

## NOTICES OF FINAL RULEMAKING

The Administrative Procedure Act requires the publication of the final rules of the state's agencies. Final rules are those which have appeared in the *Register* 1st as proposed rules and have been through the formal rulemaking process including approval by the Governor's Regulatory Review Council. The Secretary of State shall publish the notice along with the Preamble and the full text in the next available issue of the *Arizona Administrative Register* after the final rules have been submitted for filing and publication.

### NOTICE OF FINAL RULEMAKING

#### TITLE 7. EDUCATION

#### CHAPTER 2. STATE BOARD OF EDUCATION

#### PREAMBLE

1. **Sections Affected** **Rulemaking Action**  
R7-2-603 Amend
2. **The specific authority for the rulemaking, including both the authorizing statute (general) and the statutes the rules are implementing (specific):**  
Authorizing statute: A.R.S. § 15-203(A)  
Implementing statute: A.R.S. § 15-203(A)(18)
3. **The effective date of the rules:**  
December 19, 1996
4. **A list of all previous notices appearing in the Register addressing the final rules:**  
**Notice of Rulemaking Docket Opening:**  
2 A.A.R. 1357, March 29, 1996  
**Notice of Proposed Rulemaking:**  
2 A.A.R. 3794 August 30, 1996
5. **The name and address of agency personnel with whom persons may communicate regarding the rulemaking:**  
Name: Corinne L. Velasquez  
Administrator  
  
Address: State Board of Education  
1535 West Jefferson, Room 418  
Phoenix, Arizona 85007  
  
Telephone: (602) 542-5057  
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6. **An explanation of the rules, including the agency's reasons for initiating the rules:**  
R7-2-603(J) allows the State Board of Education to issue an Emergency Substitute Certificate. The rule amendment reduces the number of course work hours required for each reissuance and allows course work to be replaced by equivalent district in-service training.
7. **A showing of good cause why the rule is necessary to promote a statewide interest if the rule will diminish a previous grant of authority of a political subdivision of this state:**  
Not applicable.
8. **The summary of the economic, small business, and consumer impact:**  
The total tuition cost to the teacher will be spread over a longer period of time or will decrease if the district provides in-service training at no cost to the teacher. More individuals will qualify for employment as emergency substitute teachers. The school district will incur costs and universities will lose some revenue if districts choose to provide in-service training in order for emergency substitute certificate holders to retain their certificates.
9. **A description of the changes between the proposed rules, including supplemental notices, and final rules, (if applicable):**  
(J)(1) Change "school district" to "county" for clarification; delete "and may not be extended beyond 120-day limit" as unnecessary language.  
(J)(2) Delete "verification of emergency by"; add "a request from", delete ","; add "and"; delete ", and approval by the Director of Certification"; move the word "requesting" before "school"; and delete "emergency status."

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- (J)(3) Add "Pursuant to R7-2-601(D) and (G)"; change "Applicants" to "applicants"; delete "who have not completed"; add "shall submit verification of completion of"; rework sentence related to completion of 2 semester hours of academic course work; delete "Thirty days of teaching under the supervision of a certified teacher may be substituted for the academic coursework."; add subparagraph (a) with language related to district inservice programs; and add subparagraph (b) related to requirements for verification of district in-service hours.
- (J)(4) Delete "An emergency substitute teacher"; add "The holder of an emergency substitute certificate"; and delete (in two places) "be used to".

**10. A summary of the principal comments and the agency responses to them:**

There were not comments received, oral or written, for or against the proposed amendment.

Arguments could have been presented that the shortage of substitute teachers has forced many districts into intensive recruiting efforts for substitutes and emergency substitutes. The districts have a pool of people who are currently classified as teacher aides. These individuals qualify for the first issuance of an emergency substitute certification, but those aides are not likely to qualify for reissuance of an emergency substitute certificate because they are generally parents who have no interest in taking the required college course work. The amendment will help them qualify for reissuance by offering alternatives to college course work.

The alternative preparation (district in-service) is more relevant training than many courses that emergency substitutes take to qualify for reissuance of the emergency substitute certificate. The people that districts want to re-employ as emergency substitutes are more effective working with children as a result of their teaching experience.

The proposed rule increases the requirements for initial certification. The current rule has been criticized for having low initial requirements. If the reissuance requirements are going to be lower, the initial requirements need to be somewhat higher.

Arguments against the proposed amendment could have been that the requirements for initial issuance of an emergency substitute certificate are too low. Reducing the requirements for academic coursework for reissuance of the certificate exacerbates the problem.

Districts may not have the need to hire emergency substitutes for 30 days of a school year or the financial resources to provide the alternative training, but applicants will be reluctant to pay for course work if there are other options which could be provided to them at no cost. This amendment would not benefit those districts.

**11. Any other matters prescribed by statute that are applicable to the specific agency or to any specific rule or class of rules:**

Not applicable.

**12. Incorporations by reference and their location in the rules:**

None.

**13. Was this rule previously adopted as an emergency rule? If so, please indicate the Register citation:**

This amendment was previously adopted by the State Board of Education as an emergency rule, however, the Attorney General denied certification on the amendment as an emergency.

**14. The full text of the rules follows:**

**TITLE 7. EDUCATION**

**CHAPTER 2. STATE BOARD OF EDUCATION**

**ARTICLE 6. CERTIFICATION**

Section  
R7-2-603. Teacher Certification Requirements

**ARTICLE 6. CERTIFICATION**

R7-2-603. Teacher Certification Requirements

- A. No change.
- B. No change.
- C. No change.
- D. No change.
- E. No change.
- F. No change.
- G. No change.
- H. No change.
- I. No change.
- J. Emergency substitute certificate - valid 1 school year or part thereof and limited to 120 days of substitute teaching in elementary, secondary, or special education. Applicant must possess a high school diploma or GED for initial issuance of the certificate.
  - 1. Entitles holder to substitute in the specified school district

- 2. ~~Required~~ Requires verification of emergency by a request from the school district superintendent, and ~~concurrency~~ concurrency by the county school superintendent, and approval by the Director of Certification. When the requesting school requesting emergency status is a Bureau of Indian Affairs school, a Bureau of Indian Affairs grant school, or a tribally controlled or contract school, concurrency by a county school superintendent is not required.
- 3. Pursuant to R7-2-601(D) and (G), Applicants applicants who have not completed shall submit verification of completion of a minimum of 30 semester hours of academic course work from a regionally accredited institution. Applicants who have not completed a minimum of 30 semester hours of academic course work must complete six 2 semester hours of academic course work to qualify for each reissuance.
  - a. A maximum of ten semester hours of academic course work credit may be accepted for district District in-service programs designed for professional county and may not be extended beyond 120-day limit.

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- growth of the certificate holder may be substituted for academic course work based on 15 in-service classroom hours for each semester hour.
- b. ~~Proof Verification of district in-service hours shall be provided made in writing by the district superintendent or personnel director and submitted to the Certification Unit when applying for this certificate.~~
- 4. ~~An emergency substitute teacher The holder of an~~

~~emergency substitute certificate may not be used to fill a vacancy in a contract teaching position and may not be used to serve in any 1 classroom for more than 20 working days.~~

- K. No change.
- L. No change.
- M. No change.

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TITLE 9. HEALTH SERVICES

CHAPTER 13. DEPARTMENT OF HEALTH SERVICES

HEALTH PROGRAM SERVICES

PREAMBLE

1. Sections Affected

Rulemaking Action

R9-13-201	Amend
R9-13-203	Amend
R9-13-204	Amend
R9-13-205	Amend
R9-13-206	Amend
R9-13-301	Amend
R9-13-302	Amend
R9-13-303	Repeal
R9-13-304	Amend
Article 4.	Repeal
R9-13-401	Repeal
R9-13-402	Repeal
R9-13-403	Repeal
R9-13-404	Repeal
R9-13-405	Repeal
R9-13-406	Repeal
R9-13-501	Amend
R9-13-502	Amend
R9-13-503	Repeal
R9-13-504	Amend
Article 6.	Repeal
R9-13-601	Repeal
R9-13-602	Repeal
R9-13-603	Repeal
R9-13-604	Repeal
R9-13-605	Repeal
R9-13-606	Repeal
R9-13-701	Amend
R9-13-702	Amend
R9-13-703	Repeal
R9-13-704	Amend
R9-13-801	Amend
R9-13-802	Amend
R9-13-803	Repeal
R9-13-804	Repeal
R9-13-805	Amend
R9-13-806	Amend

2. The specific authority for the rulemaking, including both the authorizing statute (general) and the statutes the rules are implementing (specific):

Authorizing statutes: A.R.S. §§ 36-136(F) and 36-2209(A)

Implementing statutes: A.R.S. §§ 36-2202, 36-2204, 36-2205

3. The effective date of the rules:

December 16, 1996

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4. **A list of all previous notices appearing in the Register addressing the final rules:**  
    **Notice of Rulemaking Docket Opening:**  
    1 A.A.R. 2397, November 17, 1995  
  
