



*Division of Public Health Services
Office of the Assistant Director
Public Health Preparedness Services
Bureau of Emergency Medical Services*

150 N. 18th Avenue, Suite 540
Phoenix, Arizona 85007
(602) 364-3150 / 1-800-200-8523
(602) 364-3568 FAX

DOUGLAS A. DUCEY, GOVERNOR
CARA M. CHRIST, MD, DIRECTOR

MEDICAL DIRECTION COMMISSION

Date: January 21, 2016 - **Time:** 12:00 PM

Location: 150 N. 18th Ave., Conference Room 215A & 215B

Conference Call: 1-877-820-7831 - **Code:** 450908#

iLinc URL: <https://azdhsems.ilinc.com/join/xcpshsxt>

You must register prior to the meeting to join the web conference session.

AGENDA

- I. Call to Order – Ben Bobrow, MD
- II. Roll Call - Jennifer Herbert (12 members, 7 required for quorum)
- III. Chairman’s Report – Ben Bobrow, MD
 - a. Attendance Report (Attachment III.a.)
 - b. Vacancy – Faculty Representative of Emergency Medicine Residency Program
- IV. Bureau Report – David Harden, JD
 - a. Presentation of Changes to the National Registry of EMT Recertification Requirements (Attachment IV.a.i.-iii.)
 - b. Injury & Trauma Death Rate Report (Attachment IV.b.) – Robyn Blust
 - c. AZ STEMI Survey
 - d. Bureau webpage additions
 - e. AHCCCS AZHS Treat and Refer recognition program
- V. Discussion and Action Items
 - a. Discuss, amend, approve MDC Minutes from September 17, 2015 (Attachment V.a.)
 - b. Discuss and approve adding TXA to Table 5.2 (Drug Box) as an Optional Agent – Toni Gross, MD (Attachment V.b.)
 - c. Discuss, amend, approve the TXA Drug Profile – Toni Gross, MD (Attachment V.c.)
 - d. Discuss, amend, approve adding Lidocaine for IO Pain Management as an optional agent to Table 5.2 – Toni Gross, MD (Attachment V.b.)
 - e. Discuss the need to develop an end-of-life care guideline for EMS personnel – Sandy Severson

Persons with disabilities may request a reasonable accommodation such as a sign language interpreter, by contacting Angie McNamara, Program Project Specialist II, at 602-364-3156; State TDD Number 1-800-367-8939; or Voice Relay Number 711. Request should be made as early as possible to allow time to arrange accommodations

“Health and Wellness for all Arizonans”

- VI. Reports
 - a. Excellence in Prehospital Injury Care Traumatic Brain Injury Project – Ben Bobrow, MD
 - b. Trauma and EMS Performance Improvement Standing Committee – Gail Bradley, MD
 - c. Education Standing Committee – Gail Bradley, MD
 - d. Protocols, Medications and Devices Standing Committee - Toni Gross, MD
 - e. Data and Quality Assurance - Rogelio Martinez, MPH

- VII. Agenda Items for Next Meeting

- VIII. Call to the Public: A public body may make an open call to the public during a public meeting, subject to reasonable time, place and manner restrictions, to allow individuals to address the public body on any issue within the jurisdiction of the public body. The Committee may ask staff to review a matter or may ask that a matter be put on a future agenda. Members of the public body shall not discuss or take legal action on matters raised during an open call to the public unless the matters are properly noticed for discussion and legal action. A.R.S. § 38-431.01(G)

- IX. Summary of Current Events
 - a. January 30, 2016 – SEAHC EMS on the Border. Desert Diamond Casino
 - b. February 11-12, 2016 - February in Phoenix – Trauma Symposium, Presented by St. Joseph’s Hospital and Medical Center at the Black Canyon Conference Center

- X. Next Meetings: May 19, 2016 @ 12:00 PM in rooms 215A & B 150 Building
September 15, 2016 @ 12:00 PM in rooms 215A & 215B 150 Building

- XI. Adjournment

Persons with disabilities may request a reasonable accommodation such as a sign language interpreter, by contacting Angie McNamara, Program Project Specialist II, at 602-364-3156; State TDD Number 1-800-367-8939; or Voice Relay Number 711. Request should be made as early as possible to allow time to arrange accommodations

“Health and Wellness for all Arizonans”

