

**ARTICLE 5. MEDICAL DIRECTION PROTOCOLS FOR EMERGENCY MEDICAL CARE
TECHNICIANS**

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**ARTICLE 5. MEDICAL DIRECTION PROTOCOLS FOR EMERGENCY MEDICAL CARE
TECHNICIANS**

R9-25-501. Definitions

In addition to the definitions in A.R.S. § 36-2201 and R9-25-101, the following definitions apply in this Article, unless otherwise specified:

1. “ALS skill” means a medical treatment, procedure, or technique or administration of a medication that is indicated by a check mark in Table 5.1 under AEMT, EMT-I(99), or Paramedic, but not under EMT.
2. “Immunizing agent” means an immunobiologic recommended by the Advisory Committee on Immunization Practices of the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention.

R9-25-502. Scope of Practice for EMCTs

A. An EMCT shall perform a medical treatment, procedure, or technique or administer a medication only:

1. If the skill is within the EMCT’s scope of practice skills, as specified in Table 5.1;
2. For an ALS skill:
 - a. If authorized for the EMCT by the EMCT’s administrative medical director, and
 - b. If the EMCT is able to receive on-line medical direction;
3. For a STR skill:
 - a. If the EMCT has documentation of having completed training specific to the skill that is consistent with the knowledge, skills, and competencies established according to A.R.S. § 36-2204 and available through the Department at www.azdhs.gov;
 - b. If authorized for the EMCT by the EMCT’s administrative medical director; and
 - c. If the EMCT is able to receive on-line medical direction;
4. If the medication is listed as an agent in Table 5.2, Table 5.3, or Table 5.4 under the classification for which the EMCT is certified;
5. If the EMCT is authorized to administer the medication by the:
 - a. EMCT’s administrative medical director, if applicable; or
 - b. If the EMCT is an EMT with no administrative medical director, emergency medical services provider or ambulance service by which the EMCT is employed or for which the EMCT volunteers; and

6. In a manner consistent with standards described in R9-25-408 and, if applicable, with the training in 9 A.A.C. 25, Article 3.

B. An administrative medical director:

1. Shall:
 - a. Ensure that an EMCT has completed training in administration or monitoring of an agent before authorizing the EMCT to administer or monitor the agent;
 - b. Ensure that an EMCT has competency in an ALS skill before authorizing the EMCT to perform the ALS skill;
 - c. Before authorizing an EMCT to perform a STR skill, ensure that the EMCT has:
 - i. Completed training specific to the skill, consistent with the knowledge, skills, and competencies established according to A.R.S. § 36-2204 and available through the Department at www.azdhs.gov; and
 - ii. Demonstrated competency in the skill;
 - d. Periodically thereafter assess an EMCT's competency in an authorized ALS skill and STR skill, according to policies and procedures required in R9-25-201(C)(3)(b)(viii), to ensure continued competency;
 - e. Document the EMCT's:
 - i. Completion of training in administration or monitoring of an agent required in subsection (B)(1)(a),
 - ii. Competency in performing an ALS skill required in subsection (B)(1)(b),
 - iii. Specific training required in subsection (B)(1)(c)(i) and competency required in subsection (B)(1)(c)(ii), and
 - iv. Periodic reassessment required in subsection (B)(1)(d); and
 - f. Maintain documentation of an EMCT's completion of training in administration or monitoring of an agent and competency in performing an authorized ALS skill or STR skill; and
2. May authorize an EMCT to perform all of the ALS skills in Table 5.1 for the applicable level of EMCT or restrict the EMCT to a subset of the ALS skills in Table 5.1 for the applicable level of EMCT.

Table 5.1. Arizona Scope of Practice Skills

KEY:

✓ = Arizona Scope of Practice skill

STR = STR skill

* = Already intubated

Airway/Ventilation/Oxygenation	EMT	AEMT	EMT-I(99)	Paramedic
Airway - esophageal	STR	✓	✓	✓
Airway - supraglottic	STR	✓	✓	✓
Airway - nasal	✓	✓	✓	✓
Airway - oral	✓	✓	✓	✓
Automated transport ventilator	STR	STR	✓	✓
Bag-valve-mask (BVM)	✓	✓	✓	✓
BiPAP/CPAP				✓
Chest decompression - needle			✓	✓
Chest tube placement - assist only				STR
Chest tube monitoring and management				STR
Cricoid pressure (Sellick's maneuver)	✓	✓	✓	✓
Cricothyrotomy- needle			STR	✓
Cricothyrotomy- percutaneous			STR	✓
Cricothyrotomy- surgical			STR	STR
Demand valve- manually triggered ventilation	✓	✓	✓	✓
End tidal CO2 monitoring/capnography			✓	✓
Gastric decompression - NG tube			✓	✓
Gastric decompression - OG tube			✓	✓
Head-tilt chin lift	✓	✓	✓	✓
Intubation - nasotracheal			STR	✓
Intubation - orotracheal	STR	STR	✓	✓
Jaw-thrust	✓	✓	✓	✓
Jaw-thrust – modified (trauma)	✓	✓	✓	✓
Medication Assisted Intubation (paralytics)				STR
Mouth-to-barrier	✓	✓	✓	✓
Mouth-to-mask	✓	✓	✓	✓
Mouth-to-mouth	✓	✓	✓	✓
Mouth-to-nose	✓	✓	✓	✓
Mouth-to-stoma	✓	✓	✓	✓
Obstruction - direct laryngoscopy			✓	✓
Obstruction - manual	✓	✓	✓	✓

	Oxygen therapy - humidifiers	✓	✓	✓	✓
	Oxygen therapy - nasal cannula	✓	✓	✓	✓
	Oxygen therapy - non-rebreather mask	✓	✓	✓	✓
	Oxygen therapy - partial rebreather mask	✓	✓	✓	✓
	Oxygen therapy - simple face mask	✓	✓	✓	✓
	Oxygen therapy - venturi mask	✓	✓	✓	✓
	PEEP - therapeutic			✓	✓
	Pulse oximetry	✓	✓	✓	✓
	Suctioning - upper airway	✓	✓	✓	✓
	Suctioning - tracheobronchial		✓*	✓	✓
Cardiovascular/Circulation		EMT	AEMT	EMT-I (99)	Paramedic
	Cardiac monitoring - multiple lead (interpretive)			✓	✓
	Cardiac monitoring - single lead (interpretive)			✓	✓
	Cardiac - multiple lead acquisition (non-interpretive)	STR	STR	✓	✓
	Cardiopulmonary resuscitation	✓	✓	✓	✓
	Cardioversion - electrical			✓	✓
	Carotid massage – (≤17 years)			STR	STR
	Defibrillation - automatic/semi-automatic	✓	✓	✓	✓
	Defibrillation - manual			✓	✓
	Hemorrhage control - direct pressure	✓	✓	✓	✓
	Hemorrhage control - tourniquet	✓	✓	✓	✓
	Internal; cardiac pacing - monitoring only			✓	✓
	Mechanical CPR device	STR	STR	STR	STR
	Transcutaneous pacing - manual			✓	✓
Immobilization		EMT	AEMT	EMT-I (99)	Paramedic
	Spinal immobilization - cervical collar	✓	✓	✓	✓
	Spinal immobilization - long board	✓	✓	✓	✓
	Spinal immobilization - manual	✓	✓	✓	✓
	Spinal immobilization - seated patient (KED, etc.)	✓	✓	✓	✓
	Spinal immobilization - rapid manual extrication	✓	✓	✓	✓
	Extremity stabilization - manual	✓	✓	✓	✓
	Extremity splinting	✓	✓	✓	✓
	Splint- traction	✓	✓	✓	✓
	Mechanical patient restraint	✓	✓	✓	✓
	Emergency moves for endangered patients	✓	✓	✓	✓
Medication administration - routes		EMT	AEMT	EMT-I (99)	Paramedic