    **Notice of Proposed Rulemaking:**  
    2 A.A.R. 83, January 12, 1996
5. **The name and address of agency personnel with whom persons may communicate regarding the rulemaking:**  
    Name: William J. Singer  
    Address: Department of Health Services  
            1651 East Morten, Suite 120  
            Phoenix, Arizona 85020  
    Telephone: (602) 255-1170  
    Fax: (602) 255-1134
6. **An explanation of the rules, including the agency's reasons for initiating the rules:**  
    These Articles were adopted in 1981, and are completely obsolete. The Department, through this repeal, is proceeding with the transition to and implementation of completely new rules, approved by GRRC in October and filed with the Secretary of State, which are in another Chapter and which incorporate updated standards and a simplified rule design. This rule package was the result of substantial input from interested persons and the regulated community who provided comments and assistance during their development and drafting.
7. **A showing of good cause why the rule is necessary to promote a statewide interest if the rule will diminish a previous grant of authority of a political subdivision of this state:**  
    Not applicable.
8. **The summary of the economic, small business, and consumer impact:**  
    There will be no economic impact upon small businesses or consumers by the repeal of these rules with the transitional features included.
9. **A description of the changes between the proposed rules, including supplemental notices, and final rules, (if applicable):**  
    Many of the sections previously listed as outright repeals have been changed to amendments. The amendments to each 10 in Article 2 and the "Scope" 10 of each remaining unrepealed article will include a new subsection which limits the effect of the rule 10 to currently certificated persons, places or activities, e.g. basic emergency medical technicians, base hospitals, or emergency medical services training programs. In addition, for Articles 3, 5, and 7, the limitation also precludes the initiation of training courses after January 1, 1997, without first applying to the Department and being certified under the training program standards in the new 9 A.A.C. 25. The 2nd new subsection, included in all amended sections in the unrepealed articles, is an automatic repeal provision. This alternative repeal process is being utilized in order to transition existing base hospital, training program, and emergency medical technicians certificate holders to the new standards established in the new 9 A.A.C. 25, which will take effect in January, 1997. It effectively grandfathers these groups for periods of time to give them a reasonable opportunity to prepare to meet the new standards while maintaining existing standards until all of these groups can be transitioned. Failure to provide for this period would create substantial hardships for many certificated programs and emergency medical technicians and could disrupt the emergency medical services system in Arizona, presenting a threat to public health and safety. Simple delayed repeal without the applicability provisions would create legal problems in determining when to apply the new Chapter 25 versus the remaining old Chapter 13 rules.
10. **A summary of the principal comments and the agency responses to them:**
  - A. **General Comments**  
    The Department received no comments regarding the repeal of these rules.
  - B. **Issues Raised by the Public During the Rulemaking Process**  
    No issues were raised by the public regarding the repeal of these rules.
11. **Any other matters prescribed by statute that are applicable to the specific agency or to any specific rule or class of rules:**  
    Not applicable.
12. **Incorporations by reference and their location in the rules:**  
    None.
13. **Was this rule previously adopted as an emergency rule? If so, please indicate the Register citation:**  
    No.
14. **The full text of the rules follows:**

TITLE 9. HEALTH SERVICES

CHAPTER 13. DEPARTMENT OF HEALTH SERVICES  
HEALTH PROGRAMS SERVICES

ARTICLE 2. ADVANCED LIFE SUPPORT BASE HOSPITAL CERTIFICATION

- Section
- R9-13-201. Definitions
  - R9-13-203. Supporting Service Agreements
  - R9-13-204. Responsibilities and Requirements
  - R9-13-205. Suspension and Revocation
  - R9-13-206. Medical Control for Automatic/Semiautomatic Defibrillation

ARTICLE 3. EMERGENCY PARAMEDIC TRAINING PROGRAM CERTIFICATION

- Section
- R9-13-301. Scope
  - R9-13-302. Certification
  - R9-13-303. Recertification
  - R9-13-304. Suspension and Revocation

ARTICLE 4. EMERGENCY PARAMEDIC CERTIFICATION

- Section
- R9-13-401. Scope
  - R9-13-402. Authorized Treatment Activities
  - R9-13-403. Required Documents
  - R9-13-404. General Requirements
  - R9-13-405. Recertification
  - R9-13-406. Suspension and Revocation

ARTICLE 5. INTERMEDIATE EMERGENCY MEDICAL TECHNICIAN TRAINING PROGRAM CERTIFICATION

- Section
- R9-13-501. Scope
  - R9-13-502. Certification
  - R9-13-503. Recertification
  - R9-13-504. Suspension and Revocation

ARTICLE 6. INTERMEDIATE EMERGENCY MEDICAL TECHNICIAN CERTIFICATION

- Section
- R9-13-601. Scope
  - R9-13-602. Authorized Treatment Activities
  - R9-13-603. Required Documents
  - R9-13-604. General Requirements
  - R9-13-605. Recertification
  - R9-13-606. Suspension and Revocation

ARTICLE 7. BASIC EMT TRAINING PROGRAM CERTIFICATION

- Section
- R9-13-701. Scope
  - R9-13-702. Certification
  - R9-13-703. Recertification
  - R9-13-704. Suspension and Revocation

ARTICLE 8. BASIC EMERGENCY MEDICAL TECHNICIAN CERTIFICATION

- Section
- R9-13-801. Scope
  - R9-13-802. Authorized Treatment Activities

- R9-13-803. Required Documents
- R9-13-804. General Requirements
- R9-13-805. Recertification
- R9-13-806. Suspension and Revocation

ARTICLE 2. ADVANCED LIFE SUPPORT BASE HOSPITAL CERTIFICATION

R9-13-201. Definitions

A. In Articles 2 through 13 of this Chapter, unless the context otherwise requires:

1. "Administrative medical direction" means physician development of EMS policies, procedures, and programs related to education and evaluation of prehospital EMS personnel.
2. "Advanced life support" or "ALS" means those authorized treatment activities described in Articles 4 and 6 of this Chapter for use by paramedics or IEMT's.
3. "Advanced Life Support Base Hospital" or "ALS base hospital" or "Emergency Center" means a health care institution offering general medical and surgical services which has been certified by the Director as an ALS base hospital and which is affiliated by written agreement with licensed ambulance service, municipal rescue service, fire department, fire district, or health district for medical direction, evaluation, and control of paramedics, IEMT's or BEMT's qualified under R9-13-802(C).
4. "ALS ambulance" means a registered ambulance staffed by ALS personnel and equipped with ALS equipment, pursuant to Article 11 of these regulations.
5. "ALS base hospital/IEMT" means a health care institution offering general medical and surgical services which has been certified by the Director as an ALS base hospital/IEMT and is affiliated by written agreement with a licensed ambulance service, municipal rescue service, fire department, fire district, or health services district for medical direction, evaluation, and control of IEMT's.
6. "ALS base hospital medical director" means an emergency physician appointed by an ALS base hospital to be responsible for administrative medical direction of paramedics, IEMT's, or BEMT's assigned to that ALS base hospital.
7. "ALS system hospital" means a health care institution offering general medical and surgical services, without 24-hour/in-house physician staffing in the emergency department which is affiliated by written agreement with an ALS base hospital or ALS base hospital/IEMT for administrative medical direction and evaluation of IEMT's or BEMT's practicing within their service area.
8. "Air ambulance attendant" means a person licensed or certified by the State of Arizona as a registered nurse, physician's assistant or paramedic, who meets the qualifications described in R9-13-901 and who is responsible for the care of patients on an aircraft.
9. "Air ambulance mechanic" means a licensed airframe and power plant mechanic with 2 years experience responsible for repair and maintenance of rotor wing aircraft.
10. "Air ambulance medical director" means a physician licensed by the State of Arizona responsible for an air ambulance service.