Committee Attendance Report

Medical Direction Commission

		Present	Tele	Absent
Bentley Bobrow	Chair/ADHS BEMS Medical Director			
	1/23/2014	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5/29/2014	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	9/25/2014	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	1/29/2015	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5/21/2015	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	9/17/2015	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Daniel Spaite	Emergency Medicine Physician - Southe			
	1/23/2014	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5/29/2014	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	9/25/2014	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1/29/2015	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	5/21/2015	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	9/17/2015	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frank Walter	Physician Specializing in Toxicology			
	1/23/2014	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	5/29/2014	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	9/25/2014	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	1/29/2015	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5/21/2015	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	9/17/2015	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gail Bradley	Physician Specializing in Cardiac Care/Vi			
	1/23/2014	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5/29/2014	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	9/25/2014	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1/29/2015	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5/21/2015	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	9/17/2015	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jonathan Maitem	Emergency Medicine Physician - Central			
	1/23/2014	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5/29/2014	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	9/25/2014	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1/29/2015	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5/21/2015	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	9/17/2015	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kevin Foster	Physician Specializing in Trauma Surger			
	1/23/2014	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	5/29/2014	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	9/25/2014	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	1/29/2015	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	5/21/2015	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	9/17/2015	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Michele Preston	Emergency Medicine Physician - Wester			
	5/21/2015	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	9/17/2015	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Nicholas Theodore	Physician Specializing in Acute Head Inj			
	1/23/2014	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Medical Direction Commission

		Present	Tele	Absent
Nicholas Theodore	Physician Specializing in Acute Head Inj			
	5/29/2014	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	9/25/2014	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	1/29/2015	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	5/21/2015	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	9/17/2015	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Phillip Richemont	Physician with Full-Time Practice in a Ru			
	1/23/2014	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	5/29/2014	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	9/25/2014	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	1/29/2015	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	5/21/2015	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	9/17/2015	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Rianne Page	Emergency Medicine Physician - Northe			
	1/29/2015	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5/21/2015	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	9/17/2015	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Toni Gross	Physician Specializing in Pediatric Medic			
	1/23/2014	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5/29/2014	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	9/25/2014	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1/29/2015	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5/21/2015	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	9/17/2015	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Paramedic National Continued Competency Program (NCCP)

Note: A total of 60 hours of continuing education is required to recertify.

Nationally Registered
Paramedic (NRP)

National Continued Competency Requirements (NCCR) - 30 hours**

Area	Hours	Topic Breakdown
Airway, Respiration, & Ventilation	4	Ventilation [2 hrs], Capnography [1 hr], Advanced Airway Management in the Perfusing Patient [1 hr]
Cardiovascular	10	Post-Resuscitation Care [2 hrs], Ventricular Assist Devices [0.5 hrs], Stroke [1.5 hrs], Cardiac Arrest [2 hrs], Congestive Heart Failure [0.5 hrs], Pediatric Cardiac Arrest [2.5 hrs], ACS [1 hr]
Trauma	4	CNS Injury [2 hrs], Tourniquets [0.5 hrs], Field Triage [1 hr], Fluid Resuscitation [0.5 hrs]
Medical	7	Special Healthcare Needs [2 hrs], OB Emergency [1 hr], Communicable Diseases [1 hr], Medication Delivery [1 hr], Pain Management [1 hr], Psychiatric Emergencies [1 hr]
Operations	5	At-Risk Populations [1 hr], Pediatric Transport [0.5 hrs], Culture of Safety [0.5 hrs], Affective Characteristics [1 hr], Crew Resource Management [1 hr], Role of Research [1 hr]

National Continued Competency Program (NCCP)

Paramedic Recertification Requirements 2015-2016

Local Continued Competency Requirements (LCCR) - 15 hours**

These requirements are developed at the local EMS level and may be specified by your State EMS Office, EMS region directors (if applicable), or agency level administrators (for example Training Officers and Medical Directors). If not specified, you may use any additional state or CECBEMS-approved EMS –related education towards these requirements.

Individual Continued Competency Requirements (ICCR) - 15 hours**

You may use any additional state or CECBEMS-approved EMS –related education towards these requirements.

**Maximum Distributive Education (DE) Allowances:

Distributive Education (DE) is any instruction method where the student does not have access to an instructor in real time. Examples include: online courses, video reviews, and journal article reviews. Note: CECBEMS uses the F3 designation for distributive education. Other CECBEMS designations F1 (one-time events), F2 (multiple-event activities), and F5 (Virtual Instructor Led Training-VILT) are not classified as distributive education.

National Continued Competency Requirements	1/3	A maximum of 10 hours of DE may be used towards your NCCR.
Local Continued Competency Requirements	2/3	A maximum of 10 hours of DE may be used towards your LCCR.
Individual Continued Competency Requirements	3/3	A maximum of 15 hours of DE may be used towards your ICCR.

