

ARTICLE 2. MEDICAL DIRECTION; ALS BASE HOSPITAL CERTIFICATION

R9-25-201. ~~Required Medical Direction (A.R.S. §§ 36-2201, 36-2202(A)(3) and (A)(4), 36-2204(5), (6), and (7) and 36-2205(A) and (E))~~ Repealed

- ~~A. An EMT-B to perform an advanced procedure shall not perform an advanced procedure unless the EMT has administrative medical direction and is able to receive on-line medical direction.~~
- ~~B. An EMT-I or EMT-P shall not act as an EMT-I or EMT-P unless the EMT has administrative medical direction and is able to receive on-line medical direction.~~
- ~~C. An emergency medical services provider or an ambulance service shall ensure that an EMT acting as an EMT for the emergency medical services provider or the ambulance service has administrative medical direction and is able to receive on-line medical direction, if required in subsections (A) or (B).~~

R9-25-202. ~~General Requirements for Provision of Administrative Medical Direction (Authorized by A.R.S. §§ 36-2201, 36-2202(A)(3) and (A)(4), 36-2204(5), (6), and (7), 36-2204.01, and 36-2205(A) and (E))~~ (D)

~~An emergency medical services provider, an ambulance service, an ALS base hospital, or a centralized medical direction communications center that provides administrative medical direction shall:~~

- ~~1. Provide administrative medical direction:
 - ~~a. Through an administrative medical director qualified under R9-25-204, and~~
 - ~~b. As required in R9-25-204;~~~~
- ~~2. Maintain for Department review:
 - ~~a. The name, address, and telephone number of each administrative medical director;~~
 - ~~b. Documentation that an administrative medical director is qualified under R9-25-204; and~~
 - ~~e. Policies, procedures, protocols, and documentation required under R9-25-204;~~~~
- ~~3. Notify the Department in writing no later than ten days after the date the emergency medical services provider, ambulance service, ALS base hospital, or centralized medical direction communications center providing administrative medical direction to an EMT:
 - ~~a. Withdraws the EMT's administrative medical direction, or~~
 - ~~b. Reinstates the EMT's administrative medical direction; and~~~~
- ~~4. Notify the Department in writing no later than ten days after the date the emergency medical services provider, ambulance service, ALS base hospital, or centralized medical~~

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~~direction communications center providing administrative medical direction to an EMT becomes aware that the EMT:~~

- ~~a. Is incarcerated or is on parole, supervised release, or probation for a criminal conviction;~~
- ~~b. Is convicted of a crime listed in R9-25-402(A)(2), a misdemeanor involving moral turpitude, or a felony in this state or any other state or jurisdiction;~~
- ~~c. Is convicted of a misdemeanor identified in R9-25-403(A) in this state or any other state or jurisdiction;~~
- ~~d. Has registration revoked or suspended by NREMT; or~~
- ~~e. Has EMT certification, recertification, or licensure revoked or suspended in another state or jurisdiction.~~

A. An emergency medical services provider or ambulance service shall:

1. Except as specified in subsection (B) or (C), designate a physician as administrative medical director who:

- a. Has emergency medicine certification issued by a member board of the American Board of Medical Specialties;
- b. Has emergency medical services certification issued by the American Board of Emergency Medicine;
- c. Has completed an emergency medicine residency training program accredited by the Accreditation Council for Graduate Medical Education or approved by the American Osteopathic Association; or
- d. Is an emergency medicine physician in an emergency department located in Arizona and has current certification in:
 - i. Advanced emergency cardiac life support, consistent with training recognized by the American Heart Association, that includes didactic instruction and a practical skills test in:
 - (1) Airway management during respiratory arrest;
 - (2) Recognition of tachycardia, bradycardia, pulseless ventricular tachycardia, ventricular fibrillation, pulseless electrical activity, and asystole;
 - (3) Pharmacologic, mechanical, and electrical arrhythmia interventions; and
 - (4) Immediate post-cardiac arrest care;
 - ii. Advanced trauma life support recognized by the American College of

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Surgeons; and

iii. Pediatric advanced life support, consistent with training recognized by the American Heart Association, that includes didactic instruction and a practical skills test in:

(1) Pediatric rhythm interpretation;

(2) Oral, tracheal, and nasal airway management;

(3) Peripheral and central intravenous lines;

(4) Intraosseous infusion;

(5) Needle thoracostomy; and

(6) Pharmacologic, mechanical, and electrical arrhythmia interventions;

2. If the emergency medical services provider or ambulance service designates a physician as administrative director according to subsection (A)(1), notify the Department in writing:

a. Of the identity and qualifications of the designated physician within 10 days after designating the physician as administrative medical director; and

b. Within 10 days after learning that a physician designated as administrative director is no longer qualified to be an administrative director; and

3. Maintain for Department review:

a. A copy of the policies, procedures, protocols, and documentation required in subsection (E); and

b. Either:

i. The name, e-mail address, telephone number, and qualifications of the physician providing administrative medical direction on behalf of the emergency medical services provider or ambulance service; or

ii. If the emergency medical services provider or ambulance service provides administrative medical direction through an ALS base hospital or a centralized medical direction communications center, a copy of a written agreement with the ALS base hospital or centralized medical direction communications center documenting that the administrative medical director is qualified under subsection (A)(1).

