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

CHAPTER 420-2-1
EMERGENCY MEDICAL SERVICES

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420-2-1-.01 General Provisions.

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

(2) Statutory Authority. The State Board of Health is authorized to adopt and promulgate these rules under and by virtue of the authority of §22-18-1, et seq., Code of Ala. 1975.
Author: William Crawford, M.D.; Jamie Gray
Statutory Authority: Code of Ala. 1975, §22-18-1, et seq.
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420-2-1-.02 Definitions.

(1) "Abandonment" means the unilateral termination of the provider/patient relationship at a time when continuing care is still needed. This includes the termination of care without the patient's consent.

(2) "Academic Dishonesty" means any emergency medical services (EMS)student who submits a license or test application, a report of continuing education requirements, student record, clinical rotation record, intent to train form, self-study document, or any other document which is material to those of a student in an emergency medical services personnel (EMSP) training program and which is fraudulent or knowingly false in any respect.

(3) "Accreditation" means the educational program meets or exceeds the educational standards specified in the "ADPH, OEMS Credentialing Manual for Accreditation of Levels 1 and 2 education programs."

(4) "Accreditation Withdrawn" means accreditation may be withdrawn from a program with Probationary Accreditation or Administrative Probation, if at the conclusion of the specified probationary period, the accreditation review process confirms that the program is not in compliance with the administrative requirements for maintaining accreditation.

(5) "Accreditation Withheld" means that the program is not in substantial compliance with the essential elements of an education program.

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

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

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

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

(10) "Air Ambulance" means an aircraft approved by the Federal Aviation Administration (FAA), licensed by the Office of Emergency Medical Services (OEMS), and intended to be used for and maintained or operated for the transportation of sick or injured persons to a medical care facility.

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

(12) "Alabama EMS Critical Care Patient Care Protocols" means a written document approved by the State Board of Health for Critical Care Paramedics working for a Critical Care licensed provider service which specifies adult and pediatric patient treatment procedures, medication administration, and other administrative and organizational guidelines that shall be followed upon assessment and treatment of an adult or pediatric patient.

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

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

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

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

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

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

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

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

(21) "Basic Life Support (BLS)" means non-invasive life support measures provided to patients.

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

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

(24) "Clinical Preceptor" means an individual who, under the direction of the program director, supervises and evaluates the students during clinical rotations in a controlled environment such as a hospital or urgent care clinic.

(25) "CoAEMSP" means the Committee on Accreditation for the Emergency Medical Services Professions.

(26) "Cohort" means the period of time it takes to complete course work for one EMS level without interruption. As a student progresses from Level 3 to Level 1, the cohort time frame will increase relative to the amount of course work.

(27) "Community Paramedic" means an individual who is an emergency medical services personnel and is 18 years of age or older, and who is currently licensed as a paramedic, has at least 2 years of full-time service, has successfully completed a community paramedic training program from an accredited college or university approved by the Board, has passed the state community paramedic examination and has met the requirements for becoming a licensed community paramedic, and who has been granted a current, valid Community Paramedic license by the Board.

(28) "Community Paramedicine Program" means the provision of episodic care, patient evaluation, advice, and treatment directed at preventing or improving a particular medical condition, within the scope of practice of the emergency medical services personnel.

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

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

(31) "Course Instructor" means an individual who is authorized by the appropriate entity to present and assess competence in all subject matter contained in a curriculum. This person, along with the program director, makes final evaluations concerning student competence.

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

(33) "Critical Care Paramedic" means a paramedic endorsed by the OEMS, certified by the International Board of Specialty Certifications (IBSC) as Critical Care Paramedic - Certified (CCP-C) or Flight Paramedic - Certified (FP-C) or by the Board of Certification for Emergency Nursing as a Certified Flight Registered Nurse (CFRN) or Certified Transport Registered Nurse (CTRN).

(34) "Critical Care Practice" means an expanded scope of practice within the State of Alabama that may be practiced by paramedics who have a current endorsement on their emergency medical services personnel (EMSP) license and who must be working for a provider service that is currently licensed at the Critical Care level.

(35) "Definitive Care Facility" means a facility that has the capability to render care to conclusively manage a patient's current medical condition. This may include, but is not limited to, facilities such as urgent care facilities, family practice facilities, doctor's offices, and emergency departments.

(36) "Dereliction of Duty" means that person willfully or negligently failed to perform his or her duties or performed them in a culpably inefficient manner.

(37) "Drug Diversion" means the transfer of any legally prescribed substance from the individual for whom it was prescribed, to another person for any illicit or unintended use.

(38) "Duty to Act" means a legal and moral obligation requiring an EMSP to take necessary action to prevent harm to another person or to the general public, while on duty at a licensed provider service to include, but not limited to: responding to calls in an expeditious but safe manner; performing a thorough assessment of both the patient and the emergency scene; providing appropriate treatment to a patient; and transporting to an appropriate receiving facility when transport is warranted and consented.

(39) "Education Level 1" means a course of instruction that provides an individual with the knowledge and clinical skills of emergency medical care necessary to function at the approved EMT, Advanced EMT, and Paramedic levels of care.

(40) "Education Level 2” means a course of instruction that provides an individual with the knowledge and clinical skills of emergency medical care necessary to function at the approved EMT or Advanced EMT levels of care.

(41) "Education Level 3" means a course of instruction that provides an individual with the knowledge and clinical skills of emergency medical care necessary to function at the approved EMT level of care.

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

(43) "Emergency Medical Dispatcher (EMO)" means an individual who has received certification from the Alabama Statewide 911 Board and the Alabama Department of Public Health's EMO program (the Alabama EMO program) or a nationally recognized EMO certification course.

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

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

(46) "Emergency Medical Services" means a system of coordinated medical assistance and care provided by emergency medical services personnel, including the transportation and medical care of sick or injured individuals before arrival at a definitive care facility, continuation of care within a definitive care facility subject to the approval from that facility, and integrated medical care with the oversight of a medical director.

(47) "Emergency Medical Services Education Program" means any approved or credentialed program that provides education for EMR or EMS personnel for Level I, II, or III.

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

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

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

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

(52) "Emergency Vehicle Operator" means an individual who has met the requirements of the Board to operate an ambulance.

(53) "Emergency Vehicle Operators Course (EVOC)" means the national standard curriculum developed by the NHTSA and conducted by an authorized OEMS instructor. This course may be substituted with the Alabama Fire College Apparatus Operator Course or Emergency Vehicle Driver Course, or the NAEMT Emergency Vehicle Operator Safety Course.

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

(55) "Field Preceptor" means an individual, who under the direction of the program director, supervises and evaluates the students during clinical rotations on an ambulance in the prehospital environment.

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

(57) "Guest Lecturer" means an individual with specialized subject matter expertise, who on occasion, instructs a specific topic of curriculum under the direction of the program director.

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

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

(60) "Industry Standard Wheelchair Locking Device" means a wheelchair locking device permanently affixed to the vehicle for use in Demand Responsive Systems under Title III of the Americans with Disabilities Act (ADA) which meets or exceeds the Department of Transportation (DOT) specifications for Ground Ambulances under Guideline Specifications for Wheelchair Securement Devices. When the wheelchair is secured in accordance with the manufacturer's instructions, the securement systems, recognized by the ambulance industry to provide the capability of securing the wheelchair in the vehicle, shall limit the movement of an occupied wheelchair to no more than 2 inches in any direction under normal operating conditions. All wheelchair locking devices shall be affixed to the vehicle so as to secure the wheelchair in a forward or rear facing position. Side facing securement is not permitted under any circumstances. This does not negate the necessity for providing a separate seatbelt and shoulder harness for each wheelchair or wheelchair user as specified elsewhere in these rules.

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

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

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

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

(65) "Moral Turpitude" means an act or behavior that gravely violates moral sentiment or accepted moral standards of society, as further defined by state law.

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

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

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

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

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

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

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

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

(74) "Pediatric Palliative and End of Life (PPEL) Care Order" means a directive that, once executed by the representative of a qualified minor and entered into the medical record by the attending physician of the qualified minor in accordance with Section 22-8A-15, Code of Alabama 1975, becomes the medical order for all health care providers with respect to the extent of use of emergency medical equipment and treatment, medication, and any other technological or medical interventions available to provide palliative and supportive care to the qualified minor.

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

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

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

(78) "Practical Skills Proctor" means an individual who assists with practical skills instruction under the direction of the course instructor and/or program director.

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

(80) "Probationary Accreditation" indicates a program is presently accredited; however, there is evidence that the program has substantial deficiencies that threaten the capability of the program to provide acceptable educational experiences for the students. The site visit usually produces the necessary evidence; however, an onsite review is not required for this action to be recommended if the facts are not in dispute.

(81) "Program Director" means an individual who is responsible for managing administrative details of a program and its courses under the policies, procedures, and rules as stated herein and as otherwise referred to by the ADPH, OEMS. This person oversees all instructional courses and staffing administration and is not limited to the description above. Regional Directors are considered Program Directors for approved off site Level 2 or 3 EMS education courses within their respective region.

(82) "Program Medical Director" means the Alabama licensed physician who provides medical direction for all didactic and clinical instruction and clinical practice experience.

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

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

(85) "Recumbent Position" means a position whereby a patient is placed in a prone, supine, lying down, reclining or leaning back

position, or angle of 20 degrees or more from the upright or vertical angle of 90 degrees.

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

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

(88) "Scope of Practice" means clearly defined levels of skills and roles allowed for each level of emergency medical services personnel.

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

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

(91) "Shall" means a mandatory requirement.

