TITLE 9. HEALTH SERVICES

CHAPTER 25. DEPARTMENT OF HEALTH SERVICES EMERGENCY MEDICAL SERVICES

ARTICLE 7. AIR AMBULANCE SERVICE LICENSING

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- R9-25-807. Renumbered
- Table 8.1. Minimum Equipment and Supplies Required on Air Ambulances, By Mission Level and Aircraft Type (Authorized by A.R.S. §§ 36-2202(A)(3), (4), and (5); 36-2209(A)(2); and 36-2212) Repealed

ARTICLE 7. AIR AMBULANCE SERVICE LICENSING

R9-25-701. Definitions (Authorized by A.R.S. §§ 36-2202(A)(3) and (4), 36-2209(A)(2), 36-2212, 36-2213, 36-2214, and 36-2215)

In addition to the definitions in A.R.S. § 36-2201 and R9-25-101, the following definitions apply in this Article and in Article 8 of this Chapter, unless otherwise specified:

- 1. "Air ambulance" means an aircraft that is an "ambulance" as defined in A.R.S. § 36-2201.
- 2. "Air ambulance service" means an ambulance service that operates an air ambulance.
- 3. "Application packet" means the information, applicable fees, and documents required by the Department when making a decision for:
 - <u>a.</u> <u>Licensing an air ambulance service, or</u>
 - <u>b.</u> <u>Issuing a certificate of registration for an air ambulance.</u>
- 3.4. "Base location" means a physical location at which a person houses an air ambulance or equipment and supplies used for the operation of an air ambulance service or provides administrative or other support for the operation of an air ambulance service.
- 4: "Business organization" means an entity such as an association, cooperative, corporation, limited liability company, or partnership. [Definition moving to R9-25-101]
- 5. "Call number" means a unique identifier used by an air ambulance service to identify a specific mission.
- 6.5. "CAMTS" means the Commission on Accreditation of Medical Transport Systems, formerly known as the Commission on Accreditation of Air Medical Services.
- 6. "Certificate holder" means a person who holds a current and valid certificate of registration for an air ambulance.
- 7. "Change of ownership" means a transfer of controlling legal or controlling equitable interest and authority in an air ambulance service.
- 8. "Critical care" means pertaining to a patient whose condition requires care commensurate with the scope of practice of a physician or registered nurse who has an illness or injury acutely impairing one or more organ systems, such that the conditions are life-threatening and require constant monitoring to avoid deterioration of the patient's condition.
- 9. "Estimated time of arrival" means the number of minutes from the time that an air ambulance service agrees to perform a mission to the time that an air ambulance arrives at the scene.
- 10. "Holds itself out" means advertises through print media, broadcast media, the Internet, or

other means.

- 11.10. "Interfacility" means between two health care institutions.
- 11. "Interfacility maternal transport" means an interfacility transport of a woman:
 - <u>a.</u> Whose pregnancy is considered by a physician to be high risk,
 - b. Who is in need of critical care services related to the pregnancy, and
 - Who is being transferred to a medical facility that has the specialized perinatal
 and neonatal resources and capabilities necessary to provide an appropriate level
 of care.
- 12. "Interfacility neonatal transport" means an interfacility transport of an infant who is 28 days of age or younger and who is in need of critical care services.
- 12.13. "Licensed respiratory care practitioner" has the same meaning as in A.R.S. § 32-3501.
- 14. "Licensee" means a person who holds a current and valid license from the Department to operate an air ambulance service.
- 13. "Maternal" means pertaining to a woman whose pregnancy is considered by a physician to be high risk, who is in need of critical care services related to the pregnancy, and who is being transferred to a medical facility that has the specialized perinatal and neonatal resources and capabilities necessary to provide an appropriate level of care.
- 14:15. "Medical team" means personnel whose main function on a mission is the medical care of the patient being transported.
- 15.16. "Mission" means a transport job event that involves an air ambulance service's sending an air ambulance to a patient's location to provide transport of the patient from one location to another, whether or not transport of the patient is actually provided.
- 17. "Mission level" means critical care services or ALS services, based on the staffing and the services provided by the air ambulance service.
- 18. "Mission type" means an emergency medical services transport, interfacility transport, interfacility maternal transport, or interfacility neonatal transport provided by an air ambulance service.
- 16. "Neonatal" means pertaining to an infant who is 28 days of age or younger and who is in need of critical care services.
- 17.19. "On-line medical guidance" means emergency medical services direction or information provided to a non-EMCT medical team member by a physician through two-way voice communication.
- 18.20. "Operate an air ambulance in this state" means:
 - a. Transporting a patient via air ambulance from a location in this state to another

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- location in this state,
- b. Operating an air ambulance from a base location in this state, or
- c. Transporting a patient via air ambulance from a location in this state to a location outside of this state more than once per month.
- 19.21. "Owner" means a person that holds a controlling legal or equitable interest and authority in a business enterprise organization.
- 20. "Patient reference number" means a unique identifier used by an air ambulance service to identify an individual patient.
- 21.22. "Personnel" means individuals who work for an air ambulance service, with or without compensation, whether as employees, contractors, or volunteers.
- 22.23. "Premises" means each physical location of air ambulance service operations and includes all equipment and records at each location.
- 23.24. "Proficiency in neonatal resuscitation" means current and valid certification in neonatal resuscitation obtained through completing a nationally recognized training program such as the American Academy of Pediatrics and American Heart Association NRP: Neonatal Resuscitation Program.
- 24. "Publicizes" means makes a good faith effort to communicate information to the general public through print media, broadcast media, the Internet, or other means.
- 25. "Regularly" means at recurring, fixed, or uniform intervals.
- 26. "Rescue situation" means an incident in which:
 - a. An individual's life, limb, or health is imminently threatened; and
 - b. The threat may be reduced or eliminated by removing the individual from the situation and providing medical services.
- 27.26. "Subspecialization" means:
 - a. For a physician board certified by a specialty board approved by the American Board of Medical Specialties, subspecialty certification;
 - b. For a physician board certified by a specialty board approved by the American Osteopathic Association, attainment of either a certification of special qualifications or a certification of added qualifications; and
 - c. For a physician who has completed an accredited residency program, completion of at least one year of training pertaining to the specified area of medicine.
- 28.27. "Two-way voice communication" means that two individuals are able to convey information back and forth to each other orally, either directly or through a third-party relay.

- 29.28. "Valid" means that a license, certification, or other form of authorization is in full force and effect and not suspended.
- 30.29. "Working day" means the period between 8:00 a.m. and 5:00 p.m. on a Monday, Tuesday, Wednesday, Thursday, or Friday that is not a state holiday.

R9-25-703. Requirement and Eligibility for a License (<u>Authorized by A.R.S. §§ 36-2202(A)(3)</u> and (4), 36-2209(A)(2), 36-2212, 36-2213, 36-2214, and 36-2215)

- A. A person shall not operate an air ambulance in this state unless the person has a current and valid air ambulance service license and, except as provided in A.R.S. § 36-2212(C), a current and valid certificate of registration for the air ambulance as required under Article 8 of this Chapter.
- **B.** To be eligible to obtain an air ambulance service license, an applicant shall:
 - 1. Hold current and valid Registration registration and Exemption exemption issued by the Federal Aviation Administration under 14 CFR 298, as evidenced by a current and valid U.S. Department of Transportation OST Form 4507 showing the effective date of registration;
 - 2. Hold the following issued by the Federal Aviation Administration:
 - A current and valid Air Carrier Certificate authorizing common carriage under 14
 CFR 135;
 - If operating a rotor-wing air ambulance, current and valid Operations
 Specifications authorizing aeromedical helicopter operations;
 - c. If operating a fixed-wing air ambulance, current and valid Operations

 Specifications authorizing airplane air ambulance operations;
 - d. A current and valid Certificate of Registration for each air ambulance to be operated; and
 - e. A current and valid Airworthiness Certificate for each air ambulance to be operated;
 - 3. Have applied for a certificate of registration, issued by the Department under Article 8 of this Chapter, for each air ambulance to be operated by the air ambulance service;
 - 4. Hold Possess a copy of a current and valid registration, issued by the Arizona Department of Transportation under A.R.S. Title 28, Chapter 25, Article 4, to the owner of the aircraft for each air ambulance to be operated by the air ambulance service;
 - 5. Have current and valid liability insurance coverage for the air ambulance service that complies with A.R.S. § 36-2215 and that has at least the following maximum liability limits:

- a. \$1 million for injuries to or death of any one person arising out of any one incident or accident;
- b. \$3 million for injuries to or death of more than one person in any one incident or accident; and
- c. \$500,000 for damage to property arising from any one incident or accident;
- 6. Have current and valid malpractice insurance coverage for the air ambulance service that complies with A.R.S. § 36-2215 and that has a maximum liability limit of at least \$1 million per occurrence; and
- 7. Comply with all applicable requirements of this Article, Articles 2 and 8 of this Chapter, and A.R.S. Title 36, Chapter 21.1.
- C. To maintain eligibility for an air ambulance service license, an air ambulance service a licensee shall meet the requirements of subsections (B)(1)-(2) and (4)-(7) (B)(1), (2), and (4) through (7) and hold a current and valid certificate of registration, issued by the Department under Article 8 of this Chapter, for each air ambulance operated in Arizona by the air ambulance service.

R9-25-704. Initial Application and Licensing Process (Authorized by A.R.S. §§ 36-2202(A)(3) and (4), 36-2209(A)(2), 36-2213, 36-2214, and 36-2215)

- A. An applicant for an initial license shall submit an application <u>packet</u> to the Department, in a Department-provided format, including:
 - 1. The <u>following information in a Department-provided format:</u>
 - <u>a.</u> <u>The</u> applicant's name; mailing address; e-mail address; fax number, if any; and telephone number;
 - 2.b. Each business name to be used for The names of all other business organizations operated by the applicant related to the air ambulance service;
 - 3.c. The physical and mailing addresses to be used for the air ambulance service, if different from the applicant's mailing address;
 - 4.d. The name, title, address, e-mail address, and telephone number of the applicant's statutory agent or the individual designated by the applicant to accept service of process and subpoenas for the air ambulance service;
 - e. The name, title, address, e-mail address, and telephone number of the individual acting on behalf of the applicant according to R9-25-102;
 - 5.<u>f.</u> If the applicant is a business organization:
 - a.i. The type of business organization; and
 - b.ii. The following information about name; address; e-mail address;

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telephone number; and fax number, if any, of the individual who is to serve as the primary contact for information regarding the application:

- i. Name:
- ii. Address:
- iii. E-mail address;
- iv. Telephone number; and
- v. Fax number, if any;
- e. The name, title, and address of each officer and board member or trustee;
- d. A copy of the business organization's articles of incorporation, articles of organization, or partnership or joint venture documents, if applicable;
- 6-g. The name and Arizona license number for the physician who is to serve as the administrative medical director for the air ambulance service;
- 7.h. The intended hours of operation for the air ambulance service;
- 8.i. The intended schedule of rates for the air ambulance service;
- 9.j. Which of the following mission types is to be provided:
 - a.i. Emergency medical services transports,
 - b.<u>ii.</u> Interfacility transports,
 - e.iii. Interfacility maternal transports, and or
 - d.iv. Interfacility neonatal transports;
- k. Which of the following mission levels is to be provided:
 - <u>i.</u> <u>Critical care, or</u>
 - ii. Advanced life support;
- 1. Whether the applicant plans to use fixed-wing or rotor-wing aircraft for the air ambulance service:
- m. Whether the applicant agrees to allow the Department to submit supplemental requests for information under R9-25-1201(C)(3);
- n. Attestation that the applicant will comply with all applicable requirements in this Article, Articles 2 and 8 of this Chapter, and A.R.S. Title 36, Chapter 21.1;
- o. Attestation that the information provided in the application packet, including the information in the accompanying documents, is accurate and complete; and
- 10.p. The signature of the applicant and the date signed;
- 2. Documentation for the individual specified according to subsection (A)(1)(e) that complies with A.R.S. § 41-1080;

- 3. A copy of the business organization's articles of incorporation, articles of organization, or partnership documents, if applicable;
- H-4. A copy of a current and valid <u>U.S. Department of Transportation</u> OST Form 4507, showing the effective date of Federal Aviation Administration registration and exemption under 14 CFR 298;
- 12.5. A copy of the following issued by the Federal Aviation Administration:
 - a. A current and valid Air Carrier Certificate authorizing common carriage under 14
 CFR 135;
 - b. If intending to operate a rotor-wing air ambulance, <u>the following signed pages of</u>
 <u>the current and valid Operations Specifications authorizing aeromedical helicopter operations:</u>
 - <u>i.</u> The page showing the certificate number issued by the Federal Aviation Administration and stating the name and contact information for the entity to which the certificate, approving the Operation Specifications authorizing aeromedical helicopter operations, was issued by the Federal Aviation Administration;
 - <u>ii.</u> The page stating the characteristics of the rotor-wing aircraft for which the certificate was issued by the Federal Aviation Administration;
 - <u>iii.</u> Each page stating the name and contact information for the individuals with controlling legal interest or controlling equitable interest in the ownership of the entity specified in subsection (A)(5)(b)(i);
 - iv. Each page stating the name and contact information for the individuals designated to act as a point of contact with the Federal Aviation

