

DEPARTMENT OF HEALTH & SOCIAL SERVICES



PROPOSED CHANGES TO REGULATIONS

TRAUMA CENTER DESIGNATIONS

7 AAC 26. EMERGENCY MEDICAL SERVICES; TRAUMA CENTERS, TRAUMA
REGISTRY, & TRAUMA SYSTEM PLAN.



PUBLIC REVIEW DRAFT

January 11, 2018

COMMENT PERIOD ENDS: April 3, 2018

*Please see the public notice for details about how to
comment on these proposed changes.*

Notes to reader:

1. Except as discussed in note 2, new text that amends an existing regulation is **bolded and underlined**.
2. If the lead-in line above the text of each section of the regulations states that a new section, subsection, paragraph, or subparagraph is being added, or that an existing section, subsection, paragraph, or subparagraph is being repealed and readopted (replaced), *the new or replaced text is not bolded or underlined.*
3. [ALL-CAPS TEXT WITHIN BRACKETS] indicates text that is to be deleted.
4. When the word “including” is used, Alaska Statutes provide that it means “including, but not limited to.”
5. Only the text that is being changed within a section of the current regulations is included in this draft. Refer to the text of that whole section, published in the current Alaska Administrative Code, to determine how a proposed change relates within the context of the whole section and the whole chapter.

Title 7 Health and Social Services.

Article 7

Trauma Centers, Trauma Registry, and Trauma Care Fund.

7 AAC 26.715. Application for certification.

7 AAC 26.715(c) is amended to read:

(c) A certificate as a trauma center will be issued by the department **based on population need and** if the applicant meets the requirements of 7 AAC 26.720.

(Eff. 4/7/96, Register 138; am ___/___/____, Register ____)

Authority: AS 18.08.010 AS 18.08.082 AS 18.08.084

AS 18.08.080

7 AAC 26.720. Qualifications for certification.

7 AAC 26.720(a) is amended to read:

(a) An organization applying for certification as a level I trauma center or specialty trauma referral center must

(1) provide **to the department** evidence that the organization has received a certificate of verification as a level I trauma center from the Committee on Trauma, American College of Surgeons; [AND]

(2) participate in the statewide trauma registry administered by the department and provide data to the department as required under 7 AAC 26.745; **and** [.]

(3) be designated by the department based on the trauma center system plan under 7 AAC 26.751.

7 AAC 26.720(b) is amended to read:

(b) An applicant for certification as a level II trauma center or regional trauma center must

(1) provide **to the department** evidence that the organization has received a certificate of verification as a level II trauma center from the Committee on Trauma, American College of Surgeons; [AND]

(2) participate in the statewide trauma registry administered by the department and provide data to the department as required under 7 AAC 26.745; **and** [.]

(3) be designated by the department based on the trauma care system plan under 7 AAC 26.751.

7 AAC 26.720(c) is amended to read:

(c) An applicant for certification as a level III trauma center or area trauma center must

(1) provide **to the department** evidence that the organization has received a

certificate of verification as a level III trauma center by the Committee on Trauma, American College of Surgeons; [AND]

(2) participate in the statewide trauma registry administered by the department and provide data to the department as required under 7 AAC 26.745; **and** [.]

(3) be designated by the department based on the trauma care system plan under 7 AAC 26.751.

7 AAC 26.720(d) is amended to read:

(d) An applicant for certification as a level IV trauma center or local trauma stabilization center must

(1) provide **to the department** evidence that the organization has met the criteria listed for level IV trauma centers by the **state trauma committee** [COMMITTEE ON TRAUMA, AMERICAN COLLEGE OF SURGEONS, IN RESOURCES FOR OPTIMAL CARE OF THE INJURED PATIENT: 1993, CHAPTER 6, HOSPITAL CRITERIA; RESOURCES FOR OPTIMAL CARE OF THE INJURED PATIENT: 1993, CHAPTER 6, HOSPITAL CRITERIA, AS AMENDED FROM TIME TO TIME, IS ADOPTED BY REFERENCE];

(2) agree for the department to conduct a site visit to verify that relevant criteria have been met, if the department notifies the organization that a site visit is necessary; [AND]

(3) participate in the statewide trauma registry administered by the department and provide data as required under 7 AAC 26.745 [, IF THE CENTER IS AN ACUTE CARE HOSPITAL] ; **and** [.]

(4) be designated by the department based on the trauma care system plan under 7 AAC 26.751.