National Registry of
Emergency Medical Technicians®
THE NATION'S EMS CERTIFICATION™



Nationally Registered Paramedic (NRP)

NCCP Recertification Requirements

To Apply for Recertification You Must:

1. Be actively using your Paramedic skills within a patient care setting.

NOTE: If you are not currently using your Paramedic skills in a patient care setting, BUT meet all other recertification requirements, you may request Inactive Status. For more information, please review the Inactive Status Policy.

2. Demonstrate continued cognitive competency by:

Recertification by Examination

or

Documentation of Continuing Education

3. Maintain skills as verified by your physician Medical Director (requires a signature or electronic signature on your recertification application validating competency of skills).
4. Submit your completed recertification application completed recertification application prior to March 31, 2016.

Demonstration of Cognitive Competency Options(2)

1. Recertification by Examination

- OR -

2. Documentation of Continuing Education

- *Electronically:* login to your NREMT account and fill out your electronic recertification application

OR

- *Paper:* print a recertification form from the NREMT website and mail it to the NREMT. *Effective 10/1/15: all paper recertification applications will require an additional \$5.00 paper processing fee in addition to your \$20.00 recertification fee.*

Recertification by Examination Option

This option enables you to demonstrate continued cognitive competency without documenting continuing education.

- Login to your NREMT account. Complete a recertification by examination application and pay the exam fee. **NOTE:** Be sure you complete the recertification application and **not** the initial entry application. After 24-48 hours, login to your NREMT account and print your Authorization to Test (ATT) letter. Follow the directions in the letter to schedule your exam.
- You may make one attempt to take and pass the exam between **October 1 and March 31, 2016**. A cognitive competency by exam form will become available through your NREMT account upon successful completion of the exam.
- Return your completed cognitive competency by exam form by **March 31, 2016** with signatures and supporting documentation.

All other recertification requirements (including criminal conviction statement, verification of skills, etc.) must still be met and verified.

Continuing Education Option*

- Complete a total of **60 hours** of continuing education including:
 - A state or CECBEMS (F1, F2, F3**, F5) approved 30 hour Paramedic National Continued Competency Requirements course or equivalent state or CECBEMS approved continuing education.
 - 15 hours of Local Continued Competency Requirements (LCCR) additional state or CECBEMS (F1, F2, F3**, F5) approved EMS-related continuing education
 - 15 hours of Individual Continued Competency Requirements (ICCR). Must be state or CECBEMS (F1, F2, F3**, F5) approved EMS-related continuing education.
- Pay the \$20 (US funds only) non-refundable recertification fee at the time of submission of application. *Effective 10/1/15: all paper recertification applications will require an additional \$5.00 paper processing fee in addition to your recertification fee.*

All continuing education hours, to include the refresher, must be completed within the current certification cycle. Education completed prior to March 31, 2016 will NOT be accepted. If this is your first time to recertify, only education completed after the date you became nationally certified will be accepted.

**See chart on page 1 of this brochure for detailed continuing education requirements and allowances regarding distributive education.*

Reinstatement

*If you fail to submit your application by March 31, 2016, and all education requirements have been completed, you may seek reinstatement of your National EMS Certification until April 30, 2016 for a \$50 reinstatement fee in addition to your \$20 processing fee (\$70 total). **Effective 10/1/15: all paper recertification applications will require an additional \$5.00 paper processing fee in addition to your recertification and reinstatement fees.***

Lapsed Certification

If your National Certification lapsed, please review the [Lapsed Certification & Re-Entry Policies](#).

Terms of Recertification

In applying for recertification registrants agree to comply with all recertification requirements, rules and standards of the NREMT. The registrant bears the burden of demonstrating and maintaining compliance at all times. The NREMT considers individuals to be solely responsible for their certification.

Individuals must notify the NREMT within 30 days to the change of mailing address. Change of mailing address can be made via our website: www.nremt.org

Individuals must notify the NREMT within 30 days of any criminal arrests.

Individuals must notify the NREMT within 30 days of any disciplinary action taken by any state that has resulted in the following:

- Suspension, revocation or probation of state license or certification
- Voluntary surrender of state license or certification while under investigation.

Disciplinary Policy/Revocation of Certification

The NREMT has disciplinary procedures, rights of appeals and due process within its policies. Individuals applying for certification or recertification who wish to exercise these rights may consult the [Eligibility, Disciplinary and Appeal Policies](#)

Audits

The NREMT reserves the right to investigate recertification material at any time. You must retain verification of attendance of all education submitted. Failure to submit documentation when audited will result in denial of eligibility to recertify.

