



2013-2014

New EMS Rules

Presented by:

Doug Crunk BS, NREMT-P

Training Program Manager

AZDHS- BEMSTS

douglas.crunk@azdhs.gov

Brian O'Leary NREMT-B

EMS Regional Coordinator

AZDHS- BEMSTS

brian.oleary@azdhs.gov

House Bill 2261

- Passed in 2012 to allow for this exempted rule making process.
- Work done through **ALL** the standing committees (EMS Council, STAB, MDC, TEPI, Education and PMD) over the last few years.
- Input from stakeholders and field personnel.

Statute vs. Rule

A statute is a written piece of legislation; a law passed by a legislative body. The term statutory refers to laws or legislation.

The word “Rules” or “Regulations” are guidance that have the force of law that describe how.



Article 1

Definitions

Arizona Administrative Code (A.A.C.)

R9-25-101

<http://www.azdhs.gov/bems/documents/statutes-rule-book.pdf>

Changes made to the rules were established for the following reasons:

- - **Removing** terms already defined in Statute (A.R.S. 36-2201)
- - **Removes** terms **NO** longer being used
- - **Removes** terms described in the rules
- + **Adds** definitions due to scope of practice, base hospital amendments and training
- > Clarifies current definitions

Removed terms already in statute

Arizona Revised Statutes (A.R.S.) 36-2201

- Administrative Medical Direction
- Ambulance Service
- Centralized medical direction center
- Department
- Emergency medical services
- Emergency medical services provider
- Physician

Terms no longer used

- Advanced Procedure
- Conspicuously posted
- Course content outline
- Custody
- Drug distributor
- EMT-B
- EMT-I
- EMT-I (85)
- EMT-P

Terms no longer used (cont.)

- FDA
- Health care decision maker
- Incapacitated adult
- Intermediate emergency medical technician level
- NREMT
- NREMT-Intermediate registration
- On-line physician
- Standing order

Terms described in rules

- Administrative medical director
- Communication protocol
- Dangerous drug
- Narcotic drug
- Proficiency in advanced emergency cardiac life support
- Proficiency in advanced trauma life support
- Proficiency in cardiopulmonary resuscitation

Terms described in rules (cont.)

- Proficiency in pediatric emergency care
- Session
- Substantially constructed cabinet
- Supervise or supervision
- Treatment protocol
- Triage protocol
- Unauthorized individual

Adds definitions for:

- AEMT (advanced EMT)
- ALS (advanced life support)
- Applicant
- Chain of custody
- Course
- Course Session
- Current
- EMCT (emergency medical care technician)
- EMS (emergency medical service)

Adds definitions for (cont.):

- Hospital
- Pediatric
- Refresher challenge examination
- Refresher course
- Scene
- Special hospital
- “STR skill” or specialized training requirement skill
- Transfer of care

Clarifies the definitions of:

- Chief administrative officer
- Clinical Training
- Electronic signature
- EMT
- EMT-I(99)
- Field training
- General hospital
- In use

Clarifies definition (cont.)

- Infusion pump
- Monitor
- On-line medical direction
- Person
- Transport Agent

New Rule

R9-25-102. Individuals to Act for a Person Regulated Under This Chapter (Authorized by A.R.S. § 36-2202)

-When a person regulated under this Chapter is required by this Chapter to provide information on or sign an application form or other document, the following individual shall satisfy the requirement on behalf of the person regulated under this Chapter:

- 1.** If the person regulated under this Chapter is an individual, the individual; or
- 2.** If the person regulated under this Chapter is a business organization, political subdivision, government agency, or tribal government, the individual who the business organization, political subdivision, government agency, or tribal government has designated to act on behalf of the business organization, political subdivision, government agency, or tribal government **and** who:
 - a.** Is a U.S. citizen or legal resident, and
 - b.** Has an Arizona address.



Article 2

Medical Direction; ALS Base

Hospital Certification

Arizona Administrative Code (A.A.C.)