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11. "Ambulance pilot" means an individual who is responsible for the operation of an air ambulance and who is licensed by the appropriate federal agency.
12. "Ambulance registration certificate" means a certificate issued to a person by the Director for the operation of a surface, water or air ambulance.
13. "Ambulance service license" means authorization, in written form issued by the Director to a person to furnish, operate, conduct, maintain, advertise or otherwise engage in providing pre-hospital and inter-hospital emergency medical transportation of patients as a part of a regular course of doing business, either paid or voluntary.
14. "Automatic defibrillator" means a device which automatically evaluates a patient's cardiac rhythm and, if the heart is in ventricular fibrillation, automatically charges and discharges an electrical current through the patient's heart, without human intervention.
15. "Automatic/semiautomatic defibrillation" means the act of discharging an electrical current into the heart of a patient experiencing ventricular fibrillation, using an automatic or semiautomatic defibrillator.
16. "Basic life support" or "BLS" means those authorized treatment activities described in Article 8 of this Chapter for use by BEMT's.
17. "BEMT" means basic emergency medical technician.
18. "BLS ambulance" means a registered ambulance staffed by BLS personnel and equipped with BLS equipment pursuant to Article 11 of these regulations.
19. "Catchment area" means the response or service area of the providers who elect to employ IEMT's or BEMT's authorized to perform automatic/semiautomatic defibrillation.
20. "Certificate of training and proficiency" means a document issued by the ALS base hospital medical director to an individual attesting to the successful completion of a defibrillation training course.
21. "Communications protocols" mean written guidelines which define:
  - a. Backup procedures for communications equipment failures,
  - b. Choice of facility to exercise on-line medical supervision for a given emergency, and
  - c. The circumstances and patient conditions which require on-line medical supervision.
22. "Department" means the Department of Health Services.
23. "Direct communication" means information and medical direction conveyed by person-to-person, 2-way radio, or telephone conversation.
24. "Director" means the Director of the Department.
25. "Director for Emergency Medical Services" means the person appointed by the Director pursuant to A.R.S. § 36-2202(A)(1).
26. "Emergency center" is the equivalent of "ALS base hospital" and means a health care institution offering general medical and surgical services which has been certified by the Director as an emergency center and is affiliated by written agreement with a licensed ambulance service, municipal rescue service, fire department, fire district, or health services district for medical direction, evaluation, and control of paramedics, IEMT's and BEMT's qualified under R9-13-802(C).
27. "Emergency department nurse" means a registered nurse currently certified in advanced cardiac life support by the American Heart Association or other agency with substantially similar standards.
28. "Emergency medical patient" means a person who is suffering from a condition which requires immediate medical care or hospitalization, or both, in order to preserve the person's health, life or limb.
29. "Emergency Medical Services" or "EMS" means those services following an accident or an emergency medical situation requiring:
  - a. On-site emergency medical care.
  - b. The transportation of the sick or injured by a registered surface, water or air ambulance.
  - c. The use of emergency communications media.
  - d. The use of emergency receiving facilities.
  - e. The administering of initial care and preliminary treatment procedures by certified emergency medical technicians.
30. "EMS provider" means a rescue unit, fire department or licensed ambulance service which renders on-scene emergency medical services.
31. "Emergency paramedic training program" means a program certified by the Department pursuant to Article 3 of this Chapter for the instruction and training of paramedics.
32. "Emergency physician" means a physician licensed by the State of Arizona currently certified in advanced cardiac life support by the American Heart Association or other agency with substantially similar standards.
33. "Emergency physician's assistant" means a physician's assistant currently certified in advanced cardiac life support by the American Heart Association or other agency with substantially similar standards.
34. "Emergency room", "emergency department" or "emergency receiving facility" means a licensed health care institution offering emergency medical services which is staffed 24 hours a day and has a physician on call.
35. "Emergency vehicle unit" means a vehicle which is equipped for advanced live support.
36. "EMSCOM" means Emergency Medical Services Communications.
37. "First care form" means a record of patient care activities, to be completed by ambulance attendant personnel, to include pre-hospital events of field care, as well as transportation documentation.
38. "IEMT cardiac" means an individual who has successfully completed an IEMT training program featuring cardiac resuscitation, that has been recommended by the State EMS Council and that has been certified by the Director, and who is authorized to perform the skills which are detailed in R9-13-602(A) and (B) and defibrillation.
39. "IEMT training program" means a program certified by the Department pursuant to Article 5 of this Chapter for the instruction and training of intermediate emergency medical technicians.
40. "Indirect communication" means information and medical supervision conveyed by an intermediary.
41. "Intermediate emergency medical technician" or "IEMT" means a person who has been trained in an intermediate emergency medical technician training program certified by the Director, pursuant to Article 5 of this Chapter or in an equivalent training program certified by another state and who is certified to render the services pursuant to A.R.S. § 36-2204 and Article 6 of this Chapter.
42. "Local EMS coordinating system" means an agency responsible for the management of a regional EMS system in a given area, pursuant to A.R.S. § 36-2210.
43. "Medical control authority" means an emergency physician who is designated to render on-line medical supervi-

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sion of paramedics, IEMT's and BEMT's.

44. "Office of Emergency Medical Services" or "OEMS" means the Office which functions in the lead role for the Department in identifying the need for enforceable standards, and in establishing, maintaining and upgrading the standards, which promote accessibility, affordability, and quality of prehospital emergency medical care.
45. "Medical Director for Emergency Medical Services" means the person appointed by the Director pursuant to A.R.S. § 36-2202 (A)(1).
46. "Medical flight crew" means paramedics, registered nurses, physician assistants, who are ALS trained, pursuant to Article 10 of this Chapter.
47. "On-line medical supervision" means physician supervision of emergency paramedics or IEMT's via direct or indirect communications.
48. "Person" means any individual, firm, partnership, corporation or group of individuals acting together for a common purpose including the state or any agency, municipality, city, town, county or political subdivision of the state.
49. "Responsible party" means any individual within the emergency medical services system requesting EMS.
50. "Political subdivision" means any county, municipality, fire district, or other special districts of this state.
51. "Semiautomatic defibrillator" means a device which requires human intervention to discharge an electrical current through the patient's heart after the machine has assessed that the heart is in ventricular fibrillation.
52. "Standing orders" mean written orders signed by the ALS base hospital medical director which authorize emergency paramedics, IEMT's or BEMT's to render certain treatment modalities prior to initiation of direct communication.
53. "Training program medical director" means a physician experienced in pre-hospital care who is responsible for medical direction, evaluation, and control of such training program.
54. "Treatment protocols" means statements which define the circumstances under which authorized treatments may be used within an emergency medical services system.
55. "Triage protocols" means guidelines for the selection of a receiving facility to which emergency patients are transported. Triage protocols shall include provision for:
  - a. The patient's choice,
  - b. The nature and severity of the illness or injury,
  - c. The availability of special treatment facilities, and
  - d. The expected transport time.

**B.** This rule applies only to advanced life support base hospitals for which current certification began before the effective date of this subsection.

**C.** This rule is repealed on September 24, 1998.

**R9-13-203. Supporting Service Agreements**

- A.** A health care institution applying for certification as an emergency center shall provide for paramedic staffing through 1 of the following procedures:
  1. The health care institution shall employ and pay wages or salaries of emergency paramedics through its regular payroll procedures.
  2. The health care institution shall provide, through a written agreement with an agency authorized to provide paramedic services pursuant to A.R.S. § 36-2201, for both on-line medical supervision and administrative medical direction of emergency paramedics employed by such agency.
- B.** A health care institution applying for certification as an emergency center shall submit to the Department written documentation to provide:

1. An emergency vehicle unit to be available at all times, staffed by emergency paramedics, for the purpose of delivering emergency medical care to the sick and injured at the scene of an emergency. Such vehicle need not be physically based at the emergency center.

2. That emergency vehicle units assigned to the applicant emergency center shall not be assigned concurrently to any other facility for administrative medical direction of the emergency paramedics staffing the unit.
3. That on-line medical supervision shall be exercised according to specific procedures consistent with these regulations.
4. A policy that, when ALS paramedic skills have been instituted, a paramedic shall remain with the patient until transfer of care to the staff of an emergency receiving facility, emergency center, or another comparably staffed ALS equipped emergency vehicle unit.
5. Prompt replenishment of and compensation for medical and pharmacy supplies expended by emergency paramedics during treatment of a patient who is transported to any facility.
6. At least 24-hours-per-year experience on emergency vehicle units for all individuals who function as the emergency center's medical control authorities or intermediaries in order to gain pre-hospital experience, to observe pre-hospital conditions and procedures, and to evaluate performance of paramedics.
7. A system for on-going evaluation, monitoring, and continuing education of paramedics by the emergency center and its medical control authorities.

**C.** This rule applies only to advanced life support base hospitals for which current certification began before the effective date of this subsection.

**D.** This rule is repealed on September 24, 1998.

**R9-13-204. Responsibilities and Requirements**

- A.** Necessary approvals and reviews of applications -- an applicant for certification as an emergency center shall:
  1. Submit a written endorsement of the hospital's application by the hospital's governing board or board of trustees which reflects the consideration of the medical staff, including the emergency department medical director.
  2. In regions where a local emergency medical services coordinating system has been designated, submit documented review by that system commenting on the appropriateness of the application in regards to that system's plan for medical control of advanced life support.
- B.** Staffing requirements -- emergency centers shall:
  1. Have physically present at all times in the emergency department an emergency physician who functions as the medical control authority.
    - a. Such physician shall be knowledgeable of the capabilities and limitations of paramedics as well as established standing orders, treatment, triage, and communication protocols.
    - b. The emergency physician may designate an emergency department nurse or emergency physician's assistant who may function as an intermediary for on-line medical supervision under the direction of the emergency physician.
  2. Identify as ALS base hospital medical director an emergency physician who is responsible for administrative medical direction of the emergency center.
  3. Appoint an emergency physician, emergency department nurse, or emergency physician's assistant to act as coordi-

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nator for all ALS pre-hospital activities and responsibilities of the emergency center.