7 AAC 26.720(e) is amended to read:

(e) An applicant for certification as a level I or II trauma center with pediatric commitment shall

(1) provide evidence **to the department** that the **hospital** [ORGANIZATION] has received a certificate of verification for pediatric trauma care from the Committee on Trauma, American College of Surgeons; **and**

(2) be designated by the department based on the trauma care system plan under 7 AAC 26.751.

7 AAC 26.720 is amended by adding a new sub-section to read:

(f) an applicant for certification as a level V trauma center or local trauma stabilization clinic must

(1) provide evidence to the department that the clinic has met the Level V trauma center criteria approved by the department.

(2) agree for the department to conduct a site visit to verify that relevant criteria have been met if the department notifies the clinic that a site visit is necessary

(3) be designated by the department based on the trauma care system plan under *****NEW***** 7 AAC 26.751

(Eff. 4/7/96, Register 138; am 11/8/98, Register 148; am ___/___/___, Register _____)

Authority: AS 18.08.010 AS 18.08.082 AS 47.05.012

AS 18.08.080

AS 18.08.084

The editor's note for 7 AAC 26.720 is amended to read:

Editor's note: Information about the criteria used by the Committee on Trauma, American College of Surgeons, referred to in 7 AAC 26.720, may be obtained from the **Rural and Community Health Systems** [AND EMERGENCY MEDICAL SERVICES] Section, Division of Public Health, Department of Health and Social Services, 3601 C Street, Suite 424, Anchorage AK 99503 [P.O. BOX 110616, JUNEAU, ALASKA 99811-0616]. Resources for Optimal Care of the Injured Patient: **2014** [1993] may be obtained from the American College of Surgeons, 633 North Saint Clair Street, Chicago, Illinois 60611-3211. Resources for Optimal Care of the Injured Patient: **2014** [1993] is available for inspection at the Department of Health and Social Services, Division of Public Health, **Rural and Community Health Systems** [AND EMERGENCY MEDICAL SERVICES] Section, 3601 C Street, Suite 424, Anchorage, AK 99503 [410 WILLOUGHBY AVENUE, ROOM 109, JUNEAU, ALASKA 99811-0616].

7 AAC 26.730. Recertification.

7 AAC 26.730(a) is amended to read:

(a) To renew a certification as a level I, level II, or level III trauma center, an applicant must **meet population needs and**

(1) provide evidence of reverification by the Committee on Trauma, American College of Surgeons;

(2) meet applicable requirements under 7 AAC 26.720; [AND]

(3) complete and submit an application on a form provided by the department;

and

(4) be designated by the department based on the trauma care system plan under 7 AAC 26.751.

7 AAC 26.730(b) is amended to read:

(b) To renew a certification as a level I or level II trauma center with a pediatric commitment, an applicant must

(1) provide evidence of reverification by the Committee on Trauma, American College of Surgeons;

(2) meet applicable requirements of 7 AAC 26.720; [AND]

(3) complete and submit an application on a form provided by the department;

and

(4) be designated by the department based on the trauma care system plan under 7 AAC 26.751.

(c) To renew a certification as a level IV trauma center, the applicant must

(1) complete and submit an application on a form provided by the department;

(2) provide evidence that the applicant continues to meet the criteria listed for

level IV trauma centers by the **state trauma committee** [COMMITTEE ON TRAUMA, AMERICAN COLLEGE OF SURGEONS, **IN RESOURCES FOR OPTIMAL CARE OF THE INJURED PATIENT: 1993, CHAPTER 6, HOSPITAL CRITERIA; RESOURCES FOR OPTIMAL CARE OF THE INJURED PATIENT: 1993, CHAPTER 6, HOSPITAL CRITERIA,**] as amended from time to time, is adopted by reference; [AND]

(3) agree for the department to conduct a site visit to verify that relevant criteria have been met, if the department notifies the **hospital** [ORGANIZATION] organization that a site visit is necessary; **and**

(4) be designated by the department based on the trauma care system plan under 7 AAC 26.751.

(d) A recertification is valid for three years, and is subject to renewal under (a), (b), or (c) of this section.

7 AAC 26.730 is amended by adding a new sub-section to read:

(e) to renew a certification as a level V trauma center, the applicant must

(1) complete and submit an application on a form provided by the department;

(2) agree for the department to conduct a site visit to verify that relevant criteria have been met, if the department notifies the clinic that a site visit is necessary; and

(3) be designated by the department based on the trauma care system plan under

[**NEW**] 7 AAC 26.751.

