

DEPARTMENT OF HEALTH & SOCIAL SERVICES



PROPOSED CHANGES TO REGULATIONS

7 AAC 26. EMERGENCY MEDICAL SERVICES.



PUBLIC REVIEW DRAFT
September 19, 2018

COMMENT PERIOD ENDS: December 5, 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paragraph, or subparagraph is being added, or that an existing section, subsection, paragraph, or subparagraph is being repealed and readopted (replaced), *the new or replaced text is not bolded or underlined.*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.
Chapter 26. Emergency Medical Services.**

7 AAC 26.020. Application for certification.

7 AAC 26.020(a) is amended to read:

(a) A person applying for certification as an EMT-I, EMT-II, EMT-III, **AEMT, EMS instructor, or EMS instructor coordinator**[EMT-I INSTRUCTOR, EMT-II INSTRUCTOR, or EMT-III INSTRUCTOR], **must** [SHALL] apply to the department in writing on a form provided by the department.

(Eff. 12/31/81, Register 80; am 10/23/92, Register 124; am ___/___/___, Register ___)

Authority: AS 18.08.080 AS 18.08.082 AS 18.08.084

7 AAC 26.030 is repealed and readopted to read:

7 AAC 26.030. Qualifications for certification. (a) A person applying for certification as an EMT-I must

- (1) except as otherwise provided in (i) of this section, be 18 years of age or older;

- (2) have successfully completed a department-approved EMT-I training course;
 - (3) pass the cognitive and psychomotor examination for EMT-I approved by the department;
 - (4) provide evidence of a valid CPR credential;
 - (5) establish an online account in the department license management system.
- (b) A person applying for certification as an EMT-II must
- (1) have a valid certification as an EMT-I;
 - (2) have successfully completed a department-approved EMT-II course;
 - (3) pass the cognitive and psychomotor examination for EMT-II approved by the department;
 - (4) be under the sponsorship of a medical director, approved by the department, who accepts the responsibilities set out in 7 AAC 26.640;
 - (5) provide evidence of a valid CPR credential.
- (c) Except as otherwise provided in (h) of this section, a person applying for certification as an EMT-III must
- (1) have a valid certification as an EMT-II;
 - (2) have successfully completed a department approved EMT-III course;
 - (3) pass the cognitive and psychomotor examination for EMT-III approved by the department;
 - (4) be sponsored by a department-approved medical director who accepts the responsibilities set out in 7 AAC 26.640;
 - (5) provide evidence of a valid CPR credential;
 - (6) provide a valid advanced cardiac life support credential;

(7) establish an online account in the department license management system.

(d) A person applying for certification as an AEMT must

(1) have a valid certification as an EMT-I, EMT-II, or EMT-III;

(2) have successfully completed a department approved Advanced Emergency Medical Technician training course; or

(3) pass the cognitive and psychomotor examination for AEMT administered by the department or the National Registry of Emergency Medical Technicians (NREMT);

(4) be under the sponsorship of a medical director, approved by the department, who accepts the responsibilities set out in 7 AAC 26.640;

(5) provide evidence of a valid CPR credential;

(6) provide a valid advanced cardiac life support credential;

(7) establish an online account in the department license management system.

(e) A person applying for certification as an EMS instructor must

(1) provide evidence of at least three years of experience as an EMS provider and one of the following valid credentials:

(A) an EMT-I, EMT-II, EMT-III, or AEMT certification by the department;

(B) an EMT or National Registry Paramedic certification from the National Registry of Emergency Medical Technicians;

(C) authorization to practice in the state as a mobile intensive care paramedic under AS 08.64;

(D) authorization to practice in the state as a physician or physician assistant under AS 08.64 or as a registered nurse under AS 08.68;

(2) provide evidence of a valid CPR Instructor credential, unless the department grants a waiver based on evidence that CPR taught as part of an EMS certification course will be taught by a person who has a valid CPR Instructor credential;

(3) provide evidence of successful completion of

(A) a department-approved EMS instructor course; or that the department determines meets or exceeds the objectives outlined by the United States Department of Transportation, National Highway Traffic Safety Administration's National Guidelines for Educating EMS Instructors, 2002, as amended time to time, and adopted by reference;

(B) the department's requirements in the *Guide for EMS Education, Certification, and Licensure in Alaska*, as amended from time to time, and adopted by reference.

(f) A person applying for certification as an EMS instructor coordinator must

(1) provide evidence of the following:

(A) at least three years of experience as an EMS instructor; and

(B) a valid certification as required under (e)(1) and (2) of this section; or

(C) successful completion of a department approved instructor coordinator education program detailed in the department's Guide for EMS Education, Certification, and Licensure in Alaska, as amended from time to time, and adopted by reference.

(g) An applicant for certification may not have a history that includes one or more of the grounds for denial of certification set out

(1) in 7 AAC 26.950(a); or

(2) in 7 AAC 26.950(b) and (c) unless the department's consideration of one or more of the factors in 7 AAC 26.950(f)(1) - (5) results in a finding that issuance of the certificate is appropriate.

(h) Notwithstanding the requirements of (c) or (d) of this section, the department may issue an EMT-III or AEMT certificate to a certified paramedic who provides evidence of authorization to practice in the state as a mobile intensive care paramedic under AS 08.64 or current National Registry paramedic certification by the National Registry of EMTs (NREMT) and evidence of the following:

(1) sponsored by a department approved medical director who accepts responsibilities detailed in 7 AAC 26.640 ; or

(2) a valid CPR credential;

(3) a valid advanced cardiac life support credential.

(i) The department will accept an application for EMT-I certification from an individual who is less than 18 years of age if the individual will turn 18 during the period for which certification would be valid, and upon the individual completing the course as required under (a)(2) of this section. The department will issue a certificate to the individual that is valid for the remainder of the calculated certification period upon the individual turning 18 years of age. The department will not accept an application for EMT-I certification from an individual who will not turn 18 during the period for which certification would be issued.

(Eff. 12/31/81, Register 80; am 10/14/84, Register 92; am 10/23/92, Register 124; am 5/22/96, Register 138; am 6/23/2001, Register 158; am 8/16/2002, Register 163; am 12/26/2014, Register 212; am___/___/____, Register___)

Authority: AS 18.08.080 AS 18.08.082 AS 18.08.084

The editor’s note following 7 AAC 26.030 is amended to read:

Editor’s note: A copy of the United States Department of Transportation National Highway Traffic Safety Administration’s National Guidelines for Educating EMS Instructors,

[*EMS INSTRUCTOR TRAINING PROGRAM: NATIONAL STANDARD CURRICULUM*],

adopted by reference in 7 AAC 26.030, may be obtained for a fee from the Department of Health and Social Services, Division of Public Health, P.O. Box 110616, Juneau, Alaska 99811-0616, or may be viewed at that office. The publication may also be obtained from the National Highway Traffic Safety Administration, EMS Division, **1200 New Jersey Avenue, SE, West**

Building, [400 SEVENTH STREET, SW (NTS14)], Washington, D.C. 20590 or at

<https://www.ems.gov/education.html>

[<HTTP://WWW.NHTSA.DOT.GOV/PEOPLE/INJURY/EMS>]

7 AAC 26.040 is repealed and readopted to read:

7 AAC 26.040. Scope of certified activities.

(a) A state-certified or licensed provider with a preexisting duty under AS 09.65.090, may perform

(1) approved basic or advanced life support patient care treatment within the limits of the provider's state certification if that provider successfully completed department approved education for the provider level outlined in the State of Alaska approved *EMS Provider Scope of Practice*, as amended from time to time and adopted by reference;

(2) a department approved procedure under 7 AAC 26.670.

(b) A state certified or licensed provider without a medical director may only perform a procedure categorized as basic life support in 7 AAC 26.999(11).