- C. Operating procedures -- an emergency center shall:
1. Procure operational radio and biotelemetry equipment, compatible with the Department of Public Safety statewide EMS communications system and any local EMS communications system approved by the Department of Public Safety. Such equipment shall be located in the emergency department for the purpose of providing direct communication with emergency paramedics.
  2. Provide a dedicated telephone line for pre-hospital emergency care personnel to contact the emergency center.
  3. When a patient is to be transported to another receiving facility, immediately communicate all pertinent patient management information to the responsible physician or nurse at the receiving facility. If the receiving facility is also a certified emergency center, care of the patient and direct communication with paramedics rendering that care may be transferred to the receiving medical control authority at the discretion of the sending medical control authority.
  4. Utilize and adhere to medical control plans adopted by the local EMS coordinating system. In regions where no medical control plans have been adopted, they will be provided by the Department at the recommendation of the Emergency Medical Services Advisory Council. The medical control plans may include standing orders and shall include the following:
    - a. Treatment protocols.
    - b. Triage protocols.
    - c. Communications protocols.
- D. Quality control and education commitment -- an emergency center shall:
1. Provide for supervised clinical training for paramedic continuing education.
  2. Assist with or conduct continuing education programs as required for emergency paramedic recertification.
  3. Provide monthly a minimum of 2 hours of formal pre-hospital care review and pre-hospital care continuing education for emergency physicians, nurses, and paramedics.
  4. Appoint a pre-hospital care committee representative of the ALS base hospital medical director, the ALS base hospital coordinator, an emergency physician, an emergency department registered nurse, an administrative representative, a paramedic, and a paramedic employer representative. This committee shall:
    - a. Ensure that the medical, administrative, emergency physician, and nursing staffs are oriented to the program.
    - b. Establish and implement a system for critiquing and evaluating the results of paramedic responses and auditing the quality of medical care provided.
    - c. Establish and implement a system for identifying continuing educational needs of paramedics.
    - d. Assure case reviews of every paramedic encounter carried out under on-line medical supervision.
    - e. Establish and implement a written procedure which will identify methods for resolving problems which may arise concerning the performance, competence, or medical inter-relationships of emergency paramedics, emergency physician's assistants, emergency department nurses, and emergency physicians.
- E. Reporting requirements -- an emergency center shall:
1. Submit monthly reports and requested information to the

2. Department on forms approved by the Department.
2. Cooperate with and assist the Department in collecting statistics and evaluating performance and costs relating to utilization of paramedics.

- F. ~~Term of certification and recertification~~
1. ~~Application for certification and recertification as an emergency center shall be made to the Department on forms specified by the Department.~~
  2. Certification as an emergency center shall be for a period of 2 years provided that the conditions of A.R.S. § 36-2201 et seq. and this Article are met throughout the certification period.
  3. ~~Application for recertification shall be submitted at least ninety days prior to the expiration date of the current certificate.~~
- G. ~~This rule applies only to advanced life support base hospitals for which current certification began before the effective date of this subsection.~~
- H. ~~This rule is repealed on September 24, 1998.~~

**R9-13-205. Suspension and Revocation**

- A. After notice and opportunity to be heard is given according to the procedures described in A.R.S. Title 41, Chapter 6, Article 1 and in Chapter 1, Article 1 of this Title, certification may be suspended or revoked upon the following grounds:
1. That the emergency center has in any way provided false information to the Department for the purpose of evaluation or certification.
  2. That the emergency center has failed to conform with the applicable requirements of A.R.S. Title 36, Chapter 21.1, Article 1 or the regulations in this Article.
- B. If, in the opinion of the Director, there is sufficient information indicating that the emergency center has engaged in the activities described in subsection (A), the Director may request an informal interview with the medical director of the emergency center concerned. If he refuses such invitation, or if the interview is attended and if the results of such interview indicate suspension or revocation of certification might be in order, then a complaint may be issued and a formal hearing may be held in compliance with A.R.S. Title 41, Chapter 6, Article 1 and Chapter 1, Article 1 of this Title
- C. ~~This rule applies only to advanced life support base hospitals for which current certification began before the effective date of this subsection.~~
- D. ~~This rule is repealed on September 24, 1998.~~

**R9-13-206. Medical Control for Automatic/Semiautomatic Defibrillation**

- A. If an ALS base hospital elects to provide medical control for IEMT's and BEMT's to perform automatic/semiautomatic defibrillation, it shall enter into a written agreement with the EMS provider employing such personnel for administrative medical direction and training.
- B. The ALS base hospital medical director shall be responsible for:
1. Implementing an automatic/semiautomatic defibrillator training course approved by the Department and submitting a roster of IEMT's and BEMT's who complete the course. The curriculum shall include:
    - a. Review of basic life support;
    - b. Assessment of cardiac patient;
    - c. Instructions for the attachment of device to patient;
    - d. Principles of automatic/semiautomatic defibrillation;
    - e. Procedures for automatic/semiautomatic defibrillation;
    - f. Assessment of post-automatic/semiautomatic

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- defibrillation status;
- g. Appropriate course of action upon failure of device;
- h. Overview of medical control requirements;
- i. Overview of statutes, rules and administrative codes and protocols; and
- j. Maintenance of device.

2. Establishing a written plan for withdrawing the medical control of an IEMT or BEMT to defibrillate, pending retraining and subsequent re-evaluation, including notification of the OEMS of the withdrawal of such sponsorship.
3. Monitoring the performance of an automatic/semiautomatic defibrillator program in a catchment area to ensure the continued competence of the IEMT or BEMT trained to defibrillate.
4. Issuing the standing orders which clearly delineate the emergency care procedures performed by the IEMT or BEMT and the circumstances under which these activities may occur. Such orders shall:
  - a. Allow the IEMT or BEMT to initiate automatic/semiautomatic defibrillation treatment prior to any contact with medical control personnel;
  - b. Not require telemetric transmission of electrocardiographic tracings to medical control personnel prior to automatic/semiautomatic defibrillator treatment; and
  - c. Stress the importance of initial cardiac assessment and shock delivery for patients in ventricular fibrillation. Cardiac assessment and shock treatment take precedence over other basic life support interventions with the exception of patient and technician safety.
5. Ensuring the documentation of each event involving EMT automatic/semiautomatic defibrillation for quality control review by:
  - a. Requiring a First Care Form and either voice and electrocardiogram data recordings or an electrocardiogram recording of each event;
  - b. Reviewing the voice and electrocardiogram data recordings or electrocardiogram data record with the First Care Form from each automatic/semiautomatic defibrillation event with the EMT; and
  - c. Submitting data on the event, on a form approved by the Department, to the OEMS not later than 20 working days after the event. This form shall not state the patient's name, address or other information that may reveal the identity of the patient; however, it shall include the following:
    - i. Times of EMS dispatch, response and arrival at the scene;
    - ii. Times of patient treatment, departure, arrival and treatments en route;
    - iii. Patient's medical management information;
    - iv. Defibrillation data;
    - v. Documentation on ALS intervention; and
    - vi. Hospital data.

C. This rule applies only to advanced life support base hospitals for which current certification began before the effective date of this subsection.

D. This rule is repealed on September 24, 1998.

**ARTICLE 3. EMERGENCY PARAMEDIC TRAINING PROGRAM CERTIFICATION**

**R9-13-301. Scope**

A. The regulations in this Article provide minimum standards for training of emergency paramedics.

- B. This Article applies only to emergency paramedic training programs for which current certification began before the effective date of this subsection. A program shall not initiate training courses after January 1, 1997, until such time as the training program applies to the Department and receives program certification under R9-25-401 through R9-25-411.
- C. This rule is repealed on September 10, 1997.

**R9-13-302. Certification**

- A. Minimum standard curriculum
  1. All certified emergency paramedic training programs shall conform to the minimum standard emergency paramedic training program curriculum as maintained and on file with the Department of Health Services. The Department will promptly notify all emergency paramedic training programs of any changes to the curriculum.
  2. All training in addition to that described in the minimum standard curriculum shall be reviewed and approved by the Department prior to instruction.
  3. Training conducted by a certified emergency paramedic training program shall be consistent with R9-13-402 and shall include medical control plans as adopted by the local EMS coordinating system or as provided by the Department.
- B. Emergency paramedic training program instructional and coordinative staff.
  1. Medical Director -- an emergency paramedic training program shall have a Medical Director who shall be an emergency physician and shall be certified as an advanced cardiac life support instructor by the American Heart Association or other agency approved by the Department. The Medical Director shall approve all lesson plans to assure that they are consistent with the minimum standard curriculum and current medical standards.
  2. Program coordinator -- an emergency paramedic training program shall have a program coordinator who shall be responsible for scheduling training programs and various lecturers, equipment, and facilities needed for each class. The program coordinator shall also be responsible for counseling each trainee with regard to special instructional needs. The program coordinator shall have the following qualifications:
    - a. Current status as an emergency physician, emergency department nurse, or emergency physician's assistant, or current certification as an emergency paramedic.
    - b. At least 2 years of pre-hospital emergency medical experience at the current licensure or certification level which shall include on-vehicle experience.
    - c. Current certification as an advanced cardiac life support instructor by the American Heart Association or other agency approved by the Department.
    - d. At least 25 hours of classroom training experience at the emergency paramedic level or above, accumulated within 2 years prior to the emergency paramedic training program application date and verified by the Medical Director for the training program.
  3. Lecturer -- an emergency paramedic training program may utilize lecturers whose areas of expertise relate specifically to the lesson or lessons they will instruct. All lecturer lesson plans shall be approved by the program's Medical Director prior to instruction.
- C. General requirements
  1. Supporting service agreements.
    - a. An emergency paramedic training program shall enter into written agreements with all health care institutions where trainees are scheduled for clinical