(92) "Site Visit Team Member" means an individual who has been approved to be a participant in the site visit of an EMS education program seeking accreditation from the OEMS.

(93) "Specialty Care Ambulance" means a transport vehicle that is utilized for the interfacility transport of a critically ill or injured patient or one that requires specific monitoring or interventions and incorporates specialized staffing.

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

(95) "Stretcher" means a cot, gurney, litter, or stretcher device of the type that can be used for and is maintained solely for the transportation of patients in a vehicle in a recumbent position. Either one or both of the patient's legs shall be maintained in a horizontal position or angle of 180 degrees at the foot of the stretcher, unless it is medically necessary to do otherwise, or to maintain any other position of either one or both of the legs

above the horizontal angle 180 degrees. The stretcher shall be capable of being locked solely into an ambulance by an industry standard stretcher or cot locking device as defined by the rules.

(96) "Tactical Paramedic" means a paramedic endorsed by the OEMS and certified by the International Board of Specialty Certifications (IBSC) as a Tactical Paramedic-Certified (TP-C). This certification grants all current protocols to be Category A, with the utilization of an expanded scope of practice and medication formulary only when the individual has received the current endorsement on his or her EMSP license issued by the OEMS and is actively engaged in a tactical operation with a law enforcement agency.

(97) "Wheelchair" means a specialty chair or mobility aid that belongs to a class of three or four wheeled devices, usable indoors, usually designed for and used by persons with mobility impairments. Wheelchairs, as defined in these rules, shall not exceed 30 inches in width and 48 inches in length, as measured 2 inches above the ground, and shall not weigh more than 600 pounds when occupied.
Author: William Crawford, M.D.; Jamie Gray
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420-2-1-.03 Research And Data.

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

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

(3) All approved data requests or studies involving any information collected through the OEMS shall require that the

published results contain a statement acknowledging the efforts and cooperation by the OEMS.

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

(5) Any licensee who is, or contemplates being, engaged in a bona fide research program which may be in conflict with one or more specific provisions of these rules may make application for a variance of the specific provisions in conflict. Application for a variance shall be made to the OEMS which shall, upon completion of its investigation and recommendation of the SEMCC, send its findings, conclusions, and recommendations to the State Health Officer for final action.
Author: William Crawford, M.D.; Jamie Gray
Statutory Authority: Code of Ala. 1975, §22-18-1, et seq.
History: New Rule: Filed April 20, 2011; effective May 25, 2011. **Repealed and New Rule:** Filed March 16, 2017; effective April 30, 2017. **Repealed and New Rule:** Filed February 20, 2019; effective April 7, 2019. Repeal and **New Rule:** Published April 30, 2020; effective June 14, 2020. Repeal and **New Rule:** Published February 28, 2022; effective April 14, 2022.

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420-2-1-.04 Portable Physician Do Not Attempt Resuscitation (DNAR) And Pediatric Palliative And End Of Life (PPEL) Care Orders.

EMSP are authorized to follow Portable Physician DNAR and PPEL Care Orders that are available, known to them, and executed in accordance with Rules 420-5-19-.02 and -.03. In honoring such orders, EMSP shall not withhold comfort care, such as I.V. fluids, oxygen, suction, control of bleeding, administration of pain medication, and the provision of palliative and supportive care. In no event shall an EMSP honor such orders for any patient who is able to, and does express to such personnel the desire to be provided resuscitative measures.
Author: William Crawford, M.D.; Jamie Gray
Statutory Authority: Code of Ala. 1975, §22-18-1, et seq.
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420-2-1-.05 Medical Direction Facility.

Medical direction facilities shall:

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

(2) Provide on-1ine medical direction to EMSP for out of hospital care on a 24 hour per day, 7 day a week, 365 days a year basis in accordance with approved operations, treatment, triage, and transfer protocols.

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

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

(5) Ensure that all on-1ine medical direction physicians communicate directly with emergency medical provider services and EMSP when providing orders unless the physician is providing other critical medical duties which can only be provided by a physician.

Author: William Crawford, M.D.; Jamie Gray
Statutory Authority: Code of Ala. 1975, §22-18-1, et seq.
History: **New Rule:** Filed September 20, 1996; effective October 24, 1996. **Amended:** Filed March 20, 2001; effective April 24, 2001. **Repealed and New Rule:** December 17, 2007; effective January 21, 2008. **Repealed and New Rule:** Filed March 16, 2017; effective April 30, 2017. **Repealed and New Rule:** Filed February 20, 2019; effective April 7, 2019. Repeal and **New Rule:** Published April 30, 2020; effective June 14, 2020. Repeal and **New Rule:** Published February 28, 2022; effective April 14, 2022.

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420-2-1-.06 Medical Direction.

(1) Service Medical Directors shall:

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

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

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

(d) Complete the Alabama EMS Medical Director Course and be issued an OEMS MDPID number.

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

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

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

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

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

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

(2) On-1ine Medical Directors shall:

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

(b) Hold and maintain a current ACLS and ATLS certificate or be board certified in emergency medicine by a board recognized by the American Board of Medical Specialties (ABMS). Pediatric physicians shall hold and maintain a current PALS certificate or be board certified in pediatric emergency medicine. An individual who is considered board eligible may complete the Alabama EMS Medical Directors Course and be issued an OEMS MDPID number but his or her MDPID number will only remain valid for up to 5 years, at which time the individual must submit his or her certificate after completion of residency to remain current.

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

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

Author: William Crawford, M.D.; Jamie Gray
Statutory Authority: Code of Ala. 1975, §22-18-1, et seq.
History: Filed September 1, 1982. **Amended:** Filed September 19, 1990. **Amended:** Filed August 21, 1995; effective September 25, 1995. **Repealed and Replaced:** Filed September 20, 1996; effective October 24, 1996. **Amended:** Filed March 20, 2001; effective April 24, 2001. **Repealed and New Rule:** December 17, 2007; effective January 21, 2008. **Repealed and New Rule:** Filed April 20, 2011; effective May 25, 2011. **Repealed and New Rule:** Filed March 16, 2017; effective April 30, 2017. **Repealed and New Rule:** Filed February 20, 2019; effective April 7, 2019. Repeal and **New Rule:** Published April 30, 2020; effective June 14, 2020. Repeal and **New Rule:** Published February 28, 2022; effective April 14, 2022.

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420-2-1-.07 Licensure Status Categories.

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

(a) Restricted - A restricted license may be granted by the Board to an individual who no longer meets the essential functions of an EMSP as outlined in the Functional Job Analysis available at https://one.nhtsa.gov/people/injury/ems/EMT-P/disk 1%5B1%5D/Intro-C.pdf in the National Highway Traffic and Safety Administration, National Standard Curriculum. An individual with a restricted license status may not perform the functions of an active EMSP until such time as the individual completes an essential job functions analysis form that states the EMSP is able to perform the duties set forth in the Functional Job Analysis.

(b) Probationary - At its discretion, the Board may grant a probationary license or downgrade an unrestricted license, for a specific period which shall not exceed 1 year, when it determines that the EMSP or provider service has engaged in one or more deficient practices which are serious in nature, chronic in nature, or which the EMSP or provider service has failed to correct. This failure could lead to additional licensure actions including suspension or revocation.

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

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

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

Author: William Crawford, M.D.; Stephen Wilson
Statutory Authority: Code of Ala. 1975, §22-18-1, et seq.
History: **New Rule:** Filed September 20, 1996; effective October 24, 1996. **Amended:** Filed March 20, 2001; effective April 24, 2001. **Repealed and New Rule:** Filed December 17, 2007; effective January 21, 2008. **Repealed and New Rule:** Filed April 20, 2011; effective May 25, 2011. **Amended:** Filed January 17, 2013; effective February 21, 2013. **Repealed and New Rule:** Filed March 16, 2017; effective April 30, 2017. **Repealed and New Rule:** Filed February 20, 2019; effective April 7, 2019. Repeal and **New Rule:** Published April 30, 2020; effective June 14, 2020. Repeal and **New Rule:** Published February 28, 2022; effective April 14, 2022.

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420-2-1-.08 Initial Licensure Qualifications For EMS Personnel.

(1) Initial EMSP qualifications are:

(a) The license candidate shall be 18 years of age within 1 year of the course completion date of the entry level course.

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

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

(d) The license candidate shall complete the current National Standard Curriculum approved by the Board.

(2) Initial application procedure:

(a) All licensure candidates must have a current NREMT certification, a current Alabama Protocols certificate, a current approved CPR card, and a declaration of citizenship form to be issued an active license.

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

(c) The licensure candidate shall complete a fingerprint-based state and national criminal background check through the Alabama State Law Enforcement Agency and pay all costs associated with the background check. All fingerprint-based background checks must be completed in accordance with OEMS policy.

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

(4) In the event an applicant or licensed EMSP changes the contact information that he or she has provided to the OEMS, the applicant

or licensed EMSP shall notify the OEMS within 10 days of any change. This notification shall be made in writing by utilizing the Information Update Form which can be found on the OEMS website at http://www.alabamapublichealth.gov/ems.

(5) If an individual answers "yes" to being diagnosed with, or currently has a medical, physical, mental, emotional, or psychiatric condition that may affect his or her ability to safely practice as an EMS professional, then an Essential Job Function Analysis Form must be submitted with the application.
Author: William Crawford, M.D.; Jamie Gray
Statutory Authority: Code of Ala. 1975, §22-18-1, et seq.
History: **New Rule:** Filed September 20, 1996; effective October 24, 1996. **Amended:** Filed March 20, 2001; effective April 24, 2001. **Repealed and New Rule:** Filed December 17, 2007; effective January 21, 2008. **Repealed and New Rule:** Filed April 20, 2011; effective May 25, 2011. **Repealed and New Rule:** Filed March 16, 2017; effective April 30, 2017. **Repealed and New Rule:** Filed February 20, 2019; effective April 7, 2019. Repeal and **New Rule:** Published April 30, 2020; effective June 14, 2020. Repeal and **New Rule:** Published February 28, 2022; effective April 14, 2022.