 Administration about the Operation Specifications for the rotor-wing aircraft;
 - v. Each page stating the name and contact information for the individuals with operational control of the rotor-wing aircraft; and
 - vi. Each page listing the tail numbers of the rotor-wing aircraft covered under the Operations Specifications; and
 - c. If intending to operate a fixed-wing air ambulance, the following signed pages of the current and valid Operations Specifications authorizing airplane air ambulance operations:
 - i. The page showing the certificate number issued by the Federal Aviation

 Administration and stating the name and contact information for the

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- entity to which the certificate, approving the Operation Specifications authorizing airplane ambulance operations, was issued by the Federal Aviation Administration;
- ii. The page stating the characteristics of the fixed-wing aircraft for which the certificate was issued by the Federal Aviation Administration;
- Each page stating the name and contact information for the individuals with controlling legal interest or controlling equitable interest in the ownership of the entity specified in subsection (A)(5)(c)(i);
- iv. Each page stating the name and contact information for the individuals designated to act as a point of contact with the Federal Aviation
 Administration about the Operation Specifications for the fixed-wing aircraft;
- v. Each page stating the name and contact information for the individuals with operational control of the fixed-wing aircraft; and
- vi. Each page listing the tail numbers of the fixed-wing aircraft covered under the Operations Specifications;
- d: A current and valid Certificate of Registration for each air ambulance to be operated; and
- e. A current and valid Airworthiness Certificate for each air ambulance to be operated;
- 13.6. For each air ambulance to be operated for the air ambulance service:
 - a. An application for registration that includes all of the information and items documents required under R9-25-802(C) R9-25-801(B); and
 - b. A copy of a current and valid registration, issued by the Arizona Department of Transportation under A.R.S. Title 28, Chapter 25, Article 4;
- 44.7. A certificate of insurance establishing that the applicant has current and valid liability insurance coverage for the air ambulance service as required under R9-25-703(B)(5);
- 45.8. A certificate of insurance establishing that the applicant has current and valid malpractice insurance coverage for the air ambulance service as required under R9-25-703(B)(6);
- 9. A list of each entity that or physician who is to provide on-line medical direction to EMCTs of the air ambulance service, including:
 - a. For each entity, such as an ALS base hospital, centralized medical direction
 communications center, or physician group practice, the name, mailing address,
 e-mail address, and telephone number of the entity; or

- <u>b.</u> For each physician who is to provide on-line medical direction, the name,
 professional license number, mailing address, e-mail address, and telephone
 number for the physician;
- 16.10. If the applicant holds current CAMTS accreditation for the air ambulance service, a copy of the current CAMTS accreditation report; and
- 17. Attestation that the applicant will comply with all applicable requirements in this Article, Articles 2 and 8 of this Chapter, and A.R.S. Title 36, Chapter 21.1; and
- 18. Attestation that the information provided in the application, including the information in the documents accompanying the application form, is accurate and complete.
- 11. If a document required under subsection (A)(4) or (5) is not issued in the name of the applicant, documentation showing the applicant can legally possess and operate the aircraft covered by the document, signed by the owner of the aircraft.
- No more than 30 days before the expiration date of the current license, a licensee shall submit to the Department a renewal application packet including:
 - 1. The information required in subsection (A)(1), in a Department-provided format;
 - 2. The documents required in subsections (A)(4), (5), (7), (8), (9), and, if applicable, (10); and
 - <u>3.</u> For each air ambulance operated or to be operated by the air ambulance service:
 - <u>a.</u> <u>Either:</u>
 - i. A copy of a current and valid certificate of registration issued by the Department under Article 8 of this Chapter, or
 - ii. An application packet for registration that includes all of the information and documents required under R9-25-801(B); and
 - b. A copy of a current and valid registration, issued by the Arizona Department of Transportation under A.R.S. Title 28, Chapter 25, Article 4.
- **B.C.** Unless an applicant establishes that it holds or licensee documents current CAMTS accreditation, as provided in subsection (A)(16) (A)(10), or is applying for an initial license because of a change of ownership as described in R9-25-706(D) R9-25-705(D), the Department shall conduct an inspection, as required under A.R.S. § 36-2214(B) and R9-25-708 R9-25-707, during the substantive review period for the application for an initial <u>a</u> license.
- C.D. The Department shall review and approve or deny each application packet as described in Article 12 of this Chapter, and:
 - 1. Approve the application;
 - 2. Approve the application with a corrective action plan, as specified in R9-25-707(G)(2); or

- 3. Deny the application.
- **D.E.** The Department may deny an application if an applicant or licensee:
 - 1. Fails to meet the eligibility requirements of R9-25-703(B);
 - 2. Fails or has failed to comply with any provision in A.R.S. Title 36, Chapter 21.1;
 - 3. Fails or has failed to comply with any provision in this Article or Article 2 or 8 of this Chapter;
 - 4. Knowingly or negligently provides false documentation or false or misleading information to the Department; or
 - 5. Fails to submit to the Department documents or information requested under R9-25-1201(B)(1) or (C)(3), as required under R9-25-1201(D), and requests a denial as permitted under R9-25-1201(E).

R9-25-705. Renewal Application and Licensing Process (A.R.S. §§ 36-2202(A)(3) and (4), 36-2209(A)(2), 36-2213, 36-2214, and 36-2215)

- A. Before the expiration date of its current license, an air ambulance service shall submit to the Department a renewal application completed using a Department-provided form and including:
 - 1. The information and items listed in R9-25-704(A)(1)-(11), (12)(b), and (13)-(18); and
 - 2. For each air ambulance operated or to be operated by the air ambulance service:
 - a. A copy of a current and valid certificate of registration issued by the Department under Article 8 of this Chapter; or
 - b. An application for registration that includes all of the information and items required under R9-25-802(C).
- B: Unless an air ambulance service establishes that it holds current CAMTS accreditation as provided in subsection (C), the Department shall conduct an inspection, as required under A.R.S. § 36-2214(B) and R9-25-708, during the substantive review period for the renewal application.
- C. To establish current CAMTS accreditation, an air ambulance service shall submit to the Department, as part of the application submitted under subsection (A), a copy of the air ambulance service's current CAMTS accreditation report.
- **D.** The Department shall review and approve or deny each application as described in Article 12 of this Chapter.
- E. The Department may deny an application if an applicant:
 - 1. Fails to meet the eligibility requirements of R9-25-703(C);
 - 2. Fails or has failed to comply with any provision in A.R.S. Title 36, Chapter 21.1;
 - 3. Fails or has failed to comply with any provision in this Article or Article 2 or 8 of this

Chapter;

- 4. Knowingly or negligently provides false documentation or false or misleading information to the Department; or
- 5. Fails to submit to the Department documents or information requested under R9-25-1201(B)(1) or (C)(3), as required under R9-25-1201(D), and requests a denial as permitted under R9-25-1201(E).

R9-25-706.<u>R9-25-705.</u> Term and Transferability of License (<u>Authorized by A.R.S. §§</u> 36-2202(A)(4), 36-2209(A)(2), 36-2213, 36-2214, and 41-1092.11)

- **A.** The Department shall issue an initial license:
 - When based on current CAMTS accreditation, with a term beginning on the date of issuance of the initial license and ending on the expiration date of the CAMTS accreditation upon which licensure is based; and
 - 2. When based on Department inspection, with a term beginning on the date of issuance of the initial license and ending three years later.
- **B.** The Department shall issue a renewal license with a term beginning on the day after the expiration date shown on the previous license and ending:
 - 1. When based on current CAMTS accreditation, on the expiration date of the CAMTS accreditation upon which licensure is based; and
 - 2. When based on Department inspection, three years after the effective date of the renewal license.
- C. If an applicant a licensee submits an application packet for renewal as described in R9-25-705

 R9-25-704(B) before the expiration date of the current license, the current license does not expire until the Department has made a final determination on the application for renewal, as provided in A.R.S. § 41-1092.11.
- D. A person wanting to transfer an air ambulance service license shall submit to the Department At least 30 days before the an anticipated change of ownership:
 - 1. A <u>licensee wanting to transfer an air ambulance service license shall submit a</u> letter <u>to the Department</u> that contains:
 - a. A request that the air ambulance service license be transferred,
 - b. The name and license number of the currently licensed air ambulance service, and
 - c. The name of the person to whom the air ambulance service license is to be transferred; and

- 2. An The person to whom the license is to be transferred shall submit to the Department an application <u>packet</u> that complies with R9-25-704(A) completed by the person to whom the license is to be transferred.
- **E.** A new owner shall not operate an air ambulance in this state until:
 - 1. The new owner complies with requirements in Articles 7 and 8 of this Chapter, and
 - the <u>The</u> Department has transferred issued an air ambulance service license to the new owner.

R9-25-707. R9-25-706. Changes Affecting a License (<u>Authorized by A.R.S. §§ 36-2202(A)(4)</u>, 36-2209(A)(2), and 36-2213)

- At least 30 days before the date of a change in an air ambulance service's name, the air ambulance service licensee shall send the Department written notice of the name change.
- B. At least 90 days before an air ambulance service ceases to operate, the air ambulance service licensee shall send the Department written notice of the intention to cease operating, effective on a specific date, and the desire licensee's intention to relinquish its the air ambulance service's license as of that date.
- C. Within 30 days after the date of receipt of a notice described in subsection (A) or (B), the Department shall:
 - 1. For a notice described in subsection (A), issue an amended license that incorporates the name change but retains the expiration date of the current license; and
 - 2. For a notice described in subsection (B), send the <u>air ambulance service licensee</u> written confirmation of the voluntary relinquishment of <u>its</u> the <u>air ambulance service's</u> license, with an effective date consistent with the written notice.
- **D.** A licensee shall notify the Department in writing at least 30 calendar days before:
 - 1. Changing the physical address used for the air ambulance service, as provided according to R9-25-704(A)(1)(c); or
 - 2. Terminating operations at a physical address used for the air ambulance service, as provided according to R9-25-704(A)(1)(c).
- **D.E.** An air ambulance service A licensee shall notify the Department in writing within one working day after:
 - 1. A change in its the air ambulance service's eligibility for licensure under R9-25-703(B) or (C);
 - 2. A change in the business organization information most recently submitted to the Department under R9-25-704(A)(5) or R9-25-705(A) according to R9-25-704(A)(1)(f);

- 3. A change in its the air ambulance service's CAMTS accreditation status, including a copy of its the air ambulance service's new CAMTS accreditation report, if applicable;
- 4. A change in its the air ambulance service's hours of operation, as specified according to R9-25-704(A)(1)(h);
- 5. A change in the air ambulance service's or schedule of rates, as specified according to R9-25-704(A)(1)(i); or
- 5.6. A change in the scope of the mission types provided, as specified according to R9-25-704(A)(1)(j).
- E. Before the date of an anticipated change of ownership, a person wanting to transfer an air ambulance service license shall submit to the Department the documents required under R9-25-706(D).
- **F.** If the Department receives a notice specified in subsection (E)(6), the Department:
 - 1. Shall reissue a license for the air ambulance service reflecting the change, but retaining the expiration date on the original license; and
 - 2. May conduct an inspection according to R9-25-707.

R9-25-708.R9-25-707. Inspections and Investigations (<u>Authorized by A.R.S. §§ 36-2202(A)(4)</u>, 36-2209(A)(2), 36-2213, and 36-2214)

- A. Except as provided in subsections (D) and (F) (E), the Department shall inspect an air ambulance service, as required under A.R.S. § 36-2214(B), before issuing an initial or renewal license, as required under A.R.S. § 36-2214(B), and as often as necessary to determine compliance with this Article, Articles 2 and 8 of this Chapter, and A.R.S. Title 36, Chapter 21.1.
- **B.** A Department inspection may include the <u>air ambulance service's</u> premises, <u>records</u>, and <u>equipment</u>, and each air ambulance operated or to be operated for <u>by</u> the air ambulance service.
- C. If the Department receives written or verbal information alleging a violation of this Article, Article 2 or 8 of this Chapter, or A.R.S. Title 36, Chapter 21.1, the Department shall conduct an investigation.
 - 1. The Department may conduct an inspection as part of an investigation.
 - 2. An air ambulance service <u>A licensee</u> shall allow the Department to inspect the <u>air ambulance service's premises, records, and equipment,</u> and each air ambulance and to interview personnel as part of an investigation.
- **D.** As required under A.R.S. § 36-2213(8), the Department shall accept proof of current CAMTS accreditation in lieu of the licensing inspections otherwise required before initial and renewal licensure under subsection (A) and A.R.S. § 36-2214(B).