R9-25-201

<http://www.azdhs.gov/bems/documents/statutes-rule-book.pdf>

Major Changes

- None.....REALLY
- Consolidates and Clarifies !!!!
- Eliminated much of the duplicated rules into a simplified approach.

Highlighted Changes

- R9-25-201 (old) was repealed and then replaced into a NEW R9-25-201. This contains much of the information from the old R9-25-202, 203, 204 & 205
- Allows for a Special Hospital to become a base hospital.
- **ADDS** a required protocol for the transfer of information to the receiving facility.

Highlighted Changes (cont.)

- **Removes** the requirements for notifying the Department upon learning that an EMCT has any of the several criminal convictions or has been revoked/suspended certification.
- **Notifying the Department within 10 days of any change of an Admin. Medical Director.**
- **Clarifies chain of custody for agents and a requirement of the Base Hospital to have a policy in place with the necessary items.**



Article 3

Training Programs

Arizona Administrative Code (A.A.C.)

R9-25-301

<http://www.azdhs.gov/bems/documents/statutes-rule-book.pdf>

Highlighted Changes

- **Removes** definitions that are already in statute and rule.
- Updates qualifications for a training program medical director to be consistent with that of administrative medical director (R9-25-201)
- Requires a training center director to have training related to instructional methodology.
- **Adds** a requirement to notify students of eligibility requirements and prerequisite knowledge, skill and abilities for a course.

Administrative (R9-25-302)

- **Updates the qualifications of the training programs medical director to be consistent with that of an administrative medical director, which is defined in R9-25-201.**
- **Requires that a training program director is to have training related to instructional methodology.**

Changes to Training Program

Certificate (R9-25-303)

- Replaces the requirement for a training program certificate holder to obtain approval to add a course.

Course/ Exam Requirements

(R9-25-304)

- **Adds** a requirement for a training program to notify students of eligibility requirements and prerequisite knowledge, skill and abilities for a course.
- Replaces the requirement for a training program lead instructor to have training related to instructional methodology
- Replaces a requirement for a lead instructor to be “present”, with a requirement for the lead instructor to be available to student/instructor interaction, to allow for on-line instruction.

Course/ Exam Requirements (cont.)

(R9-25-304)

- Corrects cross references
- **Removes** the requirement for a written test for an initial certification course, to have 150 multiple choice questions to allow for a computer-generated smart exams based on student responses.
- **Removes** prohibition of a training program director or an instructor, proctoring a written exam.

Supplemental Requirements for Specific Courses (R9-25-305)

- Replaces the eligibility requirement that a student for an AEMT cert course or a Paramedic course, have registration/cert./documentation of prior training at the EMT or higher level.
- Corrects cross references
- **Adds** a time frame for transition training to the current EMCT levels for EMCT's who are not registered by a national cert. organization

Training Program Notification and Recordkeeping (R9-25-306)

- Replaces a requirement for approval of a course session.
- **Adds** a requirement for documentation that a student meets eligibility requirements and prerequisites for a course or refresher challenge exam.



Article 4

EMCT Certification

Arizona Administrative Code (A.A.C.)

R9-25-401

<http://www.azdhs.gov/bems/documents/statutes-rule-book.pdf>

Highlighted Changes

- Replaces/renames the EMT classifications to indicate EMCT (and classifications).
- Consolidates, amends and clarifies **all** sections
- **Additions** to required information on an application
- Online application process- coming soon!!



Article 5

Medical Direction Protocols for Emergency Medical Care Technicians

Arizona Administrative Code (A.A.C.)

R9-25-501

<http://www.azdhs.gov/bems/documents/statutes-rule-book.pdf>

Highlighted Changes

- Amended R9-25-501 to remove wording about Tuberculin Skin test and replace with definitions pertaining to this Article.
- Clarifies Scope of Practice for all levels.
- Redefines what a Specialized Training Requirement skill(STR) is.
- **ADDS** Table 5.1 to view the Scope of Practice for all levels and their competencies.

Highlighted Changes (cont.)