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420-2-1-.09 Licensure For Out-Of-State EMS Personnel.

(1) All applicants shall have a current NREMT certificate, a current approved CPR card, a declaration of citizenship form, and verification of current Alabama protocol education to be issued an active license.

(2) All persons possessing a current NREMT EMT Intermediate certificate will be eligible for an EMT license provided all other application requirements are met.

(3) An additional Interfacility Transfer Course will be required for the individual to receive the Interfacility endorsement on the license, which allows for the EMSP to transfer patients out of a requesting facility.
Author: William Crawford, M.D.; Jamie Gray
Statutory Authority: Code of Ala. 1975, §22-18-1, et seq.
History: **New Rule:** Filed September 20, 1996; effective October 24, 1996. **Amended:** Filed March 20, 2001; effective April 24, 2001. **Repealed and New Rule:** Filed December 17, 2007; effective January 21, 2008. **Repealed and New Rule:** Filed April 20, 2011; effective May 25, 2011. **Repealed and New Rule:** Filed March 16, 2017; effective April 30, 2017. **Repealed and New Rule:** Filed

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420-2-1-.10 License Expiration, Renewal, And Reinstatement For EMS Personnel.

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

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

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

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

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

(6) An individual whose license has been revoked may reapply for licensure no less than 2 years after the licensure action was taken.

(7) An individual whose application was denied and whose denial was unsuccessfully appealed at a hearing may reapply for licensure no less than 2 years after the date the final order was rendered.

(8) An individual who chose to consent to surrender his or her license to avoid a hearing and possible adverse licensure action may reapply for licensure no less than 2 years after the surrender was approved and accepted by the Board.

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

(10) Renewal Level Requirements:

(a) Emergency Medical Responder (EMR):

1. A completed application and the 2-year license renewal fee in the form of a check, money order, credit card, debit card, or cash.

2. Current NREMT certification.

(b) EMT:

1. A completed application and the 2-year license renewal fee in the form of a check, money order, credit card, debit card, or cash.

2. OEMS approved adult and pediatric protocols update.

3. Current NREMT certification.

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

1. A completed application and the 2-year license renewal fee in the form of a check, money order, credit card, debit card, or cash.

2. OEMS approved adult and pediatric protocols update.

3. Meet the OEMS continuing education requirements.

(d) Advanced EMT:

1. A completed application and the 2-year license renewal fee in the form of a check, money order, credit card, debit card, or cash.

2. OEMS approved adult and pediatric protocols update.

3. Current NREMT certification.

(e) Paramedic:

1. A completed application and the 2-year license renewal fee in the form of a check, money order, credit card, debit card, or cash.

2. OEMS approved adult and pediatric protocols update.

3. Current NREMT certification.

(11) Duplicate license.

(a) A completed application.

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

(12) Renewal applications may be paid by credit card or debit card through the OEMS on-1ine process, but each EMSP shall meet the same requirements as listed above.

(13) For license reinstatement, an application must be resubmitted to the OEMS.

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

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

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

(17) All EMSP whose license expires will be required to pay an additional $50.00 late fee and complete a fingerprint-based state and national criminal background check through the Alabama State Law Enforcement Agency and pay all costs associated with the background check. All fingerprint-based background checks must be completed in accordance with OEMS policy.
Author: William Crawford, M.D.; Jamie Gray
Statutory Authority: Code of Ala. 1975, §22-18-1, et seq.
History: **New Rule:** Filed September 20, 1996; effective October 24, 1996. **Amended:** Filed March 20, 2001; effective April 24, 2001. **Repealed and New Rule:** Filed December 17, 2007; effective January 21, 2008. **Repealed and New Rule:** Filed April 20, 2011; effective May 25, 2011. **Amended:** Filed January 17, 2013; effective February 21, 2013. **Repealed and New Rule:** Filed March 16, 2017; effective April 30, 2017. **Repealed and New Rule:** Filed February 20, 2019; effective April 7, 2019. Repeal and **New Rule:** Published April 30, 2020; effective June 14, 2020. Repeal and **New Rule:** Published February 28, 2022; effective April 14, 2022.

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420-2-1-.11 Licensure For Emergency Medical Provider Services.

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

(2) Categories of emergency medical provider service licenses.

(a) ALS Transport (ground or air)

(b) ALS Non-transport

(c) BLS Transport

(3) Classification of emergency medical provider services licenses.

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

(b) Probationary - At its discretion, the Board may grant a probationary license or downgrade an unrestricted license, for a specific period which shall not exceed 1 year, when it determines that the provider has engaged in one or more deficient practices which are serious in nature, chronic in nature, or which the provider has failed to correct. This failure could lead to additional licensure actions including suspension or revocation.

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

(a) ALS Level 1: Paramedic authorization

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

(c) ALS Level 2: Advanced EMT authorization

(d) ALS Level 3: Intermediate authorization

(5) Licensure applications shall be submitted to and approved by the OEMS prior to an emergency medical provider service conducting operations. All licenses are valid for a period that shall not

exceed 12 months. Applications are available upon request or may be obtained at http://www.alabamapublichealth.gov/ems. In order to apply for licensure, the emergency medical provider service shall submit the following:

(a) Completed license application

(b) Plans to describe: (initial and when changes occur)

1. Infection control

2. Fluid and medication security

3. Controlled substance (if applicable)

4. Employee drug screening

5. Emergency Vehicle Operator training (ground providers only)

6. Quality Assurance/Quality Improvement

(c) Declaration of Citizenship Form, if applicable

(d) The following agreements:

1. Emergency Medical Dispatch

2. Alabama Incident Management System (AIMS)

3. ALS

4. Pharmacy or Pharmaceutical

5. Service Medical Director

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

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

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

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

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

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

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

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

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

(9) Within 60 calendar days of receipt from the State Board of Health of its initial (first) license to operate as a provider service from a base within a ground provider's licensed county or an air provider's licensed service area, each licensed provider service shall be in continuous operation in the county in which it is licensed, providing emergency response 24 hours a day, 7 days a week, 365 days a year for any emergency medical service request issued within the licensed county. Mutual aid response to other counties is not required but is recommended if resources are available. ALS Non-Transport services and all fully volunteer services are exempt from this requirement, but a fully volunteer transport service must ensure coverage when service is not available.

(10) Licensed emergency medical provider services shall ensure:

(a) The highest level EMSP provides patient care when treating and transporting any unstable patient.

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

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

(d) An EMS response unit is en route within 7 minutes of the initial dispatch (excluding air medical).

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

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

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

(h) The provision of immediate verbal notification to the OEMS of any civil or criminal action brought against the service, or any criminal action brought against an employee, and the submission of a written report within 5 working days of the provider becoming aware.

(i) The provision of immediate verbal notification to the OEMS and a written report within 5 working days of any accident involving an ambulance that was responding to an emergency, that injured any crew members, or that had a patient on board. A copy of the accident police report must be provided to the OEMS as soon as it becomes available.

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

(11) Compliance with all statewide system components (i.e., Trauma, Stroke, and Cardiac) as written in the Alabama OEMS Patient Care Protocols.

(12) Licensed emergency medical provider services shall not:

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

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

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

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

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

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

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

Author: William Crawford, M.D.; Jamie Gray
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420-2-1-.12 Advanced Life Support Personnel Scope of Practice.

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

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

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

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

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

(3) All advanced EMS licensure levels shall comply with all state-wide system components (i.e., Trauma, Stroke, and Cardiac) as written in the Alabama EMS Patient Care Protocols.
Author: William Crawford, M.D.; Stephen Wilson
Statutory Authority: Code of Ala. 1975, §22-18-1, et seq.
History: **New Rule:** Filed April 20, 2011; effective May 25, 2011. **Repealed and New Rule:** Filed March 16, 2017; effective April 30, 2017. **Repealed and New Rule:** Filed February 20, 2019; effective April 7, 2019. Repeal and **New Rule:** Published April 30, 2020; effective June 14, 2020. Repeal and **New Rule:** Published February 28, 2022; effective April 14, 2022.

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420-2-1-.13 Critical Care.

(1) To become Critical Care licensed, a provider service must:

(a) Submit a Critical Care Practice application.

(b) Follow the approved Alabama EMS Critical Care Patient Care Protocols in addition to the Alabama EMS Patient Care Protocols.

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

(3) Each provider service shall:

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

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

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

(a) Present a Board approved application and proof of the IBSC CCP or FP certification, or hold a valid, unencumbered Alabama registered nurse license and certification from the Board of Certification for Emergency Nursing as a Certified Flight Registered Nurse (CFRN) or Certified Transport Registered Nurse (CTRN).

(b) Have 3 years licensed at the paramedic level.

(c) Medical Director shall verify skill competencies.

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

(a) Current licensure as a paramedic by the Board.

(b) Current certification through the IBSC or a valid, unencumbered Alabama registered nurse license and certification from the Board Certification for CFRN or CTRN.

(6) A paramedic with a Critical Care endorsement shall be authorized to perform the skills and procedures included in the Alabama EMS Critical Care Patient Care Protocols in addition to the Alabama EMS Patient Care Protocols.

(7) A licensed paramedic with a Critical Care endorsement shall be responsible for providing the OEMS with copies of his or her current IBSC or Board Certification in Emergency Nursing certification.

