



Medical Direction Commission

Date: September 17, 2020 - **Time:** 12:00 hrs

Location is online only, due to COVID-19: (Chrome browser) meet.google.com/fsv-vhyd-xov

Call-in: (US)+1 617-675-4444, PIN: 236 187 435 6666#

AGENDA

- I. Call to Order – Gail Bradley, MD, FACEP, FAEMS, Chair
- II. Roll Call - Shelley Bissell (12 members, 7 required for quorum)
- III. Chair Report
 - a. Attendance report (Attachment III.a.)
 - b. Vacancy report
 - c. 2021 Meeting Schedule (Attachment III.c.)
- IV. Bureau Report
 - a. Bureau Chief Report
 1. Rules Update (Attachment IV.a.1.)
 - b. Services Section Updates – Ben Fisher, MPA, NRP
 - c. Cactus Data Set Update
- V. Standing Committee Reports
 - a. Trauma and EMS Performance Improvement Standing Committee – Josh Gaither, MD
 - b. Education Standing Committee – Josh Gaither, MD
 - c. Protocols, Medications, and Devices Standing Committee – Josh Gaither, MD
 - d. Pediatric Advisory Council for Emergency Services – Julia Vinton, MPH, CHES
- VI. Discussion and Action Items
 - a. Discuss, amend, approve MDC Meeting Minutes from May 21, 2020 (Attachment VI.a.)
 - b. Discuss and approve recommending that the Department seek authority to move Scope of Practice out of rule
 - c. Discuss, amend, approve PMD-approved updates to Table 5.1 Scope of Practice (Attachment VI.c.1.-Updated table and Attachment VI.c.2.-Support Document)

d. Discuss, amend, approve updates to bylaws (Attachment VI.d.) - Jason Johnson, MD

VII. Agenda items to be considered for next meeting

VIII. Call to the Public

A public body may make an open call to the public during a public meeting, subject to reasonable time, place and manner restrictions, to allow individuals to address the public body on any issue within the jurisdiction of the public body. The Commission may ask staff to review a matter or may ask that a matter be put on a future agenda. Members of the public body shall not discuss or take legal action on matters raised during an open call to the public unless the matters are properly noticed for discussion and legal action. A.R.S. § 38-431.01(G)

Persons with disabilities may request a reasonable accommodation such as a sign language interpreter, by contacting Angie McNamara, angie.mcnamara@azdhs.gov, 602-364-3156; State TDD Number 1-800-367-8939; or Voice Relay Number 711. Requests should be made as early as possible to allow time to arrange accommodations.

IX. Summary of Current Events

- November 17-18 - [Pediatric Care After Resuscitation Course](#) - Online due to COVID-19

Visit the Bureau's News & Conferences page for upcoming events:

<http://azdhs.gov/preparedness/emergency-medical-services-trauma-system/index.php#news-conference-home>

Visit the Bureau's Training Programs page for upcoming CE opportunities:

<http://azdhs.gov/documents/preparedness/emergency-medical-services-trauma-system/training/continuing-education.pdf>

X. Next Meeting

January 21, 2021 @ 12:00 hrs, location TBA

XI. Adjournment

Committee Attendance Report

Medical Direction Commission

	Present	Tele	Absent
Daniel Spaitte			
9/27/2018	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11/15/2018	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5/23/2019	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9/19/2019	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1/23/2020	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5/21/2020	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Frank Walter			
9/27/2018	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11/15/2018	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5/23/2019	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9/19/2019	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1/23/2020	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5/21/2020	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Gail Bradley			
9/27/2018	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11/15/2018	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5/23/2019	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9/19/2019	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1/23/2020	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5/21/2020	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Glynnis Zieman			
9/27/2018	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11/15/2018	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5/23/2019	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9/19/2019	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1/23/2020	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5/21/2020	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Jason Johnson			
5/23/2019	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9/19/2019	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1/23/2020	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5/21/2020	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Jonathan Maitem			
9/27/2018	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11/15/2018	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5/23/2019	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9/19/2019	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1/23/2020	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5/21/2020	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Joshua Gaither			
9/27/2018	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11/15/2018	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5/23/2019	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9/19/2019	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1/23/2020	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5/21/2020	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Julie Augenstein			

Medical Direction Commission

	Present	Tele	Absent
Julie Augenstein			
9/19/2019	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1/23/2020	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5/21/2020	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Kevin Foster			
9/27/2018	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11/15/2018	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5/23/2019	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9/19/2019	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1/23/2020	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5/21/2020	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Michele Preston			
9/27/2018	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11/15/2018	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5/23/2019	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9/19/2019	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1/23/2020	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5/21/2020	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Rianne Page			
9/27/2018	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11/15/2018	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5/23/2019	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9/19/2019	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1/23/2020	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5/21/2020	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Julie Augenstein

