

**Alaska Section of Rural and Community Health Systems  
State Office of Emergency Medical Services**

***Investigation-Regulatory-Discipline Procedures***

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**I. POLICY**

- A. This document establishes internal guidelines for conducting administrative investigations within the Alaska Emergency Medical Services (EMS) System. The policy is applicable to the investigation of any individual or provider agency that provides any EMS service in the purview and jurisdiction of the Alaska Department of Health and Social Services.
  
- B. This document establishes internal guidelines for conducting regulatory functions due to violations of Alaska regulations, policies, procedures, and/or protocols.

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- C. This policy identifies guidelines for disciplinary action against individuals holding an Emergency Medical Technician-1 (EMT), EMT-2, EMT-3, Advanced Emergency Medical Technician (AEMT), or Emergency Medical Dispatch (EMD) certifications in Alaska.
- D. Investigations and regulatory proceedings shall be fair, thorough, and impartial.

**II. APPLICABILITY**

This policy applies to any and all Emergency Medical Services Office (hereinafter “EMS Office”) employees involved in the investigative and regulatory processes.

**III. AUTHORITY**

- A. Alaska Statute Title 18. Health, Safety, Housing, Human Rights, and Public Defender, Chapter 08. Emergency Medical Services,
  - a. Sec. 18.08.075. Authority of emergency medical technician;
  - b. Sec 18.08.080. Regulations;
  - c. Sec. 18.08.082. Issuance of certificates; designations;
  - d. Sec. 18.08.084. Certificate required;
  - e. Sec. 18.08.087. Disclosure of medical records;
  - f. Sec. 18.08.088. Penalty;
  - g. Sec. 18.08.089. Authority to pronounce death;
  - h. Sec. 18.08.095. Air ambulance service
- B. Alaska Admin Code: 7 AAC 26.950. Grounds to suspend, revoke, or deny certification or recertification and 7 AAC 26.955. Departmental action to revoke, suspend, or refuse to issue a certificate
- C. Alaska State Statute Title 18. Health, Safety, Housing, Human Rights, and Public Defender, Chapter 65 Article 2. Alaska Police Standards Council.

**IV. DEFINITIONS**

- A. “Emergency Medical Technician (EMT)” means a person who has successfully completed any EMT course which meets the requirements in 7 AAC 26 Article 1 and has passed all required tests and who has been certified as an EMT at any level.
- B. “Emergency Medical Dispatcher (EMD)” means a person who has successfully completed a basic EMD course which meets the requirements of the National Academies of Emergency Dispatch, who has passed all required tests and who has been certified by an EMD Certifying Authority.

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- C. "Medical Director" means the State of Alaska - Health and Social Services EMS Medical Director.
- D. "Section Chief" means the Section Chief, Rural and Community Health, State of Alaska, Health and Social Services
- E. "Chief Medical Officer" means the Chief Medical Officer for the Alaska Department of Health and Human Services.
- F. "Accreditation" is a document that attests a currently licensed or certified individual meets criteria to operate within the State of Alaska. This authorization is provided under the direction of the EMS Office Medical Director in accordance with local scope of practice, standard of care, policies, procedures, and protocols.
- G. "Due Process" A course of formal proceedings carried out regularly, fairly, and in accordance with established rules and principles.
- H. "Appeal" is a process of requesting a formal change to an official decision.
- I. "Gross Negligence" is an extreme departure from the standard of care which, under similar circumstances would have ordinarily been exercised by a reasonable and prudent person trained and acting in a similar capacity while engaged in the performance of his or her duties if confronted with a similar circumstance.
- J. "Repeated Negligent Acts" is a repeated failure to use such care as a reasonable and prudent person trained and acting in a similar capacity while engaged in the performance of his or her duties would use if confronted with a similar circumstance.
- K. "Incompetence" is the lack of possession of that degree of knowledge, skill, and ability ordinarily possessed and exercised by a certified or licensed professional of the same level.

**V. POLICY STATEMENT**

- A. The EMS Office is committed to delivering high quality care and professional emergency medical services to the State of Alaska.
- B. Fair, thorough and impartial investigations of all complaints or alleged rule violations build public trust and confidence. Further, this promotes the highest professional standards for all emergency medical service providers and organizations.
- C. The authority and duties of the EMS Office necessitate prompt and thorough completion of administrative investigations. EMS Office employees must approach all investigations with a sense of urgency, recognizing the potential negative impact that protracted investigations have on complainants, applicants, person(s) subject to a complaint and associated agencies. Applicable provisions of regulations shall be followed. When possible, personnel shall strive to

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complete the investigation and fact gathering within 30 days of the filing of the complaint.

