

ARTICLE 5. MEDICAL DIRECTION PROTOCOLS FOR EMERGENCY MEDICAL
TECHNICIANS

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

Definitions

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

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~~service the EMT I(99) or EMT P is employed by or volunteers for, that the EMT I(99) or EMT P has completed the tuberculin skin test training required in subsection (B), that includes:~~

- ~~1. The name of the tuberculin skin test training,~~
- ~~2. The date the tuberculin skin test training was completed, and~~
- ~~3. A signed and dated attestation from the administrative medical director that the tuberculin skin test training is approved by the administrative medical director.~~

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

- #. “ALS skill” means a medical treatment, procedure, or technique or administration of a medication that is indicated by a check mark in Table 5.1 under AEMT, EMT-I(99), or Paramedic but not under EMT.
- #. “Immunizing agent” means an immunobiologic recommended by the Advisory Committee on Immunization Practices of the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention.

R9-25-502. Scope of Practice for EMCTs

A. In this Section:

- ~~1. “AEMT” means the same as “advanced emergency medical technician” in A.R.S. § 36-2201.~~
- ~~2. “ALS” means the same as “advanced life support” in A.R.S. § 36-2201.~~
- ~~3. “ALS skill” means a medical treatment, procedure, or technique or administration of a medication that is indicated by a check mark in Table 5.1 under AEMT, EMT I(99), or Paramedic but not under EMT.~~
- ~~4. “EMCT” means the same as “emergency medical care technician” in A.R.S. § 36-2201.~~
- ~~5. “EMT” means the same as “emergency medical technician” in A.R.S. § 36-2201.~~
- ~~6. “Paramedic” means the same as in A.R.S. § 36-2201.~~
- ~~7. “STR” means “Specialty Training Requirement,” a skill for which an EMCT needs specific training beyond the training required in 9 A.A.C. 25, Article 4 in order to perform.~~

B.A. An EMCT shall perform a medical treatment, procedure, or technique or administer a medication only:

1. If the skill is within the EMCT’s scope of practice skills, as specified in Table 5.1;
2. For an ALS skill:
 - a. If authorized for the EMCT by the EMCT’s administrative medical director, and

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- b. ~~Under~~ If the EMCT is able to receive on-line medical direction;
- 3. For a STR skill indicated by “STR” in Table 5.1:
 - a. If the EMCT has ~~received and maintains~~ documentation of having completed training specific to the skill that is consistent with the knowledge, skills, and competencies established according to A.R.S. § 36-2204 and available through the Department at www.azdhs.gov;
 - b. If authorized for the EMCT by the EMCT’s administrative medical director; and
 - c. ~~Under~~ If the EMCT is able to receive on-line medical direction; and
- 4. If the medication is listed as an agent in Table 5.2, Table 5.3, or Table 5.4 under the classification for which the EMCT is certified;
- 5. If the EMCT is authorized to administer the medication by the:
 - a. EMCT’s administrative medical director, if applicable; or
 - b. If the EMCT is an EMT with no administrative medical director, emergency medical services provider or ambulance service by which the EMCT is employed or for which the EMCT volunteers; and
- 4.6. In a manner consistent with standards described in R9-25-410 and, if applicable, with the training in 9 A.A.C. 25, Article 4 3.

C.B. A An administrative medical director:

- 1. Shall:
 - a. Ensure that an EMCT has completed training in administration or monitoring of an agent before authorizing the EMCT to administer or monitor the agent;
 - ~~a.b.~~ Ensure that an EMCT has competency in an ALS skill before authorizing the EMCT to perform the ALS skill;
 - ~~b.c.~~ Before authorizing an EMCT to perform a STR skill indicated by “STR” in Table 5.1, ensure that the EMCT has:
 - i. Completed training specific to the skill, consistent with the knowledge, skills, and competencies established according to A.R.S. § 36-2204 and available through the Department at www.azdhs.gov; and
 - ii. Demonstrated competency in the skill;
 - ~~e.d.~~ Periodically thereafter assess an EMCT’s competency in an authorized ALS skill and STR skill indicated by “STR” in Table 5.1, according to policies and procedures required in R9-25-202(C)(3)(b)(viii), to ensure continued competency; ~~and~~
 - ~~d.e.~~ Document the EMCT’s:

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- i. Completion of training in administration or monitoring of an agent required in subsection (B)(1)(a).
 - i.ii. Competency in performing an ALS skill required in subsection ~~(C)(1)(a)~~ (B)(1)(b).
 - ii.iii. Specific training required in subsection ~~(C)(1)(b)(i)~~ (B)(1)(c)(i) and competency required in subsection ~~(C)(1)(b)(ii)~~ (B)(1)(c)(ii); and
 - iii. Periodic reassessment required in subsection ~~(C)(1)(e)~~ (B)(1)(d); and
 - f. Maintain documentation of an EMCT’s completion of training in administration or monitoring of an agent and competency in performing an authorized ALS skill or STR skill; and
2. May authorize an EMCT to perform all of the ALS skills in Table 5.1 for the applicable level of EMCT or restrict the EMCT to a subset of the ALS skills in Table 5.1 for the applicable level of EMCT.

Table 5.1. Arizona Scope of Practice Skills

KEY:

✓ = Arizona Scope of Practice skill

STR = ~~Specialty Training Requirement: Skill requires specific specialty training with medical director authorization and involvement~~ STR skill

* = Already intubated

Airway/Ventilation/Oxygenation	EMT	AEMT	EMT-I(99)	Paramedic
Airway- esophageal	STR	✓	✓	✓
Airway- supraglottic	STR	✓	STR ✓	✓
Airway- nasal	✓	✓	✓	✓
Airway- oral	✓	✓	✓	✓
<u>Automated transport ventilator</u>	<u>STR</u>	<u>STR</u>	<u>✓</u>	<u>✓</u>
Bag-valve-mask (BVM)	✓	✓	✓	✓
BiPAP/CPAP				✓
Chest decompression- needle			✓	✓
Chest tube placement- assist only				STR
Chest tube monitoring and management				STR
Cricoid pressure (Sellick’s maneuver)	✓	✓	✓	✓
Cricothyrotomy- needle			STR	✓
Cricothyrotomy- percutaneous			STR	✓

