

CHAPTER 420-2-1 EMERGENCY MEDICAL SERVICES

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PREAMBLE

The State Board of Health affirms its recognition of the valuable contributions the regional EMS agencies have made to the delivery of quality pre-hospital care in Alabama. The Board supports the continued role of the regional agencies in providing or facilitating attainment of pre-hospital provider education, including EMS educational requirements necessary for credentialing and continuing and specialized education, as well as public information and education. Further, the Board recognizes the important role of the regional agencies in injury and disease prevention with meaningful programs that are data driven and coordinated with statewide initiatives. The regional agencies should continue to be involved with EMS system development and serve as liaison with county commissions, city councils and the public as to the importance of these systems. The regional agencies should continue to assist with upgrading EMS dispatch capabilities and EMS communications systems. Finally, the valuable mission of the agencies in the delivery of grants to provider agencies for training and equipment acquisition should continue. The Board recognizes these important roles of the regional EMS agencies in Alabama, as they exist April 4, 2001.

420-2-1-.01 General Provisions.

(1) Adoption of Rules. Under and by virtue of Authority vested in it by the Legislature of Alabama, Code of Ala. 1975, §22-18-1, et seq., the State Board of Health promulgates these rules governing the training, qualification, scope of privilege, and licensing of emergency medical services personnel and for the operation, design, equipment and licensing of ambulances, convalescent ambulances, and ambulance service operators.

(2) Exclusion from Rules. The provisions of these rules shall not apply to the transport ambulance services listed in sections (a) through (e) below except when the transport services listed in (a) or (e) are offering or purposing to offer advanced life support services, as defined in these rules, to the public. All transport ambulance services offering or purposing to offer advanced life support services to the public must become licensed as ambulance service operators under these Rules:

(a) Volunteer rescue squads that are members of the "Alabama Association of Rescue Squads, Inc.", not offering ALS services, and 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) Ambulances which are rendering assistance to licensed ambulances in the case of a major catastrophe, emergency, or natural disaster in which the licensed ambulances of Alabama are insufficient or unable to cope.

(d) Ambulances which are operated from a location or headquarters outside of Alabama in order to transport patients who are picked up outside the State of Alabama and transported to locations within the State of Alabama; but no such outside ambulance shall be used to pick up patients within the State of Alabama for transportation point-to-point within the State of Alabama unless the ambulance operator and the ambulance attendants hold current licenses issued pursuant to these rules.

(e) Ambulances operated by a private business or industry exclusively for employees of such business or industry free of charge.

Author: John W. Story

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420-2-1-.02 Definitions. The following definitions apply to these rules:

(1) Advanced Cardiac Life Support (ACLS). The course of instruction of the same title developed and sponsored by the American Heart Association.

(2) Advanced Life Support (ALS). 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 ordinarily would be performed or provided by physicians, but which may be performed by emergency medical technicians pursuant to these rules.

(3) Advanced Trauma Life Support (ATLS). The course of instruction of the same title developed and sponsored by the American College of Surgeons.

(4) Advisory Board. The twenty-six member Advisory Board 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 Act.

(5) The Alabama Department of Public Health (ADPH). The State of Alabama, Department of Public Health, as defined by Section 22-1-1, Code of Ala. 1975, and any officer, agent or employee of the said department authorized to act for the department with respect to the enforcement and administration of these rules.

(6) Automated External Defibrillator (AED). A cardiac defibrillator that is capable of rhythm analysis, but requires user action in order to deliver a counter shock after the presence of cardiac arrhythmia is detected.

(7) Basic Life Support (BLS). A level of prehospital care involving non-invasive life support measures.

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

(9) Convalescent Ambulance. A vehicle that is intended to be used for and is maintained or operated for making non-emergency calls for persons in a recumbent position on an ambulance stretcher who require transportation to or from a physician's office, hospital, other health care facility, residence, or any other destination. A convalescent ambulance shall not include:

(a) A hospital operated vehicle used exclusively for intra-hospital facility transfers.

(b) A vehicle used exclusively for transfers of persons who are sitting upright in a device classified as a wheelchair or a physician prescribed type of wheelchair as defined by these rules. These persons are determined by the transferring physician to be medially stable and do not need, nor are likely to need, medical attention during transport.

(10) Criminal History Release Authorization. A specific form which authorizes the Emergency Medical Services Division to review and utilize a EMTs or applicant's criminal history for licensure purposes.

(11) The Emergency Medical Services (EMS) Division. The subdivision of the Alabama Department of Public Health directly involved with the enforcement and administration of these rules.

(12) Emergency Medical Services Do Not Attempt Resuscitation (DNAR) Order. A written physician's order in a form prescribed by the State Board of Health which authorizes emergency medical services personnel to withhold resuscitative measures from a patient in the event of cardiac or respiratory arrest.

(13) Emergency Medical Services Provider. Any entity licensed in the State of Alabama to provide a ground ambulance or other emergency medical response, whether basic life support (BLS) or advanced life support (ALS), and whether a non-transport or a transport service.

(14) Ground Ambulance. A motor vehicle including a convalescent ambulance that is intended to be used for and is maintained or operated for the transportation to a medical care facility of persons who are sick or injured.

(15) Hospital. A facility licensed as a hospital by the State Board of Health.

(16) Impaired EMT or Impaired Ambulance Driver. An individual licensed under these rules who misuses or abuses alcohol, drugs, or both or has a mental condition, which could affect the individual's ability to practice as an EMT or ambulance driver.

(17) Industry Standard Stretcher or Cot Locking Device. A stretcher or cot locking device permanently affixed to the vehicle which meets or exceeds the Ambulance Manufacturers Division (AMD) Standard 004, Litter Retention System of the National Truck Equipment Association as shown in the General Services Administration (GSA) specifications for ambulances. 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 or cot in the vehicle, shall limit movement so as not to permit longitudinal movement in excess of ½ inch and lateral movement in excess of ¼ inch.

(18) Industry Standard Wheelchair Locking Device. 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 the *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 to rear facing position. Side facing securement is not permitted under any circumstances. This does not negate the necessity for providing a separate seat belt and shoulder harness for each wheelchair or wheelchair user as specified elsewhere in these rules.

(19) Licensed Ambulance Driver. Any individual 21 years of age or older, or any person meeting the requirements under Rule 420-2-1-.15(2)(b), who successfully completes the course of instruction for emergency vehicle operation prescribed by the State Board of Health, and who has been granted a current, valid license by the State Board of Health.

(20) Licensed Ambulance Service Operator. Any person, firm, or corporation engaged in the business of operating a ground ambulance or convalescent ambulance.

(21) Licensed Emergency Medical Technician-Basic. Any person 18 years of age or older who has successfully completed the basic emergency medical technician course of instruction, or its equivalent, as approved by the State Board of Health or its designee, and passed the state EMT-basic examination, and who has been granted a current, valid license by the State Board of Health of its designee.

(22) Licensed Emergency Medical Technician-Intermediate. Any person 18 years of age or older who has successfully completed the intermediate emergency medical technician course of instruction, or its equivalent, as approved by the State Board of Health, and passed the state EMT-Intermediate examination, as well as having met the requirements for becoming a licensed emergency medical technician-basic, and who has been granted a current, valid license by the State Board of Health.

(23) Licensed Emergency Medical Technician-Paramedic. Any person 18 years of age or older who has successfully completed the EMT-paramedic course of instruction, or its equivalent, as approved by the State Board of Health, and passed the state EMT-paramedic examination, as well as having met the requirements for becoming a licensed emergency medical technician- intermediate, and who has been granted a current, valid license by the State Board of Health.

(24) Medical Direction and Accountability. Directions and advice provided from designated medical facilities staffed by appropriately trained physicians utilizing procedures for prehospital Advanced Life Support care and mechanisms for medical accountability approved by the State Board of Health.

(25) Non-Transport Vehicle. A vehicle operated with the intent to provide BLS or ALS stabilization on scene, but not intended to be or used as a vehicle that will actually transport a patient to a hospital.

(26) On-line Medical Direction Physician. A physician licensed in Alabama and working in a designated associate or resource hospital who successfully completes ACLS and ATLS every four years, or maintains Board Certification in Emergency Medicine or Pediatric Emergency Medicine if the physician works in a designated Childrens Hospital, and who has successfully completed the approved Alabama EMS Medical Directors Course.

(27) Off-line Medical Director. A physician who shall be from a broad-based medical specialty such as emergency medicine, internal medicine, surgery, family practice or general practice and shall hold and maintain a current ACLS certificate of successful course completion or be board certified in emergency medicine. The physician must have successfully completed the Alabama EMS Medical Directors Course. The physician shall possess a current license from the Medical Licensure Commission of Alabama or obtain a variance as provided for in these rules.

(28) On-line Medical Director. A physician licensed in Alabama and working in a designated associate or resource hospital who successfully completes ACLS and ATLS every four years, or maintains Board Certification in Emergency Medicine or Pediatric Emergency Medicine if the physician works in a designated Childrens Hospital, and who has successfully completed the approved Alabama EMS Medical Directors Course. This physician is responsible for overseeing and coordinating the medical direction functions of the associate or resource hospital to which he or she is assigned.

(29) Patient. An individual who receives or requests medical care, or for whom medical care is requested, because such individual is sick or injured.

(30) Physician. An individual currently licensed to practice medicine or osteopathy by the Medical Licensure Commission of Alabama.

(31) Rapid Responder Service. An organization that routinely treats, but does not transport, emergency patients utilizing licensed EMT-Basics, EMT-Intermediates, and EMT-Paramedics. These organizations may be licensed by the State Board of Health to provide ALS services, or may provide BLS services permitted by the EMS Division only.

(32) Recumbent Position. A position whereby the person 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.

(33) Regional Medical Director. The licensed Alabama physician nominated by the regional medical direction and accountability committee and the regional governing body. This individual shall be approved by the State Board of Health, and shall provide medical guidance and direction to the designated regional EMS agency.

(34) Resuscitative measures. 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.

(35) Specified Public Transportation. Transportation by bus, rail, air, or any other conveyance provided by a public or private entity to the general public, with general or special service (including charter service) on a regular and continuing basis.

(36) Standard EMS Provider Notice. A readily-identifiable card, form, bracelet, or necklace of uniform design, which is manufactured and utilized under specifications approved by the State Board of Health, and which may be issued to a patient only under protocols approved by the State Board of Health.

(37) State Emergency Medical Control Committee (SEMCC). The eleven physician committee authorized by the Code of Ala. 1975, §22-18-6, to assist in the development of rules necessary to carry out the provisions of the Act.

(38) Stretcher. 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 an ambulance or convalescent ambulance 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 of 180 degrees. The stretcher shall be capable of being locked solely into an ambulance or convalescent ambulance by an industry standard stretcher or cot locking device as defined by these rules.

(39) Training Program. A program designed and organized for the purpose of conducting one or more training courses whose successful graduates may be examined for licensure as emergency medical technicians.

(40) Wheelchair. A specialty chair or mobility aid that belongs to a class of three or four wheeled devices, usable indoors. They are usually designed for and used by persons with mobility impairments, which do not exceed 30 inches in width and 48 inches in length, measured two inches above the ground, and do not weigh more than 600 pounds when occupied.

(41) Active EMT License. A license that allows full scope of practice privileges for EMTs as approved by the Board of Health.

(42) Inactive EMT License. A license with no privileges or scope of practice as described under the Board of Health for EMTs.

Author: Jimmy D. Prince

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420-2-1-.03 Ground Ambulances.

(1) Any individual, corporation or other entity desiring to provide the service of transporting patients by ground ambulance must be granted an ambulance service operator license prior to operation. To be eligible for licensure, a prospective ambulance service operator shall submit an application to the State Board of Health.

(2) An applicant may be granted an ambulance service operator license by the State Board of Health and issued a licensure certificate by the EMS Division if the applicant is otherwise qualified under these rules and the applicant has:

(a) Paid the required annual fee of \$25.00.

(b) Demonstrated compliance with the vehicle, equipment, personnel and service requirements of Code of Ala. 1975, §22-18-1, et seq., and these rules.

(c) Demonstrated compliance with the following vehicle staffing standard: Every ambulance responding to the scene of an emergency (unless accompanied to the scene by other vehicles from which personnel will be utilized) and every vehicle in which a patient is transported shall have at least two persons that meet the Essential Functions Requirements, Physical Demands, as defined in Appendix-C, XI, A., 1, 2, 3, and 4. In addition to a licensed ambulance driver at least one licensed EMT providing care to the patient. For each ambulance crew, the ambulance service operator shall designate one licensed EMT who shall have overall responsibility to ensure appropriate

patient care is provided, that patient care reports (PCRs) as shown in Appendix A are accurate, complete, and submitted in a timely manner, and that a copy of the patient care report is left with each patient transported to a hospital. The EMT assigned this responsibility must be licensed at a level that is at least as high as that of each of the other crew members. On patient care reports, this EMT shall be documented as crew member number one.

(d) Demonstrated that it follows (or, if it is a new service, that it will follow) all transport protocols and medical direction assignments contained in the applicable regional medical direction and accountability plan approved by the State Board of Health.

(3) Licenses granted to ambulance service operators are valid for a period of not less than twelve months.

(4) To renew an ambulance service operator license, the applicant shall submit a renewal application to the EMS Division, so as to be received at least 60 calendar days prior to the expiration of the license. Renewal requirements shall be the same as the requirements for initial granting of an ambulance service operator license. The renewal application shall include a statement attesting that the provider meets the requirements for operation provided by these rules and Code of Ala. 1975, §22-18-1, et seq. Ambulance service operators shall not cause or permit ambulance vehicles to be operated after the expiration date of an ambulance service operator license unless a renewed license has been granted by the State Board of Health. A renewed license shall not be deemed to have been granted unless the ambulance service operator has physically received a renewed licensure certificate. In the event an ambulance service operator license has not been renewed prior to the expiration date, third party payors may be notified by the EMS Division.

(5) Each ambulance service will be assigned to a medical direction hospital or hospitals as detailed in section 420-2-1-.06(3) of these rules. Each ambulance service shall have a recognized off-line medical director who shall be a physician licensed by the Medical Licensure Commission of Alabama or has obtained a variance as provided for in these rules, and who meets all other requirements of off-line medical direction.

(6) Each licensed ambulance service shall ensure and document in its employee records that each of its ambulance drivers and EMTs holds a current, valid license from the State Board of Health, that all personnel are trained as appropriate in medical techniques, equipment, and procedures approved for utilization by the service and that all personnel meet the physical requirements for licensure as an EMT or ambulance driver, as appropriate. Those requirements are listed in section 420-2-1-.20 of these rules.

(7) Each licensed ambulance service provider shall, immediately upon identification of an emergency medical technician or ambulance driver who meets the definition of an Impaired EMT, notify the EMS Division of that individual's identity, level of licensure and license number.

(8) Within 30 calendar days of receipt from the State Board of Health of its initial (first) license to operate as an ambulance service, Each licensed ambulance service shall be in continuous operation in the county in which it is licensed, providing 24-hour-per-day, 7-day-per-week patient transportation services. For the purposes of this section, continuous operation means that an ambulance service shall consistently respond within seven minutes from the time of dispatch of an emergency call to the time the properly staffed ambulance is en route.

(9) Unless staffed by appropriately licensed personnel from a licensed ALS transport service or a licensed ALS non-transport service, a BLS-only provider shall not transport a patient receiving ALS care in a ground ambulance from the emergency scene to a hospital or other facility. This requirement shall not apply when the capacity of available ALS services has been exceeded during response to disasters or mass casualties, such as earthquakes, tornadoes, floods, or hurricanes.