- E. To establish current CAMTS accreditation, an applicant or air ambulance service shall submit to the Department a copy of its current CAMTS accreditation report as required under R9-25-704(C), R9-25-705(C), or R9-25-707(D).
- <u>D.</u> Except as provided in subsection (C), the Department shall not conduct an inspection of an air ambulance service before issuing an initial or renewal license if an applicant or licensee provides documentation of current CAMTS certification as part of the application packet according to R9-25-704(A)(9).
- **F.E.** When an application for an air ambulance service license is submitted along with a transfer request due to a change of ownership, the Department shall determine whether an inspection is necessary based upon the potential impact to public health, safety, and welfare.
- G.F. The Department shall conduct each inspection in compliance with A.R.S. § 41-1009.
- G. If the Department determines that an air ambulance service is not in compliance with the requirements in this Article, Article 2 or 8 of this Chapter, or A.R.S. Title 36, Chapter 21.1, the Department may:
 - 1. Take an enforcement action as described in R9-25-708; or
 - 2. Require that the air ambulance service submit to the Department, within 15 days after written notice from the Department, a corrective action plan to address issues of compliance that do not directly affect the health or safety of a patient that:
 - <u>a.</u> <u>Describes how each identified instance of non-compliance will be corrected and reoccurrence prevented, and</u>
 - b. <u>Includes a date for correcting each instance of non-compliance that is appropriate</u> to the actions necessary to correct the instance of non-compliance.

R9-25-709. Enforcement Actions (<u>Authorized by A.R.S.</u> §§ 36-2202(A)(4), 36-2209(A)(2), 36-2213, 36-2214, 36-2215, 41-1092.03, and 41-1092.11(B))

- **A.** The Department may take an action listed in subsection (B) against an air ambulance service that:
 - 1. Fails to meet the eligibility requirements of R9-25-703(B) or (C);
 - 2. Fails or has failed to comply with any provision in A.R.S. Title 36, Chapter 21.1;
 - 3. Fails or has failed to comply with any provision in this Article or Article 2 or 8 of this Chapter;
 - 4. Does not submit a corrective action plan, as provided in R9-25-707(G)(2), that is acceptable to the Department;
 - 5. Does not complete a corrective action plan submitted according to R9-25-707(G)(2); or
 - 4.6. Knowingly or negligently provides false documentation or false or misleading

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information to the Department <u>or to a patient, third-party payor, or other person billed for service.</u>

- **B.** The Department may take the following actions against an air ambulance service:
 - 1. Except as provided in subsection (B)(3), after notice and an opportunity to be heard is provided under A.R.S. Title 41, Chapter 6, Article 10, suspend:
 - <u>a.</u> the <u>The</u> air ambulance service license, or
 - <u>b.</u> <u>The certificate of registration of an air ambulance operated by the air ambulance service;</u>
 - 2. After notice and an opportunity to be heard is provided under A.R.S. Title 41, Chapter 6, Article 10, revoke:
 - <u>a.</u> the <u>The</u> air ambulance service license, or
 - 3. <u>As permitted under A.R.S. § 41-1092.11(B)</u>, If if the Department determines that the public health, safety, or welfare imperatively requires emergency action and incorporates a finding to that effect in its the Department's order, summarily immediately suspend:
 - <u>a.</u> the <u>The</u> air ambulance service license pending proceedings for revocation or other action, as permitted under A.R.S. § 41-1092.11(B), or
 - <u>b.</u> <u>The certificate of registration of an air ambulance operated by the air ambulance service pending proceedings for revocation or other action.</u>
- C. In determining whether to take action under subsection (B), the Department shall consider:
 - 1. The severity of each violation relative to public health and safety;
 - 2. The number of violations relative to the transport volume of the air ambulance service;
 - 3. The nature and circumstances of each violation;
 - 4. Whether each violation was corrected and, if so, the manner of correction; and
 - 5. The duration of each violation.

R9-25-710.R9-25-709. Minimum Standards for Operations (<u>Authorized by A.R.S.</u> §§ 36-2202(A)(3) and (4), 36-2209(A)(2), and 36-2213)

- **A.** An air ambulance service A licensee shall ensure that the air ambulance service:
 - 1. The air ambulance service maintains Maintains eligibility for licensure as required under R9-25-703(C);
 - 2. The air ambulance service publicizes Makes a good faith effort to communicate information about its hours of operation to the general public through print media.

- broadcast media, the Internet, or other means:
- 3. The air ambulance service makes its Makes the air ambulance service's schedule of rates available to any individual upon request and, if requested, in writing;
- 4. The air ambulance service provides Provides an accurate estimated time of arrival to the person requesting transport at the time that transport is requested and provides an amended estimated time of arrival to the person requesting transport if the estimated time of arrival changes;
- 5. The air ambulance service transports Except as provided in subsection (B), only transports patients for whom it the air ambulance service has the resources to provide appropriate medical care, unless subsection (B) or (D) applies;
- 6. The air ambulance service does <u>Does</u> not perform interfacility transport of a patient unless:
 - a. The transport is requested <u>initiated</u> by the sending health care institution; and
 - i. A physician; or
 - ii. A qualified medical person, as determined by the sending health care institution's bylaws or policies, after consultation with and approval by a physician; and
 - b. The destination health care institution confirms that a bed is available for the patient;
- 7. Ensures that the protocol for the transfer of information to be communicated to emergency receiving facility staff concurrent with the transfer of care, required in R9-25-201(E)(2)(d)(i), includes:
 - a. The date and time the call requesting service was received by the air ambulance service:
 - b. The unique number used by the air ambulance service to identify the mission;
 - <u>c.</u> The name of the air ambulance service;
 - d. The number or other identifier of the air ambulance used for the mission:
 - <u>e.</u> <u>The following information about the patient:</u>
 - <u>i.</u> The patient's name:
 - ii. The patient's date of birth or age, as available:
 - <u>The principal reason for requesting services for the patient;</u> [rule language, non-jargon for "chief complaint"]
 - iv. The patient's medical history, including any chronic medical illnesses, known allergies to medications, and medications currently

- being taken by the patient;
- v. The patient's level of consciousness at initial contact and when reassessed;
- vi. The patient's pulse rate, respiratory rate, oxygen saturation, and systolic blood pressure at initial contact and when reassessed;
- vii. The results of an electrocardiograph, if available;
- <u>viii.</u> The patient's glucose level at initial contact and when reassessed;
- <u>ix.</u> The patient's total Glasgow Coma Score at initial contact and when reassessed;
- x. The results of the patient's neurological assessment; and
- <u>xi.</u> The patient's pain level at initial contact and when reassessed; and
- <u>f.</u> Any procedures or other treatment provided to the patient at the scene or during transport, including any agents administered to the patient.
- 7.8. The air ambulance service creates Creates a prehospital incident history report, as defined in A.R.S. § 36-2220 in a Department-provided format, for each patient that includes the following information:
 - <u>a.</u> The name and identification number of the air ambulance service;
 - <u>b.</u> <u>Information about the software for the storage and submission of the prehospital incident history report;</u>
 - <u>c.</u> The unique number assigned to the mission;
 - <u>d.</u> The unique number assigned to the patient:
 - e. <u>Information about the response to the call requesting service, including:</u>
 - <u>i.</u> The mission level requested:
 - <u>ii.</u> <u>Information obtained by the person providing direction for response to</u> the request:
 - iii. Information about the air ambulance assigned to the mission; [Would include the Tail #, call sign, level of care of the unit, equipment and transport capabilities, etc.]
 - iv. Information about the medical team responding to the call requesting service:
 - v. The priority assigned to the response; and
 - vi. Response delays, as applicable;
 - <u>f.</u> Whether patient care was transferred from another EMS provider or ambulance service and, if so, identification of the EMS provider or ambulance service;

g. The date and time that:

- <u>i.</u> The call requesting service was received;
- <u>ii.</u> The request was received by the person coordinating transport;
- iii. The air ambulance service received the transport request;
- iv. The air ambulance left for the patient's location;
- <u>v.</u> The air ambulance arrived at the patient's location;
- <u>vi.</u> The medical team in the air ambulance arrived at the patient's side;
- <u>vii.</u> Transfer of the patient's care occurred at a location other than the destination, if applicable;
- viii. The air ambulance departed the patient's location;
- <u>ix.</u> The air ambulance arrived at the destination;
- <u>x.</u> <u>Transfer of the patient's care occurred at the destination;</u>
- xi. The air ambulance was available to take another mission;

<u>h.</u> <u>Information about the patient, including:</u>

- i. The patient's first and last name;
- <u>ii.</u> The address of the patient's residence;
- iii. The county of the patient's residence;
- <u>iv.</u> The country of the patient's residence;
- v. The patient's gender, race, ethnicity, and age;
- vi. The patient's estimated weight;
- vii. The patient's date of birth; and
- viii. If the patient has an alternate residence, the address of the alternate residence:
- <u>i.</u> The primary method of payment for services and anticipated level of payment;
- i. <u>Information about the scene, including:</u>
 - i. Specific information about the location of the scene; [address, location type, facility code, GPS location, grid coordinates, milepost, etc.]
 - ii. Whether the air ambulance was first on the scene;
 - <u>iii.</u> The number of patients at the scene:
 - iv. Whether the scene was the location of a mass casualty incident; and
 - v. If the scene was the location of a mass casualty incident, triage information;
- <u>k.</u> <u>Information about the reason for requesting service for the patient, including:</u>
 - i. The date and time of onset of symptoms and when the patient was last

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well;

- <u>ii.</u> <u>Information about the complaint;</u>
- <u>iii.</u> The patient's symptoms;
- <u>iv.</u> The results of the medical team's initial assessment of the patient;
- v. If the patient was injured, information about the injury and the cause of the injury;
- vi. If the patient experienced a cardiac arrest, information about the etiology of the cardiac arrest and subsequent treatment provided; and
- <u>vii.</u> For an interfacility transport, the reason for the transport;
- <u>I.</u> <u>Information about any specific barriers to providing care to the patient;</u>
- <u>m.</u> <u>Information about the patient's medical history, including:</u>
 - i. Known allergies to medications,
 - ii. Surgical history,
 - iii. Current medications, and
 - iv. Alcohol or drug use;
- n. <u>Information about the patient's current medical condition, including the</u>
 information in subsections (A)(7)(e)(v) through (xi) and the time and method of assessment;
- o. <u>Information about agents administered to the patient, including the dose and</u>
 route of administration, time of administration, and the patient's response to the
 agent;
- p. If not specifically included under subsection (A)(8)(k), (m)(iv), (n), or (o), the information required in A.A.C. R9-4-602(A);
- q. <u>Information about any procedures performed on the patient and the patient's</u>

 response to the procedure; [would include airway management, intubation]
- <u>r.</u> Whether the patient was transported and, if so, information about the transport;
- s. Information about the destination of the transport, including the reason for choosing the destination;
- Whether patient care was transferred to another EMS provider or ambulance
 service and, if so, identification of the EMS provider or ambulance service;
- u. Unless patient care was transferred to another EMS provider or ambulance service, information about:
 - i. Whether the destination facility was notified that the patient being transported has a time-sensitive condition and the time of notification;

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- <u>ii.</u> The disposition of the patient at the destination; and
- iii. The disposition of the mission;
- v. Any other narrative information about the patient, care receive by the patient, or transport; and
- <u>w.</u> The name and certification level of the medical team member providing the information;
- 8.9. The air ambulance service creates Creates a record for each mission that includes:
 - a. Mission date;
 - b. Mission level—basic life support, advanced life support, or critical care;
 - Mission type—emergency medical services transport, interfacility transport, interfacility maternal transport, interfacility neonatal transport, or convalescent transport;
 - <u>d.</u> <u>Staffing of the mission;</u>
 - d.e. Aircraft type—fixed-wing aircraft or rotor-wing aircraft;
 - e.f. Name of the person requesting the transport;
 - <u>f.g.</u> Time of receipt of the transport request;
 - h. The estimated time of arrival, as provided according to subsection (A)(4);
 - g.i. Departure time to the patient's location;
 - h.j. Address of the patient's location;
 - <u>i.k.</u> Arrival time at the patient's location;
 - <u>j-l.</u> Departure time to the destination health care institution;
 - k.m. Name and address of the destination health care institution;
 - <u>Ln.</u> Arrival time at the destination health care institution;
 - m.o. Patient reference number or eall number Either the:
 - i. Unique reference number used by the air ambulance service to identify the patient, or
 - <u>ii.</u> <u>Unique call number used by the air ambulance service to identify the specific mission;</u> and
 - n.p. Aircraft tail number for the air ambulance used on the mission; and
- 9. The air ambulance service submits to the Department by the 15th day of each month, either in an electronic format approved by the Department or in hard copy, a run log of the previous month's missions that includes the information required under subsections (A)(8)(a) (d), (f), (g), (i), (j), (l), and (m) in a cumulative tabular format.
- 10. Establishes, documents, and, if necessary, implements a plan to address and minimize

potential issues of patient health and safety due to the air ambulance service terminating operations at a physical address used for the air ambulance service that:

- a. Is developed in conjunction with hospitals near the physical address used for the
 air ambulance service and other persons who may be adversely affected by the air
 ambulance service terminating operations;
- b. Includes notification by the air ambulance service of the persons in subsection (A)(9)(a) of the intent to terminate operations, at least 30 calendar days before the termination of operations; and
- c. Includes temporary measures that will be used until alternate methods may be arranged for patient transport that address patient health and safety; and
- 11. Establishes, documents, and implements a quality improvement program, as specified in policies and procedures, through which:
 - <u>a.</u> <u>Data related to initial patient assessment, patient care, transport services</u> provided, and patient status upon arrival at the destination are:
 - i. Collected continuously; and
 - ii. The information required in subsection (A)(8) is submitted to the

 Department, in a Department-provided format and within 48 hours after
 the date of a mission, for quality improvement purposes;
 - Continuous quality improvement processes are developed to identify, document,
 and evaluate issues related to the provision of services, including:
 - <u>Care provided to patients with time-sensitive conditions:</u>
 - ii. Transport or documentation, and
 - iii. Patient status upon arrival at the destination;
 - A committee consisting of the administrative medical director, the individual managing the air ambulance service or designee, and other employees as appropriate:
 - Review the data in subsection (A)(11)(a) and any issues identified in subsection (A)(11)(b) on at least a quarterly basis; and
 - <u>ii.</u> Implement activities to improve performance when deviations in patient care, transport, or documentation are identified; and
 - d. The activities in subsection (A)(11)(c) are documented, consistent with A.R.S. §§ 36-2401, 36-2402, and 36-2403.
- B. In a rescue situation, when no other practical means of transport, including another air ambulance service, is available, an air ambulance service may deviate from subsection (A)(5) to the extent

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necessary to meet the rescue situation.

- B. An air ambulance service may transport a patient for whom the air ambulance does not have the resources to provide appropriate medical care:
 - <u>1.</u> <u>In a rescue situation in which:</u>
 - a. An individual's life, limb, or health is imminently threatened;
 - <u>b.</u> The threat may be reduced or eliminated by removing the individual from the situation to a location in which medical services may be provided; and
 - c. There is no other practical means of transport, including another air ambulance service, available; or
 - 2. For an interfacility transport of a patient if:
 - a. The sending health care institution provides medically appropriate life support measures, staff, and equipment to sustain the patient during the interfacility transport; and
 - <u>b.</u> Each staff member provided by the sending health care institution has completed training in the subject areas listed in R9-25-711(A) before participating in the interfacility transport.
- C. An If an air ambulance service that completes a mission under subsection (B) for which the air ambulance service does not have the resources to provide appropriate medical care, the licensee shall ensure that the air ambulance service shall ereate creates a record within five working days after the mission, including:
 - 1. the The information required under subsection (A)(8),
 - $\underline{2}$. the <u>The</u> manner in which the air ambulance service deviated from subsection (A)(5), and
 - 3. the The justification for operating under subsection (B).
- An air ambulance service may provide interfacility transport of a patient for whom it does not have the resources to provide appropriate medical care if the sending health care institution provides medically appropriate life support measures, staff, and equipment to sustain the patient during the interfacility transport.
- E. An air ambulance service shall ensure that each staff member provided by a sending health care institution under subsection (D) has completed training in the subject areas listed in R9-25-713(A) before serving on a mission.
- <u>D.</u> If an air ambulance service uses a single-member medical team as authorized under
 R9-25-710(B) and (C), the licensee shall ensure that the air ambulance service creates a record within five working days after the mission, including:
 - 1. The information required under subsection (A)(9).

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- 2. The name and qualifications of the individual comprising the single-member medical team, and
- 3. The justification for using a single-member medical team.
- E. If an air ambulance service completes a critical care interfacility transport mission under conditions permitted in R9-25-805(F), the licensee shall ensure that the air ambulance service creates a record within five working days after the mission, including:
 - 1. The information required under subsection (A)(9),
 - 2. A description of the life-support equipment used on the mission,
 - 3. A list of the equipment and supplies required in R9-25-805(C) that were removed from the air ambulance for the mission, and
 - 4. The justification for conducting the mission as permitted under R9-25-805(F).
- A licensee shall ensure that an individual does not serve on the medical team for an interfacility maternal transport unless the air ambulance service's medical director has verified and attested in writing to the individual's having the proficiencies described in R9-25-710(A)(2).
- A licensee shall ensure that an individual does not serve on the medical team for an interfacility neonatal transport unless the air ambulance service's medical director has verified and attested in writing to the individual's having the proficiencies described in R9-25-710(A)(3).
- **H.** A licensee shall ensure that the air ambulance service:
 - Retains each document required to be created or maintained under this Article or Article
 2 or 8 of this Chapter for at least three years after the last event recorded in the document,
 and
 - 2. Produces each document for Department review upon request.
- <u>A licensee shall ensure that, while on a mission, two-way voice communication is available:</u>
 - 1. Between and among personnel on the air ambulance, including the pilot; and
 - 2. Between personnel on the air ambulance and the following persons on the ground:
 - <u>a.</u> <u>Personnel</u>;
 - b. Physicians providing on-line medical direction or on-line medical guidance to medical team members; and
 - <u>c.</u> For a rotor-wing air ambulance mission:
 - i. Emergency medical services providers, and
 - <u>ii.</u> <u>Law enforcement agencies.</u>

R9-25-711.R9-25-710. Minimum Standards for Mission Staffing (Authorized by A.R.S. §§ 36-2202(A)(3) and (4), 36-2209(A)(2), and 36-2213)

- **A.** An air ambulance service A licensee shall ensure that, except as provided in subsection (B):
 - 1. Each critical care mission is staffed by a medical team of at least two individuals with at least the following qualifications:
 - a. <u>For a critical care interfacility transport mission:</u>
 - i. A physician or registered nurse; and
 - b.ii. A physician, registered nurse, Paramedic, or licensed respiratory care practitioner; and
 - <u>b.</u> For a critical care mission that is an emergency medical services transport:
 - i. A physician or registered nurse, and
 - ii. A Paramedic;
 - <u>2. Each interfacility maternal transport mission</u> is staffed by a medical team that:
 - a. Complies with the requirements for a critical care mission medical team in subsection (A)(1); and
 - <u>b.</u> <u>Has the following additional qualifications:</u>
 - <u>Proficiency in advanced emergency cardiac life support that includes</u>
 <u>didactic instruction and a practical skills test, consistent with training</u>
 <u>recognized by the American Heart Association;</u>
 - <u>ii.</u> Proficiency in neonatal resuscitation; and
 - iii. Proficiency in stabilization and transport of the pregnant patient;
 - 3. Each interfacility neonatal transport mission is staffed by a medical team that:
 - a. Complies with the requirements for a critical care mission medical team in subsection (A)(1); and
 - b. Has the following additional qualifications:
 - i. Proficiency in pediatric advanced emergency life support that includes didactic instruction and a practical skills test, consistent with training recognized by the American Heart Association; and
 - ii. Proficiency in neonatal resuscitation and stabilization of the neonatal patient; and
 - 2.4. Each advanced life support mission is staffed by a medical team of at least two individuals with at least the following qualifications:
 - a. For an advance life support mission that is an emergency medical services transport:
 - i. A physician, registered nurse, or Paramedic; and
 - ii. Another Paramedic; and

- <u>b.</u> <u>For an advanced life support interfacility transport mission:</u>
 - i. A physician, registered nurse, or Paramedic, and
 - b.ii. Another Paramedic or a licensed respiratory care practitioner; and
- 3. Each basic life support mission is staffed by a medical team of at least two individuals, each of whom has at least the qualifications of an EMT.
- **B.** If the pilot on a mission using a rotor-wing air ambulance determines, in accordance with the air ambulance service's written guidelines required under subsection (C) (C)(1), that the weight of a second medical team member could potentially compromise the performance of the rotor-wing air ambulance and the safety of the mission, and the use of a single-member medical team is consistent with the on-line medical direction or on-line medical guidance received as required under subsection (C) (C)(2), an air ambulance service may use a single-member medical team consisting of an individual with at least the following qualification:
 - 1. For a critical care mission, a physician or registered nurse; and
 - 2. For an advanced life support mission, a physician, registered nurse, or Paramedic; and
 - 3. For a basic life support mission, an EMT.
- C. An air ambulance service A licensee shall ensure that:
 - 1. Each air ambulance service rotor-wing pilot is provided with written guidelines to use in determining when the weight of a second medical team member could potentially compromise the performance of a rotor-wing air ambulance and the safety of a mission, including the conditions of density altitude and weight that warrant the use of a single-member medical team;
 - 2. The following are done, without delay, after an air ambulance service rotor-wing pilot determines that the weight of a second medical team member could potentially compromise the performance of a rotor-wing air ambulance and the safety of a mission:
 - a. The pilot communicates that information to the medical team,
 - b. The medical team obtains on-line medical direction or on-line medical guidance regarding the use of a single-member medical team, and
 - c. The medical team proceeds in compliance with the on-line medical direction or on-line medical guidance;
 - 3. A single-member medical team has the knowledge and medical equipment to perform one-person cardiopulmonary resuscitation;
 - 4. The air ambulance service has a quality management process to review regularly the patient care provided by each single-member medical team, including consideration of each patient's status upon arrival at the destination health care institution, is reviewed

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through the quality improvement processes in R9-25-709(A)(11)(b) and (c); and

- 5. A single-member medical team is used only when no other transport team is available that would be more appropriate for delivering the level of care that a patient requires.
- An air ambulance service that uses a single-member medical team as authorized under subsection (B) shall create a record within five working days after the mission, including the information required under R9-25-710(A)(8), the name and qualifications of the individual comprising the single-member medical team, and the justification for using a single-member medical team.
- E.D. An A licensee shall ensure that the air ambulance service shall create creates and maintain maintains for each personnel member a file containing documentation of the personnel member's qualifications, including, as applicable, licenses, certifications, and training records.

R9-25-713. R9-25-711. Minimum Standards for Training (<u>Authorized by A.R.S. §§</u> 36-2202(A)(4), 36-2209(A)(2), and 36-2213)

- **A.** An air ambulance service A licensee shall ensure that each medical team member completes training in the following subjects before serving on a mission:
 - 1. Aviation terminology;
 - 2. Physiological aspects of flight;
 - 3. Patient loading and unloading;
 - 4. Safety in and around the aircraft;
 - 5. In-flight communications;
 - 6. Use, removal, replacement, and storage of the medical equipment installed on the aircraft;
 - 7. In-flight emergency procedures;
 - 8. Emergency landing procedures; and
 - 9. Emergency evacuation procedures.
- B. An air ambulance service A licensee shall ensure that the air ambulance service document documents each medical team member's completion of the training required under subsection (A), including the name of the medical team member, each training component completed, and the date of completion.

