Emergency Medical Responder (EMR) & Paramedic with Critical Care Endorsement Scope of Practice

Effective December 31, 2024

The Arizona Department of Health Services has revised 9 A.A.C. 25, Article 5, Table 5.1 (Scope of Practice) to include and be consistent with national standards and best practices for:

- Emergency Medical Responders (EMRs)
- Paramedics with a Critical Care Endorsement

The updated Scope of Practice table is effective as of December 31, 2024, and is published on the Arizona Secretary of State website.

Updates to Table 5.1



The addition of an Emergency Medical Responder (EMR) column



The addition of a Paramedic with Critical Care Endorsement column



Nineteen (19) skills specifically for Paramedics with Critical Care Endorsement



For more information about Emergency Medical Responders (EMRs) and Critical Care Endorsement, visit azdhs.gov/bems.

ARIZONA DEPARTMENT OF HEALTH SERVICES

Table 5.1. Arizona Scope of Practice Skills

KEY:

✓ = Arizona Scope of Practice skill

STR = Special Training Required skill

* = With training in R9-25-505

A.	**Airway/Ventilation/Oxygenation**	**EMR**	**EMT**	**AEMT**	**EMT-I (99)**	**Paramedic**	**Paramedic with Critical Care Endorsement**
1.	Airway - nasal	-	✓	✓	✓	✓	✓
2.	Airway - oral	✓	✓	✓	✓	✓	✓
3.	Airway - supraglottic		STR	✓	✓	✓	✓
4.	Airway obstruction - dislodgement by direct laryngoscopy	-	-	-	✓	✓	✓
5.	Airway obstruction - manual dislodgement techniques	✓	✓	✓	✓	✓	✓
6.	Automated transport ventilator	-	-	STR	✓	✓	✓
7.	Transport ventilator with advanced modes	-	-	-	-	-	✓
8.	Bag-valve-mask (BVM)	✓	✓	✓	✓	✓	✓
9.	BiPAP	-	-	-	-	✓	✓
10.	CPAP	-	STR	✓	✓	✓	✓
11.	Chest decompression - needle	-	-	-	✓	✓	✓
12.	Chest tube placement - assist only	-	-	-	-	✓	✓
13.	Chest tube monitoring and management	-	-	-	-	✓	✓
14.	Chest tube placement and management	-	-	-	-	-	✓
15.	Finger thoracostomy	-	-	-	-	-	✓
16.	Cricothyrotomy	-	-	-	-	✓	✓
17.	End tidal CO2 monitoring and interpretation of waveform capnography	-	STR	✓	✓	✓	✓
18.	Gastric decompression - NG tube	-	-	-	✓	✓	✓
19.	Gastric decompression - OG tube	-	-	-	✓	✓	✓
20.	Head-tilt chin lift	✓	✓	✓	✓	✓	✓
21.	Intubation - endotracheal	-	-	-	✓	✓	✓
22.	Intubation - nasotracheal	-	-	-	-	✓	✓
23.	Jaw-thrust	✓	✓	✓	✓	✓	✓
24.	Medication Assisted Intubation (paralytics)	-	-	-	-	STR	✓
25.	Mouth-to-barrier	✓	✓	✓	✓	✓	✓
26.	Mouth-to-mask	✓	✓	✓	✓	✓	✓
27.	Mouth-to-mouth	✓	✓	✓	✓	✓	✓
28.	Mouth-to-nose	✓	✓	✓	✓	✓	✓
29.	Mouth-to-stoma	✓	✓	✓	✓	✓	✓
30.	Oxygen therapy - high flow nasal cannula	-	-	-	-	✓	✓
31.	Oxygen therapy - humidifiers	-	✓	✓	✓	✓	✓
32.	Oxygen therapy - nasal cannula	✓	✓	✓	✓	✓	✓
33.	Oxygen therapy - non-rebreather mask	✓	✓	✓	✓	✓	✓
34.	Oxygen therapy - partial rebreather mask	-	✓	✓	✓	✓	✓
35.	Oxygen therapy - simple face mask	-	✓	✓	✓	✓	✓
36.	Oxygen therapy - Venturi mask	-	✓	✓	✓	✓	✓
37.	Pulse oximetry	-	✓	✓	✓	✓	✓
38.	Suctioning - upper airway	✓	✓	✓	✓	✓	✓
39.	Suctioning - tracheobronchial of an intubated patient	-	-	✓	✓	✓	✓
B.	**Cardiovascular/Circulation**	**EMR**	**EMT**	**AEMT**	**EMT-I (99)**	**Paramedic**	**Paramedic with Critical Care Endorsement**
1.	Cardiac monitoring - 12-lead ECG (interpretive)	-	-	-	✓	✓	✓
2.	Cardiac monitoring - 12-lead ECG acquisition and transmission	-	✓	✓	✓	✓	✓
3.	Cardiopulmonary resuscitation	✓	✓	✓	✓	✓	✓
4.	Cardioversion - electrical	-	-	-	✓	✓	✓
5.	Defibrillation - automated/semi-automated	✓	✓	✓	✓	✓	✓
6.	Defibrillation - manual	-	-	-	✓	✓	✓
7.	Hemorrhage control - direct pressure	✓	✓	✓	✓	✓	✓
8.	Hemorrhage control - tourniquet	✓	✓	✓	✓	✓	✓

