Changes to EMS Rules

Article 1

R9-25-101

- Removes terms defined in A.R.S. § 36-2201 by referring to the statute in the lead-in to definitions:
  - Administrative medical direction
  - Ambulance service
  - Centralized medical direction communication center
  - Department
  - Emergency medical services
  - Emergency medical services provider
  - Physician
- Removes terms no longer used:
  - Advanced procedure
  - Conspicuously post
  - Course content outline
  - Custody
  - Drug distributor
  - EMT-B
  - EMT-I
  - EMT-I(85)
  - EMT-P
  - FDA
  - Health care decision maker
  - Incapacitated adult
  - Intermediate emergency medical technician level
  - NREMT
  - NREMT-Intermediate registration
  - On-line physician
  - Standing order
- Removes terms described in the rules:
  - Administrative medical director
  - Communication protocol
  - Dangerous drug
  - Narcotic drug
  - Proficiency in advanced emergency cardiac life support
  - Proficiency in advanced trauma life support
  - Proficiency in cardiopulmonary resuscitation
  - Proficiency in pediatric emergency care
  - Session
  - Substantially constructed cabinet
  - Supervise or supervision
  - Treatment protocol
  - Triage protocol
  - Unauthorized individual
- Adds definitions for:
  - AEMT
  - ALS
  - Applicant
  - Chain of custody

- Course
- Course session
- Current
- EMCT
- EMS
- Hospital
- Pediatric
- Refresher challenge examination
- Refresher course
- Scene
- Special hospital
- STR skill
- Transfer of care

- Clarifies the definitions of:
  - Chief administrative officer
  - Clinical training
  - Electronic signature
  - EMT
  - EMT-I(99)
  - Field training
  - General hospital
  - In use
  - Infusion pump
  - Monitor
  - On-line medical direction
  - Person
  - Transport agent

New R9-25-102

- Consolidates duplicated requirements in several Articles, describing who can act for a regulated person

Article 2

Old R9-25-201

- Repeals the rule since it duplicates requirements in other rules in the Chapter

Old R9-25-202; New R9-25-201

- Replaces EMT (and classifications) with EMCT (and classifications)
- Consolidates requirements for an administrative medical director with what is currently in R9-25-204 and clarifies the requirements
- Provides another method by which a physician may qualify to be an administrative medical director
- Clarifies the mechanisms by which an EMS provider or ambulance provider may provide a qualified administrative medical director
- Provides an alternate method for documenting the qualifications of an administrative medical director
- Clarifies that an emergency medical services provider or ambulance service that provides only BLS is not required to have an administrative medical director
- Allows an emergency medical services provider or ambulance service to use an ALS base hospital that is a special hospital for administrative medical direction only for patients who are children
- Clarifies that emergency medical services provider or ambulance service is responsible for ensuring that an EMCT receives administrative medical direction according to this Chapter

- Moves from R9-25-204 requirements for protocols, policies and procedures, and monitoring of EMCTs
- Adds a requirement for a protocol related to the communication of information during transfer of care, as a clarification of requirements for completing and processing prehospital incident history reports
- Moves from R9-25-204 requirements for annually reviewing policies and procedures
- Moves from R9-25-204 requirements related to obtaining, providing access to, and monitoring an EMCT's use of agents
- Clarifies chain of custody; mechanisms to control access to agents; and notification of depletion, adulteration, or loss of controlled substances
- Moves from R9-25-204 requirements for whom an administrative medical director may delegate responsibilities to
- Removes requirements for notifying the Department upon learning that an EMCT has any of several specific criminal convictions or has had revoked/suspended certification/registration

Old R9-25-203; New R9-25-202

- Replaces EMT (and classifications) with EMCT (and classifications)
- Consolidates requirements for a physician providing on-line medical direction with what is currently in R9-25-205 and clarifies the requirements
- Provides another method by which a physician may qualify to provide on-line medical direction
- Provides an alternate method for documenting the qualifications of a physician providing on-line medical direction
- Allows an emergency medical services provider or ambulance service to use an ALS base hospital that is a special hospital for on-line direction only for patients who are children
- Moves from R9-25-205 requirements related to the provision of on-line medical direction
- Moves from R9-25-205 and clarifies requirements for whom a physician providing on-line medical direction may relay on-line medical direction through

Old R9-25-204

- Repeals the rule
- Moves qualifications for an administrative medical director into R9-25-202
- Removes a requirement that an administrative medical director acts only on behalf of specified entities
- Moves to R9-25-202 requirements specifying to whom an administrative medical director may delegate responsibilities
- Moves to R9-25-202 requirements related to developing, implementing, and annually reviewing protocols and policies and procedures
- Moves to R9-25-202 requirements related to obtaining, providing access to, and monitoring an EMCT's use of agents
- Removes a requirement for the administrative medical director and anyone delegated authority for administrative medical direction functions to review and document the review of EMS statutes and rules
- Removes specific requirements for assisting a patient in self-administration of medication
- Removes references to requirements for ALS base hospital administrative medical directors