(Eff. 12/31/81, Register 80; am 10/14/84, Register 92; am 10/23/92, Register 124; am 5/22/96, Register 138; am 7/4/99, Register 151; am 8/16/2002, Register 163; am 12/26/2014, Register 212; am ___/___/___, Register___)

Authority: AS 09.65.087

AS 18.08.082

AS 18.08.084

AS 18.08.080

The editor's note following 7 AAC 26.040 is amended to read:

Editor's note: A copy of the State of Alaska Approved EMS Provider Scope of Practice, adopted by reference in 7 AAC 26.040, may be obtained from the Department of Health and Social Services, Division of Public Health, P.O. Box 110616, Juneau, Alaska 99811-0616, or may be viewed at that office or on the Intranet at <http://dhss.alaska.gov/dph/Emergency/Pages/ems/downloads/forms.aspx> [COPIES OF THE CURRICULA RELATED TO THE USE OF THE AUTOMATED EXTERNAL DEFIBRILLATOR USED BY THE AMERICAN HEART ASSOCIATION OR AMERICAN RED CROSS MAY BE OBTAINED, FOR A FEE, FROM THOSE ORGANIZATIONS].

The section heading for 7 AAC 26.050 is amended to read:

7 AAC 26.050. Approved EMS[TRAINING] courses.

7 AAC 26.050 is repealed and readopted to read:

(a) A state-certified EMS instructor or EMS instructor coordinator that applies to the department for course approval must submit previously approved or nationally recognized published curriculum at least 30 days before the first day of the course, or at least 60 days before the first day of the course if the submitted curriculum was developed by the EMS instructor coordinator, unless the department waives this requirement.

(1) A state-certified EMS instructor or EMS instructor coordinator that applies for an EMT-I, EMT-II, EMT-III, AEMT, or EMS bridge course certification must:

(A) use a curriculum approved by the department that meets or exceed objectives outlined by the United States Department of Transportation, National Highway Traffic Safety Administration's National EMS Education Standards, 2009, as amended time to time, is adopted by reference;

(B) agree to coordinate teaching the learning objectives of the course approved by the department, and use a subject matter expert;

(C) agree to have appropriate training equipment available throughout the course;

(D) ensure that the class receives the minimum hours of instruction required for each EMS certification level, unless the department grants a waiver based on evidence of educational method;

(E) agree to arrange for the initial cognitive and psychomotor exam under 7 AAC 26.060 for each student that requires department certification;

(F) agree to assist the certifying officer to administer the cognitive and psychomotor certification exam, set out in the department's *Guide for EMS Education, Certification and Licensure in Alaska*, as under 7 AAC 26.030(e)(3)(B), unless the department waives this requirement upon the showing of a reasonable justification that the department determines does not threaten public health;

(G) agree to limit students that have a valid CPR credential, or agree to increase the number of class hours to include CPR training within the EMS training course;

(H) agree to inform students that a background check is required to be eligible for EMS certification under 7 AAC 26.950;

(I) agree to teach the approved EMS provider level set out in the department's *Guide for EMS Education, Certification and Licensure in Alaska*, as under 7 AAC 26.030(e)(3)(B);

(J) determine that the student has successfully completed the learning objectives set out in the department's *Guide for EMS Education, Certification and Licensure in Alaska*, as under 7 AAC 26.030(e)(3)(B).

(2) A state-certified EMS instructor or EMS instructor coordinator that applies to teach an educational course must agree to

(A) teach the learning objectives of the department-approved course, including cognitive and skills assessment;

(B) coordinate teaching the entire course, and to use subject matter experts as available;

(C) have appropriate training equipment available throughout the course;

(D) determine that the student has successfully completed the learning objectives of the course.

(3) A state-certified EMS instructor coordinator that applies for an EMS instructor department approved course to certify an individual as an EMS instructor must agree to

(A) use an instructor training program that the department determines meets or exceeds the objectives outlined by the United States Department of Transportation, National Highway Traffic Safety Administration's National Guidelines for Educating EMS Instructors, adopted by reference in 7 AAC 26.030(e)(3)(B);

(B) teach the objectives of the Alaska EMS instructor course set out in the department's *Guide for EMS Instructors and Certifying Officers in Alaska*, adopted by reference in (b)(6) of this section;

(C) have appropriate training equipment available throughout the course;

(D) determine that the individual meets one of the following prerequisites unless the EMS instructor coordinator includes in the course the method of instruction content defined in (4) of this section:

(i) evidence that the individual successfully completed a department approved online method of instruction course;

(ii) evidence of a department approved equivalent method of instruction course;

(E) limit student enrollment to a student that provides evidence of a valid credential under 7 AAC 26.030(e)(1);

(F) determine that each student has successfully completed the learning objectives of the course.

(4) An individual applying for method of instruction education course approval must use a curriculum that the department determines meets or exceeds objectives outlined by the United States Department of Transportation, National Highway Traffic Safety Administration's National EMS Education Standards, adopted by reference;

(5) An individual that applies for approval for a refresher course must

(A) use a curriculum that includes learning objectives that the department determines meets or exceeds the specific content outlined in 7 AAC 26.999(15), and under 7 AAC 26.030(e)(3)(B);

(B) provide evidence that the instructor is certified to teach at the EMS level for which the refresher course is offered;

(C) agree to coordinate teaching the learning objectives of the department approved course and use subject matter experts;

(D) ensure the refresher course includes the required minimum of 24 hours of instruction unless the department waives this requirement based on evidence of equivalent educational methods;

(E) attend the entire refresher course;

(F) verify that the refresher course includes skills assessment to determine if the student successfully completed the learning objectives required for the applicable EMS level.

(6) An individual applying for an Alaska EMS instructor refresher course approval must

(A) teach the course learning objectives approved by the department, including cognitive and skills assessment;

(B) agree to use an EMS instructor coordinator certified to teach the course as approved by the department and agree to use a subject matter;

(C) ensure that the class receives a minimum of 16 hours of instruction, unless the department waives this requirement based on equivalent educational method;

(D) determine a student successfully completed the learning objective of the course.

(7) The department may require an EMS provider or instructor to complete a department approved update if a department approved curriculum for that EMS level changes significantly.

(8) The department may require education in a topic listed in 7 AAC 26.040(a).

(Eff. 12/31/81, Register 80; am 10/14/84, Register 92; am 10/23/92, Register 124; am 5/22/96, Register 138; am 8/16/2002, Register 163; am ___/___/___, Register ___)

Authority: AS 18.08.080 AS 18.08.082 AS 18.08.084

The editor's note following 7 AAC 26.050 is repealed and readopted to read:

Editor's note: The department's *Guide for EMS Instructors and Certifying Officers in Alaska*, adopted by reference in 7 AAC 26.050, is available for a fee from the Section of Community Health and Emergency Medical Services, Division of Public Health, Department of Health and Social Services, P.O. Box 110616, Juneau, Alaska 99811-0616, and may be viewed at that office. The publications are also posted by the department on the Internet at <http://dhss.alaska.gov/dph/Emergency/Pages/ems/downloads/forms.aspx>.

The United States Department of Transportation, National Highway Traffic Safety Administration's National EMS Education Standards, adopted by reference in 7 AAC 26.050, is available from the National Highway Traffic Safety Administration, 1200 New Jersey Avenue, SE, Washington, DC 20590 or on the Internet at https://www.ems.gov/pdf/education/EMS-Education-for-the-Future-A-Systems-Approach/National_EMS_Education_Standards.pdf

7 AAC 26.060(d) is amended to read:

(d) Examinations will have a **cognitive** [WRITTEN] section and a **psychomotor** [PRACTICAL] section.

7 AAC 26.060(e) is amended to read:

(e) The **psychomotor** [PRACTICAL] examination will be task oriented and will require the student to demonstrate physical skills required at each level of certification.

7 AAC 26.060(f) is amended to read:

(f) Examinations will be verified by a department-approved certifying officer **or designee.**

7 AAC 26.060(g) is amended to read:

(g) The department may modify [THE EMT-I, EMT-II, OR EMT-III] its certification examination. No other entity may modify any portion of a department-approved **cognitive and psychomotor** [WRITTEN OR PRACTICAL] examination for certification.