**Bureau of Emergency Medical Services and Trauma System
2021 Statutory/Standing Committee Meetings**

Date	Time	Meeting	Conference Room
January 21, 2021	9:00 a.m.	State Trauma Advisory Board (STAB)	TBA
January 21, 2021	10:30 a.m.	Emergency Medical Services Council (EMSC)	TBA
January 21, 2021	12:00 p.m.	Medical Direction Commission (MDC)	TBA
March 18, 2021	9:00 a.m.	Trauma and EMS Performance Improvement (TEPI)	TBA
March 18, 2021	10:30 a.m.	Education Committee (EDU)	TBA
March 18, 2021	12:00 p.m.	Protocols, Medications and Devices Committee (PMD)	TBA
March 18, 2021	1:30 p.m.	Pediatric Advisory Council for Emergency Services (PACES)	TBA
May 20, 2021	9:00 a.m.	State Trauma Advisory Board (STAB)	TBA
May 20, 2021	10:30 a.m.	Emergency Medical Services Council (EMSC)	TBA
May 20, 2021	12:00 p.m.	Medical Direction Commission (MDC)	TBA
July 15, 2021	9:00 a.m.	Trauma and EMS Performance Improvement (TEPI)	TBA
July 15, 2021	10:30 a.m.	Education Committee (EDU)	TBA
July 15, 2021	12:00 p.m.	Protocols, Medications and Devices Committee (PMD)	TBA
July 15, 2021	1:30 p.m.	Pediatric Advisory Council for Emergency Services (PACES)	TBA
September 16, 2021	9:00 a.m.	State Trauma Advisory Board (STAB)	TBA
September 16, 2021	10:30 a.m.	Emergency Medical Services Council (EMSC)	TBA
September 16, 2021	12:00 p.m.	Medical Direction Commission (MDC)	TBA
November 18, 2021	9:00 a.m.	Trauma and EMS Performance Improvement (TEPI)	TBA
November 18, 2021	10:30 a.m.	Education Committee (EDU)	TBA
November 18, 2021	12:00 p.m.	Protocols, Medications and Devices Committee (PMD)	TBA
November 18, 2021	1:30 p.m.	Pediatric Advisory Council for Emergency Services (PACES)	TBA

DISCLAIMER: Meeting schedule subject to change upon the request of the Governor's Office or the Office of the Director. Should this occur, the Bureau will make all reasonable efforts to contact the affected members as soon as possible.

9/3/2020 sb

Timeline for Rulemaking (as of Sept 9, 2020)

Bureau of EMS and Trauma System Air Ambulance and Ground Ambulance Rule Updates	Article 7. Air Ambulance Service Licensing	Article 8. Air Ambulance Registration	Article 9. Ground Ambulance Certificate of Necessity	ARCR Documents	Article 10. Ground Ambulance Vehicle Registration	Article 11. Ground Ambulance Service Rates and Charges; Contracts
Webpage	https://azdhs.gov/director/administrative-counsel-rules/rules/index.php#rulemakings-active-air-ambulance		https://azdhs.gov/director/administrative-counsel-rules/rules/index.php#rulemakings-active-ground-ambulance			
Stakeholder input for developing draft rules	October-November 2018		September-October 2019	December 2020	July-August 2019	October 2020
First draft rules posted	April 2019		September 2020	February 2021	October 2019	January 2021
Second draft of rules posted	June 2019		October 2020	March 2021	November 2019	February 2021
Stakeholder Meeting 1	July 2, 2019		October 2020		December 2019	February 2021
Stakeholder Meeting 2	July 29, 2019		November 2020		January 2020	March 2021
Stakeholder Meeting 3	December 2019, if needed		December 2020			
Stakeholder Meeting 4+, if needed						
Additional drafts posted	August and October 2019					
Joint Stakeholder Meeting(s)						
Final draft rules posted	October 2020					
Prepare draft Economic Impact Statement (EIS)	October/November 2020					
Prepare Notice of Proposed Rulemaking	November 2020					
File Notice of Proposed Rulemaking	November 2020					
Hold Oral Proceeding	January 2021					
End of formal comment period	January 2021					
Submit Notice of Final Rulemaking to GRRC	January 2021					
GRRC Meetings	March/April 2021					
File Notice of Final Rulemaking	March/April 2021					
Rules effective	July 2021*		2022			

This timeline is subject to change based on stakeholder input and Department workload. *subject to change if legislation that includes exempt rulemaking authority includes air ambulances and is signed by the Governor.



ARIZONA DEPARTMENT
OF HEALTH SERVICES
PREPAREDNESS

Bureau Of Emergency Medical Services & Trauma System

150 N. 18th Avenue, Suite 540
Phoenix, Arizona 85007-3248
602-364-3150

Medical Direction Commission

Date: May 21, 2020 - **Time:** 12:00 hrs

Location: WebEx for social distancing compliance

AZ Medical Boards Building, 1740 W. Adams St., Board Room C, Phoenix, AZ 85007

Via WebEx: azgov.webex.com, meeting code 807 237 715, password MDC2020

Via telephone: dial 602-666-0783, meeting code 807 237 715 (#)

Draft Minutes

I. Call to Order – Gail Bradley, MD, FACEP, FAEMS, Chair

- The meeting was called to order at 12:00 hrs.

II. Roll Call - Shelley Bissell (12 members, 7 required for quorum)

Present		Absent
Gail Bradley, MD	Joshua Gaither, MD*	Glynnis Zieman, MD
Rianne Page, MD*	Jon Maitem, DO*	
Kevin Foster, MD*	Dan Spaite, MD*	
Julie Augenstein, MD*	Jason Johnson, MD*	
Frank Walter, MD*	Michele Preston, DO*	
	*Indicates teleconference	

III. Chair Report

- Attendance report
 - As presented for members.
- Vacancy report
 - The Chair reported one vacancy: Physician who specializes in cardiac care.

