



Alabama ePCR

Incident and Demographic Dataset

Version 1.1

The Alabama ePCR system utilizes the EMSIS product line and is a NEMSIS Gold-Compliant System. Alabama has chosen to require a subset of the NEMSIS dataset. The table below highlights the minimum set of NEMSIS elements which APDH requires to be collected.

Any software system which will submit to the Alabama ePCR system must be able to collect and submit these elements. A minimum Requirement of NEMSIS-compliant software contains all of the fields which are part of the Alabama Dataset. The software must be able to represent, allow entry, and submit all NEMSIS values for each of these fields.

The Alabama ePCR system can accept the complete NEMSIS dataset. For software vendors who have achieved NEMSIS Gold Compliance or Silver Compliance beyond the Alabama dataset, we encourage these vendors to submit all elements collected. For elements beyond the Alabama dataset, no additional validations are enforced. Alabama's included validations are minimum state requirements; therefore, validations above and beyond Alabama's are acceptable.

Based on feedback from pilot sites, ADPH may update the dataset during pilot implementation, and all participating pilot sites will be notified .

In Version 1.1, the following elements are no longer part of the Alabama dataset:

E18_02 Medication Administered Prior To This Unit's EMS Care
E19_02 Procedure Performed Prior To This Unit's EMS Care

Sect ID	Section Name	Element Code	Data Element	NEMESIS
D01	Agency General Info	D01_01	EMS Agency Number	•
D01	"	D01_02	EMS Agency Name	
D01	"	D01_03	EMS Agency State	•
D01	"	D01_04	EMS Agency County	•
D01	"	D01_05	Primary Type of Service	
D01	"	D01_06	Other Types of Service	
D01	"	D01_07	Level of Service	•
D01	"	D01_08	Organizational Type	•
D01	"	D01_09	Organization Status	•
D01	"	D01_10	Statistical Year	•
D01	"	D01_11	Other Agencies In Area	
D01	"	D01_12	Total Service Size Area	•
D01	"	D01_13	Total Service Area Population	•
D01	"	D01_14	911 Call Volume per Year	•
D01	"	D01_15	EMS Dispatch Volume per Year	•
D01	"	D01_16	EMS Transport Volume per Year	•
D01	"	D01_17	EMS Patient Contact Volume per Year	•
D01	"	D01_18	EMS Billable Calls per Year	
D01	"	D01_19	EMS Agency Time Zone	•
D01	"	D01_20	EMS Agency Daylight Savings Time Use	
D01	"	D01_21	National Provider Identifier	•
D02	Agency Contact Info	D02_01	Agency Contact Last Name	
D02	"	D02_02	Agency Contact Middle Name/Initial	
D02	"	D02_03	Agency Contact First Name	
D02	"	D02_04	Agency Contact Address	
D02	"	D02_05	Agency Contact City	
D02	"	D02_06	Agency Contact State	
D02	"	D02_07	Agency Contact Zip Code	•
D02	"	D02_08	Agency Contact Telephone Number	
D02	"	D02_09	Agency Contact Fax Number	
D02	"	D02_10	Agency Contact Email Address	
D02	"	D02_11	Agency Contact Web Address	
D03	Agency Med Dir Info	D03_01	Agency Medical Director Last Name	
D03	"	D03_02	Agency Medical Director Middle Name/Initial	
D03	"	D03_03	Agency Medical Director First Name	
D03	"	D03_04	Agency Medical Director Address	
D03	"	D03_05	Agency Medical Director City	
D03	"	D03_06	Agency Medical Director State	
D03	"	D03_07	Agency Medical Director Zip Code	
D03	"	D03_08	Agency Medical Director Telephone Number	
D03	"	D03_09	Agency Medical Director Fax Number	
D03	"	D03_10	Agency Medical Director's Medical Specialty	
D03	"	D03_11	Agency Medical Director Email Address	
D04	Agency Config Info	D04_01	State Certification Licensure Levels	
D04	"	D04_02	EMS Unit Call Sign	