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- b. When classroom facilities are not available to the emergency paramedic training program, the program shall enter into a written agreement with an agency, organization, or individual for adequate classroom facilities.
- c. When emergency vehicle units are not owned or operated by the training program, the training program shall enter into a written agreement with a licensed ambulance service, municipal rescue service, fire department, fire district, or health services district to provide for sufficient emergency vehicle units to be used for on-vehicle training and experience.
- 2. A copy of the application shall be submitted by the applicant to the local EMS coordinating system for review and comment at the time of application.
- 3. Training program information -- the training program shall provide all trainee applicants with the following information prior to acceptance and collection of fees:
  - a. Copies of Articles 2 and 4 of this Chapter.
  - b. A listing of equipment and supplies which the student must purchase during the training program.
- 4. Records and documents.
  - a. Applicant shall submit the following documents at least 2 weeks prior to the proposed initiation of training:
    - i. A completed application form provided by the Department.
    - ii. A projected course schedule indicating the date, hours, location, instructor, and topic for each class and the dates, hours, location, and clinical supervisor for each student's clinical and on-vehicle experience.
    - iii. A copy of the written entrance examination, a narrative description of the panel interview format, and a list of the names of panel members.
    - iv. Complete resumes of the program coordinator and Medical Director.
  - b. Subdivisions (ii) and (iii) above shall be submitted at least 2 weeks prior to the initiation of subsequent classes offered during the certification period.
  - c. The following records and documents shall be available for inspection by the Department at any time during the term of certification:
    - i. Student attendance and performance records including written and practical exam grades.
    - ii. Lesson plans for each class reported in subparagraph (a), subdivision (ii) up to those classes given on the date of inspection.
    - iii. A list of all lecturers with brief statements of the qualifications of each.
    - iv. Contracts for program funding.
- 5. A course completion report shall be submitted to the Department within 30 days after completion of each course on forms provided by the Department.
- 6. Class size -- each paramedic training program class shall have no more than 20 students.
- 7. Trainee prerequisites.
  - a. A trainee shall be certified as a Basic EMT or Intermediate EMT by the Department.
  - b. The trainee shall have at least 1 year of Basic EMT field experience or equivalent as determined by the criteria established by the training program.
  - c. The trainee shall undergo a written examination, approved by the Department, and a panel interview

presented by the training program which will evaluate the training program applicant's motivation, medical technical expertise, ability to perform mathematical calculations, and ability to read, write, and speak the English language prior to acceptance into the training program.

- 8. Trainee supervision.
  - a. The training program shall assure that a physician, physician's assistant, or nurse is available to supervise paramedic trainees during clinical training in a health care institution.
  - b. The training program shall assure that an emergency physician, emergency physician's assistant, emergency department nurse, or a certified paramedic with at least 2 years of experience is available to supervise paramedic trainees during on-vehicle training.

D. Term of certification -- paramedic training program certification shall be for a period of 2 years.

E. ~~This rule is repealed on September 10, 1997.~~

**R9-13-303. Recertification**

~~A. Application for recertification of an emergency paramedic training program shall be accompanied by a proposed training schedule and submitted at least 90 days prior to the expiration of the current certificate on forms specified by the Department.~~

~~B. Applicants for emergency paramedic training program recertification must have conducted at least 1 course during the certification period.~~

**R9-13-304. Suspension and Revocation**

A. After notice and opportunity to be heard is given according to the procedures described in A.R.S. Title 41, Chapter 6, Article 1 and in Chapter 1, Article 1 of this Title certification may be suspended or revoked upon the following grounds:

- 1. That the program has in any way falsified any document provided to the Department for the purpose of evaluation or certification.
- 2. That the program has failed to conform with the applicable requirements of A.R.S. Title 36, Chapter 21.1, Article 1 or the regulations in this Article.

B. If, in the opinion of the Director, there is sufficient information indicating that the program has engaged in the activities described in subsection (A), the Director may request an informal interview with the medical director of the program concerned. If he refuses such invitation, or if the interview is attended and if the results of such interview indicate suspension or revocation of certification might be in order, then a complaint may be issued and a formal hearing may be held in compliance with A.R.S. Title 41, Chapter 6, Article 1 and Chapter 1, Article 1 of this Title.

C. ~~This rule is repealed on September 10, 1997.~~

**ARTICLE 4. EMERGENCY PARAMEDIC CERTIFICATION**

**R9-13-401. Scope**

~~The regulations in this Article provide for the certification of emergency paramedics. Persons certified by the Director as emergency paramedics are authorized to provide emergency medical care to the sick and injured as provided in A.R.S. § 36-2201 et seq. and this Article.~~

**R9-13-402. Authorized Treatment Activities**

~~A. Persons certified as emergency paramedics shall be competent in all aspects of basic and intermediate emergency medical technology as described in Articles 6 and 8 of this Chapter. In~~

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addition, the emergency paramedic shall be competent in advanced life support techniques, advanced physical assessment techniques, parenteral drug therapy, and certain other therapeutic procedures outlined in this Article.

- B. For the purpose of carrying out the above competencies, the emergency paramedic may, where direct or indirect communication with the medical control authority is maintained, upon order of the medical control authority, do any of the following:
  1. Airway management via endotracheal intubation, insertion of an esophageal obturator airway, and cricothyrotomy.
  2. Gastric suction.
  3. Initiate and maintain peripheral intravenous fluid therapy.
  4. Administer medications as determined by the Department.
  5. Phlebotomy.
  6. Needle thoracostomy.
  7. Defibrillation.
  8. Synchronized cardioversion.
  9. Intracardiac injections.
- C. Authorized treatment activities listed in subsections (A) and (B) may be used only as permitted by medical control plans adopted by the local EMS coordinating system or as provided by the Department.
- D. Additionally, the following procedures may be authorized by the Department only if the local medical control treatment protocols determine their use and documents are provided by the Department showing that personnel are adequately trained to perform them. These procedures shall not be part of the minimum standard curriculum and shall not be authorized by standing orders.
  1. Blood administration.
  2. Insertion of a McSwain Dart] or equivalent.
  3. Pericardiocentesis.
  4. Transthoracic cardiac pacing.
  5. Intravenous therapy via central routes.

**R9-13-403. Required Documents**

An applicant for certification as an emergency paramedic shall submit the following items to the Department:

1. Evidence of:
  - a. Successful completion of an emergency paramedic training program which has been certified by the Director; or
  - b. Successful completion of an emergency paramedic training program, equivalent to the minimum standard for training programs in Article 3 of this Chapter, which has been certified by another state; or
  - c. Successful completion by a certified IEMT of a training program approved by the Department which includes those modules of the paramedic training curriculum not covered in the IEMT training program.
2. Documentation on forms provided by the Department attesting to the applicant's health status completed by a licensed physician within 3 months prior to the application date.
3. Current certification in advanced cardiac life support by the American Heart Association or equivalent program approved by the Department.

**R9-13-404. General Requirements**

- A. An applicant for certification as an emergency paramedic shall:
  1. Be at least 18 years of age.
  2. Not be addicted to the use of alcohol or drugs.
  3. Be able to speak, read, and write the English language.

4. Submit an application on forms specified by the Department.
- B. Applicants must attain a passing grade on the following examinations administered or approved by the Department.
  1. A written examination.
  2. A practical examination administered or approved by the Department which shall include the following testing stations:
    - a. Trauma management.
    - b. Cardiology with drug therapy.
    - c. Cardiac arrest skills.
    - d. Cardiopulmonary resuscitation.
    - e. Fracture immobilization.
  3. A standard oral examination administered or approved by the Department.
- C. Examinations
  1. Applicants shall be given 3 opportunities to attain passing grades as indicated below on all examinations within 1 year of the application date.
    - a. Written examination—75%.
    - b. Practical examination—acceptable demonstration of skills at all stations.
    - c. Oral examination—70%.
  2. An applicant who does not pass all 3 of the above examinations need only repeat the failed examination(s) on subsequent attempts.
  3. An applicant who fails any examination on all 3 attempts must repeat a certified emergency paramedic training program prior to reapplication.
- D. Emergency paramedic certification shall be valid for the period of 2 years provided that the conditions of A.R.S. § 36-2201 et seq. and this Article are met throughout the certification period.