(10) In no event shall a licensed ambulance service operator responding to the scene of an emergency fail to appropriately treat a patient, nor shall that operator fail to transport a patient to a facility within its normal service area because of the patient's inability to pay or perceived inability to pay for services. Provided that nothing in this subsection shall be construed to prohibit any ambulance service operator from collecting or attempting to collect a fee by any lawful means. Provided further that no licensed ambulance service operator shall threaten to withhold emergency treatment or emergency transportation as a method for collection of fees.

(11) An ambulance service operator shall report to the EMS Division within 10 calendar days of its occurrence any motor vehicle crash involving a ground ambulance permitted to the service in which there was any personal injury, or in which a patient was being transported at the time of the crash.

(12) An ambulance service operator shall report to the EMS Division within 10 calendar days the outcome of any civil or criminal action brought against the service, the outcome of any criminal action brought against an employee of the service, and the outcome of any civil action involving EMS activities brought against an employee of the service.

(13) An ambulance service operator must carry a minimum of \$1,000,000 in liability insurance coverage, which includes all transport ambulance vehicles and professional liability on all personnel employed or volunteering for duty, from a carrier licensed by the Alabama Department of Insurance. Alternatively, an ambulance service operator may be self-insured in the same amount via a plan approved by the EMS Division.

(14) An ambulance service operator shall develop, fully implement, and follow a written plan addressing emergency medical call-taking and emergency medical dispatch. The plan must include a method by which all emergency calls are received and dispatched by individuals who have successfully completed and maintain certification in an Alabama Department of Public Health, Emergency Medical Services Division approved Emergency Medical Dispatch course. This plan must be approved by the EMS Division before the service is granted an ambulance service operator license. This requirement

may be waived by the State Health Officer if the ambulance service operator demonstrates to the State Health Officer's satisfaction that meeting the requirement is impossible due to circumstances outside the control of the ambulance service operator. Waivers shall not be granted for longer than one year, but may be renewed upon a showing of the same grounds resulting in the granting of the original waiver.

(15) Each ambulance service operator shall develop, implement and follow a written plan addressing the proper handling, storage and disposal of all biohazardous wastes. This plan must be approved by the off-line medical director and the EMS Division before the operator is granted an ambulance service operators license.

(16) An ambulance service operator shall not:

(a) Intentionally collect or bill patients or third party payors for services not rendered.

(b) Allow an EMT to exceed the scope of privilege or license granted the EMT.

(c) Self-dispatch or cause a vehicle to be dispatched on a call on which another service has been dispatched. Self-dispatch shall not be considered to have occurred when a previously agreed upon mutual aid pact governs dual or simultaneous response.

(d) Fail to follow the applicable approved medical direction and accountability plan.

(e) Allow an EMT or ambulance driver to respond to an emergency or transport a patient unless the EMT or ambulance driver is clean and neatly dressed in appropriate professional attire, unless responding from another job site which makes such impractical.

(17) Each ambulance owned and operated by an ambulance service operator for which a license has been granted shall be inspected and management personnel briefed by the State Board of Health, at such intervals as the State Board of Health may direct. The State Board of Health or its authorized representatives shall have the right and authority to inspect ambulances and ambulance service operator premises and facilities, and brief service personnel prior to said ambulances being operated on the public streets and highways of Alabama and shall have the authority to investigate and determine the qualifications of emergency medical services personnel and of ambulance service operators. Investigations and periodic inspections of ambulances and ambulance service operator's premises and facilities may be conducted at such intervals, times, and places as the State Board of Health may direct.

(18) The State Board of Health shall have the authority to remove from service ambulances which, in the opinion of the inspecting officer, significantly fail to meet the minimum requirements to be operated on the public streets and highways of Alabama and thereby present a threat to public health or safety.

(19) Any licensed ambulance service operator receiving deficiencies on service or vehicle inspection reports shall notify the EMS Division, in writing, of deficiency correction within 10 calendar days of receiving the deficiency report.

(20) Written Notification. Each ambulance service operator shall notify the EMS Division within 10 calendar days, in writing, of the addition, deletion or remounting of any ambulance vehicles. This notification shall include information on the disposition of each vehicle to be deleted: whether the vehicle was sold or donated to another ambulance service; the name of the service receiving the vehicle; whether the receiving service was in-state or out-of-state; whether the vehicle was sold or donated for scrap; sold or donated as a private vehicle; or simply taken out of service with the intention that the vehicle no longer be used as an ambulance for the purpose of transporting patients.

(a) For all additions, deletions, or remounts of any ambulance transport vehicles, the following information shall be provided to the EMS Division in writing:

1. Vehicle Identification Number
2. Service Unit Number
3. Make, Year, Model, Tag Number

(21) Written Notification. Each ambulance service operator shall notify the Emergency Medical Services Division, in writing, within 10 calendar days of the addition or deletion of any personnel, including ambulance drivers, using a personnel roster addendum or drop and add form.

(22) Posting of License. The ambulance service operator license certificate issued to each ambulance service operator shall be posted in a conspicuous place in the primary premises in the county in which the service is licensed.

(23) License Not Transferable. The license shall not be transferable or assignable and shall be granted only for the ambulance service operator named on the application.

(24) Separate Licenses. An ambulance service operator shall obtain an ambulance service operator license for each county in which it stations an ambulance.

Author: John W. Story

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420-2-1-.04 Advanced Life Support Service Authorization Certificate.

(1) Any service, corporation, or other entity desiring to offer Advanced Life Support (ALS) service must obtain an ALS authorization certificate from the Alabama Department of Public Health, Emergency Medical Services Division pursuant to these

rules prior to operation. To obtain an ALS certificate, a prospective ALS provider shall submit an appropriate application to the Alabama Department of Public Health, Emergency Medical Services Division.

(a) Any licensed transport ambulance service and eligible non-transport emergency medical service provider may be issued a certificate of authorization for advanced life support services when such services can be made available on a part-time basis, provided assurances are given through systematic inspection that fluids and drugs are properly stored and secured when appropriately licensed advanced level EMTs are not on duty.

(b) Each Advanced Life Support Provider for which a certificate has been issued shall be inspected and management personnel briefed by the State Board Health, or by persons delegated with authority by the State Board of Health, at such intervals as the State Board of Health may direct. The State Board of Health or its authorized representatives shall have the right and authority to inspect ambulances or non-transport ALS vehicles and the service operators' premises and facilities, brief service personnel and shall have the authority to investigate and determine the qualifications of emergency medical services personnel and of ALS service operators. Investigations and periodic inspections of ambulances, non-transport ALS vehicles and service operators' premises and facilities may be conducted at such intervals, times, and places as the State Board of Health may direct.

(2) The EMS Division may issue an ALS certificate to any applicant who has:

(a) Demonstrated compliance with the vehicle, equipment, personnel and service requirements of the Code of Ala. 1975, §22-18-1, et seq., and these rules.

(b) Demonstrated compliance with the following vehicle staffing standards:

1. Every ambulance responding to the scene of an emergency or transporting a patient with unsecured I.V. fluids on board shall have, in addition to a licensed ambulance driver, at least one EMT, licensed at the level of EMT-Intermediate or EMT-Paramedic, responding to the emergency or providing care to the patient.

2. Every non-transport vehicle responding to the scene of an emergency with unsecured I.V. fluids on board shall have at least one EMT, licensed at the level of EMT-Intermediate or EMT-Paramedic, as a crew member.

3. Every ambulance responding to the scene of an emergency or transporting a patient with unsecured ALS drugs on board shall have in addition to a licensed ambulance driver at least one EMT, licensed at the level of EMT-Paramedic, responding to the emergency or providing care to the patient.

4. Every non-transport vehicle responding to the scene of an emergency with unsecured ALS drugs on board shall have at least one EMT, licensed at the level of EMT-Paramedic, as a crew member.

(3) ALS certificates issued in accordance with the provisions of this section will remain valid for a period of not less than twelve months.

(4) To renew an ALS certificate, the applicant shall submit a renewal application to the EMS Division, so as to be received at least 60 calendar days prior to the expiration of the certificate. The requirements for renewal of the certificate shall be the same as the requirements for initial granting of a certificate pursuant to these rules. The renewal application shall include a statement attesting that the provider meets the requirements for operation provided by these rules and the Code of Ala. 1975, §22-18-1, et seq. Ambulance service operators and non-transport providers shall not cause or permit vehicles to be operated with ALS equipment, fluids, or drugs on board after the expiration date of an ALS certificate unless a renewed certificate has been physically received by the provider. In the event a certificate has not been renewed prior to the expiration date, third party payors may be notified by the EMS Division.

(a) Each ALS provider shall return its ALS certificate to the EMS Division within 10 calendar days after a change of name or ownership of the service or upon permanently ceasing to provide services.

(5) Each ALS provider will be assigned to at least one medical direction hospital as detailed in section 420-2-1-.06(3) of these rules.

(6) Each ALS provider shall have a recognized off-line medical director who shall be a physician licensed by the Medical Licensure Commission of Alabama or who has obtained a variance as provided for in these rules, and who shall meet all off-line medical direction requirements of these rules.

(7) Each ALS provider shall ensure and document in its employee records that each of its EMTs holds a current, valid license from the State Board of Health, and that all personnel are trained as appropriate in medical techniques, equipment, and procedures approved for utilization by the service and that all personnel meet the physical requirements for licensure as an EMT. Those requirements are listed in section 420-2-1-.20 of these rules.

(8) Each licensed advanced life support provider shall, immediately upon identification of an emergency medical technician or ambulance driver who meets the definition of an Impaired EMT, notify the EMS Division of that individual's identity, level of licensure and license number.

(9) Within 30 calendar days of receipt from the State Board of Health of its initial (first) certificate to operate as an ALS provider, each ALS provider shall be in continuous operation in the county in which it is licensed, providing 24-hour-per-day, 7-day-per-week ALS services. Provided however, that if the ALS provider does not have sufficient personnel to staff at the ALS level at all times, the EMS Division may provide for exceptions as approved by the State Board of Health or its designee. For the purposes of this section, continuous operation means that an ALS provider service shall consistently respond within seven minutes from the time of dispatch of an emergency call to the time the vehicle is en route.

(10) In no event shall an ALS provider responding to the scene of an emergency fail to treat a patient because of the patient's inability to pay or perceived inability to pay for services. Provided, that nothing in this subsection shall be construed to prohibit any ALS provider from collecting or attempting to collect a fee by any lawful means. Provided further, that no ALS provider shall threaten to withhold emergency treatment as a method for collection of fees.

(11) An ALS service shall report to the EMS Division within 10 calendar days of its occurrence any motor vehicle crash involving an EMS response vehicle owned by the service in which there was any personal injury.

(12) An ALS service shall report to the EMS Division within 10 calendar days the outcome of any civil or criminal action brought against the service, the outcome of any criminal action brought against an employee of the service, and the outcome of any civil action involving EMS activities brought against an employee of the service.

(13) An ALS service must carry a minimum of \$1,000,000 in liability insurance coverage from a carrier licensed by the Alabama Department of Insurance, which includes all ALS ambulance transport vehicles and all ALS personnel employed or volunteering for duty. Alternatively, an ALS service may be self-insured in the same amount via a plan approved by the EMS Division. If the ALS service is also licensed as an ambulance service, the \$1,000,000 coverage carried as a requirement of that licensure will satisfy this requirement. This liability insurance coverage must be binding and in force before the service is issued an ALS certificate.

(14) An ALS service shall develop, fully implement, and follow a written plan addressing emergency medical call-taking and emergency medical dispatch. The plan must include a method by which all emergency calls are received and dispatched by individuals that have successfully completed and maintain certification in an Alabama Department of Public Health, Emergency Medical Services Division approved Emergency Medical Dispatch course. This plan must be approved by the EMS Division before the service is granted an ALS authorization. This requirement may be waived by the State Health Officer if the ALS service operator demonstrates to the State Health Officer's satisfaction that meeting the requirement is impossible due to circumstances outside the control of the ALS service operator. Waivers shall not be granted for longer than one year, but may be renewed upon a showing of the same grounds resulting in the granting of the original waiver.

(15) Each ALS service shall develop, implement, and follow a written plan addressing operating procedures for all fluids and drugs. The plan must include procedures for the use, handling, storage, and disposal of all fluids and drugs. These procedures shall include inventory schedules for stocking fluids and drugs kept in storage and on the vehicles. This plan must be signed by the off-line medical director and must be approved by the EMS Division before the service is issued an ALS authorization.

(16) An ALS service shall not:

(a) Intentionally collect or bill patients or third party payors for services not rendered.

- (b) Allow an EMT to exceed the scope of privilege or license granted the EMT.
 - (c) Self-dispatch or cause a transport vehicle to be dispatched on a call in which another service has been dispatched. Self-dispatch shall not be considered to have occurred when a previously agreed upon mutual aid pact governs dual or simultaneous response.
 - (d) Fail to follow the applicable approved medical direction and accountability plan.
 - (e) Allow an EMT to respond to an emergency unless the EMT is clean and neatly dressed in appropriate professional attire, unless responding from another job site which makes such impractical.
- (17) An ALS certificate shall not be transferable or assignable and shall be issued only for the ambulance service operator, non-transport service, corporation, or other entity named on the application.
- (18) A separate ALS certificate shall be required for every ALS ambulance license held by the certificate holder.
- (19) Posting of ALS Certificate. The ALS certificate issued to an ALS provider shall be posted in a conspicuous place (next to the ambulance service operator's license if the ALS provider is also licensed as an ambulance service operator) in the primary premises in the county in which the service is licensed.
- (20) Written Notification. Each ALS provider shall notify the Emergency Medical Services Division, in writing, within 10 calendar days of the addition or deletion of any ALS personnel, using a personnel roster addendum or drop and add form.

Author: John W. Story

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 Replaced:** Filed December 17, 2007; effective January 21, 2008.

420-2-1-.05 Medications And Fluids Inventory, Storage And Security Procedures.

- (1) It is the responsibility of each ALS provider to secure against unauthorized entry to the areas where medications and fluids are stored. Security procedures shall include:
- (a) When not on the EMS unit, all I.V. fluids and all medications shall be stored in an area of the establishment that is secured by a locking mechanism.
 - (b) The provider shall examine or cause to be examined all items no less frequently than once each month and shall remove deteriorated items and items with expiration dates that have been reached. These items shall be returned to the providers hospital pharmacy for proper disposal within ten calendar days of being removed.

(c) The provider shall maintain a separate area for all items which are deteriorated, outdated, misbranded, adulterated or otherwise unfit for use. This area shall be separate and apart from other areas where similar items are stored so that segregated products cannot be confused with usable products. Security procedures for segregated medications and fluids shall be the same as for usable supplies.

(d) The provider shall maintain a written log which shall include the date of each inventory, quantities of any addition or deletion from stock, and the legible name and license status of the person completing the inventory.

(2) Each ALS provider shall ensure that all medications and fluids are stored under conditions that ensure appropriate sanitation, temperature and ventilation and are stored in an area of the establishment offering space to ensure adequate, safe, and accurate handling of each of these items.

(3) Evidence of compliance with the requirements listed in section 420-2-1-.05(1) and (2) above shall include written operating procedures signed by the off-line medical director for the storage, handling, use and disposal of all medications, and fluids. These procedures shall include storage procedures and inventory schedules for stocking drugs and fluids kept in stock and on the vehicles.

