabama EMT license level and pass the state certification exam.

(2) All Basic Life Support (BLS) levels, Emergency Medical Responders, and Emergency Medical Technicians shall complete the Board-approved curriculum from one of the following approved organizations:

(a) An Alabama Department of Post Secondary Education (ADPE) or Alabama Commission on Higher Education (ACHE) accredited educational institution.

(b) A hospital, clinic, or medical center accredited by a healthcare accrediting agency or equivalent that is recognized by the U.S. Department of Health and Human Services.

(c) A branch of the U.S. Armed Forces or other governmental, educational, or medical service.

(d) An Emergency Medical Services (EMS) related organization recognized by the OEMS&T.

(3) All ALS level courses must be conducted by one of the following institutions:

(a) A post secondary academic institution accredited by an institutional accrediting agency, or equivalent, that is recognized by the U.S. Department of Education and that is authorized under applicable law or other acceptable authority to provide a post secondary program or to approve college credit

which awards, at a minimum, a certificate at the completion of the program.

(b) A foreign post secondary academic institution acceptable to the Commission on Accreditation of Allied Health Education Programs (CAAHEP).

(c) A hospital, clinic, or medical center accredited by a healthcare accrediting agency, or equivalent, that is recognized by the U.S. Department of Health and Human Service and authorized under applicable law or other acceptable authority to provide healthcare which is affiliated with an accredited post secondary educational institution or equivalent or an accredited graduate medical educational program which awards, at a minimum, a certificate at the completion of the program.

(d) A branch of the U.S. Armed Forces or other governmental educational or medical service which is affiliated with an accredited post secondary educational institution, or equivalent, that is authorized under applicable law or other acceptable authority to provide a post secondary educational program which awards, at a minimum, a certificate at the completion of the program, or a national organization authorized under applicable law or other acceptable authority to approve college credit.

(e) Paramedic level programs shall be conducted by an institution that meets the standards and guidelines of the Commission on Accreditation for the Emergency Medical Services Professions (CoAEMSP).

(4) Notification must be submitted to the OEMS&T prior to the beginning of any ALS EMSP licensure level courses. Documentation from CoAEMSP, for paramedic level, stating the qualification as a sponsoring institution shall be submitted to the OEMS&T prior to the beginning of any course.

(5) All approvals of EMSP educational programs shall be reported in writing by the approving agency or organization to the OEMS&T prior to graduates being eligible for certification, examination, and licensure.

(6) All EMSP education programs shall adhere to the Board approved curriculum and scope of practice for each EMSP level of licensure.

(7) All paramedic programs shall be accredited by the CoAEMSP to be eligible for the certification examination and licensure. Documentation of CoAEMSP accreditation shall be provided to the OEMS&T.

(8) All paramedic programs providing initial education at the ALS EMSP level shall provide the OEMS&T verification that an application for accreditation has been submitted to CoAEMSP prior to the education program initiating a second class.

(9) All EMSP shall graduate with current EMSP Protocol training.

(10) Advanced EMTs shall graduate with current Advanced EMT Protocols, the appropriate Patient Transfer Course, and previous level requirements.

(11) Paramedics shall graduate with current Paramedic Protocols, an OEMS&T approved ACLS course, the appropriate Patient Transfer course, and previous level requirements.

(12) All accreditation or re-accreditation site visits shall be attended by an OEMS&T staff representative as a silent observer. All pending visits shall be communicated to the OEMS&T by the EMSP educational program.

(13) Each graduate of an approved EMSP program will be eligible to take the OEMS&T's approved examination for licensure provided the candidate has completed all educational requirements as outlined by these rules. Any deviation from these rules will disqualify a candidate from taking the examination.

(14) Any student graduating from an unapproved and unrecognized EMSP course will not be eligible for the OEMS&T's licensure examination.

(15) Approved EMSP educational programs shall adhere to the license examination scheduling and eligibility policies of the OEMS&T.

(16) EMSP educational programs shall notify the OEMS&T in writing within five working days of any case of student cheating, falsification, or misrepresentation of documents, positive results of a drug screening, or dismissal for any reason.

Author: Dennis Blair
Statutory Authority: Code of Ala. 1975, §22-18-1, et seq.
History: **New Rule:** Filed September 20, 1996; effective October 24, 1996. **Amended:** Filed March 20, 2001; effective April 24, 2001. **Repealed and New Rule:** December 17, 2007; effective January 21, 2008. **Repealed and New Rule: Filed April** 20, 2011; effective May 25, 2011.

Ed. Note: Rule 420-2-1-.17 was repealed as per certification Filed March 20, 2001; effective April 24, 2001. As a result of this Rule 420-2-1-.18 was renumbered to 420-2-1-.17.

420-2-1-.18 EMS Personnel Licensure Status Categories.

(1) Active - A license that allows an individual the privilege to practice all duties within the scope defined pursuant to his or her level of licensure.

(a) Unrestricted - An unrestricted license may be granted by the Board after it has determined that the Emergency Medical Services Personnel (EMSP) is willing and capable of maintaining compliance with these rules.