IV. Bureau Report

- Dr. Bradley thanked the EMS community for the hard work they do throughout the state and throughout the country, especially now with COVID-19.
- COVID-19 Update
 - Chief Mullins reported on activities the Bureau is working on in coordination with the State Health Emergency Operations Center.
 - Rules Update – Chief Mullins, MPH, MBA
 - As presented.
 - Services Section Updates – Ben Fisher, MPA, NRP
 - Ben Fisher reported additional data dashboards should be available soon, that the Trauma Registry is now linked with AZ-PIERS, and that additional naloxone will be available to

first responders by request. Please let us know if anyone has problems receiving the GovDelivery bulletins.

d. [Cactus Data Completeness Report](#)

- Dr. Bradley reported that EMS Council tabled action on the CACTUS Data Completion Standard.

V. Discussion and Action Items

a. Discuss, amend, approve MDC Meeting Minutes from January 23, 2020

- Motion to approve made by Jason Johnson, seconded by Julie Augenstein. With no amendments, the **minutes were approved**.

b. Discuss, amend, approve PMD-approved Drug Profiles

- Dr. Bradley gave background on the updated format for the Drug Profiles and went through the document drug by drug. With no nay votes, the **Drug Profiles were approved as amended**. Dr. Bradley thanked everyone who gave input during the update of this document.

c. Discuss, amend, approve PMD-approved updates to Table 1 - EMCT Drug Box

- Motion to approve made by Jon Maitem, seconded by Frank Walter. Dr. Bradley gave background information on this topic. Members discussed the PMD-recommended changes, concerns for shortages, dosing, and updated national guidelines. With friendly amendments to remove “HCl” where found and adjust sodium bicarbonate to “7.5% or 8.4%,” **Table 1 - EMCT Drug Box was approved**.

d. Discuss, amend, approve PMD-approved Treat and Refer Guidelines

- Dr. Bradley gave background on the Guidelines for this optional program. Motion to approve made by Jon Maitem, seconded by Jason Johnson. Members clarified that there is no COVID-19 connection with these. With a friendly amendment to change respiratory distress to “bronchospasm,” the **Guidelines were approved**.

e. Discuss Medications Given Report

- Dr. Bradley shared the Prehospital Medications Given by Year list, generated by the Services Section using AZ-PIERS, for the purposes of informing some of the discussion and guidance moving forward on the Drug Tables.

f. Discuss, approve creation of Bylaw updates workgroup

- Motion to approve creation of a workgroup made by Jon Maitem, seconded by Michele Preston. With no nay votes, the **workgroup was approved**. Volunteer names collected: Jon Maitem and Jason Johnson.

VI. Standing Committee Reports

a. Trauma and EMS Performance Improvement Standing Committee – Julie Augenstein, MD

- Shelley Bissell read a report provided by Dr. Augenstein.

b. Education Standing Committee – Josh Gaither, MD

- Dr. Gaither reported activity from the last meeting.

c. Protocols, Medications, and Devices Standing Committee – Josh Gaither, MD

- Dr. Gaither had nothing to add as the PMD-approved items were presented.

d. Pediatric Advisory Council for Emergency Services – Julia Vinton, MPH, CHES

- Julia Vinton reported activity from the last meeting.

VII. Agenda items to be considered for next meeting

- None.

VIII. Call to the Public

- None.

IX. Summary of Current Events

- Cancelled due to COVID-19.

X. Next Meeting

- September 17, 2020 @ 12:00 hrs at ADHS, 150 N 18th Ave., Conference Rooms 215 A&B, Phoenix, AZ 85007

XI. Adjournment

- The meeting ended at 13:36 hrs.

Draft

Table 5.1. Arizona Scope of Practice Skills

KEY:

✓ = Arizona Scope of Practice skill

(1) = Needs bridge transition training

STR = Special Training Required in Arizona

✓¹ = Limited to medications approved within Arizona AEMT Scope of Practice. Link to Drug Tables in Chapter 25 Rules Citations: <https://azdhs.gov/preparedness/emergency-medical-services-trauma-system/index.php#chapter-25>

** = EPI 1 mg/1 mL in 1 mL vial, anaphylaxis-prepared kit only, only for anaphylaxis and no auto-injector available

I. Skill - Airway/Ventilation/Oxygenation		EMT	AEMT	EMT-I (99)	Paramedic
	Airway – nasal	✓	✓	✓	✓
	Airway – oral	✓	✓	✓	✓
	Airway – supraglottic	STR	✓	✓	✓
	Bag-valve-mask (BVM)	✓	✓	✓	✓
	CPAP	✓(1)	✓(1)	✓(1)	✓
	Chest decompression – needle			✓	✓
	Chest tube placement – assist only				✓
	Chest tube – monitoring and management				✓
	Cricothyrotomy				✓
	End tidal CO2 monitoring and interpretation of waveform capnography	STR	✓(1)	✓	✓
	Gastric decompression - NG tube			✓	✓
	Gastric decompression - OG tube			✓	✓
	Head tilt – chin lift	✓	✓	✓	✓
	Endotracheal intubation			✓	✓
	Jaw-thrust	✓	✓	✓	✓
	Mouth-to-barrier	✓	✓	✓	✓
	Mouth-to-mask	✓	✓	✓	✓
	Mouth-to-mouth	✓	✓	✓	✓
	Mouth-to-nose	✓	✓	✓	✓
	Mouth-to-stoma	✓	✓	✓	✓
	Airway obstruction – dislodgement by direct laryngoscopy			✓	✓
	Airway obstruction – manual dislodgement techniques	✓	✓	✓	✓
	Oxygen therapy – high flow nasal cannula				✓(1)
	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	✓	✓	✓	✓
	Pulse oximetry	✓	✓	✓	✓
	Suctioning – upper airway	✓	✓	✓	✓
	Suctioning – tracheobronchial of an intubated patient		✓	✓	✓