**R9-13-405. Recertification**

- A. An applicant for emergency paramedic recertification shall submit to the Department:
  1. Evidence of successful completion of a paramedic refresher training program or successful completion of a program of continuing medical education approved by the Department. Criteria utilized by the Department for approval or disapproval of continuing education programs shall be made available to all certified emergency paramedics.
  2. Evidence of current certification in advanced cardiac life support by the American Heart Association or other agency approved by the Department.
  3. A letter of recommendation from the Medical Director of the emergency center who has been responsible for medical direction of the applicant during the previous certification period.
  4. Evidence that the applicant has attained at least 60 hours of on-vehicle paramedic experience during each 6-month interval of the previous certification period.
- B. Applicants for recertification are required to submit the materials listed in subsection (A) during the 90 days prior to the expiration of the current certificate.
- C. Applicants for recertification who have not met the requirements of subsection (A) by the time of expiration of their current certificate may be required to pass oral and practical examinations after complying with subsection (A).

**R9-13-406. Suspension and Revocation**

- A. After notice and opportunity to be heard is given according to the procedures described in A.R.S. Title 41, Chapter 6, Article 1 and in Chapter 1, Article 1 of this Title, certification may be suspended or revoked upon the following grounds:

1. That the paramedic has in any way falsified any document provided to the Department for the purpose of evaluation or certification.
  2. That the paramedic has failed to conform with the applicable requirements of A.R.S. Title 36, Chapter 21.1, Article 1 or the regulations in this Article.
  3. That the paramedic is incompetent, has engaged in unprofessional conduct, or is physically or mentally unable to safely engage in the rendition of services. Examples of the foregoing include:
    - a. Addiction to drugs including alcohol.
    - b. Conviction of a felony.
    - c. Professional discipline in another jurisdiction.
- B.** If, in the opinion of the Director, there is sufficient information indicating that the paramedic has engaged in the activities in subsection (A), the Director may request an informal interview with the paramedic concerned. If the paramedic refuses such invitation or if the paramedic accepts the same and if the results of such interview indicate suspension or revocation of certification might be in order, then a complaint may be issued and a formal hearing may be held in compliance with A.R.S. Title 41, Chapter 6, Article 1 and Chapter 1, Article 1 of this Title.

**ARTICLE 5. INTERMEDIATE EMERGENCY MEDICAL TECHNICIAN TRAINING PROGRAM CERTIFICATION**

**R9-13-501. Scope**

- A.** The regulations in this Article provide minimum standards for training of intermediate emergency medical technicians (IEMT's) in the state of Arizona.
- B.** This Article applies only to intermediate emergency medical technician training programs for which current certification began before the effective date of this subsection. A program shall not initiate training courses after January 1, 1997, until such time as the training program applies to the Department and receives training program certification under R9-25-401 through R9-25-411.
- C.** This rule is repealed on March 23, 1997.

**R9-13-502. Certification**

- A.** Minimum standard curriculum
1. All IEMT training programs shall be conducted in accordance with a minimum standard IEMT training program curriculum as maintained and on file with the Department. The Department will promptly notify all IEMT training programs of any changes to the curriculum.
  2. Training conducted by a certified IEMT training program shall be consistent with R9-13-602 and shall include medical control plans as adopted by the local EMS coordinating system or as provided by the Department.
  3. All training in addition to that described in the minimum standard curriculum shall be approved in writing by the Department prior to instruction.
  4. The Department may recommend textbooks and training aids to be utilized by the training program.
  5. IEMT training programs shall not provide training in those authorized treatment activities which are not specifically designated as IEMT authorized treatment activities in Article 6 of this Chapter.
- B.** IEMT training program instructional and coordinative staff
1. Training program medical director -- an IEMT training program shall have a training program medical director who shall be responsible for review and approval of the course outline, lesson plans, and activities of the training program coordinator during the course of each training program.

2. Training program coordinator -- an IEMT training program shall have a training program coordinator who shall have a minimum of 2 years of recent experience in emergency medical care, and who shall be responsible for scheduling training programs and the various lecturers needed for each class. The training program coordinator will also be responsible for documented counseling of each trainee with regard to special instructional needs. A training program coordinator shall be any of the following:
    - a. A physician licensed by the state of Arizona who is experienced in emergency medicine.
    - b. A registered nurse licensed by the state of Arizona who is experienced in emergency nursing.
    - c. An emergency paramedic certified by the Department with a minimum of 2 years field experience.
    - d. An IEMT certified by the Department with a minimum of 2 years field experience.
    - e. A physician's assistant certified by the state of Arizona with a minimum of 2 years experience in emergency medicine.
  3. The training program medical director and training program coordinator shall jointly certify the successful completion of the course by each IEMT trainee graduating from the program.
  4. A physician or registered nurse who is appointed by the training program medical director shall directly supervise the activities of each IEMT trainee during clinical training.
  5. IEMT trainees shall be supervised during on-vehicle training by any of the personnel described in R9-13-502(B)(2).
  6. Lecturer -- an IEMT training program may utilize lecturers whose areas of expertise relate specifically to the lessons they will instruct.
- C.** General requirements
1. Supporting service agreements
    - a. An IEMT training program applicant for certification shall enter into written agreements with other institutions where training is intended to be given and with ambulance or rescue services which may participate in the training program.
    - b. Copies of all contracts for program funding shall be submitted to the Department with the application for program certification.
    - c. Where classroom facilities are not available to the IEMT training program, copies of contracts or agreements for classroom facilities shall be submitted to the Department with the application for program certification.
  2. A copy of the application for program certification shall be submitted by the applicant to the local EMS coordinating system for review and comment at the time of application.
  3. Training program information -- the training program shall provide all applicants with at least the following information prior to acceptance into the training program:
    - a. That all applicants for intermediate emergency medical technician certification must undergo written, oral, and practical examinations administered by the Department.
    - b. A general description of the training program curriculum and the types of clinical exposure required for graduation.
    - c. A listing of equipment and supply items which the student must purchase during the training program.

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- d. That in order to be eligible for certification, the applicant must complete the IEMT training program within 2 years after initiation of training.
- e. A copy of Article 6 of this Chapter.
- 4. Records and documents.
  - a. The following documents shall be submitted at least 2 weeks prior to the proposed initiation of training.
    - i. A completed application form provided by the Department.
    - ii. A projected course schedule indicating date, hours, location, topic, and instructor for each class.
    - iii. A copy of the written entrance examination, a narrative description of the panel interview format, and a list of the names of panel members.
    - iv. Complete resumes of the medical director and program coordinator.
  - b. The following records and documents shall be maintained and made available for review by the Department for a period of 1 year:
    - i. Student attendance and performance records including written and practical examination grades.
    - ii. All examinations and quizzes used by the program.
    - iii. Lesson plans for each class reported in subparagraph (a), subdivision (ii), including classes given on the date of inspection.
    - iv. A list of all lecturers with a brief description of the qualifications of each.
- 5. A course completion report shall be submitted to the Department within 30 days after completion of each course on forms provided by the Department.
- 6. Class size -- an IEMT training program shall limit each class to no more than 20 students.
- 7. Trainee prerequisites.
  - a. All trainees shall be certified as Basic EMT's by the Department.
  - b. The trainee shall have at least 1 year of experience in emergency medical services at the Basic EMT level or equivalent as determined by the criteria established by the training program.
  - c. The trainee shall undergo both written and oral examinations presented by the IEMT training program which will test the trainee's motivation, medical technical expertise, ability to perform mathematic calculations, and ability to read, write, and speak the English language prior to entrance into the training program.
- 8. Trainee limitations -- while participating in an IEMT training program, an intermediate emergency medical technician trainee may, under the direction of a physician and supervision of a registered nurse, physician's assistant, certified paramedic, or an IEMT with 1 year of field experience perform any or all functions specified in Article 6.

**D. Term of certification**

- 1. IEMT training program certification shall be for a period of 2 years.
- 2. The training program shall notify the Department if there is a change of training program medical directors.

**E. This rule is repealed on March 23, 1997.**

**R9-13-503. Recertification**

- A. Application for recertification of the training program on Department forms and accompanied by a proposed training schedule for the next class must be submitted at least 90 days

~~prior to the expiration of the current certificate.~~

- ~~B. The training program must have conducted at least 1 course during the certification period.~~

**R9-13-504. Suspension and Revocation**

- A. After notice and opportunity to be heard is given according to the procedures described in A.R.S. Title 41, Chapter 6, Article 1 and in Chapter 1, Article 1 of this Title, certification may be suspended or revoked upon the following grounds:
  - 1. That the program has in any way falsified any document provided to the Department for the purpose of evaluation or certification.
  - 2. That the program has failed to conform with the applicable requirements of A.R.S. Title 36, Chapter 21.1, or Article 1 of the regulations in this Article.
- B. If, in the opinion of the Director, there is sufficient information indicating that the program has engaged in the activities described in subsection (A), the Director may request an informal interview with the medical director of the program concerned. If he refuses such invitation, or if the interview is attended and if the results of such interview indicate suspension or revocation of certification might be in order, then a complaint may be issued and a formal hearing may be held in compliance with A.R.S. Title 41, Chapter 5, Article 1 and Chapter 1, Article 1 of this Title.
- C. This rule is repealed on March 23, 1997.