(b) Probationary - At its discretion, the Board may grant a probationary license or downgrade an unrestricted license, for a specific period which shall not exceed one year, when it determines that the following condition exists:

1. The EMSP has engaged in one or more deficient practices which are serious in nature, chronic in nature, or which the EMSP has failed to correct. This failure could lead to additional licensure actions including suspension or revocation.

(2) Expired - A license that has not been renewed upon its stated expiration date.

(3) Revoked - A license terminated due to a violation of these rules, or state or federal law.

(4) Suspended - A license that has had its associated privileges temporarily removed.
Author: Dennis Blair
Statutory Authority: Code of Ala. 1975, §22-18-1, et seq.

History: New Rule: Filed September 20, 1996; effective October 24, 1996. **Amended:** Filed March 20, 2001; effective April 24, 2001. **Repealed and New Rule:** December 17, 2007; effective January 21, 2008. **Repealed and New Rule: Filed April** 20, 2011; effective May 25, 2011. **Amended:** Filed January 17, 2013; effective February 21, 2013.

Ed. Note: Rule 420-2-1-.17 was repealed as per certification Filed March 20, 2001; effective April 24, 2001. As a result of this Rule 420-2-1-.19 was renumbered to 420-2-1-.18.

420-2-1-.19 Driver Qualifications.

(1) A valid Driver license;

(2) A current emergency vehicle operations certificate from an approved course that shall be maintained in the emergency medical provider service's employee file;

(3) A current approved CPR card (approved list available at www.adph.org/ems); and;

(4) A certificate of completion from a Department Of Transportation Emergency Medical Responder Curriculum Course (effective March 31, 2013.)

Author: Dennis Blair
Statutory Authority: Code of Ala. 1975, §22-18-1, et seq.
History: New Rule: Filed April 20, 2011; effective May 25, 2011.

420-2-1-.20 Initial EMSP Licensure Qualifications.

(1) Initial EMSP qualifications are:

(a) The license candidate shall be 18 years of age within one year of the course completion date of the entry level course.

(b) The license candidate shall meet the essential functions of an EMSP as outlined in the *Functional Job Analysis*. The *Functional Job Analysis* was developed and adopted for the State examination accommodations to meet the requirements of the Americans with Disabilities Act ("ADA"). A copy of these

functions may be reviewed in the U.S. Department of Transportation, National Highway Traffic Safety Administration's *Emergency Medical Technician: EMT, National Standard Curriculum: Appendix A.*

(c) The license candidate shall disclose any felony convictions during enrollment procedures and gain clearance through the OEMS&T prior to beginning any classes.

(2) The licensure candidate shall complete the current National Standard Curriculum approved by the Board.
Author: Dennis Blair
Statutory Authority: Code of Ala. 1975, §22-18-1, et seq.
History: **New Rule:** Filed September 20, 1996; effective October 24, 1996. **Amended:** Filed March 20, 2001; effective April 24, 2001. **Repealed and New Rule:** December 17, 2007; effective January 21, 2008. **Repealed and New Rule: Filed April** 20, 2011; effective May 25, 2011.

Ed. Note: Rule 420-2-1-.17 was repealed as per certification Filed March 20, 2001; effective April 24, 2001. As a result of this Rule 420-2-1-.21 was renumbered to 420-2-1-.20.

420-2-1-.21 Initial Licensure Application For EMS Personnel.

(1) No individual may perform EMSP duties prior to obtaining a license, except under the guidelines of the EMSP field internship.

(2) The licensure candidate shall submit a license application only upon official notification from the NREMT of successful completion of the certification examination, a current approved CPR card, and verification of current protocol education to be issued an active license.

(3) The fee for a license shall accompany the application in the form of a check, money order, or cash.
Author: Dennis Blair
Statutory Authority: Code of Ala. 1975, §22-18-1, et seq.
History: **New Rule:** Filed September 20, 1996; effective October 24, 1996. **Amended:** Filed March 20, 2001; effective April 24, 2001. **Repealed and New Rule:** December 17, 2007; effective January 21, 2008. **Repealed and New Rule: Filed April** 20, 2011; effective May 25, 2011.

Ed. Note: Rule 420-2-1-.17 was repealed as per certification Filed March 20, 2001; effective April 24, 2001. As a result of this Rule 420-2-1-.22 was renumbered to 420-2-1-.21.

420-2-1-.22 Out-Of-State EMS Personnel.

(1) All applicants shall have a current NREMT certificate.

(2) All persons possessing a current NREMT EMT Intermediate certificate will be eligible for an EMT license.
Author: Dennis Blair
Statutory Authority: Code of Ala. 1975, §22-18-1, et seq.
History: **New Rule:** Filed September 20, 1996; effective October 24, 1996. **Amended:** Filed March 20, 2001; effective April 24, 2001. **Repealed and New Rule:** December 17, 2007; effective January 21, 2008. **Repealed and New Rule: Filed April** 20, 2011; effective May 25, 2011.