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	Cricothyrotomy- surgical			STR	STR
	Demand valve- manually triggered ventilation	✓	✓	✓	✓
	End tidal CO2 monitoring/capnography			✓	✓
	Gastric decompression- NG tube			✓	✓
	Gastric decompression- OG tube			✓	✓
	Head-tilt chin lift	✓	✓	✓	✓
	Intubation- nasotracheal			STR	✓
	Intubation- orotracheal	STR	STR	✓	✓
	Jaw-thrust	✓	✓	✓	✓
	Jaw-thrust – modified (trauma)	✓	✓	✓	✓
	Medication Assisted Intubation (paralytics)				STR
	Mouth-to-barrier	✓	✓	✓	✓
	Mouth-to-mask	✓	✓	✓	✓
	Mouth-to-mouth	✓	✓	✓	✓
	Mouth-to-nose	✓	✓	✓	✓
	Mouth-to-stoma	✓	✓	✓	✓
	Obstruction- direct laryngoscopy			✓	✓
	Obstruction- manual	✓	✓	✓	✓
	Oxygen therapy- humidifiers	✓	✓	✓	✓
	Oxygen therapy- nasal cannula	✓	✓	✓	✓
	Oxygen therapy- non-rebreather mask	✓	✓	✓	✓
	Oxygen therapy- partial rebreather mask	✓	✓	✓	✓
	Oxygen therapy- simple face mask	✓	✓	✓	✓
	Oxygen therapy- venturi mask	✓	✓	✓	✓
	PEEP- therapeutic			✓	✓
	Pulse oximetry	✓	✓	✓	✓
	Suctioning- upper airway	✓	✓	✓	✓
	Suctioning- tracheobronchial		✓*	✓	✓
	Automated transport ventilator	STR	STR	✗	✗
Cardiovascular/Circulation		EMT	AEMT	EMT-I (99)	Paramedic
	Cardiac monitoring- multiple lead (interpretive)			✓	✓
	Cardiac monitoring- single lead (interpretive)			✓	✓
	Cardiac - multiple lead acquisition (non-interpretive)	STR	STR	✓	✓
	Cardiopulmonary resuscitation	✓	✓	✓	✓
	Cardioversion- electrical			✓	✓
	Carotid massage – (≤17 years)			STR	STR
	Defibrillation- automatic/semi-automatic	✓	✓	✓	✓

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	Defibrillation- manual			✓	✓
	Hemorrhage control- direct pressure	✓	✓	✓	✓
	Hemorrhage control- tourniquet	✓	✓	✓	✓
	Internal; cardiac pacing- monitoring only			✓	✓
	Mechanical CPR device	STR	STR	STR	STR
	Transcutaneous pacing- manual			✓	✓
Immobilization		EMT	AEMT	EMT-I (99)	Paramedic
	Spinal immobilization- cervical collar	✓	✓	✓	✓
	Spinal immobilization- long board	✓	✓	✓	✓
	Spinal immobilization- manual	✓	✓	✓	✓
	Spinal immobilization- seated patient (KED,etc.)	✓	✓	✓	✓
	Spinal immobilization- rapid manual extrication	✓	✓	✓	✓
	Extremity stabilization- manual	✓	✓	✓	✓
	Extremity splinting	✓	✓	✓	✓
	Splint- traction	✓	✓	✓	✓
	Mechanical patient restraint	✓	✓	✓	✓
	Emergency moves for endangered patients	✓	✓	✓	✓
Medication administration - routes		EMT	AEMT	EMT-I (99)	Paramedic
	<u>Aerosolized/nebulized (beta agonist)</u>	<u>STR</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>
	Assisting patient with his/her own prescribed medications (aerosolized/nebulized)	✓	✓	✓	✓
	Assisting patient with his/her own prescribed medications (ASA/Nitro)	✓	✓	✓	✓
	<u>Aerosolized/nebulized (beta agonist) Assisting patient with his/her own prescribed medications (auto-injector)</u>	<u>STR-✓</u>	✓	✓	✓
	<u>Auto-injector (self or peer)</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>
	Buccal	STR	✓	✓	✓
	Endotracheal tube			✓	✓
	Inhaled self-administered (nitrous oxide)		✓	✓	✓
	Intradermal			<u>STR</u>	<u>✓ STR</u>
	Intramuscular		✓	✓	✓
	Intranasal		✓	✓	✓
	Intravenous push		✓	✓	✓
	Intravenous piggyback			✓	✓
	Intraosseous		STR	✓	✓
	Nasogastric				✓
	Oral	✓	✓	✓	✓
	Rectal		STR	✓	✓

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	<u>Small volume nebulizer</u>	STR	✓	STR✓	STR✓
	Subcutaneous		✓	✓	✓
	Sublingual		✓	✓	✓
	Auto-injector (self or peer)	✓	✓	✓	✓
	Auto-injector (patient's own prescribed medications)	✓	✓	✓	✓
IV initiation/maintenance fluids		EMT	AEMT	EMT-I (99)	Paramedic
	Access indwelling catheters and implanted central IV ports				✓
	Central line- monitoring				✓
	Intraosseous- initiation		✓	✓	✓
	Intravenous access		✓	✓	✓
	Intravenous initiation- peripheral	STR	✓	✓	✓
	Intravenous- maintenance of non-medicated IV fluids <u>or capped access</u>	✓	✓	✓	✓
	Intravenous- maintenance of medicated IV fluids			✓	✓
	Umbilical initiation				STR
Miscellaneous		EMT	AEMT	EMT-I (99)	Paramedic
	Assisted delivery (childbirth)	✓	✓	✓	✓
	Assisted complicated delivery (childbirth)	✓	✓	✓	✓
	Blood glucose monitoring	✓	✓	✓	✓
	Blood pressure- automated	✓	✓	✓	✓
	Blood pressure- manual	✓	✓	✓	✓
	Eye irrigation	✓	✓	✓	✓
	Eye irrigation (Morgan lens)				STR
	Thrombolytic therapy- initiation				STR
	Urinary catheterization				STR
	Venous blood sampling			✓	✓
	Blood chemistry analysis				STR
	Inter-facility med transport list, including pump administration <u>Use/monitoring of agents specified in Table 5.4 during interfacility transports</u>			STR	STR
	<u>Use/monitoring of infusion pump for agent administration during interfacility transports</u>			STR	STR

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Table 1. Authorization for Administration, Monitoring, and Assistance in Patient Self-administration of Agents by EMT Certification; Identification of Transport Agents; Administration Requirements; and Minimum Supply Requirements for Agents

KEY:

A = Authorized to administer the agent

AL = Authorization to administer the agent is limited to use in a successfully intubated patient

HF = Only authorized as a topical antidote for possible exposure to hydrofluoric acid

E = Only authorized to administer or assist in patient self-administration of the agent in the case of an emergency involving a neurological toxin which is confirmed or suspected by an EMT, except as provided in R9-25-507

M = Authorized to monitor IV administration of the agent during interfacility transport, if the IV was started at the sending health care institution