D04	"	D04_03	Zones	
D04	"	D04_04	Procedures	
D04	"	D04_05	Personnel Level Permitted to Use the Procedure	
D04	"	D04_06	Medications Given	
D04	"	D04_07	Personnel Level Permitted to Use the Medication	
D04	"	D04_08	Protocol	
D04	"	D04_09	Personnel Level Permitted to Use the Protocol	
D04	"	D04_10	Billing Status	
D04	"	D04_11	Hospitals Served	
D04	"	D04_12	Hospital Facility Number	
D04	"	D04_13	Other Destinations	
D04	"	D04_14	Destination Facility Number	
D04	"	D04_15	Destination Type	
D04	"	D04_16	Insurance Companies Used	
D04	"	D04_17	EMD Vendor	
D05	Agency Station Info	D05_01	Station Name	
D05	"	D05_02	Station Number	
D05	"	D05_03	Station Zone	
D05	"	D05_04	Station GPS	
D05	"	D05_05	Station Address	
D05	"	D05_06	Station City	
D05	"	D05_07	Station State	
D05	"	D05_08	Station Zip	
D05	"	D05_09	Station Telephone Number	
D06	Agency Vehicle Info	D06_01	Unit/Vehicle Number	
D06	"	D06_02	<i>No data element indicated</i>	
D06	"	D06_03	Vehicle Type	
D06	"	D06_04	State Certification/Licensure Levels	
D06	"	D06_05	Number Of Each Personnel Level on the Vehicle Crew	
D06	"	D06_06	Vehicle Initial Cost	
D06	"	D06_07	Vehicle Model Year	
D06	"	D06_08	Year Miles/Hours Accrued	
D06	"	D06_09	Annual Vehicle Hours	
D06	"	D06_10	Annual Vehicle Miles	
D07	Agency Personnel Info	D07_01	Personnel's Agency ID Number	
D07	"	D07_02	State/Licensure ID Number	
D07	"	D07_03	Personnel's Employment Status	
D07	"	D07_04	Employment Status Date	
D07	"	D07_05	Personnel's Level of Certification/Licensure for Agency	
D07	"	D07_06	Date of Personnel's Certification or Licensure for Agency	
D08	"	D08_01	EMS Personnel's Last Name	
D08	"	D08_02	EMS Personnel's Middle Name/Initial	
D08	"	D08_03	EMS Personnel's First Name	
D08	"	D08_04	EMS Personnel's Mailing Address	
D08	"	D08_05	EMS Personnel's City of Residence	
D08	"	D08_06	EMS Personnel's State	
D08	"	D08_07	EMS Personnel's Zip Code	
D08	"	D08_08	EMS Personnel's Work Telephone	
D08	"	D08_09	EMS Personnel's Home Telephone	
D08	"	D08_10	EMS Personnel's Email Address	
D08	"	D08_11	EMS Personnel's Date Of Birth	

D08	"	D08_12	EMS Personnel's Gender	
D08	"	D08_13	EMS Personnel's Race	
D08	"	D08_14	EMS Personnel's Ethnicity	
D08	"	D08_15	State EMS Certification Licensure Level	
D08	"	D08_16	National Registry Credentialed	
D08	"	D08_17	State EMS Current Certification Date	
D08	"	D08_18	Initial State Certification Date	
D08	"	D08_19	Total Length of Service	
D08	"	D08_20	Date Length of Service Documented	
D09	Medical Device Info	D09_01	Device Serial Number	
D09	"	D09_02	Device Name or ID	
D09	"	D09_03	Device Manufacturer	
D09	"	D09_04	Model Number	
D09	"	D09_05	Device Purchase Date	
E00	Common EMS Values	E00	Common Null Values	
E01	Record Info	E01_01	Patient Care Report Number	•
E01	"	E01_02	Software Creator	•
E01	"	E01_03	Software Name	•
E01	"	E01_04	Software Version	•
E02	Unit/ Agency Info	E02_01	EMS Agency Number	•
E02	"	E02_02	Incident Number	
E02	"	E02_03	EMS Unit (Vehicle) Response Number	
E02	"	E02_04	Type of Service Requested	•
E02	"	E02_05	Primary Role of the Unit	•
E02	"	E02_06	Type of Dispatch Delay	•
E02	"	E02_07	Type of Response Delay	•
E02	"	E02_08	Type of Scene Delay	•
E02	"	E02_09	Type of Transport Delay	•
E02	"	E02_10	Type of Turn-Around Delay	•
E02	"	E02_11	EMS Unit/Vehicle Number	
E02	"	E02_12	EMS Unit Call Sign (Radio Number)	•
E02	"	E02_13	Vehicle Dispatch Location	
E02	"	E02_14	Vehicle Dispatch Zone	
E02	"	E02_15	Vehicle Dispatch GPS Location	
E02	"	E02_16	Beginning Odometer Reading of Responding Vehicle	
E02	"	E02_17	On-Scene Odometer Reading of Responding Vehicle	
E02	"	E02_18	Patient Destination Odometer Reading of Responding Vehicle	
E02	"	E02_19	Ending Odometer Reading of Responding Vehicle	
E02	"	E02_20	Response Mode to Scene	•
E03	Unit/ Call Info	E03_01	Complaint Reported by Dispatch	•
E03	"	E03_02	EMD Performed	•
E03	"	E03_03	EMD Card Number	
E04	Unit/ Personnel Info	E04_01	Crew Member ID	
E04	"	E04_02	Crew Member Role	
E04	"	E04_03	Crew Member Level	
E05	Times	E05_01	Incident or Onset Date/Time	
E05	"	E05_02	PSAP Call Date/Time	•
E05	"	E05_03	Dispatch Notified Date/Time	
E05	"	E05_04	Unit Notified by Dispatch Date/Time	•
E05	"	E05_05	Unit En Route Date/Time	•
E05	"	E05_06	Unit Arrived on Scene Date/Time	•