Ed. Note: Rule 420-2-1-.17 was repealed as per certification Filed March 20, 2001; effective April 24, 2001. As a result of this Rule 420-2-1-.23 was renumbered to 420-2-1-.22.

420-2-1-.23 License Expiration And Renewal For EMS Personnel.

(1) Prior to license expiration, the OEMS&T will attempt to notify each licensed individual utilizing the most recent contact information that has been provided. If an individual fails to receive this notice, it will not relieve him or her of the responsibility for license renewal.

(2) Renewal applications received after March 1 will not guarantee the applicant's license will be processed in time to avoid expiring. All individual licenses expire on March 31 of a given year.

(3) All continuing education and protocols requirements shall be completed prior to renewal application being submitted to the Office of EMS and Trauma. Any application submitted attesting that all continuing education requirements have been met but it is determined that the applicant had not completed this requirement will result in disciplinary action for falsification of records.

(4) Individuals using on-line re-licensure process are subject to audit of all information attested to on the application. All applicants who are selected for audit have 72 hours to submit their documentation. Failure to provide the requested documentation will result in disciplinary action for falsification of records.

(5) An individual who was licensed prior to 1986 and was not required to obtain NREMT certification for initial licensure will be granted amnesty for the requirement of maintaining NREMT certification. In lieu of the NREMT certification requirement, these individuals may submit current OEMS&T continuing education requirements and OEMS&T approved adult and pediatric protocol education.

(6) Renewal Level Requirements:

(a) EMR

1. The two-year license renewal fee of $10.00 or the one-year license renewal fee of $5.00 shall accompany the application in the form of a check, money order, or cash;

2. Current NREMT certification.

(b) EMT:

1. The two-year license renewal fee of $10.00 or the one-year license renewal fee of $5.00 shall accompany the application in the form of a check, money order, or cash;

2. OEMS&T approved adult and pediatric protocols update and full course certificate; and

3. Current NREMT certification.

(c) EMT-Intermediate (I-85):

1. The two-year license renewal fee of $10.00 or the one year license renewal fee of $5.00 shall accompany the application in the form of a check, money order, or cash;

2. OEMS&T approved adult and pediatric protocols update and full course certificate; and

3. Current NREMT certification.

(d) Advanced EMT:

1. The two-year license renewal fee of $10.00 or the one-year license renewal fee of $5.00 shall accompany the application in the form of a check, money order, or cash;

2. OEMS&T approved adult and pediatric protocols update and a full course certificate; and

3. Current NREMT certification.

(e) Paramedic:

1. The two-year license renewal fee of $10.00 or the one-year license renewal fee of $5.00 shall accompany the application in the form of a check, money order, or cash;

2. OEMS&T approved adult and pediatric protocols update and full course certificate; and

3. Current NREMT certification.

(7) A duplication of licenses will have a fee of $10.00.

(8) Renewal applications may be paid by credit card through the OEMS&T on-line process, but each EMSP shall meet the same requirements as listed above.

Author: Dennis Blair
Statutory Authority: Code of Ala. 1975, §22-18-1, et seq.
History: **New Rule:** Filed September 20, 1996; effective October 24, 1996. **Amended:** Filed March 20, 2001; effective April 24, 2001. **Repealed and New Rule:** December 17, 2007; effective January 21, 2008. **Repealed and New Rule: Filed April** 20, 2011; effective May 25, 2011. **Amended:** Filed January 17, 2013; effective February 21, 2013.

Ed. Note: Rule 420-2-1-.17 was repealed as per certification Filed March 20, 2001; effective April 24, 2001. As a result of this Rule 420-2-1-.24 was renumbered to 420-2-1-.23.

420-2-1-.24 EMT-Intermediates (I-85).

NOTE: This section only applies to current licensed Alabama EMT-Intermediates.

(1) The OEMS&T stopped licensing EMT-Intermediates (I-85) in 2003.All existing EMT-Intermediates (I-85) will continue to be licensed as such so long as their licenses are properly renewed each license cycle.

(2) The EMT-Intermediate (I-85) shall have the ability to provide medical treatment skills and interventions as described in the *Alabama OEMS&T Statewide Treatment Protocols for the EMT-Intermediate (I-85)* that are modified as needed based on changes granted by the Board.

(3) The license certification examination is not applicable in Alabama for this level. This does not affect EMT-Intermediates (I-85) already licensed in Alabama. (See Reciprocity for Out of State EMT-Intermediates (I-85).
Author: Dennis Blair
Statutory Authority: Code of Ala. 1975, §22-18-1, et seq.
History: **New Rule:**Filed September 20, 1996; effective October 24, 1996.**Amended:** Filed March 20, 2001; effective April 24, 2001. **Repealed and New Rule:** December 17, 2007; effective January 21, 2008. **Repealed and New Rule:** Filed December 17, 2007; effective January 21, 2008. **Repealed and New Rule: Filed April** 20, 2011; effective May 25, 2011.

Ed. Note: Rule 420-2-1-.17 was repealed as per certification Filed March 20, 2001; effective April 24, 2001. As a result of this Rule 420-2-1-.26 was renumbered to 420-2-1-.25. Rule 420-2-1-.24, Credentialing, was repealed therefore Rule 420-2-1-.25 was renumbered 420-2-1-.24 as per certification filed December 17, 2007; effective January 21, 2008.