- **Adds** Table 5.2 as the new guideline for Agents to be carried by each level of EMCT.
- **Adds** Table 5.3 for eligible agents to be used for a Hazardous Materials Incident.
- **Adds** Table 5.4 for eligible agents to be used/monitored during Interfacility Transports.
- Clarifies the transfer of care to an appropriately certified healthcare professional.

R9-25-501. Protocol for Administration of a Tuberculin Skin Test by an EMT-I(99) or EMT-P

- A. After meeting the training requirement in subsection (B), an EMT-I(99) or EMT-P may administer a tuberculin skin test.
- B. An EMT-I(99) or EMT-P shall not administer a tuberculin skin test until the EMT-I(99) or EMT-P has completed training that:
 - 1. Includes at least two clock hours covering:
 - a. The supplies needed to perform tuberculin skin testing;
 - b. Storage and handling of tuberculin solution, including the need to verify that the tuberculin solution is the correct strength, is not expired, and was not opened more than 30 days before tuberculin skin testing;
 - c. Preparation of an individual for tuberculin skin testing, including:
 - i. Verifying the individual's identity;
 - ii. Determining whether the individual has any allergies or contraindications for tuberculin skin testing; and
 - iii. Verifying that the individual is available to report to a specific location to have the tuberculin skin test read within 48-72 hours after the tuberculin skin test is administered;
 - d. Administration of the tuberculin skin test, including preparation of the test site, preparation of the appropriate dosage, and the technique for administration;
 - e. Documentation of tuberculin skin test administration;
 - f. Post-administration instructions to be provided to an individual being tested; and
 - g. A practical skills exercise that includes performance of the skill using sterile saline in the arm of a volunteer;
 - 2. Includes a post-training written evaluation and a practical skills evaluation to ensure that the EMT-I(99) or EMT-P demonstrates competency in the subject matter listed in subsection (B)(1) and in correctly administering a tuberculin skin test, with a score of at least 80% required to demonstrate competency on the written evaluation; and
 - 3. Is approved by the EMT-I(99)'s or EMT-Ps administrative medical director.
- C. An EMT-I(99) or EMT-P who completes the tuberculin skin test training required in subsection (B) shall submit written evidence to each emergency medical services provider or ambulance service the EMT-I(99) or EMT-P is employed by or volunteers for, that the EMT-I(99) or EMT-P has completed the tuberculin skin test training required in subsection (B), that includes:
 - 1. The name of the tuberculin skin test training,



Medication administration - routes		EMT	AEMT	EMT-I (99)	Paramedic
	Inhaled self-administered (nitrous oxide)		✓	✓	✓
I	Intradermal	I	I	STR	STR
	Intramuscular		✓	✓	✓

R9-25-507. Protocol for an EMT-P to Practice Knowledge and Skills in a Hazardous Materials Incident

A. In this Section:

1. "Hazardous materials" has the same meaning as in A.R.S. § 26-301.
2. "Hazardous materials incident" has the same meaning as in A.R.S. § 26-301.
3. "Drug" has the same meaning as in A.R.S. § 32-1901.

B. An EMT-P is authorized to perform a medical treatment or administer a drug when responding to a hazardous materials incident only after meeting the hazardous materials training requirements in subsection (C) or (D).

C. An EMT-P shall complete hazardous materials training that:

1. Includes at least 16 clock hours covering the:
 - a. Principles of managing a hazardous materials incident;
 - b. Role of medical direction in the management of a hazardous materials incident;
 - c. Human and material resources necessary for the management of a hazardous materials incident;
 - d. Procedures and equipment necessary for personal protection in a hazardous materials incident;
 - e. Medical monitoring of emergency workers responding to a hazardous materials incident;
 - f. Types of hazardous materials to which an emergency medical patient may be exposed, including the toxicity and the signs and symptoms of each type;
 - g. Routes through which an emergency medical patient may be exposed to a hazardous material;
 - h. Decontamination of an emergency medical patient exposed to a hazardous material;
 - i. Assessment of an emergency medical patient exposed to a hazardous material, including a patient history and a physical examination of the patient;
 - j. Medical management of an emergency medical patient exposed to each type of hazardous material;
 - k. Possible contents of a hazardous materials drug box; and
 - l. Pharmacokinetics of drugs which may be included in a hazardous materials drug box;

2. Requires the EMT-P to demonstrate competency in the subject matter listed in subsection (C)(1); and

3. Is approved by the EMT-P's administrative medical director based upon a determination that the hazardous materials training meets the requirements in subsections (C)(1) and (C)(2).