	Aerosolized/nebulized (beta agonist)	STR	✓	✓	✓
	Assisting patient with his/her own prescribed medications (aerosolized/nebulized)	✓	✓	✓	✓
	Assisting patient with his/her own prescribed medications (ASA/Nitro)	✓	✓	✓	✓
	Assisting patient with his/her own prescribed medications (auto-injector)	✓	✓	✓	✓
	Assisting patient with his/her own prescribed medications (hydrocortisone sodium succinate)		✓	✓	✓
	Auto-injector	STR	✓	✓	✓
	Buccal	STR	✓	✓	✓
	Endotracheal tube			✓	✓
	Inhaled self-administered (nitrous oxide)		✓	✓	✓
	Intradermal			STR	STR
	Intramuscular		✓	✓	✓
	Intranasal	STR	✓	✓	✓
	Intravenous push		✓	✓	✓
	Intravenous piggyback			✓	✓
	Intraosseous		STR	✓	✓
	Nasogastric				✓
	Oral	✓	✓	✓	✓
	Rectal		STR	✓	✓
	Small volume nebulizer	STR	✓	✓	✓
	Subcutaneous		✓	✓	✓
	Sublingual		✓	✓	✓
	IV initiation/maintenance fluids	EMT	AEMT	EMT-I (99)	Paramedic
	Access indwelling catheters and implanted central IV ports				✓
	Central line - monitoring				✓
	Intraosseous - initiation		✓	✓	✓
	Intravenous access		✓	✓	✓
	Intravenous initiation - peripheral	STR	✓	✓	✓
	Intravenous- maintenance of non-medicated IV fluids or capped access	✓	✓	✓	✓
	Intravenous- maintenance of medicated IV fluids			✓	✓
	Umbilical initiation				STR
	Miscellaneous	EMT	AEMT	EMT-I (99)	Paramedic
	Assisted delivery (childbirth)	✓	✓	✓	✓
	Assisted complicated delivery (childbirth)	✓	✓	✓	✓
	Blood glucose monitoring	✓	✓	✓	✓
	Blood pressure- automated	✓	✓	✓	✓

This document contains an unofficial version of the new rules in 9 A.A.C. 25, Article 5, effective November 24, 2015.

	Blood pressure- manual	✓	✓	✓	✓
	Eye irrigation	✓	✓	✓	✓
	Eye irrigation (Morgan lens)				STR
	Thrombolytic therapy- initiation				STR
	Urinary catheterization				STR
	Venous blood sampling			✓	✓
	Blood chemistry analysis				STR
	Use/monitoring of agents specified in Table 5.4 during interfacility transports			STR	STR
	Use/monitoring of infusion pump for agent administration during interfacility transports			STR	STR

Table 5.2. Eligibility for Authorization to Administer, Monitor, and Assist in Patient Self-administration of Agents by EMCT Classification; Administration Requirements; and Minimum Supply Requirements for Agents

KEY:

A = Authorized to administer the agent

SVN = Agent shall be administered by small volume nebulizer

MDI = Agent shall be administered by metered dose inhaler

* = Authorized to assist in patient self-administration

[] = Minimum supply required if an EMS provider chooses to make the optional agent available for EMCT administration

AGENT	MINIMUM SUPPLY	EMT	AEMT	EMT-I (99)	Paramedic
Adenosine	18 mg	-	-	A	A
Albuterol Sulfate SVN or MDI (sulfite free)	10 mg	A	A	A	A
Amiodarone or Lidocaine	300 mg or 3 prefilled syringes, total of 300 mg and 1 g vials or premixed infusion, total of 2 g	- -	- -	- A	A A
Aspirin	324 mg	A	A	A	A
Atropine Sulfate	3 prefilled syringes, total of 3 mg	-	-	A	A
Atropine Sulfate	Optional [8 mg multidose vial (1)]	-	-	A	A
Atropine Sulfate Auto-Injector	None	A	A	A	A
Atropine Sulfate and Pralidoxime Chloride (Combined) Auto-Injector	None	A	A	A	A
Calcium Chloride	1 g	-	-	-	A
Calcium Gluconate, 2.5% topical gel	Optional [50 g]	A	A	A	A
Charcoal, Activated (without sorbitol)	Optional [50 g]	A	A	A	A
Cyanokit	Optional [5 g]	-	-	-	A
Dexamethasone	Optional [8 mg]	-	-	A	A
Dextrose	50 g	-	A	A	A
Dextrose, 5% in H ₂ O	Optional [250 mL bag (1)]	A	A	A	A
Diazepam or Lorazepam or Midazolam	20 mg 8 mg 10 mg	- - -	- - -	A A A	A A A
Diazepam Rectal Delivery Gel	Optional [20 mg]	-	-	A	A
Diltiazem or Verapamil HCl	25 mg 10 mg	- -	- -	- -	A A
Diphenhydramine HCl	50 mg	-	-	A	A
Dopamine HCl	400 mg	-	-	-	A
Epinephrine Auto-Injector	Optional [2 adult auto-injectors 2 pediatric auto-injectors]	A	A	A	A
Epinephrine HCl, 1:1,000	2 mg	-	A	A	A