(4) Each ALS provider shall maintain a written log for inventory of each I.V. fluid and drug box placed on or removed from any vehicle. An inventory shall be conducted at least monthly or more often as required. The log shall have consecutively and permanently numbered pages. Any errors made in the log, or any pages discovered missing, shall be reported immediately to the shift supervisor, the service director, and the off-line medical director. The log shall specify:

(a) The vehicle or unit number.

(b) The name of the employee conducting the inventory.

(c) The date and time of the inventory.

(d) The name, weight, volume (or quantity), and expiration date of each medication and fluid.

(5) Supply and Re-Supply System for Drugs and I.V. Fluids. Intravenous fluids and drugs supply/re-supply system for approved ALS certificate holders shall be established and maintained with approved hospital pharmacies. Approved hospital pharmacies may assist the EMS Division in the periodic inspection and rotation of drugs and I.V. fluids. The pharmacist may approve the kit for carrying I.V. fluids and drugs and the location of fluids and drugs that are stored when not being used on an emergency call.

(6) There shall be only one source of supply/ re-supply for each ALS service participating in the I.V. fluid and drug supply/re-supply program. Alternatively, I.V. fluids may be supplied by another source if a plan is recommended by the State Emergency Medical Control Committee and approved by the State Health Officer.

(a) Each ALS provider shall return its fluids, drugs, and Nitrous Oxide (if applicable) to their source of supply/re-supply immediately upon permanently ceasing to provide ALS service, and immediately notify the EMS Division, in writing, of its ceasing to provide ALS services.

(7) The EMT-Intermediate or EMT-Paramedic must document the use of any fluid or drug on the approved patient care report form. An approved supplemental physician medication order form may be utilized for re-supply purposes. The patient care report form and the physician medication order form must be signed by the ordering or receiving physician, or the off-line medical director.

(8) The EMS Division shall have the authority to review all fluid and drug supply and re-supply records for all ALS certificate holders and approved hospital pharmacies. Any discrepancies must be reported to the Alabama Department of Public Health, Emergency Medical Services Division.

Author: John W. Story

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 Replaced:** Filed December 17, 2007; effective January 21, 2008.

420-2-1-.06 Medical Direction.

(1) An off-line medical director shall be from a broad-based medical specialty such as emergency medicine, internal medicine, surgery, family practice or general practice and shall hold and maintain a current ACLS certificate of successful course completion or be board certified in emergency medicine. The physician must have successfully completed the Alabama EMS Medical Directors Course. The physician shall possess a current license to practice medicine from the Medical Licensure Commission of Alabama or obtain a variance as provided for in these rules. The names and qualifications of prospective off-line medical directors shall be submitted to the applicable regional medical direction and accountability committee for a recommendation, which shall in turn be submitted to the State EMS Medical Director for approval. Provided, that any disapproval may be considered by the State Board of Health after review by the State Emergency Medical Control Committee.

(2) Duties and Responsibilities of the Off-Line Medical Director:

(a) An off-line medical director may issue standing orders to EMTs to perform ALS procedures using only those standing orders approved and published for such purpose by the State Board of Health. Off-line medical directors may approve use of ALS procedures by the personnel of a service only if, in the professional judgment of the medical director, personnel of the service are adequately trained and are competent to perform ALS procedures. The off-line medical director shall regularly review the skills and performance of all EMT- Intermediates and EMT-Paramedics.

(b) At such time as the State Board of Health approves protocols for the performance of ALS procedures, the off-line medical director shall require service personnel to follow the protocols.

(3) Each regional EMS agency shall convene a regional medical direction and accountability committee as defined in the performance-based contracts. The regional medical control and accountability committee shall develop and implement a regional medical direction and accountability plan which must be approved by the State Board of Health. A medical direction and accountability plan must, as a minimum, contain the following elements:

(a) A list of resource, associate, and affiliate hospitals in the region. Regional agencies shall require a facility desiring designation as a resource or associate hospital to execute a contract with the regional agency detailing their respective responsibilities. Forms of contracts must be approved by the State Board of Health.

(b) A requirement that resource and associate hospitals have emergency departments that are staffed 24 hours per day, 7 days per week, with a physician who has a certificate of completion of the approved Alabama EMS Medical Directors Course and proof of successful completion of ACLS and ATLS within the last four years, or current Board Certification in Emergency Medicine.

(c) A list of the ALS providers in the region and an assignment of a resource or associate hospital to each such provider for on-line medical direction.

(d) Triage agreements which must be approved in form by the State Board of Health.

(4) An EMT may take on-line orders to provide an approved ALS procedure or drug only from the associate or resource hospital to which the EMT's service is assigned, or from such other associate or resource hospital to which medical direction may be transferred by the assigned facility. On extended transfer runs, an EMT may accept orders from another associate or resource hospital if the assigned medical direction facility is unreachable.

Author: John W. Story

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 Replaced:** Filed December 17, 2007; effective January 21, 2008.

420-2-1-.07 Patient Transfers.

(1) No person or facility of any type shall order, arrange or conduct an interfacility transfer of a patient in a recumbent position by ground vehicle unless transport of the patient is done by an EMS provider licensed by the State Board of Health in an

ambulance permitted in accordance with the level of care (ALS or BLS) of the patient whenever the patient needs, or is likely to need, medical attention during transport. Each vehicle transporting patients between facilities shall have in addition to a licensed ambulance driver, at least one EMT licensed at a level which will allow the EMT to provide the care the patient needs or is likely to need. Patients with heparin or saline locks need not be transported to or from facilities by an EMS provider if the heparin or saline lock has been stabilized prior to transport and the patient is determined by the physician to be medically stable and does not need, nor is likely to need medical attention during transport. A critical care patient shall be transported in an ambulance. The off-line medical director is responsible for assuring, in advance, that the ambulance vehicle and ambulance personnel 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 ambulance 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 drugs on the approved Physician Medication Order form which an EMT-Paramedic may administer to an emergency patient under normal emergency medical direction procedures and invasive procedures allowed for elsewhere in these rules a licensed EMT-Paramedic may administer, or maintain the ongoing administration of, or perform procedures or maintain procedures or administer other types of I.V. fluids and drugs during the inter-hospital transfer of a stabilized patient on the signed, written order of the transferring physician given to the EMT-Paramedic in advance. The following conditions apply:

(a) The patient must 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 must have communicated to the EMT-Paramedic all necessary aspects of patient management and the administration or maintenance of specified fluids, drugs, equipment, and procedures that would be administered or maintained during transport.

(c) During interfacility transfers, an EMT-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 Interhospital Transfer of the Stabilized Patient," and have in his or her possession documented evidence issued by the State EMS Division attesting to the completion of such training. In addition, the off-line medical director, regional medical director and State Emergency Medical Control Committee must approve, in writing,

specific drugs under each general classification. This written approval must be on file with the transferring institution and the EMS Division and must be renewed annually.

(d) The specific classifications of I.V. fluids and medications which EMT-Paramedics are authorized to administer or maintain (in addition to those set forth on the standardized prehospital 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 may ONLY BE MAINTAINED by an EMT-Paramedic following administration within the hospital facility by appropriate hospital personnel.

(f) The specific invasive procedures and equipment which EMT-Paramedics 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
4. Foley Catheters
5. Naso-Gastric Tubes

(g) A written order, signed by the transferring physician, containing the following elements of information, must 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 EMT-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 drugs 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 EMT-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 must be stored, managed, and accounted for separately from those in the normal EMT-Paramedic's drug kits for prehospital emergency care.

(4) The requirements of this section 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 must conform to all of the following requirements:

(a) The vehicle must 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 must 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 must be licensed by the State Board of Health and licensure records must be on file with the Alabama Department of Public Health, Division of Licensure and Certification.

(c) Each building from which patients are sent or by which patients are received must 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 must be full-time hospital employees.

Author: John W. Story

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 Replaced:** Filed December 17, 2007; effective January 21, 2008.

420-2-1-.08 Vehicles.

(1) No provider shall operate an ALS or BLS transport vehicle to respond to an emergency or transport a patient unless the State Board of Health has issued to the provider a separate, currently valid permit for the vehicle. A decal shall be evidence of the permit. All decals issued by the State Board of Health for a vehicle pursuant to this rule shall be displayed by the provider on the left rear quarter panel. However, if an immediate inspection is not practical, the EMS Division may issue a verbal approval to allow an ambulance vehicle to be placed in service pending a vehicle inspection and affixing of the decal. All pertinent information relating to the vehicle, as outlined elsewhere in these Rules, must be on file with the EMS Division prior to the issuance of a verbal approval.

(2) Upon application, the State Board of Health shall issue a permit to the provider when the provider initially places the vehicle into service. The permit shall remain valid as long as the vehicle is owned by the provider subject to the following conditions:

(a) The provider shall submit a vehicle permit application for the vehicle;

(b) The provider shall at all times equip all ambulance vehicles at the minimum of the BLS level of care, and;

(c) Except as provided for in subsection (d) below, Only the provider to which the initial permit was issued shall operate the vehicle. If ownership of any permitted vehicle is transferred to any other individual, corporation or other entity, the permit is void and the provider shall remove the State Board of Health decal from the vehicle at the time of transfer and notify the EMS Division, in writing, within 10 calendar days of the transfer.

(d) Any vehicles may be placed on temporary transfer or loan to another provider if the capacity of available services for that provider has been exceeded due to vehicles being out of service for mechanical repairs, collision damage repair, or during response to natural disasters or mass casualty incidents. If the vehicle(s) is to be on loan more than 5 calendar days, the provider receiving the loaned vehicle shall notify the EMS Division, in writing, within 3 calendar days of the temporary transfer or loan of the vehicle(s) and provide all pertinent information, as outlined elsewhere in these Rules, on each vehicle which has been temporarily transferred or loaned.

(3) Prior to placing a new or recently purchased vehicle in service the provider shall first obtain a permit from the State Board of Health and affix the decal to the vehicle's left rear quarter panel. However, if an immediate inspection is not practical, the EMS Division may issue a verbal approval to allow an ambulance vehicle to be placed in service pending a vehicle inspection and affixing of the decal. All pertinent information relating to the vehicle, as outlined elsewhere in these Rules, must be on file with the EMS Division prior to the issuance of a verbal approval.

(4) Vehicle permits are not transferable.

(5) Replacement vehicle permits may be obtained by submitting a written request to the Alabama Department of Public Health, Emergency Medical Services Division. The request shall include a signed statement by the provider certifying that the original permit has been lost, destroyed or rendered unusable, with a short explanation of the manner in which this occurred.

(6) A provider shall obtain a new vehicle permit from the State Board of Health prior to returning a vehicle to service following a chassis remount or a remount of the modular ambulance body or any renovation that results in a change in the vehicle identification number.

Author: John W. Story

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

History: New Rule: 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 Replaced:** Filed December 17, 2007; effective January 21, 2008.

420-2-1-.09 Vehicle Design And Construction.

(1) All ground ambulances shall meet General Service Administration (GSA) specifications for ambulances unless a variance issued in accordance with these rules is approved, in writing, by the State Board of Health. EMS providers may request variances from meeting the GSA specifications regarding color scheme, emblems, and markings as outlined elsewhere in these rules.

(2) The State Board of Health may issue permits for specialty transport vehicles that do not meet current vehicle design and construction requirements when the application for such permits is accompanied by written justification for any noncompliant items.

(3) Vehicles shall not have exterior wording which is misleading. For example, a vehicle staffed at the BLS level shall not have wording which could be misinterpreted to represent an ALS unit, such as "paramedics", "advanced cardiac life support", or "mobile intensive care unit".

(4) All ground vehicles permitted by the State Board of Health under these rules or subject to these rules shall have exterior lettering a minimum of two inches in height above the parallel stripe on each side of the ambulance that identifies the name of the provider and the unit number. The name of provider shall be the predominant lettering on each side of the ambulance.

(5) An ambulance or convalescent ambulance permitted by the State Board of Health under these rules may be used to provide transportation to patients confined to wheelchairs provided that the ambulance is equipped with:

(a) Wheelchair locking devices permanently affixed to the vehicle, when secured in accordance with the manufacturer's instructions, is capable of securing the wheelchair as defined by these rules.

(b) Separate restraints for securing the patient in the wheelchair during transportation for each wheelchair or mobility aid securement device provided. A passenger seat belt and shoulder harness, complying with all applicable provisions of Federal Motor Vehicle Safety Standards (FMVSS) at 49 CFR part 571, shall be provided for use by wheelchair or mobility users. Such seat belts and shoulder harnesses shall not be used in lieu of a device which secures the wheelchair or mobility aid itself.

Author: Jimmy D. Prince

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 Replaced:** Filed December 17, 2007; effective January 21, 2008.

420-2-1-.10 Ground Vehicle And Service Standards.

(1) Equipment and Supplies.

(a) When responding to a medical emergency, each ALS non-transport vehicle shall carry the equipment and supplies listed in Table I.

(b) When responding to a medical emergency or transporting a patient, each ambulance shall carry the equipment and supplies listed in Table I and shall also have the following, as defined in GSA specifications:

1. Installed suction apparatus.
2. Functional Heat and air conditioning with fan.
3. Primary stretcher and minimum of two sets of straps.
4. Two permanently mounted I.V. holders.
5. Two "no smoking" signs; one in the patient compartment and one in the driver's compartment.
6. Overhead grab rail in the patient compartment.
7. Squad bench with three sets of seat belts.

TABLE I

VEHICLE AND SERVICE STANDARDS

ITEM QUANTITY

1. Multitrauma dressings 2
2. Abdominal pads 6
3. Sterile gauze pads 50
4. Adhesive tape, assorted sizes 3 rolls
5. Bite sticks or blocks 2
6. Triangular bandages 2
7. Patient restraints 1 set
8. Soft roller bandages 10
9. Bandage shears 1
10. Pediatric blood pressure cuff 1
11. Adult blood pressure cuff 1
12. Adult stethoscope 1
13. Pediatric stethoscope 1
14. Blankets 2
15. Sheets (not required for non-transport 2 vehicles)
16. Pillows with waterproof covers and pillow 2

cases (not required for non-transport vehicles)

17. Patient raincover 1

18. Long spine board; and three straps 1

or equivalent

19. Short spine board with two straps or 1

equivalent device

20. Adult and Pediatric cervical immobilization 1

devices (CID), which limit the anterior, posterior and lateral movement of the head and neck region. Device must be single use item or must be capable of being decontaminated.

21. Portable oxygen tanks, "D" or "E" cylinders, 2

with one regulator and gauge. One tank must have a minimum pressure of 1000 psi.

22. Transport oxygen, non-rebreathing masks 2 Each

with tubing, and tracheotomy masks with tubing, all in adult, child, and infant sizes (infant tracheotomy masks not required).

23. Sets of nasal cannulae with tubing 2

24. Hand operated bag-valve mask resuscitators, 1 Each

adult and pediatric sizes, including adult, child and infant transparent masks. B-V-M must be equipped with oxygen reservoir and capable of use with supplemental oxygen.

25. Portable suction, electric, gas or manually 1

powered, with wide bore tubing and tips (including tonsil suction attachment), which meets the minimum standards as published by the GSA.