- D. The authority and duties of the EMS Office, at times, necessitate prompt action for violations of policies, procedures, and/or protocols. This is considered a regulatory function of the EMS Office, which may or may not be subject to investigation procedures.
- E. All licensure, certification, and local accreditation applicants are required to inform the EMS Office of any violations outlined in 7 AAC 26.950.
- F. If any of the actions outlined in 7 AAC 26.950 are indicated on the EMS Office application, applicant must include an explanation letter regarding the investigation and/or conviction(s) in detail, and must provide copies of verifying documentation from the court upon request.
- G. Failure to report such convictions may result in certification and/or accreditation denial, suspension or revocation per 7 AAC 26.950.
- H. Confidentiality: Investigations are confidential. This often prevents the complainant, and licensee, from obtaining progress reports or information that may disclose the current status of an open investigation. This also protects the reputation of licensees who may be accused of wrongdoing but the allegations against them are unproven. Cases often involve other agencies, businesses, and practices; disclosing information during an on-going case can compromise the investigation, or result in unnecessary hardship to the certificate holder or licensee.

**VI. INVESTIGATIVE PROCESS**

- A. Complaint
  - 1. All complaints from an EMS service provider must be in writing or submitted online using the EMS reporting link on the EMS website: [www.chems.alaska.gov](http://www.chems.alaska.gov).
  - 2. Complaints from the public or patients are encouraged to be in writing. However, an EMS Officer, Section Chief, Rural and Community Health Systems or EMS Office Manager may take public/patient complaints over the phone provided that phone number, mailing address, and email address contact information are obtained from the reporting party.
  - 3. No anonymous complaints will be investigated.
  - 4. A complaint form (Appendix A) is available on the EMS Office's website and at: <http://dhss.alaska.gov/dph/Emergency/Pages/ems/default.aspx>
  - 5. The EMS Office Manager and Section Chief shall review all complaints and determine whether or not an allegation involving an EMT, or EMD certification is made.

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- If the allegation involves a potential violation of certification, the following shall be conducted according to the Alaska Administrative Code, Recommended Guidelines for Disciplinary Orders and Conditions of Probation, The Firefighter Procedural Bill of Rights Act, and the Public Safety Officers Procedural Bill of Rights Act:
    - The EMS Office may conduct an investigation, determine cause for disciplinary action and make a recommendation to the EMS Office Manager, Section Chief and/or Medical Director about certification and/or accreditation action.
    - Certification / licensure action may include denial, revocation, suspension.
    - When an EMT / EMD is employed by a law enforcement agency, disciplinary proceedings shall be conducted in accordance with Alaska State Statute Title 18. Health, Safety, Housing, Human Rights, and Public Defender, Chapter 65 Article 2. Alaska Police Standards Council.
  - If the determination is made the allegation does not involve a potential violation of certification, the complaint will be forwarded to the appropriate agency.
6. All complaints, regardless of nature, will be documented in the Certification and Licensure Management System.

**C. Case Set-up and Internal Processing**

1. Receive and date stamp complaint – submit to EMS Office Manager and Section Chief.
2. EMS Office Manager or Section Chief will document complaint in the EMS Certification and Licensure Management System and assign to an EMS Officer.
3. EMS Officer begins to collect initial background data/facts, evidence.
4. If the complaint appears to involve circumstances where certification or licensure disciplinary action is likely to occur under 7 AAC 26.955 the EMS Officer shall continue to document all portions of the investigation in the EMS Certification and Licensure Management System.
  - a. If the certificate holder is a public safety officer who is alleged to have engaged in violations or omission while on duty, investigation shall be conducted in accordance with Alaska State Statute Title 18. Health, Safety, Housing, Human Rights, and Public Defender, Chapter 65 Article 2. Alaska Police Standards Council.