II. Skill - Cardiovascular/Circulation		EMT	AEMT	EMT-I (99)	Paramedic
	Cardiopulmonary resuscitation (CPR)	✓	✓	✓	✓
	Cardiac monitoring – 12 lead ECG acquisition and transmission	✓	✓	✓	✓
	Cardiac monitoring – 12 lead electrocardiogram (interpretive)			✓	✓
	Cardioversion - electrical			✓	✓
	Defibrillation – automated / semi-automated	✓	✓	✓	✓
	Defibrillation – manual			✓	✓
	Hemorrhage control – direct pressure	✓	✓	✓	✓
	Hemorrhage control – tourniquet	✓	✓	✓	✓
	Hemorrhage control – wound packing	✓	✓	✓	✓
	Transvenous cardiac pacing – monitoring and maintenance			✓	✓
	Mechanical CPR device	✓	✓	✓	✓
	Telemetric monitoring devices and transmission of clinical data, including video data	✓	✓	✓	✓
	Transcutaneous pacing			✓	✓

III. Skill – Splinting, Spinal Motion Restriction (SMR), and Patient Restraint		EMT	AEMT	EMT-I (99)	Paramedic
	Cervical collar	✓	✓	✓	✓
	Long spine board	✓	✓	✓	✓
	Manual cervical stabilization	✓	✓	✓	✓
	Seated SMR (KED, etc.)	✓	✓	✓	✓
	Extremity stabilization - manual	✓	✓	✓	✓
	Extremity splinting	✓	✓	✓	✓
	Splint- traction	✓	✓	✓	✓
	Mechanical patient restraint	✓	✓	✓	✓
	Emergency moves for endangered patients	✓	✓	✓	✓

IV. Skill – Medication Administration – Routes		EMT	AEMT	EMT-I (99)	Paramedic
	Aerosolized/nebulized	✓	✓	✓	✓
	Endotracheal tube			✓	✓
	Inhaled	✓	✓	✓	✓
	Intradermal				✓
	Intramuscular	STR	✓	✓	✓
	Intramuscular – auto-injector	✓	✓	✓	✓
	Intranasal		✓	✓	✓
	Intranasal – unit-dosed, premeasured	✓	✓	✓	✓
	Intraosseous – initiation, peds or adult		✓	✓	✓
	Intravenous		✓	✓	✓
	Mucosal/Sublingual	✓	✓	✓	✓
	Nasogastric				✓
	Oral	✓	✓	✓	✓
	Rectal				✓
	Subcutaneous		✓	✓	✓
	Topical				✓
	Transdermal				✓

V. Medical Director Approved Medications		EMT	AEMT	EMT-I (99)	Paramedic
	Use of epinephrine (auto-injector) for anaphylaxis	✓	✓	✓	✓
	Use of auto-injector antidotes for chemical/hazardous material exposures	✓	✓	✓	✓
	Use of opioid antagonist auto-injector for suspected opioid overdose	✓	✓	✓	✓
	Immunizations		✓	✓	✓
	Inhaled – beta agonist/bronchodilator and anticholinergic for dyspnea and wheezing	✓	✓	✓	✓
	Inhaled – monitor patient administered (i.e., nitrous oxide)		✓	✓	✓
	Intranasal - opioid antagonist for suspected opioid overdose	✓	✓	✓	✓
	Intravenous		✓ ¹	✓	✓
	Maintain an infusion of blood or blood products				✓
	Oral aspirin for chest pain of suspected ischemic origin	✓	✓	✓	✓
	Oral glucose for suspected hypoglycemia	✓	✓	✓	✓
	Oral over the counter (OTC) analgesics for pain or fever	✓	✓	✓	✓
	OTC medications, oral and topical				✓
	Parenteral analgesia for pain		✓	✓	✓
	Sublingual nitroglycerin for chest pain of suspected ischemic origin – <i>limited to patient's own prescribed medication</i>	✓			

	Sublingual nitroglycerin for chest pain of suspected ischemic origin		✓	✓	✓
	Thrombolytics				STR

VI. Skill – IV Initiation/Maintenance Fluids		EMT	AEMT	EMT-I (99)	Paramedic
	Access indwelling catheters and implanted central IV ports				✓
	Central line – monitoring				✓
	Intraosseous – initiation, peds or adult		✓	✓	✓
	Intravenous access	STR	✓	✓	✓
	Intravenous – maintenance of nonmedicated IV fluids	✓	✓	✓	✓
	Intravenous – maintenance of medicated IV fluids			✓	✓