E05	"	E05_07	Arrived at Patient Date/Time	•
E05	"	E05_08	Transfer of Patient Care Date/Time	
E05	"	E05_09	Unit Left Scene Date/Time	•
E05	"	E05_10	Patient Arrived at Destination Date/Time	•
E05	"	E05_11	Unit Back in Service Date/Time	•
E05	"	E05_12	Unit Cancelled Date/Time	
E05	"	E05_13	Unit Back at Home Location Date/Time	•
E06	Patient	E06_01	Last Name	
E06	"	E06_02	First Name	
E06	"	E06_03	Middle Initial/Name	
E06	"	E06_04	Patient's Home Address	
E06	"	E06_05	Patient's Home City	
E06	"	E06_06	Patient's Home County	
E06	"	E06_07	Patient's Home State	
E06	"	E06_08	Patient's Home Zip Code	•
E06	"	E06_09	Patient's Home Country	
E06	"	E06_10	Social Security Number	
E06	"	E06_11	Gender	•
E06	"	E06_12	Race	•
E06	"	E06_13	Ethnicity	•
E06	"	E06_14	Age	•
E06	"	E06_15	Age Units	•
E06	"	E06_16	Date of Birth	
E06	"	E06_17	Primary or Home Telephone Number	
E06	"	E06_18	State Issuing Driver's License	
E06	"	E06_19	Driver's License Number	
E07	Billing	E07_01	Primary Method of Payment	•
E07	"	E07_02	Certificate of Medical Necessity	
E07	"	E07_03	Insurance Company ID/Name	
E07	"	E07_04	Insurance Company Billing Priority	
E07	"	E07_05	Insurance Company Address	
E07	"	E07_06	Insurance Company City	
E07	"	E07_07	Insurance Company State	
E07	"	E07_08	Insurance Company Zip Code	
E07	"	E07_09	Insurance Group ID/Name	
E07	"	E07_10	Insurance Policy ID Number	
E07	"	E07_11	Last Name of the Insured	
E07	"	E07_12	First Name of the Insured	
E07	"	E07_13	Middle Initial/Name of the Insured	
E07	"	E07_14	Relationship to the Insured	
E07	"	E07_15	Work-Related	
E07	"	E07_16	Patient's Occupational Industry	
E07	"	E07_17	Patient's Occupation	
E07	"	E07_18	Closest Relative/Guardian Last Name	
E07	"	E07_19	First Name of the Closest Relative/ Guardian	
E07	"	E07_20	Middle Initial/Name of the Closest Relative/ Guardian	
E07	"	E07_21	Closest Relative/ Guardian Street Address	
E07	"	E07_22	Closest Relative/ Guardian City	
E07	"	E07_23	Closest Relative/ Guardian State	
E07	"	E07_24	Closest Relative/ Guardian Zip Code	
E07	"	E07_25	Closest Relative/ Guardian Phone Number	