**D. Investigation Guidelines**

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1. Complaint Evaluation - Understand the allegation; identify the specific code section(s) that may be at issue. Determine the party or parties involved, including all organizations and individuals.
2. Serve allegation notice to the party under investigation, the reporting party, and request submission of evidence. The form letter (Appendix B) may be used for this purpose, or the notification and request for information may be made using email. Such notifications and requests shall always be in writing.
3. The request for information should be comprehensive. Request official incident reports, patient care records, dispatch logs, dispatch recordings, and other relevant documentation from the organizations and individuals involved in the incident. Request written statements from witnesses involved in the incident. Request other official records, if necessary, from ambulance providers, clinics, hospitals, fire departments, police departments, dispatch centers, other relevant organizations, and the public.
4. Establish a deadline for submission of the requested information of fifteen (15) business days; state a specific due date.
5. If no response to the allegation notice or due date has passed with no requested information received, the investigator will send a second request. If the party under investigation fails to respond within fifteen (15) day of the second request, the investigator will continue the investigation without his/her input or evidence. The investigator will no longer be required to attempt contact, this may result in a Default Decision as described in section XV below.
6. The Investigator shall attempt to identify all personnel involved. All personnel that may be interviewed shall be sent a Notice of Investigation (Appendix H). The Notice of Investigation shall include the Rules for Interview.
7. Review Documentation – Determine if the documentation/evidence submitted from parties is sufficient to proceed with analysis and making conclusions. Determine if any further witnesses, individuals, agencies or facilities have been identified that require document requests, and if so, request the documentation.
8. Interview – Based on documentation, schedule and conduct interviews as necessary to answer any questions, obtain statements, and further assist in evidence gathering. Interviews may be conducted in person or via telephone, as necessary. Attempts should be made to record the interview for the investigation file. If an interview is to be recorded, the interviewee must be notified prior to initiating an interview and permission must be obtained from all parties being interviewed..

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- a. Prior to an interview of an accused certificate holder, EMT, or EMD), EMS Office staff shall notify the individual, in writing, of the following Standards of Conduct for Interviewing EMS Personnel:
  - i. The interview shall be conducted at a reasonable hour, at a time when the person is on duty, unless an imminent threat to the safety of the public requires otherwise.
  - ii. The person under investigation shall be informed, prior to the interview, of the name, of the person in charge of the interview, and all other persons to be present during the interview. All questions directed to the individual during the interview shall be asked by and through no more than two interviewers at one time.
  - iii. The person under investigation shall be informed of the nature of the investigation prior to any interview.
  - iv. The interview session shall be for a reasonable period taking into consideration the gravity and complexity of the issue being investigated. The person being interviewed shall be allowed reasonable breaks to attend to his or her own personal physical necessities.
  - v. The person being interviewed shall not be subjected to offensive language or threatened with punitive action. A promise of reward shall not be made as an inducement to answering any question.
  - vi. A statement made during the interview by a person under duress, coercion, or threat of punitive action may not be admissible in subsequent judicial proceedings.
  - vii. The complete interview may be recorded. If a recording is made of the interview, the person being interviewed shall have access to the recording if any further proceedings are contemplated or prior to any further interviews at a subsequent time. The person shall be entitled to a transcribed copy of any notes made by a stenographer or to any reports or complaints made by investigators or other persons, except those portions that are otherwise required by law to be kept confidential. Notes or reports that are deemed to be confidential shall not be entered in the person's certification and/or accreditation file. The person being interviewed shall have the right to bring his or her own recording device and record any and all aspects of the interview.
  - viii. Upon the filing of a formal written statement of charges, or whenever an interview focuses on matters that may result in punitive action against any person, that person, at his or her request, shall have the right to be represented by a representative of his or her choice who may be present at all times during the interview. The representative shall not be a person subject to the same investigation. The representative

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shall not be required to disclose, or be subject to any punitive action for refusing to disclose, any information received from the person under investigation for noncriminal matters.

9. Review Evidence – Compile and review all evidence collected to date. Document the factual findings of your investigation.
10. Determine if the evidence supports accreditation, certification or licensure disciplinary action, in accordance with 7 AAC 26.955. If so, consult with the EMS Office Manager and Section Chief, before continuing with the investigation.
11. Summarize – Write an investigation summary of the case based on the evidence collected. The investigative summary shall be free from opinion of the investigator and shall document the facts of the investigation.
  - a. Identify any and all policy, procedure, mandate, directive or protocol violations that have occurred.
  - b. Identify and list each regulation, code section, protocol, etc. that appears to have been violated, if any.
  - c. Identify how the rule is violated, as demonstrated by the evidence.
  - d. Identify disciplinary action you recommend based on Section VII( c) (5), below of this policy.
  - e. If no violation has occurred, explain how the evidence or lack thereof fails to support the initial complaint.