B. Except as provided in R9-25-502(A)(3), if an emergency medical services provider or ambulance service provides only BLS, the emergency medical services provider or ambulance service is not required to have an administrative medical director.

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- C.** If an emergency medical services provider or ambulance service provides administrative medical direction through an ALS base hospital or a centralized medical direction communications center, the emergency medical services provider or ambulance service shall ensure that the ALS base hospital or centralized medical direction communications center designates a physician as administrative medical director who meets one of the requirements in subsections (A)(1)(a) through (d).
- D.** An emergency medical services provider or ambulance service may provide administrative medical direction through an ALS base hospital that is a special hospital, if the emergency medical services provider or ambulance service:
1. Uses the ALS base hospital that is a special hospital for administrative medical direction only for patients who are children, and
 2. Has a written agreement with an ALS base hospital that meets the requirements in R9-25-207(B)(1) or a centralized medical direction communications center for the provision of administrative medical direction.
- E.** An emergency medical services provider or an ambulance service shall ensure that:
1. An EMCT receives administrative medical direction as required by A.R.S. Title 36, Chapter 21.1 and this Chapter;
 2. Protocols are established, documented, and implemented by an administrative medical director, consistent with A.R.S. Title 36, Chapter 21.1 and this Chapter, that include:
 - a. A communication protocol for:
 - i. How an EMCT requests and receives on-line medical direction,
 - ii. When and how an EMCT notifies a health care institution of the EMCT's intent to transport a patient to the health care institution, and
 - iii. What procedures an EMCT follows in the event of a communications equipment failure;
 - b. A triage protocol for:
 - i. How an EMCT assesses and prioritizes the medical condition of a patient,
 - ii. How an EMCT selects a health care institution to which a patient may be transported,
 - iii. How a patient is transported to the health care institution, and
 - ii. When on-line medical direction is required;
 - c. A treatment protocol for:
 - i. How an EMCT performs a medical treatment on a patient or administers

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recordkeeping, medical reporting, and prehospital incident history report requirements;

- viii. Monitoring and evaluating an EMCT's compliance with policies and procedures for agents to which the EMCT has access;
- ix. Monitoring and evaluating an EMCT's competency in performing skills authorized for the EMCT by the EMCT's administrative medical director and within the EMCT's scope of practice, as specified in Table 5.1;
- x. Ongoing education, training, or remediation necessary to maintain or enhance an EMCT's competency in performing skills within the EMCT's scope of practice, as specified in Table 5.1;
- xi. The process by which administrative medical direction is withdrawn from an EMCT; and
- xii. The process for reinstating an EMCT's administrative medical direction; and

c. Include a quality assurance process to evaluate the effectiveness of the administrative medical direction provided to EMCTs;

- 4. Protocols in subsection (E)(2) and policies and procedures in subsection (E)(3) are reviewed annually by the administrative medical director and updated as necessary;
- 5. Requirements in A.R.S. Title 36, Chapter 21.1 and this Chapter are reviewed annually by the administrative medical director; and
- 6. The Department is notified in writing no later than ten days after the date:
 - a. Administrative medical direction is withdrawn from an EMCT; or
 - b. An EMCT's administrative medical direction is reinstated.

F. An administrative medical director for an emergency medical services provider or ambulance service shall ensure that:

- 1. An EMCT for whom the administrative medical director provides administrative medical direction:
 - a. Has access to at least the minimum supply of agents required for the highest level of service to be provided by the EMCT;
 - b. Administers, monitors, or assists in patient self-administration of an agent according to the requirements in policies and procedures; and
 - c. Has access to a copy of the policies and procedures required in subsection (F)(2) while on duty for the emergency medical services provider or ambulance service;
- 2. Policies and procedures for agents to which an EMCT has access;