26. Extremity immobilization devices, any 2 each of

device that immobilizes the joint above arm, leg,

and below the fracture, must include hand, wrist,

splints to immobilize all long bone foot and

fractures. ankle

27. Lower extremity traction splint with 1

support slings and ankle strap

28. Sterile obstetrical kit 1
29. Burn sheets 2
30. Flashlight; minimum two "D" cells 1
or acceptable equivalent.
31. Vaseline gauze 2
32. Oropharyngeal airways Assorted
sizes
33. Installed oxygen with regulator gauge and 1
wrench, minimum "m" size cylinder (minimum 500 PSI) with oxygen flowmeter and
available humidified (not required for non-transport vehicles)
34. Gloves - latex or other suitable material - Sufficient
readily available on the unit for all crew quantity for
members all crew
members
35. Face Masks - readily available on the unit Sufficient
for all crew members quantity for
all crew
members
36. Rigid cervical collars which limit the Assorted
anterior, posterior and lateral movement sizes
of head and neck region. Device must be single use item or must be capable of being
decontaminated.
37. Nasopharyngeal airways Assorted
sizes
38. Approved biohazardous waste plastic bag 1
or impervious container per standards of the Alabama Department of Environmental
Management
39. Safety goggles or equivalent meeting 1 per crew

A.N.S.I. z87.1 standard member

40. Triangular reflectors, minimum 10 inches 3

in height or highway flares in good working order with a minimum burning period of 15 minutes, or acceptable substitutes.

41. 3 pound hammer with approximately 15 inch 1
handle

42. Fire axe with approximately 24 inch handle 1

43. Crowbar, minimum 24 inch length, 1
with pinchpoint

NOTE: All-purpose rescue tool is an acceptable substitute for items 42, 43, and 44. If a service operates in an area where extrication and rescue are provided by another service, then items 39, 41, 42 and 43 are NOT required to be onboard the ambulance.

44. Rope minimum one-half inch diameter 100 feet
(Optional)

45. Emesis collection device, bed pan, urinal 1 each
(Not Required for Non-transport ALS Vehicle)

46. Fire extinguisher, 2-1/2 lb., ABC, minimum 1

47. Activated charcoal, oral glucose paste, 1 vial each
syrup of ipecac

(2) Communications.

(a) Each ambulance service or non-transport ALS service provider shall provide continuous telephone access to the public. The ambulance service or non-transport ALS service shall dispatch, or cause to be dispatched, an ambulance or ALS non-transport vehicle, as is appropriate, on each emergency call. If a non-transport ALS service does not offer service on a full-time basis, then a variance must be obtained as provided for elsewhere in these rules.

(b) Each ambulance service or non-transport ALS service provider shall possess and utilize communications systems that conform to the State Board of Health approved regional medical direction and accountability plan.

(c) Each ambulance service or ALS non-transport service provider shall provide and maintain radio communications between service vehicles and the service's base station. If the service does not maintain a base station, then radio communications must be maintained with the agency or entity which fulfills base station functions.

(d) Each ambulance service provider shall maintain two-way VHF (HEAR SYSTEM) radio communication between each service vehicle and its assigned medical direction hospital. If VHF communication is not practical due to problems of distance and terrain, then alternative methods of communication between the provider and its medical direction hospital may be approved by the EMS Division.

(e) Telemetry (UHF) communication capability may be required of ALS ambulance service or ALS non-transport service by the service's assigned medical direction hospital.

(f) Variances to communications requirements may be requested as provided for elsewhere in these rules.

(3) Sanitation and Maintenance.

(a) All spaces used for storage of medical supplies shall be maintained in a clean and orderly condition.

(b) Each ambulance interior shall have equipment which is smooth and easy to clean. All interior equipment shall be clean and in good working order.

(c) All equipment in the patient compartment shall be safely secured, sanitary, and clean.

(d) Clean sheets and pillowcases shall be used for each patient.

(e) Pillows and mattresses shall be clean, in good repair and covered with moisture proof material.

(f) No pets shall be transported in ambulance vehicles.

(g) Soiled supplies shall be placed in moisture proof covered containers, sealable plastic bags or compartments and removed from the ambulance upon the completion of each ambulance run. Used sharps shall be placed in a container designed for such purpose.

(h) Biohazardous waste shall be disposed of according to practices prescribed by the Alabama Department of Environmental Management (ADEM).

1. Biohazardous or infectious waste means any solid or liquid waste which may present a threat of infection to humans. The term includes non- liquid human tissue and body parts, discarded sharps containers, human blood and body fluids. Also included are absorbent materials such as bandages, gauze or sponges that are supersaturated and have the potential to drip or splash blood or body fluids. Body fluids are those fluids that have the potential to harbor pathogens, such as human lymph, semen, vaginal secretions, cerebrospinal, synovial, pleural, pericardial and amniotic fluids.

2. Biohazardous waste may be disposed of by any hospital where it can be combined with the hospital's biohazardous waste for disposal. If this is not possible, the provider shall take the biohazardous waste to its base station or substation and place this waste

in a red plastic bag. This bag shall be labeled, "BIOHAZARDOUS WASTE" or "INFECTIOUS WASTE" and disposed according to practices prescribed by ADEM.

3. Biohazardous waste shall not be stored longer than 30 calendar days from the time it is generated before being removed to a treatment facility permitted by ADEM to accept such waste. If more than 25 pounds of biohazardous waste has been accumulated, it shall be transported by a lawfully registered biohazardous materials transporter.

(i) An ambulance exterior body shall be free of dents and rust which may interfere with the safe operation of the vehicle.

(j) Each door on an ambulance shall open properly and close securely with all handles in proper working order.

(k) Windows and windshields on an ambulance shall be clean and free of cracks which may impair the driver's view.

(l) Rear-view mirrors on an ambulance shall function properly.

(m) Exterior surfaces of an ambulance shall be clean.

(n) Tires must have minimum 3/32 inches tread.

Author: John W. Story

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 Replaced:** Filed December 17, 2007; effective January 21, 2008.

420-2-1-.11 ALS Equipment And Medications.

(1) In addition to the equipment and supplies listed in Table I, the equipment listed in Table II is required on board each vehicle (transport or non-transport) utilized for ALS response or transport.

(2) Any vehicle utilized for ALS response or transport must carry the medications and I.V. fluids mandated by the standardized prehospital drug and fluid formulary. No other medications or fluids may be carried or utilized by the ALS service or its prehospital personnel.

(3) The standardized prehospital drug and fluid formulary is a listing of medications and I.V. fluids, and their concentrations and amounts, which has been reviewed and approved by the State Emergency Medical Control Committee and the State Committee of Public Health for utilization by prehospital personnel. Any change, addition, or deletion to this prehospital drug and fluid formulary must first be approved by the State Emergency Medical Control Committee and the State Committee of Public Health.

(4) The use of these above referenced medications and equipment by prehospital personnel shall be directed by the approved Alabama advanced life support protocols and designated medical direction physicians.

TABLE II
ALS EQUIPMENT

EQUIPMENT QUANTITY

1. Laryngoscope handle with batteries 1
2. Laryngoscope blades; adult, child and 1 Each
infant sizes.
3. Disposable endotracheal tubes in adult; 6
child, and infant sizes (2 within the range: 3mm - 5mm; 2 within the range: 5.5mm -
7mm; 2 within the range; 7.5mm-9mm)
4. Tourniquets 3
5. Butterfly or scalp vein needles between 6
19 and 25 gauge
6. I.V. cannulae: 14, 16, 18, 20 and 22 gauge 2 Each
7. Micro drip sets 3
8. Macro drip sets 3
9. I.V. pressure infuser 1
10. Needles between 18 and 25 gauge 6
11. 1 ml. syringes 2
12. 2 1/2 ml. to 6 ml. syringes 3
13. 10 ml. to 20 ml. syringes 2
14. Suitable equipment and supplies to allow for 2 Each
collection and temporary storage of two blood samples, red-top and purple-top
15. D.C. battery powered portable monitor/ 1
defibrillator with EKG printout and spare battery
16. Approved sharps container 1

17. Intraosseous Infusion Needles 2
18. Pediatric Naso-Gastric Tube 2
19. Adult Naso-Gastric Tube 2
20. Digital Blood Glucose Meter 1
21. CO2 Monitoring Equipment (To Include a 1 each capnometer-type device and endotracheal placement detector)
22. Pulse Oximeter 1

Author: John W. Story

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 Replaced:** Filed December 17, 2007; effective January 21, 2008.

420-2-1-.12 Emergency Medical Technician-Basic.

(1) Definition and Functions - An actively licensed EMT-Basic is an individual who has been trained in basic emergency medical procedures through the basic emergency medical technician course of instruction, or its equivalent, as approved by the State Board of Health, and who, after having passed the approved EMT-Basic examination, has been granted a license by the State Board of Health to regularly perform basic emergency medical procedures. An EMT-Basic is authorized to perform the following BLS procedures in the manner taught in the approved curriculum for EMT-Basic training:

- (a) Patient assessment;
- (b) Taking and recording vital signs;
- (c) Taking and recording an appropriate history;
- (d) Properly lifting and moving a patient;
- (e) Opening and maintaining a patent airway using simple airway maneuvers;
- (f) Cardiopulmonary resuscitation;
- (g) Simple management of a cardiac emergency, NOT including use of manual defibrillation, administration of fluids, or administration of drugs by any means, except those drugs or substances listed below;
- (h) Administration of activated charcoal, syrup of ipecac, and glucose paste;

- (i) ASSISTANCE with self-administration of nitroglycerin, auto- inhalers, and auto-injection epinephrine, BUT ONLY if the EMT-Basic has been trained to do so through the approved course after September 1, 1995;
 - (j) Spine immobilization;
 - (k) Long bone fracture immobilization;
 - (l) Joint dislocation immobilization;
 - (m) Application of pneumatic anti-shock garment;
 - (n) Control of bleeding and shock, NOT including suturing or administration of I.V. fluids;
 - (o) Splinting, INCLUDING traction splinting;
 - (p) Bandaging;
 - (q) Assistance with emergency childbirth, NOT including any surgical procedures whatsoever;
 - (r) Use of bag-valve mask;
 - (s) Use of oropharyngeal and nasopharyngeal airways;
 - (t) Use of mouth to mask device with or without supplemental oxygen;
 - (u) Administration of supplemental oxygen, INCLUDING use of pulse oximetry devices;
 - (v) Capillary puncture for the purpose of blood glucose monitoring, including use of digital blood glucometer;
 - (w) Maintenance of heparin locks and saline locks;
 - (x) Use of suction equipment;
 - (y) Patient extrication;
 - (z) Scene management, such as directing traffic, but only when scene management activities do not interfere with patient care duties and law enforcement personnel are not at the scene;
 - (aa) Responding appropriately to mass casualty incident, hazardous material incident, and triage situation; and
 - (bb) Taking appropriate infection control precautions.
- (2) An EMT-Basic shall not perform ALS procedures. No EMT-Basic shall provide care beyond his or her level of licensure on behalf of any organization or entity that is regularly engaged in the provision of emergency medical care, such as an ambulance service or fire department. An organization or entity shall have in place a system for the emergency treatment or transport of motor crash victims, or other trauma victims or

emergency medical patients to be deemed to be regularly engaged in the provision of emergency medical care. An organization or entity that merely offers cardiopulmonary resuscitation and other first aid and rescue in the course of activities such as firefighting and related activities shall not be deemed for that reason alone to be regularly engaged in the provision of emergency medical care.

(3) Responsibilities.

(a) Upon arrival at the scene of a medical or trauma emergency, an EMT-Basic shall assess the condition of any sick or injured person. Unless the health or safety of the EMT would thereby be jeopardized by scene conditions, an EMT shall promptly offer such necessary emergency treatment that the EMT is authorized by these rules to deliver.

(b) An EMT-Basic shall not smoke, shall not use smokeless tobacco, and shall not be under the influence of alcohol or drugs while operating or riding in an emergency vehicle or while providing care to any patient.

(c) An EMT-Basic shall maintain a current American Heart Association (AHA) Cardiopulmonary Resuscitation (CPR) BLS for Health Care Providers or American Red Cross (ARC) CPR BLS for the Professional Rescuer successful course completion card.

(d) An EMT-Basic shall successfully complete the required credentialing education between the date that a license is initially granted or renewed and January 31 preceding the date of expiration.

(e) An EMT-Basic shall carry the following item while on duty or while otherwise providing patient care:

1. Current Alabama EMT-Basic wallet licensure certificate.

(f) An EMT-Basic, not dressed in protective firefighting clothing, or responding in civilian clothes as a volunteer, shall wear the following item while on duty or while otherwise providing patient care:

1. A picture identification badge which includes the EMT-Basic's name, and licensure level. This requirement may be met by wearing an appropriate uniform and name plate.

(g) An EMT-Basic shall report to the EMS Division, within 10 calendar days, the outcome of any criminal action brought against the EMT, and the outcome of any civil action to which the EMT was a party and which involved EMS activities.

Author: John W. Story

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 Replaced:** Filed December 17, 2007; effective January 21, 2008.

420-2-1-.13 Emergency Medical Technician-Intermediate.

(1) Definition and Functions - An actively licensed EMT-Intermediate is an individual who has met all requirements for licensure as an EMT-Basic and who has also been trained in additional emergency medical procedures through the emergency medical technician-intermediate course of instruction, or its equivalent, as approved by the State Board of Health, and who, after having passed the approved EMT-Intermediate examination and has been granted a license by the State Board of Health to regularly perform emergency medical procedures at the basic and intermediate levels. An EMT-Intermediate is authorized to perform all of the procedures authorized for individuals licensed at the EMT-Basic level. An EMT-Intermediate is also authorized to perform the following ALS procedures in the manner taught in the approved curriculum for EMT-Intermediate training, in accordance with the protocols approved by the State Board of Health.

- (a) Administration of Dextrose 50%, intravenously;
- (b) Placement of oral and nasal endotracheal tubes;
- (c) Placement of approved esophageal blind insertion devices;
- (d) Peripheral venipuncture and intravenous administration of fluids, to include intraosseous infusion;
- (e) Use of cardiac monitoring equipment, INCLUDING placement of electrical leads;
- (f) Delivery of electrical therapy to patients via manual defibrillators; and
- (g) 12-lead EKG monitoring.
- (h) Adult and pediatric naso-gastric intubation.
- (i) Administration of aspirin.

NOTE: EMT-Intermediates are prohibited from performing any procedure or utilizing any drug not approved by the State Board of Health even though they may have been taught these drugs and procedures in their EMT-Intermediate curriculum.

(2) An EMT-Intermediate shall not perform ALS procedures unless he or she receives orders to do so from an on-line medical direction physician, or unless he or she is authorized to do so by standing orders from an off-line medical direction physician. On-line and off-line medical direction physicians must be authorized to provide such orders according to section 420-2-1-.06 of these rules. An EMT-Intermediate shall not perform ALS or BLS procedures unless currently licensed by the EMS Division pursuant to these rules. No EMT-Intermediate shall provide care beyond his or her level of licensure on behalf of any organization or entity that is regularly engaged in the provision of emergency medical care, such as an ambulance service or fire department. An organization or entity shall have in place a system for the emergency treatment or transport of motor crash victims, or other trauma victims or emergency medical patients to be deemed to be regularly engaged in the provision of emergency medical care. An

organization or entity that merely offers cardiopulmonary resuscitation and other first aid and rescue in the course of activities such as firefighting and related activities shall not be deemed for that reason alone to be regularly engaged in the provision of emergency medical care.

(3) Responsibilities.

(a) Upon arrival at the scene of a medical or trauma emergency, a licensed EMT-Intermediate shall assess the condition of any sick or injured person. Unless the health or safety of the EMT would thereby be jeopardized by scene conditions, a licensed EMT-Intermediate shall promptly offer such necessary emergency treatment that the EMT is authorized by these rules to deliver.

(b) An EMT-Intermediate shall not smoke, shall not use smokeless tobacco, and shall not be under the influence of alcohol or drugs while operating or riding in an emergency vehicle or while providing care to any patient.