PA = Authorized to assist in patient self-administration of the agent

TA = Transport agent for an EMT with the specified certification

IFIP = Agent shall be administered by infusion pump on interfacility transports

IP = Agent shall be administered by infusion pump

SVN = Agent shall be administered by small volume nebulizer

SVN or MDI = Agent shall be administered by small volume nebulizer or metered dose inhaler

* = Optional agent for a BLS ambulance that is not primarily serving as the first emergency medical services provider arriving on scene in response to an emergency dispatch

** = The minimum supply for an EMT assigned to respond by bicycle or on foot is 2 cubic feet

*** = An EMT-B may administer if authorized under R9-25-505

[] = Minimum supply required if an EMS provider chooses to make the optional agent available for EMT administration

AGENT	MINIMUM SUPPLY	EMT-P Paramedic	EMT-I(99)	EMT-B EMT
Adenosine	30 mg	A	A	-
Albuterol Sulfate SVN or MDI (sulfite free)	10 mg	A	A	-
Amiodarone IFIP	Optional [300 mg]	A	-	-
Antibiotics	None	TA	TA	-
Aspirin	324 mg	A	A	A
Atropine Sulfate	4 prefilled syringes, total of 4 mg	A	A	-
Atropine Sulfate	8 mg multidose vial (1)	A	A	-
Atropine Sulfate Auto-Injector	None	A	A	E
Atropine Sulfate and Pralidoxime Chloride (Combined) Auto-	None	E	E	E

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Injector				
Blood	None	TA	-	-
Bronchodilator, inhaler	None	PA	PA	PA
Calcium Chloride	1-g	A	-	-
Calcium Gluconate, 2.5% topical gel	Optional [50-g]	HF	HF	HF
Charcoal, Activated (without sorbitol)	Optional [50-g]	A	A	A
Colloids	None	TA	TA	-
Corticosteroids IP	None	TA	TA	-
Dexamethasone	Optional [8-mg]	A	A	-
Dextrose	50-g	A	A	-
Dextrose, 5% in H ₂ O	Optional [250-mL bag (1)]	A	A	M***
Diazepam or Lorazepam or Midazolam	20 mg 8mg 10mg	A A A	A A A	- - -
Diazepam Rectal Delivery Gel	Optional [20-mg]	A	A	-
Diltiazem IP or Verapamil HCl	25 mg 10 mg	A A	- -	- -
Diphenhydramine HCl	50 mg	A	A	-
Diuretics	None	TA	TA	-
Dopamine HCl IP	400 mg	A	-	-
Electrolytes/Crystalloids (Commercial Preparations)	None	TA	TA	M
Epinephrine Auto-Injector	2-adult auto-injectors* 2-pediatric auto-injectors*	-	-	A
Epinephrine Auto-Injector	Optional {2-adult auto-injectors 2-pediatric auto-injectors}	A	A	-
Epinephrine HCl, 1:1,000	2-mg	A	A	-

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Epinephrine HCl, 1:1,000	30 mg multidose vial (1)	A	A	-
Epinephrine HCl, 1:10,000	5 mg	A	A	-
Etomidate	Optional [40 mg]	A	-	-
Fosphenytoin NaIP or Phenytoin NaIP	None - None	TA - TA	- - -	- - -
Furosemide or Bumetanide	100 mg 4 mg	A A	A A	- -
Glucagon IP	2 mg	A	A	-
Glucose, oral	Optional [30 gm]	A	A	A
Glycoprotein IIb/IIIa Inhibitors	None	TA	-	-
H2 Blockers	None	TA	TA	-
Heparin NaIP	None	TA	-	-
Immunizing Agent	Optional	A	A	-
Ipratropium Bromide 0.02% SVN or MDI	5 mL	A	A	-
Lactated Ringers	1 L bag (2)	A	A	M***
Lidocaine HCl IV	3 prefilled syringes, total of 300 mg 1 g vials or premixed infusion, total of 2 g	A	A	-
Magnesium Sulfate IP	5 g	A	-	-
Methylprednisolone Sodium Succinate	250 mg	A	A	-
Morphine Sulfate or Fentanyl	20 mg 200 g	A A	A A	- -
Nalmefene HCl	Optional [4 mg]	A	A	-
Naloxone HCl	10 mg	A	A	-
Nitroglycerin IV Solution IP	None	TA	-	-
Nitroglycerin Sublingual	1 bottle	A	A	PA

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Spray or Nitroglycerin Tablets	1 bottle	A	A	PA
Nitrous Oxide	Optional [Nitrous oxide 50% / Oxygen 50% fixed ratio setup with O2 fail safe device and self administration mask, 1 setup]	A	A	-
Normal Saline	1 L bag (2) 250 mL bag (1) 50 mL bag (2)	A	A	M***
Ondansetron HCl	Optional [4 mg]	A	A	-
Oxygen	13 cubic feet**	A	A	A
Oxytocin	Optional [10 units]	A	A	-
Phenobarbital NaIP	None	TA	-	-
Phenylephrine Nasal Spray 0.5%	1 bottle	A	A	-
Potassium SaltsIP	None	TA	-	-
Pralidoxime Chloride Auto-Injector	None	E	E	E
Procainamide HClIP	None	TA	-	-
Racemic EpinephrineSVN	None	TA	-	-
Rocuronium	Optional [100 mg]	AL	-	-
Sodium Bicarbonate 8.4%	100 mEq	A	A	-
Succinylcholine	Optional [400 mg]	A	-	-
Theophylline IP	None	TA	-	-
Thiamine HCl	100 mg	A	A	-
Total Parenteral Nutrition, with or without lipidsIFIP	None	TA	-	-
Tuberculin PPD	Optional [5 cc]	A	A	-
Vasopressin	Optional [40 units]	A	-	-
Vitamins	None	TA	TA	-

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Table 5.2. Eligibility for Authorization to Administer, Monitor, and Assist in Patient Self-administration of Agents by EMCT Classification; Administration Requirements; and Minimum Supply Requirements for Agents

KEY:

A ≡ Authorized to administer the agent

SVN ≡ Agent shall be administered by small volume nebulizer

MDI ≡ Agent shall be administered by metered dose inhaler

* ≡ Optional agent for a BLS ambulance that is not primarily serving as the first emergency medical services provider arriving on scene in response to an emergency dispatch

[1] ≡ Minimum supply required if an EMS provider chooses to make the optional agent available for EMCT administration