(8) Provider services must keep all training documents on file for auditing purposes and made available to the OEMS upon request.
Author: William Crawford, M.D., Jamie Gray
Statutory Authority: Code of Ala. 1975, §22-18-1, et seq.
History: New Rule: Filed April 20, 2011; effective May 25, 2011. **Repealed and New Rule:** Filed March 16, 2017; effective April 30, 2017. **Repealed and New Rule:** Filed February 20, 2019; effective April 7, 2019. Repeal and **New Rule:** Published April 30, 2020; effective June 14, 2020. Repeal and **New Rule:** Published February 28, 2022; effective April 14, 2022.

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420-2-1-.14 EMT-Intermediates (I-85).

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

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

(2) The EMT-Intermediate (I-85) shall have the ability to provide medical treatment skills and interventions as described in the Alabama EMS Patient Care Protocols for the

EMT-Intermediate (I-85) that are modified as needed based on changes granted by the Board.

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

Author: William Crawford, M.D.; Jamie Gray
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420-2-1-.15 Emergency Vehicle Operator Qualifications.

(1) A valid driver license.

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

(3) A current approved CPR card.

(4) A certificate of completion from a Department of Transportation Emergency Medical Responder Curriculum Course or higher, or from the Alabama Fire College Emergency Care Provider Course.

Author: William Crawford, M.D.; Jamie Gray
Statutory Authority: Code of Ala. 1975, §22-18-1, et seq.
History: Filed September 1, 1982. **Amended:** Filed May 24, 1984. **Repealed and Replaced:** Filed September 20, 1996; effective October 24, 1996. **Amended:** Filed March 20, 2001; effective April 24, 2001. **Repealed and New Rule:** Filed December 17, 2007; effective January 21, 2008. **Repealed and New Rule:** Filed April

20, 2011; effective May 25, 2011. **Amended:** January 17, 2013; effective February 21, 2013. **Repealed and New Rule:** Filed March 16, 2017; effective April 30, 2017. **Repealed and New Rule:** Filed February 20, 2019; effective April 7, 2019. Repeal and **New Rule:** Published April 30, 2020; effective June 14, 2020. Repeal and **New Rule:** Published February 28, 2022; effective April 14, 2022.

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420-2-1-.16 Emergency Medical Dispatch.

(1) All emergency calls received for emergency medical provider services shall be processed by a certified EMO which will provide pre-arrival medical care instructions to the caller.

(2) All EMDs must have:

(a) A current designation of EMO from the Alabama EMO program or a nationally recognized EMO certification course approved by the Alabama Statewide 911 Board and the Alabama Department of Public Health, OEMS (A list of approved courses may be found at http://www.alabamapublichealth.gov/ems).

(b) A current CPR certification.

(3) Dispatch centers shall provide the OEMS with a continuously monitored email address and telephone number.
Author: William Crawford, M.D.; Jamie Gray
Statutory Authority: Code of Ala. 1975, §22-18-1, et seq.
History: Filed September 1, 1982. **Repealed and Replaced:** Filed September 20, 1996; effective October 24, 1996. **Amended:** Filed March 20, 2001; effective April 24, 2001. **Amended:** Filed October 19, 2006; effective November 23, 2006. **Repealed and New Rule:** Filed December 17, 2007; effective January 21, 2008. **Repealed and New Rule:** Filed March 16, 2017; effective April 30, 2017. **Repealed and New Rule:** Filed February 20, 2019; effective April 7, 2019. Repeal and **New Rule:** Published April 30, 2020; effective June 14, 2020. Repeal and **New Rule:** Published February 28, 2022; effective April 14, 2022.

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420-2-1-.17 Ground Provider Services, Equipment, Fluids And Medications.

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

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

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

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

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

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

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

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

(9) All provider service names as designated on the license issued by the OEMS shall be displayed prominently on each side of the ambulance as outlined in the current OEMS approved specifications.

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

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

(a) 155.175 EMS-TAC-1

(b) 155.205 EMS-TAC-2

(c) 155.235 EMS-TAC-3

(d) 155.265 EMS-TAC-4

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

(f) 155.3475 (VMED 29)

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

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

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

(15) The Board approved Formulary for EMS medications is available upon request or can be found at http://www.alabamapublichealth.gov/ems.

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

(17) Medications, I.V. fluids, and other ALS equipment supply or resupply system for approved ALS certificate holders shall be established and maintained with an approved pharmacy or a pharmaceutical distributor. The OEMS will conduct periodic inspections of medications, I.V. fluids, and ALS equipment. All sources of supply or resupply for each ALS service participating in the medication, I.V. fluid, and other ALS equipment supply or resupply program must be submitted and approved by the OEMS.
Author: William Crawford, M.D.; Jamie Gray
Statutory Authority: Code of Ala. 1975, §22-18-1, et seq.
History: **New Rule:** Filed September 20, 1996; effective October 24, 1996. **Amended:** Filed March 20, 2001; effective April 24, 2001. **Amended:** Filed June 23, 2004; effective July 28, 2004. **Repealed and New Rule:** Filed December 17, 2007; effective January 21, 2008. **Repealed and New Rule:** Filed March 16, 2017; effective April 30, 2017. **Repealed and New Rule:** Filed February 20, 2019; effective April 7, 2019. Repeal and **New Rule:** Published April 30, 2020; effective June 14, 2020. Repeal and **New Rule:** Published February 28, 2022; effective April 14, 2022.

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420-2-1-.18 Air Provider Services, Equipment, Fluids And Medications.

(1) Air Ambulance Providers are subject to all rules in this chapter except Rule 420-2-1-.17.

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

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

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

(5) Air Ambulance Providers shall:

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

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

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

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

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

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

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

(a) 155.175 EMS-TAC 1

(b) 155.205 EMS-TAC 2

(c) 155.235 EMS-TAC 3

(d) 155.265 EMS-TAC 4

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

(f) 155.3475 (VMED 29)

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

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

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

(10) The Board approved Formulary for EMS medications is available upon request or can be found at http://www.alabamapublichealth.gov/ems.

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

(12) Medications, I.V. fluids, and other ALS equipment supply or resupply system for approved ALS certificate holders shall be established and maintained with an approved pharmacy or a pharmaceutical distributor. The OEMS will conduct periodic inspections of medications, I.V. fluids, and ALS equipment. All sources of supply or resupply for each ALS service participating in the medication, I.V. fluid, and other ALS equipment supply or resupply program must be submitted and approved by the OEMS.
Author: William Crawford, M.D.; Jamie Gray
Statutory Authority: Code of Ala. 1975, §22-18-1, et seq.
History: New Rule: Filed April 20, 2011; effective May 25, 2011. **Repealed and New Rule:** Filed March 16, 2017; effective April 30, 2017. **Repealed and New Rule:** Filed February 20, 2019; effective

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420-2-1-.19 Provider Service Staffing.

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

(a) Licensed transport services with an ALS Level 1 Authorization shall, at a minimum, staff one ALS Ground Ambulance with an emergency vehicle operator and licensed Paramedic.

(b) Licensed transport services with an ALS Level 1- Critical Care Authorization shall, at a minimum, staff each ALS Ground Ambulance with an emergency vehicle operator, a licensed ALS EMSP, and a Critical Care Paramedic.

(c) Licensed transport services with an ALS Level 2 Authorization shall, at a minimum, staff one ALS vehicle with an emergency vehicle operator and licensed Advanced EMT.

(d) Licensed transport services with an ALS Level 3 Authorization shall, at a minimum, staff one ALS vehicle with an emergency vehicle operator and licensed Intermediate (I-85).

(e) Licensed non-transport services with an ALS Level 1 Authorization shall, at a minimum, staff one ALS vehicle with a licensed Paramedic.

(f) Licensed non-transport services with an ALS Level 2 Authorization shall, at a minimum, staff one ALS vehicle with a licensed Advanced EMT.

(g) Licensed non-transport services with an ALS Level 3 Authorization shall, at a minimum, staff one ALS vehicle with a licensed Intermediate (I-85).

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

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

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

(3) Licensed BLS provider transport services shall, at a minimum, staff one vehicle with an emergency vehicle operator and a licensed EMT.

(4) Licensed Provider Services shall not allow EMSP to respond to a medical emergency with the intent to treat or transport a patient unless the EMSP are clean and appropriately dressed.
Author: William Crawford, M.D.; Jamie Gray
Statutory Authority: Code of Ala. 1975, §22-18-1, et seq.
History: **New Rule:** Filed September 20, 1996; effective October 24, 1996. **Amended:** Filed March 20, 2001; effective April 24, 2001. **Repealed and New Rule:** Filed December 17, 2007; effective January 21, 2008. **Repealed and New Rule:** Filed March 16, 2017; effective April 30, 2017. **Repealed and New Rule:** Filed February 20, 2019; effective April 7, 2019. Repeal and **New Rule:** Published April 30, 2020; effective June 14, 2020. Repeal and **New Rule:** Published February 28, 2022; effective April 14, 2022.

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420-2-1-.20 Responsibility For Patient.

(1) In no event shall an emergency medical provider service 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 the subsection shall be construed to prohibit any emergency medical provider service from collecting or attempting to collect a fee by any lawful means. Provided further, no emergency medical provider service shall threaten to withhold emergency treatment as a method for the collection of fees.

(2) The highest level EMSP shall provide patient care when treating and transporting any unstable patient and shall have the responsibility to provide care until relieved by appropriate medical personnel.

(3) The transport of a stable patient that does not require more advanced procedures may be attended by a lower level EMSP at the discretion of the highest level EMSP as long as the following conditions exist:

(a) The supervising level EMSP understands that he or she is responsible for the decision to transfer care to the lower level EMSP.