National Registry of Emergency Medical Technicians®

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Columbus, OH 43229
614-888-4484
www.nremt.org

The Nation's EMS Certification™

EMT National Continued Competency Program (NCCP)

Note: A total of 40 hours of continuing education is required to recertify.

National Continued Competency Requirements (NCCR) - 20 hours**

Area	Hours	Topic Breakdown
Airway, Respiration, & Ventilation	4	Ventilation [3 hrs], Oxygenation [1 hr]
Cardiovascular	6	Post-Resuscitation Care [0.5 hrs], Stroke [1 hr], Cardiac Arrest & Ventricular Assist Devices [0.5 hrs], Cardiac Rate Disturbance (Pediatric) [1 hr], Pediatric Cardiac Arrest [2 hrs], Chest Pain from Cardiovascular Cause (Adult) [1 hr]
Trauma	2	CNS Injury [0.5 hrs], Tourniquets [0.5 hrs], Field Triage [1 hr]
Medical	6	Special Healthcare Needs [1 hr], OB Emergency [1 hr], Psychiatric Emergencies [1.5 hrs], Endocrine [1 hr], Immunological Diseases [1 hr], Communicable Diseases [0.5 hrs]
Operations	2	At-Risk Populations [0.5 hrs], Pediatric Transport [0.5 hrs], Affective Characteristics [0.5 hrs], Role of Research [0.5 hrs]

Local Continued Competency Requirements (LCCR) - 10 hours**

These requirements are developed at the local EMS level and may be specified by your State EMS Office, EMS region directors (if applicable), or agency level administrators (for example Training Officers and Medical Directors). If not specified, you may use any additional state or CECBEMS-approved EMS –related education towards these requirements.

Individual Continued Competency Requirements (ICCR) - 10 hours**

You may use any additional state or CECBEMS-approved EMS –related education towards these requirements.

**Maximum Distributive Education (DE) Allowances:

Distributive Education (DE) is any instruction method where the student does not have access to an instructor in real time. Examples include: online courses, video reviews, and journal article reviews. Note: CECBEMS uses the F3 designation for distributive education. Other CECBEMS designations F1 (one-time events), F2 (multiple-event activities), and F5 (Virtual Instructor Led Training-VILT) are not classified as distributive education.

National Continued Competency Requirements	1/3	A maximum of 7 hours of DE may be used towards your NCCR.
Local Continued Competency Requirements	2/3	A maximum of 7 hours of DE may be used towards your LCCR.
Individual Continued Competency Requirements	3/3	A maximum of 10 hours of DE may be used towards your ICCR.

Nationally Registered
Emergency Medical Technician (NREMT)

National Continued Competency Program (NCCP)

EMT
Recertification
Requirements
2015-2016

National Registry of
Emergency Medical Technicians®
THE NATION'S EMS CERTIFICATION™



Nationally Registered Emergency Medical Technician (NREMT)

NCCP Recertification Requirements

To Apply for Recertification You Must:

1. Be actively using your EMT skills within a patient care setting.

NOTE: If you are not currently using your EMT skills in a patient care setting, BUT meet all other recertification requirements, you may request Inactive Status. For more information, please review the [Inactive Status Policy](#).

2. Demonstrate continued cognitive competency by:
Recertification by Examination
or
Documentation of Continuing Education
3. Maintain skills as verified by your Training Officer/ Supervisor (requires a signature or electronic signature on your recertification application validating competency of skills) .
4. Submit your completed recertification application prior to March 31, 2016.

Demonstration of Cognitive Competency Options(2)

1. Recertification by Examination

- OR -

2. Documentation of Continuing Education

- **Electronically:** login to your NREMT account and fill out your electronic recertification application
OR
- **Paper:** print a recertification form from the NREMT website and mail it to the NREMT. *Effective 10/1/15: all paper recertification applications will require an additional \$5.00 paper processing fee in addition to your \$15.00 recertification fee.*

Recertification by Examination Option

This option enables you to demonstrate continued cognitive competency without documenting continuing education.

- Login to your NREMT account. Complete a recertification by examination application and pay the exam fee. **NOTE:** Be sure you complete the recertification application and **not** the initial entry application. After 24-48 hours, login to your NREMT account and print your Authorization to Test (ATT) letter. Follow the directions in the letter to schedule your exam.
- You may make one attempt to take and pass the exam between **October 1 and March 31, 2016**. A cognitive competency by exam form will become available through your NREMT account upon successful completion of the exam.
- Return your completed cognitive competency by exam form by **March 31, 2016** with signatures and supporting documentation.