<u>AGENT</u>	<u>MINIMUM SUPPLY</u>	<u>EMT</u>	<u>AEMT</u>	<u>EMT-I (99)</u>	<u>Paramedic</u>
<u>Adenosine</u>	18 mg	-	-	<u>A</u>	<u>A</u>
<u>Albuterol Sulfate SVN or MDI (sulfite free)</u>	10 mg	<u>A</u>	<u>A</u>	<u>A</u>	<u>A</u>
<u>Amiodarone</u>	300 mg	-	-	-	<u>A</u>
or	or				
<u>Lidocaine</u>	3 prefilled syringes, total of 300 mg and 1 g vials or premixed infusion, total of 2 g	-	-	<u>A</u>	<u>A</u>
<u>Aspirin</u>	324 mg	<u>A</u>	<u>A</u>	<u>A</u>	<u>A</u>
<u>Atropine Sulfate</u>	3 prefilled syringes, total of 3 mg	-	-	<u>A</u>	<u>A</u>
<u>Atropine Sulfate</u>	Optional [8 mg multidose vial (1)]	-	-	<u>A</u>	<u>A</u>
<u>Atropine Sulfate Auto-Injector</u>	None	<u>A</u>	<u>A</u>	<u>A</u>	<u>A</u>
<u>Atropine Sulfate and Pralidoxime Chloride (Combined) Auto-Injector</u>	None	<u>A</u>	<u>A</u>	<u>A</u>	<u>A</u>
<u>Calcium Chloride</u>	1 g	-	-	-	<u>A</u>
<u>Calcium Gluconate, 2.5% topical gel</u>	Optional [50 g]	<u>A</u>	<u>A</u>	<u>A</u>	<u>A</u>
<u>Charcoal, Activated (without sorbitol)</u>	Optional [50 g]	<u>A</u>	<u>A</u>	<u>A</u>	<u>A</u>
<u>Cyanokit</u>	Optional [5 g]	-	-	-	<u>A</u>
<u>Dexamethasone</u>	Optional [8 mg]	-	-	<u>A</u>	<u>A</u>
<u>Dextrose</u>	50 g	-	<u>A</u>	<u>A</u>	<u>A</u>
<u>Dextrose, 5% in H₂O</u>	Optional [250 mL bag (1)]	<u>A</u>	<u>A</u>	<u>A</u>	<u>A</u>
<u>Diazepam</u>	20 mg	-	-	<u>A</u>	<u>A</u>
or					
<u>Lorazepam</u>	8 mg	-	-	<u>A</u>	<u>A</u>
or					
<u>Midazolam</u>	10 mg	-	-	<u>A</u>	<u>A</u>
<u>Diazepam Rectal Delivery Gel</u>	Optional [20 mg]	-	-	<u>A</u>	<u>A</u>
<u>Diltiazem</u>	25 mg	-	-	-	<u>A</u>
or					
<u>Verapamil HCl</u>	10 mg	-	-	-	<u>A</u>
<u>Diphenhydramine HCl</u>	50 mg	-	-	<u>A</u>	<u>A</u>
<u>Dopamine HCl</u>	400 mg	-	-	-	<u>A</u>
<u>Epinephrine Auto-Injector</u>	Optional [2 adult auto-injectors]	<u>A</u>	<u>A</u>	<u>A</u>	<u>A</u>

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	<u>2 pediatric auto-injectors]</u>				
<u>Epinephrine HCl, 1:1,000</u>	<u>2 mg</u>	=	<u>A</u>	<u>A</u>	<u>A</u>
<u>Epinephrine HCl, 1:1,000</u>	<u>Optional [30 mg multidose vial (1)]</u>	=	<u>A</u>	<u>A</u>	<u>A</u>
<u>Epinephrine HCl, 1:10,000</u>	<u>5 mg</u>	=	=	<u>A</u>	<u>A</u>
<u>Etomidate</u>	<u>Optional [40 mg]</u>	=	=	=	<u>A</u>
<u>Furosemide</u>	<u>Optional [100 mg]</u>	=	=	<u>A</u>	<u>A</u>
<u>or</u>					
<u>Bumetanide</u>	<u>Optional [4 mg]</u>	=	=	<u>A</u>	<u>A</u>
<u>Glucagon</u>	<u>2 mg</u>	=	<u>A</u>	<u>A</u>	<u>A</u>
<u>Glucose, oral</u>	<u>Optional [30 gm]</u>	<u>A</u>	<u>A</u>	<u>A</u>	<u>A</u>
<u>Immunizing Agent</u>	<u>Optional</u>	=	=	<u>A</u>	<u>A</u>
<u>Ipratropium Bromide 0.02% SVN or MDI</u>	<u>5 mL</u>	=	=	<u>A</u>	<u>A</u>
<u>Lactated Ringers</u>	<u>1 L bag (2)</u>	<u>A</u>	<u>A</u>	<u>A</u>	<u>A</u>
<u>Magnesium Sulfate</u>	<u>5 g</u>	=	=	=	<u>A</u>
<u>Methylprednisolone Sodium Succinate</u>	<u>250 mg</u>	=	=	<u>A</u>	<u>A</u>
<u>Morphine Sulfate</u>	<u>20 mg</u>	=	<u>A</u>	<u>A</u>	<u>A</u>
<u>or</u>					
<u>Fentanyl</u>	<u>200 mcg</u>	=	=	<u>A</u>	<u>A</u>
<u>Nalmefene HCl</u>	<u>Optional [4 mg]</u>	=	<u>A</u>	<u>A</u>	<u>A</u>
<u>Naloxone HCl</u>	<u>10 mg</u>	=	<u>A</u>	<u>A</u>	<u>A</u>
<u>Nitroglycerin Sublingual Spray</u>	<u>1 bottle</u>	=	<u>A</u>	<u>A</u>	<u>A</u>
<u>or</u>			<u>A</u>		
<u>Nitroglycerin Tablets</u>	<u>1 bottle</u>	=		<u>A</u>	<u>A</u>
<u>Normal Saline</u>	<u>1 L bag (2)</u> <u>Optional [250 mL bag (1)]</u> <u>Optional [500 mL bag (2)]</u>	<u>A</u>	<u>A</u>	<u>A</u>	<u>A</u>
<u>Ondansetron HCl</u>	<u>Optional [4 mg]</u>	=	=	<u>A</u>	<u>A</u>
<u>Oxygen</u>	<u>13 cubic feet</u>	<u>A</u>	<u>A</u>	<u>A</u>	<u>A</u>
<u>Oxytocin</u>	<u>Optional [10 units]</u>	=	=	<u>A</u>	<u>A</u>
<u>Phenylephrine Nasal Spray 0.5%</u>	<u>Optional 1 bottle</u>	=	=	<u>A</u>	<u>A</u>
<u>Pralidoxime Chloride Auto-Injector</u>	<u>None</u>	<u>A</u>	<u>A</u>	<u>A</u>	<u>A</u>
<u>Rocuronium</u>	<u>Optional [100 mg]</u>	=	=	=	<u>A</u>
<u>Sodium Bicarbonate 8.4%</u>	<u>Optional [100 mEq]</u>	=	=	<u>A</u>	<u>A</u>
<u>Succinylcholine</u>	<u>Optional [400 mg]</u>	=	=	=	<u>A</u>
<u>Thiamine HCl</u>	<u>100 mg</u>	=	=	<u>A</u>	<u>A</u>
<u>Tuberculin PPD</u>	<u>Optional [5 mL]</u>	=	=	<u>A</u>	<u>A</u>
<u>Vasopressin</u>	<u>Optional [40 units]</u>	=	=	=	<u>A</u>

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Table 5.3: Agents Eligible for Authorization for Administration During a Hazardous Material Incident

[Minimum Supply, concentration, size, dosage, and route of administration still need to be determined by MDC.]