**VII. INVESTIGATIVE INTERNAL REVIEW PANEL (IIRP)**

**A. Role of the IIRP**

1. An Investigative Internal Review Panel is an impartial advisory body of peers, whose members are knowledgeable in the provision of prehospital emergency medical care and EMS system policies and procedures. IIRP is responsible for:
  - a. Hearing the investigator’s presentation;
  - b. Reviewing the investigation summary and evidence;
  - c. Rendering a recommendation as to the determination of the matter; and
  - d. Rendering a recommendation as to the determination of appropriate action.
2. Recommendations shall be made to the EMS Office Manager or EMS Medical Director, as appropriate to the issue and authority.



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3. The IIRP reviews and discusses the evidence to formulate as a group of trained, experienced, and knowledgeable EMS professionals a broad-based opinion.
- B. IIRP Members - The IIRP shall consist of at least three persons. Absent any conflict, the IIRP shall consist of at minimum: one (1) EMS Officer, the EMS Medical Director, and Section Chief. If any conflicts of interest are present (see below for conflict reasons), or one of the members is not available, the Section Chief will appoint a replacement member. The EMS Office staff member directly responsible for the investigation shall not be a member of the IIRP and shall not vote on the outcome of the matter.
1. An IIRP member shall voluntarily disqualify her/himself and withdraw from any case in which she/he cannot accord a fair and impartial view.
  2. An IIRP member must recuse himself:
    - a. If she/he has a personal bias or prejudice toward a matter or its participants;
    - b. If she/he has personal knowledge of the facts that are disputed in the proceeding;
    - c. If she/he is related to any of the participants has a familial relationship with a party defined as an immediate or distant relationship by blood, adoption or marriage; or
    - d. If she/he has a financial interest in the outcome of the matter defined as a personal or familial financial monetary gain or loss associated with the outcome of the investigation. This includes, but is not limited to, a previous, current, or prospective personal business relationship with any party involved, such as outside employment relationships, contracted services, and business partnerships.
  3. A person under investigation and all representatives of the person under investigation are prohibited from contacting any member of the IIRP regarding the investigation. Conversely, IIRP members are prohibited from contacting the person under investigation or any representative of the person under investigation in regards to the investigation.
- C. IIRP Protocol
1. Investigator compiles packet with all documentation, notes, interview recordings, and investigation summary. In coordination with the EMS Office Manager, convene an IIRP.
  2. Present the case and make recommendations to the IIRP.
  3. Determination of Appropriate Action - An Investigative Internal Review Panel (IIRP) will be convened to review the case, hear the evidence, and make a

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determination on the case, as follows: compliant or non-compliant with regulations or policies, and recommend penalties or actions for finding(s) of non-compliance. An IIRP will be convened for every formal investigation.

4. The recommended penalty or action should be proportionate to and related to the severity of the non-compliance. It will also be proportionate to the risk to the public health and safety caused by the actions of the holder of, or applicant for, an EMS Office accreditation or certificate/license.
5. Resolution may be one or more of the following:
  - a. No action – After a complete investigation, no action is necessary to resolve the issue.
  - b. Policy/Procedure Revision – Issue is resolved yet the investigation brings to attention the need for revising an EMS Office policy, procedure, mandate, directive, protocol, or regulation.
  - c. Review Meeting – A meeting will take place with involved individuals and EMS Office officials to review the issues and identify strategies or actions to resolve the issue and prevent reoccurrences.
  - d. Remedial Education – Complete education or training prescribed by the Medical Director to correct deficiencies. This may include reading or writing reports, giving a continuing education class, reviewing policy, procedures, directives, and/or protocol, attending lectures and/or additional clinical or field evaluations (up to 40 hours clinical or 240 hours field).
  - e. Verbal/Written Reprimand – This action will be documented and placed in the individual's EMS Office certification file as a permanent record. The information may be used as part of future investigations.
  - f. EMS Provider Agency Sanction – Non-compliance by an individual may often reflect a failure by the EMS provider agency employing the individual. It is appropriate to hold the employer responsible for its agents' actions in addition to individual discipline. If the violation also constitutes a failure to meet performance standards or breach of contract, the appropriate action against an EMS provider agency shall be taken.
  - g. Statute Violation and/or Criminal Act - If the action constitutes a violation of Alaska State Statutes, the investigation will be forwarded to the State Attorney General Office for review.
  - h. Referral for Formal Accreditation, Certification or Licensure Disciplinary Action – Any incident which is a serious threat to public health and safety and/or may require disciplinary/ licensure action against EMS personnel as outlined in 7 AAC 26.955 (Departmental action to revoke, suspend, or