9.	Hemorrhage control - wound packing	✓	✓	✓	✓	✓	✓
10.	Mechanical CPR device	✓	✓	✓	✓	✓	✓
11.	Telemetric monitoring devices and transmission of clinical data, including video data	-	✓	✓	✓	✓	✓
12.	Transcutaneous pacing	-	-	-	✓	✓	✓
13.	Transvenous cardiac pacing - monitoring and maintenance	-	-	-	✓	✓	✓
14.	Hemodynamic monitoring - invasive (central and arterial)	-	-	-	-	-	✓
15.	ICP (Increased Intracranial Pressure) monitoring	-	-	-	-	-	✓
16.	Circulatory augmentation device monitoring and management (Intra-arterial balloon pump, Impella, etc.)	-	-	-	-	-	✓
17.	Ventricular Assist Device (VAD) - monitoring and management	-	-	-	-	-	✓
C.	**Splinting/Spinal Motion Restriction/Patient Restraint**	**EMR**	**EMT**	**AEMT**	**EMT-I (99)**	**Paramedic**	**Paramedic with Critical Care Endorsement**
1.	Cervical collar	✓	✓	✓	✓	✓	✓
2.	Long spine board	-	✓	✓	✓	✓	✓
3.	Manual cervical stabilization	✓	✓	✓	✓	✓	✓
4.	Seated spinal motion restriction (KED, etc.)	-	✓	✓	✓	✓	✓
5.	Extremity stabilization - manual	✓	✓	✓	✓	✓	✓
6.	Extremity splinting	✓	✓	✓	✓	✓	✓
7.	Splint-traction	-	✓	✓	✓	✓	✓
8.	Mechanical patient restraint	-	✓	✓	✓	✓	✓
9.	Emergency moves for endangered patients	✓	✓	✓	✓	✓	✓
D.	**Medication Administration - routes/agent types**	**EMR**	**EMT**	**AEMT**	**EMT-I (99)**	**Paramedic**	**Paramedic with Critical Care Endorsement**
1.	Aerosolized/nebulized	-	✓	✓	✓	✓	✓
2.	Endotracheal tube	-	-	-	✓	✓	✓
3.	Inhaled	-	✓	✓	✓	✓	✓
4.	Intradermal	-	-	-	-	✓	✓
5.	Intramuscular		STR	✓	✓	✓	✓
6.	Intramuscular - autoinjector	✓	✓	✓	✓	✓	✓
7.	Intranasal	-	✓	✓	✓	✓	✓
8.	Intranasal - unit dose, premeasured	✓	✓	✓	✓	✓	✓
9.	Intraosseous - initiation, pediatric or adult	-	-	✓	✓	✓	✓
10.	Intravenous	-	-	✓	✓	✓	✓
11.	Mucosal/Sublingual	-	✓	✓	✓	✓	✓
12.	Nasogastric	-	-	-	-	✓	✓
13.	Oral	-	✓	✓	✓	✓	✓
14.	Rectal	-	-	-	-	✓	✓
15.	Subcutaneous	-	-	✓	✓	✓	✓
16.	Topical	-	-	-	-	✓	✓
17.	Transdermal	-	-	-	-	✓	✓
18.	Use/monitoring of infusion pump for agent administration during interfacility transports	-	-	-	STR	STR	✓
19.	Use/monitoring of agents specified in *Table 3-Special Agents Eligible for Administration and Monitoring*, established according to A.R.S. § 36-2204 and available through the Department at www.azdhs.gov/ems-regulatory-references	-	-	-	STR	STR	✓
20.	Epinephrine anaphylaxis-prepared kit; only for anaphylaxis when no auto-injector is available	-	STR	✓	✓	✓	✓
21.	Immunizations	-	-	-	✓*	✓*	✓*
22.	Thrombolytics	-	-	-	-	-	✓
E.	**IV Initiation/Maintenance Fluids**	**EMR**	**EMT**	**AEMT**	**EMT-I (99)**	**Paramedic**	**Paramedic with Critical Care Endorsement**
1.	Access indwelling catheters and implanted central IV ports	-	-	-	-	✓	✓
2.	Central line - monitoring	-	-	-	-	✓	✓
3.	Intraosseous - initiation, pediatric or adult	-	-	✓	✓	✓	✓