(b) Pre-hospital administered medications or procedures would not exceed the lower level EMSP's scope of practice.

(c) The lower level EMSP, upon assuming secondary patient care from a higher level EMSP, understands that a higher level of care may be needed if the patient becomes unstable or critical in nature and will, without delay, coordinate the transfer of care back to a higher level EMSP.

(d) At no time will the above-mentioned transfers of care delay patient care, continuity of care, or the transport or transfer of the patient to definitive care.

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

(a) EMSP providing care to a patient may yield patient care responsibilities to any other licensed EMSP or licensed physician who is willing to assume patient care responsibilities. EMSP providing care to a patient shall yield patient care responsibilities to a licensed physician when directed to do so by the on-1ine medical director.

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

(c) EMSP shall discontinue patient care measures when directed to do so by the on-1ine medical director.

(5) On-scene disputes regarding patient care responsibilities shall be referred to the on-1ine medical director.
Author: William Crawford, M.D.; Jamie Gray §
Statutory Authority: Code of Ala. 1975, 22-18-1.
History: New Rule: Filed May 16, 2007; effective June 20, 2007. **Repealed and New Rule:** Filed December 17, 2007; effective January 21, 2008. **Repealed and New Rule:** Filed April 20, 2011; effective May 25, 2011. **Repealed and New Rule:** Filed March 16, 2017; effective April 30, 2017. **Repealed and New Rule:** Filed February 20, 2019; effective April 7, 2019. Repeal and **New Rule:** Published April 30, 2020; effective June 14, 2020. Repeal and **New Rule:** Published February 28, 2022; effective April 14, 2022.

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420-2-1-.21 Patient Care Reporting.

(1) The EMSP providing patient care is responsible for the completion and submission of an electronic Patient Care Report(e-PCR) to the emergency medical provider service within 24 hours.

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

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

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

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

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

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

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

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

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

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

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

(5) Any individual or entity that is not compliant with the disclosure aspects of this rule is subject to loss of licensure or prosecution under these rules.
Author: William Crawford, M.D., Jamie Gray
Statutory Authority: Code of Ala. 1975, §22-18-1, et seq.
History: **New Rule:** Filed September 20, 1996; effective October 24, 1996. **Amended:** Filed March 20, 2001; effective April 24, 2001. **Repealed and New Rule:** December 17, 2007; effective January 21, 2008. **Repealed and New Rule:** Filed March 16, 2017; effective April 30, 2017. **Repealed and New Rule:** Filed February 20, 2019; effective April 7, 2019. Repeal and **New Rule:** Published April 30, 2020; effective June 14, 2020. Repeal and **New Rule:** Published February 28, 2022; effective April 14, 2022.

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420-2-1-.22 Provider Service Record Keeping.

(1) Each emergency medical provider service shall be responsible for supervising, preparing, filing, and maintaining records and for submitting reports to the Board as requested. All records shall be handled in a manner as to ensure reasonable safety from water and fire damage and shall be safeguarded from unauthorized use. Any records maintained by a provider service as required by these rules shall be accessible to authorized representatives of the Board and shall be retained for a period of at least 5 years except as otherwise specified in these rules. Each provider service shall maintain the following administrative records:

(a) A current license certificate issued by the OEMS which is publicly displayed at the provider service's location. Any provider service changing ownership, ceasing operations, or surrendering its license shall return its license certificate within 5 working days to the OEMS.

(b) A copy of past inspection reports.

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

(2) Each provider service shall maintain written plans, compliant with these rules and available for review by the OEMS, for the proper handling, storage, and disposal of all bio-hazardous waste, emergency medical dispatch, employee drug screening, mutual aid agreements and for the proper use, handling, storage, and disposal of all fluids and medications.
Author: William Crawford, M.D.; Jamie Gray
Statutory Authority: Code of Ala. 1975, §22-18-1, et seq.
History: **New Rule:** Filed September 20, 1996; effective October 24, 1996. **Amended:** Filed March 20, 2001; effective April 24, 2001. **Repealed and New Rule:** December 17, 2007; effective January 21, 2008. **Repealed and New Rule:** Filed March 16, 2017; effective April 30, 2017. **Repealed and New Rule:** Filed February 20, 2019; effective April 7, 2019. Repeal and **New Rule:** Published April 30, 2020; effective June 14, 2020. Repeal and **New Rule:** Published February 28, 2022; effective April 14, 2022.

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420-2-1-.23 Controlled Substance Plan.

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

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

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

specifically for that individual. Otherwise, controlled substance keys shall be exchanged at shift change.

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

(5) All ALS I and ALS I Critical Care emergency medical provider services shall have the option to stock controlled substances.

(6) Each licensed provider service shall immediately notify the OEMS upon identification of missing or suspected diversion of a controlled substance.
Author: William Crawford, M.D.; Jamie Gray
Statutory Authority: Code of Ala. 1975, §22-18-1 et seq.
History: New Rule: Filed September 20, 1996; effective October 24, 1996. **Amended:** Filed March 20, 2001; effective April 24, 2001. **Repealed and New Rule:** Filed December 17, 2007; effective January 21, 2008. **Repealed and New Rule:** Filed March 16, 2017; effective April 30, 2017. **Repealed and New Rule:** Filed February 20, 2019; effective April 7, 2019. Repeal and **New Rule:** Published April 30, 2020; effective June 14, 2020. Repeal and **New Rule:** Published February 28, 2022; effective April 14, 2022.

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420-2-1-.24 Patient Transfers.

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

(2) The transferring hospital should provide a complete medical record or patient chart to the receiving hospital. The emergency medical provider service operator shall ensure that a complete and

accurate patient care report, as prescribed by the Board, is submitted for each transfer.

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

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

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

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

(d) The specific classifications of I.V. fluids and medications which a paramedic is authorized to administer or maintain are strictly limited to the following, or their generic equivalents, for administration or maintenance only in the dosages, forms, frequency, and amounts as ordered in writing, in advance, by the transferring physician:

1. Vitamin, mineral, and electrolyte infusions.

2. Central nervous system and neuromuscular agents.

3. Anticonvulsants.

4. Antipsychotics, anxiolytics, antidepressants.

5. Anti-infective agents.

6. Antineoplastic agents.

7. Respiratory agents.

8. Cardiovascular agents.

9. Gastrointestinal agents.

10. Endocrine and ophthalmic agents.

11. Reproductive agents.

12. Circulatory support agents.

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

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

1. Portable Ventilators.

2. Chest Tubes.

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

1. The patient's name and diagnosis.

2. The name and signature of the transferring physician.

3. The name of the transferring hospital.

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

5. The name of the receiving physician.

6. The name of the receiving hospital.

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

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

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

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

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

12. Other remarks as appropriate related to patient management.

13. Patient's personal belongings should be signed off for by the patient's family when given details of the patient to the receiving hospital. If no family is available, they should be signed off for by the staff at the receiving hospital.

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

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

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

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

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

(b) The hospital shall be licensed by the Board and licensure records shall be on file with the Department's Bureau of Health Provider Standards.

(c) Each building from which patients are sent or by which patients are received shall be operated by the licensed hospital, as documented in the hospital's licensure records.

Patients sent from a facility operated by one licensed hospital to a facility operated by another licensed hospital will be considered inter-facility and NOT intra-facility transfers, regardless of whether the licensed facilities are owned or operated by the same entity.

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

Author: William Crawford, M.D.; Jamie Gray
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420-2-1-.25 Out-Of-State Ambulance Contracts For Disaster Assistance.

An emergency medical provider service (ground or air) shall contact the OEMS prior to deploying or sending any Alabama permitted ambulances to another state(s) to fulfill obligations of a state, federal, or private contract or agreement for a disaster.
Author: William Crawford, M.D.; Jamie Gray
Statutory Authority: Code of Ala. 1975, §22-18-1, et seq.
History: **New Rule:** Filed September 20, 1996; effective October 24, 1996. **Amended:** Filed March 20, 2001; effective April 24, 2001. **Repealed and New Rule:** Filed December 17, 2007; effective January 21, 2008. **Repealed and New Rule:** Filed April 20, 2011; effective May 25, 2011. **Repealed and New Rule:** Filed March 16, 2017; effective April 30, 2017. **Repealed and New Rule:** Filed February 20, 2019; effective April 7, 2019. Repeal and **New Rule:** Published April 30, 2020; effective June 14, 2020. Repeal and **New Rule:** Published February 28, 2022; effective April 14, 2022.

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. Rule 420-2-1-.17 was renumbered 420-2-1-.25 as per certification Filed February 20, 2019; effective April 7, 2019.

420-2-1-.26 Exemptions.

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

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

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

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

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

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

(f) Specialty care ambulances that are utilized for interfacility transfers only and that are verified and approved by the OEMS prior to operation.

Author: William Crawford, M.D.; Jamie Gray
Statutory Authority: Code of Ala. 1975, §22-18-1, et seq.
History: Filed September 1, 1982. **Amended:** Filed May 24, 1984. Emergency Rule filed August 22, 1990; September 19, 1990. **Amended:** Filed September 19, 1990; November 19, 1990. **Emergency rule** filed December 19, 1990; April 19, 1991. **Amended:** Filed March 20, 1992. **Amended:** Filed July 21, 1993; effective August 25, 1993. **Repealed and Replaced:** Filed September 20, 1996; effective October 24, 1996. **Amended:** Filed March 20, 2001; effective April 24, 2001. **Repealed and New Rule:** Filed December

17, 2007; effective January 21, 2008. **Repealed and New Rule:** Filed April 20, 2011; effective May 25, 2011. **Repealed and New Rule:** Filed March 16, 2017; effective April 30, 2017. **Repealed and New Rule:** Filed February 20, 2019; effective April 7, 2019. Repeal and **New Rule:** Published April 30, 2020; effective June 14, 2020. Repeal and **New Rule:** Published February 28, 2022; effective April 14, 2022.