<u>Drug Preparation</u>	<u>Minimum Supply</u>	<u>Concentration</u>	<u>Size</u>	<u>Dosage</u>	<u>Route(s)</u>
<u>Activated Charcoal</u>					
<u>Albuterol</u>					
<u>Amyl Nitrite Inhalants</u>					
<u>Atropine</u>					
<u>Atrovent</u>					
<u>Calcium Carbonate</u>					
<u>Calcium Gluconate</u>					
<u>CyanoKit (Hydroxocobalamin)</u>					
<u>Dextrose 50%</u>					
<u>Diazepam</u>					
<u>DuoDote Auto Injector</u>					
<u>Glucagon</u>					
<u>Methylene Blue</u>					
<u>Neosynephrine</u>					
<u>Propranolol</u>					
<u>Protopam Chloride (pralidoxime)</u>					
<u>Pyridoxine</u>					
<u>Sodium Chloride .95</u>					
<u>Sterile Water</u>					
<u>Tetracaine</u>					

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Table 5.4: Eligibility for Authorization to Administer and Monitor Transport Agents During Interfacility Transports, by EMCT Classification; Administration Requirements

KEY:

TA = Transport agent for an EMCT with the specified certification

IP = Agent shall be administered by infusion pump

SVN = Agent shall be administered by small volume nebulizer

<u>AGENT</u>	<u>MINIMUM SUPPLY</u>	<u>EMT</u>	<u>AEMT</u>	<u>EMT-I (99)</u>	<u>Paramedic</u>
<u>Amiodarone IP</u>	<u>None</u>	-	-	-	<u>TA</u>
<u>Antibiotics</u>	<u>None</u>	-	-	<u>TA</u>	<u>TA</u>
<u>Blood</u>	<u>None</u>	-	-	-	<u>TA</u>
<u>Calcium Chloride</u>	<u>None</u>	-	-	-	<u>TA</u>
<u>Colloids</u>	<u>None</u>	-	-	<u>TA</u>	<u>TA</u>
<u>Corticosteroids IP</u>	<u>None</u>	-	-	<u>TA</u>	<u>TA</u>
<u>Diltiazem IP</u>	<u>None</u>	-	-	-	<u>TA</u>
<u>Diuretics</u>	<u>None</u>	-	-	<u>TA</u>	<u>TA</u>
<u>Dopamine HCl IP</u>	<u>None</u>	-	-	-	<u>TA</u>
<u>Electrolytes/Crystalloids (Commercial Preparations)</u>	<u>None</u>	<u>TA</u>	<u>TA</u>	<u>TA</u>	<u>TA</u>
<u>Epinephrine IP</u>	<u>None</u>	-	-	<u>TA</u>	<u>TA</u>
<u>Fentanyl IP</u>	<u>None</u>	-	-	<u>TA</u>	<u>TA</u>
<u>Fosphenytoin Na IP</u> or <u>Phenytoin Na IP</u>	<u>None</u> <u>None</u>	-	-	-	<u>TA</u> <u>TA</u>
<u>Glucagon</u>	<u>None</u>	-	-	<u>TA</u>	<u>TA</u>
<u>Glycoprotein IIb/IIIa Inhibitors</u>	<u>None</u>	-	-	-	<u>TA</u>
<u>H2 Blockers</u>	<u>None</u>	-	-	<u>TA</u>	<u>TA</u>
<u>Heparin Na IP</u>	<u>None</u>	-	-	-	<u>TA</u>
<u>Insulin IP</u>	<u>None</u>	-	-	-	<u>TA</u>
<u>Levophed IP</u>	<u>None</u>	-	-	-	<u>TA</u>
<u>Lidocaine IP</u>	<u>None</u>	-	-	<u>TA</u>	<u>TA</u>
<u>Magnesium Sulfate IP</u>	<u>None</u>	-	-	-	<u>TA</u>
<u>Midazolam IP</u>	<u>None</u>	-	-	<u>TA</u>	<u>TA</u>
<u>Morphine IP</u>	<u>None</u>	-	-	<u>TA</u>	<u>TA</u>
<u>Nitroglycerin IV Solution IP</u>	<u>None</u>	-	-	-	<u>TA</u>
<u>Phenobarbital Na IP</u>	<u>None</u>	-	-	-	<u>TA</u>
<u>Potassium Salts IP</u>	<u>None</u>	-	-	-	<u>TA</u>
<u>Procaïnamide HCl IP</u>	<u>None</u>	-	-	-	<u>TA</u>
<u>Propofol IP</u>	<u>None</u>	-	-	-	<u>TA</u>
<u>Racemic Epinephrine SVN</u>	<u>None</u>	-	-	-	<u>TA</u>
<u>Total Parenteral Nutrition, with or without lipids IP</u>	<u>None</u>	-	-	-	<u>TA</u>
<u>Vitamins</u>	<u>None</u>	-	-	<u>TA</u>	<u>TA</u>

~~R9-25-506.~~ R9-25-503. Testing of Medical Treatments, Procedures, Medications, and Techniques that May Be Administered or Performed by an ~~EMT~~ 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 ~~EMT~~ EMCT or an emergency medical services provider.
- B.** Before authorizing any test and evaluation pursuant 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 pursuant 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 ~~EMT~~ EMCT,
 - e. An emergency medical services provider,
 - f. An ambulance service, or
 - g. A member of the public; and
 2. Includes:
 - a. A cover letter, signed and dated by the individual making the request;
 - b. An identification of the person conducting the test and evaluation;
 - c. An identification of the medical treatment, procedure, technique, practice, medication, or piece of equipment to be tested and evaluated;
 - d. An explanation of the reasons for and the benefits of the test and evaluation;
 - e. The scope of the test and evaluation, including the:
 - i. Projected number of individuals, ~~EMTs~~ EMCTs, emergency medical services providers, or ambulance services involved; and
 - ii. Proposed length of time required to complete the test and evaluation; and
 - f. The methodology to be used to evaluate the test's and evaluation's findings.
- D.** The Department director shall approve a test and evaluation if:
1. The test and evaluation does not pose a threat to the public health, safety, or welfare;
 2. The test is necessary to evaluate the safest and most current advances in medical treatments, procedures, techniques, practices, medications, or equipment; and
 3. The medical treatment, procedure, technique, practice, medication, or piece of equipment

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being tested and evaluated may:

- a. Reduce or eliminate the use of outdated or obsolete medical treatments, procedures, techniques, practices, medications, or equipment;
- b. Improve patient care; or
- c. Benefit the public's health, safety, or welfare.