420-2-1-.25 Advanced Life Support Personnel Scope of Privilege.

(1) All advanced EMS licensure levels shall have the ability to provide ALS medical treatments and interventions as described in the *Alabama OEMS&T Patient Care Protocols* as applicable to their level of licensure, and if the following criteria are met:

(a) The individual has a valid Alabama EMSP license;

(b) The individual is current on all applicable protocol updates approved by the Board; and

(c) The individual is listed on a licensed ALS emergency medical provider service's personnel roster.

(2) No individual licensed at any level shall transport ALS equipment, fluids, or medications for the purpose of rendering ALS care in any vehicle not listed on the provider vehicle roster.

(3) All advanced EMS licensure levels shall comply with all state-wide system components (i.e., Trauma, Stroke, and STEMI) as written in the *Alabama OEMS&T Patient Care Protocols*.
Author: Dennis Blair
Statutory Authority: Code of Ala. 1975, §22-18-1, et seq.
History: **New Rule:** Filed April 20, 2011; effective May 25, 2011.

420-2-1-.26 Continuing Education.

(1) All continuing education submitted in support of license renewal shall meet the requirements set forth by the OEMS&T and the NREMT.

(2) The *Alabama OEMS&T Patient Care Protocols* include all adult and pediatric protocols and are available from the OEMS&T or http://www.adph.org/ems. It is the emergency medical provider service's responsibility to ensure that the most current protocols are being utilized during annual updates and bi-annual education requirements.

(3) All licensed provider services shall ensure that protocol training is provided for all EMSP employed by their service. Evaluation and training records shall be kept on file and shall be available for review by the OEMS&T.

(4) The provider service's medical director and management staff are responsible for appointing an individual to be the provider service's protocol trainer and continuing education coordinator.

(5) Refresher course instructors shall utilize the refresher courses specified for the level of licensure to be

instructed. These refresher courses can be found at http://www.nhtsa.dot.gov.

(6) Continuing education coordinators/instructors shall provide all students with a certificate of course completion that documents the dates of the course, the instructor's signature, the title of the course, and the student's full name and EMT license number (if applicable).

(7) Renewal cards (i.e., ACLS, BTLS, and CPR) and certificates for an approved course shall be typed and completed by the continuing education instructor.

(8) Falsification of continuing education documents is a violation of state law. Any provider service, continuing education coordinator, or EMSP found guilty of such activity will be subject to disciplinary action.
Author: Dennis Blair
Statutory Authority: Code of Ala. 1975, §22-18-1, et seq.
History: New Rule: Filed April 20, 2011; effective May 25, 2011.

420-2-1-.27 Expired License And Reinstatement Requirements For The EMSP.

(1) All licenses expire at midnight on March 31 in the stated year of their expiration.

(2) All EMSP who fail to renew their license shall follow the guidelines established by the NREMT. This information may be found at http://www.nremt.org.

(3) An individual who was licensed prior to 1986 and was not required to obtain NREMT certification for initial licensure may reinstate his/her license through April 30, providing the current OEMS&T educational requirements of the license expiration year have been met. Those individuals who have not been reinstated by May 1 will be subject to the OEMS&T initial licensure process.

(4) All EMSP whose license expire will be required to pay an additional $50.00 late fee, unless they meet the requirements of 420-2-1-.20 Initial EMSP Licensure Qualifications.
Author: Dennis Blair

Statutory Authority: Code of Ala. 1975, §22-18-1, et seq. **History: New Rule:** Filed September 20, 1996; effective October 24, 1996. **Amended:** Filed March 20, 2001; effective April 24, 2001. **Repealed and New Rule:** December 17, 2007; effective January 21, 2008. **Repealed and New Rule: Filed April** 20, 2011; effective May 25, 2011. **Amended:** January 17, 2013; effective February 21, 2013.

Ed. Note: Rule 420-2-1-.17 was repealed as per certification Filed March 20, 2001; effective April 24, 2001. As a result of this Rule 420-2-1-.29 was renumbered to 420-2-1-.28. Rule 420-2-1-.28 was renumbered 420-2-1-.27 as per certification filed December 17, 2007; effective January 21, 2008.

420-2-1-.28 Responsibility For Patient.

(1) The highest level EMSP shall provide patient care when treating and/or transporting an emergency patient and shall have the responsibility to provide care until relieved by appropriate medical personnel.

(2) The transfer of a patient that does not require ALS procedures may be attended by a lower level EMSP at the discretion of the highest level EMSP.

(3) Licensed EMSP providing care to a patient shall remain under a continuing duty to provide care to the patient. The circumstances under which an EMSP may stop providing care are set forth below:

(a) EMSP providing care to a patient may yield patient care responsibilities to any other licensed EMSP or licensed physician who is willing to assume patient care responsibilities. EMSP providing care to a patient shall yield patient care responsibilities to a licensed physician when directed to do so by the on-line medical director;

(b) EMSP personnel shall yield patient care responsibilities to licensed EMSP when directed to do so by licensed EMSP of a higher level; and

(c) EMSP shall discontinue patient care measures when directed to do so by the on-line medical director.