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- a. Specify that an agent is obtained only from a person:
 - i. Authorized by law to prescribe the agent, or
 - ii. Licensed under A.R.S. Title 36, Chapter 27; A.R.S. Title 32, Chapter 18; and 4 A.A.C. 23 to dispense or distribute the agent;
- b. Cover chain of custody and transfer procedures for each supply of agents, requiring an EMCT for whom the administrative medical director provides administrative medical direction to:
 - i. Document the name and the EMCT certification number or employee identification number of each individual who takes physical control of the supply of agents;
 - ii. Document the time and date that each individual takes physical control of the supply of agents;
 - iii. Inspect the supply of agents for expired agents, deteriorated agents, damaged or altered agent containers or labels, and depleted, obviously adulterated, or missing agents upon taking physical control of the supply of agents;
 - iv. Document any of the conditions in subsection (F)(2)(b)(iii);
 - v. Notify the administrative medical director of a depleted, obviously adulterated, or missing controlled substance;
 - vi. Obtain a replacement for each affected agent in subsection (F)(2)(b)(iii) for which the minimum supply is not present; and
 - vii. Record each administration of an agent on a prehospital incident history report;
- c. Cover mechanisms for controlling inventory of agents and preventing diversion of controlled substances; and
- d. Include that an agent is kept inaccessible to all individuals who are not authorized access to the agent by policies and procedures required under subsection (E)(3)(b)(iv) and, when not being administered, is:
 - i. Secured in a dry, clean, washable receptacle;
 - ii. While on a motor vehicle or aircraft, secured in a manner that restricts movement of the agent and the receptacle specified in subsection (F)(2)(d)(i); and
 - iii. If a controlled substance, in the receptacle specified in subsection (F)(2)(d)(i) and locked in an ambulance in a hard-shelled container that

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is difficult to breach without the use of a power cutting tool:

3. The Department is notified in writing within 10 days after the administrative medical director receives notice, as required subsection (F)(2)(b)(v), that any quantity of a controlled substance is depleted, obviously adulterated, or missing; and

4. Except when the emergency medical services provider or ambulance service obtains all agents from an ALS base hospital pharmacy, which retains ownership of the agents, agents to which an EMCT has access are obtained, stored, transferred, and disposed of according to policies and procedures; A.R.S. Title 36, Chapter 27; A.R.S. Title 32, Chapter 18; 4 A.A.C. 23; and requirements of the U.S. Drug Enforcement Administration.

G. An administrative medical director may delegate responsibilities to an individual as necessary to fulfill the requirements in this Section, if the individual is:

1. Another physician,
2. A physician assistant,
3. A registered nurse practitioner,
4. A registered nurse,
5. A Paramedic, or
6. An EMT-I(99).

R9-25-203. ~~General Requirements for Provision of On-line Medical Direction (Authorized by A.R.S. §§ 36-2201, 36-2202(A)(3) and (A)(4), 36-2204(5), (6), and (7), 36-2204.01, and 36-2205(A) and (E) (D))~~

A. ~~An emergency medical services provider, an ambulance service, an ALS base hospital, or a centralized medical direction communications center that provides on-line medical direction shall:~~

- ~~1. Provide on-line medical direction:
 - ~~a. Through an on-line physician qualified under R9-25-205, and~~
 - ~~b. As required in R9-25-205; and~~~~
- ~~2. Maintain for Department review:
 - ~~a. The name, address, and telephone number of each on-line physician; and~~
 - ~~b. Documentation that an on-line physician is qualified under R9-25-205.~~~~

B. ~~An emergency medical services provider, an ambulance service, an ALS base hospital, or a centralized medical direction communications center that provides on-line medical direction shall:~~

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1. ~~Have operational and accessible communication equipment that will allow an on-line physician to give on-line medical direction.~~
2. ~~Have a written plan for alternative communications with an EMT in the event of disaster, communication equipment breakdown or repair, power outage, or malfunction; and~~
3. ~~Have an on-line physician qualified under R9-25-205 available to give on-line medical direction to an EMT 24 hours a day, seven days a week.~~

A. An emergency medical services provider or ambulance service shall:

1. Ensure that a physician provides on-line medical direction to EMCTs on behalf of the emergency medical services provider or ambulance service only if the physician meets one of the following:
 - a. Has emergency medicine certification issued by a member board of the American Board of Medical Specialties;
 - b. Has emergency medical services certification issued by the American Board of Emergency Medicine;
 - c. Has completed an emergency medicine residency training program accredited by the Accreditation Council for Graduate Medical Education or approved by the American Osteopathic Association; or
 - d. Is an emergency medicine physician in an emergency department located in Arizona and has current certification that meets the requirements in R9-25-202(A)(1)(d)(i) through (iii);
2. For each physician providing on-line medical direction on behalf of the emergency medical services provider or ambulance service, maintain for Department review either:
 - a. The name, e-mail address, telephone number, and qualifications of the physician providing on-line medical direction on behalf of the emergency medical services provider or ambulance service; or
 - b. If the emergency medical services provider or ambulance service provides on-line medical direction through an ALS base hospital or a centralized medical direction communications center, a copy of a written agreement with the ALS base hospital or centralized medical direction communications center documenting that the physician providing on-line medical direction is qualified under subsection (A)(1);
3. Ensure that the on-line medical direction provided to an EMCT on behalf of the emergency medical services provider or ambulance service is consistent with:
 - a. The EMCT's scope of practice, as specified in Table 5.1; and