7 AAC 26.060(i) is repealed and readopted to read:

(i) An individual requesting department approval as a certifying officer must be certified as an EMS instructor or EMS instructor coordinator, and an EMS provider level at or greater than the level they are certifying in compliance with the *Guide for EMS Education, Certification and Licensure in Alaska*, under 7 AAC 26.030(e)(3)(B), as amended from time to time, and adopted by reference.

7 AAC 26.060(j) is repealed:

(j) Repealed ___/___/___ (Eff. 12/31/81, Register 80; am 10/14/84, Register 92; am 10/23/92, Register 124; am 7/4/99, Register 151; am 8/16/2002, Register 163; am ___/___/___, Register___)

Authority: AS 18.08.080 AS 18.08.082 AS 18.08.084

The editor’s note following 7 AAC 26.060 is deleted:

[**Editor's note:** THE DEPARTMENT'S *GUIDE FOR EMS INSTRUCTORS AND CERTIFYING OFFICERS IN ALASKA*, REFERRED TO IN 7 AAC 26.060 AND ADOPTED BY REFERENCE IN 7 AAC 26.050 IS AVAILABLE FOR A FEE FROM THE SECTION OF COMMUNITY HEALTH AND EMERGENCY MEDICAL SERVICES, DIVISION OF PUBLIC HEALTH, DEPARTMENT OF HEALTH AND SOCIAL SERVICES, P.O. BOX 110616, JUNEAU, ALASKA 99811-0616, AND MAY BE VIEWED AT THE OFFICE. THE PUBLICATION IS ALSO POSTED BY THE DEPARTMENT ON THE INTERNET AT [HTTP://WWW.CHEMS.ALASKA.GOV.](http://www.chems.alaska.gov)]

The section heading for 7 AAC 26.070 is amended to read:

7 AAC 26.070. Examinations for [INITIAL] certification.

7 AAC 26.070(a) is repealed and readopted to read:

(a) The certification examination for EMT-I, EMT-II, EMT-III, or AEMT consists of a department-approved examination that tests the applicant on the cognitive and psychomotor objectives outlined in the United States Department of Transportation, National Highway Traffic Safety Administration's National EMS Education Standards, adopted by reference in 7 AAC 26.050(a)(1)(A).

7 AAC 26.070(b) is repealed and readopted to read:

(b) The certification examination for EMR, EMT, AEMT and Paramedic administered by the National Registry of EMTs that tests the applicant on the cognitive and psychomotor objectives outlined by the United States Department of Transportation, National Highway Traffic Safety Administration's National EMS Education Standards, adopted by reference in 7 AAC

26.050(a)(1)(A), and accepted for the corresponding state EMS certification level approved by the department.

(Eff. 12/31/81, Register 80; am 10/14/84, Register 92; am 10/23/92, Register 124; am 5/22/96, Register 138; am 8/16/2002, Register 163; am ___/___/___, Register___)

Authority: AS 18.08.080 AS 18.08.082 AS 18.08.084

7 AAC 26.080(a) is amended to read:

(a) An applicant for certification as an EMT-I, EMT-II, EMT-III, ETT

Instructor[INSTRUCTOR], **EMS instructor, or EMS instructor coordinator,**[EMT-I INSTRUCTOR, EMT-II INSTRUCTOR, OR EMT-III INSTRUCTOR] must pay to the department a nonrefundable application fee of \$25 for each application for certification.

7 AAC 26.080(b) is amended to read:

(b) An applicant for recertification as an EMT-I, EMT-II, EMT-III, ETT

instructor[INSTRUCTOR], **EMS instructor, or EMS instructor coordinator,**[EMT-I INSTRUCTOR, EMT-II INSTRUCTOR, OR EMT-III INSTRUCTOR] must pay to the department a nonrefundable application fee of \$25 for each application for certification.

7 AAC 26.080(c) is amended to read:

(c) An applicant for recertification as an EMT-I, EMT-II, EMT-III, ETT

Instructor[INSTRUCTOR], **EMS instructor, or EMS instructor coordinator,**[EMT-I INSTRUCTOR, EMT-II INSTRUCTOR, OR EMT-III INSTRUCTOR] must pay to the department a nonrefundable late fee of \$50 for each application for recertification received after

the expiration date listed on the applicant's certificate. The department will waive the late fee if the department determines that extenuating circumstances exist.

7 AAC 26.080(d) is amended to read:

(d) An applicant for recertification as an EMT-I, EMT-II, EMT-III, ETT

instructor[INSTRUCTOR], **AEMT instructor, EMS instructor, or EMS instructor**

Coordinator,[EMT-I INSTRUCTOR, EMT-II INSTRUCTOR, OR EMT-III INSTRUCTOR]

must pay to the department a nonrefundable application fee of \$25 for each request for a certification extension received before the expiration date listed on the applicant's certificate. The department will waive the certification extension fee if the department determines that extenuating circumstances exist. (Eff. 12/31/81, Register 80; am 10/23/92, Register 124; am 5/22/96, Register 138; am 8/16/2002, Register 163; am 12/26/2014, Register 212; am ___/___/___, Register ___)

Authority: AS 18.08.080 AS 18.08.082 AS 18.08.084

7 AAC 26.100(a)(1) is amended to read:

(1) an initial certification for an EMT-I **or ETT instructor** applicant who completed the initial training course before July 1 of a year expires on December 31 of the following year;

7 AAC 26.100(a)(2) is amended to read:

(2) an initial certification for an EMT-II, EMT-III, **AEMT, EMS**

instructor, or EMS instructor coordinator[EMT-I INSTRUCTOR, EMT-II INSTRUCTOR, OR EMT-III INSTRUCTOR] applicant who completed the initial training course or department-approved orientation before July 1 of a year expires on the second March 31 following the year of issuance;

7 AAC 26.100(a)(3) is amended to read:

(3) an initial certification for an EMT-I **or ETT instructor** applicant who completed the initial training course or department-approved orientation after June 30 of a year expires on December 31 of the second year following the year of issuance;

7 AAC 26.100(a)(4) is amended to read:

(4) an initial certification for an EMT-II, EMT-III, **AEMT, EMS instructor, or EMS instructor coordinator**[EMT-I INSTRUCTOR, EMT-II INSTRUCTOR, OR EMT-III INSTRUCTOR] applicant who completed the initial training course or department-approved orientation after June 30 of a year expires on the third March 31 following the year of issuance;

7 AAC 26.100(a)(5) is amended to read:

(5) an EMT-I **and ETT instructor** recertification expires on the second December 31 following the expiration of the most recent certification regardless of the date of issuance of recertification;

7 AAC 26.100(a)(6) is amended to read:

(6) an EMT-II, EMT-III, **EMT-Advanced, EMS instructor, or EMS instructor coordinator**[EMT-I INSTRUCTOR, EMT-II INSTRUCTOR, OR EMT-III INSTRUCTOR] recertification expires on the second March 31 following the expiration of the most recent certification regardless of the date of issuance of recertification;

7 AAC 26.100(a)(7) is amended to read:

(7) based upon a reasonable justification, the department **may**[WILL, IN ITS DISCRETION,] extend the certification of an individual for a period of not more than 60 days beyond the date of the lapse of certification;

7 AAC 26.100(a)(8) is amended to read:

(8) the department may shorten or lengthen the certification period for an instructor so that the expiration date of the instructor certification matches the expiration date of the applicant's **EMS provider** certification or authorization required under 7 AAC 26.030(d)(1).

7 AAC 26.100(b) is repealed and readopted to read:

(b) A state-certified EMT-I, EMT-II, EMT-III, AEMT, EMS instructor, and EMT instructor coordinator certification will expire if the recertification requirements listed in 7 AAC 26.110 are not satisfied. The certification expiration date is published online in the department's licensing management system of the individual's EMS account.