(4) On-scene disputes regarding patient care responsibilities shall be referred to the on-line medical director.

Author: Dennis Blair

Statutory Authority: Code of Ala. 1975, §22-18-1.

History: New Rule: Filed May 16, 2007; effective June 20, 2007. **Repealed and New Rule:** December 17, 2007; effective January 21, 2008. **Repealed and New Rule: Filed April** 20, 2011; effective May 25, 2011.

Ed. Note: Rule 420-2-1-.29 was renumbered 420-2-1-.28 as per certification filed December 17, 2007; effective January 21, 2008.

420-2-1-.29 Impaired EMSP.

(1) When the OEMS&T initiates an investigation due to its receipt of evidence of the possible impairment of licensed EMSP, the individual may avoid adverse licensure action if the individual voluntarily enters a drug, alcohol, or psychiatric rehabilitation program approved by the OEMS&T and agrees to a voluntary suspension of his or her license pending the outcome of the rehabilitation program's evaluation and recommendation.

(2) If the individual does not complete the program evaluation or follow the recommendation after the evaluation is completed, or does not agree to a voluntary suspension of his or her license, the individual will be deemed to have violated these rules and will be immediately subject to disciplinary action.

(3) EMSP who test positive on any drug screening (including pre-employment screenings) shall be reported in writing to the OEMS&T immediately by the emergency medical provider service.

(4) EMSP may avoid further disciplinary action by the OEMS&T if:

(a) The individual has no adjudications of guilt or any convictions, nor has he or she pleaded no contest to any charge relating to drug, alcohol abuse, or mental illness.

(b) The EMSP is not determined by the appropriate medical authority to present a danger to him or herself, to those around them, or to patients.

(5) If the above criteria are met, the individual may then qualify to enter into a stipulation with the OEMS&T in which the individual agrees to the following conditions:

(a) Participation in and successful completion of an inpatient or outpatient care program for substance abuse or mental illness;

(b) Waiver of confidentiality so that the OEMS&T may access the individual's patient records in either the inpatient and aftercare program;

(c) Submission of all follow-up treatment reports and drug screening tests to the OEMS&T for review (submission shall be made by the entity conducting the treatment or drug screening); and

(d) Participation in random drug or alcohol screenings, or psychiatric examinations as required by the OEMS&T or by the entity providing outpatient care.

(6) If inpatient care or outpatient care is not completed, or if the individual is found not to be drug free prior to the completion of the treatment program, or if the individual tests positive on any random drug screenings, or if the individual is deemed at any time to present a danger to himself or herself, to those around them, or to patients, then the individual will be deemed to have violated these rules and will be immediately subject to disciplinary action.

(7) Emergency medical provider services shall provide immediate notification to the OEMS&T and written documentation about any individual that meets the definition of an impaired EMSP. Written documentation shall include the employee's name, level of licensure, license number, drug screening and/or blood alcohol content results.

Author: Dennis Blair
Statutory Authority: Code of Ala. 1975, §22-18-1, et seq.
History: New Rule: Filed April 20, 2011; effective May 25, 2011.

420-2-1-.30 Complaint/Disciplinary Procedures.

(1) The Board may investigate any complaint at the discretion of the State EMS Director, State EMS Medical Director, or their authorized representative.

(2) If the Board receives a verbal complaint of any matter relating to the regulation of provider services or EMSP, the complainant is deemed to have filed an informal complaint against the provider service or EMSP. Should the Board determine that a complaint is valid; the complaint then becomes formal and may warrant action pursuant to this chapter. The provider service or EMSP shall comply with any request for records from the OEMS&T within three (3) business days from the date of request.

(3) If the Board receives a written and signed statement of any matter relating to the regulation of provider services or EMSP, the complainant is deemed to have filed a formal complaint against the provider service or EMSP. Within ten days of receipt of the complaint, a designated representative of the Board shall inform the provider service or EMSP that a formal complaint has been filed. The personnel or organization shall be informed of the nature of the allegations made and the potential rule violation. The provider service or EMSP shall comply with any request for records from the OEMS&T within three (3) business days from the date of request.

(4) If the Board determines that a formal complaint filed is valid or not valid, the Board shall render a written decision to all parties involved of its findings.

(5) The Board may issue a request for an interview with the provider service or EMSP if evidence indicates that grounds for action exist. The request shall state the date and time for the interview.

(6) If the Board determines that evidence warrants action or if the provider service or EMSP refuses to attend the informal interview, the Director shall institute formal proceedings and hold a hearing pursuant to §22-18-6, Code of Ala. 1975.

(7) If the Board determines disciplinary action is appropriate, the Board may take action up to and including license revocation.