All other recertification requirements (including criminal conviction statement, verification of skills, etc.) must still be met and verified.

Continuing Education Option*

- Complete a total of **40 hours** of continuing education including:
 - A state or CECBEMS (F1, F2, F3**, F5) approved 20 hour EMT National Continued Competency Requirements course or equivalent state or CECBEMS approved continuing education.
 - 10 hours of Local Continued Competency Requirements (LCCR) additional state or CECBEMS (F1, F2, F3**, F5) approved EMS-related continuing education
 - 10 hours of Individual Continued Competency Requirements (ICCR). Must be state or CECBEMS (F1, F2, F3**, F5) approved EMS-related continuing education.
- Pay the \$15 (US funds only) non-refundable recertification fee at the time of submission of application. *Effective 10/1/15: all paper recertification applications will require an additional \$5.00 paper processing fee in addition to your \$15.00 recertification fee.*

All continuing education hours, to include the refresher, must be completed within the current certification cycle. Education completed prior to March 31, 2016 will NOT be accepted. If this is your first time to recertify, only education completed after the date you became nationally certified will be accepted.

**See chart on page 1 of this brochure for detailed continuing education requirements and allowances regarding distributive education.*

Reinstatement

If you fail to submit your application by March 31, 2016 and all educational requirements have been completed, you may seek reinstatement of your National EMS Certification until April 30, 2016 for a \$50 reinstatement fee in addition to your \$15 processing fee (\$65 total). Effective 10/1/15: all paper recertification applications will require an additional \$5.00 paper processing fee in addition to your recertification and reinstatement fees.

Lapsed Certification

If your National Certification lapsed, please review the [Lapsed Certification & Re-Entry Policies](#).

Terms of Recertification

In applying for recertification registrants agree to comply with all recertification requirements, rules and standards of the NREMT. The registrant bears the burden of demonstrating and maintaining compliance at all times. The NREMT considers individuals to be solely responsible for their certification.

Individuals must notify the NREMT within 30 days to the change of mailing address. Change of mailing address can be made via our website: www.nremt.org

Individuals must notify the NREMT within 30 days of any criminal arrests.

Individuals must notify the NREMT within 30 days of any disciplinary action taken by any state that has resulted in the following:

- Suspension, revocation or probation of state license or certification
- Voluntary surrender of state license or certification while under investigation.

Disciplinary Policy/Revocation of Certification

The NREMT has disciplinary procedures, rights of appeals and due process within its policies. Individuals applying for certification or recertification who wish to exercise these rights may consult the [Eligibility, Disciplinary and Appeal Policies](#).

Audits

The NREMT reserves the right to investigate recertification material at any time. You must retain verification of attendance of all education submitted. Failure to submit documentation when audited will result in denial of eligibility to recertify.

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The Nation's EMS Certification™

National Continued Competency Program (NCCP)

AEMT

Recertification

Requirements

2015-2016

AEMT National Continued Competency Program (NCCP)

Note: A total of 50 hours of continuing education is required to recertify.

National Continued Competency Requirements (NCCR) - 25 hours**

Area	Hours	Topic Breakdown
Airway, Respiration, & Ventilation	4	Ventilation [3 hrs], Oxygenation [1 hr]
Cardiovascular	6	Post-Resuscitation Care [0.5 hrs], Stroke [1 hr], Cardiac Arrest & Ventricular Assist Devices [0.5 hrs], Cardiac Rate Disturbance (Pediatric) [1 hr], Pediatric Cardiac Arrest [2 hrs], Chest Pain from Cardiovascular Cause (Adult) [1 hr]
Trauma	2	CNS Injury [0.5 hrs], Tourniquets [0.5 hrs], Field Triage [1 hr]
Medical	6	Special Healthcare Needs [1 hr], OB Emergency [1 hr], Psychiatric Emergencies [1.5 hrs], Endocrine [1 hr], Immunological Diseases [1 hr], Communicable Diseases [0.5 hrs]
Operations	2	At-Risk Populations [0.5 hrs], Pediatric Transport [0.5 hrs], Affective Characteristics [0.5 hrs], Role of Research [0.5 hrs]
Additional Advanced Life Support EMS Education	5	Any Additional Advanced Life Support EMS Education [5 hrs]

Local Continued Competency Requirements (LCCR) - 12.5 hours**

These requirements are developed at the local EMS level and may be specified by your State EMS Office, EMS region directors (if applicable), or agency level administrators (for example Training Officers and Medical Directors). If not specified, you may use any additional state or CECBEMS-approved EMS –related education towards these requirements.