7 AAC 26.100(d) is amended to read:

(d) If a person fails to apply for recertification within three years after the expiration date of the person's certification as an EMT-I, EMT-II,[OR] EMT-III, or AEMT, the person must reapply as for initial certification.

(Eff. 12/31/81, Register 80; am 10/14/84, Register 92; am 10/23/92, Register 124; am 5/22/96, Register 138; am 8/16/2002, Register 163; am 12/26/2014, Register 212; am ___/___/___, Register___)

Authority: AS 18.08.080 AS 18.08.082 AS 18.08.084

7 AAC 26.110(a) is repealed and readopted to read:

(a) To be recertified, an EMT-I, EMT-II, EMT-III, or AEMT, not more than one year after the date of expiration of that person's EMT certification, must

- (1) apply for recertification in writing on a form provided by the department;
- (2) provide evidence of a valid CPR credential;
- (3) provide evidence of

(A) current certification from the National Registry of EMTs for a department approved corresponding level; or

(B) successful completion of

(i) department approved continuing medical education set out in the department's *Guide for EMS Education, Certification and Licensure in Alaska*, amended from time to time and adopted by reference in 7 AAC 26.030(e)(3)(B), within two years before the date of application for recertification; and

(ii) skills verification from a department-approved instructor that the person has, not more than one year before the date of expiration of the person's certification,

successfully demonstrated competence in skill areas set out in the department's skill sheets for the EMT level for which recertification is sought.

7 AAC 26.110(b) is amended to read:

(b) An EMT-II, [OR] EMT-III, **or AEMT** applying for recertification must also provide documentation of sponsorship from a medical director who accepts the responsibilities set out in 7 AAC 26.640, **unless the department places the certification in inactive status for the level of certification until the requirement is met. An EMT-II, EMT-III, or AEMT in an inactive status will function at an EMT-I scope of practice under 7 AAC 26.040(a)(2).**

7 AAC 26.110(c) is repealed and readopted to read:

(c) To be recertified, an EMS instructor must, not more than one year before the date of expiration of the person's certification, apply for recertification, on a form provided by the department, and must provide evidence of

(1) at least one of the valid credentials under 7 AAC 26.030(e)(1);

(2) a valid CPR Instructor credential, unless the department grants a waiver based on evidence that a credentialed CPR instructor is available for each course taught;

(3) successful completion of department approved instructor continuing education set out in the department's *Guide for EMS Education, Certification and Licensure in Alaska*, amended from time to time and adopted by reference in 7 AAC 26.030(e)(3)(B), within two years before the date of application for recertification.

7 AAC 26.110(d) is repealed and readopted to read:

(d) An EMS instructor coordinator, to be recertified, must apply for recertification

(1) on a form provided by the department;

(2) not more than one year before the expiration date of the certification; and

(3) provide evidence of

(i) at least one valid credential under 7 AAC 26.030(e)(1);

(ii) a valid CPR instructor credential, unless the department waives this requirement based on evidence that a credentialed CPR instructor is available for each course taught;

(iii) successful completion of department approved instructor continuing education set out in the department's *Guide for EMS Education, Certification and Licensure in Alaska*, amended from time to time and adopted by reference in 7 AAC 26.030(e)(3)(B), within two years before the date of application for recertification.

7 AAC 26.110(e) is repealed and readopted to read:

(e) If an EMS instructor coordinator fails to meet the certification criteria in this section, the department may grant an EMS instructor level certification until all EMS instructor coordinator recertification criteria is documented or for the period not to exceed two years beyond the original EMS instructor coordinator certification date of expiration.

7 AAC 26.110(f) is repealed and readopted to read:

(f) An EMT-I, EMT-II, EMT-III, or AEMT who did not timely apply for recertification under (a) of this section and whose certification has been expired for more than one year but less

than three years, must apply for recertification in writing, on a form provided by the department, and must

(1) provide evidence of a valid CPR credential;

(2) provide evidence within two years before the date of the application for recertification, successful completion of at least 72 hours of department approved continuing medical education defined in 7 AAC 26.999(15), and set out in the department's *Guide for EMS Education, Certification and Licensure in Alaska*, amended from time to time and adopted by reference in 7 AAC 26.030(e)(3)(B);

(3) have successfully completed a department approved refresher course for EMT-I, EMT-II, EMT-III, or AEMT, of which up to 48 hours is accepted on an hour for hour basis to satisfy this requirement of paragraph (2);

(4) if certification lapsed for more than one year, submit on a form provided by the department, verification from a department approved instructor that the person demonstrated in the year before the application date, competence in psychomotor skill set out in the department's skill sheet for the applicable EMT level, if not satisfied under (3) of this subsection;

(5) if certification lapsed for more than two years, an EMT-I, EMT-II, EMT-III, or AEMT, the person must pass the appropriate cognitive and psychomotor exam administered by the department or the National Registry of EMTs under 7 AAC 26.130.

7 AAC 26.110(g) is amended to read:

(g) An EMT-I, EMT-II, [OR] EMT-III, **AEMT** with a certification expiration date after December 31, **2014** [1995], whose training did not include the skills contained in the United States Department of Transportation, National Highway Traffic Safety Administration's National

EMS Standards, 2009, as amended from time to time, and adopted by reference [NATIONAL STANDARD CURRICULUM, EMERGENCY MEDICAL TECHNICIAN: BASIC, 1994], must take a department approved refresher training program or curriculum transition program that includes those skills appropriate to the level of recertification before being recertified.

7 AAC 26.110(i) is amended to read:

(i) If the department determines that the curriculum originally used to train an applicant for recertification whose certificate has been lapsed for more than two years has changed substantially, the department may require the applicant to repeat the initial EMT-I, EMT-II, [OR] EMT-III, **AEMT, EMS instructor, or EMS instructor coordinator** course, as applicable, and apply as for initial certification.

7 AAC 26.110(j) is repealed and readopted to read:

(j) No more than 24 hours of continuing medical education obtained through distributive delivery education may be applied to satisfy the applicable recertification requirements of this section in one certification period.

(Eff. 12/31/81, Register 80; am 10/14/84, Register 92; am 10/23/92, Register 124; am 5/22/96, Register 138; am 6/23/2001, Register 158; am 8/16/2002, Register 163; am 12/26/2014, Register 212; am ___/___/___, Register ___)

Authority: AS 18.08.080 AS 18.08.082 AS 18.08.084

7 AAC 26.130(a) is amended to read:

(a) Failure of an EMT-I, EMT-II, [OR]EMT-III, or AEMT to obtain a passing score on the written recertification examination in three attempts or on the practical examination in two attempts, as required under 7 AAC 26.110(f)(2), will result in the certification not being renewed.

7 AAC 26.130(b) is repealed:

(b) Repealed ____/____/____. (Eff. 12/31/81, Register 80; am 10/14/84, Register 92; am 10/23/92, Register 124; ____/____/____, Register _____)

Authority: AS 18.08.080 AS 18.08.082 AS 18.08.084

7 AAC 26.130(c) is repealed:

(c) Repealed ____/____/____. (Eff. 12/31/81, Register 80; am 10/14/84, Register 92; am 10/23/92, Register 124; am ____/____/____, Register _____)

Authority: AS 18.08.080 AS 18.08.082 AS 18.08.084

7 AAC 26.150(a) is repealed and readopted to read:

(a) The department will issue an EMT-I or an AEMT certificate for the equivalent level to a person who has a valid certification as an EMT-I or AEMT, or the equivalent in another state or territory or has a valid certification from the National Registry of Emergency Medical Technicians, if the person provides the department with the following:

- (1) a copy of the valid state, territory, or National Registry certification;
- (2) evidence of a valid CPR credential;
- (3) a valid advanced cardiac life support credential;

(4) evidence of successful completion of department approved education in the scope of practice for the applicable level;

(5) evidence of sponsorship by a medical director that accepts the responsibilities under 7 AAC 26.640, and approved by the department;

(6) establish an online account in the department license management System; and

(7) pay a non-refundable application fee of \$25.