(Eff. 4/7/96, Register 138; am 11/8/98, Register 148; am ___/___/___, Register ___)

Authority: AS 18.08.010 AS 18.08.082 AS 47.05.012

AS 18.08.080 AS 18.08.084

The editor’s note for 7 AAC 26.730 is amended to read:

Editor's note: Resources for Optimal Care of the Injured Patient: **2014** [1993] may be obtained from the American College of Surgeons, 633 North Saint Clair Street, Chicago, Illinois 60611-3211. Resources for Optimal Care of the Injured Patient: **2014** [1993] is available for inspection

at the Department of Health and Social Services, Division of Public Health, **Rural and Community Health Systems** [AND EMERGENCY MEDICAL SERVICES] Section, **3601 C Street, Suite 424, Anchorage, AK 99503** [410 WILLOUGHBY AVENUE, ROOM 109, JUNEAU, ALASKA 99811-0616].

7 AAC 26.740(3) is amended to read:

7 AAC 26.740. Grounds for suspension, revocation, or conditioning a certificate.

(3) failure to maintain appropriate staffing or equipment, or otherwise failing to continue meeting the criteria listed, if applicable, in **Resources for Optimal Care of the Injured Patient: 2014**; [RESOURCES FOR OPTIMAL CARE OF THE INJURED PATIENT: 1993, CHAPTERS 6 AND 11; RESOURCES FOR OPTIMAL CARE OF THE INJURED PATIENT: 1993, CHAPTERS 6 AND 11,] as amended from time to time, is adopted by reference; or (Eff. 4/7/96, Register 138; am 11/8/98, Register 148; am ___/___/___, Register ___)

Authority: AS 18.08.010 AS 18.08.082 AS 47.05.012
AS 18.08.080 AS 18.08.084

The editor’s note for 7 AAC 26.740 is amended to read:

Editor's note: Resources for Optimal Care of the Injured Patient: **2014** [1993] may be obtained from the American College of Surgeons, 633 North Saint Clair Street, Chicago, Illinois 60611-3211. Resources for Optimal Care of the Injured Patient: **2014** [1993] is available for inspection at the Department of Health and Social Services, Division of Public Health, **Rural and Community Health Systems** [EMERGENCY MEDICAL SERVICES] Section, **3601 C Street,**

Suite 424, Anchorage, AK 99503 [410 Willoughby Avenue, Room 109, Juneau, Alaska 99811-0616].

7 AAC 26.745. Trauma registry.

7 AAC 26.745(a) is amended to read:

(a) The department will establish a trauma system review committee in accordance with

AS 18.23.070(5)(A) [AS 18.23.070(5)(C)].

7 AAC 26.745(c) is amended to read:

(c) An acute care hospital in this state certified as a level I, level II, level III, or level IV trauma center **or pediatric trauma center** under 7 AAC 26.710 - 7 AAC 26.745 must participate in the statewide trauma registry administered by the department.

...

7 AAC 26.745(f) is amended to read:

(f) A hospital not certified as a trauma center under 7 AAC 26.710 - 7 AAC 26.745 **or level V trauma center** may provide trauma registry data to the department at least semi-annually each year on June 30 and December 31. Data on all trauma patients discharged between July 1 and December 31 may be submitted to the department by June 30 of the following year. Data on all trauma patients discharged between January 1 and June 30 may be submitted to the department by December 31 of the same year.

7 AAC 26.745 is amended by adding a new sub-section to read:

(h) level V trauma centers shall make available to the department clinic logs in the form prescribed by the department of all trauma patients who were transferred from the clinic to a hospital for treatment or declared dead in the clinic.

(Eff. 4/7/96, Register 138; am 3/31/2011, Register 197; am ___/___/____, Register _____)

Authority: AS 18.08.015 AS 18.08.080

7 AAC 26 is amended by adding a new section to read:

7 AAC 26.751. Trauma system plan.

The department may develop a statewide trauma care system plan to determine the optimal number of different levels of trauma centers throughout the state based on population, geography, and other factors related to optimal care and appropriate transfer of trauma patients.

The department may use this plan in approving applications for trauma center certifications.