Individual Continued Competency Requirements (ICCR) - 12.5 hours**

You may use any additional state or CECBEMS-approved EMS –related education towards these requirements.

**Maximum Distributive Education (DE) Allowances:

Distributive Education (DE) is any instruction method where the student does not have access to an instructor in real time. Examples include: online courses, video reviews, and journal article reviews. Note: CECBEMS uses the F3 designation for distributive education. Other CECBEMS designations F1 (one-time events), F2 (multiple-event activities), and F5 (Virtual Instructor Led Training-VILT) are not classified as distributive education.

National Continued Competency Requirements	1/3	A maximum of 8 hours of DE may be used towards your NCCR.
Local Continued Competency Requirements	2/3	A maximum of 8 hours of DE may be used towards your LCCR.
Individual Continued Competency Requirements	3/3	A maximum of 12.5 hours of DE may be used towards your ICCR.

Nationally Registered Advanced Emergency Medical Technician (AEMT) NCCP Recertification Requirements

To Apply for Recertification You Must:

1. Be actively using your AEMT skills within a patient care setting.

NOTE: If you are not currently using your AEMT skills in a patient care setting, BUT meet all other recertification requirements, you may request Inactive Status. For more information, please review the [Inactive Status Policy](#).

2. Demonstrate continued cognitive competency by:
Recertification by Examination
or
Documentation of Continuing Education
3. Maintain skills as verified by your physician Medical Director (requires a signature or electronic signature on your recertification application validating competency of skills).
4. Submit your completed recertification application prior to March 31, 2016.

Demonstration of Cognitive Competency Options(2)

1. Recertification by Examination

- OR -

2. Documentation of Continuing Education

- *Electronically:* login to your NREMT account and fill out your electronic recertification application
- OR
- *Paper:* print a recertification form from the NREMT website and mail it to the NREMT. *Effective 10/1/15: all paper recertification applications will require an additional \$5.00 paper processing fee in addition to your \$15.00 recertification fee.*

Recertification by Examination Option

This option enables you to demonstrate continued cognitive competency without documenting continuing education.

- Login to your NREMT account. Complete a recertification by examination application and pay the exam fee. **NOTE:** Be sure you complete the recertification application and **not** the initial entry application. After 24-48 hours, login to your NREMT account and print your Authorization to Test (ATT) letter. Follow the directions in the letter to schedule your exam.
- You may make one attempt to take and pass the exam between **October 1 and March 31, 2016**. A cognitive competency by exam form will become available through your NREMT account upon successful completion of the exam.
- Return your completed cognitive competency by exam form by **March 31, 2016** with signatures and supporting documentation.

All other recertification requirements (including criminal conviction statement, verification of skills, etc.) must still be met and verified.

Continuing Education Option*

- Complete a total of **50 hours** of continuing education including:
 - A state or CECBEMS (F1, F2, F3**, F5) approved 25 hour AEMT National Continued Competency Requirements course or equivalent state or CECBEMS approved continuing education.
 - 12.5 hours of Local Continued Competency Requirements (LCCR) additional state or CECBEMS (F1, F2, F3*, F5) approved EMS-related continuing education
 - 12.5 hours of Individual Continued Competency Requirements (ICCR). Must be state or CECBEMS (F1, F2, F3**, F5) approved EMS-related continuing education.
- Pay the \$15 (US funds only) non-refundable recertification fee at the time of submission of application. *Effective 10/1/15: all paper recertification applications will require an additional \$5.00 paper processing fee in addition to your \$15.00 recertification fee.*

All continuing education hours, to include the refresher, must be completed within the current certification cycle. Education completed prior to March 31, 2016 will NOT be accepted. If this is your first time to recertify, only education completed after the date you became nationally certified will be accepted.

**See chart on page 1 of this brochure for detailed continuing education requirements and allowances regarding distributive education.*

Reinstatement

If you fail to submit your application by your March 31, 2016 and all educational requirements have been completed, you may seek reinstatement of your National EMS Certification until April 30, 2016 for a \$50 reinstatement fee in addition to your \$15 processing fee (\$65 total). Effective 10/1/15: all paper recertification applications will require an additional \$5.00 paper processing fee in addition to your recertification and reinstatement fees.

Lapsed Certification

If your National Certification lapsed within a two-year period, please review the [Lapsed Certification Policy](#).