E. Within 180 days ~~of~~ after receiving a written request for testing and evaluation that contains all of the information in subsection (C), the Department director shall send written notification of approval or denial of the test and evaluation to the individual making the request.

F. Upon completion of a test and evaluation authorized by the Department director, the person conducting the test and evaluation shall submit a written report to the Department director that includes:

1. An identification of the test and evaluation;
2. A detailed evaluation of the test; and
3. A recommendation regarding future use of the medical treatment, procedure, technique, practice, medication, or piece of equipment tested and evaluated.

R9-25-504. Protocol for Selection of a Health Care Institution for Emergency Medical Patient Transport

A. ~~In this Section:~~ **[Definitions in A.R.S. § 36-2201 or in R9-25-101]**

1. "Emergency receiving facility" means the same as in A.R.S. § 36-2201.
2. "Transfer care" means to relinquish to the control of another the ongoing medical treatment of an emergency medical patient.
3. "Special hospital" means the same as in A.A.C. R9-10-201.

B.A. ~~Except as provided in subsection (B), An EMT an EMCT shall, except as provided in subsection (C), transport an emergency medical a patient accessing emergency medical services through a call to 9-1-1 or a similar public emergency dispatch number to:~~

1. An emergency receiving facility, or
2. A special hospital that is physically connected to an emergency receiving facility.

C. ~~Under A.R.S. §§ 36-2205(E) and 36-2232(F), an EMT who responds to an emergency medical patient who has accessed 9-1-1 or a similar public dispatch number may refer, advise, or transport the emergency medical patient to the most appropriate a health care institution, if the EMT:~~

1. ~~Determines, based upon medical direction, that the emergency medical patient's condition does not pose an immediate threat to life or limb;~~
2. ~~Provides the emergency medical patient with a written list of health care institutions that~~

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~~are available to deliver emergency medical care to the emergency medical patient. The list shall:~~

- ~~a. Include the name, address, and telephone number of each health care institution;~~
 - ~~b. If a health care institution is licensed under A.R.S. Title 36, Chapter 4, identify the classification or subclassification of the health care institution assigned under 9 A.A.C. 10; and~~
 - ~~e. Only include a health care institution that the administrative medical director has determined is able to accept an emergency medical patient; and~~
3. ~~Determines, based upon medical direction, the health care institution to which the emergency medical patient may be, based on the following:~~
- ~~a. The patient's:~~
 - ~~i. Medical condition,~~
 - ~~ii. Choice of health care institution, and~~
 - ~~iii. Health care provider; and~~
 - ~~b. The location of the health care institution and the emergency medical resources available at the health care institution.~~

B. Under A.R.S. §§ 36-2205(D) and 36-2232(F), an EMCT who responds to a call made to 9-1-1 or a similar public emergency dispatch number may refer, advise, or transport the patient at the scene to a health care institution other than a health care institution specified in subsection (A), if the EMCT determines that:

1. The patient's condition does not pose an immediate threat to life or limb, based on on-line medical direction; and
2. The health care institution is the most appropriate for the patient, based on the following:
 - a. The patient's:
 - i. Medical condition,
 - ii. Choice of health care institution, and
 - iii. Health care provider; and
 - b. The location of the health care institution and the emergency medical resources available at the health care institution; and
 - c. A determination by the administrative medical director that the health care institution is able to accept and capable of treating the patient.

D.C. Before initiating transport of an emergency medical patient accessing emergency medical services through a call to 9-1-1 or a similar public emergency dispatch number, an EMT EMCT, emergency medical services provider, or ambulance service shall:

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1. ~~notify~~ Notify, by radio or telephone communication, a health care institution that is not an emergency receiving facility of the ~~EMT's~~ EMCT's intent to transport the ~~emergency medical~~ patient to the health care institution; and
 2. Receive confirmation of the willingness of the health care institution to accept the patient.
- E.D.** An ~~EMT~~ EMCT transporting an ~~emergency medical~~ a patient ~~accessing emergency medical services through a call to 9-1-1 or a similar public emergency dispatch number~~ to a health care institution that is not an emergency receiving facility shall transfer care of the ~~emergency medical~~ patient to a ~~designee authorized by:~~
1. A physician ~~licensed under A.R.S. Title 32, Chapter 13 or 17;~~
 2. A registered nurse practitioner,
 - 2.3. A physician assistant ~~licensed under A.R.S. Title 32, Chapter 25;~~ or
 - 3.4. A registered nurse ~~licensed under A.R.S. Title 32, Chapter 15.~~
- F.** ~~Before implementing this rule, an emergency medical services provider or an ambulance service shall notify the Department in writing of the intent to implement the rule.~~
- G.E.** An emergency medical services provider or an ambulance service that implements this rule shall make available for Department review and inspection written records relating to the transport of an ~~emergency medical~~ a patient under subsections ~~(C), (D), and (E)~~ (B), (C), and (D).

R9-25-505. Protocol for IV Access by an EMT-B

- A.** ~~In this Section, unless the context otherwise requires, "EMS provider agency" means the emergency medical services provider or the ambulance service for whom the EMT-B is acting as an EMT-B.~~
- B.** An EMT-B is authorized to perform IV access only after completing training that meets all requirements established in Exhibit 1.
- C.** ~~Before performing IV access, an EMT-B trained in IV access shall have received prior written approval from the EMT-B's EMS provider agency and from an administrative medical director who agrees to provide medical direction for the EMT-B.~~
- D.** An EMT-B shall perform IV access only under "on line" medical direction, under standing orders approved by the administrative medical director, or under the direction of a currently certified EMT-I or EMT-P who is also attending the patient upon whom the EMT-B is to perform the procedure.
- E.** ~~The administrative medical director shall be responsible for quality assurance and skill maintenance, and shall record and maintain a record of the EMT-B's IV access attempts.~~
- F.** An EMT-B trained in this optional procedure shall have a minimum of 5 IV starts per year. If less

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than 5, the EMT-B shall participate in a supervised base hospital clinical experience in which to obtain the minimum of 5 IV starts.