(Eff. 4/7/96, Register 138; am 11/8/98, Register 148; am ___/___/____, Register _____)

Authority: AS 18.08.010 AS 18.08.082 AS 47.05.012

AS 18.08.080 AS 18.08.084

7 AAC 26.999 is repealed and readopted to read:

7 AAC 26.999. Definitions

In this chapter,

(1) "active emergency medical services responder" means a person who has actively participated, either as a volunteer or paid professional, in pre-hospital emergency patient care;

(2) "acute care hospital" means a state licensed hospital or federal hospital that provides medical and surgical outpatient and inpatient services to persons with injuries or illnesses;

(3) "advanced life support" has the meaning given in AS 18.08.090200;

(4) "aeromedical service" means a medivac service, an air ambulance service, a critical care air ambulance service, or a specialty aeromedical transport team;

(5) "aeromedical transport team" means a team of two or more health care workers who are trained and equipped to provide care to a patient being transported in an aircraft;

(6) "air medivacs" means transporting emergency patients by fixed or rotary wing aircraft with at least one certified or licensed emergency medical responder in attendance;

(7) "appropriate equipment to perform basic and advanced life-support emergency procedures" means the basic and advanced life-support equipment carried on an ambulance equipment that follows national standards scope of practice recommendations, EMS Best Practices and the needs of local EMS patient care guidelines.

(8) "area trauma center" means a health care facility that is designated by the department as having met the essential standards for area trauma hospitals as specified in the *American College of Surgeons Committee on Trauma Level III Trauma Center Designation Criteria* recommended by the American College of Surgeons as of **October 6, 2014**, [JULY 15, 1992,] unless a specific exception is granted by the department, plus any additional equipment necessary to carry out the advanced life-support procedures offered by the emergency medical service, including advanced airway devices, monitor/defibrillators, and intravenous supplies;

(9) "automated defibrillator" means a defibrillator that is capable of automated rhythm analysis, and that will charge and deliver a counter-shock defibrillation, with minimal out operator intervention, after electronically detecting the presence of ventricular fibrillation or rapid ventricular tachycardia;

(10) "basic life support" means those emergency care skills outlined in the goals and objectives of the of the United States Department of Transportation, National Highway Traffic Safety Administration's National EMS Education Standards, 2009, 7 AAC 26.050(b)(2) department's *Emergency Medical Technician-I Course Objectives*, adopted by reference in 7 AAC 26.050(b)(2), including administration of oxygen, of the patient's prescribed nitroglycerin, bronchodilator inhaler, or epinephrine auto-injector, and of over-the-counter medicines, such as activated charcoal, that are necessary to carry out the objectives outlined in the course; "basic life support" does not include manual defibrillation;

(11) "certified or licensed medical personnel" means EMT-Is, EMT-IIIs, EMT-IIIs, and EMT-Advanced, mobile intensive care paramedics, physician's assistants, nurse practitioners, registered nurses, certified emergency nurses, critical care registered nurses, or physicians authorized by law to provide medical care in Alaska or in the state in which the certified service is based;

(12) "certifying officer" means a person designated by the department to ensure

- (A) the security of the written examination;
- (B) that the practical examination for certification meets department-approved objectives for testing EMT-Is, EMT-IIIs, or EMT-IIIs, and EMT-Advanced as appropriate, by determining the fair conduct of the test; and

(C) that the required skills are evaluated by an appropriate examiner during the written and practical examination;

(13) "continuing medical education" means instruction

(A) in topics included in the initial training course curriculum objectives for certified EMD, EMT-Is, EMT-IIIs, or EMT-IIIs, or EMT-Advanced in or continued education requirements of skills for which the provider is certified; additional topics that relate to a person's role

(B) other department-approved emergency medical services professional organization education standards which may include additional subjects on any of the following topics:

(i) air medical emergency care;

(ii) disaster preparedness and response;

(iii) domestic violence;

(iv) suicide prevention;

(v) operational tasks pediatric emergency care, geriatric emergency care;

(vi) behavioral emergencies and crisis intervention;

(vii) wilderness emergency medical services, Alaska Cold Injuries

Guidelines;;

(viii) emergency driving;

(ix) emergency medical dispatch training;

(x) medical and legal considerations;

(xi) college courses in anatomy, physiology, biology, chemistry, pharmacology, psychology, sociology, injury prevention, or statistics; and

(C) that content may be presented using critiques, didactic sessions, practical drills, workshops, seminars, commercial educational systems, distributed learning, or other department-approved means; in this subparagraph, "distributed learning" means an educational activity in which the learner, the instructor, and the educational materials are not all present at the same time, and students and instructors are not able to interact in real time;

(14) "CPR" means cardiopulmonary resuscitation;