Terms of Recertification

In applying for recertification registrants agree to comply with all recertification requirements, rules and standards of the NREMT. The registrant bears the burden of demonstrating and maintaining compliance at all times. The NREMT considers individuals to be solely responsible for their certification.

Individuals must notify the NREMT within 30 days to the change of mailing address. Change of mailing address can be made via our website: www.nremt.org

Individuals must notify the NREMT within 30 days of any criminal arrests.

Individuals must notify the NREMT within 30 days of any disciplinary action taken by any state that has resulted in the following:

- Suspension, revocation or probation of state license or certification
- Voluntary surrender of state license or certification while under investigation.

Disciplinary Policy/Revocation of Certification

The NREMT has disciplinary procedures, rights of appeals and due process within its policies. Individuals applying for certification or recertification who wish to exercise these rights may consult the [Eligibility, Disciplinary and Appeal Policies](#).

Audits

The NREMT reserves the right to investigate recertification material at any time. You must retain verification of attendance of all education submitted. Failure to submit documentation when audited will result in denial of eligibility to recertify.

National Registry of Emergency Medical Technicians®
6610 Busch Blvd.
Columbus, OH 43229
614-888-4484
www.nremt.org

The Nation's EMS Certification™

MEDICAL DIRECTION COMMISSION

September 21, 2015 - 12:00 PM

150 N. 18th Ave., Conference Room 215A&B

Meeting Minutes DRAFT

Present

Ben Bobrow, MD*
 Dan Spaite, MD
 Frank Walter, MD
 Gail Bradley, MD
 Jon Maitem, DO
 Michele Preston, MD*
 Nicholas Theodore, MD*
 Phillip Richemont, MD*
 Rianne Page, MD*
 Toni Gross, MD

Absent

Kevin Foster, MD

*Indicates teleconference

- I. Call to Order – Gail Bradley, MD. 12:07 PM
- II. Roll Call - Jennifer Herbert (12 members, 7 required for quorum). A quorum was present
- III. Chairman's Report – Gail Bradley, MD
 - a. Attendance Report
 - b. 2016 Meeting schedule
 - c. Vacancy – Faculty Representative of Emergency Medicine Residency Program
- IV. Bureau Report – David Harden, JD
 - a. Community Integrated Paramedicine
 - b. Naloxone Workgroup Output – Terry Mullins, Gail Bradley, MD
 - c. Acute Traumatic Pain Management Training Module
- V. Discussion and Action Items
 - a. Discuss, amend, approve MDC Minutes from May 21, 2015. Jon Maitem, DO, made the motion to approve the minutes, seconded by Toni Gross, MD. **Motion carries.**
 - b. Discuss, amend, approve the new Ketamine in the drug profile. A motion was made to approve the drug profile by Jon Maitem, DO, seconded by Dan Spaite, MD. **Motion carries.**
 - c. Discuss and approve adding Phytonadine on Infusion Pump (IP) to Table 5.4 (Interfacility Transport) as a Paramedic skill only. Jon Maitem, DO, made the motion approve the addition, seconded by Frank Walter, MD. A discussion ensued. Table 5.4 was amended to exclude Vitamin K from the Vitamins line item; however, the addition of Phytonadine IP to Table 5.4 was **not approved.**
 - d. Discuss, amend, approve the Phytonadine Drug Profile. This item was **tabled.**
 - e. Discuss and approve changes to Naloxone on Table 5.1 (Scope of Practice) – Noreen Adlin. Frank Walter, MD, made the motion to approve the changes, seconded by Jon Maitem, DO. **Motion carries.**
- VI. Reports
 - a. Excellence in Prehospital Injury Care Traumatic Brain Injury Project – Dan Spaite, MD
 - b. Trauma and EMS Performance Improvement Standing Committee – Gail Bradley, MD
 - c. Education Standing Committee – Gail Bradley, MD

- d. Protocols, Medications and Devices Standing Committee - Toni Gross, MD
- e. Physician Orders for Life Sustaining Treatment (POLST) – Terry Mullins
- f. Data and Quality Assurance - Rogelio Martinez, MPH

VII. Agenda Items for Next Meeting: None were presented.

VIII. Call to the Public: A public body may make an open call to the public during a public meeting, subject to reasonable time, place and manner restrictions, to allow individuals to address the public body on any issue within the jurisdiction of the public body. The Committee may ask staff to review a matter or may ask that a matter be put on a future agenda. Members of the public body shall not discuss or take legal action on matters raised during an open call to the public unless the matters are properly noticed for discussion and legal action. A.R.S. § 38-431.01(G)