Old R9-25-205

- Repeals the rule
- Moves qualifications for a physician providing on-line medical direction into R9-25-203

- Removes a requirement that a physician providing on-line medical direction acts only on behalf of specified entities
- Moves to R9-25-203 requirements for the provision of on-line medical direction
- Removes a requirement that on-line medical direction be consistent with medical recordkeeping, medical reporting, and prehospital incident history report requirements approved by the EMCT's administrative medical director

Old R9-25-206
- Repeals the rule
- Removes requirements that restate what is in statute

Old R9-25-207; New R9-25-203
- Clarifies certification requirements
- Allows a special hospital providing surgical and emergency services only to children to become an ALS base hospital providing administrative medical direction or on-line medical direction only for patients who are children
- Removes a requirement to conspicuously post an ALS base hospital certificate and return a certificate upon decertification
- Clarifies inspection requirements

Old R9-25-208; New R9-25-204
- Clarifies that an application is in a Department-provided format
- Adds e-mail address to the application
- Allows for a designee to be the liaison with the Department
- Clarifies the type of facility requesting certification, allowing an application by a special hospital
- Requires the name of each emergency medical services provider or ambulance service with which the facility has a contract (currently required to be submitted) to provide medical direction

Old R9-25-209; New R9-25-205
- Clarifies that notification of a name change of an ALS base hospital is in a Department-provided format and includes the current name and certificate number
- Adds a requirement for documentation to distinguish a name change from a change in ownership
- Removes the Department's approval or denial of a name change

Old R9-25-210; New R9-25-206
- Replaces EMT (and classifications) with EMCT (and classifications)
- Clarifies that an ALS base hospital must have the capability of providing both administrative medical direction and on-line medical direction
- Clarifies and updates references to requirements for providing administrative medical direction and on-line medical direction
- Clarifies that an ALS base hospital notifies the Department if the administrative medical director specified in the ALS base hospital's application changes
- Updates cross-references
- Removes duplicative requirements related to obtaining, providing access to, and monitoring an EMCT's use of agents by referring to R9-25-202 and specifying exceptions from these requirements

Old R9-25-211; New R9-25-207
- Updates cross-references

Article 3

R9-25-301

- Removes definitions now in A.R.S. § 36-2201 or R9-25-101
- Corrects cross-references
- Allows an applicant to submit an accreditation certificate in lieu of routine inspections

R9-25-302

- Updates qualifications for a training program medical director to be consistent with new wording for administrative medical directors in R9-25-202
- Requires a training program director to have training related to instructional methodology

R9-25-303

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

R9-25-304

- Adds a requirement for a training program to notify students of eligibility requirements and prerequisite knowledge, skill, and abilities for a course
- Replaces the requirement for a training program lead instructor to have training related to instructional methodology
- Replaces a requirement for a lead instructor to be "present" with a requirement for the lead instructor to be available for student-instructor interaction to allow for on-line instruction
- Corrects cross-references
- Removes the requirement for a written test for an initial certification course to have 150 multiple choice questions to allow for computer-generated smart exams based on student responses
- Removes the prohibition of a training program director or an instructor proctoring a written test

R9-25-305

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

R9-25-306

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

R9-25-307

- Updates rule language

Article 4

R9-25-401

- Updates cross-references
- Moves approval/denial information to applicable rules
- Replaces EMT (and classifications) with EMCT (and classifications)

- Moves from R9-25-410 requirements for an EMCT to act only within the EMCT's scope of practice and, if applicable, as authorized by the administrative medical director
- Clarifies the two-year certification/recertification period
- Clarifies when an application for recertification may be made by cross-reference to R9-25-406
- Removes duplicative/informational requirements related to initial certification
- Clarifies confidentiality requirements

R9-25-402
- Replaces EMT (and classifications) with EMCT (and classifications)
- Corrects a statutory reference
- Moves from R9-25-403 requirements for probationary certification
- Clarifies when probation is a condition of recertification

Old R9-25-403
- Repeals the rule
- Moves requirements for probationary certification into R9-25-402

Old R9-25-404; New R9-25-403
- Replaces EMT (and classifications) with EMCT (and classifications)
- Clarifies when an individual may apply for initial certification
- Adds requirements in A.R.S. § 41-1080
- Clarifies that an application is in a Department-provided format
- Adds e-mail address and gender to the application
- Adds listing the level of EMCT certification being requested
- Adds listing whether the applicant has had certification revoked within five years before submitting an application (consistent with eligibility requirements and on current application form)
- Allows for electronic signatures
- Adds a requirement to submit information about a revoked certification if applicable
- Adds a requirement to submit information to support eligibility under A.R.S. § 41-1080
- Updates and consolidates requirements documenting registration in a national certification organization or certification through a state certification system
- Moves from R9-25-401 approval/denial information