(15) "critical care air ambulance service" means an organization or entity that is, or that uses by contractual arrangement, an aircraft operator or operators, with appropriate aircraft, and that provides or advertises to provide emergency medical care that includes advanced life support services and air transportation under the direct or indirect supervision of a medical director, through personnel trained at least to the mobile intensive care paramedic, physician's assistant, nurse practitioner, registered nurse, critical care registered nurse, certified emergency nurse, or physician level; generally, a critical care air ambulance service has the expertise to provide a higher level of medical care than does a medivac service and usually provides transportation from the initial treatment hospital to a referral hospital;

(16) "department" means the Department of Health and Social Services;

(17) "department-approved medivac training" means a course, approved by the department, that includes training in the following, as appropriate to meet the needs of the applicant:

(A) decision to medivac, planning and systems coordination, and escort training objectives;

(B) aircraft and equipment considerations, such as types of aircraft, patient care, selection of aircraft and air carriers, minimum and special needs, effects of the environment, safety factors, and transferring and retrieving equipment;

(C) physiological aspects of pressure and the atmosphere, including composition, layers and physiological divisions of the atmosphere, atmospheric pressure, the circulation system, basic respiratory physiology, hypoxia and shock, cabin pressurization and decompression, gas expansion disorders, evolved gas problems, and acceleration or deceleration forces on the body;

(D) supporting activities, such as recordkeeping and the role of protocols and standing orders;

(E) lifting and moving patients, survival during inflight emergencies, and general inflight patient care, including care of patients who require special considerations in the airborne environment;

(F) medical equipment used aboard aircraft;

(G) changes in barometric pressure, decompression sickness and air embolism, and changes in partial pressure of oxygen;

(H) other environmental factors affecting patient care, including humidity, temperature, ventilation, and noise;

(I) aircraft systems, including electrical, pressurization, lighting, and ventilation; and

(J) aircraft emergencies such as electrical failure, rapid decompression, emergency landings, and principles of survival;

(18) "department-approved aeromedical training" means a course, approved by the department, that includes training in the following, as appropriate to meet the needs of the applicant:

(A) physiological aspects of pressure and the atmosphere, including composition, layers and physiological divisions of the atmosphere, atmospheric pressure, the circulation system, basic respiratory physiology, hypoxia and shock, cabin pressurization and decompression, gas expansion disorders, evolved gas problems, and acceleration or deceleration forces on the body;

(B) specific medical situations, such as escort responsibilities and self-care, patient stress and prolonged immobility, medication problems and side effects, motion sickness, nosebleed, hearing problems, flying across time zones and international borders, patient preparation for transportation, enplaning and deplaning, stages of flight, oxygen administration, intravenous therapy, tracheal suction, CPR, chest tubes, retention balloons, and dressing change;

(C) specific medical situations, such as patient assessment, head injuries, chest, abdominal, neck or spinal injuries, orthopedic disorders, facial wounds and injuries, eye problems, ear and throat problems, respiratory problems, cardiac problems, gastrointestinal problems, poisoning and overdose, hematologic disorders, urological disorders, behavioral states, maternal transport, infant and pediatric transport, burns, hypothermia and cold water near-drowning, and diving injuries;

(D) responsibilities during preflight, inflight, and post-flight phases of an air ambulance mission;

(E) legal considerations of air ambulance service and recordkeeping for air ambulance services;

(F) lifting and moving patients, and general inflight patient care, including care of patients who require special considerations in the airborne environment;

(G) medications, including the times that medications are administered and adjustments that are required when changing time zones;

(H) medical equipment used aboard aircraft;

(I) changes in barometric pressure, decompression sickness and air embolism, and changes in partial pressure of oxygen;

(J) other environmental factors affecting patient care, including humidity, temperature, ventilation, and noise;

(K) aircraft systems, including electrical, pressurization, lighting, and ventilation; and

(L) aircraft emergencies, such as electrical failure, rapid decompression, emergency landings, and principles of survival;

(19) "direct or indirect supervision" means direct voice contact or by written standing orders;

(20) "EMD" means an emergency medical dispatcher;

(21) "EMD medical director" means a physician who is authorized to practice medicine in Alaska who assumes medical oversight of emergency medical dispatch services, including the approval of systematized caller interrogation questions, systematized pre-arrival instructions, and protocols to match the dispatcher's evaluation of injury or illness severity and the number of victims with vehicle response modes and configurations;

(22) "emergency medical dispatcher" means a person certified by the department who has successfully completed a department-approved emergency medical dispatcher course and has met all other department requirements for certification;

(23) "emergency medical dispatch priority reference system" means a protocol system approved by the EMD medical director, used by a dispatch agency to dispatch aid to medical emergencies, and must include

(A) systematized caller interrogation questions;