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- b. Communication protocols, triage protocols, treatment protocols, and protocols for prehospital incident history reports, specified in R9-25-202(E)(2); and
 - 4. Ensures that a physician providing on-line medical direction on behalf of the emergency medical services provider or ambulance service relays on-line medical direction only through one of the following individuals, under the supervision of the physician and consistent with the individual's scope of practice:
 - a. Another physician,
 - b. A physician assistant,
 - c. A registered nurse practitioner,
 - d. A registered nurse,
 - e. A Paramedic, or
 - f. An EMT-I(99).
 - B. An emergency medical services provider or ambulance service may provide on-line medical direction through an ALS base hospital that is a special hospital, if the emergency medical services provider or ambulance service:
 - 1. Uses the ALS base hospital that is a special hospital for on-line medical direction only for patients who are children, and
 - 2. Has a written agreement with an ALS base hospital that meets the requirements in R9-25-207(B)(1) or a centralized medical direction communications center for the provision of on-line medical direction.
 - C. An emergency medical services provider or ambulance service shall ensure that the emergency medical services provider or ambulance service, or an ALS base hospital or a centralized medical direction communications center providing on-line medical direction on behalf of the emergency medical services provider or ambulance service, has:
 - 1. Operational and accessible communication equipment that will allow on-line medical direction to be given to an EMCT;
 - 2. A written plan for alternative communications with an EMCT in the event of disaster, communication equipment breakdown or repair, power outage, or malfunction; and
 - 3. A physician qualified under subsection (A)(1) available to give on-line medical direction to an EMCT 24 hours a day, seven days a week.
- R9-25-204. ~~Administrative Medical Director Qualifications and Responsibilities (Authorized by A.R.S. §§ 36-2201; 36-2202(A)(3) and (A)(4); 36-2204(5), (6), and (7); 36-2204.01; 36-2208(A); and 36-2209(A)(2)) Repealed~~**

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- A.** ~~An individual shall not act as an administrative medical director unless the individual:~~
- ~~1. Is a physician; and~~
 - ~~2. Meets one of the following:~~
 - ~~a. Has emergency medicine certification from a specialty board recognized by the Arizona Medical Board or the Arizona Board of Osteopathic Examiners in Medicine and Surgery;~~
 - ~~b. Has completed an emergency medicine residency training program accredited by the Accreditation Council for Graduate Medical Education or approved by the American Osteopathic Association; or~~
 - ~~c. Is practicing emergency medicine and has:~~
 - ~~i. Proficiency in advanced emergency cardiac life support,~~
 - ~~ii. Proficiency in advanced trauma life support, and~~
 - ~~iii. Proficiency in pediatric emergency care.~~
- B.** ~~An administrative medical director shall act only on behalf of:~~
- ~~1. An emergency medical services provider;~~
 - ~~2. An ambulance service;~~
 - ~~3. An ALS base hospital certified under this Article;~~
 - ~~4. A centralized medical direction communications center; or~~
 - ~~5. The Department, as provided in A.R.S. § 36-2202(J).~~
- C.** ~~An administrative medical director:~~
- ~~1. Shall coordinate the provision of administrative medical direction to EMTs; and~~
 - ~~2. May delegate responsibilities to an individual as necessary to fulfill the requirements in this Section, if the individual is:~~
 - ~~a. A physician,~~
 - ~~b. A physician assistant,~~
 - ~~c. A registered nurse practitioner,~~
 - ~~d. A registered nurse,~~
 - ~~e. A practical nurse, or~~
 - ~~f. An EMT I or EMT P.~~
- D.** ~~An administrative medical director shall:~~
- ~~1. Ensure that an EMT receives administrative medical direction as required under A.R.S. Title 36, Chapter 21.1 and this Chapter;~~
 - ~~2. Approve, ensure implementation of, and annually review treatment protocols, triage protocols, and communications protocols for an EMT to follow that are consistent with:~~

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- a. ~~A.R.S. Title 36, Chapter 21.1 and this Chapter; and~~
 - b. ~~The EMT's scope of practice as identified under Article 5 of this Chapter;~~
 3. ~~Approve, ensure implementation of, and annually review policies and procedures that an EMT shall follow for medical recordkeeping, medical reporting, and completion and processing of prehospital incident history reports that are consistent with:~~
 - a. ~~A.R.S. Title 36, Chapter 21.1 and this Chapter; and~~
 - b. ~~The EMT's scope of practice as identified under Article 5 of this Chapter;~~
 4. ~~Approve, ensure implementation of, and annually review policies and procedures governing the administrative medical direction of an EMT, including policies and procedures for:~~
 - a. ~~Monitoring and evaluating an EMT's compliance with treatment protocols, triage protocols, and communications protocols;~~
 - b. ~~Monitoring and evaluating an EMT's compliance with medical recordkeeping, medical reporting, and prehospital incident history report requirements;~~
 - c. ~~Monitoring and evaluating an EMT's performance as authorized by the EMT's scope of practice as identified under Article 5 of this Chapter;~~
 - d. ~~Ensuring that an EMT receives ongoing education, training, or remediation necessary to promote ongoing professional competency and compliance with EMT standards of practice established in R9-25-410;~~
 - e. ~~Withdrawing an EMT's administrative medical direction; and~~
 - f. ~~Reinstating an EMT's administrative medical direction; and~~
 5. ~~Approve, ensure implementation of, and annually review policies and procedures for a quality assurance process to evaluate the effectiveness of the administrative medical direction provided to EMTs.~~
- ~~E. An administrative medical director shall:~~
 1. ~~Annually document that the administrative medical director has reviewed A.R.S. Title 36, Chapter 21.1 and this Chapter; and~~
 2. ~~Ensure that an individual to whom the administrative medical director delegates authority to fulfill the requirements in this Section annually documents that the individual has reviewed A.R.S. Title 36, Chapter 21.1 and this Chapter.~~
- ~~F. An administrative medical director for an emergency medical services provider shall ensure that:~~
 1. ~~Each EMT for whom the administrative medical director provides administrative medical direction administers an agent only if the EMT is authorized to administer the agent under Article 5 of this Chapter;~~

