

EMS Rulemaking for 9 A.A.C. 25, Article 5 Comments/Responses

Comment:

A commenter noted that the KEY for Table 5.1 Arizona Scope of Practice Skills says "STR" means STR Skill and stated that it should say what STR stands for. The commenter also stated that EMCT is not used in place of EMT consistently throughout the protocol and that, under medication administration-routes, the word "nebulized" in "Aerosolized/nebulized" should be capitalized in all areas where this is used.

Response:

"STR skill" is defined in R9-25-101. The KEY lets the reader know that STR is being used in Table 5.1 in place of the defined term "STR skill." Both EMCT and EMT are defined in A.R.S. § 36-2201 and are used in the draft consistent with their definitions. EMCT is used when the rule applies to all levels of EMCT, while EMT is used when the rule applies to only that specific level of EMCT. Capitalization is consistent with the format used within Table 5.1.

Comment:

A commenter stated that, if a provider didn't know enough about a prescription medicine, there could potentially be some unanticipated results that negatively affect the patient.

Response:

The content of Tables 5.1 (scope of practice) and 5.2 (drug box) has been approved by the EMS Council and Medical Direction Commission. The administrative medical director is responsible for ensuring that an EMCT has completed training in administration or monitoring of a medication before authorizing the EMCT to administer or monitor the medication.

Comment:

A commenter states that the addition of hydrocortisone is OK, but that the rule change now allows ketamine, which cannot be given by nurses, to be given by paramedics.

Response:

The addition of these agents has been approved by the EMS Council and Medical Direction Commission.

Comment:

A commenter stated that the 2010 National EMT Standards require training EMTs in CPAP, so Arizona should allow EMTs to perform CPAP.

Response:

CPAP is not within the 2010 National EMS Standard Curriculum for the EMT level; therefore, CPAP is not part of the standard training for EMTs in Arizona. The content of Table 5.1 (scope of practice) has been approved by the EMS Council and Medical Direction Commission.

Comment:

One commenter expressed an "expert opinion" that the addition of the agents "is not only dangerous but unnecessary," and stated concerns about Paramedics in Arizona. The commenter believed that the rules should follow the guidelines of the Society for Critical Care Medicine and Association of Critical Care Medicine for unlicensed providers and that all Paramedics should have a "nationally recognized certification."

Another commenter stated that the Arizona Nurses Association agrees with the changes in medication administration as long as the new medications are subject to the same protocols and oversight as for other medications.

Another commenting nurse mentioned several of the medications being added, provided a rationale for adding several of them, and expressed no concern about their addition.

Response:

The addition of these agents has been approved by the EMS Council and Medical Direction Commission. The addition of the medications does not change the requirements for administrative medical direction or online medical direction.

Comment:

A commenter asked whether the Minimum Supply for hydrocortisone in Table 5.2 should be “None,” since the agent is only for assisting a patient with his/her own prescribed medications.

Response:

The content of Table 5.2 (drug box) has been approved by the EMS Council and Medical Direction Commission. The intention in not prescribing “None” as a Minimum Supply is to avoid prohibiting the stocking of the agent in a drug box at the discretion of an administrative medical director.

Comment:

A commenter expressed a concern about the deletion of “online medical direction,” stating that, as long as a licensed physician practicing within Arizona assumes medical control, regardless of online or by phone, they should be able to direct care. The commenter believed the removal of online control limits options. The commenter also mentioned that the tables are difficult to navigate, in that there is a tremendous amount of information on what is currently allowed, vs paring down to what is needed to know, and that requirements for community-based paramedic protocols should be added.

Response:

Removal of “on-line” allows medical direction to be provided by SOP from the administrative medical director, thus increasing options. The only changes being made to the rules are highlighted in yellow. Changing the structure of Tables 5.1 (scope of practice) and 5.2 (drug box) would need to be proposed and approved by the EMS Council and Medical Direction Commission and is beyond the scope of this rulemaking. Adding requirements related to a community-based paramedic protocol is also beyond the scope of this rulemaking.

Comment:

Several commenters expressed concerns with R9-25-504(E) that the Department may review records relating to the transport of a patient, who accesses 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. The comments requested that the subsection be removed.

Response:

This subsection was not changed as part of the current rulemaking, and the requirements have been in effect since the protocol was adopted in 2001. Making the requested change is beyond the scope of this rulemaking.