R9-25-503, R9-25-505. Protocol for an EMT EMT-I(99) or a Paramedic to Become Eligible to Administer, Monitor, or Assist in Patient Self-Administration of an Agent an Immunizing Agent

- A.** An EMT may administer an agent to a patient or other individual if:
1. Table 1 indicates that an EMT with the certification held by the EMT may administer the agent;
 2. The EMT's administration of the agent complies with any requirements included in this Article related to administration of the agent;
 3. The EMT is authorized to administer the agent by:
 - a. The EMT's administrative medical director; or
 - b. For an EMT-B who does not have an administrative medical director, the emergency medical services provider the EMT-B is employed by or volunteers for; and
 4. Administering the agent to the patient or other individual is consistent with any administrative medical direction and on-line medical direction received by the EMT.
- B.** Except as provided in subsection (F), when an EMT administers an agent, the EMT shall document the administration on a prehospital incident history report, as defined in A.R.S. § 36-2220, including at least:
1. Patient name, if available;
 2. Agent name;
 3. Indications for administration;
 4. Dose administered;
 5. Route of administration;
 6. Date and time of administration; and
 7. Observed patient response to administration of the agent.
- C.** An EMT shall comply with the written standard operating procedure adopted by the emergency medical services provider the EMT is employed by or volunteers for as required under R9-25-204(F)(6) or R9-25-210(D)(3), if applicable.
- D.** An EMT may monitor an agent listed in Table 1 if:
1. Table 1 indicates that an EMT with the certification held by the EMT may monitor or administer the agent;

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2. ~~The EMT has completed training in administration of the agent that included at least the following information about the agent:~~
 - a. ~~Class,~~
 - b. ~~Mechanism of action,~~
 - c. ~~Indications and field use,~~
 - d. ~~Contraindications,~~
 - e. ~~Adverse reactions,~~
 - f. ~~Incompatibilities and drug interactions,~~
 - g. ~~Adult dosage,~~
 - h. ~~Pediatric dosage,~~
 - i. ~~Route of administration,~~
 - j. ~~Onset of action,~~
 - k. ~~Peak effects,~~
 - l. ~~Duration of action,~~
 - m. ~~Dosage forms and packaging,~~
 - n. ~~Required Arizona minimum supply, and~~
 - o. ~~Special considerations;~~
 3. ~~If the agent is administered via an infusion pump, the EMT has completed training in the operation of the infusion pump;~~
 4. ~~If the agent is administered via a small volume nebulizer, the EMT has completed training in the operation of the small volume nebulizer; and~~
 5. ~~If the agent is administered via a central line, the EMT is an EMT-P.~~
- E.** ~~An EMT who completes the training required in subsections (D)(2) through (4) shall submit written evidence to each emergency medical services provider or ambulance service the EMT is employed by or volunteers for, that the EMT has completed the training required in subsections (D)(2) through (4), that includes:~~
1. ~~The name of the training,~~
 2. ~~The date the training was completed, and~~
 3. ~~A signed and dated attestation from the administrative medical director that the training is approved by the administrative medical director.~~
- F.** ~~An EMT may assist in patient self administration of an agent if:~~
1. ~~Table 1 indicates that an EMT with the certification held by the EMT may administer or assist in patient self administration of the agent;~~
 2. ~~The agent is supplied by the patient;~~

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3. ~~The patient or, if the patient is a minor or incapacitated adult, the patient's health care decision maker indicates that the agent is currently prescribed for the patient's symptoms; and~~
4. ~~The agent is in its original container and not expired.~~

A. An EMT-I(99) or a Paramedic may be authorized by the EMT-I(99)'s or Paramedic's administrative medical director to administer an immunizing agent if the EMT-I(99) or Paramedic completed training that:

1. Includes:
 - a. Basic immunology and the human immune response;
 - b. Mechanics of immunity, adverse effects, dose, and administration schedule of available immunizing agents;
 - c. Response to an emergency situation, such as an allergic reaction, resulting from the administration of an immunization;
 - d. Routes of administration for available immunizing agents;
 - e. A description of the individuals to whom an EMCT may administer an immunizing agent; and
 - f. The requirements in 9 A.A.C. 6, Article 7 related to:
 - i. Obtaining written consent for administration of an immunizing agent,
 - ii. Providing immunization information and written immunization records,
and
 - iii. Recordkeeping and reporting;
2. Requires the EMT-I(99) or Paramedic to demonstrate competency in the subject matter listed in subsection (A)(1); and
3. Is approved by the EMT-I(99)'s or Paramedic's administrative medical director based upon a determination that the training meets the requirements in subsections (A)(1) and (A)(2).

B. An administrative medical director of an EMT-I(99) or a Paramedic who completes the training required in subsection (A) shall maintain for Department review and inspection written evidence that the EMT-I(99) or Paramedic has completed the training required in subsection (A), including at least:

1. The name of the training,
2. The date the training was completed, and
3. A signed and dated attestation from the administrative medical director that the training is approved.

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~~G.C.~~ Before administering an immunizing agent to an individual, an EMT-I(99) or EMT-P a Paramedic shall:

1. Receive written consent consistent with the requirements in 9 A.A.C. 6, Article 7;
2. Provide immunization information and written immunization records consistent with the requirements in 9 A.A.C. 6, Article 7; and
3. Provide documentary proof of immunity to the individual consistent with the requirements in 9 A.A.C. 6, Article 7.

~~H.~~ “Immunizing agent” means an immunobiologic recommended by the Advisory Committee on Immunization Practices of the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention.

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

~~A.~~ In this Section:

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

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

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

1. Includes at least 16 clock hours covering the:
 - a. Principles of managing a hazardous materials incident;
 - b. Role of medical direction in the management of a hazardous materials incident;
 - c. Human and material resources necessary for the management of a hazardous materials incident;
 - d. Procedures and equipment necessary for personal protection in a hazardous materials incident;
 - e. Medical monitoring of emergency workers responding to a hazardous materials incident;
 - f. Types of hazardous materials to which an emergency medical patient may be exposed, including the toxicity and the signs and symptoms of each type;
 - g. Routes by which an emergency medical patient may be exposed to a hazardous material;

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when responding to a hazardous materials incident may carry and administer drugs authorized under medical direction.