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refuse to issue a certificate) will be referred to the EMS Office Manager and Section Chief. Ultimate actions may include:

- i. Suspension of license/certification
- ii. Revocation of license/certification
- iii. Denial of license/certification or,
- iv. Denial of renewal of license/certification

**VIII. EXIT CONFERENCE/PRELIMINARY RESULTS**

After the completion of the IIRP, in those instances where the determination has been made that a violation occurred, an appointment will be made with the accused to discuss potential findings and actions. During the exit conference, the accused may discuss any part of the investigation and present any evidence on findings that he/she believes should be considered or that he/she believes was overlooked. After the exit conference, the final report will be prepared taking into consideration any new information. If the accused refuses an Exit Conference, the investigation will result in a default decision

**IX. FINAL DECISION**

- A. IIRP will make a final determination for the imposition of appropriate action. The IIRP may refer the case back to the investigating coordinator for additional considerations. The investigator will then consider any additional findings and re-convene the IIRP. The IIRP will review the additional information and follow the procedures as described above.
- B. The following factors shall be considered for determination of the certification/accreditation action to be imposed. Specifically whether the certification action warranted is suspension, or revocation:
  1. Nature and severity of the act(s), offense(s), or crime(s) under consideration
  2. Actual or potential harm to the public
  3. Actual or potential harm to any patient
  4. Prior disciplinary record
  5. Prior warnings on record or prior remediation
  6. Number and/or variety of current violations
  7. Aggravating evidence
  8. Mitigating evidence
  9. Rehabilitation evidence

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10. Compliance with terms of prior certification actions, remedial education mandates, or terms of suspension. In case of criminal conviction, compliance with terms of the sentence and/or court ordered probation
11. Overall criminal record
12. Time that has elapsed since the act(s) or offense(s) occurred.

**X. REPORTING THE RESULTS**

- A. If required by law, the EMS Office shall prepare a final report letter to the complaining party regarding the disposition of the case. A template disposition letter to reporting party is found at Appendix C.
- B. The complaining party and all organizations involved in the incident shall receive a copy of this letter. The following facts shall be included in the letter:
  1. The allegation(s);
  2. If IIRP found accused to be non-compliant, then list the specific codes and section numbers found to have been violated. If disciplinary action is to be taken, then the letter will state, "Disciplinary action has been imposed"; specific details regarding the type or nature of the disciplinary action will not be included in this letter.
  3. If the IIRP found that the allegations are without basis and the accused is found to be in compliance, then the letter shall state: "the allegations are found to be without basis and the accused is found to be in compliance".
- C. Prepare a second letter of disposition. The second letter is for the accused individual/organization(s) explaining disposition of the case. The following facts shall be included in the letter:
  1. The allegation(s);
  2. If the IIRP found the allegations are unfounded and the accused is found to be compliant, then such shall be stated in the letter.
  3. If the IIRP found the accused to be non-compliant, list the specific codes and section numbers found to have been violated. Provide sufficient detail based upon the evidence to describe the actions taken by the accused that constituted each violation.
  4. State the specific penalty/consequence for each violation.
  5. Advise the accused of rights, deadlines, and appeal procedures as dictated by 7 AAC 26.960.
- D. Both letters shall be submitted in draft form by the EMS Office Manager to the Section Chief for review, prior to release to anyone.

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- E. The employer and appropriate state authority will be notified of any disciplinary action taken against a certification or local accreditation.
- F. A “Notice of Appeal” (Appendix G) shall be sent along with the disposition letter to the accused for any finding that results in accreditation actions. Due process will be afforded as outlined below.