7 AAC 26.150(d) is repealed and readopted to read:

(d) A person who is certified or licensed in another state or territory as an EMT-I, or equivalent, but whose training does not include the objectives outlined by the *United States Department of Transportation, National Highway Traffic Safety Administration's National EMS Education Standards*, adopted by reference in 7 AAC 26.050(a)(1)(A) before being issued an EMT-I certificate, valid until December 31 of the following the year after application.

(Eff. 12/31/81, Register 80; am 10/14/84, Register 92; am 10/23/92, Register 124; am 5/29/93, Register 126; am 5/22/96, Register 138; am 6/23/2001, Register 158; am 8/16/2002, Register 163; am 12/26/2014, Register 212; am___/___/____, Register___)

Authority: AS 18.08.080 AS 18.08.082 AS 18.08.084

Editor's note: The publications listed in 7 AAC 26.150 are available for a fee from Emergency Medical Services (EMS), Section of Rural & Community Health Systems, Division of Public Health, Department of Health & Social Services, 350 Main St., Suite 530, Juneau, AK 99801; telephone number (907) 465-3140; facsimile number (907) 465-4101.

7 AAC 26.172(a)(8) is repealed and readopted to read:

(8) agree to limit enrollment to an individual who is currently

(A) certified by the department as an EMT-I, EMT-II, EMT-III, AEMT; or

(B) certified by the National Registry of Emergency Medical Technicians

(NREMT) as an EMT or AEMT;

(Eff. 3/11/98, Register 145; am 8/16/2002, Register 163; am ___/___/___, Register ___)

Authority: AS 18.08.080 AS 18.08.082 AS 18.08.084

The editor’s note following 7 AAC 26.172 is deleted:

[Editor's note: THE *ALASKA PARAMEDIC PROGRAM SKILL LIST* IS AVAILABLE AT NO CHARGE FROM THE SECTION OF COMMUNITY HEALTH AND EMS, DEPARTMENT OF HEALTH AND SOCIAL SERVICES, BOX 110616, JUNEAU, AK 99811-0616.]

7 AAC 26.178(b)(3)(A) is amended to read:

(3) provide evidence that the applicant has, within the five years before the date of application,

(A) taught at least 50 hours in eight or more of the objectives **outlined by the United States Department of Transportation, National Highway Traffic Safety Administration's National EMS Education Standards, adopted by reference in 7 AAC 26.050(b)(2)**[SUBJECT AREAS ADDRESSED IN THE UNITED STATES DEPARTMENT OF TRANSPORTATION, NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION'S *EMT-PARAMEDIC: NATIONAL STANDARD CURRICULUM*, AS REVISED AS OF 1998

AND ADOPTED BY REFERENCE, TO AN AUDIENCE THAT INCLUDED
PARAMEDICS]; and

(Eff. 3/11/98, Register 145; am 8/16/2002, Register 163; am ___/___/___, Register ___)

Authority: AS 18.08.080 AS 18.08.082 AS 18.08.084

The editor’s note following 7 AAC 26.178 is deleted:

[**Editor's NOTE:** THE UNITED STATES DEPARTMENT OF TRANSPORTATION,
NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION'S *EMERGENCY
MEDICAL TECHNICIAN-PARAMEDIC: NATIONAL STANDARD CURRICULUM*, DATED
1998, ADOPTED BY REFERENCE IN 7 AAC 26.178, IS AVAILABLE FOR A FEE FROM
THE SECTION OF COMMUNITY HEALTH AND EMERGENCY MEDICAL SERVICES,
DIVISION OF PUBLIC HEALTH, DEPARTMENT OF HEALTH AND SOCIAL SERVICES,
P.O. BOX 110616, JUNEAU, ALASKA 99811-0616, AND MAY BE VIEWED AT THAT
OFFICE. THE DOCUMENT MAY ALSO BE OBTAINED FROM THE NATIONAL
HIGHWAY TRAFFIC SAFETY ADMINISTRATION, EMS DIVISION, 400 SEVENTH
STREET, SW (NTS14), WASHINGTON, D.C. 20590 OR AT
[HTTP://WWW.NHTSA.DOT.GOV/PEOPLE/INJURY/EMS.](http://www.nhtsa.dot.gov/people/injury/ems)]

7 AAC 26.230(a)(1) is amended to read:

(a) An applicant for certification as an emergency medical service providing basic life-
support outside a hospital

(1) **must** [SHALL] list available **certified or licensed personnel**[EMERGENCY

MEDICAL TECHNICIANS I], and ensure that at least one **EMT-I**[EMERGENCY MEDICAL TECHNICIAN I], and one other person to act as driver when using **an emergency medical** [A SURFACE] transportation vehicle, and be available to respond to emergencies 24 hours a day;

7 AAC 26.230(b)(1) is amended to read:

(b) An applicant for certification as an emergency medical service providing advanced life-support outside a hospital

(1) **must** [SHALL] list available[,], certified **or licensed advanced life support** personnel,[SUCH AS EMERGENCY MEDICAL TECHNICIANS II, EMERGENCY MEDICAL TECHNICIANS III, MOBILE INTENSIVE CARE PARAMEDICS, OR OTHER PERSONNEL, INCLUDING REGISTERED NURSES OR PHYSICIANS,] who may respond to medical emergencies on a regular basis;

7 AAC 26.230(b)(2) is amended to read:

(2) must have an EMT-II, **[OR]** EMT-III, **AEMT**, mobile intensive care paramedic, or other medical personnel certified or licensed to provide advanced life support (e.g., registered nurse, physician's assistant, or physician), and at least one other person trained to at least the EMT-I level when using an **emergency medical** [A SURFACE] transportation vehicle, available to respond to emergency calls 24 hours a day;

(Eff. 3/3/83, Register 85; am 6/27/92, Register 122; am 10/23/92, Register 124;

am ___/___/___, Register___)

Authority: AS 18.08.080 AS 18.08.082 AS 18.08.084

7 AAC 26.245(a) is amended to read:

(a) A certified emergency medical service providing either basic life-support or advanced life-support outside a hospital must complete an approved **patient care report**[EMS REPORT] form for each patient treated. The report form must document vital signs and medical treatment given the patient.

7 AAC 26.245(b) is amended to read:

- (b) A copy of the completed **patient care report** [EMS FORM] must **be**
- (1) **made available**[ACCOMPANY THE PATIENT] to the treatment facility **within 24 hours of delivery of the patient;**
 - (2) **available** [BE SENT]sent to the medical director; and
 - (3) [BE] kept by the EMS service [AS A PERMANENT RECORD].

7 AAC 26.245(c) is amended to read:

(c) The medical director **must** [SHALL] periodically review the **patient care reports received**[EMS REPORTS HE OR SHE RECEIVES], to determine the appropriateness of treatment given.

7 AAC 26.245 is amended by adding a new subsection to read:

(d) A patient care report must be submitted to the department and National Emergency Medical Services Information System (NEMSIS) compliant and be submitted to the department compliant.

7 AAC 26.245 is amended by adding a new subsection to read:

(e) Patient care reporting data, not including patient identifiers, physician identifiers, or hospital identifiers, may be provided to epidemiologists, health planners, medical researchers, or other interested persons to study causes, severity, demographics and outcomes of injuries, or for other purposes of studying the epidemiology of injuries or emergency medical services and trauma system issues. (Eff. 3/3/83, Register 85; am 10/23/92, Register 124; am ___/___/___, Register___)

Authority: AS 18.08.080 AS 18.08.082 AS 18.08.084

The editor’s note following 7 AAC 26.245 is deleted:

[EDITOR'S NOTE: THE EMS REPORT FORMS REFERRED TO IN 7 AAC 26.245 MAY BE OBTAINED FROM THE EMERGENCY MEDICAL SERVICES SECTION, DIVISION OF PUBLIC HEALTH, DEPARTMENT OF HEALTH AND SOCIAL SERVICES, P.O. BOX 110616, JUNEAU, ALASKA 99811-0616.]