VII. Miscellaneous		EMT	AEMT	EMT-I (99)	Paramedic
	Assisted delivery (childbirth)	✓	✓	✓	✓
	Assisted complicated delivery (childbirth)	✓	✓	✓	✓
	Blood chemistry analysis				✓
	Blood pressure- automated	✓	✓	✓	✓
	Blood pressure- manual	✓	✓	✓	✓
	Blood glucose monitoring	✓	✓	✓	✓
	Eye irrigation	✓	✓	✓	✓
	Eye irrigation – hands free irrigation using sterile eye irrigation device				✓
	Venous blood sampling		✓	✓	✓

VIII. Arizona-Specific Skills		EMT	AEMT	EMT-I (99)	Paramedic
	Automated transport ventilator	STR	STR	✓	✓
	BPAP				✓
	Intubation – nasotracheal				✓
	Medication Assisted Intubation (paralytics)				STR
	Intramuscular (naloxone for opiate overdose/epinephrine for anaphylaxis)	STR**			
	Use/monitoring of agents specified in <i>Table 3-Agents Eligible for Administration and Monitoring During Interfacility Transport</i>			STR	STR
	Use/monitoring of infusion pump for agent administration during interfacility transports			STR	STR
	Collect nasal/pharyngeal swab for diagnostic testing	STR	STR	STR	STR

Table 5.1. Arizona Scope of Practice Skills Revised 2-22-19

KEY:

✓	=	Arizona Scope of Practice skill	
(1)	=	Needs bridge transition training	NEW LINE
STR	=	Special Training Required in Arizona	
✓ ¹	=	Limited to medications approved within Arizona AEMT Scope of Practice. Link to Drug Tables in Chapter 25 Rules Citations: https://azdhs.gov/preparedness/emergency-medical-services-trauma-system/index.php#chapter-25	NEW LINE
**	=	EPI 1 mg/1 mL in 1 mL vial, anaphylaxis-prepared kit only, only for anaphylaxis and no auto-injector available	NEW LINE
*	=	Already intubated	REMOVE

Airway/Ventilation/Oxygenation		EMT	AEMT	EMT-I(99)	Paramedic
Airway – esophageal	REMOVE LINE	STR	✓	✓	✓
Airway - supraglottic		STR	✓	✓	✓
Airway - nasal		✓	✓	✓	✓
Airway - oral		✓	✓	✓	✓
Automated transport ventilator	MOVE TO AZ SECTION	STR	STR	✓	✓
Bag-valve-mask (BVM)		✓	✓	✓	✓
BiPAP/CPAP	MOVE BPAP TO AZ SECTION	✓ (1)	✓ (1)	✓ (1)	✓
Chest decompression - needle				✓	✓
Chest tube placement - assist only					STR ✓
Chest tube monitoring and mgmt.					STR ✓
Cricoid pressure (Sellick’s maneuver)	REMOVE LINE	✓	✓	✓	✓
Cricothyrotomy- needle	COMBINE CRIC			STR	✓
Cricothyrotomy- percutaneous				STR	✓
Cricothyrotomy- surgical				STR	STR
Demand valve- manually triggered ventilation	REMOVE	✓	✓	✓	✓
End tidal CO2 monitoring/capnography		STR	✓ (1)	✓	✓
Gastric decompression - NG tube				✓	✓
Gastric decompression - OG tube				✓	✓
Head-tilt chin lift		✓	✓	✓	✓
Intubation – nasotracheal	MOVE LINE TO AZ, REMOVE STR			STR	✓
Intubation – orotracheal	REMOVE STR	STR	STR	✓	✓
Jaw-thrust		✓	✓	✓	✓
Jaw-thrust – modified (trauma)	REMOVE LINE	✓	✓	✓	✓

Attachment – Support Document showing current scope Table 5.1 with: **GREEN = ADD**
YELLOW = ADJUST
RED = REMOVE

Medication Assisted Intubation (paralytics) MOVE TO AZ					STR
	Mouth-to-barrier	✓	✓	✓	✓
	Mouth-to-mask	✓	✓	✓	✓
	Mouth-to-mouth	✓	✓	✓	✓
	Mouth-to-nose	✓	✓	✓	✓
	Mouth-to-stoma	✓	✓	✓	✓
	Obstruction - direct laryngoscopy			✓	✓
	Obstruction - manual	✓	✓	✓	✓
	Oxygen therapy – high flow nasal cannula NEW LINE				✓ (1)
	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 REMOVE			✓	✓
	Pulse oximetry	✓	✓	✓	✓
	Suctioning - upper airway	✓	✓	✓	✓
	Suctioning – tracheobronchial REMOVE STAR		✓*	✓	✓

Cardiovascular/Circulation		EMT	AEMT	EMT-I (99)	Paramedic
	Cardiac monitoring - multiple lead (interpretive) 12 lead			✓	✓
	Cardiac monitoring - single lead (interpretive) REMOVE			✓	✓
	Cardiac - multiple lead acquisition (non-interpretive) 12 lead	STR ✓	STR ✓	✓	✓
	Cardiopulmonary resuscitation	✓	✓	✓	✓
	Cardioversion - electrical			✓	✓
	Carotid massage – (≤17 years) REMOVE			STR	STR
	Defibrillation - automatic/semi-automatic	✓	✓	✓	✓
	Defibrillation - manual			✓	✓
	Hemorrhage control - direct pressure	✓	✓	✓	✓
	Hemorrhage control – wound packing ADD LINE	✓	✓	✓	✓
	Hemorrhage control - tourniquet	✓	✓	✓	✓
	Internal; cardiac pacing - monitoring only			✓	✓
	Mechanical CPR device REMOVE STR, ADD ✓	STR ✓	STR ✓	STR ✓	STR ✓