(B) systematized pre-arrival instructions; and

(C) protocols matching the dispatcher's evaluation of injury or illness severity and numbers of victims with vehicle response modes and configurations;

(24) "emergency medical service" means an organization that provides basic or advanced life support medical services outside a hospital;

(25) "emergency medical services" means the provision of emergency medical care and transportation of the sick or injured;

(26) "emergency medical technician" has the meaning given in AS 18.08.090200;

(27) "emergency trauma technician" means a person who has

(A) successfully completed an emergency trauma technician training course approved by the department under 7 AAC 26.450; and

(B) a valid ETT card signed by an ETT instructor;

(28) "EMS" means emergency medical services;

(29) "EMS communications capability" means point-to-point voice communications between EMS responders in the field and a higher-level medical facility, such as a clinic with mid-level practitioners, or a hospital;

(30) "EMS training" means ETT, EMT-I, EMT-II, or EMT-III, the didactic, clinical, and psychomotor education, or instruction provided to an emergency medical student or responder training;

(31) "EMT" means an emergency medical technician;

(32) "ETT" means emergency trauma technician;

(33) repealed 7/4/99;

(34) repealed 7/4/99;

(35) "gross misconduct" means the knowing violation of AS 18.08 or the regulations adopted under it;

(36) "high-risk maternal transport team" means a team of two or more health care workers who are trained and equipped to provide care to women with potentially serious complications of pregnancy during transport;

(37) "high risk newborn transport team" means a team of two or more health care workers who are trained and equipped to provide care to newborns during transport;

(38) "hours of instruction" means hours devoted to the didactic, clinical, and psychomotor training of the course participants, but does not include hours used for the certification testing of students;

(39) "inflight patient care form" means a preprinted form that includes spaces for recording information, including the patient's name; date of flight; name of air carrier; diagnosis; originating and terminating points and patient's condition upon departure and arrival; an inflight medical attendant's report of the patient's status, including vital signs, level of consciousness, drugs administered, and details of therapeutic intervention; unusual circumstances encountered during the flight, including inordinate altitudes flown, turbulence, and times associated with

these abnormal conditions; and other information, such as billing information for medical and transportation expenses;

(40) "intervener physician" means a physician who has not previously established a doctor/patient relationship with the emergency patient, but who is willing to accept responsibility for a medical emergency, and who can provide proof of a valid medical license;

(41) repealed 12/26/2014;

(42) "local stabilization clinic" means

(A) provides advanced trauma life support before a patient is transferred to a higher level of care; and

(B) a health care facility that is designated by the department as having met the essential standards for area trauma hospitals as specified in the departments Level V Trauma Center Designation Criteria;

(43) "medivac service" means an organization or entity that provides aeromedical evacuation or medically assisted transportation and usually provides transportation from the scene of the emergency, or a remote village or occupation site, to the initial treatment hospital;

(44) "medical director" means, except in 7 AAC 26.620, an individual who meets the applicable qualifications in 7 AAC 26.630 and who agrees to perform the responsibilities specified in this chapter for supervision of an EMT-I, an EMT-II, an EMT-III, EMT-Advanced, an emergency medical dispatcher, an EMD or EMT-I, EMT-II, or EMT-III EMS Instructor training course, an emergency medical service, a medivac service, a critical care air ambulance service, or a specialty aeromedical transport team;

(45) "mid-level practitioner" means a person certified or licensed by the state as a nurse practitioner or as a physician assistant;

(46) repealed 8/16/2002;

(47) "mutual aid agreement" means a written agreement that permits an emergency medical service to go to the aid of another emergency medical service within or outside the local service area, and to receive aid from another emergency medical service within or outside of the local service area, during multiple casualty incidents or other situations as defined in the agreement;

(48) "on-line physician" means a physician immediately available in person or by radio or telephone, when medically appropriate, for communication of medical direction to non-physician prehospital care-givers;

(49) "organization that provides basic or advanced life-support emergency medical services outside a hospital" means an organization, such as an ambulance service, rescue squad, fire department, or medivac service that, as one of its primary functions, provides basic or advanced life-support emergency medical services;

(50) "other organization having ancillary emergency health or patient care responsibilities" means an organization such as the community health aide program, the uniformed services, the National Park Service, the United States Forest Service, a logging camp, the Alaska Marine Highway System, the Alaska Railroad, or private corporation, that must provide services to individuals needing immediate medical care in order to prevent loss of life or aggravation of psychological or physiological illness or injury;

(51) "pediatric transport provider team" means a team of two or more health care workers who are is trained and equipped to provide care to children during transport;