(c) An EMT-Intermediate shall maintain a current American Heart Association (AHA) Cardiopulmonary Resuscitation (CPR) BLS for Health Care Providers or American Red Cross (ARC) CPR BLS for the Professional Rescuer successful course completion card.

(d) An EMT-Intermediate providing ALS and BLS care shall successfully complete all license requirements between the date that a license is initially granted or renewed and January 31 preceding the date of license expiration.

(e) An EMT-Intermediate shall carry the following item while on duty or while otherwise providing patient care:

1. Current Alabama EMT-Intermediate wallet licensure certificate.

(f) An EMT-Intermediate, not dressed in protective firefighting clothing, or responding in civilian clothes as a volunteer, shall wear the following item while on duty or while otherwise providing patient care:

1. A picture identification badge which includes the EMT-Intermediate's name, and licensure level. This requirement may be met by wearing an appropriate uniform and name plate.

(g) An EMT-Intermediate shall report to the EMS Division, within 10 calendar days, the outcome of any criminal action brought against the EMT, and the outcome of any civil action to which the EMT was a party and which involved EMS activities.

Author: John W. Story

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 Replaced:** Filed December 17, 2007; effective January 21, 2008.

420-2-1-.14 Emergency Medical Technician-Paramedic.

(1) Definition and Functions - An actively licensed EMT-Paramedic is an individual who has met all requirements for licensure as an EMT-Intermediate and who has also been trained in additional emergency medical procedures through the EMT-Paramedic course of instruction, or its equivalent, as approved by the State Board of Health, and who, after having passed the approved EMT-Paramedic examination and has been granted a license by the State Board of Health to regularly perform emergency medical procedures at the basic, intermediate, and paramedic levels. An EMT-Paramedic is authorized to perform all of the procedures authorized for individuals licensed at the EMT-Intermediate level. An EMT-Paramedic is also authorized to perform the following ALS procedures in the manner taught in the approved curriculum for EMT-Paramedic training:

(a) Administration of drugs on the list approved by the State Board of Health for such use in the EMS setting. Drugs may be administered via the intravenous, subcutaneous, intramuscular, oral, sublingual, rectal routes, and through inhalers and endotracheal tubes if approved for such administration by the State Board of Health; and

(b) Within the constraints specified in section 420-2-1-.07 of these rules, administration of drugs and maintenance of I.V. drips for inter- hospital transfer patients.

(2) An EMT-Paramedic, in accordance with the protocols approved by the State Board of Health, may perform the following procedures:

(a) External Cardiac Pacing

(b) Adult and Pediatric Naso-Gastric Tube Placement

(c) Needle Decompression of the Thorax

An EMT-Paramedic is prohibited from performing any procedure or utilizing any drug not approved by the State Board of Health even though they may have been taught these drugs and procedures in their EMT-Paramedic curriculum.

(3) An EMT-Paramedic shall not perform ALS procedures unless he or she receives orders to do so from an on-line medical direction physician, or unless he or she is authorized to do so by standing orders from an off-line medical direction physician. On-line and off-line medical direction physicians must be authorized to provide such orders under section 420-2-1-.06 of these rules. An EMT-Paramedic shall not perform ALS or BLS procedures unless currently licensed by the EMS Division pursuant to these rules. No EMT-Paramedic shall provide care beyond his or her level of license on behalf of any organization or entity that is regularly engaged in the provision of emergency medical care, such as an ambulance service or fire department. An organization or entity shall have in place a system for the emergency treatment or transport of motor crash victims, or other trauma victims or emergency medical patients to be deemed to be regularly engaged in the provision of emergency medical care. An organization or entity that merely offers cardiopulmonary resuscitation and other first aid and rescue in

the course of activities such as firefighting and related activities shall not be deemed for that reason alone to be regularly engaged in the provision of emergency medical care.

(4) Responsibilities.

(a) Upon arrival at the scene of a medical or trauma emergency, a licensed EMT-Paramedic shall assess the condition of any sick or injured person. Unless the health or safety of the EMT would thereby be jeopardized by scene conditions, a licensed EMT-Paramedic shall promptly offer such necessary emergency treatment that the EMT is authorized by these rules to deliver.

(b) An EMT-Paramedic shall not smoke, shall not use smokeless tobacco, and shall not be under the influence of alcohol or drugs while operating or riding in an emergency vehicle or while providing care to any patient.

(c) An EMT-Paramedic shall maintain a current American Heart Association (AHA) Cardiopulmonary Resuscitation (CPR) BLS for Health Care Providers or American Red Cross (ARC) CPR BLS for the Professional Rescuer successful course completion card.

(d) An EMT-Paramedic providing ALS or BLS care shall successfully complete all license requirements between the date that a license is initially granted or renewed and January 31 preceding the date of license expiration.

(e) An EMT-Paramedic shall carry the following item while on duty or while otherwise providing patient care:

1. Current Alabama EMT-Paramedic wallet licensure certificate.

(f) An EMT-Paramedic, not dressed in protective firefighting clothing, or responding in civilian clothes as a volunteer, shall wear the following item while on duty or while otherwise providing patient care:

1. A picture identification badge which includes the EMT-Paramedic's name, and licensure level. This requirement may be met by wearing an appropriate uniform and name plate.

(g) An EMT-Paramedic shall report to the EMS Division, within 10 calendar days, the outcome of any criminal action brought against the EMT, and the outcome of any civil action to which the EMT was a party and which involved EMS activities.

Author: John W. Story

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 Replaced:** Filed December 17, 2007; effective January 21, 2008.

420-2-1-.15 Ambulance Driver.

(1) Each ambulance service operator shall ensure that each driver who operates an ambulance is a licensed ambulance driver.

(2) To be eligible for licensure, an ambulance driver must meet the following qualifications:

(a) An ambulance driver must have been licensed in Alabama to operate a motor vehicle for the past two years and have a good driving record as defined below in section 420-2-1-.15(4) below. Individuals who permanently reside outside of Alabama and who are employed as ambulance drivers by licensed Alabama ambulance service operators may obtain a waiver of the Alabama motor vehicle operator license requirement from the Director, Emergency Medical Services Division, if licensed to operate a motor vehicle in another jurisdiction for the past two years. This waiver will be subject to such additional requirements as the Director may impose. The Director will ordinarily require that the individual obtain a letter of clearance from the Department of Public Safety, or its equivalent, in the state or jurisdiction in which the individual is licensed to operate a motor vehicle.

(b) An ambulance driver must be twenty-one years of age or older. Alternatively, an ambulance driver may be eighteen years of age or older with two years of continuous licensure as a motor vehicle operator with no moving violations.

(c) An ambulance driver must be familiar with the operation of emergency vehicles under the laws and ordinances of the state, county, city or other political jurisdiction in which the ambulance is operated.

(d) An ambulance driver must have eyesight correctable to 20/20 vision in at least one eye, must have 180 degrees peripheral vision, and must be free from physical impairments, including uncorrected serious hearing impairments, which adversely affect the ability to safely operate an emergency vehicle.

(e) An ambulance driver must be able to safely operate the ambulance vehicle, the emergency lights and warning devices and the communications equipment while responding under emergency conditions and transporting patients.

(f) An ambulance driver must have successfully completed the Alabama Fire College, Apparatus Operator Course (AFC-AOC), or an emergency vehicle operator course approved by the State Board of Health.

(g) An ambulance driver must have and maintain a current American Heart Association (AHA) Cardiopulmonary Resuscitation (CPR) BLS for Health Care Providers or American Red Cross (ARC) CPR BLS for the Professional Rescuer successful course completion card.

(h) An ambulance driver shall not smoke, shall not use smokeless tobacco, and shall not be under the influence of alcohol or drugs while operating or riding in an emergency vehicle or while providing care to any patient.

(i) An ambulance driver shall successfully complete an AFC-AOC refresher course or an approved EVOG refresher course between the date that a license is initially granted or renewed and January 31 preceding the date of license expiration.

(3) An ambulance driver shall report to the EMS Division, within 10 calendar days the outcome of any criminal action, including driving offenses, brought against the ambulance driver, and the outcome of any civil action to which the ambulance driver was a party and which involved EMS activities, including civil actions involving motor vehicle crashes.

(4) An ambulance driver must have a good driving record. An ambulance driver license shall not be issued to or maintained by an individual who has been:

(a) Convicted of vehicular homicide.

(b) Convicted within the last five years of driving a vehicle while under the influence of alcohol or a controlled substance.

(c) Convicted within the past five years of possession of drugs or drug paraphernalia.

(d) Required to surrender his or her motor vehicle operators license within the past five years due to suspension or revocation.

(e) Convicted within the past five years of operating a motor vehicle while his or her vehicle operator's license was suspended or revoked.

(f) Convicted of being under the influence of alcohol or a controlled substance while operating an emergency vehicle.

(5) An individual who is ineligible for licensure because of a conviction listed in section 420-2-1-.15(4)(d) and (e) shall remain ineligible for licensure as an ambulance driver until five years after motor vehicle operator privileges are restored.

(6) An ambulance driver shall carry the following item while on duty or otherwise driving an ambulance:

(a) Current Alabama Ambulance Driver wallet license certificate.

(7) An ambulance driver not dressed in protective firefighting clothing, or responding in civilian clothes as a volunteer, shall wear the following item while on duty or while otherwise providing patient care:

(a) A picture identification badge which includes the EMT-Intermediate's name, and licensure level. This requirement may be met by wearing an appropriate uniform and name plate.

Author: John W. Story

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

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

420-2-1-.16 Responsibility For Patient.

(1) An Emergency Medical Technician licensed at any level who begins providing care to a patient shall remain under a continuing duty to provide care to the patient. The circumstances under which an EMT may stop providing care are set forth below.

(a) If a patient is transported to a hospital, the highest level EMT shall continue to provide care until relieved by appropriate hospital medical personnel.

(b) An EMT licensed at any level who is providing BLS care to a patient may yield patient care responsibilities to any other licensed EMT or licensed physician who is willing to assume patient care responsibilities. An EMT providing BLS care to a patient shall yield patient care responsibilities to a licensed physician when directed to do so by the on-line medical direction physician.

(c) An EMT-Basic shall yield patient care responsibilities to an EMT licensed at the EMT-Intermediate or EMT-Paramedic level when directed to do so by the EMT licensed at the higher level. Provided, that EMT-Intermediate or EMT-Paramedic shall not involuntarily relieve EMT-Basic of patient care duties unless there is a medical necessity to do so.

(d) An EMT-Intermediate or EMT-Paramedic who is providing ALS care to a patient may be relieved by any other licensed EMT-Intermediate or EMT-Paramedic authorized to provide the necessary level of care if the relieving EMT is willing to assume patient care duties.

(e) A patient receiving ALS care shall be deemed to be under the care of the on-line medical direction physician under whose orders the care is provided. An EMT-Intermediate or EMT-Paramedic may be relieved of patient care responsibilities by an on-scene physician only with the permission of the on-line medical direction physician who is responsible for care of the patient. An EMT-Intermediate or EMT-Paramedic may not accept orders for ALS care from an on-scene physician unless authorized to do so by on-line medical direction.

(f) An EMT may discontinue care to a patient who is obviously dead as defined in section 420-2-1-.17 of these rules.

(g) An EMT may discontinue resuscitative measures pursuant to section 420-2-1-.18 of these rules, "Termination of Resuscitation."

(h) An EMT may discontinue resuscitative measures for a patient discovered to be the subject of an "Emergency Medical Services Do Not Attempt Resuscitation Order" pursuant to section 420-2-1-.19 of these rules.

(i) An EMT shall discontinue patient care measures when directed to do so by the on-line medical direction physician.

Author: John W. Story

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 Replaced:** Filed December 17, 2007; effective January 21, 2008.

420-2-1-.17 Patients Dead-In-The-Field.

(1) All patients who are not obviously dead should be treated as if alive. The appropriate life support measures shall be initiated and the assigned on-line medical direction facility shall be contacted. Obviously dead patients are those who, in addition to absence of respiration, cardiac action, and neurologic reflexes, exhibit one or more of the following:

- (a) Decapitation
- (b) Massive crush injury or evisceration of the heart, lung, or brain
- (c) Incineration
- (d) Rigor mortis
- (e) Post-mortem lividity
- (f) Decomposition

(2) When the on-line medical direction physician is contacted and the patient is determined to be "obviously dead," resuscitation measures need not be initiated. Emergency Medical Technicians should document this decision by describing the patient's condition on the patient care report and should state that cardiopulmonary resuscitation was not initiated.

Author: John W. Story

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 Replaced:** Filed December 17, 2007; effective January 21, 2008.

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 Termination Of Resuscitation.

(1) Cardiopulmonary resuscitation and advanced life support may be terminated by prehospital personnel if all the following criteria are met:

- (a) Patient is in cardiac arrest at the time of arrival of advanced life support.

(b) Appropriate full advanced life support procedures including intubation are performed for twenty minutes with no spontaneous pulse and no evidence of neurologic function unless earlier termination is appropriate as determined by medical direction.

(c) On-line medical direction approves termination of efforts.

(2) Termination will not be considered for any of the following patients:

(a) Patients with persistent ventricular fibrillation or pulseless ventricular tachycardia.

(b) Patients who have return of spontaneous pulse at any time during resuscitative efforts.

(c) Patients who exhibit neurologic function.

(d) Patients who arrest after the arrival of advanced life support except when the patient is a blunt trauma victim.

(3) Some conditions may warrant continuation of resuscitative efforts, for example, environmental hypothermia, drug overdose, airway obstruction, toxicological agents.

(4) Disposition of the body following termination of resuscitation shall be governed by medical direction.

Author: John W. Story

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 Replaced:** Filed December 17, 2007; effective January 21, 2008.

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 Emergency Medical Services Do Not Attempt Resuscitation Orders.

(1) Emergency medical services personnel may honor an Emergency Medical Services Do Not Attempt Resuscitation Order in the prehospital 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 B is the form for the Emergency Medical Services Do Not Attempt Resuscitation Order defined in these rules. An Order must be signed by the patient's attending or treating physician or by another physician providing care to the patient. The physician signing the form must certify that the patient is an adult (eighteen years of age or older). In addition, the physician must 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 must 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: John W. Story

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 Replaced:** Filed December 17, 2007; effective January 21, 2008.

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420-2-1-.20 Emergency Medical Technician Qualifications, Examination And Licensure.

NOTE: The following section is written in the second person so that it will be as clear and understandable as possible.

(1) Qualifications. What follows are the minimum qualifications you need to become licensed as an EMT in Alabama.

(a) You must be at least 18 years of age;

(b) You must reside in Alabama, OR you must work or volunteer for a company or organization that provides emergency medical care in Alabama, OR you must have received your training at an approved Alabama EMT training program.

(c) You must possess a high school diploma or G.E.D. and meet all of the qualifications for enrollment in the EMT training program at the level (EMT-Basic, EMT-Intermediate, or EMT-Paramedic) you seek to enter;

(d) You must meet the following physical and background educational requirements:

1. You must have the physical agility to walk, climb, crawl, bend, push, pull, lift, and balance over less than ideal terrain.

2. You must have good physical stamina and endurance, measured by the ability to undertake, without adverse effects, lifting, carrying, and balancing loads in excess of 125 pounds (250 pounds with assistance).

3. You must have the ability to see different color spectrums.

4. Your eyesight must be correctable to 20/20 in at least one eye.

5. You must have good eye-hand coordination and sufficient manual dexterity to manipulate equipment, instrumentation and medications.

6. You must be able to send and understand oral messages both in person and with the use of communications equipment such as radios and cellular telephones.