R9-25-712. Expired

R9-25-715.R9-25-712. Minimum Standards for Medical Control (Authorized by A.R.S. §§ 36-2202(A)(3) and (4), 36-2209(A)(2), and 36-2213)

A. An air ambulance service A licensee shall ensure that:

- 1. The air ambulance service has a an administrative medical director who:
 - a. Meets the qualifications in subsection (B);
 - b. Supervises and evaluates the quality of medical care provided by medical team members;
 - c. Ensures the competency and current qualifications of all medical team members;
 - d. Ensures that each EMCT medical team member receives medical direction as required under Article 2 of this Chapter;
 - e: Ensures that each non-EMCT medical team member receives medical guidance through:
 - i. Written treatment protocols; and
 - ii. On-line medical guidance provided by:
 - (1) The medical director;
 - (2) Another physician designated by the medical director; or
 - (3) If the medical guidance needed exceeds the medical director's area of expertise, a consulting specialty physician; and
 - d. Except as provided in subsections (A)(3) and (4), ensures that:
 - <u>i.</u> Each EMCT medical team member receives medical direction as required under Article 2 of this Chapter; and
 - <u>ii.</u> Each non-EMCT medical team member receives medical guidance through written treatment protocols and according to subsection (C); and
 - f.e. Approves, ensures implementation of, and annually reviews treatment protocols to be followed by medical team members;
- 2. The air ambulance service has a quality management program through which:
 - a. Data related to patient eare and transport services provided and patient status upon arrival at destination are:
 - i. Collected continuously; and
 - ii. Examined regularly, on at least a quarterly basis; and
 - b. Appropriate corrective action is taken when concerns are identified; and
- 3. The air ambulance service documents each concern identified through the quality management program and the corrective action taken to resolve each concern and provides this information, along with the supporting data, to the Department upon request.
- 2. The administrative medical director reviews data related to patient care and transport services provided, documentation, and patient status upon arrival at destination that are

- collected through the quality management program in R9-25-709(A)(11);
- 3. For an interfacility maternal transport mission, on-line medical direction or on-line medical guidance provided to medical team member is provided by a physician who meets the qualifications of subsection (B)(2)(b)(i);
- 4. For an interfacility neonatal transport mission, on-line medical direction or on-line medical guidance provided to medical team member is provided by a physician who meets the qualifications of subsection (B)(2)(b)(ii);
- **B.** ★ An administrative medical director shall:
 - 1. Be a physician, as defined in A.R.S. § 36-2201; and
 - 2. Comply with one of the following:
 - a. If the air ambulance service provides emergency medical services transports, meet the qualifications of R9-25-201(A)(1); or
 - b. If the air ambulance service does not provide emergency medical services transports, meet the qualifications of R9-25-201(A)(1) or one of the following:
 - i. If the air ambulance service provides only interfacility maternal transport missions, have board certification or have completed an accredited residency program in one of the following specialty areas:
 - (1) Obstetrics and gynecology, with subspecialization in critical care medicine or maternal and fetal medicine; or
 - (2) Pediatrics, with subspecialization in neonatal-perinatal medicine; ii. If the air ambulance service provides only interfacility neonatal transport missions, have board certification or have completed an accredited residency program in one of the following specialty areas:
 - (1) Obstetrics and gynecology, with subspecialization in maternal and fetal medicine; or
 - (2) Pediatrics, with subspecialization in neonatal-perinatal medicine, neonatology, pediatric critical care medicine, or pediatric intensive care; or
 - iii. If neither subsection (B)(2)(b)(i) or (ii) applies, have board certification or have completed an accredited residency program in one of the following specialty areas:
 - (1) Anesthesiology, with subspecialization in critical care medicine;
 - (2) Internal medicine, with subspecialization in critical care medicine;

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- (3) If the air ambulance service transports only pediatric patients, pediatrics, with subspecialization in pediatric critical care medicine or pediatric emergency medicine; or
- (4) If the air ambulance service transports only surgical patients, surgery, with subspecialization in surgical critical care.
- <u>C.</u> <u>An administrative medical director shall ensure that each non-EMCT medical team member receives on-line medical guidance provided by:</u>
 - 1. The administrative medical director;
 - 2. Another physician designated by the administrative medical director; or
 - 3. If the medical guidance needed exceeds the administrative medical director's area of expertise, a consulting specialty physician.

R9-25-713. Renumbered

R9-25-714. Minimum Standards for Communications (A.R.S. §§ 36-2202(A)(3) and (4), 36-2209(A)(2), and 36-2213) Repealed

An air ambulance service shall ensure that, while on a mission, two-way voice communication is available:

- 1. Between and among personnel on the air ambulance, including the pilot; and
- 2. Between personnel on the air ambulance and the following persons on the ground:
 - a. Personnel:
 - b. Physicians providing on-line medical direction or on-line medical guidance to medical team members; and
 - e. For a rotor-wing air ambulance mission:
 - i. Emergency medical services providers, and
 - ii. Law enforcement agencies.

R9-25-715. Renumbered

R9-25-716. Minimum Standards for Recordkeeping (A.R.S. §§ 36-2202(A)(4), 36-2209(A)(2), and 36-2213) Repealed

An air ambulance service shall retain each document required to be created or maintained under this Article or Article 2 or 8 of this Chapter for at least three years after the last event recorded in the document and shall produce each document for Department review upon request.

R9-25-717. Minimum Standards for an Interfacility Neonatal Mission (A.R.S. §§ 36-2202(A)(3) and (4), 36-2209(A)(2), and 36-2213) Repealed

An air ambulance service shall ensure that:

- 1. Each interfacility neonatal mission is staffed by a medical team that complies with the requirements for a critical care mission medical team in R9-25-711(A)(1) and that has the following additional qualifications:
 - a. Proficiency in pediatric emergency care, as defined in R9-25-101; and
 - b. Proficiency in neonatal resuscitation and stabilization of the neonatal patient;
- 2. Each interfacility neonatal mission is conducted using an air ambulance that has the equipment and supplies required for a critical care mission in Table 1 of Article 8 of this Chapter and the following:
 - a. A transport incubator with:
 - i. Battery and inverter capabilities,
 - ii. An infant safety restraint system, and
 - iii. An integrated neonatal-capable pressure ventilator with oxygen-air supply and blender;
 - b. An invasive automatic blood pressure monitor;
 - e. A neonatal monitor or monitors with heart rate, respiratory rate, temperature, non-invasive blood pressure, and pulse oximetry capabilities;
 - d. Neonatal-specific drug concentrations and doses;
 - e. Umbilical catheter insertion equipment and supplies;
 - f. Thoracostomy supplies;
 - g. Neonatal resuscitation equipment and supplies;
 - h. A neonatal size cuff (size 2, 3, or 4) for use with an automatic blood pressure monitor; and
 - i. A neonatal probe for use with a pulse oximeter;
- 3. On-line medical direction or on-line medical guidance provided to an interfacility neonatal mission medical team member is provided by a physician who meets the qualifications of R9-25-715(B)(2)(b)(ii); and
- 4. An individual does not serve on an interfacility neonatal mission medical team unless the air ambulance service's medical director has verified and attested in writing to the individual's having the proficiencies described in subsections (1)(a) and (b).

R9-25-718. Minimum Standards for an Interfacility Maternal Mission (A.R.S. §§ 36-2202(A)(3) and (4), 36-2209(A)(2), and 36-2213) Repealed

- A: This Section applies to an air ambulance service that holds itself out as providing interfacility maternal missions.
- **B.** An air ambulance service shall ensure that:
 - 1. Each interfacility maternal mission is staffed by a medical team that complies with the requirements for a critical care mission medical team in R9-25-711(A)(1) and that has the following additional qualifications:
 - a. Proficiency in advanced emergency cardiac life support, as defined in R9-25-101;
 - b. Proficiency in neonatal resuscitation; and
 - e. Proficiency in stabilization and transport of the maternal patient;
 - 2. Each interfacility maternal mission is conducted using an air ambulance that has the equipment and supplies required for a critical care mission in Table 1 of Article 8 of this Chapter and the following:
 - a. A Doppler fetal heart monitor;
 - b. Unless use is not indicated for the patient as determined through on-line medical direction or on-line medical guidance provided as described in subsection (B)(3), an external fetal heart and toeographic monitor with printer capability;
 - e. Tocolytic and anti-hypertensive medications;
 - d. Advanced emergency cardiac life support equipment and supplies; and
 - e. Neonatal resuscitation equipment and supplies;
 - On-line medical direction or on-line medical guidance provided to an interfacility maternal mission medical team member is provided by a physician who meets the qualifications of R9-25-715(B)(2)(b)(i); and
 - 4. An individual does not serve on an interfacility maternal mission medical team unless the air ambulance service's medical director has verified and attested in writing to the individual's having the proficiencies described in subsections (B)(1)(a), (b), and (c).

ARTICLE 8. AIR AMBULANCE REGISTRATION

R9-25-801. Definitions (A.R.S. §§ 36-2202(A)(4), 36-2209(A)(2), and 36-2212)

In addition to the definitions in R9-25-701, the following definitions apply in this Article, unless otherwise specified:

- 1: "Certificate holder" means a person who holds a current and valid certificate of registration for an air ambulance:
- 2. "Drug" has the same meaning as in A.R.S. § 32-1901.
- R9-25-802.R9-25-801. Requirement, Eligibility, and Application for an Initial or Renewal Certificate of Registration for an Air Ambulance (<u>Authorized by A.R.S.</u> §§ 36-2202(A)(4) and (5), 36-2209(A)(2), 36-2212, 36-2213, 36-2214, <u>36-2232(A)(11)</u>, and 36-2240(4))
- A. A person shall not operate an air ambulance in this state unless the person has a current and valid air ambulance service license as required under Article 7 of this Chapter and, except as provided in A.R.S. § 36-2212(C), a current and valid certificate of registration for the air ambulance as required under this Article.
- **B.A.** To be eligible to obtain a certificate of registration for an air ambulance, an applicant shall:
 - Hold a current and valid air ambulance service license issued under Article 7 of this Chapter;
 - 2. Hold the following issued by the Federal Aviation Administration for the air ambulance:
 - a. A current and valid Certificate of Registration, and
 - b. A current and valid Airworthiness Certificate;
 - 3. Hold Possess a copy of a current and valid registration for the air ambulance, issued by the Arizona Department of Transportation under A.R.S. Title 28, Chapter 25, Article 4, to the owner of the aircraft; and
 - 4. Comply with all applicable requirements of this Article, Articles 2 and 7 of this Chapter, and A.R.S. Title 36, Chapter 21.1.
- C.B. To obtain an initial or renewal certificate of registration for an air ambulance, an An applicant for an initial or renewal certificate of registration for an air ambulance shall submit an application packet to the Department, an application completed using a Department provided form and including:
 - 1. The <u>following information in a Department-provided format:</u>
 - <u>a.</u> <u>The applicant's name; mailing address; e-mail address; fax number, if any; and</u>

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- telephone number;
- 2.b. All other business names used The names of all other business organizations operated by the applicant related to the use of an air ambulance;
- 3.c. The applicant's physical business address of the applicant, if different from the mailing address;
- <u>d.</u> <u>If applicable, the number of the applicant's air ambulance service license;</u>
- e. The name, title, address, e-mail address, and telephone number of the individual acting on behalf of the applicant according to R9-25-102;
- <u>f.</u> The name, address, telephone number, and e-mail address of the owner of the air ambulance, if different from the applicant;
- 4. The following information about the air ambulance for which registration is sought:
 - a. Each mission level for which the air ambulance will be used:
 - i. Basic life support,
 - ii. Advanced life support, or
 - iii. Critical care;
 - b.g. Whether the air ambulance is a fixed-wing or rotor-wing aircraft;
 - e.h. Number The number of engines on the air ambulance;
 - d.i. Manufacturer The manufacturer's name;
 - e.j. Model The model name of the air ambulance;
 - f.k. Year The year the air ambulance was manufactured;
 - g.l. Serial The serial number of the air ambulance;
 - h.m. Aircraft The tail number of the air ambulance;
 - in. Aircraft The aircraft colors, including fuselage, stripe, and lettering; and
 - <u>j-o.</u> A description of any insignia, monogram, or other distinguishing characteristics of the aircraft's appearance;
- 5. A copy of the following issued to the applicant, for the air ambulance, by the Federal Aviation Administration:
 - a. A current and valid Certificate of Registration, and
 - b. A current and valid Airworthiness Certificate;
- 6. A copy of a current and valid registration issued to the applicant, for the air ambulance, by the Arizona Department of Transportation under A.R.S. Title 28, Chapter 25, Article 4;
 - <u>p.</u> The address at which the air ambulance is usually based;
 - 7-g. The location address in Arizona at which the air ambulance will be available for

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- inspection;
- 8.<u>r.</u> The name and telephone number of the individual to contact to arrange for inspection, if the inspection is preannounced;
- <u>s.</u> Whether the applicant agrees to allow the Department to submit supplemental requests for information under R9-25-1201(C)(3);
- 9. Attestation that the applicant knows all applicable requirements in A.R.S. Title 36, Chapter 21.1; this Article; and Articles 2 and 7 of this Chapter;
- 10.t. Attestation that the information provided in the application <u>packet</u>, including the information in the <u>accompanying</u> documents accompanying the application form, is accurate and complete; <u>and</u>
- 11.<u>u.</u> The dated signature of <u>the applicant</u>:
- a. If the applicant is an individual, the individual;
- b. If the applicant is a corporation, an officer of the corporation;
- e. If the applicant is a partnership, one of the partners;
- d. If the applicant is a limited liability company, a manager or, if the limited liability company does not have a manager, a member of the limited liability company;
- e. If the applicant is an association or cooperative, a member of the governing board of the association or cooperative;
- f. If the applicant is a joint venture, one of the individuals signing the joint venture agreement;
- g. If the applicant is a governmental agency, the individual in the senior leadership position with the agency or an individual designated in writing by that individual; and
- h. If the applicant is a business organization type other than those described in subsections (C)(11)(b) through (f), an individual who is a member of the business organization;
- 2. A copy of the following for the air ambulance, issued by the Federal Aviation Administration:
 - a. A current and valid Certificate of Registration, and
 - b. A current and valid Airworthiness Certificate:
- 3. A copy of a current and valid registration for the air ambulance, issued by the Arizona Department of Transportation under A.R.S. Title 28, Chapter 25, Article 4;
- 4. If a document required under subsection (B)(2) or (3) is not issued in the name of the applicant, documentation showing the applicant can legally possess and operate the