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420-2-1-.27 Variances.

The State Health Officer may approve a variance to any provision of these rules, except for any provision that restates a statutory requirement or that defines any term, in accordance with Rule 420-1-2-.09, Ala. Admin. Code.
Author: William Crawford, M.D., Jamie Gray
Statutory Authority: Code of Ala. 1975, §22-18-1, et seq.
History: **New Rule:** Filed September 20, 1996; effective October 24, 1996. **Amended:** Filed March 20, 2001; effective April 24, 2001. **Repealed and New Rule:** Filed December 17, 2007; effective January 21, 2008. **Repealed and New Rule:** Filed April 20, 2011; effective May 25, 2011. **Repealed and New Rule:** Filed March 16, 2017; effective April 30, 2017. **Repealed and New Rule:** Filed February 20, 2019; effective April 7, 2019. Repeal and **New Rule:** Published April 30, 2020; effective June 14, 2020. Repeal and **New Rule:** Published February 28, 2022; effective April 14, 2022.

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420-2-1-.28 Compliance And Enforcement For Licensed Provider Services.

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

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

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

(4) A routine inspection shall be conducted:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(h) Provide notification and written documentation within 3 working days to the OEMS regarding any perceived protocol or rule violations.

(i) Upon determining intent to sell or cease operations, provide written documentation to the OEMS 5 working days prior to closing. The original copy of the provider service license and ALS authorization shall also be returned to the OEMS within 5 working days of closing.

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

(8) All personnel are required to maintain confidentiality of all patient records and information.
Author: William Crawford, M.D.; Jamie Gray
Statutory Authority: Code of Ala. 1975, §22-18-1, et seq.
History: New Rule: Filed April 20, 2011; effective May 25, 2011. **Repealed and New Rule:** Filed March 16, 2017; effective April 30, 2017. **Repealed and New Rule:** Filed February 20, 2019; effective April 7, 2019. Repeal and **New Rule:** Published April 30, 2020;

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420-2-1-.29 Standards Of Conduct.

(1) A licensed EMSP shall perform his or her job duties and responsibilities in a manner that reflects the highest ethical and professional standards of conduct. Actions that are in violation of the standard of conduct will be considered misconduct and are subject to immediate disciplinary action, up to and including license revocation.

(2) Misconduct is defined as:

(a) Making a false, fraudulent, or forged statement or document, including but not limited to, a report of continuing education requirements, a run report, a patient care record, EMSP student record, clinical rotation record, intent to train form, self-study document, fluid and drug application, physician medication order form, or any other document that is material to the duties and qualifications of the EMSP or those of a student in an EMSP training program and which is fraudulent or knowingly false in any respect; or, performing any dishonest act in connection with any official documents required by the Board or an emergency medical services education program.

(b) Being convicted of a felony or a crime involving moral turpitude.

(c) Being currently charged with any crime that may jeopardize public safety.

(d) Disregarding an appropriate order by a physician concerning emergency treatment or transportation without justification.

(e) While on duty at the scene of an accident or illness, refusing to administer emergency care when appropriate.

(f) After initiating care of a sick or injured patient, discontinuing care or abandoning the patient without the patient's consent or without transferring patient care to an appropriate medical personnel.

(g) By act or omission and without mitigating circumstance, contributing to or furthering the injury or illness of a patient under his or her care.

(h) Being careless, reckless, or irresponsible in the operation of an emergency vehicle.

(i) Exceeding his or her scope of practice.

(j) Providing care to a patient under his or her care which falls short of the standard of care which ordinarily would be expected to be provided by similarly situated EMSP, thereby jeopardizing the life, health, or safety of a patient.

(k) Observing substandard care by another EMSP without documenting the event and notifying the appropriate authority.

(l) Providing services while his or her license is suspended, revoked, or lapsed for failure to renew.

(m) Failing to complete remedial training or other courses of action as directed by the Board as a result of an investigation.

(n) Having been charged with the physical or sexual abuse of an individual.

(o) Being convicted of committing fraud in the performance of his or her duties.

(p) Not cooperating with, or providing false information to the Board and/or its representatives during the course of any investigation or inspection.

(q) Providing services while under the influence of alcohol or drugs.

(r) Taking action that would jeopardize the health and safety of a patient including, but not limited to, the abandonment or mistreatment of a patient.

(s) Violating the confidentiality of any patient records or information.

(t) Performing any act requiring licensure or certification under state EMS statutes or these rules without possession of the requisite licensure or certification.

(u) Violating the provisions of Chapter 22-18 of the Code of Ala. 1975, or the rules of the Board.

(v) Disregarding a duty to act.

(w) Executing a dereliction of duty.

(x) Posing a danger to public health or safety.

(y) Diversion of, or tampering with, a medication or controlled substance with or without a criminal charge for such actions.

(z) The use of any tobacco products, including cigarettes, e-cigarettes, vapes of any type, and smokeless tobacco, or under the influence of alcohol or drugs while operating or riding in an ambulance or while providing patient care.

(3) Any adverse action related to licensed personnel shall be reported by the OEMS, as required, to the National Practitioner Data Bank, in accordance with federal law, as well as the National Registry of Emergency Medical Technicians.
Author: William Crawford, M.D.; Jamie Gray
Statutory Authority: Code of Ala. 1975, §22-18-1, et seq.
History: New Rule: Filed April 20, 2011; effective May 25, 2011. **Repealed and New Rule:** Filed March 16, 2017; effective April 30, 2017. **Repealed and New Rule:** Filed February 20, 2019; effective April 7, 2019. Repeal and **New Rule:** Published April 30, 2020; effective June 14, 2020. Repeal and **New Rule:** Published February 28, 2022; effective April 14, 2022.

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420-2-1-.30 Impaired EMSP.

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

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

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

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

(c) The individual has not previously been entered into an approved drug/alcohol, or psychiatric rehabilitation program by the OEMS.

(d) The individual consents to suspend his or her license during the evaluation process and subsequent treatment, if recommended.

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

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

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

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

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

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

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

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

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

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

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

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

(7) An individual who meets the definition of an impaired EMSP or self admits to a drug, alcohol, or psychiatric facility shall provide immediate notification of his or her condition to the OEMS.

(8) An individual who is in violation of this rule and consents to surrender his or her license to avoid adverse licensure action may reapply for licensure no less than 2 years after the surrender was approved and accepted by the Board and only after completing an evaluation and subsequent treatment, if recommended, at an approved drug, alcohol, or psychiatric rehabilitation program. The individual must show sobriety during the program, and a letter of advocacy for relicensure must be sent from the facility to the OEMS.

Author: William Crawford, M.D.; Jamie Gray
Statutory Authority: Code of Ala. 1975, §22-18-1, et seq.
History: New Rule: Filed April 20, 2011; effective May 25, 2011. **Repealed and New Rule:** Filed March 16, 2017; effective April 30, 2017. **Repealed and New Rule:** Filed February 20, 2019; effective April 7, 2019. Repeal and **New Rule:** Published April 30, 2020; effective June 14, 2020. Repeal and **New Rule:** Published February 28, 2022; effective April 14, 2022.

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420-2-1-.31 Complaint/Disciplinary Procedures.

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

(2) If the Board receives a verbal complaint of any matter relating to the regulation of provider services, EMSP, EMS education programs, or students, the complainant is deemed to have filed an informal complaint. Should the Board determine that a complaint is valid, the complaint then becomes formal and may warrant action pursuant to this chapter. The provider services, EMSP, EMS education programs, or students shall comply with any request for records from the OEMS within 3 business days from the date of request.

(3) If the Board receives a written and signed statement of any matter relating to the regulation of provider services, EMSP, EMS education programs, or students, the complainant is deemed to have filed a formal complaint. Within 10 days of receipt of the complaint, a designated representative of the Board shall inform the provider services, EMSP, EMS education programs, or students that a formal complaint has been filed. The personnel or organization shall be informed of the nature of the allegations made and the potential rule violation. The provider services, EMSP, EMS education programs, or students shall comply with any request for records from the OEMS within business days from the date of request.

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

(5) The Board may issue a request for an interview with the provider services, EMSP, EMS education programs, or students if evidence indicates that grounds for action exist. The request shall state the date and time for the interview.

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

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

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

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

(b) Are guilty of misconduct as defined by these rules or have otherwise committed a serious and material violation of these rules.

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

Author: William Crawford, M.D.; Stephen Wilson
Statutory Authority: Code of Ala. 1975, §22-18-1, et seq.
History: **New Rule:** Filed September 20, 1996; effective October 24, 1996. **Amended:** Filed March 20, 2001; effective April 24, 2001. **Repealed and New Rule:** Filed December 17, 2007; effective January 21, 2008. **Repealed and New Rule:** Filed April 20, 2011; effective May 25, 2011. **Repealed and New Rule:** Filed March 16, 2017; effective April 30, 2017. **Repealed and New Rule:** Filed February 20, 2019; effective April 7, 2019. Repeal and **New Rule:** Published April 30, 2020; effective June 14, 2020. Repeal and **New Rule:** Published February 28, 2022; effective April 14, 2022.

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420-2-1-.32 Education Standards And Procedures.