7. You must be able to read and understand written instructions that are given by physicians, and that are placed on or with medications and equipment. These written instructions are written generally at the ninth grade reading level but they also use technical scientific and medical language.

8. You must be able to differentiate between normal and abnormal findings in human physical conditions by using visual, auditory, olfactory and tactile observations.

9. IF YOU ARE SEEKING LICENSURE AT THE EMT-INTERMEDIATE OR EMT-PARAMEDIC LEVEL, you must be able to implement therapies based upon arithmetic and simple algebraic calculations.

10. You must be oriented to reality.

(e) You must have successfully completed an approved Alabama EMT training course, or you must have completed a substantially equivalent training course offered outside of Alabama, as approved by the EMS Division;

(f) You must submit a properly completed test application to the State Board of Health, together with the applicable testing fee;

(g) You must pass the appropriate EMT licensure examination; and

(h) You must submit a licensure application together with a licensure fee of \$10.00. This requirement is discussed in more detail below.

(2) Examination.

(a) Your testing applications sent to the State Board of Health will be examined by the staff of the Emergency Medical Services Division. Your application will be returned to you if it is not properly completed, or if it is not accompanied by the requisite fee, or if you do not meet the qualifications for testing.

(b) If the staff of the EMS Division finds that you are eligible for testing, then you will be scheduled for an examination.

(c) After you take the licensure examination, you will be mailed written notification of your examination results. You should neither call the EMS Division on the telephone nor visit in person to obtain your examination results.

(3) Waiver of Licensure Examination for Individuals Certified by the National Registry of Emergency Medical Technicians.

(a) If you are not licensed as an Emergency Medical Technician in Alabama but you ARE certified by the National Registry of Emergency Medical Technicians at the EMT-Basic or EMT-Paramedic levels, you need not take the Alabama licensure examination. You may submit a licensure application according to the procedures described below in section 420-2-1-.20(5).

(b) If you are not licensed as an Emergency Medical Technician in Alabama but you ARE certified by the National Registry of Emergency Medical Technicians at the EMT-Intermediate level, then you must submit a preliminary application for licensure in Alabama. The preliminary application shall include a description of course objectives provided by your EMT-Intermediate training program. This description of course objectives will be examined by the staff of the EMS Division to determine whether it

meets or exceeds the course standards in Alabama for training at the EMT-Intermediate level. If your EMT-Intermediate course work meets or exceeds Alabama's standards then you may submit a licensure application according to the procedures described below in section 420-2-1-.20(5). If your training does not meet Alabama's minimum standards you may arrange for instruction in missing course objectives at any training site approved by the Director of the EMS Division that is willing to provide that instruction. Upon completion of the additional course work, you may submit a testing application to the State Board of Health. This application must be accompanied by an appropriate certificate of additional course work completion which is duly signed by the director of the training program you attended. Your testing application will be examined by the staff of the EMS Division. Upon its approval, you will be scheduled for testing and will be tested in those state-required skills that are not covered in the National Registry examination. After successful completion of the additional skills testing, you may submit a licensure application according to the procedures described below in section 420-2-1-.20(5).

(4) Eligibility for Examination. If you want to take an Alabama EMT examination, there are several different ways that you may qualify. All are listed here.

(a) If you have, within the past two years, completed the required course of instruction at an approved Alabama EMT training program, then:

1. You must submit a certificate of course completion signed by the director of the approved training program that you attended;
2. You must submit testing applications that are completely filled out; and
3. You must submit the appropriate testing fee. This fee is not imposed by the State of Alabama. Once your testing application is approved, your fee is forwarded to the approved testing entity. If your application is not approved, this fee will be returned to you.

(b) If you have, within the past two years, completed the course of instruction at an EMT training program outside of Alabama, BUT you are not currently certified by the National Registry of Emergency Medical Technicians, then:

1. You may submit a preliminary application for the Alabama licensure examination. Your preliminary application must include a certificate of course completion signed by the director of the approved training program that you attended. It must also include a description of course objectives provided by the training program. This description of course objectives will be examined by the staff of the EMS Division to determine whether it meets or exceeds the course standards in Alabama for training at the level for which you seek licensure.
2. If your course work is found to meet or exceed Alabama's standards then you must submit testing applications that are completely filled out and accompanied by the testing fee. Once your testing application is approved, your fee is forwarded to the approved testing entity. If your application is not approved, this fee will be returned to you.

3. If your course work does not meet Alabama's minimum standards, then you must arrange for instruction in missing course objectives at any training site approved by the Director of the EMS Division that is willing to provide that instruction. Upon completion of the additional course work, you must then submit testing applications that are completely filled out and accompanied by the testing fee. These applications must also be accompanied by a certificate of additional course work completion which has been signed by the director of the approved training program that you attended. You must submit the testing fee. Once your testing application is approved, your fee is forwarded to the approved testing entity. If your application is not approved, this fee will be returned to you.

4. Certificates of additional course work must include a list of course objectives covered. Your testing applications will not be accepted unless the certificate of additional course work shows that all required additional objectives have been covered.

(c) If it has been more than two years since you completed the course of instruction at an approved EMT training program in Alabama, or at an EMT training program outside of Alabama, AND if you ARE already licensed or certified by another state, BUT you are not currently certified by the National Registry of Emergency Medical Technicians, then you must arrange to take a refresher course approved by the EMS Division and covering all listed objectives in the United States Department of Transportation refresher course at the level for which you seek licensure. If you did not attend an approved Alabama EMT training course, you must also submit a preliminary application which must include a certificate of course completion signed by the director of the approved training program that you attended. It must also include a description of course objectives provided by the training program. This description of course objectives will be examined by the EMS Division to determine whether it meets or exceeds the course standards in Alabama for training at the level for which you seek licensure.

1. If your course work is found to meet or exceed Alabama's standards then you must submit a testing application that is completely filled out and accompanied by the testing fee. This application must also be accompanied by a certificate of additional course work completion which has been signed by the director of the approved training program that you attended. Once your testing application is approved, your fee is forwarded to the approved testing entity. If your application is not approved, this fee will be returned to you.

2. If your course work does not meet Alabama's minimum standards, then you must arrange for instruction in missing course objectives at any training site approved by the Director of the EMS Division that is willing to provide that instruction. Upon completion of the additional course work, you must then submit a testing application that is completely filled out and accompanied by the testing fee. This application must also be accompanied by a certificate of additional course work completion which has been signed by the director of the approved training program that you attended. Once your testing application is approved, your fee is forwarded to the approved testing entity. If your application is not approved, this fee will be returned to you.

3. Your certificates of additional course work must include a list of course objectives covered. Your testing application will not be accepted unless the certificate of additional course work shows that all required additional objectives and all objectives in the United States Department of Transportation refresher course have been covered.

(d) If it has been more than two years since you completed your training at an EMT training program AND you are NEITHER currently certified by the National Registry of Emergency Medical Technicians NOR currently licensed in another state you may submit a testing application only after meeting all requirements for reinstatement at the applicable level pursuant to the "Lapsed Registration" policy of the National Registry of Emergency Medical Technicians. After submission of documentation showing completion of all such requirements, then you may submit a testing application under the procedures described in section 420-2-1-.20(4)(a).

(e) If you qualify for testing under subsections 1, 2, 3, or 4, above, you must also submit a statement of competency in EMT-Basic skills. This applies whether you seek licensure as an EMT-Basic, EMT-Intermediate, or EMT-Paramedic. If it has been more than one year since you completed your training, you must take the EMT-Basic practical examination at a training site approved by the Director of the EMS Division to obtain this statement of competency. Your testing application will not be accepted unless it is accompanied by this statement of competency in EMT-Basic skills.

(5) Licensure.

(a) If you receive a passing score on the examination, you will be mailed written notification by the testing entity. After notification that you have received a passing score, you may submit a licensure application to the State Board of Health. If you are certified by the National Registry of Emergency Medical Technicians and you qualify for licensure under section 420- 2-1-.20(3) above, you may also submit a licensure application.

(b) You may be granted a license by the State Board of Health and issued a licensure certificate by the staff of the EMS Division after you submit the following:

1. A completely filled out licensure application, to include the criminal history release authorization;
2. Certification of a passing score on the licensure examination or proof of current certification by the National Registry of Emergency Medical Technicians; and
3. The licensure fee of \$10.00.

(c) Your license will automatically expire on March 31 two years after the year it is initially granted, or as otherwise provided for in these rules.

(6) Renewal of License.

(a) All individual licenses issued by the State Board of Health will expire on March 31 of the year of expiration. All of your refresher training and credentialing requirements must,

however, be earned prior to January 31 of the year of license expiration. Except as specified elsewhere in these rules, re-license requirements obtained between January 31 and March 31 of the year of license expiration can NOT be used to meet requirements for relicensure.

(b) You are responsible for submitting timely renewal applications, as further discussed in section 420-2-1-.20(6)(c), below. The State Board of Health will send or attempt to send you a "Notice of License Renewal Due" when your license is due to expire on March 31. The notice will be sent to the address on file with the EMS Division. It should be mailed approximately sixty calendar days prior to your license expiration. If for any reason you fail to receive this notice, whether due to undelivered or undeliverable mail, incorrect address, or failure of the State Board of Health to send the notice, this shall not relieve you of the responsibility to renew your license.

(c) You are responsible for submitting an appropriate application for license renewal together with the required licensure fee and all necessary documentation in sufficient time for the application to be processed and a renewed license certificate to be returned to you prior to the March 31 license expiration date. You should expect a delay of up to six weeks if an application for renewed licensure is submitted during peak times. Thus, applications mailed after February 1 will not necessarily be processed prior to March 31. This could result in a period of time during which you will not be allowed to practice as an EMT. License renewal applications postmarked after March 31 will be returned to the applicant and a \$50.00 late processing fee assessed. In order for the application to be processed, it must be returned to the EMS Division with the license fee and late fee attached. Applications for license renewal postmarked after May 30 of the year of license expiration will not be processed and the applicant will be required to again qualify for licensure by successfully completing the appropriate licensure examination.

(d) In no event may you continue to practice after March 31 of the year of license expiration if you have not been granted a renewed license. A renewed license shall be deemed to have been granted only after you have received a new license certificate which has been duly issued by the State Board of Health.

(e) Your applications for renewal must be accompanied by:

1. Documentation of current CPR certification as required by these rules;
2. Documentation of completion of all re-license requirements; and
3. The licensure fee.

(f) Documentation of current CPR certification may consist of either of the following:

1. A copy of a current American Heart Association CPR for the Healthcare Provider successful course completion card; or
2. A copy of a current American Red Cross CPR for the Professional Rescuer successful course completion card.

(g) If you are not providing prehospital patient care and wish to be licensed as an inactive EMT, then the following are not required. If you wish to be licensed as an active EMT, and allowed to provide prehospital patient care, then you must submit the following:

1. Proof of re-license requirements completion during the expiring licensure period.

(h) The State Board of Health shall grant you a renewed license and the EMS Division shall issue you a renewed license certificate if your license is current and in good standing, if you are otherwise qualified under these rules, and if you submit a properly completed application accompanied by the required documentation and the licensure fee.

(i) Your renewed license will be granted for a minimum period of two years unless you choose to exercise your option of a one year license as outlined elsewhere in these rules.

(7) The EMS Division should be notified within 10 calendar days of any change in a licensee's mailing address.

(8) You may be issued a duplicate license certificate or wallet card to replace lost documents upon submission of a lost certification application. You may be issued corrected certification in the event of a change of name upon submission of an application accompanied by the certificates to be replaced and documentation of the name change (for example, court order, divorce decree, or marriage license). If you have a duplicate certification or a corrected certification your license will expire on the date that is specified on the original certification.

(9) If you maintain certification by the National Registry of Emergency Medical Technicians, or if the EMS service for which you work synchronizes the license expiration date of their employees, you may, if you desire to do so, be issued a one-year license renewal upon submission of the following:

(a) A copy of a National Registry certification which expires one year AFTER your current Alabama EMT license; and

(b) A fee of \$5.00.

1. This option will enable you to maintain your Alabama EMT license and your National Registry certification with simultaneous expiration dates. In no event will you ever be required by the State Board of Health to accept a one year licensure renewal in lieu of a two year licensure renewal except as a condition of probational licensure as a result of disciplinary measures duly imposed pursuant to these rules.

(10) Licensure of Ambulance Drivers.

(a) If you meet the qualifications set forth in section 420-2-1-.15 of these rules and you desire licensure as an ambulance driver you may submit an application to the State

Board of Health accompanied by such documentation of qualifications as may be required by the Director, Division of Emergency Medical Services.

(b) The State Board of Health will grant a license to you if you are otherwise qualified under these rules, and if you submit a properly completed application accompanied by required documentation and licensure fee of \$10.00.

(c) If you are an emergency medical technician licensed under these rules and you are also eligible for licensure as an ambulance driver you may be granted a dual license as an emergency medical technician and ambulance driver. You will not be required to pay an additional fee for dual licensure.

(d) Your license will automatically expire on March 31 of the second complete year after it is initially granted. If your license was reclassified from emergency medical technician to a dual license as emergency medical technician/ambulance driver, it will expire on the same date as your original emergency medical technician license.

(e) Your license as an ambulance driver or dual license as an emergency medical technician/ambulance driver is subject to the provisions of section 420-2-1-.20(6), above, with respect to renewal.

(11) **Reclassification.** If you become eligible for licensure at a level higher than that at which you were originally licensed, you may submit an application for reclassification. The State Board of Health will grant you a reclassified license if you are otherwise qualified under these rules, and if you submit a properly completed application accompanied by required documentation. Your reclassified license will expire on the same date as your original license. You do not need to pay a fee for reclassification of your license.

(12) **Inactive License Reactivation.** To reactivate an inactive license, you must complete all continuing educational material required of the license level you possess. Only after your license has been changed to “active” may you provide care at that level’s scope of practice.

Author: John W. Story

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420-2-1-.21 Impaired EMTs.

(1) An EMT licensed at any level who becomes impaired as a result of drug or alcohol use, addiction, or mental illness may avoid disciplinary action by the State Board of Health if:

(a) The EMT voluntarily enters a drug, alcohol, or psychiatric rehabilitation program approved by the EMS Division.

(b) The EMT's employer and off-line medical director confirms in writing that while in the program the individual's professional competence is not impaired.

(c) The EMT has no adjudications of guilt nor any convictions, nor has he or she plead nolo contendere to any charge relating to drug, alcohol abuse, or mental illness.

(d) The EMT is not determined by appropriate medical authority to present a danger to himself or herself, those around them, or patients.

(2) If the above criteria are met, the individual may then qualify to enter into a stipulation with the State Board of Health in which the EMT or paramedic agrees to the following conditions:

(a) Participation in and successful completion of an inpatient care program for substance abuse or mental illness.

(b) Participation in and successful completion of an aftercare treatment program.

(c) Waiver of confidentiality so that the EMS Division may access patient records in both the inpatient and aftercare programs.

(d) Submission of all follow-up treatment reports and drug screening tests to the State Board of Health for review (submission shall be made by the entity conducting the treatment or drug screening and not by the EMT).

(e) Participation in random drug screens and psychiatric examinations as required by the EMS Division or by the entity providing aftercare treatment.

(f) Provision of a Criminal History Release Form to the EMS Division by the EMT.

(3) If aftercare treatment is not completed, or if the individual is found not to be drug free prior to the completion of the aftercare program, or if the individual tests positive on any of the random drug screenings, or the individual is deemed at any time to present a danger to himself or herself, those around them, or patients, the individual will be deemed to have violated these rules and will be immediately subject to the revocation or suspension of his or her license.