4.	Intravenous access	-	STR	✓	✓	✓	✓
5.	Intravenous initiation - peripheral	-	STR	✓	✓	✓	✓
6.	Intravenous- maintenance of medicated IV fluids	-	-	-	✓	✓	✓
7.	Intravenous- maintenance of nonmedicated IV fluids	-	STR	✓	✓	✓	✓
8.	Initiation and maintenance of blood product transfusion	-	-	-	-	-	✓
9.	Intravenous initiation - ultrasound guided IV in a hospital setting	-	-	-	-	STR	✓
F.	**Miscellaneous**	**EMR**	**EMT**	**AEMT**	**EMT-I (99)**	**Paramedic**	**Paramedic with Critical Care Endorsement**
1.	Assisted delivery (childbirth)	✓	✓	✓	✓	✓	✓
2.	Assisted complicated delivery (childbirth)	-	✓	✓	✓	✓	✓
3.	Blood chemistry analysis	-	-	-	-	✓	✓
4.	Blood glucose monitoring	-	✓	✓	✓	✓	✓
5.	Blood pressure - automated	-	✓	✓	✓	✓	✓
6.	Blood pressure - manual	✓	✓	✓	✓	✓	✓
7.	Eye irrigation	✓	✓	✓	✓	✓	✓
8.	Eye irrigation hands-free irrigation using sterile eye irrigation device	-	-	-	-	✓	✓
9.	Urinary catheterization	-	STR	STR	STR	STR	✓
10.	Venous blood sampling	-	STR	✓	✓	✓	✓
11.	Arterial blood sampling	-	-	-	-	-	✓
12.	Point of care and laboratory sampling and interpretation	-	-	-	-	-	✓
13.	External fetal monitoring	-	-	-	-	-	✓
14.	Neonatal Isolette monitoring	-	-	-	-	-	✓
15.	Ultrasound	-	-	-	-	-	✓

Historical Note

Table 5.1 made by exempt rulemaking at 19 A.A.R. 282, effective January 28, 2013 (Supp. 13-1). Amended by exempt rulemaking at 19 A.A.R. 4032, effective December 1, 2013 (Supp. 13-4). Amended by final exempt rulemaking, pursuant to Laws 2014, Ch. 233, § 5 at 20 A.A.R. 3554, effective January 1, 2015 (Supp. 14-4). Amended by final exempt rulemaking, pursuant to Laws 2015, Ch. 222, § 3, at 21 A.A.R. 3241, effective November 24, 2015 (Supp. 15-4). Amended by final exempt rulemaking at 23 A.A.R. 1161, effective April 19, 2017 (Supp. 17-2). Amended by exempt rulemaking at 24 A.A.R. 2955, effective September 27, 2018 (Supp. 18-3). Amended by exempt rulemaking at 27 A.A.R. 1385, with an immediate effective date of August 9, 2021 (Supp. 21-3). Amended by exempt rulemaking at 28 A.A.R. 3321 (October 14, 2022), with an immediate effective date of September 22, 2022 (Supp. 22-3). Subsection (B)(10) question marks corrected to check marks as published at 28 A.A.R. 3321 (Supp. 24-1). Amended by exempt rulemaking at 30 A.A.R. 3009 (October 11, 2024), with a delayed effective date of December 31, 2024 (Supp. 24-3).

Table 5.2. Repealed

Historical Note

Table 5.2 made by exempt rulemaking at 19 A.A.R. 4032, effective December 1, 2013 (Supp. 13-4). Amended by final exempt rulemaking, pursuant to Laws 2014, Ch. 233, § 5 at 20 A.A.R. 3554, effective January 1, 2015 (Supp. 14-4). Amended by final exempt rulemaking, pursuant to Laws 2015, Ch. 222, § 3, at 21 A.A.R. 3241, effective November 24, 2015 (Supp. 15-4). Amended by final exempt rulemaking at 23 A.A.R. 1161, effective April 19, 2017 (Supp. 17-2). Amended by final exempt rulemaking at 23 A.A.R. 1161, effective April 19, 2017 (Supp. 17-2). Repealed by exempt rulemaking at 24 A.A.R. 2955, effective September 27, 2018 (Supp. 18-3).

Table 5.3. Repealed

Historical Note

Table 5.3 made by exempt rulemaking at 19 A.A.R. 4032, effective December 1, 2013 (Supp. 13-4). Repealed by exempt rulemaking at 24 A.A.R. 2955, effective September 27, 2018 (Supp. 18-3).

Table 5.4. Repealed

Historical Note

Table 5.4 made by exempt rulemaking at 19 A.A.R. 4032, effective December 1, 2013 (Supp. 13-4). Repealed by exempt rulemaking at 24 A.A.R. 2955, effective September 27, 2018 (Supp. 18-3).

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

A. Under A.R.S. § 36-2205, the Department may authorize the testing and evaluation of a medical treatment, procedure, technique, practice, medication, or piece of equipment for possible use by an EMCT or an emergency medical services provider.

B. Before authorizing any test and evaluation according to subsection (A), the Department director shall approve the test and evaluation according to subsections (C), (D), (E).

C. The Department director shall consider approval of a test and evaluation conducted according to subsection (A), only if a written request for testing and evaluation:

1. Is submitted to the Department director from:
   a. The Department,
   b. A state agency other than the Department,
   c. A political subdivision of this state,
   d. An EMCT,