**XI. REGULATORY PROCEDURES**

- A. There may be instances in which the EMS Office may need to address a policy, procedure, and/or protocol violations in a swift and efficient manner. Complaints and/or allegations received from agencies other than the EMS Office shall be subject to investigation procedures and cannot be included in regulatory procedures. The EMS Office Manager shall make the decision as to whether investigation or regulatory procedures are initiated.
- B. When the EMS Office is in possession of evidence of a violation(s), the EMS Office may impose disciplinary action as a duty of the EMS Office’s regulatory authority. Evidence shall be clear, and convincing that indicates without a doubt that such violations occurred. In the absence of such evidence, the EMS Office will follow investigation procedures.
- C. A Notice of Violation will be sent to agency, certificate, or accreditation holder. The notice will be mailed, return receipt requested. The notice will set forth, with reasonable specificity the nature of the apparent violations of policies, procedures, and/or protocols, the action the EMS Office is taking, and the effective dates and/or duration of such actions. Instances of probation, suspension, or revocation will be allotted Due Process as provided below.
- D. Within fifteen (15) calendar days of receipt of notice, the agency, certificate, or accreditation holder must deliver to the EMS Office, in writing, a plan to cure the deficiency, or a statement of reasons why the agency, certificate or accreditation holder disagrees with the EMS Office.
- E. The agency, certificate or accreditation holder shall cure the deficiency within thirty (30) calendar days of receipt of the notice.
- F. Failure on part of the agency, certificate or accreditation holder to respond to the EMS Office within the allowed period, or disputes the validity of the alleged deficiency, the EMS Office will move forward with the imposed discipline.
- G. A “Notice of Appeal” (Appendix G) shall be sent along with the Notice of Violation to the certificate and/or accreditation holder for instances of probation, suspension or revocation.

**All regulatory actions must be approved by the EMS Office Manager, Medical Director or his/her designee.**

- H. All documents relating to the regulatory actions (including evidence) shall be included in personnel files, or if an agency, in specific program file for the

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agency. Regulatory actions taken against agencies may be included on performance reports published by the EMS Office, if applicable.

**XIII. DUE PROCESS - LICENSURE/CERTIFICATION ACTION:**

Due process for any Certification action shall follow Alaska Admin Code 7 AAC 26.955.

**XIV. DEFAULT DECISION**

Any failure on the part of a person under investigation to contact the EMS Office as requested, may result in a default decision. Effort will be made by the investigating coordinator to make contact with the accused using the contact information contained on the most recent "All-purpose form" submitted by the accreditation/certification/licensure holder.

The EMS Office may proceed with the investigation without the input of the accused in any instance of refusal by the person under investigation (or his/her representative) or any failure to make contact.

In instances where the EMS Office has successfully made contact with the accused, and the accused does not respond to EMS Office requests within the allotted timeframe, a second attempt at contact will be made. Failure to respond to either attempt or request of the EMS Office may result in a default decision being rendered. Any preliminary results may be considered final in circumstances such as this.

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**Appendix A – Investigation Request Form**

1. Person Requesting Investigation (include contact information and mailing address):	
2. Incident Date and Time:	
3. Incident Location:	
4. Patient(s) Name:	
5. PCR Number (if available):	
6. Hospital Medical Record Number (if available):	
7. Individuals and Agency Involved in Incident:	
8. Complaint/allegation (attach additional sheets if necessary):	
9. Section Number of ordinance, policy, or procedure that was violated:	
10. Please attach the following if applicable:	
<input type="checkbox"/> Copy of PCR <input type="checkbox"/> Patient Outcome <input type="checkbox"/> Dispatch Tape <input type="checkbox"/> Other Investigation	

I believe that the above is accurate and true, and I hereby request that the Alaska EMS Office investigate the incident.

Signature Date

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**Appendix B – Allegation Letter**

Date

Addressee

**RE: Notice of Investigation, Case No.**

On DATE this EMS Office received notice from NAME/ORGANIZATION that a violation of the ordinance, adopted standards/procedures or protocols may have occurred. Pursuant to 7 AAC 26.955180 of the Alaska Admin Code, the EMS Office has initiated an investigation.

**Information available to the EMS Office regarding the incident:**

Incident Date & Time:

*Provide brief description of the incident and violation.*

**Summary of allegation:**

*Cite Policy(ies) and Section(s) that have been allegedly violated.*

Please provide the following information for this incident: Patient Care Record, Statement(s) from on-scene personnel; and any other information you believe may help in the investigation. Return the information by give specific date to me at PO Box 110616 Juneau, AK 99811-0616, attention name of EMS Officer.

Thank you for your cooperation, and please feel free to contact me with any questions.

Sincerely,

Name of EMS Officer Title



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**Appendix C – Disposition Letter to Reporting Party**

Date

Addressee

**RE: Investigation Results, Case No.**

In the matter of Case No. \_, it was alleged that \_\_\_\_\_ . After a complete and thorough investigation, it is concluded that:

The allegations are found to be without basis and the accused if found to be in compliance.