D. Every 24 months after meeting the requirements in subsection (C), an EMT-P shall complete hazardous materials training that:

1. Includes subject matter listed in subsection (C)(1),

2. Requires the EMT-P to demonstrate competency in the subject matter completed, and

3. Is approved by the EMT-P's administrative medical director based upon a determination that the hazardous materials training meets the requirements in subsections (D)(1) and (D)(2).

E. An administrative medical director of an EMT-P who completes hazardous materials training required in subsection (C) or (D) shall:

1. Maintain for Department review and inspection written evidence that the EMT-P has completed hazardous materials training required in subsection (C) or (D), including at least:

- a. The name of the hazardous materials training,
- b. The date the hazardous materials training was completed, and
- c. A signed and dated attestation from the administrative medical director that the hazardous materials training is approved; and

2. Ensure that the EMT-P submits to each emergency medical services provider or ambulance service for which the EMT-P is acting as an EMT-P, the written evidence specified in subsections (E)(1)(a) and (E)(1)(b).

F. An EMT-P authorized under this Section to perform a medical treatment or administer a drug when responding to a hazardous materials incident may carry and administer drugs authorized under medical direction.



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]
<u>Atrovent</u>	Optional [as determined by administrative medical director]



Article 6

Stroke Care

Arizona Administrative Code (A.A.C.)

R9-25-601

<http://www.azdhs.gov/bems/documents/statutes-rule-book.pdf>

No Changes !!

(YAY !!)



Article 7

Air Ambulance Service and Licensing

Arizona Administrative Code (A.A.C.)

R9-25-701

<http://www.azdhs.gov/bems/documents/statutes-rule-book.pdf>

Consolidation

- **Removes** terms that are already in statute and definition. A.R.S.36-2201 & R9-25-101
- **Removes** terms that are **NO** longer used
- Clarifies the application process and additional information needed, including e-mail address and AZ number of the admin. medical director.



Article 8

Air Ambulance Registration

Arizona Administrative Code (A.A.C.)

R9-25-801

<http://www.azdhs.gov/bems/documents/statutes-rule-book.pdf>

Changes

- Renames a table from Table 1 to Table 8.1
- Adds a requirement for a Glucometer or blood glucose measuring device, with reagent strips for a BLS mission.
- Adds a pulse oximetry device, with Peds and adult probes, for a BLS mission.
- Corrects a reference in Table 8.1 for required agents.



Article 9

Ground Ambulance Certificate of Necessity

Arizona Administrative Code (A.A.C.)

R9-25-901

<http://www.azdhs.gov/bems/documents/statutes-rule-book.pdf>

Changes

- **Removes** terms that are already defined in statute (A.R.S. 36-2201) and rule (A.A.C. R9-25-101)
- Clarifies the definition of 'chassis'.
- Clarifies the application to include an e-mail address and the date signed.
- Renames the exhibits portion to Exhibit 9A & 9B



Article 10

Ground Ambulance Vehicle

Registration

Arizona Administrative Code (A.A.C.)

R9-25-1001

<http://www.azdhs.gov/bems/documents/statutes-rule-book.pdf>

Changes

ALL UNITS

- Adds a requirement that wall and floor coverings of the patient area to be in good repair and capable of being disinfected and maintained in a sanitary manner.
- Adds a requirement that there be 2 means of egress from the patient compartment.
- Clarifies that the minimum equipment and supplies is designated for **both** BLS and ALS units.