**ARTICLE 6. INTERMEDIATE EMERGENCY MEDICAL TECHNICIAN CERTIFICATION**

**R9-13-601. Scope**

~~The regulations in this Article provide for the certification of intermediate emergency medical technicians. Persons certified as intermediate emergency medical technicians by the Director are authorized to provide emergency medical care to the sick and injured as provided in A.R.S. § 36-2205.~~

**R9-13-602. Authorized Treatment Activities**

- A. ~~Persons certified as intermediate emergency medical technicians (IEMT's) shall be competent in all aspects of basic emergency medical technology as stated in Article 8, R9-13-802, subsections (A) and (B). In addition, the certified IEMT shall be competent in certain advanced physical assessment techniques, pre-hospital communications with medical control authority, advanced airway maintenance techniques, intravenous fluid therapy, and parenteral drug therapy.~~
- B. ~~For the purpose of carrying out the above competencies, the IEMT may perform advanced physical assessment techniques by inspection, palpation, and auscultation. Where direct or indirect communication with a licensed physician is maintained, IEMT's may, upon order of the licensed physician, perform any of the following activities:~~
  - 1. ~~Airway management via endotracheal intubation, insertion of an esophageal obturator airway, and cricothyrotomy.~~
  - 2. ~~Gastric suction.~~
  - 3. ~~Initiate and maintain peripheral intravenous fluid therapy.~~
  - 4. ~~Administer medications as approved by the Department.~~
  - 5. ~~Phlebotomy.~~
  - 6. ~~Needle thoracostomy.~~
- C. ~~Authorized treatment activities listed in subsections (A) and (B) may be used only as permitted by medical control plans adopted by the local EMS coordinating system or as provided by the Department.~~
- D. ~~A certified IEMT shall be authorized by the Department to use automatic/semiautomatic defibrillation under the conditions specified in R9-13-802(C).~~

**R9-13-603. Required Documents**

An applicant for certification as an IEMT shall submit the following items to the Department:

1. Evidence of:
  - a. Successful completion of an IEMT training program which has been certified by the Director, or successful completion of an IEMT training program equivalent to the minimum standard for training programs in Article 5 of this Chapter, which has been certified by another state.
  - b. Current certification in basic cardiac life support by the American Heart Association, American Red Cross, or other agency approved by the Department.
2. Documentation on forms provided by the Department attesting to the applicant's good health completed by a licensed physician within 3 months prior to the date of application.

**R9-13-604. General Requirements**

- A. An applicant for certification as an intermediate emergency medical technician shall:
  1. Be at least 18 years of age.
  2. Not be addicted to the use of alcohol or drugs.
  3. Be able to speak, read, and write the English language.
  4. Submit an application on forms specified by the Department.
- B. Examinations
  1. Applicants must attain passing grades as indicated below on all examinations administered or approved by the Department.
    - a. Written examination—75%.
    - b. Practical examination—acceptable demonstration of skills at all stations.
    - c. Oral examination—70%.
  2. Applicants will be given 3 opportunities to pass all exams within a 1-year period after the date of application.
  3. An applicant who passes 1 or 2, but not all examinations, need only retake the failed examination(s) on subsequent attempts.
  4. An applicant who fails any examination on all 3 attempts must repeat an IEMT training program prior to reapplication.
- C. Intermediate emergency medical technician certification shall be valid for a period of 2 years provided that the conditions of this Article are met throughout the certification period.

**R9-13-605. Recertification**

- A. An applicant for IEMT recertification shall submit to the Department:
  1. Evidence of successful completion of an IEMT refresher training program developed or approved by the Department, or evidence of successful completion of a program of continuing medical education as approved by the Department. Criteria utilized by the Department for approval or disapproval of continuing education programs shall be made available to all certified IEMT's.
  2. Evidence of current certification in basic cardiac life support by the American Heart Association, American Red Cross, or other agency approved by the Department.
  3. A statement issued within the previous 90 days recommending recertification and signed by the physician who has been responsible for medical direction of the applicant during the previous certification period.
- B. Applicants for recertification as IEMT's shall attain a passing grade of 75% on a written examination administered or approved by the Department. Only those applicants in compliance with subsection (A) shall be allowed to take the recertifi-

cation examination.

- C. Applicants for recertification are required to submit the materials listed in subsections (A) and (B) during the 90 days prior to the expiration of the current certificate.
- D. Applicants who apply for recertification more than 90 days after expiration of their current certificate may be required to pass written, oral, and practical examinations as described in R9-13-604, subsection (B), after having completed requirements under R9-13-605, subsections (A) and (B).
- E. Applicants for recertification who have previously met the requirements to use automatic/semiautomatic defibrillators shall attain a passing grade of 75% on a written defibrillation examination administered by the Department. Applicant shall be given 2 opportunities to take and pass this examination.
- F. The defibrillation examination process shall be successfully completed within 90 days after expiration of the applicant's certificate. Applicants who fail to complete the examination process within 90 days after expiration of their certificates shall repeat the defibrillation training course in order to become eligible for retesting.

**R9-13-606. Suspension and Revocation**

- A. After notice and opportunity to be heard is given according to the procedures described in A.R.S. Title 41, Chapter 6, Article 1 and in Chapter 1, Article 1 of this Title, certification may be suspended or revoked upon the following grounds:
  1. That the IEMT has in any way falsified any document provided to the Department for the purpose of evaluation or certification.
  2. That the IEMT has failed to conform with the applicable requirements of A.R.S. Title 36, Chapter 21.1, Article 1 or the regulations in this Article.
  3. That the IEMT is incompetent, has engaged in unprofessional conduct, or is physically or mentally unable to safely engage in the rendition of services. Examples of the foregoing include:
    - a. Addiction to drugs including alcohol.
    - b. Conviction of a felony.
    - c. Professional discipline in another jurisdiction.
- B. If, in the opinion of the Director, there is sufficient information indicating that the IEMT has engaged in the activities in subsection (A), the Director may request an informal interview with the IEMT concerned. If the IEMT refuses such invitation or if the IEMT accepts the same and if the results of such interview indicate suspension or revocation of certification might be in order, then a complaint may be issued and a formal hearing may be held in compliance with A.R.S. Title 41, Chapter 6, Article 1 of this Title.

**ARTICLE 7. BASIC EMT TRAINING PROGRAM CERTIFICATION**

**R9-13-701. Scope**

- A. The regulations in this Article provide minimum standards for training of basic emergency medical technicians in the state of Arizona.
- B. This Article applies only to basic emergency medical technician training programs for which current certification began before the effective date of this rule. A program shall not initiate training courses after January 1, 1997, until such time as the training program applies to the Department and receives training program certification under R9-25-301 through R9-25-311.
- C. This rule is repealed on June 1, 1997.

**R9-13-702. Certification**

- A. Minimum standard curriculum
  1. All certified basic EMT training programs shall be con-

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- ducted in accordance with a minimum standard basic emergency medical technician training program curriculum as maintained and on file with the Department. The Department will promptly notify all basic EMT training programs of any changes to the curriculum.
2. Basic EMT training programs shall not provide training in those authorized treatment activities which are specifically designated as intermediate EMT or paramedic authorized treatment activities in Articles 4 and 6 of this Chapter.
- B. Basic EMT instructional staff**
1. Instructor -- each basic EMT training course shall have an instructor approved by the Department who shall have the following qualifications:
    - a. Current certification or licensure as an emergency medical technician (any level), registered nurse, physician, or physician's assistant.
    - b. Current certification as a basic life support instructor by the American Heart Association, American Red Cross, or other agency approved by the Department.
    - c. Previous training experience at the basic EMT or equivalent level, within 2 years of request for instructor approval. The minimum training experience requirement shall be:
      - i. The duration of 1 training course as an instructor aide, or
      - ii. Successful completion of a basic EMT training orientation course conducted or approved by the Department.
  2. Lecturer -- a basic EMT training program may utilize lecturers whose areas of expertise relate specifically to the lesson or lessons they will instruct. All lesson plans shall be reviewed and approved in advance by the instructor.
  3. Instructor aide -- a basic EMT training program may utilize instructor aides to assist during practical demonstrations and evaluations. All instructor aides must be certified EMT's or licensed nurses, physicians, or physician assistants.
- C. General requirements**
1. Supporting service agreements.
    - a. A basic EMT training program shall enter into written agreements with hospitals where in-hospital observation and training is to be conducted.
    - b. If the basic EMT training program should choose to provide on-vehicle training, the training program shall enter into a written agreement with any ambulance service or EMS rescue service on whose vehicles trainees are to obtain on-vehicle observation and training.
  2. Certification information -- the training program shall provide all trainees with the following information prior to acceptance and collection of fees. A program graduate wishing to be certified as a basic EMT must:
    - a. Provide documentation on forms provided by the Department attesting to the applicant's good health completed by a physician within 3 months prior to the date of application.
    - b. Attain passing grades on written and practical examinations.
  3. Records and documents -- the following records and documents for each basic EMT course presented by the training program shall be maintained on file and may be inspected by the Department:
    - a. A projected course schedule indicating the date, hours, instructor, and topic for each class.
    - b. Student attendance and performance records includ-

- ing written and practical examination grades.
- c. Records regarding:
  - i. The number of students successfully completing each course.
  - ii. The number of students successfully completing in-hospital observation and training.
  - iii. The total annual cost of the training program including salaries, operating costs, consulting costs, and equipment purchases.
- d. A list of all lecturers with brief statements of the qualifications of each.