(52) "pre-arrival instructions" means telephone rendered, medically approved, written instructions given by trained EMD's through callers that help to provide aid to the victim

and control of the situation before the arrival of prehospital EMS personnel; "pre-arrival instructions" are part of an EMDPRS instruction given by a certified emergency medical dispatcher and are used as close to word-for-word as possible;

(53) "pediatric transport team" means a team of two or more health workers who are trained and equipped to provide care to children during transport;

(54) "protocols" mean written clinical standards for EMS practice in a variety of situations within the EMS system;

(55) "reasonable period of time" means that period of time in which the medical attendant with the patient, or the supervising physician, feels that the patient's condition will not deteriorate significantly;

(56) "refresher training course" means a course, of at least 24 hours in length, that includes didactic and practical skills appropriate for an EMT-I, EMT-II, or EMT-III, or EMT-Advanced and includes at least the following topics: vital signs, splinting, spinal injury management, patient evaluation, EMS reports, and updates on medical equipment information and use of oxygen equipment and bag masks;

(57) "regional trauma center" provides a health care facility that is designated by the department as having met the essential standards for area trauma hospitals as specified in the *American College of Surgeons Committee on Trauma Level II Trauma Center Designation Criteria*;

(58) "responsible official" means a person who has administrative responsibility for the operations of an emergency medical service, and includes the chief of a fire department or ambulance service;

(59) *Resources for Optimal Care of the Injured Patient: 2014* is a publication of the Committee on Trauma, American College of Surgeons, that includes criteria for four different levels of trauma centers;

(60) "reverification" means the process used by the

(A) Committee on Trauma, American College of Surgeons (ACS), to re-evaluate the trauma care capabilities and performance of a hospital previously verified as meeting the criteria of a level I, level II, or level III trauma center using the current guidelines set out in the ACS Resources for Optimal Care of the Injured Patient;

(B) Alaska Trauma System Review Committee to re-evaluate the trauma care capabilities and performance of a hospital previously verified as meeting the criteria of a level IV or V trauma center using the current guidelines set out by the department

(61) "semi-automatic defibrillator" means a defibrillator that is capable of electronically detecting ventricular fibrillation and rapid ventricular tachycardia, but requires user interaction in order to deliver a counter-shock;

(62) "skill sheets" means the guidebook forms, prepared by the department and revised through January, 2002 and adopted by reference, containing frequently used and critical psychomotor skills;

(63) "specialty aeromedical transport team" means an aeromedical transport team that provides advanced life support services and can accommodate the special medical needs of the category of patient the applicant is certified to serve, including a high-risk newborn transport team, high-risk maternal transport team, or pediatric transport team; generally, a specialty air medical transport team transports a certain category of patient to a specialty hospital referral center capable of meeting the particular needs of the patient;

(64) “specialty trauma referral center” means a health care facility that is designated by the department as having met the essential standards for area trauma hospitals as specified in the *American College of Surgeons Committee on Trauma Level I Trauma Center Designation Criteria*;

(65) "standing orders" means strictly defined written orders for actions, techniques, or drug administration, to be used when communication contact has not been made with a base station physician;

(66) "state-approved EMS training agency" means a regional nonprofit EMS agency, a regional native corporation which provides EMS training, an Alaska university providing EMS training, a state agency providing EMS training, or an organization that employs emergency medical technician instructors;

(67) "successful course completion" means verification by the department-approved instructor of a training course, on forms provided by the department, that the student met all didactic objectives and psychomotor skill requirements within the training course's classroom setting;

(68) "trauma center" means an acute care hospital, clinic, or other entity that has met minimum standards for staffing, equipment, and organizational commitment to manage the care and treatment of traumatic injury victims, and is certified by the department as a level I, level II, level III, IV or level V trauma center under 7 AAC 26.720 or recertified under 7 AAC 26.730;

(69) "trauma patient" means a victim of an external cause of injury that results in major or minor tissue damage or destruction caused by intentional or unintentional exposure to thermal, mechanical, electrical, or chemical energy, or by the absence of heat or oxygen

(International Classification of Diseases, ICD-9 codes 800 - 959 ICD 10 Codes or other categories of injuries as defined by the department);

(70) "trauma registry" means a statewide database on traumatic injury victims, whose injuries are of sufficient severity to result in hospitalization or death, to assess the appropriateness and quality of care and treatment in the prehospital and hospital setting and to study the epidemiology of serious injuries;