IX. Summary of Current Events

- a. November 2-4, 2015: National Pediatric Disaster Conference. Scottsdale
- b. November 5-6, 2015: Emergency Pediatric Interdisciplinary Care Conference. Desert Diamond Casino, Tucson
- c. November 6-7, 2015: Pediatric Trauma Society Meeting. Scottsdale
- d. November 12-13, 2015: Southwest Trauma and Acute Care Symposium (STACS). Scottsdale

X. Next Meetings: January 21, 2016 @ 12:00 PM in rooms 215A & 215B 150 Building
May 19, 2016 @ 12:00 PM in rooms 215A & 215B 150 Building
September 15, 2016 @ 12:00 PM in rooms 215A & 215B 150 Building

XI. Adjournment 1:20 PM

Approved by MDC

Date:

VISITORS PLEASE SIGN IN

Medical Direction Commission - September 17, 2015 @ 12:00 pm

Name (PLEASE PRINT)		Organization & Position
1	Vic Gans	Chiropractor
2	RONALD MATHURAN E	FAC PHC
3	CHRIS Thompson	GRMC Thomas Coordinator
4	Zhixin Ma (David Ma)	ADHS BEMS
5	Melody Ying-Ju chen	ADHS & BEMS TS
6	Kimberly Boehm	ADHS
7	Tammy Eydler	BANNERBoone
8	Sandy Duggan	Banner Ironwood PeHSP Co
9	Tracy Irwin	Del Webb
10		
11		
12		
13		
14		
15		
16		
17		

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
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
Diazepam Rectal Delivery Gel	Optional [20 mg]	-	-	A	A
Diltiazem or Verapamil HCl	25 mg 10 mg	-	-	-	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

Attachment V.b.

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
<u>Lidocaine 2% preservative-free (IO insertion)</u>	<u>Optional [100 mg]</u>	<u>-</u>	<u>A</u>	<u>A</u>	<u>A</u>
Magnesium Sulfate	5 g	-	-	-	A
Methylprednisolone Sodium Succinate	Optional [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 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
<u>Tranexamic Acid (TXA)</u>	<u>Optional [2 g]</u>	<u>=</u>	<u>=</u>	<u>=</u>	<u>A</u>
Vasopressin	Optional [40 units]	-	-	-	A

GENERIC NAME: Tranexamic Acid

CLASS: Antifibrinolytic agent. Antiplasminogen activation agent.

“Miscellaneous coagulation modifier.”

Mechanism of Action:

Tranexamic acid is a competitive inhibitor of plasminogen activation and at high concentration a non-competitive inhibitor of plasmin. Both actions lead to inhibition of thrombolysis and thereby prevention of dissolution of already-formed fibrin clot.

Indications for Field Use:

Treatment of recent (<3 hours post injury) adult trauma patient with uncontrollable hemorrhage and hypotension (SBP<90)

Contraindications:

1. Tranexamic Acid injection should not be given if initial bolus cannot be given <3 hours after injury sustained, or if:
2. Patients with hypersensitivity to tranexamic acid

Adverse Reactions:

Hypotension has been observed when intravenous injection is too rapid.

Gastrointestinal disturbances (nausea, vomiting, and diarrhea) may occur. Allergic dermatitis, giddiness, and hypotension have been reported occasionally.

NOTES ON ADMINISTRATION

Incompatibilities/Drug Interactions:

-Not to be administered in same IV line as blood products, antibiotics or vasopressors.

Adult Dosage:

Bolus: Mix 1 g in 100cc NS and give over 10 minutes.

Drip: Mix 1 g in 1 liter NS and give at 120cc/hour.

Pediatric Dosage:

Not approved for Pediatric use at this time

Routes of Administration:

IV/IO

Onset of Action:

5-15 minutes

Peak Effects:

Between 15 minutes and 3 hours

Duration of Action:

An antifibrinolytic concentration of tranexamic acid remains in different tissues for about 17 hours, and in the serum, up to seven or eight hours.

Arizona Drug Box Minimum Supply:

2g

Special Notes:

- + Store at room temperature. Excretion is entirely renal, but there is no effect on magnitude of initial bolus dose. Do not, however, proceed with maintenance infusion in a patient with known renal insufficiency.
- + Theoretically patients receiving hormone therapies or on oral contraceptives could be predisposed to thrombotic events. When given for traumatic hemorrhage, these interactions would not be clinically significant. Likewise, interference with anti-platelet or anticoagulant medications could be expected.

Special Training Requirement