Exhibit 1. ~~Lecture/Lab Vascular Access for EMT-Basics~~ Repealed

~~Lecture/Lab~~

~~Vascular Access for EMT-Basics~~

~~Course Description:~~

~~Includes review of anatomy of the circulatory system. Skills will include peripheral intravenous cannulation techniques, fluid resuscitation, obtaining venous blood samples for laboratory analysis; infection control techniques for the safety of self and victim; complications of intravenous cannulation.~~

~~Prerequisites:~~

~~Certified EMT-Basic, under Medical Direction~~

~~Course Competencies:~~

~~This course is designed to develop the following course competencies:~~

- ~~1. Identify the need for fluid resuscitation in neonate, infant, pediatric, and adult victims (I);~~
- ~~2. Identify and describe the vascular anatomy and venous access for the neonate, infant, pediatric, and adult victims (II);~~
- ~~3. Identify and differentiate isotonic, hypotonic, and hypertonic solutions (III);~~
- ~~4. Select fluids; set up and manage equipment (IV);~~
- ~~5. Identify and demonstrate aseptic and safety techniques (V);~~
- ~~6. Identify and describe indications and contraindications for intravenous site selection (VI);~~
- ~~7. Perform all peripheral intravenous cannulation techniques (VII);~~
- ~~8. Perform blood drawing techniques (VIII);~~
- ~~9. Monitor infusion (IX);~~
- ~~10. Demonstrate 100% accuracy in intravenous techniques in selected scenarios (X);~~
- ~~11. Demonstrate 85% proficiency on a written examination (XI).~~

Exhibit 2. ~~Course Outline~~ Repealed

~~Vascular Access for EMT-Basic~~

~~COURSE OUTLINE~~

- ~~I. Indications for Vascular Access~~
 - ~~A. Restore fluid volume~~
 - ~~B. Restore and maintain electrolyte balance~~
 - ~~C. Administration of medications~~
 - ~~D. Obtaining blood specimen~~
- ~~II. Identification of common vascular sites~~
- ~~III. Intravenous Solutions~~
 - ~~A. Isotonic~~
 - ~~B. Hypotonic~~
 - ~~C. Hypertonic~~
 - ~~D. Indications for each~~

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- IV. Needle/Catheters and Intravenous Administration Sets
 - A. Types
 - B. Sizes
 - C. Administration sets
 - D. Set-up
- V. Asepsis and Safety
 - A. Site preparation
 - B. Universal precautions
 - C. "Sharp" disposal
- VI. Site selection
- VII. Peripheral Intravenous Cannulation
- VIII. Drawing Blood
 - A. Indication
 - B. Site preparation
 - C. Universal precautions
 - D. Labeling specimen(s)
 - E. "Sharp" disposal
 - F. Documentation
- IX. Monitoring the Intravenous Infusion
 - A. Calculation of rate of infusion
 - B. Signs and symptoms of infiltration and extravasation
 - C. Techniques for removal
 - D. Documentation
- X. Practicals
 - A. Mannequin
 - B. Human subjects
- XI. Final Written Examinations

R9-25-508. Protocol for an EMT-B to Perform Endotracheal Intubation Repealed

- ~~A. Endotracheal intubation performed by an EMT-B is an advanced procedure that requires medical direction.~~
- ~~B. An EMT-B is authorized to perform endotracheal intubation only after completing training that:
 - 1. Meets all requirements established in the EMT-B Endotracheal Intubation Training Curriculum, dated January 1, 2004, incorporated by reference and on file with the Department, including no future editions or amendments; and available from the Department's Bureau of Emergency Medical Services; and
 - 2. Is approved by the EMT-B's administrative medical director.~~
- ~~C. An EMT-B shall perform endotracheal intubation as:
 - 1. Prescribed in the EMT-B Endotracheal Intubation Training Curriculum, and~~

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2. Authorized by the EMT-B's administrative medical director.

D. The administrative medical director shall be responsible for quality assurance and skill maintenance, and shall record and maintain a record of the EMT-B's performance of endotracheal intubation.

R9-25-510. Protocol for EMT-B Carrying and Administration of Aspirin (A.R.S. §§ 36-2202, 36-2204, 36-2205, and 36-2209) Repealed

A. An EMT-B is authorized to carry aspirin for administration as described in subsection (B).

B. An EMT-B is authorized to administer aspirin only to an adult patient who is suffering from chest pain or other signs or symptoms suggestive of acute myocardial infarction.

C. An EMT-B's administration of aspirin to an adult patient who is suffering from chest pain or other signs or symptoms suggestive of acute myocardial infarction is not an advanced procedure that requires the EMT-B to have administrative medical direction and on-line medical direction.

D. For purposes of this Section, "adult" means 18 years of age or older.

R9-25-511. Protocol for EMT-B Use of an Esophageal Tracheal Double Lumen Airway Device (ETDLAD) (A.R.S. §§ 36-2202, 36-2204, 36-2205, and 36-2209) Repealed

A. For an EMT-B, the ability to use an esophageal tracheal double lumen airway device (ETDLAD) is an optional skill attained by completing training for the use of an ETDLAD as prescribed in this Section.

B. Use of an ETDLAD is an advanced procedure, as defined in R9-25-101, that requires an EMT-B to have administrative medical direction and the ability to receive online medical direction.

C. An EMT-B shall not use an ETDLAD until the EMT-B has completed training that:

1. Includes at least four clock hours covering:

- a. Respiratory anatomy and physiology;
- b. Respiratory assessment and basic airway management techniques;
- c. The requirements of this Section;
- d. The design and function of an ETDLAD;
- e. The indications and contraindications for using an ETDLAD;
- f. The advantages of and potential complications from using an ETDLAD;
- g. The correct technique for inserting and managing an airway with an ETDLAD;
and
- h. Documenting the use of an ETDLAD;

2. Includes a post-training written evaluation and a practical skills evaluation to ensure that

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~~the EMT-B demonstrates competency in the subject matter listed in subsection (C)(1) and in correctly inserting and managing an airway with an ETDLAD, with a score of at least 80% required to demonstrate competency on the written evaluation; and~~

~~3. Is approved by the EMT-B's administrative medical director.~~

D. ~~An EMT-B who has completed initial training as described in subsection (C) and who desires to maintain authorization to use an ETDLAD shall complete refresher training that complies with subsection (C) at least once every 24 months after completing the initial training.~~

E. ~~An EMT-B shall use an ETDLAD only as authorized by the EMT-B's administrative medical director.~~

R9-25-513. Supplemental Skill Training Instructor Requirements Repealed

A. ~~A person who provides or oversees supplemental skill training to an EMT shall ensure that each individual who serves as an instructor for the supplemental skill training either:~~

~~1. Meets the qualifications for an instructor specified in the supplemental skill training curriculum or rule; or~~

~~2. If there are not qualifications for an instructor specified in the supplemental skill training curriculum or rule, meets the following:~~

~~a. Would qualify, under R9-25-312(D), to serve as a preceptor for a course at the level of EMT certification held by the EMT; and~~

~~b. If an EMT, is authorized to perform the supplemental skill as provided under this Article.~~

B. ~~For purposes of this Section, "supplemental skill" means a proficiency acquired through additional training authorized under this Article.~~