(71) "trauma stabilization center" means a health care facility that is designated by the department as having met the essential standards for area trauma hospitals as specified by the departments *Level IV Trauma Center Designation Criteria*;

(72) "vehicle response configuration" means the specific vehicles of varied types, capabilities, and numbers responding to render assistance;

(73) "vehicle response mode" means the use of driving techniques, such as red lights-and-siren, to respond to an emergency medical situation;

(74) "verification" means the

(A) process used by the Committee on Trauma, American College of Surgeons, to assess the trauma care capabilities and performance of a hospital as a trauma center;

(B) process used by the Alaska Trauma System Review Committee to evaluate the trauma care capabilities and performance of a hospital as meeting the criteria of a level IV or V trauma center using the current guidelines set out by the department

(75) "voice recorder" means a device capable of continuous recording of the voice communications at the scene;

(76) "under the direct supervision of a physician or mobile intensive care paramedic" means that the physician or mobile intensive care paramedic is physically present

and able to view, provide patient care, and provide recommendations regarding the assessment and treatment provided by the mobile intensive care paramedic intern from the time of arrival at the scene to the time the patient care is transferred to another medical provider;

(77) "MICP" means mobile intensive care paramedic;

(78) "MICP course coordinator" means an individual who is certified in accordance with 7 AAC 26.174 to fulfill the responsibilities set out in 7 AAC 26.176;

(79) "mobile intensive care paramedic" has the meaning given that term by AS 08.64.380;

(80) "AED" means automated external defibrillation;

(81) repealed 12/26/2014;

(82) "commissioner" means the commissioner of health and social services;

(83) "working day" means a day other than Saturday, Sunday, or a state holiday;

(84) "distance delivery education" means educational activities in which the student and the instructor are not in the same physical location; "distance delivery education" includes performing directed studies, reading journal articles, viewing video tapes, and participating in educational programs on the Internet or via videoconference or teleconference;

(85) "EMT-Basic" means a person who has been certified or licensed as an EMT-Basic EMT in a state or territory or by the National Registry of Emergency Medical Technicians;

(86) "EMT-Intermediate" means a person who has been certified or licensed as an EMT-Intermediate intermediate EMT in a state or territory or had met EMT Intermediate/85 or EMT Intermediate/99 criteria by the National Registry of Emergency Medical Technicians;

(87) "EMT-Paramedic" means a person who has been certified or licensed as an EMT-Paramedic Paramedic or MICP in a state or territory, or who has been certified as an EMT-Paramedic Paramedic by the National Registry of Emergency Medical Technicians;

(88) "ETT card" means documentation of successful completion of an ETT training course approved by the department under 7 AAC 26.450;

(89) "First Responder" means a person who has been certified or licensed as a First Responder in a state or territory or by the National Registry of Emergency Medical Technicians;

(90) "patient contact" means a contact by an EMT with a person who is sick or injured in which the EMT performs at least one of the following:

- (A) patient assessment;
- (B) obtaining vital signs;
- (C) providing treatment;

(91) "primary instructor" means an EMT-I, EMS I instructor, EMT-II instructor, EMT-III, EMS I instructor/coordinator, ETT instructor, or MICP course coordinator who

- (A) requested course approval under this chapter; or
- (B) coordinated a training program approved by the department under this chapter, or taught more hours in that program than any other instructor.

(92) "EMT-Advanced" means a person who has been certified, or licensed or trained as an EMT-Advanced in a state or territory or as an Advanced Emergency Medical Technician (AEMT) by the National Registry of Emergency Medical Technicians.

(Eff. 4/7/96, Register 138; am 5/22/96, Register 138; am 3/11/98, Register 145; am 7/4/99, Register 151; am 6/23/2001, Register 158; am 8/16/2002, Register 163; am 12/26/2014, Register 212; am ___/___/____, Register _____)

Authority: AS 18.08.010 AS 18.08.082 AS 18.08.084
AS 18.08.080

The editor’s note for 7 AAC 26.999 is amended to read:

Editor's note: Before Register 138, July 1996, the history of 7 AAC 26.999 was contained in 7 AAC 26.900. The history line for 7 AAC 26.999 does not reflect the prior history.

The publications listed in 7 AAC 26.999 are available [FOR A FEE] from the section of **Rural and** community health [AND EMERGENCY MEDICAL SERVICES], division of public health, Department of Health and Social Services, **3601 C Street, Suite 424, Anchorage, AK 99503** [P.O. BOX 110616, JUNEAU, ALASKA, 99811-0616, OR MAY BE VIEWED AT THAT OFFICE].