(8) Complaints against EMSP, applicants, or students, may be submitted if they:

(a) Do not meet or no longer meet the qualifications for licensure;

(b) Are guilty of misconduct or has otherwise committed a serious and material violation of these rules;

(c) Have provided care to a patient under his or her care which falls short of the standard of care which ordinarily would be expected to be provided by similarly situated EMSP personnel and has thereby jeopardized the life, health, or safety of a patient;

(d) Have abused an individual sexually, physically, mentally, or verbally;

(e) Have submitted any document which is fraudulent or knowingly false in any respect;

(f) Have committed fraud in the performance of his or her duties;

(g) Have been convicted of a crime;

(h) Have performed any act requiring licensure or certification under state EMS statutes or these rules without possession of the requisite licensure or certification;

(i) Have performed any act which exceeds the scope of practice as granted to the license holder or has performed any act while working with an expired license; or

(j) Meet the definition of Impaired EMSP.

(9) Hearings to suspend or revoke a license shall be governed by the Board's Rules for Hearing of Contested Cases, Chapter 420-1-3, Ala. Admin. Code.

Author: Dennis Blair

Statutory Authority: Code of Ala. 1975, §22-18-1, et seq.

History: **New Rule:** Filed September 20, 1996; effective October 24, 1996. **Amended:** Filed March 20, 2001; effective April 24, 2001. **Repealed and New Rule:** December 17, 2007; effective January 21, 2008. **Repealed and New Rule: Filed April** 20, 2011; effective May 25, 2011.

Ed. Note: Rule 420-2-1-.17 was repealed as per certification Filed March 20, 2001; effective April 24, 2001. As a result of this Rule 420-2-1-.27 was renumbered to 420-2-1-.26. Rule 420-2-1-.26 was renumbered 420-2-1-.25 as per certification filed December 17, 2007; effective January 21, 2008. Rule .25 was renumbered to .30 as per certification filed April 20, 2011; effective May 25, 2011.

420-2-1-.31 Emergency Medical Services Do Not Attempt Resuscitation Orders.

(1) EMSP may honor an Emergency Medical Services Do Not Attempt Resuscitation Order in the pre-hospital setting, if the order is in a form prescribed by the State Board of Health, and if the order is documented by a Standard EMS Provider Notice as defined by the State Board of Health. In honoring an Emergency Medical Services Do Not Attempt Resuscitation Order, emergency medical services personnel may withhold resuscitative measures, as defined in these rules, but shall not withhold comfort care such as intravenous fluids, oxygen, suction, control of bleeding, administration of pain medication (if provided by properly licensed and authorized personnel), and the provision of support and comfort to patients, family members, friends, and other individuals. In no event shall emergency medical services personnel honor an Emergency Medical Services Do Not Attempt Resuscitation Order for any patient who is able to, and does express to such personnel the desire to be provided resuscitative measures.

(2) Appendix A is the form for the Emergency Medical Services Do Not Attempt Resuscitation Order defined in these rules. An Order shall be signed by the patient's attending or treating physician or by another physician providing care to the patient. The physician signing the form shall certify that the patient is an adult (eighteen years of age or older). In addition, the physician shall certify that one of the following is applicable:

(a) The patient has signed a valid living will or other advance directive which indicates the patient's desire that resuscitative measures be withheld under the patient's present circumstances;

(b) The patient has appointed an attorney-in-fact or other health care surrogate who is authorized to make decisions

regarding the provision or withholding of treatment to the patient, and this individual has directed that resuscitative measures be withheld from the patient under the present circumstances; or

(c) A legal or court-appointed guardian has directed that resuscitative measures be withheld from the patient under the present circumstances.

(d) A legal healthcare surrogate has directed that resuscitative measures be withheld from the patient under the present circumstances.

(3) The State Board of Health shall grant prior approval to any proposed Provider Notice as defined herein. Such approval shall include protocols under which this Notice may be distributed to patients. Such specifications and protocols shall be reasonably calculated to assure that Notices are distributed only to patients on whose behalf a physician has issued a valid Emergency Medical Services Do Not Attempt Resuscitation Order, and that such provider notifications may not be easily forged or altered.

(4) A patient or his lawfully authorized attorney-in-fact, health care surrogate, or guardian may revoke the patient's Emergency Medical Services Do Not Attempt Resuscitation Order by obliterating, burning, tearing, or defacing the Order in a manner indicating intention to revoke or cancel, or by destroying the standard EMS provider notice, or removing the notice from the patient's person, if the Notice is a necklace, bracelet, or other object.

(5) No emergency medical services personnel who in good faith and pursuant to reasonable medical standards causes or participates in the withholding or withdrawal of resuscitative measures from a patient pursuant to the provisions of these rules shall, as a result thereof, be subject to disciplinary action under these rules.

Author: Dennis Blair

Statutory Authority: Code of Ala. 1975, §22-18-1, et seq.

History: **New Rule:** Filed September 20, 1996; effective October 24, 1996. **Amended:** Filed March 20, 2001; effective April 24, 2001. **Repealed and New Rule:** December 17, 2007; effective January 21, 2008. **Repealed and New Rule: Filed April** 20, 2011; effective May 25, 2011.