- aircraft covered by the document, signed by the owner of the aircraft; and
- 12.5. Unless the applicant operates or intends to operate the air ambulance only as a volunteer not-for-profit service, a certified check, business check, or money order made payable to the Arizona Department of Health Services for the following fees:
 - a. A \$50 registration fee, as required under A.R.S. § 36-2212(D); and
 - b. A \$200 annual regulatory fee, as required under A.R.S. § 36-2240(4).
- **D.C.** The Department requires submission of a separate application and <u>the</u> fees <u>in subsection (B)(5)</u> for each air ambulance.
- **E.D.** Except as provided under R9-25-805(C) in A.R.S. § 36-2232(A)(11), the Department shall inspect each air ambulance according to R9-25-804(A) and (B) to determine compliance with the provisions of A.R.S. Title 36, Chapter 21.1 and this Article:
 - 1. before Within 30 calendar days before issuing an initial certificate of registration; and
 - <u>at At least every 12 months thereafter, before issuing a renewal certificate of registration.</u>
- **F.E.** The Department shall review and approve or deny each application as described in Article 12 of this Chapter.
- F. If the Department approves the application and sends the applicant the written notice of approval, specified in R9-25-1201(C)(5), the Department shall issue the certificate of registration to the applicant:
 - 1. For an applicant with a current and valid air ambulance service license issued under
 Article 7 of this Chapter, within five working days after the date on the written notice of approval; and
 - 2. For an applicant that does not have a current and valid air ambulance service license issued under Article 7 of this Chapter, when the air ambulance service license is issued.
- **G.** The Department may deny a certificate of registration for an air ambulance if the applicant:
 - 1. Fails to meet the eligibility requirements of R9-25-802(B) subsection (A);
 - 2. Fails or has failed to comply with any provision in A.R.S. Title 36, Chapter 21.1;
 - 3. Fails or has failed to comply with any provision in this Article or Article 2 or 7 of this Chapter;
 - 4. Knowingly or negligently provides false documentation or false or misleading information to the Department; or
 - 5. Fails to submit to the Department documents or information requested under R9-25-1201(B)(1) or (C)(3), as required under R9-25-1201(D), and requests a denial as permitted under R9-25-1201(E).

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R9-25-803.R9-25-802. Term and Transferability of Certificate of Registration (<u>Authorized by</u> A.R.S. §§ 36-2202(A)(4) and (5), 36-2209(A)(2), 36-2212, and 41-1092.11)

- **A.** The Department shall issue an initial certificate of registration:
 - 1. With a term of one year from date of issuance of the initial certificate of registration; or
 - 2. If requested by the applicant, with a term shorter than one year that allows for the Department to conduct annual inspections of all of the applicant's air ambulances at one time.
- **B.** The Department shall issue a renewal certificate of registration with a term of one year <u>from the</u> expiration date on the previous certificate of registration.
- C. If an applicant a certificate holder submits an application for renewal as described in R9-25-802

 R9-25-801 before the expiration date of the current certificate of registration, the current certificate of registration does not expire until the Department has made a final determination on the application for renewal, as provided in A.R.S. § 41-1092.11.
- **D.** A certificate of registration is not transferable from one person to another.
- E. If there is a change in the ownership of an air ambulance or the person who can legally possess and operate the air ambulance, the new owner or person who can legally possess and operate the air ambulance shall apply for and obtain a new certificate of registration before operating the air ambulance in this state.

R9-25-804.R9-25-803. Changes Affecting Registration (<u>Authorized by A.R.S.</u> §§ 36-2202(A)(4) and (5), 36-2209(A)(2), and 36-2212)

- **A.** At least 30 days before the date of a change in a certificate holder's name, the certificate holder shall send the Department written notice of the name change.
- **B.** No later than 10 days after a certificate holder ceases to operate an air ambulance, the certificate holder shall send the Department written notice of the date that the certificate holder ceased to operate the air ambulance and of the desire certificate holder's intention to relinquish the certificate of registration for the air ambulance as of that date.
- C. Within 30 days after the date of receipt of a notice described in subsection (A) or (B), the Department shall:
 - 1. For a notice described in subsection (A), issue an amended certificate of registration that incorporates the name change but retains the expiration date of the current certificate of registration; and
 - 2. For a notice described in subsection (B):
 - <u>a.</u> <u>Void the certificate of registration for the air ambulance; and</u>

- <u>b.</u> <u>send Send</u> the certificate holder written confirmation of the voluntary relinquishment of the certificate of registration, with an effective date that corresponds to the written notice.
- **D.** A certificate holder shall notify the Department in writing within one working day after a change in its the certificate holder's eligibility to obtain hold a certificate of registration for an air ambulance under R9-25-802(B) R9-25-801(A).
- <u>E.</u> <u>Upon receiving a notification required in subsection (D), the Department:</u>
 - 1. Shall revoke the certificate for the air ambulance; and
 - 2. If the air ambulance is the only air ambulance operated by an air ambulance service, may revoke the license of the air ambulance service.

R9-25-805.R9-25-804. Inspections (<u>Authorized by A.R.S. §§ 36-2202(A)(4)</u> and (5), 36-2209(A)(2), 36-2212, and 36-2232(A)(11))

- A. An Except as provided in R9-25-707(C), an applicant or a certificate holder shall make an air ambulance available for inspection within Arizona at the within 10 working days after a request of by the Department.
- **B.** The Department shall conduct each inspection in compliance with A.R.S. § 41-1009.
- C. As permitted under A.R.S. § 36-2232(A)(11), upon <u>a</u> certificate <u>holder holder's</u> request and at <u>the</u> certificate <u>holder's</u> expense, the annual inspection of an air ambulance required for renewal of a certificate of registration may be conducted by a Department-approved inspection facility.

R9-25-806. Enforcement Actions (A.R.S. §§ 36-2202(A)(4), 36-2209(A)(2), 36-2212, 36-2234(L), 41-1092.03, and 41-1092.11(B)) Repealed

- **A.** The Department may take an action listed in subsection (B) against a certificate holder's certificate of registration if the certificate holder:
 - 1. Fails or has failed to meet the eligibility requirements of R9-25-802(B);
 - 2. Fails or has failed to comply with any provision in A.R.S. Title 36, Chapter 21.1;
 - 3. Fails or has failed to comply with any provision in this Article or Article 2 or 7 of this Chapter; or
 - 4. Knowingly or negligently provides false documentation or false or misleading information to the Department.
- **B.** The Department may take the following actions against a certificate holder's certificate of registration:

- 1. After notice and an opportunity to be heard is provided under A.R.S. Title 41, Chapter 6,

 Article 10, revoke the certificate of registration; and
- 2. In case of emergency, if the Department determines that a potential threat to the public health and safety exists and incorporates a finding to that effect in its order, immediately suspend the certificate of registration as authorized under A.R.S. § 36-2234(L).
- C. In determining whether to take action under subsection (B), the Department shall consider:
 - 1. The severity of each violation relative to public health and safety;
 - 2. The number of violations relative to the transport volume of the air ambulance service;
 - 3. The nature and circumstances of each violation;
 - 4. Whether each violation was corrected and, if so, the manner of correction; and
 - 5. The duration of each violation.

R9-25-807.R9-25-805. Minimum Standards for an Air Ambulance (<u>Authorized by A.R.S.</u> §§ 36-2202(A)(3), (4), and (5); 36-2209(A)(2); and 36-2212)

- **A.** An applicant or certificate holder shall ensure that an air ambulance has:
 - 1. A climate control system to prevent temperature extremes that would adversely affect patient care;
 - 2. If a fixed-wing air ambulance, pressurization capability;
 - 3. Interior lighting that allows for patient care and monitoring without interfering with the pilot's vision;
 - 4. For each place where a patient may be positioned, at least one electrical power outlet or other power source that is capable of operating all electrically powered medical equipment without compromising the operation of any electrical aircraft equipment;
 - 5. A back-up source of electrical power or batteries capable of operating all electrically powered life-support equipment for at least one hour;
 - 6. An entry that allows for patient loading and unloading without rotating a patient and stretcher more than 30 degrees about the longitudinal axis or 45 degrees about the lateral axis and without compromising the operation of monitoring systems, intravenous lines, or manual or mechanical ventilation;
 - 7. A configuration that allows each medical team member sufficient access to each patient to begin and maintain treatment modalities, including complete access to the patient's head and upper body for effective airway management;
 - 8. A configuration that allows for rapid exit of personnel and patients, without obstruction from stretchers and medical equipment;

- A configuration that protects the aircraft's flight controls, throttles, and communications
 equipment from any intentional or accidental interference from a patient or equipment
 and supplies;
- 10. A padded interior or an interior that is clear of objects or projections in the head strike envelope;
- 11. An installed self-activating emergency locator transmitter;
- 12. A voice communications system that:
 - a. Is capable of air-to-ground communication, and
 - b. Allows the flight crew and medical team members to communicate with each other during flight;
- 13. Interior patient compartment wall and floor coverings that are:
 - a. Free of cuts or tears,
 - <u>b.</u> <u>Made from non-absorbent material</u>,
 - b.c. Capable of being disinfected, and
 - e.d. Maintained in a sanitary manner; and
- 14. If a rotor-wing air ambulance, the following:
 - a. A searchlight that:
 - i. Has a range of motion of at least 90 degrees vertically and 180 degrees horizontally,
 - ii. Is capable of illuminating a landing site, and
 - iii. Is located so that the pilot can operate the searchlight without removing the pilot's hands from the aircraft's flight controls;
 - b. Restraining devices that can be used to prevent a patient from interfering with the pilot or the aircraft's flight controls; and
 - c. A light to illuminate the tail rotor.
- **B.** An applicant or certificate holder shall ensure that:
 - 1. Except as provided in subsection (C) subsections (D), (E), and (F), each air ambulance has the equipment and supplies required in Table 1 subsection (C) for each mission level for which the air ambulance is used; and
 - 2. The equipment and supplies on an air ambulance are secured, stored, and maintained in a manner that prevents hazards to personnel and patients.
- C. An applicant or certificate holder shall ensure that an air ambulance used for an advanced life support mission or critical care mission has the following equipment and supplies:
 - 1. The following ventilation and airway equipment and supplies:

- a. Portable and fixed suction apparatus, with wide-bore tubing, rigid pharyngeal curved suction tip, tonsillar and flexible suction catheters, 5F-14F;
- <u>b.</u> <u>Portable and fixed oxygen equipment, with variable flow regulators;</u>
- Oxygen administration equipment, including: tubing; non-rebreathing masks
 (adult and pediatric sizes); and nasal cannulas (adult and pediatric sizes);
- <u>d.</u> Bag-valve mask, with hand-operated, self-reexpanding bag (adult size), with
 <u>oxygen reservoir/accumulator; mask (adult, pediatric, infant, and neonate sizes);</u>
 and valve;
- e. Airways, oropharyngeal (adult, pediatric, and infant sizes);
- <u>f.</u> <u>Laryngoscope handle, adult and pediatric, with, if applicable, extra batteries and bulbs;</u>
- g. Laryngoscope blades, sizes 0, 1, and 2, straight; sizes 3 and 4, straight and curved;
- h. Endotracheal tube cuff pressure manometer; [Moved from (C)(1)(p)]
- i. Endotracheal tubes, sizes 2.5-5.0 mm cuffed or uncuffed and 6.0-8.0 mm cuffed;
- <u>i.</u> <u>Stylettes for Endotracheal tubes, adult and pediatric;</u>
- k. Airways, nasal (adult, pediatric, and infant sizes), one each in French sizes 16 to 34;
- l. One type of supraglottic airway device, adult and pediatric;
- m. 10 mL straight-tip syringes;
- n. Small volume nebulizer(s) and aerosol masks, adult and pediatric;
- <u>o.</u> <u>Magill forceps, adult and pediatric;</u>
- <u>p.</u> Nasogastric tubes, sizes 5F and 8F, Salem sump sizes 14F and 18F;
- <u>g.</u> End-tidal CO2 detectors, quantitative;
- r. Portable automatic ventilator with positive end expiratory pressure; and
- s. <u>In-line viral/bacterial filter:</u>
- 2. The following monitoring and defibrillation equipment and supplies:
 - <u>a.</u> <u>Portable, battery-operated monitor/defibrillator, with:</u>
 - <u>i.</u> <u>Tape write-out/recorder.</u>
 - ii. Defibrillator pads.
 - iii. Adult and pediatric paddles or hands-free patches.
 - iv. ECG leads.
 - v. Adult and pediatric chest attachment electrodes, and
 - vii. Capability to provide electrical discharge below 25 watt-seconds; and
 - <u>b.</u> <u>Transcutaneous cardiac pacemaker, either stand-alone unit or integrated into</u>

monitor/defibrillator;