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2. ~~Each EMT for whom the administrative medical director provides administrative medical direction monitors an agent only if the EMT is authorized to monitor or administer the agent under Article 5 of this Chapter;~~
3. ~~Each EMT for whom the administrative medical director provides administrative medical direction assists in patient self administration of an agent only if:~~
 - a. ~~The EMT is authorized either to assist in patient self administration of the agent or to administer the agent under Article 5 of this Chapter;~~
 - b. ~~The agent is supplied by the patient;~~
 - c. ~~The patient or, if the patient is a minor or incapacitated adult, the patient's health care decision maker indicates that the agent is currently prescribed for the patient's symptoms; and~~
 - d. ~~The agent is in its original container and not expired;~~
4. ~~Each agent to which an EMT has access while on duty for the emergency medical services provider is obtained only from a person authorized by law to prescribe the agent or with a current and valid permit, issued by the Arizona State Board of Pharmacy, authorizing the person to operate a drug wholesaler or a pharmacy;~~
5. ~~Each transfer of an agent between the emergency medical services provider and another emergency medical services provider is documented as required by the Arizona State Board of Pharmacy and the U.S. Drug Enforcement Administration;~~
6. ~~The emergency medical services provider establishes, implements, and complies with a written standard operating procedure, applicable to each EMT for whom the administrative medical director provides administrative medical direction, that requires:~~
 - a. ~~A written chain of custody for each supply of agents, including at least the following:~~
 - i. ~~The name, EMT certification number, or employee identification number of each individual who takes custody of the supply of agents; and~~
 - ii. ~~The time and date that each individual takes custody of the supply of agents;~~
 - b. ~~Each individual who takes custody of a supply of agents to do the following:~~
 - i. ~~Upon initially taking custody of the supply of agents, inspect the supply of agents for expired agents, deteriorated agents, damaged or altered agent containers or labels, and depleted or missing agents;~~
 - ii. ~~Upon determining that any of the conditions described in subsection (F)(6)(b)(i) exists, document the condition, notify the administrative~~

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R9-25-205. ~~On-line Medical Director Qualifications and Responsibilities (A.R.S. §§ 36-2202(A)(3) and (A)(4), 36-2204(5), (6), and (7), and 36-2204.01) Repealed~~

- ~~A. An individual shall not act as an on-line physician unless the individual:~~
- ~~1. Is a physician; and~~
 - ~~2. Meets one of the following:~~
 - ~~a. Has emergency medicine certification from a specialty board recognized by the Arizona Medical Board or the Arizona Board of Osteopathic Examiners in Medicine and Surgery;~~
 - ~~b. Has completed an emergency medicine residency training program accredited by the Accreditation Council for Graduate Medical Education or approved by the American Osteopathic Association; or~~
 - ~~c. Is practicing emergency medicine and has:~~
 - ~~i. Proficiency in advanced emergency cardiac life support,~~
 - ~~ii. Proficiency in advanced trauma life support, and~~
 - ~~iii. Proficiency in pediatric emergency care.~~
- ~~B. An individual shall act as an on-line physician only on behalf of:~~
- ~~1. An emergency medical services provider,~~
 - ~~2. An ambulance service,~~
 - ~~3. An ALS base hospital certified under this Article, or~~
 - ~~4. A centralized medical direction communications center.~~
- ~~C. An on-line physician shall give on-line medical direction to an EMT:~~
- ~~1. As required under A.R.S. Title 36, Chapter 21.1 and 9 A.A.C. 25;~~
 - ~~2. Consistent with the EMT's scope of practice as identified under Article 5 of this Chapter;~~
 - ~~3. Consistent with treatment protocols, triage protocols, and communication protocols approved by the EMT's administrative medical director; and~~
 - ~~4. Consistent with medical recordkeeping, medical reporting, and prehospital incident history report requirements approved by the EMT's administrative medical director.~~
- ~~D. An on-line physician may allow an individual acting under the supervision of the on-line physician to relay on-line medical direction, if the individual is:~~
- ~~1. A physician,~~
 - ~~2. A physician assistant,~~
 - ~~3. A registered nurse practitioner,~~
 - ~~4. A registered nurse,~~
 - ~~5. A practical nurse, or~~