Old R9-25-405
- Repeals the rule
- Removes the requirement to issue temporary certification, consistent with statutory changes

Old R9-25-406; New R9-25-404
- Clarifies when an application for recertification may be made
- Allows for electronic signatures
- Updates cross-references
- Moves from R9-25-401 approval/denial information
- Removes definitions now in A.R.S. § 36-2201 or R9-25-101

Old R9-25-407; R9-25-405
- Replaces EMT (and classifications) with EMCT (and classifications)
- Clarifies the information/documentation required when applying for an extension to file an application for recertification
- Clarifies the conditions of the extension

- Clarifies what happens if an individual who received an extension is not recertified
- Moves from R9-25-401 approval/denial information

Old R9-25-408; New R9-25-406
- Replaces EMT (and classifications) with EMCT (and classifications)
- Clarifies and consolidates downgrading requirements

Old R9-25-409; New R9-25-407
- Replaces EMT (and classifications) with EMCT (and classifications)
- Updates cross-references
- Adds reporting a misdemeanor involving drugs or alcohol

Old R9-25-410; New R9-25-408
- Replaces EMT (and classifications) with EMCT (and classifications)
- Moves to R9-25-401 requirements for an EMCT to act only within the EMCT's scope of practice and, if applicable, as authorized by the administrative medical director
- Renames the rule to "Unprofessional Conduct; Physical or Mental Incompetence; Gross Incompetence; Gross Negligence"
- Moves the content of R9-25-411:
  - Updating a cross-reference
  - Updating EMCT classifications
  - Substituting "national certification organization" for "NREMT"

Old R9-25-411; New R9-25-409
- Moves to R9-25-410 conditions that constitute unprofessional conduct
- Moves to R9-25-410 descriptions of physical or mental incompetence and of gross incompetence or gross negligence
- Specifies the actions the Department may take against an applicant or EMCT and the basis for the action

Article 5

R9-25-501
- Removes requirements related to administration of a tuberculin skin test
- Adds definitions used in the Article

R9-25-502
- Removes definitions now in A.R.S. § 36-2201 or R9-25-101
- Clarifies that an administrative medical director authorizes an EMCT to perform a medical treatment, procedure, or technique or administer a medication
- Moves from R9-25-503 requirements related to administration of medication and documentation of training in medication administration
- Clarifies the requirement for assessment of an EMCT's competency by reference to relevant policies and procedures in Article 2
- Clarifies that documentation of training and of competency is maintained

Table 5.1
- Replaces a description of STR skill with the now-defined term
- Reorders some entries
- Adds entry for small volume nebulizer and clarifies that maintenance of a capped IV is allowed

- Updates reference to a new Table for interfacility transports
- Clarifies requirements for infusion pumps

Table 1
- Repeals the Table, which is being replaced with a new Table 5.2 and Table 5.4

Table 5.2
- Replaces a portion of the current Table 1
- Clarifies the agents that are required in a drug box
- Updates eligibility for authorization related to new EMCT classifications
- Removes agents authorized for interfacility transports to a new Table

Table 5.3
- Adds a new Table for agents in a drug box specific to hazardous material incidents, developed from requirements now in R9-25-507 [NOTE: The minimum supply, concentration, size, dosage, and route of administration of the agents still need to be determined by MDC.]

Table 5.4
- Replaces a portion of the current Table 1
- Clarifies the agents that may be administered or monitored during an interfacility transport
- Updates eligibility for authorization related to new EMCT classifications

New R9-25-503; Old R9-25-506
- Replaces EMT classifications with EMCT classifications

R9-25-504
- Removes definitions of terms defined in A.R.S. § 36-2201 or R9-25-101
- Replaces the use of the term "emergency medical patient" with a description of the type of patient for whom the requirements in the rule are applicable to avoid confusion/conflict with the definition in A.R.S. § 41-1831, which is also used by the regulated community
- Clarifies current requirements
- Removes the requirement to provide a written list of alternate locations for transport, consistent with statutory changes
- Clarifies that a health care institution to which an EMCT plans to transport a patient needs to be willing to accept the patient before the patient is transported
- Adds registered nurse practitioners to the list of health care providers to whom an EMCT may transfer care
- Removes the requirement for notification of the Department before implementing this rule

Old R9-25-505
- Repeals the rule
- Removes requirements related to IV access by an EMT-B as duplicating requirements in R9-25-502 and Table 5.1

New R9-25-505; Old R9-25-503
- Removes requirements related to administration, monitoring, or assistance in self-administration of an agent as duplicating requirements in R9-25-502, Table 5.1, and Table 5.2