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Telemetric monitoring devices and transmission of clinical data, including video data	ADD LINE	✓	✓	✓	✓
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	REMOVE	✓	✓	✓	✓
Extremity stabilization - manual		✓	✓	✓	✓
Extremity splinting		✓	✓	✓	✓
Splint- traction		✓	✓	✓	✓
Mechanical patient restraint		✓	✓	✓	✓
Emergency moves for endangered patients		✓	✓	✓	✓

Medication administration - routes		EMT	AEMT	EMT-I (99)	Paramedic
Aerosolized/nebulized	(beta-agonist)	STR✓	✓	✓	✓
Assisting patient with his/her own prescribed medications (aerosolized/nebulized)	REMOVE	✓	✓	✓	✓
Assisting patient with his/her own prescribed medications (ASA/Nitro)	REMOVE	✓	✓	✓	✓
Assisting patient with his/her own prescribed medications (auto- injector)	REMOVE	✓	✓	✓	✓
Assisting patient with his/her own prescribed medications (hydrocortisone sodium succinate)	REMOVE		✓	✓	✓
Intramuscular	Auto-injector	STR✓	✓	✓	✓
Buccal	ADJUSTED TO MUCOSAL/SUBLINGUAL	STR	✗	✗	✗
Endotracheal tube				✓	✓
Inhaled	self administered (nitrous oxide)	✓	✓	✓	✓
Intradermal				STR	STR✓
Intramuscular	(including patient-assisted hydrocortisone)	STR	✓	✓	✓
Intranasal		STR	✓	✓	✓
Intranasal – unit-dosed, premeasured	ADD LINE	✓	✓	✓	✓
Intravenous	push		✓	✓	✓
Intravenous piggyback	REMOVE			✓	✓
Intraosseous			STR✓	✓	✓

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	Nasogastric				✓
	Oral	✓	✓	✓	✓
	Rectal		STR	✗	✓
	Small volume nebulizer	MERGE WITH AEROSOLIZED	STR	✓	✓
	Subcutaneous		✓	✓	✓
	Mucosal / Sublingual	✓	✓	✓	✓
	Topical	ADD LINE			✓
	Transdermal	ADD LINE			✓

ADD SECTION FOR MEDICAL DIRECTOR-APPROVED MEDICATIONS (TO MATCH NAT'L)					
Medical Director Approved Medications		EMT	AEMT	EMT-I (99)	Paramedic
	Use of epinephrine (auto-injector) for anaphylaxis	✓	✓	✓	✓
	Use of auto-injector antidotes for chemical/hazardous material exposures	✓	✓	✓	✓
	Use of opioid antagonist auto-injector for suspected opioid overdose	✓	✓	✓	✓
	Immunizations		✓	✓	✓
	Inhaled – beta agonist/bronchodilator and anticholinergic for dyspnea and wheezing	✓	✓	✓	✓
	Inhaled – monitor patient administered (i.e., nitrous oxide)		✓	✓	✓
	Intranasal - opioid antagonist for suspected opioid overdose	✓	✓	✓	✓
	Intravenous		✓ ¹	✓	✓
	Maintain an infusion of blood or blood products				✓
	Oral aspirin for chest pain of suspected ischemic origin	✓	✓	✓	✓
	Oral glucose for suspected hypoglycemia	✓	✓	✓	✓
	Oral over the counter (OTC) analgesics for pain or fever	✓	✓	✓	✓
	OTC medications, oral and topical				✓
	Parenteral analgesia for pain		✓	✓	✓
	Sublingual nitroglycerin for chest pain of suspected ischemic origin – <i>limited to patient's own prescribed medication</i>	✓			
	Sublingual nitroglycerin for chest pain of suspected ischemic origin		✓	✓	✓
	Thrombolytics				STR

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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	STR	✓	✓	✓
	Intravenous initiation – peripheral REMOVE	STR	✓	✓	✓
	Intravenous- maintenance of non-medicated IV fluids or capped access	✓	✓	✓	✓
	Intravenous- maintenance of medicated IV fluids			✓	✓
	Umbilical initiation REMOVE				STR

Miscellaneous		EMT	AEMT	EMT-I (99)	Paramedic
	Assisted delivery (childbirth)	✓	✓	✓	✓
	Assisted complicated delivery (childbirth)	✓	✓	✓	✓
	Blood pressure- automated	✓	✓	✓	✓
	Blood glucose monitoring	✓	✓	✓	✓
	Blood pressure- manual	✓	✓	✓	✓
	Eye irrigation	✓	✓	✓	✓
	Eye irrigation (Morgan lens)				STR ✓
	Thrombolytic therapy- initiation MOVE TO MEDICAL DIRECTOR APPROVED MEDICATIONS				STR
	Urinary catheterization REMOVE				STR
	Venous blood sampling		✓	✓	✓
	Blood chemistry analysis				STR ✓
	Use/monitoring of agents specified in Table 5.4 during interfacility transports MOVE TO AZ SECTION			STR	STR
	Use/monitoring of infusion pump for agent administration during interfacility transports MOVE TO AZ SECTION			STR	STR