- 3. For rotor wing aircraft only, the following immobilization devices and supplies:
 - <u>a.</u> <u>Cervical collars, rigid, adjustable or in an assortment of adult and pediatric sizes;</u>
 - <u>b.</u> <u>Head immobilization device, either firm padding or another commercial device;</u>
 - <u>Lower extremity (femur) traction device, including lower extremity, limb support</u>
 <u>slings, padded ankle hitch, padded pelvic support, and traction strap; and</u>
 - <u>d.</u> <u>Upper and lower extremity immobilization splints;</u>
- <u>4.</u> The following bandages:
 - <u>a.</u> <u>Burn pack, including standard package, clean burn sheets;</u>
 - b. Dressings, including:
 - i. Sterile multi-trauma dressings (various large and small sizes);
 - ii. Abdominal pads, 10" x 12" or larger; and
 - iii. 4" x 4" gauze sponges;
 - c. Gauze rolls, sterile (4" or larger);
 - <u>d.</u> Elastic bandages, non-sterile (4" or larger);
 - e. Occlusive dressing, sterile, 3" x 8" or larger; and
 - Adhesive or self-adhesive tape, including various sizes (1" or larger)
 hypoallergenic and various sizes (1" or larger) adhesive or self-adhesive;
- <u>5.</u> The following obstetrical equipment and supplies:
 - a. Separate sterile obstetrical kit, including:
 - <u>i.</u> Towels,
 - <u>ii.</u> 4" x 4" dressing.
 - <u>iii.</u> <u>Umbilical tape</u>,
 - iv. Sterile scissors or other cutting utensil,
 - v. Bulb suction,
 - vi. Clamps for cord.
 - vii. Sterile gloves.
 - viii. Blankets, and
 - ix. A head cover; and
 - b. An alternate portable patient heat source or two heat packs:
- 6. The following infection control equipment and supplies, including the availability of latex-free:
 - <u>a.</u> Eye protection (full peripheral glasses or goggles, face shield);
 - b. Masks, at least as protective as a National Institute for Occupational Safety and

- Health-approved N-95 respirator, which are fit-tested;
- <u>c.</u> <u>Gloves, non-sterile;</u>
- <u>d.</u> <u>Jumpsuits or gowns;</u>
- e. Shoe covers;
- <u>f.</u> <u>Disinfectant hand wash, commercial antimicrobial (towelette, spray, or liquid);</u>
- g. <u>Disinfectant solution for cleaning equipment;</u>
- <u>h.</u> <u>Standard sharps containers;</u>
- <u>i.</u> <u>Disposable red trash bags; and</u>
- <u>Protective facemasks or cloth face coverings for patients;</u>
- 7. The following injury prevention equipment:
 - <u>a.</u> Appropriate restraints, such as seat belts or, if applicable, child safety restraints, for patient, personnel, and family members;
 - <u>b.</u> <u>For rotor wing aircraft only, safety vest or other garment with reflective material for each personnel member;</u>
 - <u>c.</u> <u>Fire extinguisher, with current inspection tag</u> [or disposable?];
 - d. Hazardous material reference guide; and
 - e. Hearing protection for patient and personnel;
- 8. The following vascular access equipment and supplies:
 - <u>a.</u> <u>Intravenous administration equipment, with fluid in bags;</u>
 - b. Antiseptic solution (alcohol wipes and povidone-iodine wipes);
 - c. <u>Intravenous pole or roof hook;</u>
 - d. <u>Intravenous catheters 14G-24G</u>;
 - <u>e.</u> <u>Intraosseous needles, adult and pediatric sizes;</u>
 - <u>f.</u> <u>Venous tourniquet:</u>
 - g. One of each of the following types of intravenous solution administration sets:
 - i. A set with blood tubing.
 - ii. A set capable of delivering 60 drops per cc, and
 - iii. A set capable of delivering 10 or 15 drops per cc;
 - h. Intravenous arm boards, adult and pediatric;
 - i. IV pump or pumps (minimum of 3 infusion lines); and
 - <u>i. IV pressure bag;</u>
- 9. The agents, specified in a table of agents established according to A.R.S. § 36-2204 and available through the Department at www.azdhs.gov/ems-regulatory-references, that an administrative medical director has authorized for use, based on the EMCT classification

Changes from November Draft are highlighted

of the medical team; and

- 10. The following miscellaneous equipment and supplies:
 - a. Sphygmomanometer (infant, pediatric, and adult regular and large sizes);
 - b. Stethoscope;
 - c. Pediatric equipment sizing reference guide;
 - <u>d.</u> <u>Thermometer with low temperature capability;</u>
 - e. Heavy bandage or paramedic scissors for cutting clothing, belts, and boots;
 - <u>f.</u> Cold packs;
 - g. Flashlight (1) with extra batteries or recharger, as applicable;
 - h. Blankets;
 - i. Sheets;
 - <u>j.</u> <u>Disposable emesis bags or basins;</u>
 - <u>k.</u> For fixed wing aircraft only, a disposable bedpan;
 - <u>1.</u> For fixed wing aircraft only, a disposable urinal;
 - <u>m.</u> Properly secured patient transport system;
 - n. Lubricating jelly (water soluble);
 - o. Glucometer or blood glucose measuring device with reagent strips;
 - <u>p.</u> <u>Pulse oximeter with pediatric and adult probes;</u>
 - <u>q.</u> Automatic blood pressure monitor; and
 - r. A commercially available trauma arterial tourniquet.
- An applicant or certificate holder shall ensure that an air ambulance used for an interfacility maternal transport mission has:
 - 1. The equipment and supplies in subsection (C); and
 - 2. The following:
 - a. A Doppler fetal heart monitor:
 - b. Unless use is not indicated for the patient as determined through on-line medical direction or on-line medical guidance provided as described in R9-25-715(A)(2), an external fetal heart and tocographic monitor with printer capability:
 - <u>c.</u> <u>Tocolytic and anti-hypertensive medications:</u>
 - d. Advanced emergency cardiac life support equipment and supplies; and
 - e. Neonatal resuscitation equipment and supplies.
- E. An applicant or certificate holder shall ensure that an air ambulance used for an interfacility neonatal transport mission has:
 - 1. The equipment and supplies in subsection (C); and

- <u>2.</u> The following:
 - <u>a.</u> <u>A transport incubator with:</u>
 - i. Battery and inverter capabilities,
 - ii. An infant safety restraint system, and
 - iii. An integrated neonatal-capable pressure ventilator with oxygen-air supply and blender;
 - <u>b.</u> <u>An invasive automatic blood pressure monitor;</u>
 - <u>A</u> neonatal monitor or monitors with heart rate, respiratory rate, temperature,
 non-invasive blood pressure, and pulse oximetry capabilities;
 - d. Neonatal-specific drug concentrations and doses;
 - e. Thoracostomy supplies;
 - <u>f.</u> <u>Neonatal resuscitation equipment and supplies;</u>
 - g. A neonatal size cuff (size 2, 3, or 4) for use with an automatic blood pressure monitor; and
 - <u>h.</u> A neonatal probe for use with a pulse oximeter.
- C.F. A certificate holder may conduct an interfacility a critical care interfacility transport mission using an air ambulance that does not have all of the equipment and supplies required in Table 1 for the mission level subsection (C) if:
 - 1. Care of the patient to be transported necessitates use of life-support equipment that, because of its size or weight or both, makes it unsafe or impossible for the air ambulance to carry all of the equipment and supplies required in Table 1 for the mission level subsection (C), as determined by the certificate holder based upon:
 - a. The individual aircraft's capabilities,
 - b. The size and weight of the equipment and supplies required in Table 1 subsection
 (C) and of the additional life-support equipment,
 - c. The composition of the required medical team, and
 - d. Environmental factors such as density altitude;
 - 2. The certificate holder ensures that, during the mission, the air ambulance has the equipment and supplies necessary to provide an appropriate level of medical care for the patient and to protect the health and safety of the personnel on the mission; and
 - 3. The certificate holder ensures that, during the mission, the air ambulance is not directed by the air ambulance service or another person to conduct another mission before returning to a base location;
 - 4.3. The certificate holder ensures that the air ambulance is not used for another mission until

- the air ambulance has all of the equipment and supplies required in Table 1 for the mission level subsection (C); and
- 5. Within five working days after each interfacility critical care mission conducted as permitted under subsection (C), the certificate holder creates a record that includes the information required under R9-25-710(A)(8), a description of the life-support equipment used on the mission, a list of the equipment and supplies required in Table 1 that were removed from the air ambulance for the mission, and the justification for conducting the mission as permitted under subsection (C).

R9-25-807. Renumbered



Changes from November Draft are highlighted

Table 8.1. Minimum Equipment and Supplies Required on Air Ambulances, By Mission Level and Aircraft Type (Authorized by A.R.S. §§ 36-2202(A)(3), (4), and (5); 36-2209(A)(2); and 36-2212) Repealed

X = Required

ALS = Advanced Life Support Mission

BLS = Basic Life Support Mission

CC = Critical Care Mission

FW = Fixed-Wing Aircraft

RW = Rotor-Wing Aircraft

MINIMUM EQUIPMENT AND SUPPLIES	FW	RW	BLS	ALS	ee
A. Ventilation and Airway Equipment					
1. Portable and fixed suction apparatus, with wide-bore tubing, rigid pharyngeal curved suction tip, tonsillar and flexible suction eatheters, 5F-14F	X	X	X	X	X
2. Portable and fixed oxygen equipment, with variable flow regulators	X	X	X	X	X
3. Oxygen administration equipment, including tubing; non-rebreathing masks (adult and pediatric sizes); and nasal cannulas (adult and pediatric sizes)	X	X	X	X	X
4. Bag-valve mask, with hand-operated, self-reexpanding bag (adult size), with oxygen reservoir/accumulator; mask (adult, pediatric, infant, and neonate sizes); and valve	X	X	X	X	X
5. Airways, oropharyngeal (adult, pediatrie, and infant sizes)	X	X	X	X	X
6. Laryngoscope handle with extra batteries and bulbs, adult and pediatric	X	X	-	X	X
7. Laryngoscope blades, sizes 0, 1, and 2, straight; sizes 3 and 4, straight and eurved	X	X	-	X	X
8. Endotracheal tubes, sizes 2.5-5.0 mm cuffed or uncuffed and 6.0-8.0 mm cuffed	X	X	-	X	X
9. Meconium aspirator	X	X	-	X	X
10. 10 mL straight-tip syringes	X	X	-	X	X
11. Stylettes for Endotracheal tubes, adult and pediatrie	X	X	-	X	X
12. Magill forceps, adult and pediatric	X	X	-	X	X
13. Nasogastric tubes, sizes 5F and 8F, Salem sump sizes 14F and 18F	X	X	-	X	X
14. End-tidal CO ₂ detectors, colorimetric or quantitative	X	X	-	X	X
15. Portable automatic ventilator with positive end expiratory pressure	X	X	-	X	X
B. Monitoring and Defibrillation					