E07	"	E07_26	Closest Relative/ Guardian Relationship	
E07	"	E07_27	Patient's Employer	
E07	"	E07_28	Patient's Employer's Address	
E07	"	E07_29	Patient's Employer's City	
E07	"	E07_30	Patient's Employer's State	
E07	"	E07_31	Patient's Employer's Zip Code	
E07	"	E07_32	Patient's Work Telephone Number	
E07	"	E07_33	Response Urgency	
E07	"	E07_34	CMS Service Level	•
E07	"	E07_35	Condition Code Number	•
E07	"	E07_36	ICD-9 Code for the Condition Code Number	
E07	"	E07_37	Condition Code Modifier	
E08	Scene	E08_01	Other EMS Agencies at Scene	
E08	"	E08_02	Other Services at Scene	
E08	"	E08_03	Estimated Date/Time Initial Responder Arrived on Scene	
E08	"	E08_04	Date/Time Initial Responder Arrived on Scene	
E08	"	E08_05	Number of Patients at Scene	•
E08	"	E08_06	Mass Casualty Incident	•
E08	"	E08_07	Incident Location Type	•
E08	"	E08_08	Incident Facility Code	
E08	"	E08_09	Scene Zone Number	
E08	"	E08_10	Scene GPS Location	
E08	"	E08_11	Incident Address	
E08	"	E08_12	Incident City	
E08	"	E08_13	Incident County	
E08	"	E08_14	Incident State	
E08	"	E08_15	Incident ZIP Code	•
E09	Situation	E09_01	Prior Aid	•
E09	"	E09_02	Prior Aid Performed by	•
E09	"	E09_03	Outcome of the Prior Aid	•
E09	"	E09_04	Possible Injury	•
E09	"	E09_05	Chief Complaint	
E09	"	E09_06	Duration of Chief Complaint	
E09	"	E09_07	Time Units of Duration of Chief Complaint	
E09	"	E09_08	Secondary Complaint Narrative	
E09	"	E09_09	Duration of Secondary Complaint	
E09	"	E09_10	Time Units of Duration of Secondary Complaint	
E09	"	E09_11	Chief Complaint Anatomic Location	•
E09	"	E09_12	Chief Complaint Organ System	•
E09	"	E09_13	Primary Symptom	•
E09	"	E09_14	Other Associated Symptoms	•
E09	"	E09_15	Providers Primary Impression	•
E09	"	E09_16	Provider's Secondary Impression	•
E10	Situation/ Trauma	E10_01	Cause of Injury	•
E10	"	E10_02	Intent of the Injury	
E10	"	E10_03	Mechanism of Injury	
E10	"	E10_04	Vehicular Injury Indicators	
E10	"	E10_05	Area of the Vehicle impacted by the collision	
E10	"	E10_06	Seat Row Location of Patient in Vehicle	
E10	"	E10_07	Position of Patient in the Seat of the Vehicle	
E10	"	E10_08	Use of Occupant Safety Equipment	

E10	"	E10_09	Airbag Deployment	
E10	"	E10_10	Height of Fall	
E11	Situation/ CPR	E11_01	Cardiac Arrest	●
E11	"	E11_02	Cardiac Arrest Etiology	●
E11	"	E11_03	Resuscitation Attempted	●
E11	"	E11_04	Arrest Witnessed by	
E11	"	E11_05	First Monitored Rhythm of the Patient	
E11	"	E11_06	Any Return of Spontaneous Circulation	
E11	"	E11_07	Neurological Outcome at Hospital Discharge	
E11	"	E11_08	Estimated Time of Arrest Prior to EMS Arrival	
E11	"	E11_09	Date/Time Resuscitation Discontinued	
E11	"	E11_10	Reason CPR Discontinued	
E11	"	E11_11	Cardiac Rhythm on Arrival at Destination	
E12	Medical History	E12_01	Barriers to Patient Care	●
E12	"	E12_02	Sending Facility Medical Record Number	
E12	"	E12_03	Destination Medical Record Number	
E12	"	E12_04	First Name of Patient's Primary Practitioner	
E12	"	E12_05	Middle Name of Patient's Primary Practitioner	
E12	"	E12_06	Last Name of Patient's Primary Practitioner	
E12	"	E12_07	Advanced Directives	
E12	"	E12_08	Medication Allergies	
E12	"	E12_09	Environmental/Food Allergies	
E12	"	E12_10	Medical/Surgical History	
E12	"	E12_11	Medical History Obtained From	
E12	"	E12_12	Immunization History	
E12	"	E12_13	Immunization Date	
E12	"	E12_14	Current Medications	
E12	"	E12_15	Current Medication Dose	
E12	"	E12_16	Current Medication Dosage Unit	
E12	"	E12_17	Current Medication Administration Route	
E12	"	E12_18	Presence of Emergency Information Form	
E12	"	E12_19	Alcohol/Drug Use Indicators	●
E12	"	E12_20	Pregnancy	
E13	Narrative	E13_01	Run Report Narrative	
E14	Assessment/ Vital Signs	E14_01	Date/Time Vital Signs Taken	
E14	"	E14_02	Obtained Prior to this Units EMS Care	
E14	"	E14_03	Cardiac Rhythm	
E14	"	E14_04	SBP (Systolic Blood Pressure)	
E14	"	E14_05	DBP (Diastolic Blood Pressure)	
E14	"	E14_06	Method of Blood Pressure Measurement	
E14	"	E14_07	Pulse Rate	
E14	"	E14_08	Electronic Monitor Rate	
E14	"	E14_09	Pulse Oximetry	
E14	"	E14_10	Pulse Rhythm	
E14	"	E14_11	Respiratory Rate	
E14	"	E14_12	Respiratory Effort	
E14	"	E14_13	Carbon Dioxide	
E14	"	E14_14	Blood Glucose Level	
E14	"	E14_15	Glasgow Coma Scale (GCS) Score-Eye	
E14	"	E14_16	Glasgow Coma Scale (GCS) Score-Verbal	
E14	"	E14_17	Glasgow Coma Scale (GCS) Score-Motor	