ADD Arizona Section		EMT	AEMT	EMT-I (99)	Paramedic
	Automated transport ventilator	STR	STR	✓	✓
	BPAP				✓
	Intubation – nasotracheal				✓
	Medication Assisted Intubation (paralytics)				STR

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Intramuscular (naloxone for opiate overdose/epinephrine for anaphylaxis) NEW LINE	STR**			
Use/monitoring of agents specified in <i>Table 3-Agents Eligible for Administration and Monitoring During Interfacility Transport</i>			STR	STR
Use/monitoring of infusion pump for agent administration during interfacility transports			STR	STR
Collect nasal/pharyngeal swab for diagnostic testing NEW LINE	STR	STR	STR	STR

BYLAWS

MEDICAL DIRECTION COMMISSION OF THE STATE OF ARIZONA

Abbreviations:

- Arizona Department of Health Services (ADHS) – Department
- Bureau of EMS and Trauma System (BEMSTS) – Bureau
- Director of the Arizona Department of Health Services – Director
- Medical Direction Commission (MDC) – Commission

ARTICLE I – PURPOSE

The name and purpose of the Commission shall be:

Medical Direction Commission, referred to in the remainder of these Bylaws as the “Commission,” shall recommend to the Director the following standards and criteria that pertain to the quality of emergency patient care:

- Statewide standardized training, certification and recertification standards for all classifications of emergency medical care technicians.
- A standardized and validated testing procedure for all classifications of emergency medical care technicians.
- Medical standards for certification and recertification of training programs for all classifications of emergency medical care technicians.
- Standardized continuing education criteria for all classifications of emergency medical care technicians.
- Medical standards for certification and recertification of certified emergency receiving facilities and advanced life support base hospitals and approval of physicians providing medical control or medical direction for any classification of emergency medical care technicians who are required to be under medical control or medical direction.
- Standards and mechanisms for monitoring and ongoing evaluation of performance levels of all classifications of emergency medical care technicians, emergency receiving facilities and advanced life support base hospitals and approval of physicians providing medical control or medical direction for any classification of emergency medical care technicians who are required to be under medical control or medical direction.
- Objective criteria and mechanisms for decertification of all classifications of emergency medical care technicians, emergency receiving facilities and advanced life support base hospitals and for disapproval of physicians providing medical control or medical direction for any classification of emergency care technicians who are required to be under medical control or medical direction.
- Medical standards for nonphysician prehospital treatment and prehospital triage of patients requiring emergency medical services.

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- Standards for emergency medical dispatcher training, including prearrival instructions. For the purposes of this paragraph, "emergency medical dispatch" means the receipt of calls requesting emergency medical services and the response of appropriate resources to the appropriate location.
- Standards for a quality assurance process for components of the statewide emergency medical services and trauma system, including standards for maintaining the confidentiality of the information considered in the course of quality assurance and the records of the quality assurance activities pursuant to A.R.S. 36-2403.
- Standards for ambulance service and medical transportation that give consideration to the differences between urban, rural and wilderness areas.
- Standards to allow an ambulance to transport a patient to a health care institution that is licensed as a special hospital and that is physically connected to an emergency receiving facility.

~~The name of the Commission shall be: Medical Direction Commission of the State of Arizona, referred to in the remainder of these Bylaws as the "Commission".~~

~~The Commission carries out the duties described in Arizona Revised Statutes, Title 36, Chapter 21.1, Emergency Medical Services. Such duties shall include but not be limited to recommending for adoption the following standards to the Director, Arizona Department of Health Services:~~

- ~~1. To establish medical protocols governing medical treatments, procedures, medications, training and techniques that may be administered or performed by each class of emergency medical care technician (EMCT) pursuant to A.R.S. §36-2205.~~
- ~~2. To establish protocols which shall give consideration to the differences in treatments and procedures for specialty designation, regional, urban, rural and wilderness areas within the State of Arizona.~~
- ~~3. To establish protocols requiring emergency medical care technicians (EMCT) certified to perform advanced procedures shall do so only under medical direction.~~
- ~~4. To amend established protocols, as deemed necessary, or in response to any petition pursuant to A.R.S. §41-1033 requesting such action and filed with the Director.~~
- ~~5. To review and approve prehospital research protocols.~~

ARTICLE II – COMMISSION LIAISON

The intent of this **section** ~~Article~~ is to provide for the timely and appropriate exchange of information regarding emergency medical services **and trauma system activity** between ADHS ~~the Department of Health Services~~ and the Commission. To that end, the Bureau Chief, ~~Bureau of Emergency Medical Services and Trauma System (BEMSTS), ADHS,~~ or his/her designee, will be the **ADHS** ~~Department's~~ Liaison to the Commission.

The **Liaison** ~~Bureau Chief, BEMSTS,~~ or his/her designee shall provide staff support and technical assistance to the Commission and its committees as needed. He/she will be responsible for reporting to the Commission on pending actions and/or issues which may be within the scope of consultative and advisory duties of the Commission. The **Liaison** ~~Bureau Chief, BEMSTS,~~ or his/her designee shall be responsible for ensuring that the Director, ~~ADHS,~~ is informed of the Commission

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recommendations and actions in a reasonable time frame.

ARTICLE III – MEMBERS

Section 1. Commission membership

The membership of this Commission shall be composed as provided in A.R.S. §36-2203.01(A).

Section 2. Term of membership

Members of the Commission are shall be appointed by the Governor for three-year terms. for a term of three years.