2. Portable, battery-operated monitor/defibrillator, with tape write-out/recorder, defibrillator pads, adult and pediatric paddles or hands free patches. ECG leads, adult and pediatric elevatimelment electrodes, and capability to provide electrical discharge below 25 watt-seconds 3. Transeutaneous cardiae pacemaker, either stand alone unit or integrated into monitor/defibrillator C: Immobilization Devices 1. Cervical collars, rigid, adjustable or in an assortment of adult and pediatric sizes 2. Head immobilization device, either firm padding or another commercial device 3. Lower extremity (femur) fraction device, including lower extremity, timb support sitings, padded ankle hitch, padded pelvic support, and traction strap 4. Upper and lower extremity immobilization splints 3. D: Bandages 4. Europeand lower extremity immobilization splints 5. Eressings, including standard package, clean burn sheets 7. Eressings, including standard package, clean burn sheets 8. X.	1 A-4	V	v	v		
write-out/recorder, defibrillator pads, adult and pediatric paddles or hands free patches, ECG leads, adult and pediatric chest attachment electrodes, and capability to provide electrical discharge below 25 watt-seconds 2. Transeutaneous cardine pacemaker, either stand-alone unit or integrated into monitor/defibrillator C: Immobilization Devices 1. Cervical collars, rigid, adjustable or in an assortment of adult and pediatric sizes 2. Head immobilization device, either firm padding or another entermity (femu) traction device, including lower extremity, limb support sings, padded ankle hitch, padded pelvie support, and traction strap 4. Upper and lower extremity immobilization splints D: Bandages 1. Burn pack, including standard package, clean burn sheets 2. Dressings, including sterile multi-trauma dessings (various large and small sizes); abdominal pads, 10" x 12" or larger; and 4" x 4" gauze sponges 3. Gauze rolls, sterile (4" or larger) 4. Elastic bandages, non-sterile (4" or larger) 5. Occlusive dressing, sterile, 3" x 8" or larger 6. Adhesive tape, including various sizes (1" or larger) hypoallergenic and various sizes (1" or larger) 2. An alternate portable patient heat source or 2 heat packs 4. X X X X X X X X X X X X X X X X X X X	1. Automatic external defibrillator	X	X	X	-	-
integrated into monitor/defibrillator C: Immobilization Devices + Cervical collars, rigid, adjustable or in an assortment of adult and pediatrie sizes 2. Head immobilization device, either firm padding or another commercial device 2. Lower extremity (femur) traction device, including lower extremity, limb support slings, padded ankle hitch, padded pelvice support, and traction strap 4. Upper and lower extremity immobilization splints - X X X D: Bandages + Burn pack, including standard package, clean burn sheets - X X X 2. Dressings, including sterile multi-trauma dressings (various large and small sizes); abdominal pads, 10° x 12° or larger; and 4° x 4° gauze sponges 3. Gauze rolls, sterile (4° or larger) 4. Elastic bandages, non-sterile (4° or larger) 5. Occlusive dressing, sterile, 3° x 8° or larger 6. Adhesive tape, including various sizes (1° or larger) hypoullergenic and various sizes (1° or larger) 4. Obstetrical kit (separate sterile kit), including towels, 4° x 4° X 4. Secondary under the sterile cover or other cutting utensit, bulb suction, clamps for cord, sterile gloves, at least 4-blankets, and a head cover 2. An alternate portable patient heat source or 2 heat packs 4. X X X X X X X X X X X X X X X X X X X	write-out/recorder, defibrillator pads, adult and pediatrie paddles or hands-free patches, ECG leads, adult and pediatric chest attachment electrodes, and capability to provide	X	X	-	X	X
1. Cervical collars, rigid, adjustable or in an assortment of adult and pediatric sizes 2. Head immobilization device, either firm padding or another commercial device 3. Lower extremity (femur) traction device, including lower extremity, limb support slings, padded ankle hitch, padded pelvic support, and traction strap 4. Upper and lower extremity immobilization splints 5. X X X X X X X X X X X X X X X X X X X	integrated into monitor/defibrillator	X	X	-	X	X
and pediatric sizes 2. Head immobilization device, either firm padding or another commercial device 3. Lower extremity (femur) traction device, including lower extremity, limb support slings, padded ankle hitch, padded pelvic support, and traction strap 4. Upper and lower extremity immobilization splints 5. Bandages 1. Burn pack, including standard package, clean burn sheets 7. Pediatric and small sizes); abdominal pads, 10° x 12° or larger; and 4° x 4° gauze sponges 8. Gauze rolls, sterile (4° or larger) 8. X X X X X X X X X X X X X X X X X X X	C. Immobilization Devices					
eommereial device 3. Lower extremity (femur) traction device, including lower extremity, limb support slings, padded ankle hitch, padded pelvie support, and traction strap 4. Upper and lower extremity immobilization splints - X X X X D: Bandages 1. Burn pack, including standard package, clean burn sheets 2. Dressings, including sterile multi-trauma dressings (various large and small sizes); abdominal pads, 10" x 12" or larger; and 4" x 4" gauze sponges 3. Gauze rolls, sterile (4" or larger) 4. Elastic bandages, non-sterile (4" or larger) 5. Occlusive dressing, sterile, 3" x 8" or larger hypoallergenic and various sizes (1" or larger) h			X	X	X	X
extremity, limb support slings, padded ankle hitch, padded pelvic support, and traction strap 4. Upper and lower extremity immobilization splints 7.		-	X	X	X	X
## D. Bandages 1. Burn pack, including standard package, clean burn sheets 2. Dressings, including sterile multi-trauma dressings (various large and small sizes); abdominal pads, 10" x 12" or larger; and 4" x 4" gatize sponges 3. Gauze rolls, sterile (4" or larger) 4. Elastic bandages, non-sterile (4" or larger) 5. Occlusive dressing, sterile, 3" x 8" or larger 6. Adhesive tape, including various sizes (1" or larger) 7. Obstetrical 1. Obstetrical kit (separate sterile kit), including towels, 4" x 4"	extremity, limb support slings, padded ankle hitch, padded	-	X	X	X	X
1. Burn pack, including standard package, clean burn sheets 2. Dressings, including sterile multi-trauma dressings (various large and small sizes); abdominal pads, 10" x 12" or larger; and 4" x 4" gauze sponges 3. Gauze rolls, sterile (4" or larger) 4. Elastic bandages, non-sterile (4" or larger) 5. Occlusive dressing, sterile, 3" x 8" or larger 6. Adhesive tape, including various sizes (1" or larger) 7. Hypoallergenic and various sizes (1" or larger) 8. Hypoallergenic and various sizes (1" or larger) 8. Obstetrical 8. Hypoallergenic and various sizes (1" or larger) 8. Hypoallergenic and various sizes (1" or la	4. Upper and lower extremity immobilization splints	-	X	X	X	X
2. Dressings, including sterile multi-trauma dressings (various large and small sizes); abdominal pads, 10" x 12" or larger; and 4" x 4" gauze sponges 3. Gauze rolls, sterile (4" or larger) 4. Elastic bandages, non-sterile (4" or larger) 5. Occlusive dressing, sterile, 3" x 8" or larger 4. X X X X X X X X X X X X X X X X X X X	D. Bandages					
large and small sizes); abdominal pads, 10" x 12" or larger; and 4" x 4" gauze sponges 3. Gauze rolls, sterile (4" or larger) 4. Elastic bandages, non-sterile (4" or larger) 5. Occlusive dressing, sterile, 3" x 8" or larger 6. Adhesive tape, including various sizes (1" or larger) hypoallergenic and various sizes (1" or larger) At a comparison of the particular of	1. Burn pack, including standard package, clean burn sheets	X	X	X	X	X
4: Elastic bandages, non-sterile (4" or larger) 5: Occlusive dressing, sterile, 3" x 8" or larger 6: Adhesive tape, including various sizes (1" or larger) hypoallergenie and various sizes (1" or larger) adhesive E: Obstetrical 1: Obstetrical kit (separate sterile kit), including towels, 4" x 4" dressing, umbilical tape, sterile seissors or other cutting utensil, bulb suction, clamps for cord, sterile gloves, at least 4 blankets, and a head cover 2: An alternate portable patient heat source or 2 heat packs 4: X X X X X X X X X X X X X X X X X X X	large and small sizes); abdominal pads, 10" x 12" or larger;	X	X	X	X	X
5. Occlusive dressing, sterile, 3" x 8" or larger 6. Adhesive tape, including various sizes (1" or larger)	3. Gauze rolls, sterile (4" or larger)	X	X	X	X	X
6. Adhesive tape, including various sizes (1" or larger) hypoallergenie and various sizes (1" or larger) adhesive E. Obstetrical 1. Obstetrical kit (separate sterile kit), including towels, 4" x 4" dressing, umbilical tape, sterile seissors or other cutting utensil, bulb suction, clamps for cord, sterile gloves, at least 4 blankets, and a head cover 2. An alternate portable patient heat source or 2 heat packs 4. Sphygmomanometer (infant, pediatric, and adult regular and large sizes) 2. Stethoscope 3. Pediatric equipment sizing reference guide 4. X X X X X X X X X X X X X X X X X X X	4. Elastic bandages, non-sterile (4" or larger)	X	X	X	X	X
hypoallergenie and various sizes (1" or larger) adhesive E. Obstetrical 1. Obstetrical kit (separate sterile kit), including towels, 4" x 4"	5. Occlusive dressing, sterile, 3" x 8" or larger	X	X	X	X	X
1. Obstetrical kit (separate sterile kit), including towels, 4" x 4" X X X X X X Adressing, umbilical tape, sterile seissors or other cutting utensil, bulb suction, clamps for cord, sterile gloves, at least 4 blankets, and a head cover 2. An alternate portable patient heat source or 2 heat packs X X X X X X X X X X X X X X X X X X X		X	X	X	X	X
dressing, umbilical tape, sterile seissors or other cutting utensil, bulb suction, clamps for cord, sterile gloves, at least 4 blankets, and a head cover 2: An alternate portable patient heat source or 2 heat packs 4: X X X X X X X X X X X X X X X X X X X	E. Obstetrical					
F. Miscellaneous 1. Sphygmomanometer (infant, pediatrie, and adult regular and large sizes) 2. Stethoscope X X X X X X X X X X X X X X X X X X	dressing, umbilical tape, sterile seissors or other cutting utensil, bulb suction, clamps for cord, sterile gloves, at least	X	X	X	X	X
1. Sphygmomanometer (infant, pediatric, and adult regular and large sizes) 2. Stethoscope 2. Pediatric equipment sizing reference guide 2. X X X X X X X X X X X X X X X X X X X	2. An alternate portable patient heat source or 2 heat packs	X	X	X	X	X
large sizes) 2. Stethoscope X X X X X 3. Pediatric equipment sizing reference guide X X X X X X	F. Miscellaneous					
3. Pediatric equipment sizing reference guide X X X X X	1 1 1	X	X	X	X	X
	2. Stethoseope	X	X	X	X	X
4. Thermometer with low temperature capability X X X X	3. Pediatrie equipment sizing reference guide	X	X	X	X	X
<u> </u>	4. Thermometer with low temperature capability	X	X	X	X	X

5. Heavy bandage or paramedic seissors for cutting clothing, belts, and boots	X	X	X	X	X
6. Cold packs	X	X	X	X	X
7. Flashlight (1) with extra batteries	X	X	X	X	X
8. Blankets	X	X	X	X	X
9. Sheets	X	X	X	X	X
10. Disposable emesis bags or basins	X	X	X	X	X
11. Disposable bedpan	X	X	X	X	X
12. Disposable urinal	X	X	X	X	X
13. Properly secured patient transport system	X	X	X	X	X
14. Lubricating jelly (water soluble)	X	X	X	X	X
15. Small volume nebulizer	X	X	-	X	X
16. Glucometer or blood glucose measuring device with	X	X	X	X	X
reagent strips 17. Pulse oximeter with pediatric and adult probes	X	X	X	X	X
18. Automatic blood pressure monitor	X	X	X	X	X
	*		11	21	71
G. Infection Control (Latex-free equipment shall be available)					
1. Eye protection (full peripheral glasses or goggles, face shield)	X	X	X	X	X
2. Masks	X	X	X	X	X
3. Gloves, non-sterile	X	X	X	X	X
4: Jumpsuits or gowns	X	X	X	X	X
5. Shoe covers	X	X	X	X	X
6. Disinfectant hand wash, commercial antimicrobial (towelette, spray, or liquid)	X	X	X	X	X
7. Disinfectant solution for cleaning equipment	X	X	X	X	X
8. Standard sharps containers	X	X	X	X	X
9. Disposable red trash bags	X	X	X	X	X
10. High-efficiency particulate air mask	X	X	X	X	X
H. Injury Prevention Equipment					
1. Appropriate restraints (such as seat belts) for patient, personnel, and family members	X	X	X	X	X
2. Child safety restraints	X	X	X	X	X

3. Safety vest or other garment with reflective material for each personnel member	-	X	X	X	X
4. Fire extinguisher	X	X	X	X	X
5. Hazardous material reference guide	X	X	X	X	X
6. Hearing protection for patient and personnel	X	X	X	X	X
I. Vascular Access					
1. Intravenous administration equipment, with fluid in bags	X	X	-	X	X
2. Antiseptic solution (alcohol wipes and povidone-iodine wipes)	X	X	-	X	X
3. Intravenous pole or roof hook	X	X	-	X	X
4. Intravenous catheters 14G-24G	X	X	-	X	X
5. Intraosseous needles	X	X	-	X	X
6. Venous tourniquet	X	X	-	X	X
7. One of each of the following types of intravenous solution administration sets: a. A set with blood tubing, b. A set capable of delivering 60 drops per ee, and e. A set capable of delivering 10 or 15 drops per ee	X	X	-	X	X
8. Intravenous arm boards, adult and pediatric	X	X	-	X	X
9. IV pump or pumps (minimum of 3 infusion lines)	X	X	-	X	X
10. IV pressure bag	X	X		X	X
J. Medications					
1. Agents required in a table of agents, established according to A.R.S. § 36-2204 and available through the Department at www.azdhs.gov/ems-regulatory-references, that an administrative medical director may authorize based on the EMCT classification	X	X	X	X	X