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6. ~~An EMT I or EMT P.~~

R9-25-206. ~~Centralized Medical Direction Communications Center (A.R.S. §§ 36-2201, 36-2202(A)(3) and (A)(4), and 36-2204.01) Repealed~~

- A.** Pursuant to A.R.S. § 36-2204.01, an emergency medical services provider or an ambulance service may provide centralized medical direction by:
1. ~~Solely operating one or more centralized medical direction communications centers;~~
 2. ~~Joining with one or more emergency medical services providers or ambulance services to operate one or more centralized medical direction communications centers; or~~
 3. ~~Entering into an agreement with one or more centralized medical direction communications centers to provide medical direction to EMTs acting as EMTs for the emergency medical services provider or the ambulance service.~~
- B.** For the purposes of A.R.S. § 36-2201(7), a “freestanding communications center”:
1. ~~May be housed within one or more physical facilities, and~~
 2. ~~Is not limited to a single physical location.~~
- C.** For the purposes of A.R.S. § 36-2201(7)(b), a centralized medical direction communications center shall be “staffed” if an on line physician qualified under R9-25-205 is available to give on-line medical direction to an EMT 24 hours a day, seven days a week.

R9-25-207. ~~ALS Base Hospital General Requirements (Authorized by A.R.S. §§ 36-2201, 36-2202(A)(3) and (A)(4), and 36-2204(5), (6), and (7))~~

- A.** A person shall not operate as an ALS base hospital without certification from the Department.
- B.** The Department shall not certify an ALS base hospital if:
1. ~~Within five years before the date of filing an application required by this Article, the Department has decertified the ALS base hospital; or~~
 2. ~~The applicant knowingly provides false information on or with an application required by this Article.~~
- C.B.** The Department shall certify an ALS base hospital if the applicant:
1. ~~Is not ineligible for certification under subsection (B);~~
 2. 1. Is:
 - a. ~~licensed~~ Licensed as a general hospital under 9 A.A.C. 10, Article 2; or
 - b. ~~is a general hospital~~ A facility operated as a hospital in this state by the United States federal government or by a sovereign tribal nation;

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- ~~3.2.~~ Has Maintains at least one current written agreement ~~that meets the requirements of~~ A.R.S. ~~§ 36-2201(2)~~ described in A.R.S. § 36-2201(4);
 3. Has not been decertified as an ALS base hospital by the Department within five years before submitting the application;
 4. Submits an application that is complete and compliant with the requirements in this Article; and
 - ~~4. Meets the application requirements in R9-25-208.~~
 5. Has not knowingly provided false information on or with an application required by this Article.
- C.** The Department may certify as an ALS base hospital a special hospital, licensed under 9 A.A.C. 10, Article 2, to provide surgical services and emergency services only to children, if the applicant:
1. Meets the requirements in subsection (B)(2) through (5), and
 2. Provides administrative medical direction or on-line medical direction only for patients who are children.
- D.** An ALS base hospital certificate is valid only for the name and address listed by the Department on the certificate.
- E.** ~~An ALS base hospital certificate holder shall:~~
- ~~1. Conspicuously post the original or a copy of the ALS base hospital certificate in the emergency room lobby or emergency room reception area of the ALS base hospital; and~~
 - ~~2. Return an ALS base hospital certificate to the Department immediately upon decertification by the Department pursuant to R9-25-211 or upon voluntarily ceasing to act as an ALS base hospital.~~
- F.E.** ~~Every~~ At least every 24 months after certification, the Department shall inspect, ~~pursuant~~ according to A.R.S. § 41-1009, an ALS base hospital to determine ongoing compliance with the requirements of this Article.
- G.F.** The Department may inspect, ~~pursuant to A.R.S. § 41-1009,~~ an ALS base hospital according to A.R.S. § 41-1009:
1. As part of the substantive review time-frame required in A.R.S. §§ 41-1072 through 41-1079; or
 2. As necessary to determine compliance with the requirements of this Article.
- R9-25-208.** **Application Requirements for ALS Base Hospital Certification (Authorized by A.R.S. §§ 36-2201, 36-2202(A)(3) and (A)(4), and 36-2204(5))**