- D. Term of certification**
1. Basic EMT training program certification shall be for the period of 2 years.
  2. Application for certification as a basic EMT training program shall be submitted to the Department on forms specified by the Department.
- E. This rule is repealed on June 1, 1997.**

**R9-13-703. Recertification**

- ~~A. Application for recertification of a basic EMT training program shall be submitted at least 90 days prior to the expiration of the current certificate on forms specified by the Department.~~
- ~~B. Applicants for basic EMT training program recertification must have conducted at least 1 basic EMT training course during the certification period.~~

**R9-13-704. Suspension and Revocation**

- A.** After notice and opportunity to be heard is given according to the procedures described in A.R.S. Title 41, Chapter 6, Article 1 and in Chapter 1, Article 1 of this Title, certification may be suspended or revoked upon the following grounds:
1. That the program has in any way falsified any document provided to the Department for the purpose of evaluation or certification.
  2. That the program has failed to conform with the applicable requirements of A.R.S. Title 36, Chapter 21, Article 1 or the regulations in this Article.
- B.** If, in the opinion of the Director, there is sufficient information indicating that the program has engaged in the activities described in subsection (A), the Director may request an informal interview with the administrator(s) of the program concerned. If he refuses such invitation or if the interview is attended and if the results of such interview indicate suspension or revocation of certification might be in order, then a complaint may be issued and a formal hearing may be held in compliance with A.R.S. Title 41, Chapter 6, Article 1 and Chapter 1, Article 1 of this Title.
- C. This rule is repealed on June 1, 1997.**

**ARTICLE 8. BASIC EMERGENCY MEDICAL TECHNICIAN CERTIFICATION**

**R9-13-801. Scope**

- A.** The regulations in this Article provide for the certification of basic emergency medical technicians. Persons certified as basic emergency medical technicians are authorized to provide emergency medical care to the sick and injured as provided in A.R.S. § 36-2201 et seq. and this Article.
- B. This Article applies only to basic emergency technicians for whom current certification began before the effective date of this subsection.**
- C. This rule is repealed on June 1, 2000.**

**R9-13-802. Authorized Treatment Activities**

- A.** Persons certified as basic emergency medical technicians (EMT's) shall be competent in the recognition, assessment,

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and management of emergency medical situations; performance of basic life support; extrication; coordination with agencies involved in patient care and transportation; documentation and communication of pertinent medical information; and maintenance and preparation of emergency care equipment and supplies.

B. For the purpose of carrying out the competencies described in subsection (A), the certified basic EMT is authorized to perform the following activities:

1. Recognize emergencies of the following general activities:
  - a. Medical.
  - b. Environmental.
  - c. Obstetrical.
  - d. Traumatic.
  - e. Surgical.
2. Obtain and interpret diagnostic signs and symptoms.
3. Perform basic cardiac life support.
4. Control hemorrhage and bandage wounds.
5. Stabilize and splint fractures.
6. Administer oxygen.
7. Care for behavioral emergencies.
8. Assist in childbirth.
9. Extricate, lift, move, position, and otherwise handle patients to minimize discomfort and additional injury.
10. Apply Medical Anti-Shock Trousers (MAST).

C. A certified BEMT shall be authorized by the Department to use automatic/semiautomatic defibrillation under the following conditions:

1. Be employed by an emergency medical services provider which is offering such procedure and has a written and signed provider agreement with an ALS base hospital medical director to provide training and medical control for the BEMT;
2. Have a certificate of training and proficiency for automatic/semiautomatic defibrillation issued by the ALS base hospital medical director responsible for such training;
3. Only use the type of automatic/semiautomatic defibrillator on which the person has been trained; and
4. Pass a written examination administered by the Department with a passing score of 75%. Unless the BEMT passes the test within 1 year after successfully completing the training program required by paragraph (2) of this subsection, the BEMT shall repeat the training program.

D. This rule is repealed on June 1, 2000.

**R9-13-803. Required Documents**

An applicant for certification as a basic EMT shall submit the following items to the Department:

1. Evidence of:
  - a. Successful completion of a basic emergency medical technician training program which has been certified by the Director and which was completed within 1 year prior to the date of application, or successful completion of an equivalent basic EMT training program certified by another state.
  - b. Current certification in basic cardiac life support by the American Heart Association, American Red Cross, or other agency approved by the Department.
2. Documentation on forms provided by the Department attesting to the applicant's health status completed by a licensed physician within 3 months prior to the application date.

**R9-13-804. General Requirements**

A. An applicant for certification as a basic EMT shall:

1. Not be addicted to the use of alcohol or drugs.
2. Be able to speak, read, and write the English language.
3. Submit an application on forms specified by the Department.

B. Applicants shall attain a passing grade on the following examinations administered or approved by the Department:

1. A written examination administered by the Department.
2. A practical examination administered or monitored by the Department which includes the following stations:
  - a. Bandaging and splinting.
  - b. Head and spine immobilization.
  - c. Lifting and moving patients.
  - d. Patient assessment and interpretation of vital signs.
  - e. Application of Medical Anti-Shock Trousers (MAST).
  - f. Utilization of adjuncts to airway management.

C. Examinations

1. Applicants shall be given 3 opportunities to pass both examinations as indicated below within 1 year of the application date.
  - a. Written examination — 75%.
  - b. Practical examination — acceptable demonstration of skills at all stations.
2. An applicant who passes 1 but not both examinations need only repeat the failed examination on subsequent attempts.
3. An applicant who fails either or both examinations on all 3 attempts must repeat a basic EMT training program prior to reapplication.

D. Basic EMT certification shall be valid for the period of 2 years provided that the conditions of A.R.S. § 36-2201 et seq. and this Article are met throughout the certification period.

**R9-13-805. Recertification**

A. An applicant for basic emergency medical technician recertification shall submit to the Department:

1. Evidence of successful completion of a standard basic emergency medical technician refresher training program or evidence of successful completion of a program in continuing medical education approved by the Department. Criteria utilized by the Department for approval or disapproval of continuing education programs shall be made available to certified EMT's upon request.
2. Current certification in basic life support by the American Heart Association, American Red Cross, or other agency approved by the Department.

B. Applicants for recertification as a basic emergency medical technician shall attain a passing grade of 75% on a written examination administered or approved by the Department. Applicants shall be given 2 opportunities to take and pass this examination.

C. Applicants for recertification are required to submit evidence of successful completion of the requirements listed in subsection (A) within 90 days after expiration of the current certificate. Applicants who apply for recertification after the 90-day period or who do not meet the requirements in subsections (A) and (B) within the 90-day period will be required to repeat a basic emergency medical technician refresher training program prior to reapplication.

D. Applicants for recertification who have previously met the requirements to use automatic/semiautomatic defibrillators shall attain a passing grade of 75% on a written defibrillation examination administered by the Department. Applicants shall be given 2 opportunities to take and pass this examination.

E. The defibrillation examination process shall be successfully completed within 90 days after expiration of the applicant's

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certificate. Applicants who fail to complete the examination process within 90 days after expiration of their certificates shall repeat the defibrillation training course in order to become eligible for retesting.

E. This rule is repealed on June 30, 1998.

**R9-13-806. Suspension and Revocation**

A. After notice and opportunity to be heard is given according to the procedures described in A.R.S. Title 41, Chapter 6, Article 1 and in Chapter 1, Article 1 of this Title, certification may be suspended or revoked upon the following grounds:

1. That the EMT has in any way falsified any document provided to the Department for the purpose of evaluation or certification.
2. That the EMT has failed to conform with the applicable requirements of A.R.S. Title 36, Chapter 21.1, Article 1 or the regulations in this Article.
3. That the EMT is incompetent, has engaged in unprofes-

sional conduct, or is physically or mentally unable to safely engage in the rendition of services. Examples of the foregoing include:

- a. Addiction to drugs including alcohol.
- b. Conviction of a felony.
- c. Professional discipline in another jurisdiction.

B. If, in the opinion of the Director, there is sufficient information indicating that the EMT has engaged in the activities described in subsection (A), the Director may request an informal interview with the EMT concerned. If the EMT refuses such invitation or if the results of such interview indicate suspension or revocation of certification might be in order, then a complaint may be issued and a formal hearing may be held in compliance with A.R.S. Title 41, Chapter 6, Article 1 and Chapter 1, Article 1 of this Title.

C. This rule is repealed on June 1, 2000.