Changes (cont.)

- Adds nasal airways to BLS equipment
- Adds 2 small, 2 medium and 2 large c-collars
- Adds neonate-sized BVM
- Adds child-sized traction splint
- Adds containers for Bio-Hazardous medical waste that comply with ADEQ requirements.
- Adds a Glucometer or blood glucose testing kit for BLS
- Adds a meconium aspirator adapter

Changes (cont.)

- Adds a pediatric reference guide based on weight/length
- Adds a pulse oximeter with Peds and adult probes for BLS
- Adds the requirement of an Automated External Defibrillator (AED) in each BLS unit by January 1, 2016 (BUDGET AHEAD !!!)

Changes (cont.)

ALS UNITS

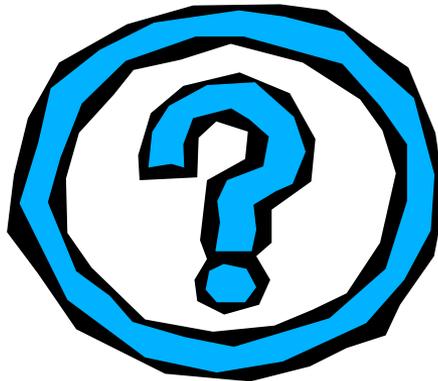
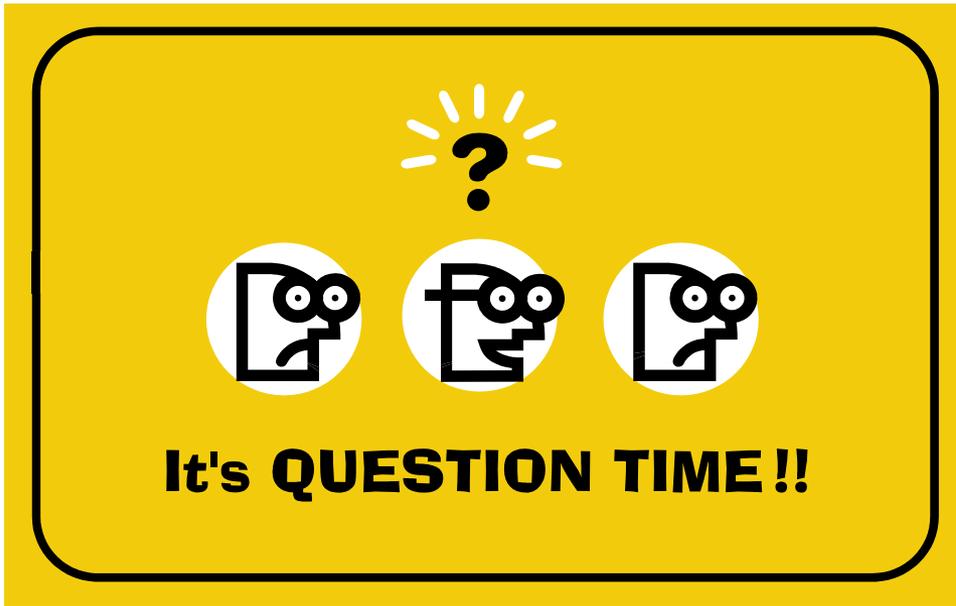
- Adds requirement of 2 endotracheal tubes in each size from 2.5mm to 9.0mm
- Adds the requirement of Adults and PEDS stylette for ET tubes
- Adds the requirement a PEDS-size Magill forceps
- Adds requirement of four(4) 5mL syringes

ADHS Bureau of EMS & Trauma
Systems Website

www.azdhs.gov/bems

Regulatory References

Bureau Statute & Rule book



Presented by:

Doug Crunk BS, NREMT-P

Training Program Manager

AZDHS- BEMSTS

douglas.crunk@azdhs.gov

Brian O'Leary NREMT-B

EMS Regional Coordinator

AZDHS- BEMSTS

brian.oleary@azdhs.gov



2013-2014

New EMS Rules