Epinephrine HCl, 1:1,000	Optional [30 mg multidose vial (1)]	-	A	A	A
Epinephrine HCl, 1:10,000	5 mg	-	-	A	A
Etomidate	Optional [40 mg]	-	-	-	A
Furosemide or Bumetanide	Optional [100 mg] Optional [4 mg]	-	-	A	A
Glucagon	2 mg	-	A	A	A
Glucose, oral	Optional [30 gm]	A	A	A	A
Hemostatic Agents	Optional	A	A	A	A
Hydrocortisone Sodium Succinate	Optional	-	*	*	*
Immunizing Agent	Optional	-	-	A	A
Ipratropium Bromide 0.02% SVN or MDI	5 mL	-	-	A	A
Ketamine	Optional [200 mg]	-	-	-	A
Lactated Ringers	1 L bag (2)	A	A	A	A
Magnesium Sulfate	5 g	-	-	-	A
Methylprednisolone Sodium Succinate	250 mg	-	-	A	A
Morphine Sulfate or Fentanyl	20 mg 200 mcg	-	A	A	A
Nalmefene HCl	Optional [4 mg]	-	A	A	A
Naloxone HCl	10 mg	-	A	A	A
Naloxone HCl	Optional [Prefilled atomizers or auto-injectors; 2 doses]	A	A	A	A
Nitroglycerin Sublingual Spray or Nitroglycerin Tablets	1 bottle 1 bottle	* *	A	A	A
Normal Saline	1 L bag (2) Optional [250 mL bag (1)] Optional [50 mL bag (2)]	A	A	A	A
Ondansetron HCl	Optional [4 mg]	-	-	A	A
Oxygen	13 cubic feet	A	A	A	A
Oxytocin	Optional [10 units]	-	-	A	A
Phenylephrine Nasal Spray 0.5%	Optional [1 bottle]	-	-	A	A
Pralidoxime Chloride Auto-Injector	None	A	A	A	A
Proparacaine Ophthalmic	Optional [1 bottle]	-	-	A	A
Rocuronium	Optional [100 mg]	-	-	-	A
Sodium Bicarbonate 8.4%	Optional [100 mEq]	-	-	A	A
Succinylcholine	Optional [400 mg]	-	-	-	A
Thiamine HCl	100 mg	-	-	A	A
Tuberculin PPD	Optional [5 mL]	-	-	A	A
Vasopressin	Optional [40 units]	-	-	-	A

Table 5.3. Agents Eligible for Authorization for Administration During a Hazardous Material Incident

KEY:

[] = Minimum supply required if an EMS provider chooses to make the optional agent available for Paramedic administration

Drug Preparation	Minimum Supply
Activated Charcoal	Optional [as determined by administrative medical director]
Albuterol	Optional [as determined by administrative medical director]
Amyl Nitrite Inhalants	Optional [as determined by administrative medical director]
Atropine	Optional [as determined by administrative medical director]
Atrovent	Optional [as determined by administrative medical director]
Calcium Carbonate	Optional [as determined by administrative medical director]
Calcium Gluconate	Optional [as determined by administrative medical director]
CyanoKit (Hydroxocobalamin)	Optional [as determined by administrative medical director]
Dextrose 50%	Optional [as determined by administrative medical director]
Diazepam	Optional [as determined by administrative medical director]
DuoDote Auto Injector	Optional [as determined by administrative medical director]
Glucagon	Optional [as determined by administrative medical director]
Methylene Blue	Optional [as determined by administrative medical director]
Neosynephrine	Optional [as determined by administrative medical director]
Propanolol	Optional [as determined by administrative medical director]
Protopam Chloride (pralidoxime)	Optional [as determined by administrative medical director]
Pyridoxine	Optional [as determined by administrative medical director]
Sodium Chloride .95	Optional [as determined by administrative medical director]
Sterile Water	Optional [as determined by administrative medical director]
Tetracaine	Optional [as determined by administrative medical director]

Table 5.4. Eligibility for Authorization to Administer and Monitor Transport Agents During Interfacility Transports, by EMCT Classification; Administration Requirements

KEY:

TA = Transport agent for an EMCT with the specified certification

IP = Agent shall be administered by infusion pump

SVN = Agent shall be administered by small volume nebulizer

AGENT	MINIMUM SUPPLY	EMT	AEMT	EMT-I (99)	Paramedic
Amiodarone IP	None	-	-	-	TA
Antibiotics	None	-	-	TA	TA
Blood	None	-	-	-	TA
Calcium Chloride	None	-	-	-	TA
Colloids	None	-	-	TA	TA
Corticosteroids IP	None	-	-	TA	TA
Diltiazem IP	None	-	-	-	TA
Diuretics	None	-	-	TA	TA
Dopamine HCl IP	None	-	-	-	TA
Electrolytes/Crystalloids (Commercial Preparations)	None	TA	TA	TA	TA
Epinephrine IP	None	-	-	TA	TA
Fentanyl IP	None	-	-	TA	TA
Fosphenytoin Na IP or Phenytoin Na IP	None	-	-	-	TA
Glucagon	None	-	-	TA	TA
Glycoprotein IIb/IIIa Inhibitors	None	-	-	-	TA
H2 Blockers	None	-	-	TA	TA
Heparin Na IP	None	-	-	-	TA
Insulin IP	None	-	-	-	TA
Levophed IP	None	-	-	-	TA
Lidocaine IP	None	-	-	TA	TA
Magnesium Sulfate IP	None	-	-	-	TA
Midazolam IP	None	-	-	TA	TA
Morphine IP	None	-	-	TA	TA
Nitroglycerin IV Solution IP	None	-	-	-	TA
Phenobarbital Na IP	None	-	-	-	TA
Potassium Salts IP	None	-	-	-	TA
Procainamide HCl IP	None	-	-	-	TA
Propofol IP	None	-	-	-	TA
Racemic Epinephrine SVN	None	-	-	-	TA
Total Parenteral Nutrition, with or without lipids IP	None	-	-	-	TA
Vitamins	None	-	-	TA	TA

R9-25-503. Testing of Medical Treatments, Procedures, Medications, and Techniques that May Be Administered or Performed by an EMCT

- A.** Under A.R.S. § 36-2205, the Department may authorize the testing and evaluation of a medical treatment, procedure, technique, practice, medication, or piece of equipment for possible use by an EMCT or an emergency medical services provider.
- B.** Before authorizing any test and evaluation according to subsection (A), the Department director shall approve the test and evaluation according to subsections (C), (D), (E).
- C.** The Department director shall consider approval of a test and evaluation conducted according to subsection (A), only if a written request for testing and evaluation:
 - 1. Is submitted to the Department director from:
 - a. The Department,
 - b. A state agency other than the Department,
 - c. A political subdivision of this state,
 - d. An EMCT,
 - e. An emergency medical services provider,
 - f. An ambulance service, or
 - g. A member of the public; and
 - 2. Includes:
 - a. A cover letter, signed and dated by the individual making the request;
 - b. An identification of the person conducting the test and evaluation;
 - c. An identification of the medical treatment, procedure, technique, practice, medication, or piece of equipment to be tested and evaluated;
 - d. An explanation of the reasons for and the benefits of the test and evaluation;
 - e. The scope of the test and evaluation, including the:
 - i. Projected number of individuals, EMCTs, emergency medical services providers, or ambulance services involved; and
 - ii. Proposed length of time required to complete the test and evaluation; and
 - f. The methodology to be used to evaluate the test's and evaluation's findings.
- D.** The Department director shall approve a test and evaluation if:
 - 1. The test and evaluation does not pose a threat to the public health, safety, or welfare;
 - 2. The test is necessary to evaluate the safest and most current advances in medical treatments, procedures, techniques, practices, medications, or equipment; and
 - 3. The medical treatment, procedure, technique, practice, medication, or piece of equipment being tested and evaluated may:

- a. Reduce or eliminate the use of outdated or obsolete medical treatments, procedures, techniques, practices, medications, or equipment;
 - b. Improve patient care; or
 - c. Benefit the public's health, safety, or welfare.
- E.** Within 180 days after receiving a written request for testing and evaluation that contains all of the information in subsection (C), the Department director shall send written notification of approval or denial of the test and evaluation to the individual making the request.
- F.** Upon completion of a test and evaluation authorized by the Department director, the person conducting the test and evaluation shall submit a written report to the Department director that includes:
1. An identification of the test and evaluation;
 2. A detailed evaluation of the test; and
 3. A recommendation regarding future use of the medical treatment, procedure, technique, practice, medication, or piece of equipment tested and evaluated.