(1) Education Program Specifics

(a) Any institution desiring approval as an education program for Level 3 or Level 2 shall be an institution approved by the Alabama Community College System (ACCS), or the ADPH OEMS. Any institution desiring approval as an education program for Level 1 shall be an institution approved by the OEMS and shall be accredited by the CoAEMSP.

(b) Any institution desiring approval as an EMS education program must reserve one seat on its Advisory Board for the Director of the OEMS or his designee. The OEMS shall be notified within a reasonable timeframe of any Advisory Board meetings.

(c) Education programs shall be committed to equal opportunity in employment and education and shall not discriminate on the basis of sex, race, age, religion, or against qualified disabled persons.

(d) Each education program shall provide all preceptors and instructors with procedures to properly document clinical and field evaluations and proper criteria for skills verification. Preceptors and instructors shall be required to acknowledge receipt of this material in writing, with the document being filed in the education program's permanent records.

(e) Each education program shall provide all students with EMS education, information on rules, and policies on testing and licensure requirements by the OEMS. Students shall be required to acknowledge receipt of this material in writing, with the document being filed in the student's permanent records at the training facility.

(f) Each education program shall report any evidence of academic dishonesty, dismissal, or termination from an EMS education program due to evidence of academic dishonesty or positive drug screen results for any currently licensed EMSP in the program. Action may also be taken against an associate or employee of an EMS education program who knowingly neglects to notify the OEMS of such. Evidence of academic dishonesty, dismissal, or termination from a program may result in disciplinary action or license revocation by the OEMS. This includes any EMSP, student, or associate or employee of an EMS education program who knowingly participates in academic dishonesty.

(g) Applications for education program approval are available on the OEMS website http://www.alabamapublichealth.gov/ems, or upon request from the OEMS, and must be returned to the agency after completion by the applicant. Upon review and approval of the application by the OEMS it will, where appropriate, be forwarded to the ACCS or the ACHE for any required co-approval. All EMS education programs will be reaccredited on a 5-year cycle. If a program is currently on a cycle with CoAEMSP, the Level 2 and Level 3 programs will coincide with that assessment. Otherwise, it will begin with either the year of their initial application or the year in which their next Level 2 or Level 3 class begins.

(h) All EMS education programs shall utilize a program medical director who is licensed by the Medical Licensure Commission of Alabama, a local member of the medical community, and experienced and knowledgeable of emergency care of the acutely ill and traumatized patients. The program medical director must review and approve the educational content of the program curriculum and the quality of medical instruction and supervision delivered by the faculty. The medical director must routinely review students' performance to assure adequate progress toward completion of the program. The medical director must attest that each graduating student has achieved the desired level of competence prior to graduation.

(i) Any education program not accredited by OEMS must notify the OEMS at least 90 days prior to the beginning of any initial EMSP licensure level program.

(j) An approved Letter of Review from CoAEMSP must be obtained by the sponsoring institution and must be submitted to the OEMS at least 90 days prior to the beginning of an initial Level 1 course.

(2) Program Accreditation

(a) Every EMS education program is required to complete an OEMS Credentialing Application contained in the OEMS Credentialing Manual.

(b) Accreditation is a required process for the offering of each level of EMS education.

1. The Level 2 and Level 3 accreditation is gained through completion of a credentialing application. The application must be submitted to and approved by the OEMS. Submission of the application serves as an agreement to adhere to all procedures outlined in these rules and the requirements within the OEMS Credentialing Manual.

2. Level 1 accreditation is gained through completion and submission of the education program application and attainment and maintenance of accreditation through CoAEMSP. All CoAEMSP site visits shall be attended by an OEMS staff representative. Pending site visits shall be communicated to the OEMS by the EMSP program.

(c) No fees are required for the application or the accreditation process.

(d) Each approved EMS program shall receive a letter and certificate of accreditation from the OEMS. The certificate must be displayed in a public area of the approved program.

(e) Accreditation for Level 2 and Level 3 will be granted through the OEMS, through a credentialing process. This process will include a review of the completed application, a site visit, and compliance with other pertinent aspects of these rules and the OEMS Credentialing Manual.

(f) Level 1 accreditation will be granted by the CoAEMSP and will be concurrently approved by the OEMS, upon submission of a complete credentialing application and documented proof of a current accreditation through the CoAEMSP prior to initiating a second class. In the event that this accreditation is withdrawn or is not renewed for any reason, the program must seek accreditation from the OEMS in order to gain a Level 2 or Level 3 status.

(g) Accreditation status must be maintained by a training program for its students to be eligible for the OEMS approved licensure examination.

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

(i) Accreditation may be granted for a maximum of 5 years. The accredited program must apply for re-accreditation at least 12 months prior to expiration of accreditation.

(j) An accredited program may lose its accreditation if the program remains inactive for a period of time exceeding 2 years. Such a loss of accreditation would not prevent the program from making a new application for accreditation.

(k) Education programs seeking accreditation from the OEMS shall be responsible for all expenses incurred by site visit team members. This includes, but is not limited to, transportation, hotels, and meals.

(3) Course Offerings

(a) Institutions gaining accreditation may offer as many concurrent on-campus programs as needed, within their level of accreditation.

(b) Institutions may submit in writing a request to hold a satellite course for Levels 1 and 2 EMS education. Dual enrollment and Level 3 courses must be submitted to the OEMS as a notice in writing. Any satellite EMS course must meet all of the requirements of an on-campus course. If the course is not within a reasonable distance to be served by the host program, it must meet the appropriate essential elements of an education program, including having the required service agreements, medical director, qualified instructors, equipment, internship affiliations, facilities, and any other items necessary to offer an EMS course. All satellite courses shall be reported to the OEMS prior to the beginning of the first-class session.

(c) All Level 1 satellite courses must meet the requirements and have prior approval from the CoAEMSP.

(4) Curriculum

(a) Each educational program shall use the curriculum established by the National Emergency Medical Services Education Standards and shall conform to other stipulations as set forth in these rules.

(b) Each educational program shall add to its curriculum any new drugs or procedures approved by the State Board of Health, after notice is given by the OEMS to do so.

(c) Each education program is subject to announced or unannounced visits by personnel of the OEMS to check adherence to lesson plans, self-study documentation, and training objectives. If the educational program is found to be out of compliance, it may be placed on probationary accreditation status for a period of time, or the OEMS may withdraw the education program's accreditation if the program is found to not be in compliance with these rules, or if program does not maintain a 70 percent certification examination pass rate over a 3-year rotating basis.

(d) Each education program shall submit all documentation pertaining to course offerings and instructors as required by the OEMS. Documentation shall include, but is not limited to self-study documents, instructor data sheets, intent to train forms, and any administrative updates or changes made by the education program.

(e) All education programs must ensure each graduate completes the OEMS and Alabama EMS Systems presentation.

(5) Didactic/Internship Credit Hours

(a) Time frames designated herein are recognized as minimum required hours. This in no way suggests that these times may not be exceeded by an accredited education program. As new requirements in EMS education are adopted, minimum required hours may increase to ensure that students receive adequate instructional time. All levels of EMS education must include current national curriculum, and current Alabama EMS Protocol instruction for the respective level of education.

(b) The minimum time frames for Level 3 course of instruction are 140 hours for didactic and laboratory and 48 hours for internship. Internship hours may be divided between emergency room and prehospital experience on an ambulance.

(c) The minimum time frames for Level 2 course of instruction are 180 hours for didactic and laboratory and 96 hours for internship. Internship hours may be divided between hospital and prehospital experience on an ambulance.

(d) The minimum time frames for Level 1 course of instruction are 300 hours for didactic and laboratory and 440 hours for internship. Internship hours may be divided between hospital and prehospital experience on an ambulance.

(6) Skills Requirements

(a) The instruments used to measure validity and reliability of the internship experience should be standardized documents reflecting the practical skills of the curriculum and be approved by the accrediting agencies.

(b) The Level 3 student shall successfully perform patient assessments and management.

(c) The Level 2 student shall successfully perform, at a minimum:

1. Two documented BIAD insertions.

2. Ten successful IV procedures.

3. Ten blood procedures (drawing for lab).

4. Twenty BLS assessments.

5. Twenty ALS assessments.

6. Ten pediatric assessments.

(d) The Level 1 student shall successfully perform all requirements for the CoAEMSP.

(7) Internship Requirements

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

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

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

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

(8) EMS Student Requirements and Standards

(a) The Level 3 student shall:

1. Meet all institutional admission requirements.

2. Maintain a current Health Care Provider CPR certification.

3. Meet the "Essential Functions" as set forth by the OEMS and can be found on the Essential Job Function Analysis Form located at https://www.alabamapublichealth.gov/ems/forms.html or attach documentation to the program application from those essential functions of which the student is not in compliance (for review by the institution's ADA Coordinator).

4. Provide an acceptable physical examination by a licensed physician, nurse practitioner, or physician assistant to include written documentation (on a form provided by the program).

5. Possess verification on file with the educational institution of the following:

(i) Professional liability insurance.

(ii) Current health, hospitalization, accident insurance, or waiver of liability.

(b) The Level 2 student shall:

1. Complete all entry requirements for Level 3 students.

2. Possess a high school diploma or General Equivalency Diploma (GED), or dual enrollment.

3. Possess a current Alabama EMT license, or have successfully completed an EMT course approved by the State Board of Health within the past 12 months (student must possess an Alabama EMT license prior to entering the internship portion or exit the program until the license is obtained).

(c) The Level 1 student shall:

1. Complete all entry requirements for Level 3 students.

2. Possess a current Alabama EMT or AEMT license, or have successfully completed a Level 2 or Level 3 course approved by the State Board of Health within the last 12 months (student must possess an Alabama EMT or AEMT license prior to entering the internship portion or exit the program).