Ed. Note: Rule 420-2-1-.17 was repealed as per certification Filed March 20, 2001; effective April 24, 2001. As a result of this Rule 420-2-1-.20 was renumbered to 420-2-1-.19. Rule .19 was renumbered to .31 as per certification filed April 20, 2011; effective May 25, 2011.

420-2-1-.32 Research And Data.

(1) Records and data may be released as needed to the principal investigators associated with a valid scientific study provided that the protocols for release and handling of such records and data shall be approved in advance by a duly constituted institutional review board for the protection of human subjects.

(2) All data requests shall be made to the OEMS&T by submitting a *Data Request* application.

(3) All approved data requests and/or studies involving any information collected through the OEMS&T shall require that the published results contain a statement acknowledging the efforts and cooperation by the OEMS&T.

(4) All published results of a data request shall be submitted to the OEMS&T within a reasonable time.

(5) Any licensee who is, or contemplates being, engaged in a bona fide research program which may be in conflict with one or more specific provisions of these rules may make application for a variance of the specific provisions in conflict. Application for a variance shall be made to the OEMS&T which shall, upon completion of its investigation and recommendation of the State Emergency Medical Control Committee, send its findings, conclusions, and recommendations to the State Health Officer for final action.
Author: Dennis Blair
Statutory Authority: Code of Ala. 1975, §22-18-1, et seq.
History: New Rule: Filed April 20, 2011; effective May 25, 2011.

420-2-1-.33 Emergency Medical Services Advisory Board.

(1) Recommendations of the Emergency Medical Services Advisory Board are advisory and are not binding on the State Board of Health, the State Health Officer, the OEMS&T, or agencies under contract with the Alabama Department of Public Health.

(2) The Emergency Medical Services Advisory Board's responsibilities shall include:

(a) Reviewing and commenting on state EMS rules and proposed rule revisions;

(b) Participating as an advocacy body to improve emergency medical services systems; and

(c) Keeping minutes of all its meetings which shall be kept on file with the OEMS&T.

(3) The membership and terms of office shall be those established by §22-18-5, Code of Ala. 1975. Reasonable efforts shall be made to avoid possible conflicts of interest involving voting members.

(4) The Emergency Medical Services Advisory Board shall elect a chairman and vice-chairman who shall serve concurrent terms of one (1) year. Duties of the officers shall be those which usually apply to such offices.

(5) The Emergency Medical Services Advisory Board may establish and maintain such standing and special committees or work groups as deemed necessary to carry out the work of the Board; shall meet in accordance with those requirements established in §22-18-5, Code of Ala. 1975, and, may write by-laws or procedures or both to meet its unique requirements, but such by-laws or procedures may not conflict with §22-18-5, Code of Ala. 1975.

(6) An Emergency Medical Services Advisory Board member shall not receive compensation for services as a member, but shall be reimbursed for per diem and travel expenses at the same rate paid state employees.

Author: Dennis Blair

Statutory Authority: Code of Ala. 1975, §22-18-1, et seq.

History: New Rule: Filed April 20, 2011; effective May 25, 2011.

420-2-1-.34 State Emergency Medical Control Committee (SEMCC).

(1) The SEMCC shall be composed as follows:

(a) The medical directors of each EMS region designated by the board as ex officio members with voting privileges.

(b) One member who shall be appointed by the Alabama Chapter of the American College of Emergency Physicians.

(c) One member who shall be appointed by the State Committee on Trauma of the American College of Surgeons.

(d) One member who shall be appointed by the Alabama Chapter of the American Academy of Pediatrics.

(e) The State EMS Medical Director, as an ex officio member with voting privileges, who shall serve as its chair.

(f) The State Trauma Consultant if a physician is designated as such by the Board of Health or pursuant to other procedure established by law as an ex officio member with voting privileges.

(g) One member who shall be an Alabama physician appointed by the Alabama Chapter of the Association of Air Medical Services.

(h) One member who shall be appointed by the Alabama Hospital Association.

(i) The Chair of the State EMS Advisory Board, as an ex officio member with no voting privileges.

(2) Each representative shall serve for a period of four years or until his or her successor is appointed, whichever is sooner.

(3) Any vacancy shall be filled by the organization selecting the vacating member. In case of a vacancy, the new appointee shall serve the remainder of the unexpired term.

(4) Each ex officio member's term will be indefinite.

(5) The membership of the SEMCC shall be inclusive and reflect the racial, gender, geographic, urban/rural, and economic diversity of the state.

Author: Dennis Blair

Statutory Authority: Code of Ala. 1975, §22-18-1, et seq.

History: New Rule: Filed April 20, 2011; effective May 25, 2011.

Ed. Note: Chapter 420-2-1, Emergency Medical Services, Rules 420-2-1-.01 through 420-2-1-.08 and Appendices A, B, C, and D, has been repealed and replaced with the new Chapter 420-2-1, Emergency Medical Services, Rules 420-2-1-.01 through 420-2-1-.29, and Appendices A, B and C as of the certification filed September 20, 1996.