7 AAC 26.430(a) is repealed and readopted to read:

(a) A person applying for certification as an ETT instructor must

(1) be 18 years of age or older;

(2) provide evidence of at least one of the following valid credentials:

(A) an ETT card;

(B) an EMT-I, EMT-II,[OR] EMT-III, or AEMT certification

from the department;

(C) an EMT, AEMT, or Paramedic certification from the National

Registry of Emergency Medical Technicians;

(D) authorization to practice in the state as a physician, physician assistant, or mobile intensive care paramedic under AS 08.64 or as a registered nurse under AS 08.68;

(3) provide evidence of at least one year of experience as an ETT, EMT, AEMT, AEMT, or Paramedic, as applicable;

(4) provide evidence of a valid CPR credential;

(5) provide evidence of successful completion of

(A) a department-approved instructor training program; or

(B) an instructor training program that the department determines meets or exceeds the objectives outlined by the United States Department of Transportation, National Highway Traffic Safety Administration's National Guidelines for Educating EMS Instructors, adopted by reference in 7 AAC 26.030(e)(3)(A);

(6) establish an online account in the department license management System.

(Eff. 1/30/87, Register 101; am 6/23/2001, Register 158; am 8/16/2002, Register 163; am ___/___/___, Register ___)

Authority: AS 18.08.080 AS 18.08.082 AS 18.08.084

The editor's note following 7 AAC 26.430 is deleted:

[EDITOR'S NOTE: THE UNITED STATES DEPARTMENT OF TRANSPORTATION, NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION'S *EMS INSTRUCTOR TRAINING PROGRAM: NATIONAL STANDARD CURRICULUM*, REFERRED TO IN 7 AAC

26.430 AND ADOPTED BY REFERENCE IN 7 AAC 26.030(d)(3)(B), IS AVAILABLE FOR A FEE FROM THE SECTION OF COMMUNITY HEALTH AND EMERGENCY MEDICAL SERVICES, DIVISION OF PUBLIC HEALTH, DEPARTMENT OF HEALTH AND SOCIAL SERVICES, P.O. BOX 110616, JUNEAU, ALASKA 99811-0616, AND MAY BE VIEWED AT THAT OFFICE. THE DOCUMENT MAY ALSO BE OBTAINED FROM THE NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION, EMS DIVISION, 400 SEVENTH STREET, SW (NTS14), WASHINGTON, D.C. 20590 OR AT [HTTP://WWW.NHTSA.DOT.GOV/PEOPLE/ INJURY/EMS.\]](http://www.nhtsa.dot.gov/people/injury/ems/)

7 AAC 26.485 is repealed:

7 AAC 26.485. Persons practicing as emergency trauma technician instructors before March 31, 1987. Repealed. (Eff. 1/30/87, Register 101; repealed____/____/____, Register____)

7 AAC 26.585(a) is repealed and readopted to read:

(a) A person may conduct an automated external defibrillation (AED) training program if the person complies with (b) of this section.

7 AAC 26.585(b) is repealed and readopted to read:

(b) An AED training program must

(1) document whether each student has successfully completed the program and provide each student with a card, certificate, or other evidence of completion; maintain documentation that must include the program completion date, course content, and expiration

date or recommended renewal date that is no more than two years from the date of initial training;

(2) teach AED according to the current guidelines of the *International Liaison Committee on Resuscitation (ILCOR), 2015 International Consensus on Cardiopulmonary Resuscitation and Emergency Cardiovascular Care Science with Treatment Recommendations*, adopted by reference in 7 AAC 26.985, for basic life support AED;

(3) require each student to demonstrate competence, using either an actual automated external defibrillator or an AED simulator.

(Eff. 7/4/99, Register 151; am ___/___/___, Register ___)

Authority: AS 09.65.090 AS 18.08.082 AS 18.08.084
AS 18.08.080

The editor’s note following 7 AAC 26.585 is deleted:

[EDITOR'S NOTE: INFORMATION ON AUTOMATED EXTERNAL DEFIBRILLATION TRAINING PROGRAMS CONDUCTED BY THE AMERICAN HEART ASSOCIATION OR THE AMERICAN RED CROSS, REFERENCED IN 7 AAC 26.585, IS AVAILABLE BY WRITING THOSE ORGANIZATIONS AT THE FOLLOWING ADDRESSES: AMERICAN HEART ASSOCIATION, ALASKA AFFILIATE, 1057 WEST FIREWEED LANE, SUITE 206, ANCHORAGE, ALASKA 99503; AMERICAN RED CROSS, SOUTH CENTRAL ALASKA CHAPTER, 235 EAST 8TH AVENUE, SUITE 200, ANCHORAGE, ALASKA 99501.]

7 AAC 26.610 is amended to read:

The purpose of 7 AAC 26.610 - 7 AAC 26.690 is to promote the health and safety of the people of Alaska by establishing uniform minimum standards for a medical director for a person or entity certified, or seeking certification, under this chapter. Nothing in 7 AAC 26.610 - 7 AAC 26.690 is intended to prohibit a physician from authorizing a state-certified emergency medical technician to use a drug or procedure in an emergency situation that is not specifically covered by the EMT-I, EMT-II, [OR] EMT-III, **or AEMT** certification.

(Eff. 10/23/92, Register 124; am ___/___/___, Register ___)

Authority: AS 18.08.080 AS 18.08.082 AS 18.08.084

7 AAC 26.630(a) is amended to read:

(a) To be a medical director for a state-certified EMT-II, [OR] EMT-III, **or AEMT**, for an EMT-II, [or] EMT-III, **or AEMT** training course, or for a state-certified basic life support emergency medical service, advanced life support emergency medical service, or aeromedical service, a person must

...

7 AAC 26.630(b) is amended to read:

(b) To be a medical director for a state-certified **AEMT** [EMT-III], a person must be trained by the American Heart Association in advanced cardiac life support **or department-approved equivalent.**

(b) To be a medical director for a state-certified **EMT-II**, EMT-III, or **AEMT** a person must be trained [BY THE AMERICAN HEART ASSOCIATION] in advanced cardiac life support **by the American Heart Association in advanced cardiac life support or department approved equivalent.**

(Eff. 10/23/92, Register 124; am 7/4/99, Register 151; am 12/26/2014, Register 212;
am ___/___/___, Register___)

Authority: AS 18.08.080 AS 18.08.082 AS 18.08.084

7 AAC 26.640(a) is amended to read:

(a) A medical director's approval of standing orders for a state-certified EMT-I, EMT-II, EMT-III, **AEMT, or emergency medical dispatcher** for the activities described in 7 AAC 26.040, must be in writing. Additional medications or procedures not listed in 7 AAC 26.040 may be approved by written standing orders from the medical director in accordance with 7 AAC 26.670.

7 AAC 26.640(b) is amended to read:

(b) The medical director for a state-certified EMT-I, EMT-II,[OR] EMT-III, **AEMT, or emergency medical dispatcher, must** [SHALL]

(1) provide direct or indirect supervision of the medical care provided by each state-certified EMT-I, EMT-II,[OR] EMT-III, **AEMT, or emergency medical dispatcher;**

(2) establish and annually review treatment protocols;

(3) approve medical standing orders that delineate the advanced life-support techniques that may be performed by each state-certified EMT-I, EMT-II,[OR] EMT-III, **or AEMT** and the circumstances under which the techniques may be performed;

(4) provide quarterly critiques of patient care provided by the EMT-I, EMT-II,

[OR] EMT-III, or AEMT, and quarterly on-site supervisory visits; the department will, in its discretion, grant a written waiver of this requirement based on difficult geographic, transportation, or climatic factors; and

(5) approve a program of continuing medical education for each state-certified EMT supervised.