Author: John W. Story

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

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420-2-1-.22 EMT Certification Requirements

- (1) All EMS educational programs must strictly adhere to the State Board of Health approved curriculum for each Alabama EMT license level.
- (2) All levels of EMT educational programs must be approved and conducted through an Alabama Department of Post Secondary Education (ADPE) or Alabama Commission on Higher Education (ACHE) accredited educational institution.
- (3) All Paramedic programs must be accredited by the Commission on Accreditation for the Emergency Medical Services Professions (CoAEMSP) before graduating students will be allowed to take the State certification exam. Students graduating from programs with applications for accreditation on file with the CoAEMSP will be allowed to take the examination as long as all other documented criteria is met.
- (4.) All EMT programs must include the current State Board of Health approved Alabama EMT Protocols in their course education.

Author: John W. Story

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420-2-1-.23 Re-license Education Requirements.

- (1) Active Licensed Ambulance Drivers, EMT-Basics, EMT-Intermediates, and EMT-Paramedics performing prehospital patient care procedures and driving an ambulance vehicle shall be required to complete Alabama Protocol Education as specified by the State Board of Health. Continuing education courses should be determined through provider service quality assurance and improvement methodologies and should reflect the mission and scope of care of the EMS provider service. Some pediatric specific continuing education must be included in every two year re-license cycle for each EMT level.
- (2) Minimum re-license education for active licensees shall be as follows:
 - (a) Ambulance Driver: Successful completion of an approved EVOC course and an approved CPR course.

(b) EMT-Basic: Shall complete the following:

1. Successful completion of 24 hours of continuing education relating to emergency medical services or successful completion of the DOT EMT-Basic Refresher course,
2. The Alabama EMT-Basic Protocols course.
3. An approved CPR course.

(c) EMT-Intermediate: Shall complete the following:

1. Successful completion of 36 hours of continuing education relating to emergency medical services or successful completion of the DOT EMT-Intermediate Refresher course,
2. The Alabama EMT-Intermediate Protocols course.
3. An approved CPR course.

(d) EMT-Paramedic:

Shall complete the following:

1. Successful completion of 48 hours of continuing education relating to emergency medical services or successful completion of the DOT EMT-Paramedic Refresher course,
2. The Alabama EMT-Paramedic Protocols course.
3. An approved CPR course.

(3) Approval authority for all emergency medical service re-license education programs rests with the State Board of Health or its designee.

(4) Familiarization and Training in Newly Approved I.V. Fluids, Drugs, and Invasive Procedures:

(a) An emergency medical technician may administer fluids, drugs, or perform procedures appropriate to his or her level of licensure when he or she has completed proper education to do so, and is otherwise compliant with all other requirements of these rules. Proper education may be gained by the affected emergency medical technician through inclusion of the I.V. fluid, drug, or procedure in his or her initial education program, or through a training module, as specified by the State Board of Health, applicable to his or her EMT-Basic, Intermediate, or Paramedic level of classification and licensure. The EMS Division shall prepare an implementation plan for the coordination and implementation of training related to new I.V. fluids, drugs, or invasive procedures approved by the State Board of Health. The plan must consider the education process for the affected levels of emergency medical technicians, and shall be approved by the State Board of Health or its designee following coordination and input by the State Emergency Medical Services Medical Director and the State Emergency Medical Control Committee. All such new I.V. fluids, drugs, or invasive

procedures shall, likewise, be included in the initial training curriculum of those initial training program/courses approved for licensure by the State Board of Health.

Author: John W. Story

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420-2-1-.24 Records And Reports.

(1) Each provider shall be responsible for supervising, preparing, filing and maintaining records and for submitting reports to the State Board of Health as requested. All records shall be handled in such 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 as required by these rules shall be accessible to authorized representatives of the State Board of Health and shall be retained for a period of at least 5 years except as otherwise specified in this rule. Each provider shall maintain the following administrative records:

(a) Current service licensure certificate issued by the EMS Division which shall be publicly displayed in the provider's main office.

(b) Vehicle registration, copy of past State Board of Health inspection reports and proof of current vehicle permit for each vehicle in operation.

(c) Personnel records for each person employed as an ambulance driver or as an EMT, to include date of employment, training records (AFC-AOC, EVOC, Transfer Drug Course, etc.), credentialing records, employee application, copy of current licensure certificate, and confirmation that each employee is in compliance with the physical requirements for licensure under these rules.

(2) Each provider shall maintain written plans, compliant with these Rules and available for review by the State Board of Health, for the proper handling, storage, and disposal of all biohazardous wastes, for the proper method of emergency medical call taking and emergency medical dispatch, and for the proper use, handling, storage, and disposal of all fluids and drugs.

(3) Each provider shall return its licensure certificate to the State Board of Health within 10 calendar days after a change of name or ownership of the service or upon permanently ceasing to provide service.

(4) Each EMS provider shall ensure that an accurate and complete patient care report, or such other report as may be approved by the State Health Officer in the future, is prepared for each instance in which:

(a) A patient was assessed;

(b) Medical care was rendered;

(c) A patient was transported;

(d) A patient was pronounced dead at the scene;

(e) A patient was transferred to another licensed service;

(f) A patient was transferred from one medical facility to another;

(g) The person or persons for whom EMS was dispatched refused treatment, transport or both; and

(h) A secondary vehicle is dispatched to an emergency medical call and its crew actually evaluates or renders care to the patient.

(5) An accurate and complete patient care report, as required by these rules, shall be provided to the patient receiving facility upon delivery of the patient or as soon as practicable. In no instance should delivery of the run report exceed twenty-four hours.

(6) Each licensed EMS provider is responsible for quality review for completeness and accuracy of its own patient care reports.

(7) Each licensed ambulance service operator and each certified ALS provider shall maintain on the form shown in Appendix A, or upon such revised form as may be subsequently approved by the State Board of Health, a record of each activity as specified above in section 420-2-1-.25(4).

(a) EMS Patient Care Reports shall be submitted to the EMS Division within such deadlines as shall be specified by the Director, Division of Emergency Medical Services, Alabama Department of Public Health.

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

1. Records and data collected by the EMS Division shall be submitted to the State Board of Health in such format, at such intervals, and within such deadlines as shall be specified by the Director, Division of Emergency Medical Services;

2. Records and data maintained by the State Board of Health, or its authorized agents or representatives may be shared with other entities for research purposes, provided that such records and data are subject to all restrictions with respect to access specified in these rules, wherever such records and data are maintained;

3. Individual patient records may be released to a patient or to the authorized legal representative of a patient upon presentation of a duly signed release form;
4. Records and data may be used by staff of the Department of Public Health 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;
5. Records and data may be used by staff of the Department of Public Health and staff of other designated agencies in the performance of authorized quality assurance activities;
6. 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 must be approved in advance by a duly constituted institutional review board for the protection of human subjects;
7. Existing records, data, and reports may be released in any format in which they appear in the Department of Public Health's data base in response to a valid subpoena or order from a court of competent jurisdiction;
8. Data may be compiled into reports for the use of individual providers;
9. Aggregate patient care report data may be released to the public in a format reasonably calculated to disclose neither the identity of individual patients nor such proprietary information as the volume of non-emergency calls undertaken by an individual provider, or insurance and other reimbursement information applicable to an individual provider; and
10. Records and data shall be disclosed as required by federal and state law, such as where the Department of Public Health is required to report an incident of child abuse.

(c) It is contemplated that future advances in technology will create feasible and desirable opportunities for sharing data with other entities collecting health care data. This is particularly true where the EMS data base may be linked with other data bases containing data about the EMS patients, such as hospital discharge records, death records, and motor vehicle crash reports. Such records would be valuable in the evaluation of the effectiveness of various EMS interventions. In addition, a substantial public health benefit could accrue through the sharing and comparison of data with other jurisdictions collecting similar data, and perhaps through participation in a national data base. Before any such data sharing is undertaken, however, these rules shall be amended pursuant to the Alabama Administrative Procedures Act, which shall include the requirement for at least one public hearing. Such amended rule shall specify the entity or entities with which data is to be shared, and the procedures to assure the protection of the confidentiality of individual patient information.

(d) Any employee of the Alabama Department of Public Health or any other entity designated by the State Board of Health as having authority for collection or handling of

data from EMS providers who releases data or information collected pursuant to these rules in a manner not authorized under these rules shall be subject to disciplinary action, possibly including termination from employment. Any designated agency which is not compliant with the disclosure aspects of this rule is subject to contract cancellation, loss of designation or prosecution under these rules.

(e) Records and data from EMS Patient Care Reports may be submitted electronically rather than on the form prescribed by the State Board of Health under the following circumstances:

1. Such electronic data submission must be approved in advance by the Director, Emergency Medical Services Division, Alabama Department of Public Health;
2. Electronic data submission shall be made to the same agency that would otherwise collect the provider's paper Patient Care Reports;
3. Protocols for capture and submission of data, including deadlines for its submission, shall be approved by the Director, Emergency Medical Services Division, Alabama Department of Public Health, and in the event data is captured and documented using some instrument or device other than the current approved EMS Patient Care Report, a written waiver must be obtained in advance from the State EMS Medical Director and the State Health Officer;
4. In all cases each patient record submitted shall contain all data elements contained on the approved EMS Patient Care Report, including the Patient Care Report lithocode number;
5. Electronically submitted data shall be subjected to such electronic validity checks as are specified by the Director, Emergency Medical Services Division, Alabama Department of Public Health, and such validity checks shall be conducted before data is electronically submitted; and
6. Providers submitting data electronically shall be subject to both periodic and unannounced audits by the State Board of Health or its designee to assure that all activity is adequately and accurately documented.

(f) Providers, including those submitting data electronically, shall, at the direction of the provider, either submit the narrative side of Patient Care Reports to the EMS Division or the agency designated by the State Board of Health, or narrative sides of such reports shall be stored subject to the following conditions:

1. Narrative sides of reports shall be stored in such places and for such length of time as shall be approved by the Director, Division of Emergency Medical Services;
2. Narrative sides of reports shall be made available upon request to the agency which issued the blank report to the provider under such protocols as shall be mutually agreed between the provider and the issuing agency, or otherwise specified by the Director, Division of Emergency Medical Services; and

3. Narrative sides of reports shall be in all cases handled in a manner consistent with these rules, and the reports and data contained on them shall not be released except as provided in these rules.

(g) EMS Patient Care Report forms issued to providers shall be consecutively numbered and providers shall give a receipt for forms received to the issuing agency. For each numbered form issued to a provider, the provider shall:

1. Return to the issuing agency a completed form (or an electronic record if electronic submissions are approved for the provider); or
2. Return to the issuing agency or account for a damaged or wasted form; or
3. Show such form as unused and carried in inventory or otherwise awaiting usage.

(h) Unused forms shall be subject to inspection and verification by the issuing agency, or by the State Board of Health or its designee.

(i) Each form collected by the State Board of Health may be scanned for capture of data into a central data base, may be utilized for appropriate scientific studies as authorized by these rules, and may be used in the course of complaint investigations and disciplinary action. When such activity is complete, the form shall be returned to the provider or shall be destroyed, at the option of the EMS provider which generated the form.

Author: John W. Story

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 Replaced:** Filed December 17, 2007; effective January 21, 2008.

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.

420-2-1-.25 Complaint/Disciplinary Procedures.

(1) Complaints shall be accepted if they allege that a licensee, certificate holder, or applicant:

- (a) Does not meet or no longer meets the prescribed qualifications;
- (b) Is guilty of misconduct as defined elsewhere in these rules or has otherwise committed a serious and material violation of the rules;
- (c) Has provided care to a patient or patients under his or her care which falls short of the standard of care which ordinarily would be expected to be provided by similarly situated EMS personnel in Alabama, and has thereby jeopardized the life, health, or safety of a patient or patients;

- (d) Has sexually or physically abused a patient under his or her care;
- (e) Has submitted a license or test application, a report of credentialing education requirements, a run report, a patient care record, EMS student record, clinical rotation record, intent to train form, self-study document, fluid and drug application, physician medication order form, or any other document which is material to the duties and qualifications of EMS personnel or those of a student in an EMT training program and which is fraudulent or knowingly false in any respect;
- (f) Has committed fraud in the performance of his or her duties or in connection with any matter related to emergency medical services;
- (g) Has been convicted of a felony, a crime involving moral turpitude, or a crime in which the victim is an EMS service or an EMS patient;
- (h) Has performed any act requiring licensure or certification under state EMS statutes, without possession of the requisite licensure or certification; or
- (i) Has performed any act which exceeds the scope of license or privilege granted to the holder.

(2) Complaints shall be investigated if tendered in writing and signed by an individual purporting to have knowledge about the matter at issue. To trigger an investigation, the complainant must also articulate an explanation of his or her knowledge of the matter, and must demonstrate a reasonable basis for the complainant's belief that a rules violation or other misconduct has occurred. Oral complaints may be investigated at the discretion of the State EMS Director, the State EMS Medical Director, or the applicable Regional Medical Director if the complainant offers a satisfactory reason that the complaint cannot be reduced to writing. In all cases, the complainant must identify himself or herself to the authorities to whom the complaint is made, or no formal investigation may be conducted. The complainant's name may, if requested, be kept confidential until a decision is reached to pursue adverse licensure action.

(3) Complaints may be accepted by the State EMS Division. Complaints may be accepted from any private individual, from any individual associated with an EMS service which operates at any level, from any individual enrolled in or affiliated with an EMS training program in the state, or from any public safety or law enforcement officials. The Director, State EMS Division, State EMS Medical Director, and any Regional Medical Director are also authorized to initiate complaints when problems are brought to their attention. Upon receipt of a complaint, the receiving party shall promptly notify the EMS Division of its substance.

(4) Matters determined by the State Health Officer to merit adverse licensure action may, in the discretion of the Director, EMS Division and the State EMS Medical Director, be first scheduled for an informal conference with the licensee or certificate holder and appropriate personnel representing the State EMS Division. At this conference, the licensee may be offered specific disciplinary action by consent, which, if agreed to by the licensee or certificate holder and the State Health Officer, shall resolve the matter with no further right of appeal. If disciplinary action is not agreed to, or if the Director,

State EMS Division and State EMS Medical Director determine that full revocation is warranted, then the licensee or certificate holder shall be notified of the date and time of a formal hearing before an impartial hearing officer. At such hearing, and in all matters pertaining to the hearing, the Alabama Administrative Procedures Act and rules of the Department of Public Health regarding contested cases shall apply. The licensee or certificate holder, if dissatisfied with the outcome of the matter, shall be afforded full appeal rights pursuant to state law and the Alabama Administrative Procedures Act. A final agency determination reached pursuant to the Administrative Procedures Act shall be sent to all affected parties and the regional EMS agency.

(5) Matters handled by the State EMS Division shall be investigated in a manner deemed appropriate by the Director, State EMS Division in consultation with the State EMS Medical Director. After such investigation, the Director, State EMS Division shall make a recommendation as to disposition of the matter to the State Health Officer. The matter shall then be handled in accordance with the procedures outlined in section 420-2-1-.26(4)above.

(6) Licensees and certificate holders shall be subject to disciplinary action, up to and including license suspension or revocation for any of the reasons listed in section 420-2-1-.26(1) above. The State Health Officer, for good cause and on recommendation of the State Emergency Medical Services Medical Director, may impose a suspension of an emergency medical technician's advanced life support privileges or impose additional training and skills maintenance on an emergency medical technician.

(7) The Emergency Medical Services division shall periodically prepare and circulate a summary of the status and disposition of all complaints accepted throughout the state.