R9-25-504. Protocol for Selection of a Health Care Institution for Transport

- A.** Except as provided in subsection (B), an EMCT shall transport a patient accessing emergency medical services through a call to 9-1-1 or a similar public emergency dispatch number to:
1. An emergency receiving facility, or
 2. A special hospital that is physically connected to an emergency receiving facility.
- B.** Under A.R.S. §§ 36-2205(D) and 36-2232(F), an EMCT who responds to a call made to 9-1-1 or a similar public emergency dispatch number may refer, advise, or transport the patient at the scene to a health care institution other than a health care institution specified in subsection (A), if the EMCT determines that:
1. The patient's condition does not pose an immediate threat to life or limb, based on medical direction; and
 2. The health care institution is the most appropriate for the patient, based on the following:
 - a. The patient's:
 - i. Medical condition,
 - ii. Choice of health care institution, and
 - iii. Health care provider;
 - b. The location of the health care institution and the emergency medical resources available at the health care institution; and
 - c. A determination by the administrative medical director that the health care

institution is able to accept and capable of treating the patient.

- C. Before initiating transport of a patient accessing emergency medical services through a call to 9-1-1 or a similar public emergency dispatch number, an EMCT, emergency medical services provider, or ambulance service shall:
 - 1. Notify, by radio or telephone communication, a health care institution that is not an emergency receiving facility of the EMCT's intent to transport the patient to the health care institution; and
 - 2. Receive confirmation of the willingness of the health care institution to accept the patient.
- D. An EMCT transporting a patient accessing emergency medical services through a call to 9-1-1 or a similar public emergency dispatch number to a health care institution that is not an emergency receiving facility shall transfer care of the patient to a designee authorized by:
 - 1. A physician,
 - 2. A registered nurse practitioner,
 - 3. A physician assistant, or
 - 4. A registered nurse.
- E. An emergency medical services provider or an ambulance service that implements this rule shall make available for Department review and inspection written records relating to the transport of a patient under subsections (B), (C), and (D).

R9-25-505. Protocol for an EMT-I(99) or a Paramedic to Become Eligible to Administer an Immunizing Agent

- A. An EMT-I(99) or a Paramedic may be authorized by the EMT-I(99)'s or Paramedic's administrative medical director to administer an immunizing agent if the EMT-I(99) or Paramedic completes training that:
 - 1. Includes:
 - a. Basic immunology and the human immune response;
 - b. Mechanics of immunity, adverse effects, dose, and administration schedule of available immunizing agents;
 - c. Response to an emergency situation, such as an allergic reaction, resulting from the administration of an immunization;
 - d. Routes of administration for available immunizing agents;
 - e. A description of the individuals to whom an EMCT may administer an immunizing agent; and
 - f. The requirements in 9 A.A.C. 6, Article 7 related to:

- i. Obtaining written consent for administration of an immunizing agent,
 - ii. Providing immunization information and written immunization records, and
 - iii. Recordkeeping and reporting;
 2. Requires the EMT-I(99) or Paramedic to demonstrate competency in the subject matter listed in subsection (A)(1); and
 3. Is approved by the EMT-I(99)'s or Paramedic's administrative medical director based upon a determination that the training meets the requirements in subsections (A)(1) and (A)(2).
- B.** An administrative medical director of an EMT-I(99) or a Paramedic who completes the training required in subsection (A) shall maintain for Department review and inspection written evidence that the EMT-I(99) or Paramedic has completed the training required in subsection (A), including at least:
 1. The name of the training,
 2. The date the training was completed, and
 3. A signed and dated attestation from the administrative medical director that the training is approved.
- C.** Before administering an immunizing agent to an individual, an EMT-I(99) or a Paramedic shall:
 1. Receive written consent consistent with the requirements in 9 A.A.C. 6, Article 7;
 2. Provide immunization information and written immunization records consistent with the requirements in 9 A.A.C. 6, Article 7; and
 3. Provide documentary proof of immunity to the individual consistent with the requirements in 9 A.A.C. 6, Article 7.