APPENDIX A
Alabama Emergency Medical Services

ALABAMA Emergency Medical Services Do Not Attempt Resuscitation Order

Patient's Full Name _____

Attending/Treating Physician's Order

I, the undersigned, a physician licensed in Alabama, state that I am the attending physician; or a physician providing treatment to the patient named above. It is my determination that [must check 1 or 2, below]:

o 1. The patient is an adult (eighteen years of age or older) and IS capable of making an informed decision and of granting consent about providing, withholding, or withdrawing specific medical treatment or course of treatment, and the patient has decided that he or she does not wish to be provided resuscitative measures in the prehospital setting. (Signature of patient required on reverse side).

o 2. The patient is an adult (eighteen years of age or older) and is NOT capable of making an informed decision and of granting consent about providing, withholding, or withdrawing specific medical treatment or course of treatment, because the patient is not able to understand the nature, extent, or probable consequences of the proposed medical decision, or to make a rational evaluation of the risks and benefits of alternatives to that decision. I have made this determination after consultation with a second physician licensed in Alabama.

If 2, above, is checked (patient if NOT CAPABLE of making an informed decision), then either A, B, or C, below, must also be checked.

o A. The patient, while still competent, executed a written advance directive which directed that resuscitative measures be withheld or withdrawn under the present circumstances. (Signature of next of kin required on reverse.)

o B. The patient appointed a surrogate or attorney-in-fact with authority to direct that resuscitative measures be withheld or withdrawn under the present circumstances, and the surrogate or attorney-in-fact has so directed. (Signature of surrogate or attorney-in-fact required on reverse).

o C. The patient has not executed a written advance directive, nor has he or she appointed a surrogate or attorney-in-fact, but either a court appointed guardian with authority to make such decisions, or a court of competent jurisdiction has directed that resuscitative measures to be withheld under the present circumstances. (Signature of guardian required on reverse side, or certified copy of court order must be attached hereto.)

Based on the foregoing, I hereby direct any and all emergency medical services personnel, commencing on the date below, to withhold resuscitative measures, i. e., cardiopulmonary resuscitation, cardiac compression, endotracheal intubation and other advanced airway management, artificial ventilation, cardiac resuscitative medications, and cardiac defibrillation, in the event of the patient's cardiac or respiratory arrest. I further direct such personnel to provide all reasonable comfort care such as intravenous fluids, oxygen, suction, control of bleeding, administration of pain medication (if personnel are properly authorized), and other therapies to provide comfort and alleviate pain, and to provide support to the patient, family members, friends, and others present.

Signature of Attending/Treating Physician	Date
Printed Name	Telephone Number (Emergencies)
Signature of Second (Consulting) Physician	Date
Printed Name	Telephone Number (Emergencies)

If the patient should die at home while EMS is present or during transport by EMS Personnel, The EMS Provider shall document such in the narrative portion of the EMS Run Report.

NOTE: The do not attempt resuscitation order on the reverse side is not valid unless paragraph I, II, III, or IV, below, is signed and dated, or unless a certified court order is attached hereto.

I. I, the undersigned patient, understand that I suffer from a terminal condition, which is an illness or injury for which there is no reasonable prospect of cure or recovery, death is imminent, and the application of resuscitative measures would only prolong the dying process. I hereby direct that prehospital resuscitative measures be withheld from me. I have discussed this decision with my physician, and I understand the consequences of this decision.

Signature of Patient _____ Date _____

Printed Name _____

II. I, the undersigned, hereby certify that I am related by blood or marriage to the patient named on the reverse side, and that I have personal knowledge that the patient has executed an advance directive (living will), a copy of which is attached, which requires that prehospital resuscitative measures be withheld from the patient under the present circumstances.

Signature of Relative _____ Date _____

Printed Name _____

III. I, the undersigned, hereby certify that I have been duly appointed as attorney-in-fact or health care surrogate by the patient named on the reverse side, and that my appointment gives me specific authority to make decisions related to withholding or withdrawing of medical care. I hereby direct that prehospital resuscitative measures be withheld from the patient.

Signature of Surrogate or Attorney-In-Fact _____ Date _____

Printed Name _____

IV. I, the undersigned, hereby certify that I have been duly appointed by a court of competent jurisdiction in Alabama as guardian of the patient named on the reverse side, with full power and authority to make decisions related to withholding or withdrawing of medical care. I hereby direct that prehospital resuscitative measures be withheld from the patient.

Signature of Guardian _____ Date _____

Printed Name _____

ADPH-EMS-10Q/9-Q7-kw

Author:
Statutory Authority: Code of Ala. 1975,
History: Amended: Filed December 17, 2007; effective January 21, 2008. **Repealed and New Rule:** Filed April 20, 2011; effective May 25, 2011.

Ed. Note: Appendix C was repealed and Appendix D was changed to Appendix C as per certification filed December 17, 2007; effective January 21, 2008. **Appendix A, Patient Care Report and Appendix C, Alabama EMT License and Relicense Policies and Procedures Manual** were repealed and Appendix B was moved to Appendix A as per certification filed April 20, 2011; effective May 25, 2011.