(Eff. 10/23/92, Register 124; am 5/22/96, Register 138; am 7/4/99, Register 151; am 12/26/2014, Register 212; am___/___/____, Register_____)

Authority: AS 18.08.080 AS 18.08.082 AS 18.08.084

The lead in language for 7 AAC 26.660(a) is amended to read:

(a) The medical director for a department approved [EMT-II OR EMT-III] training course must [SHALL]

(Eff. 10/23/92, Register 124; am___/___/____, Register_____)

Authority: AS 18.08.080 AS 18.08.082 AS 18.08.084

7 AAC 26.670(a) is repealed and readopted to read:

(a) A medical director, to authorize a state-certified EMT-I, EMT-II, EMT-III, or AEMT to use additional medications or procedures not covered under 7 AAC 26.040, must

(1) submit in writing on a form provided by the department a request for approval;

(2) the request for approval must include a needs assessment with supporting data, a plan to evaluate current and ongoing training and competence in additional medications or procedures; and

(2) if the request is approved, following the training and evaluation, send the

department a list of individuals who are authorized to use the additional medications or procedures.

7 AAC 26.670(b) is amended to read:

(b) The department will maintain a list of the approved additional medications or procedures for an authorized EMT-I, EMT-II, [OR] EMT-III, or AEMT.

(Eff. 10/23/92, Register 124; am 5/22/96, Register 138; am ___/___/___, Register ___)

Authority: AS 18.08.080 AS 18.08.082 AS 18.08.084

7 AAC 26.690(c) is amended to read:

(c) An EMT-I, EMT-II, [OR] EMT-III, or AEMT[MANUAL DEFIBRILLATOR TECHNICIAN] who is without a medical director may perform only those basic life support procedures as defined in 7 AAC 26.999 that are within the scope of activities for a state-certified EMT set out in 7 AAC 26.040[EMT-I].

(Eff. 10/23/92, Register 124; am 5/22/96, Register 138; am 7/4/99, Register 151; am 12/26/2014, Register 212; am ___/___/___, Register ___)

Authority: AS 18.08.080 AS 18.08.082 AS 18.08.084

7 AAC 26.720(d)(1) is amended to read:

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

(1) provide evidence that the organization has met the criteria listed for level IV

trauma centers by the Committee on Trauma, American College of Surgeons, in *Resources for Optimal Care of the Injured Patient: 2014*[1993], Chapter 6, Hospital Criteria; *Resources for Optimal Care of the Injured Patient: 2014*[1993], Chapter 6, Hospital Criteria, as amended from time to time, is adopted by reference;

(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 following 7 AAC 26.720 is changed 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, Trauma System, 3601 C Street, Suite 424, Anchorage, Alaska 99503**[COMMUNITY HEALTH AND EMERGENCY MEDICAL SERVICES SECTION, DIVISION OF PUBLIC HEALTH, DEPARTMENT OF HEALTH AND SOCIAL SERVICES, 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, Community Health and Emergency Medical Services Section, 410 Willoughby Avenue, Room 109, Juneau, Alaska 99811-0616.

7 AAC 26.730(c)(2) is amended to read:

(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 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 **in 7 AAC 26.720**; and

(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 following 7 AAC 26.730 is deleted:

[EDITOR'S NOTE: *RESOURCES FOR OPTIMAL CARE OF THE INJURED PATIENT: 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: 1993* IS AVAILABLE FOR INSPECTION AT THE DEPARTMENT OF HEALTH AND SOCIAL SERVICES, DIVISION OF PUBLIC HEALTH, COMMUNITY HEALTH AND EMERGENCY MEDICAL SERVICES SECTION, 410 WILLOUGHBY AVENUE, ROOM 109, JUNEAU, ALASKA 99811-0616.]

7 AAC 26.740(3) is amended to read:

- (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*: [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 **in 7 AAC 26.720**; 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 following 7 AAC 26.740 is deleted:

[EDITOR'S NOTE: *RESOURCES FOR OPTIMAL CARE OF THE INJURED PATIENT: 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: 1993* IS AVAILABLE FOR INSPECTION AT THE DEPARTMENT OF HEALTH AND SOCIAL SERVICES, DIVISION OF PUBLIC HEALTH, COMMUNITY HEALTH AND EMERGENCY MEDICAL SERVICES SECTION, 410 WILLOUGHBY AVENUE, ROOM 109, JUNEAU, ALASKA 99811-0616.]

7 AAC 26.745(b)(3) is amended to read:

(b) The trauma system review committee **must** [SHALL] keep trauma registry data confidential in accordance with AS 18.23.030, except that reports on

(3) **patient care reporting**[TRAUMA REGISTRY] data, not including patient identifiers, physician identifiers, or hospital identifiers, may be provided to epidemiologists, health planners, medical researchers, or other interested persons to study causes, severity,

demographics and outcomes of injuries, or for other purposes of studying the epidemiology of injuries or emergency medical services and trauma system issues.

7 AAC 26.745(d) is amended to read:

(d) The department may[WILL, IN ITS DISCRETION,] delegate the responsibility for collecting data under this section to a hospital, other public agencies, or to private persons or agencies, if the person or agency agrees to maintain confidentiality of the data in accordance with 7 AAC 26.790(b).

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

Authority: AS 18.08.015 AS 18.08.080

The lead-in language of 7 AAC 26.830 is amended to read:

An organization applying for course approval for training of a certified[AN] emergency medical dispatcher (EMD) must show that it has

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

Authority: AS 18.08.080 AS 18.08.082 AS 18.08.084

The lead-in language of 7 AAC 26.950(a) is amended to read:

(a) The department will revoke, suspend, deny, or not issue an individual's certification or recertification as an EMT-I, EMT-II, EMT-III, AEMT, ETT Instructor, EMS instructor, or EMS instructor coordinator[EMT-I INSTRUCTOR, EMT-II INSTRUCTOR OR EMT-III INSTRUCTOR] if the individual

The lead-in language of 7 AAC 26.950(b) is amended to read:

(b) The department will revoke, suspend, or deny an individual's certification or recertification as an EMT-I, EMT-II, EMT-III, AEMT, ETT Instructor, EMS instructor, or EMS instructor coordinator[EMT-I INSTRUCTOR, EMT-II INSTRUCTOR OR EMT-III INSTRUCTOR] if the department determines that the individual

The lead-in language of 7 AAC 26.950(c) is amended to read:

(c) The department will revoke, suspend, or deny an individual's certification or recertification as an ETT Instructor, EMS instructor, EMS instructor coordinator, or mobile intensive care paramedic course coordinator instructor[EMT-I INSTRUCTOR, EMT-II INSTRUCTOR OR EMT-III INSTRUCTOR] for one or more of the following reasons:

The section heading for 7 AAC 26.980 is changed to read:

7 AAC 26.980. Emergency use of epinephrine and naloxone[TRAINING PROGRAM] approval.

7 AAC 26.980 is repealed and readopted to read:

(a) The department will approve

(1) an epinephrine auto-injector training program that meets the department's Standards for the Approval of Training Programs for Emergency Use of Epinephrine, dated 2011, amended from time to time, and adopted by reference;

(2) an epinephrine ampule training program that meets the department's Standards for the Approval of Training Programs for Emergency Use of Epinephrine, dated 2011, and adopted by reference;

(3) a naloxone training program that meets department approval.

(b) An organization that is requesting approval of a training program under (a)(2) of this section must be under the authority of a Medical Director.

(c) A first responder, defined in 7 AAC 26.999, who successfully completed department-approved training, may use an Epi-Pen auto-injector and Naloxone medications to treat life threatening condition set out in AS 09.65.090(a) and (b).

(d) An emergency responder is approved to use atropine and pralidoxime chloride injection, for intramuscular use, according to the manufacture’s recommendation for self or peer rescue in a life threatening chemical exposure under AS 09.65.090(a) and (b).