(8) Return of License. Each individual or ambulance service operator license shall be returned to the State Board of Health immediately upon its revocation or suspension or after the ambulance service operator voluntarily ceases operation.

(9) Right of Appeal.

(a) Review of License Inspection Reports. In case of errors or differences of opinions as to interpretation and applicability of these rules, the licensee may request orally or in writing a review of such points of differences. An opportunity for prompt review shall be afforded by the State Board of Health and, where appropriate, a letter of clarification shall be sent to the licensee.

(b) Administrative Decisions. The State Board of Health will provide an opportunity for a fair hearing to any licensee who wishes to dispute an administrative decision applying these rules, if the licensee has a legal interest that is adversely affected by the decision.

1. The licensee shall present his complaint in writing and may, at his discretion, be present during the hearing, and may be represented by counsel.

2. The licensee may present such evidence as deemed necessary and pertinent to his request.

3. Upon conclusion of the hearing, the Hearing Officer shall present its findings, conclusions, and recommendations to the State Board of Health for final action.

4. A provisional license may be issued when an appeal is pending action by the State Board of Health.

(c) Research Projects. 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 through the appropriate regional EMS agency in writing to the EMS Division 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.

(d) Review of Decisions. An ambulance service operator, ALS non-transport service, or individual who has been denied a license or renewal of license, or whose license has been revoked or suspended by the Board has the right of appeal as set forth in Code of Ala. 1975, §22-18-6.

(e) Reissuance of License. A new license may be granted to a licensee whose license has been revoked by the Board after an official inspection shows that all provisions of these rules have been complied with, that the conditions which caused denial or revocation of license have been corrected and after the licensee has demonstrated by clear and convincing evidence that the conduct resulting in license revocation is unlikely to reoccur. A license which has been suspended may be reissued automatically when the suspension period has expired, but only after an official inspection shows that all provisions of these rules have been complied with and that the conditions which caused suspension of the license have been corrected.

Author: John W. Story

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 Replaced:** Filed December 17, 2007; effective January 21, 2008.

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420-2-1-.26 Variances.

(1) The State Health Officer may approve a variance to these rules in the following manner:

(a) The State Health Officer may approve a variance to any provision of these rules, except for any provision which restates a statutory requirement, or which defines any term.

(b) To be eligible for a variance, the applicant must be affected by the provision for which the variance is requested, and must demonstrate by clear and convincing evidence that:

1. Local conditions are such that the applicant cannot or need not meet the provision for which the variance is applied, and
2. Public health, safety and welfare will not be adversely affected in any respect if the variance is approved.

(c) An application for a variance shall also contain the name and address of applicant, a statement of purpose, the expected benefits to the EMS system, the period of time for which the variance is requested, a mutually agreed upon period of time for completion of the requested variance, the number of units or personnel involved, and supportive data which reflects that the variance shall neither endanger the public nor increase any risk to public health and safety.

(d) An application for a variance must be presented in writing to the EMS Division. All of the supporting documentary evidence referenced in the application must be attached.

(e) The State Health Officer shall deny any application for a variance which does not comply with the requirements of this section. Moreover, the EMS Division may make periodic evaluations of any variance that has been granted. The State Health Officer may revoke a variance if the statements, representations or supporting documentation that are part of the application are discovered to be false or inaccurate, or if local conditions upon which it was based change, or if public health, safety or welfare is adversely affected by a continuation of the variance, or if continuation of the variance is not in the best interests of the persons affected by the variance.

(f) Variances issued by the State Health Officer shall be valid for a finite period of time as specified in the variance.

Author: John W. Story

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 Replaced:** Filed December 17, 2007; effective January 21, 2008.

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420-2-1-.27 Emergency Medical Services Advisory Board.

(1) Board recommendations are advisory and are not binding on the State Board of Health, the State Health Officer, the EMS Division, or agencies under contract to the Alabama Department of Public Health.

(2) Board responsibilities shall include:

(a) Reviewing and commenting on state EMS rules and rule revisions.

(b) Participating as an advocacy body to improve emergency medical services systems.

(c) Keeping minutes for all board meetings which shall be kept on file with the division of emergency medical services.

(3) The membership and terms of office shall be those established by Code of Ala. 1975, section 22-18-5. Reasonable efforts shall be made to avoid possible conflicts of interest involving voting members.

(4) The board shall elect a chairman, vice-chairman and a secretary who shall serve concurrent terms of 1 year. Duties of the officers shall be those which usually apply to such offices.

(5) The board may establish and maintain such standing and special committees as deemed necessary to carry out the work of the board; shall meet in accordance with those requirements established in section 22-18-5, and, may write by-laws or procedures or both to meet its unique requirements, but such by-laws or procedures may not conflict with section 22-18-5.

(6) A board member shall not receive compensation for services as a board member, but shall be reimbursed for per diem and travel expenses at the same rate paid state employees.

Author: John W. Story

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 Replaced:** Filed December 17, 2007; effective January 21, 2008.

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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.

420-2-1-.28 Advanced Life Support Service Authorization Certificate – Air Ambulances.

(1) An air ambulance is an aircraft that is intended to be used, and is maintained or operated, for transportation to a medical care facility of persons who are sick or injured. For the purposes of this chapter, fixed-wing aircraft that do not conduct scene flights shall not be considered air ambulances.”

(2) Notwithstanding any provision of these rules to the contrary, an air ambulance service, corporation, or entity that proposes to offer Advance Life Support (ALS) service must obtain an ALS authorization certificate from the Alabama Department of Public Health, EMS Division.

(3) In order for an air ambulance service, corporation, or entity to receive an ALS authorization certificate, it must submit an appropriate application to the EMS Division and agree:

(a) that each air ambulance with intravenous fluids and drugs onboard will have at least one Alabama licensed EMT-Paramedic as a crew member;

(b) that all EMT-Paramedics will follow Alabama EMS treatment protocols;

(c) to submit patient care reports pursuant to Rule 420-2-1-.26, as requested; and

(d) to meet the accreditation standards of the Commission on Accreditation of Medical Transport Systems or the State accreditation requirements of the Office of EMS and Trauma within 12 months of filing of its application to receive an ALS authorization certificate. Air ambulance services which meet the standards of the Commission on Accreditation of Medical Transport Systems will not be subject to routine inspections by the Office of EMS and Trauma.

(4) An ALS authorization certificate issued in accordance with the provisions of this rule will remain valid for a period of not less than twelve months.

(5) To renew an ALS certificate, the applicant shall submit a renewal application to the EMS Division, so as to be received at least 60 calendar days prior to the expiration of the certificate. The requirements for renewal of the certificate shall be the same as the requirements for initial granting of a certificate pursuant to these rules. The renewal application shall include a statement attesting that the provider meets the requirements for operation provided by these rules and the Code of Ala. 1975, §22-18-1, et seq. ALS providers shall not cause or permit vehicles to be operated with ALS equipment, fluids, or drugs on board after the expiration date of an ALS certificate unless a renewed certificate has been physically received by the provider. In the event a certificate has not been renewed prior to the expiration date, third party payors may be notified by the EMS Division.

(a) Each ALS provider shall return its ALS certificate to the EMS Division within 10 calendar days after a change of name or ownership of the service or upon permanently ceasing to provide services.

(6) Each ALS provider shall return its ALS certificate to the EMS Division within 10 calendar days after a change of name or ownership of the service or upon permanently ceasing to provide services.

(7) Each ALS provider will be assigned to at least one medical direction hospital as detailed in section 420-2-1-.07(3) of these rules. Each air ambulance service must have a written agreement with a State licensed off-line medical director. The medical director must have completed the Office of EMS and Trauma's Medical Director Course and must have a Medical Control Physician Identification number (MCPID). If available for orders 24 hours, 7 days per week, the off-line medical director may serve in place of a backup medical direction hospital.

Medical direction can be provided by the medical direction hospital to which the patient is being transported or by the service off-line medical director.

(8) Each ALS provider shall have a recognized off-line medical director who shall be a physician licensed by the Medical Licensure Commission of Alabama or who has obtained a variance as provided for in these rules, and who shall meet all offline medical direction requirements of these rules.

(9) Each ALS provider shall ensure and document in its employee records that each of its EMTs holds a current, valid license from the State Board of Health, and that all personnel are trained as appropriate in medical techniques, equipment, and procedures approved for utilization by the service, that all personnel are credentialed as required, and that all personnel meet the physical requirements for licensure as an EMT. Those requirements are listed in section 420-2-1-.21 of these rules.

(10) Each ALS provider shall, immediately upon identification of an EMT who meets the definition of an Impaired EMT, notify the EMS Division of that individual's identity, level of licensure and license number.

(11) In no event shall an ALS provider responding to the scene of an emergency fail to treat a patient because of the patient's inability to pay or perceived inability to pay for services. Provided, that nothing in this subsection shall be construed to prohibit any ALS provider from collecting or attempting to collect a fee by any lawful means. Provided further, that no ALS provider shall threaten to withhold emergency treatment as a method for collection of fees.

(12) An ALS provider shall report to the Office of EMS and Trauma within 10 calendar days the outcome of any civil or criminal action brought against the service, the outcome of any criminal action brought against an employee of the service, and the outcome of any civil action involving EMS activities brought against an employee of the service.

(13) An ALS provider must carry liability insurance coverage as required by the Federal Aviation Administration (FAA). This liability insurance coverage must be binding and in force before the service is issued an ALS certificate.

(14) An ALS provider shall develop, fully implement, and follow a written plan addressing emergency medical call-taking and emergency medical dispatch. The plan must include a method by which all emergency calls are received and dispatched by individuals that have successfully completed and maintain certification in an EMS Division approved Emergency Medical Dispatch course. This plan must be approved by the EMS Division before being granted an ALS authorization. This requirement may be waived by the State Health Officer if the ALS service operator demonstrates to the State Health Officer's satisfaction that meeting the requirement is impossible due to circumstances outside the control of the ALS service operator. Waivers shall not be granted for longer than one year, but may be renewed upon a showing of the same grounds resulting in the granting of the original waiver.

(15) Each ALS provider shall develop, implement, and follow a written plan addressing operating procedures for all fluids and drugs. The plan must include procedures for the use, handling, storage, and disposal of all fluids and drugs. These procedures shall include inventory schedules for stocking fluids and drugs kept in storage and on the vehicles. This plan must be signed by the off-line medical director and must be approved by the EMS Division before the service is issued an ALS authorization.

(16) An ALS provider shall not:

(a) Intentionally collect or bill patients or third party payors for services not rendered.

(b) Allow an EMT to exceed the scope of privilege or license granted the EMT.

(c) Self-dispatch or cause an air ambulance to be dispatched on a call in which another air ambulance service, corporation, or entity has been dispatched. Self-dispatch shall not be considered to have occurred when a previously agreed upon mutual aid pact governs dual or simultaneous response.

(d) Fail to follow the applicable approved medical direction and accountability plan.

(e) Allow an EMT to respond to an emergency unless the EMT is clean and neatly dressed in appropriate professional attire, unless impractical.

(17) An ALS certificate shall not be transferable or assignable and shall be issued only for the entity named on the application.

(18) Posting of ALS Certificate. The ALS certificate issued to an ALS provider shall be posted in a conspicuous place in the primary premises of the air ambulance service, corporation or entity.

(19) Written Notification. Each ALS provider shall notify the EMS Division, in writing, within 10 calendar days of the addition or deletion of any ALS personnel, using a personnel roster addendum or drop and add form.

APPENDIX B

Alabama Emergency Medical Services

Alabama Emergency Medical Services

Do Not Attempt Resuscitation Order

(PART 1)

See Master Code For Form

Alabama Emergency Medical Services

Do Not Attempt Resuscitation Order

(PART 2)

See Master Code For Form

APPENDIX C

ALABAMA EMT LICENSE AND RE-LICENSE POLICIES

AND PROCEDURES MANUAL

1. Licensure of EMTs

All licensed EMT Basics, Intermediates, and Paramedics who want to work in the prehospital setting and perform patient care procedures must successfully complete their respective license process.

2. Timeframes

EMTs will be required to complete the re-license process every two years before January 31st prior to their March 31st license expiration date in order to be eligible for renewal of their license status. An EMT may begin and complete their requirements at anytime during their two year licensure period, as long as they are complete by the January 31st date. A copy of all re-license requirements paperwork must be submitted with the EMT's license renewal application to prevent delays in relicensure. All applications not including the proper paperwork will be returned to the applicant.

All out-of-state EMTs must meet all Alabama license requirements prior to providing care or working for a licensed or volunteer service.

3. Inactive EMT Status

Any EMT may renew their license as Inactive status. No continuing education will be required for the Inactive status. Inactive status allows the EMT to keep their license

without having to obtain continuing education, but the EMT would not be allowed to provide prehospital patient care.

An Inactive EMT may at anytime regain active status by completing all of the relicensing requirements.

4. Continuing Education Course Approval

Only specialty courses (protocols, transfer drugs, EVOC, etc.) and refresher courses used for the NREMT and relicensing will be approved through the EMS Division. It is up to the agency or person providing any form of continuing education to provide course completion documentation in the approved format.

5. EMS Education Programs

All Paramedic EMS education programs must provide Alabama Protocol education to all students before graduation. All Paramedic EMS education programs must graduate their students with an ACLS and BTLIS or PHTLS and PALS or PEPP card.

All Intermediate EMS education programs must provide Alabama Protocol education to all students before graduation. All Intermediate EMS education programs must graduate their students with a BTLIS or PHTLS and a PEPP card.

All levels of graduating EMTs must be verified by signature of the Program Director and Program Medical Director attesting to their education and mastery of the Alabama Protocols. This documentation must be provided to the EMS Division before allowing the EMT to take the NREMT exam.

All EMTs graduating from a State approved EMS Education Program, successfully completing the appropriate NREMT exam, and applying for State licensure will be granted full active license status.

6. Providers (services)

All providers must ensure that a minimal level of active licensed personnel are employed to maintain their ALS or BLS provider license/certificate. An accurate provider roster of all employed personnel must be provided at the time of service licensure and that roster must be modified and updated during the license cycle to assure currency and accuracy.

7. QA / QI Performance Forms

QA/QI Forms will not be required on every call that protocols are utilized. The forms will be made available to on-line and off-line physicians to enable them to provide positive or negative feedback on an EMT's protocol and patient care performance. The forms must then be forwarded to the EMS Division by the generating physician.

8. Protocol Education and Physician Verification Forms

All active EMTs must have a form completed by their service's off-line Medical Director, or an on-line Medical Director or authorized designee attesting to their mastery of the skills and knowledge of the Alabama Treatment Protocols. As a part of completing the form, the physician or authorized designee will randomly select 3 protocols scenarios from a selection of scenarios provided by the State EMS Division. The EMT must satisfactorily verbally complete the selected scenarios based on the Alabama Treatment Protocols and the physician or authorized designee must attest to this by signing off on documentation including the EMT's name, license number, and physician's signature and/or authorized designee.

9. EMT Levels Re-license Requirements

Paramedic

- A. Forty-eight (48) hours of continuing education related to any EMS topic.
- B. Documentation of completion of the Paramedic protocols and evaluation check-off.
- C. An approved CPR course.

Intermediate

- A. Thirty-six (36) hours of continuing education related to any EMS topic.
- B. Documentation of completion of the Intermediate protocols and evaluation check-off.
- C. An approved CPR course.

Basic

- A. Twenty-four (24) hours of continuing education related to any EMS topic.
- B. Documentation of completion of the Basic protocols and evaluation check-off.
- C. An approved CPR course.