(d) The Registered Nurse (RN) shall:

1. Complete all entry requirements for Level 3 students.

2. Possess an Associate's Degree or higher in nursing from a regionally accredited institution.

3. Possess a license as an unencumbered RN license in Alabama or an RN license accepted through the Nursing Compact.

4. Possess a current NREMT or NRAEMT certification prior to entering the internship portion or exit the program.

5. Successfully complete all Level 3 course work from an accredited institution.

(e) All education programs must inform students of the specific requirements for progression through each level of EMS education. No student will be allowed to sit for the state approved certification exam if the student attempts to circumvent the matriculation requirements set by the education program in which they are enrolled.

(f) All EMS students must maintain current professional liability insurance while enrolled in an education program.

(g) All EMS students must maintain current health and hospitalization insurance or have a waiver on file while enrolled in a program.

(h) All EMS students must comply with all institution and program rules, policies, and procedures.

(9) Instructor Requirements

(a) EMR Instructor

1. Course Instructor

(i) Current Alabama license as an EMT or above, or currently licensed in Alabama as a physician.

(ii) High school diploma or GED.

(iii) Certification from an EMS instructor course approved by the OEMS, i.e. Level 1 National Association of Emergency Medical Services Educators (NAEMSE), Department of Transportation (DOT) Instructor Course, Alabama Fire College Instructor Course, Department of Defense (DoD) Instructor Course, AHA Core Instructor Course.

(iv) Minimum of 3 years of prehospital field experience.

(v) Current CPR certification.

(b) Level 1, 2, and 3 Instructor Positions

1. Internship Preceptor

(i) High school diploma or GED.

(ii) Current Alabama license at the level being supervised, a current Alabama license as a Registered Nurse (RN), or a current Alabama license as a physician.

(iii) Be familiar with prehospital patient care.

(iv) Supervise students in the internship and field setting and accurately document their performance.

2. Level 2 and 3 Course Instructor

(i) High school diploma or GED.

(ii) Current Alabama license as the level being taught or above, or currently licensed in Alabama as a physician.

(iii) Certification from an EMS instructor course approved by the OEMS, i.e. Level 1 NAEMSE, DOT

Instructor Course, Alabama Fire College Instructor Course, DoD Instructor Course, AHA Core Instructor Course.

(iv) Minimum of 3 years of prehospital field experience.

(v) Current CPR Instructor certification.

(vi) Supervised probationary teaching experience for one entire course at the instruction level being taught.

(vii) Approved by the Program Director and Medical Director.

3. Level 1 Course Instructor

(i) Must meet all requirements for Level 2 and 3 Course Instructor.

(ii) Instructor certifications appropriate for the curriculum being taught, e.g. ACLS instructor certification.

(iii) Hold an Associate's Degree or higher.

4. Field Preceptor

(i) High school diploma or GED.

(ii) Current Alabama license at or above the level being supervised.

(iii) Minimum of 2 years of experience.

(iv) Be familiar with prehospital patient care.

(v) Supervise students in the internship and field setting and accurately document their performance.

5. Guest Lecturer

(i) High school diploma or GED.

(ii) Expert knowledge in the subject matter.

(iii) Program Director and Medical Director approval for the topic to be presented.

6. Medical Director

(i) Licensed physician by the Medical Licensure Commission of Alabama.

(ii) Experience and knowledge of emergency care of acutely ill and traumatized patients.

(iii) Review and approve adherence to the program curriculum and quality of medical instruction and supervision delivered by the faculty.

(iv) Routinely review student performance to assure adequate progress toward completion of the program.

(v) Knowledgeable in EMS education programs and legislative issues regarding the EMS programs and prehospital providers.

7. Practical Skills Preceptor

(i) High school diploma or GED.

(ii) Minimum of 3 years of prehospital care experience as a licensed practitioner at the level being instructed.

(iii) Current CPR certification.

(iv) Program Director and Medical Director approval to assist with practical skills instruction.

8. Program Director, Regional Director, or Designee

(i) Meet all Course Instructor requirements.

(ii) Hold a Bachelor's Degree or higher.

(iii) Assume ultimate responsibility for the administration of all phases of the program.

(iv) Collaborate with the Medical Director.

(v) Full time employee with the institution's EMS program or Regional EMS Office.

10. EMS Essential Functions

(a) To ensure that properly qualified individuals enter and participate in EMS education programs, the OEMS requires that each educational program verify that each student meets the minimum essential functions requirements outlined by the "Functional Job Analysis" available at https://one.nhtsa.gov/people/injury/ems/EMT-P/disk_1%5B1%5D/Intro-C.pdf in

the National Highway Traffic and Safety Administration, National Standard Curriculum.
Author: William Crawford, M.D.; Jamie Gray
Statutory Authority: Code of Ala. 1975, §22-18-1, et seq.
History: **New Rule:** Filed September 20, 1996; effective October 24, 1996. **Amended:** Filed March 20, 2001; effective April 24, 2001. **Repealed and New Rule:** Filed December 17, 2007; effective January 21, 2008. **Repealed and New Rule:** Filed April 20, 2011; effective May 25, 2011. **Amended:** January 17, 2013; effective February 21, 2013. **Repealed and New Rule:** Filed March 16, 2017; effective April 30, 2017. **Repealed and New Rule:** Filed February 20, 2019; effective April 7, 2019. Repeal and **New Rule:** Published April 30, 2020; effective June 14, 2020. Repeal and **New Rule:** Published February 28, 2022; effective April 14, 2022.

Ed. Note: Rule 420-2-1-.17 was repealed as per certification Filed March 20, 2001; effective April 24, 2001. As a result of this Rule 420-2-1-.29 was renumbered to 420-2-1-.28. Rule 420-2-1-.28 was renumbered 420-2-1-.27 as per certification filed December 17, 2007; effective January 21, 2008. Rule 420-2-1-.27 was renumbered 420-2-1-.32 as per certification Filed February 20, 2019; effective April 7, 2019.

420-2-1-.33 Continuing Education.

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

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

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

(4) The provider service's medical director and management staff are responsible for appointing an individual to be the provider service's protocol trainer and continuing education coordinator.

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

course, state approval number, the student's full name, and EMSP license number (if applicable)

(6) Falsification of continuing education documents is a violation of state law. Any provider service, continuing education coordinator, or EMSP found guilty of such activity will be subject to disciplinary action.
Author: William Crawford, M.D.; Jamie Gray
Statutory Authority: Code of Ala. 1975, §22-18-1, et seq.
History: **New Rule:** Filed April 20, 2011; effective May 25, 2011. **Repealed and New Rule:** Filed March 16, 2017; effective April 30, 2017. **Repealed and New Rule:** Filed February 20, 2019; effective April 7, 2019. Repeal and **New Rule:** Published April 30, 2020; effective June 14, 2020. Repeal and **New Rule:** Published February 28, 2022; effective April 14, 2022.

Ed. Note: Rule 420-2-1-.26 was renumbered 420-2-1-.33 as per certification Filed February 20, 2019; effective April 7, 2019.

420-2-1-.34 Tactical Paramedic.

(1) To obtain a Tactical endorsement, a paramedic must:

(a) Present a Board approved application and proof of the IBSC Tactical Paramedic certification.

(b) Have 3 years licensed at the paramedic level.

(2) The Tactical endorsement shall be valid so long as the Paramedic maintains:

(a) Current licensure as a paramedic by the Board.

9b) Current Tactical Paramedic certification through the IBSC.

(3) A paramedic with a Tactical endorsement shall be authorized to perform the skills and procedures included in the Tactical Paramedic Section of the Alabama EMS Patient Care Protocols in addition to the standard Alabama EMS Patient Care Protocols.

(4) A licensed paramedic with a Tactical endorsement shall be responsible for providing the OEMS with copies of his or her current IBSC certification.

(5) A licensed paramedic with a Tactical endorsement shall be responsible for obtaining Medical Direction in order to operate under his or her license level.

(6) Provider services must keep all training documents on file for auditing purposes and make available to the OEMS upon request.
Author: William Crawford, M.D., Jamie Gray

Statutory Authority: Code of Ala. 1975, §22-18-1, et seq.
History: New Rule: Filed April 20, 2011; effective May 25, 2011. **Repealed and New Rule:** Filed March 16, 2017; effective April 30, 2017. **Repealed:** Filed February 20, 2019; effective April 7, 2019. **New Rule:** Published April 30, 2020; effective June 14, 2020. Repeal and **New Rule:** Published February 28, 2022; effective April 14, 2022.

420-2-1-.35 Community Paramedic.

(1) To obtain a Community Paramedic license, an actively licensed paramedic must:

(a) Present a Board approved application and proof of the IBSC Community Paramedic certification.

(b) Be licensed and have 2 years of experience working at the paramedic level.

(c) Successfully complete a community paramedic training program from an accredited college or university approved by the board.

(2) The Community Paramedic license shall be valid so long as the paramedic maintains:

(a) Current licensure as a paramedic by the Board.

(b) Current Community Paramedic certification through the IBSC.

(3) A Community Paramedic shall be authorized to perform the skills and procedures included in the Alabama EMS Patient Care Protocols in addition to the orders received by the treating or attending physician, within the scope of practice of a Community Paramedic.

(4) A licensed Community Paramedic shall be responsible for providing the OEMS with copies of his or her current IBSC certification.

(5) Provider services must keep all training documents on auditing purposes and make available to the OEMS upon request.
Author: William Crawford, M.D., Jamie Gray
Statutory Authority: Code of Ala. 1975, §22-18-1, et seq.
History: New Rule: Published February 28, 2022; effective April 14, 2022.

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.