(e) In this section, "ampule" means ampule, multi-dose vial, or prefilled syringe.

(Eff. 6/23/2011, Register 198; am___/___/___, Register___)

Authority: AS 17.22.010 AS 17.22.040 AS 17.22.090
AS 17.22.020

Editor's note: A list of approved training programs on epinephrine auto-injector training and epinephrine ampule training may be obtained from the Department of Health and Social Services, Division of Public Health, P.O. Box 110616, Juneau, Alaska 99811-0616, or on the department's website at the following Internet address: <http://dhss.alaska.gov/dph/Emergency/Pages/ems/training/default.aspx>

The Standards for the Approval of Training Programs for Emergency Use of Epinephrine, adopted by reference in 7 AAC 26.980, may be obtained from the Department of Health and Social Services, Division of Public Health, P.O. Box 110616, Juneau, Alaska 99811-

0616, or on the department's website at the following Internet address:

<http://dhss.alaska.gov/dph/Emergency/Pages/ems/training/default.aspx>

7 AAC 26.985(d)(1) is amended to read:

(d) The department will only recognize a training agency, for the purposes of this section, if that agency

(1) teaches CPR in accordance with the current guidelines of the International Liaison Committee on Resuscitation (ILCOR), **2015**[2010] *International Consensus on Cardiopulmonary Resuscitation and Emergency Cardiovascular Care Science With Treatment Recommendations*, as amended from time to time, and adopted by reference for basic life support CPR;

(Eff. 5/22/96, Register 138; am 8/16/2002, Register 163; am 1/20/2013, Register 205;

am ___/___/___, Register ___)

Authority: AS 18.08.080 AS 18.08.084 AS 47.05.012
AS 18.08.082

The editor’s note following 7 AAC 26.985 is changed to read:

Editor's note: The International Liaison Committee on Resuscitation (ILCOR), **2015**[2010] *International Consensus on Cardiopulmonary Resuscitation and Emergency Cardiovascular Care Science With Treatment Recommendations*, adopted by reference in 7 AAC 26.985 may be obtained from the Department of Health and Social Services, Division of Public Health, P.O. Box 110616, Juneau, Alaska 99811-0616, or on the ILCOR website at the following Internet address: www.ilcor.org.

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 EMT instructor" means a person that has obtained a certification to instruct an AEMT provider course accepted by National Registry of EMTs (NREMT);

(4) "advanced life support" has the meaning given in AS 18.08.200;

(5) "AED" means automated external defibrillation;

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

(7) "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;

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

(9) "appropriate equipment to perform basic and advanced life-support emergency procedures" means the basic and advanced life-support equipment carried on an ambulance that meets department approval and the needs of local EMS patient care guidelines;

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

(11) "basic life support" means those emergency care skills outlined in the goals and objectives of the United States Department of Transportation, National Highway Traffic Safety Administration's National EMS Education Standards, adopted by reference in 7 AAC 26.050(a)(1)(A);

(12) "certified or licensed medical personnel" means EMT-I's, EMT-II's, EMT-III's, AEMT, mobile intensive care paramedics, physician assistants, advanced practice registered nurse, registered nurses, or physicians authorized by law to provide medical care in Alaska or in the state in which the certified service is based;

(13) "certifying officer" means a person designated

(A) by the department to ensure the security of the examinations for state certification;

(B) as a "skills examiner" or "advanced representative" to ensure the security of examinations for certification meets testing requirements by the National Registry of EMT's; and

(C) as a "certification official" that affirms the required competency is evaluated by an appropriate examiner during the cognitive and psychomotor examination;

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

(15) "continuing medical education" or "CME" means ongoing education in

(A) topics included in the initial training course objectives for certified EMD, EMR, EMT-I, EMT-II, EMT-III, AEMT-Advanced or continuing education requirements of cognitive and psychomotor learning for which the provider is certified;

(B) other department approved educational subjects required for maintenance of professional organization certification;

(C) college courses in anatomy, physiology, biology, chemistry, pharmacology, psychology, sociology, injury prevention, statistics or department accepted courses;

(D) content presented using critiques, didactic sessions, practical drills, workshops, seminars, commercial educational systems, distributed learning, or other department-approved educational methods;

(E) professional EMS education systems such as the National Continued Competency Program (NCCP) by the National Registry of EMTs (NREMT) or accredited education by the Commission on Accreditation for Pre-Hospital Education (CAPCE);

(16) "CPR" means cardiopulmonary resuscitation;

(17) "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, advanced practice registered nurse, registered 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;

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

(19) "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 postflight 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;

(20) "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;

(21) "direct or indirect supervision" means direct voice contact or by written

standing orders;

(22) "distance delivery education" means educational activities in which the student and the instructor are not in the same physical location; "distance delivery education" includes videoconference or teleconference, performing directed studies, distributed learning as defined by the Commission on Accreditation for Pre-Hospital Continuing Medical Education (CAPCE) which includes reading journal articles, viewing video tapes, and participating in educational programs on the internet or via videoconference or teleconference;

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

(24) "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;

(25) "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;

(26) "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;

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

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

(29) "emergency medical technician" has the meaning given in AS 18.08.200;

(30) "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;

(31) "EMS" means emergency medical services;

(32) "EMS bridge" means a specialized curriculum designed between two EMS courses for which the course is designed;

(33) "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;

(34) "EMS provider" means an individual that is certified, licensed or trained to provide emergency medical services;

(35) "EMS training" means the didactic, clinical, and psychomotor education, or instruction provided to an emergency medical student or responder;

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

(37) "AEMT" or "Advanced EMT" means a person who has been certified, licensed or trained as an EMT-Advanced in a state or territory or as an "Advanced Emergency

Medical Technician” or “AEMT” certified by the National Registry of Emergency Medical Technicians;

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

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

(40) "ETT" means emergency trauma technician;

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

(42) "first responder" means a person who has been certified, licensed or credentialed as a first responder in a state or territory or by the National Registry of Emergency Medical Technicians;

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

(44) "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;

(45) "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;

(46) "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;

(47) "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;

(48) "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;

(49) "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, EMT-II, EMT-III, AEMT, emergency medical dispatcher, EMD or EMS instructor education course, emergency medical service, medevac service, critical care air ambulance service, or a specialty aeromedical transport team;

(50) "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;

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

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

(53) "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;

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

(55) "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;

(56) "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;

(57) "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;

(58) "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;

(59) "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;

(60) "pediatric transport provider" means a health care worker who is trained and equipped to provide care to children during transport;

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

(62) "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 instruction given by a certified emergency medical dispatcher and are used as close to word-for-word as possible;

(63) "primary instructor" means an EMS instructor, EMS 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;

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

(65) "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;

(66) "refresher course" means a course, of at least 24 hours in length, that includes didactic and practical skills appropriate for an EMT-I, EMT-II, EMT-III or AEMT;

(67) "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;

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

(69) "reverification" means the process used by the 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 guidelines set out in the Resources for Optimal Care of the Injured Patient;

(70) "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 countershock;

(71) "skill sheets" means the forms containing frequently used and critical psychomotor skills;

(72) "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;

(73) "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;

(74) "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;

(75) "successful course completion" means verification on forms provided by the department, that the student has met all the cognitive and learning objectives, and psychomotor skill competencies of the course, in the training course classroom setting;

(76) "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, or level IV trauma center under 7 AAC 26.720 or recertified under 7 AAC 26.730;

(77) "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) or other categories of injuries as defined by the department; ICD needs a lead in and updated to the ICD-10

(78) "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;

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

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

(81) "verification" means the 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;

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

(83) "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;

(84) "working day" means a day other than Saturday, Sunday, or a state holiday.

(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

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 26.150 are available for a fee from Emergency Medical Services (EMS), Section of Rural & Community Health Systems, Division of Public Health, Department of Health & Social Services, 350 Main St., Suite 530, Juneau, AK 99801; telephone number (907) 465-3140; facsimile number (907) 465-4101.