Section 3. Compensation

Members of the Commission are not entitled to compensation but are entitled to reimbursement of expenses pursuant to Title 38, Chapter 4, Article 2, pending the availability of funds.

Section 4. Voting

Each member of the Commission shall be entitled to one vote when present at meetings of the Commission. No individual member shall cast more than one vote on the Commission. Voting by proxy and/or alternate voter shall not be authorized.

Section 5. Vacancies

Vacancies shall be filled pursuant to A.R.S. §38-211. The Chair shall be responsible for informing the Commission and the Governor's Office of vacancies.

ARTICLE IV – OFFICERS

Chair: The Chair shall be the Medical Director for the Bureau Emergency Medical Services and shall perform the duties delegated to the Commission and those prescribed by these bylaws and by the parliamentary authority adopted by the Commission.

Vice Chair: The Vice Chair shall be selected by a majority of the members present and shall serve for a three-year term (or until end of their current membership term), and shall serve as Chair of the Commission in the absence of the Chair. Upon resignation or completion of term, a new Vice Chair will be selected at the next regular meeting.

ARTICLE V – MEETINGS

Section 1. Regular Meetings

The regular meetings of the Commission shall be held not less than three times a year, at a time and place designated by the Chair.

Section 2. Special Meetings

Special meetings and/or telephone meetings may be called by the Chair, or by written request of five (5) members of the Commission, and must comply with Arizona's Open Meeting Law.

Section 3. Notice of Meetings

Commission members shall be notified at least ten (10) days in advance of all Commission meetings. A yearly schedule of regular Commission meetings shall be made available to the Commission members no later than December of the preceding year. Minutes of the previous meeting and an agenda for the upcoming meeting should be available ten (10) days in advance of the Commission meetings.

Section 4. Attendance

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Regular attendance is expected of all Commission members. If a member fails to attend two (2) consecutive meetings, an inquiry shall be made of that member concerning their continued participation on the Commission, and the results of the inquiry, together with recommendation of the Commission, shall be forwarded to the Governor's Office of **Boards and Commissions for a decision on the member's status.**

Section 5. Quorum

A simple majority of the members of the Commission in person or **via electronic media** ~~by telephone~~ shall constitute a quorum. A quorum is determined by the total membership positions, whether filled or vacant. The Commission consists of 12 statutory member positions; 7 members must be present in person or **via electronic media** ~~by telephone~~ to constitute a quorum.

ARTICLE VI – COMMITTEES

Section 1. Establishment of Committees

Standing and special committees may be established by the Commission or by the Chair with the approval of the Commission. Unless otherwise provided by these bylaws, members of committees and their Chairs shall be appointed by the Chair of the Commission with due concern for categorical and geographic representation appropriate to the specific duties of the particular committee.

Section 2. Membership on Committees

Membership on standing and special committees need not be limited to members of the Commission. However, the committee Chair and at least one additional member of a committee shall be members of the Commission. A member of the Commission may act as Chair if the regular committee Chair is absent. The Chair of the Commission shall be an ex officio member of all standing committees.

Section 3. Guidelines for Standing Committees

Standing committees are appointed by the Commission Chair. The Commission will develop general guidelines for committee operating procedures and will define the scope and action, as well as goals and objectives of each committee. Additional goals and objectives may be assigned as necessary. Each committee will be responsible for reporting committee activity and action recommendations and receiving Commission assignments at each meeting of the Commission. Standing committees shall include, but not be limited to: **Protocols, Medications and Devices Standing Committee.**

- A. ~~Protocols, Medications and Devices Committee~~—~~This committee serves as the medical advisory group to the Commission. Its functions are to define the scope of prehospital medical care, principles and practices for the Commission and also to review and recommend changes or additions to the drug box and use of new medical devices.~~

Section 4. Special Committees

Special committees may be established by the Commission or by the Chair with approval of the Commission **and consistent with Arizona's Open Meeting Law.** Special committees may be established when committee effort is indicated to conduct specialized investigative and advisory activities.

ARTICLE VII – PARLIAMENTARY AUTHORITY

The rules contained in the current edition of Robert's Rules of Order Newly Revised shall govern the Commission in all cases to which they are applicable and in which they are not inconsistent with

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these bylaws.

The Commission may appoint a member to act as parliamentarian during meetings. It is the parliamentarian's responsibility to ensure Commission meetings are conducted following Robert's Rules of Order.

ARTICLE VIII – OPEN MEETING LAW

The Arizona's Open Meeting Law, **A.R.S. § 38-431.01**, shall apply to meetings of the Commission and its committees.

ARTICLE IX – MINUTES

Minutes of each Commission ~~and Commission committee~~ meeting will be recorded, and the Commission shall have the right of review and correction of minutes of all meetings before publication and distribution.

ARTICLE X – MOTIONS

All motions passed by this Commission will be forwarded to the Director ~~of the Arizona Department of Health Services~~ for review and/or action **if required**.

ARTICLE XI – AMENDMENTS

These bylaws can be amended at any regular meeting of the Commission by a majority vote of the entire membership, provided that the amendment has been submitted to the members in written form ten (10) days in advance of the meeting. Bylaws will be reviewed, at a minimum, every three years.

Approved 3/24/95

Revised & Approved 1/23/98, 3/27/98, 6/22/01, 1/24/03, 4/21/06, 5/29/14, 09/28/17