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- A. An applicant for ALS base hospital certification shall submit to the Department an application, in a Department-provided format, including:
1. ~~An application~~ A form provided by the Department containing:
 - a. The applicant's name, address, and telephone number;
 - b. The name, email address, and telephone number of the applicant's chief administrative officer;
 - c. The name, email address, and telephone number of the applicant's chief administrative officer's designee if the chief administrative officer will not be the liaison between the ALS base hospital and the Department;
 - d. Whether the applicant is applying for certification of a:
 - i. General hospital licensed under 9 A.A.C. 10; Article 2;
 - ii. Special hospital licensed under 9 A.A.C. 10, Article 2, that provides surgical services and emergency services only to children; or
 - iii. Facility operating as a federal or tribal hospital;
 - e. The name of each emergency medical services provider or ambulance service for which the applicant has a current written agreement described in A.R.S. § 36-2201(4);
 - e.f. The name, address, email address, and telephone number of each administrative medical director;
 - ~~e.g.~~ The name, address, and telephone number of each on-line physician providing on-line medical direction;
 - e.h. Attestation that the applicant meets the ~~communication~~ requirements in ~~R9-25-203(B)~~ R9-25-203(C);
 - f.i. Attestation that the applicant will comply with all requirements in A.R.S. Title 36, Chapter 21.1 and ~~9 A.A.C. 25~~ this Chapter;
 - ~~g.j.~~ Attestation that all information required as part of the application has been submitted and is true and accurate; and
 - ~~h.k.~~ The signature or electronic signature of the applicant's chief administrative officer or the chief administrative officer's designated representative and date of signature or electronic signature;
 2. A copy of the applicant's current ~~general~~ hospital license issued under 9 A.A.C. 10, Article 2, if applicable; and
 3. A copy of each executed written agreement described in A.R.S. § 36-2201(4), including all attachments and exhibits, ~~described in A.R.S. § 36-2201(2)~~.

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- B.** The Department shall approve or deny an application under this Section pursuant according to Article 12 of this Chapter.

R9-25-209. Amendment of Changes Affecting an ALS Base Hospital Certificate (Authorized by A.R.S. §§ 36-2201, 36-2202(A)(3) and (A)(4), and 36-2204(5) and (6))

- A.** No later than 10 days after the date of a change in the name listed on the ALS base hospital certificate, an ALS base hospital certificate holder shall ~~submit to the Department an application form provided by the Department containing~~ notify the Department of the change, in a Department-provided format, including:

1. The current name of the ALS base hospital;
2. The ALS base hospital's certificate number;
- ~~1-3.~~ The new name and the effective date of the name change;
4. Documentation supporting the name change;
5. Documentation of compliance with the requirements in A.A.C. R9-10-109(A), if applicable;
- ~~2-6.~~ Attestation that all information submitted to the Department is true and correct; and
- ~~3-7.~~ The signature or electronic signature of the applicant's chief administrative officer or the chief administrative officer's designated representative and date of signature or electronic signature.

- B.** No later than 10 days after the date of a change in the address listed on an ALS base hospital certificate or a change of in ownership, as defined in A.A.C. R9-10-101, an ALS base hospital certificate holder shall submit to the Department an application required in R9-25-208(A).

- C.** ~~The Department shall approve or deny an application under this Section pursuant to Article 12 of this Chapter.~~

R9-25-210. ALS Base Hospital Authority and Responsibilities (Authorized by A.R.S. §§ 36-2201, 36-2202(A)(3) and (A)(4), and 36-2204(5) and (6), 36-2208(A), and 36-2209(A)(2))

- A.** An ALS base hospital certificate holder shall:
- ~~1.~~ Be capable of providing both administrative medical direction and on-line medical direction;
 - ~~2.~~ Comply with the requirements in R9-25-202, R9-25-203, R9-25-204, and R9-25-205;
 2. Provide administrative medical direction and on-line medical direction to an EMCT according to:

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- a. A written agreement described in A.R.S. § 36-2201(4);
 - b. Except as provided in subsection (D), the requirements in R9-25-202 for administrative medical direction; and
 - c. The requirements in R9-25-203 for on-line medical direction; and
 3. Ensure that personnel are available to provide: administrative medical direction and on-line medical direction.
 - a. ~~Administrative medical direction as required in R9-25-204, and~~
 - b. ~~On-line medical direction as required in R9-25-205; and~~
 4. ~~Provide administrative medical direction and on-line medical direction to each EMT pursuant to a written agreement that meets the requirements of A.R.S. § 36-2201(2).~~
- B.** No later than 10 days after the date of a change in an administrative medical director listed on the ALS base hospital's application, as required in R9-25-208(A)(1)(f), an ALS base hospital certificate holder shall notify the Department of the change, in a Department-provided format, including:
 1. The name of the ALS base hospital,
 2. The ALS base hospital's certificate number,
 3. The name of the new administrative medical director and the effective date of the change,
 4. Attestation that the new administrative medical director meets the requirements in R9-25-202(A)(1),
 5. Attestation that all information submitted to the Department is true and correct, and
 6. The signature or electronic signature of the applicant's chief administrative officer or the chief administrative officer's designated representative and date of signature or electronic signature.
- B.C.** An ALS base hospital certificate holder shall:
 1. Notify the Department in writing no later than 24 hours after ceasing to meet the requirement in ~~R9-25-207(C)(2) or R9-25-207(C)(3),~~ notify the Department in writing:
 - a. R9-25-207(B)(1) or (2); or
 - b. For a special hospital, R9-25-207(B)(2) or (C); and
 2. No later than 48 hours after terminating, adding, or amending a written agreement required in ~~R9-25-207(C)(3)~~ R9-25-207(B)(2), notify the Department in writing and, if applicable, submit to the Department a copy of the new or amended written agreement that meets the requirements of R9-25-207(C)(3) described in A.R.S. § 36-2201(4).
- C.** An ALS base hospital may act as a training program without training program certification from the Department, if the ALS base hospital:

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1. ~~Is eligible for training program certification as provided in R9-25-301(C); and~~
 2. ~~Complies with the requirements in R9-25-301(I) and R9-25-304 through R9-25-318 and the Exhibits to Article 3 of this Chapter.~~
- D. If an ALS base hospital's pharmacy provides all of the agents for an emergency medical services provider or ambulance service, and the ALS base hospital owns the agents provided, the ALS base hospital's certificate holder shall ensure, ~~through the ALS base hospital's pharmacist in-charge,~~ that:
1. ~~Each agent to which an EMT has access while on duty for the emergency medical services provider is obtained only from a person authorized by law to prescribe the agent or with a current and valid permit, issued by the Arizona State Board of Pharmacy, authorizing the person to operate a drug wholesaler or a pharmacy;~~
 2. ~~Each transfer of an agent between the emergency medical services provider and another emergency medical services provider is documented as required by the Arizona State Board of Pharmacy and the U.S. Drug Enforcement Administration;~~
 3. ~~The emergency medical services provider establishes, implements, and complies with a written standard operating procedure, applicable to each EMT for whom the ALS base hospital supplies agents or provides administrative medical direction, that requires:~~
 - a. ~~A written chain of custody for each supply of agents, including at least the following:~~
 - i. ~~The name, EMT certification number, or employee identification number of each individual who takes custody of the supply of agents; and~~
 - ii. ~~The time and date that each individual takes custody of the supply of agents;~~
 - b. ~~Each individual who takes custody of a supply of agents to do the following:~~
 - i. ~~Upon initially taking custody of the supply of agents, inspect the supply of agents for expired agents, deteriorated agents, damaged or altered agent containers or labels, and depleted or missing agents;~~
 - ii. ~~Upon determining that any of the conditions described in subsection (D)(3)(b)(i) exists, document the condition, notify the ALS base hospital's pharmacist in-charge if a controlled substance is depleted or missing, and obtain a replacement for each affected agent for which the minimum supply is not present; and~~
 - iii. ~~Record each administration of an agent on a prehospital incident history report, as defined in A.R.S. § 36-2220;~~

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- e. ~~Each EMT on duty for the emergency medical services provider to have access to at least the minimum supply of agents required for the highest level of service to be provided by the EMT;~~
 - d. ~~That, except while in use, each agent to which an EMT has access while on duty for the emergency medical services provider is:~~
 - i. ~~Secured in a dry, clean, washable receptacle;~~
 - ii. ~~While on a motor vehicle or aircraft, secured in a manner that restricts movement of the agent and its receptacle; and~~
 - iii. ~~If a controlled substance, locked in a substantially constructed cabinet; and~~
 - e. ~~That each agent to which an EMT has access while on duty for the emergency medical services provider is kept inaccessible to unauthorized individuals at all times;~~
4. ~~Each EMT for whom the ALS base hospital supplies agents or provides administrative medical direction has access to a copy of the emergency medical services provider's written standard operating procedure required under subsection (D)(3) while on duty for the emergency medical services provider;~~
5. ~~The ALS base hospital's pharmacist in charge notifies the Department in writing within 10 days after the pharmacist in charge receives notice, as required under subsection (D)(3)(b)(ii), that any quantity of a controlled substance is missing; and~~
6. ~~The ALS base hospital's pharmacist in charge complies with all Arizona State Board of Pharmacy and U.S. Drug Enforcement Administration requirements related to the control of agents.~~
1. Except as stated in subsections (D)(2) and (3), the policies and procedures for agents to which an EMCT has access that are established by the administrative medical director for the emergency medical services provider or ambulance company comply with requirements in R9-25-202(F)(2);
 2. The emergency medical services provider or ambulance service requires an EMCT for the emergency medical services provider or ambulance service to notify the pharmacist in charge of the hospital pharmacy of a missing, obviously adulterated, or depleted controlled substance; and
 3. The pharmacist in charge of the hospital pharmacy notifies the Department, as specified in R9-25-202(F)(3), of a missing, obviously adulterated, or depleted controlled substance.

[R9-25-211. May not fit under HB2261 and is not being included as part of this rulemaking!]

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