E14	"	E14_18	Glasgow Coma Scale (GCS) Score-Qualifier	
E14	"	E14_19	Total Glasgow Coma Scale (GCS) Score	
E14	"	E14_20	Temperature	
E14	"	E14_21	Temperature Method	
E14	"	E14_22	Level of Responsiveness	
E14	"	E14_23	Pain Scale	
E14	"	E14_24	Stroke Scale	
E14	"	E14_25	Thrombolytic Screen	
E14	"	E14_26	APGAR	
E14	"	E14_27	Revised Trauma Score	
E14	"	E14_28	Pediatric Trauma Score	
E15	Assessment/ Injury	E15_01	NHTSA Injury Matrix External/Skin	
E15	"	E15_02	NHTSA Injury Matrix Head	
E15	"	E15_03	NHTSA Injury Matrix Face	
E15	"	E15_04	NHTSA Injury Matrix Neck	
E15	"	E15_05	NHTSA Injury Matrix Thorax	
E15	"	E15_06	NHTSA Injury Matrix Abdomen	
E15	"	E15_07	NHTSA Injury Matrix Spine	
E15	"	E15_08	NHTSA Injury Matrix Upper Extremities	
E15	"	E15_09	NHTSA Injury Matrix Pelvis	
E15	"	E15_10	NHTSA Injury Matrix Lower Extremities	
E15	"	E15_11	NHTSA Injury Matrix Unspecified	
E16	Assessment/ Exam	E16_01	Estimated Body Weight	
E16	"	E16_02	Broselow/Luten Color	
E16	"	E16_03	Date/Time of Assessment	
E16	"	E16_04	Skin Assessment	
E16	"	E16_05	Head/Face Assessment	
E16	"	E16_06	Neck Assessment	
E16	"	E16_07	Chest/Lungs Assessment	
E16	"	E16_08	Heart Assessment	
E16	"	E16_09	Abdomen Left Upper Assessment	
E16	"	E16_10	Abdomen Left Lower Assessment	
E16	"	E16_11	Abdomen Right Upper Assessment	
E16	"	E16_12	Abdomen Right Lower Assessment	
E16	"	E16_13	GU Assessment	
E16	"	E16_14	Back Cervical Assessment	
E16	"	E16_15	Back Thoracic Assessment	
E16	"	E16_16	Back Lumbar/Sacral Assessment	
E16	"	E16_17	Extremities-Right Upper Assessment	
E16	"	E16_18	Extremities-Right Lower Assessment	
E16	"	E16_19	Extremities-Left Upper Assessment	
E16	"	E16_20	Extremities-Left Lower Assessment	
E16	"	E16_21	Eyes-Left Assessment	
E16	"	E16_22	Eyes-Right Assessment	
E16	"	E16_23	Mental Status Assessment	
E16	"	E16_24	Neurological Assessment	
E17	Intervention	E17_01	Protocols Used	
E18	Intervention/ Medication	E18_01	Date/Time Medication Administered	
E18	"	E18_02	Medication Administered Prior to this Units EMS Care	
E18	"	E18_03	Medication Given	•
E18	"	E18_04	Medication Administered Route	