Or

The allegations have merit. The evidence indicates that the accused, has violated the following specific sections of policies, regulations, rules, etc....

As a result of this violation, disciplinary action has been imposed. As a result of these violations, disciplinary action has been imposed.

Thank you for bringing this matter to our attention.

Sincerely,

Name of EMS Officer Title

(cc to all organizations involved in the incident)

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**Appendix D – Disposition Letter to the Accused**

Date

Addressee

**RE: Investigation Results, Case No.**

In the matter of Case No.\_\_\_\_\_, it was alleged that \_\_\_\_\_ . After a complete and thorough investigation, it is concluded that:

The allegations are unfounded. The evidence indicates your organization is compliant with \_\_\_\_\_.

Or

The allegations have merit. The evidence indicates that your organization (or named individual) has violated the following specific sections of policies, regulations, rules, etc....  
*(Provide sufficient detail based upon the evidence to describe the actions taken by the accused that constituted each violation)*

As a result of this violation, the following disciplinary action is being taken:

- List specifics

As a result of these violations, the following disciplinary actions are being taken.

- List specifics
- List specifics
- List specifics

Within fifteen (15) days of this notice you may file an appeal of this decision with the Commissioner of the Department of Health and Social Services. Please refer to the enclosed copy of 7 AAC 26.960 for guidance and your rights under this process. If you have further questions please contact (EMS Officer Name)

Sincerely,

Name of EMS Officer Title

(No cc's of any kind)

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**Appendix E – Individual Notification of Investigation**

Date

Addressee (*Name of EMT, or EMD potentially under investigation*) Address  
City, State, ZIP

**RE: Notice of Investigation, Case No.**

Dear Mr. /Ms.:

On DATE this EMS Office received notice from NAME/ORGANIZATION that a violation of the

Ordinance, adopted standards/procedures, or adopted protocols may have occurred. Pursuant to Section 7 AAC 26.955180 of the Alaska Admin Code, the EMS Office has initiated an investigation.

**Information available to the EMS Office regarding the incident:**

Incident Date & Time:

*Provide brief description of the incident. If patient permission is obtained in writing to share information, include patient name, location of incident, run number, and disposition. If no permission, include run number only (in addition to the above date and time).*

**Summary of allegation:**

*Brief description of the complaint and violation (Do not include medical information unless the patient has allowed us to do so).*

*Cite Policy (is) and Section(s) that have been allegedly violated.*

**Investigating Coordinator: Name of EMS Coordinator**

During the investigation you may be called upon for an interview regarding the events surrounding the complaint. In the event that you are interviewed, the *Standards of Conduct for Interviewing EMS Personnel* will be observed; see the attached list.

At this time please provide the following information: A detailed statement describing your participation in the above incident; and any other information you believe may be helpful in the investigation. Return the information by (*give specific date*) to me at PO Box 110616 Juneau, AK 99811-0616, attention (*name of EMS Officer*).

Thank you for your cooperation, and please feel free to contact me at (*EMS Coordinators phone number and email address*) with questions.

Sincerely,

Document2

NAME (EMS Officer investigating the incident) Title

**Alaska Section of Rural and Community Health Systems  
State Office of Emergency Medical Services**

**Appendix F. Notice of Investigation**

Date

Addressee  
Address  
City, State, Zip

RE: Case (##) Notification of Investigation

Dear Mr/Mrs/Ms. : This letter serves to notify you the Alaska EMS Office is conducting an investigation pursuant to Section 7 AAC 26.955180 of the Alaska Admin Code. While you may not be the subject of the investigation, information available to the EMS Office indicates that you may have been present and/or involved in the incident under investigation.

At any time during the course of the investigation, the Division may call upon you for an interview. The EMS Office will conduct interviews in accordance with the attached guidelines. If you are contacted by an EMS Office investigator, please familiarize yourself with incident information prior to the date and time of your scheduled interview.

Incident Information available to the Office:

- Date and Time of call:
- Location of Incident:

If you have any questions, please feel free to contact the EMS Officer. As the EMS Officer assigned to the investigation I can be reached at *phone* or by email at *email*. Thank you in advance for your cooperation with this investigation.

Sincerely,

NAME (EMS Officer investigating the incident)