- Clarifies requirements related to administration of an immunizing agent in the current rule and to be consistent with requirements for pharmacist administration of immunizing agents in A.A.C. R4-23-411

R9-25-507
- Repeals the rule
- Removes definitions and requirements related to training as duplicating requirements in R9-25-502 and Table 5.3

Exhibit 1 and Exhibit 2
- Repeals the rules

R9-25-508
- Repeals the rule
- Removes requirements related to endotracheal intubation by an EMT-B as duplicating requirements in R9-25-502 and Table 5.1

R9-25-510
- Repeals the rule
- Removes requirements related to an EMT-B carrying and administering aspirin as duplicating requirements in R9-25-502, Table 5.1, and Table 5.2

R9-25-511
- Repeals the rule
- Removes requirements related to an esophageal tracheal double lumen device by an EMT-B as duplicating requirements in R9-25-502 and Table 5.1

R9-25-513
- Repeals the rule
- Removes requirements related to requirements for a supplemental skill training instructor as duplicating requirements in R9-25-502 and Table 5.1

Article 7

R9-25-701
- Removes terms defined in A.R.S. § 36-2201 or R9-25-101:
  - Advanced life support
  - Applicant
  - Basic life support
  - Current
  - EMT
  - Health care institution
  - Medical direction
  - On-line medical direction
  - Patient
  - Pediatric
  - Person
  - Registered nurse
  - Scene
- Removes terms no longer used:
  - Convalescent transport

    - EMT-B
    - EMT-I
    - EMT-P
    - Pediatric equipment sizing reference guide
- Clarifies the definition of:
    - On-line medical guidance

R9-25-704

- Clarifies that an application is in a Department-provided format
- Adds e-mail address to the application
- Clarifies that the application is required to contain the name and AZ license number of the administrative medical director
- Clarifies a requirement for specifying mission types
- Removes convalescent transport as a regulated mission type
- Clarifies that the effective date of an FAA registration is required
- Removes duplicative specification of who can sign an application
- Removes a duplicative requirement and corrects a related cross-reference

R9-25-711

- Replaces EMT (and sub-classifications) with EMCT (and sub-classifications)

R9-25-715

- Replaces EMT (and sub-classifications) with EMCT (and sub-classifications)
- Corrects cross-references

Article 8

- Renames a Table from "Table 1" to "Table 8.1" to clarify
- Adds a requirement for a Glucometer or blood glucose measuring device with reagent strips and a pulse oximeter with pediatric and adult probes for a BLS mission to be consistent with the scope of practice for an EMT
- Corrects a reference to the Tables of required agents

Article 9

R9-25-901

- Removes terms defined in A.R.S. § 36-2201 or R9-25-101:
    - ALS
    - Ambulance attendant
    - Applicant
    - BLS
    - Certificate of necessity
    - Day
    - Emergency medical services or EMS
    - EMT
    - Fit and proper
    - Health care institution
    - Patient
    - Person
    - Scene
    - Suboperation station
- Clarifies definition of:

- Chassis

R9-25-902
- Clarifies that an application is in a Department-provided format
- Adds e-mail address to the application
- Clarifies that the signature also requires the date signed
- Corrects a statutory reference typo

Old Exhibits A & B; New Exhibits 9A & 9B
- Renames the Exhibits from "Exhibit A" and "Exhibit B" to "Exhibit 9A" and "Exhibit 9B" to clarify
- Corrects the Bureau's address from Morton to 18th Avenue
- Replaces EMT (and sub-classifications) with EMCT (and sub-classifications)
- Adds underlines that were missing
- Corrects grammatical errors

Article 10

R9-25-1002
- Adds a requirement for the wall and floor coverings of the interior patient compartment to be in good repair and capable of being disinfected, and maintained in a sanitary manner
- Adds a requirement for there to be at least two means of egress from the patient compartment to the outside through a window or door

R9-25-1003
- Clarifies that subsection (A) applies to both BLS and ALS ground ambulances
- Adds requirements consistent with national EMSC requirements
- Adds that a BLS ambulance is required to have an automated external defibrillator by January 2016
- Corrects a cross-reference

R9-25-1004
- Corrects a statutory reference

Article 12

R9-25-1201
- Renames a Table from "Table 1" to "Table 12.1" to clarify
- Corrects a cross-reference

Old Table 1; New Table 12.1
- Corrects references to EMCT and sub-classifications
- Corrects cross-references
- Removes unnecessary timeframes (Amendment of an ALS Base Hospital Certificate, Temporary Nonrenewable EMT-B or EMT-P Certification, and Transfer of an Air Ambulance Service License)
- Clarifies that the addition of a training course, not the amendment of a training program certificate, requires approval