E18	"	E18_05	Medication Dosage	
E18	"	E18_06	Medication Dosage Units	
E18	"	E18_07	Response to Medication	
E18	"	E18_08	Medication Complication	•
E18	"	E18_09	Medication Crew Member ID	
E18	"	E18_10	Medication Authorization	
E18	"	E18_11	Medication Authorizing Physician	
E19	Intervention/ Procedure	E19_01	Date/Time Procedure Performed Successfully	
E19	"	E19_02	Procedure Performed Prior to this Units EMS Care	
E19	"	E19_03	Procedure	•
E19	"	E19_04	Size of Procedure Equipment	
E19	"	E19_05	Number of Procedure Attempts	•
E19	"	E19_06	Procedure Successful	•
E19	"	E19_07	Procedure Complication	•
E19	"	E19_08	Response to Procedure	
E19	"	E19_09	Procedure Crew Members ID	
E19	"	E19_10	Procedure Authorization	
E19	"	E19_11	Procedure Authorizing Physician	
E19	"	E19_12	Successful IV Site	
E19	"	E19_13	Tube Confirmation	
E19	"	E19_14	Destination Confirmation of Tube Placement	
E20	Disposition	E20_01	Destination/Transferred To, Name	
E20	"	E20_02	Destination/Transferred To, Code	
E20	"	E20_03	Destination Street Address	
E20	"	E20_04	Destination City	
E20	"	E20_05	Destination State	
E20	"	E20_06	Destination County	
E20	"	E20_07	Destination Zip Code	•
E20	"	E20_08	Destination GPS Location	
E20	"	E20_09	Destination Zone Number	
E20	"	E20_10	Incident/Patient Disposition	•
E20	"	E20_11	How Patient Was Moved to Ambulance	
E20	"	E20_12	Position of Patient During Transport	
E20	"	E20_13	How Patient Was Transported From Ambulance	
E20	"	E20_14	Transport Mode from Scene	•
E20	"	E20_15	Condition of Patient at Destination	
E20	"	E20_16	Reason for Choosing Destination	•
E20	"	E20_17	Type of Destination	•
E21	Medical Device Data	E21_01	Event Date/Time	
E21	"	E21_02	Medical Device Event Name	
E21	"	E21_03	Waveform Graphic Type	
E21	"	E21_04	Waveform Graphic	
E21	"	E21_05	AED, Pacing, or CO2 Mode	
E21	"	E21_06	ECG Lead	
E21	"	E21_07	ECG Interpretation	
E21	"	E21_08	Type of Shock	
E21	"	E21_09	Shock or Pacing Energy	
E21	"	E21_10	Total Number of Shocks Delivered	
E21	"	E21_11	Pacing Rate	
E21	"	E21_12	Device Heart Rate	
E21	"	E21_13	Device Pulse Rate	

E21	"	E21_14	Device Systolic Blood Pressure	
E21	"	E21_15	Device Diastolic Blood Pressure	
E21	"	E21_16	Device Respiratory Rate	
E21	"	E21_17	Device Pulse Oximetry	
E21	"	E21_18	Device CO2 or etCO2	
E21	"	E21_19	Device CO2, etCO2, or Invasive Pressure Monitor Units	
E21	"	E21_20	Device Invasive Pressure Mean	
E22	Outcome and Linkage	E22_01	Emergency Department Disposition	•
E22	"	E22_02	Hospital Disposition	•
E22	"	E22_03	Law Enforcement/Crash Report Number	
E22	"	E22_04	Trauma Registry ID	
E22	"	E22_05	Fire Incident Report Number	
E22	"	E22_06	Patient ID Band/Tag Number	
E23	Miscellaneous	E23_01	Review Requested	
E23	"	E23_02	Potential Registry Candidate	
E23	"	E23_03	Personal Protective Equipment Used	
E23	"	E23_04	Suspected Intentional, or Unintentional Disaster	
E23	"	E23_05	Suspected Contact with Blood/Body Fluids of EMS Injury or Death	
E23	"	E23_06	Type of Suspected Blood/Body Fluid Exposure, Injury, or Death	
E23	"	E23_07	Personnel Exposed	
E23	"	E23_08	Required Reportable Conditions	
E23	"	E23_09	Research Survey Field	
E23	"	E23_10	Who Generated this Report?	
E23	"	E23_11	Research Survey Field Title	
Green = Alabama OEMS&T Data Elements.				
Gray Font = Data Elements not selected for collection.				
Date: 01/26/07				