

NOTICES OF EXEMPT RULEMAKING

The Administrative Procedure Act requires the *Register* publication of the rules adopted by the state's agencies under an exemption from all or part of the Administrative Procedure Act. Some of these rules are exempted by A.R.S. §§ 41-1005 or 41-1057; other rules are exempted by other statutes; rules of the Corporation Commission are exempt from Attorney General review pursuant to a court decision as determined by the Corporation Commission.

NOTICE OF EXEMPT RULEMAKING

TITLE 9. HEALTH SERVICES

CHAPTER 25. EMERGENCY MEDICAL SERVICES

PREAMBLE

1. **Sections Affected**

	<u>Rulemaking Action</u>
R9-25-206	Amend
Exhibit B	Repeal
R9-25-803	Repeal
Exhibit 1	Repeal
R9-25-803	New Section
Exhibit 1	New Exhibit
Exhibit 2	New Exhibit

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

Authorizing statutes: A.R.S. §§ 36-136(F), 36-2202(A), and 36-2209(A)

Implementing statute: A.R.S. § 36-2205(C)

3. **The effective date of the rule:**

November 30, 1998.

4. **A list of all previous notices appearing in the Register addressing the exempt rule:**

None.

5. **The name and address of agency personnel by whom persons may communicate regarding the rulemaking:**

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Name:	Robert L. Moss
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6. **An explanation of the rule, including the agency's reason for initiating the rule, including the statutory citation to the exemption from the regular rulemaking procedures:**

The Arizona Department of Health Services (ADHS) Bureau of Emergency Medical Services (BEMS) is identified in A.R.S. § 36-2208 as the agency responsible for "coordinating, establishing and administering a statewide system of emergency medical services, trauma care and a trauma registry." The Medical Direction Commission identified in A.R.S. § 3603.01 is authorized to "assist the director in developing medical protocols governing the medical treatments, procedures, medications, training and techniques that may be administered or performed by each class of emergency medical technicians pursuant to A.R.S. § 36-2205."

The protocol establishes drug box procedures and minimum standards for emergency prehospital care providers and contains a

Arizona Administrative Register
Notices of Exempt Rulemaking

drug list which was approved by the Medical Direction Commission.

A.R.S. § 36-2205(A) permits the director of ADHS, in consultation with the medical director of the Bureau of EMS and the Medical Direction Commission, to establish this rule. A.R.S. § 36-2205(C) exempts such protocols from the provisions of Title 41, Chapter 6.

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:**
A.R.S. § 36-2205(C) provides exemption from the provisions of Title 41, Chapter 6.
9. **A description of the changes between the proposed rules, including supplemental notices, and final rules (if applicable):**
Not applicable.
10. **A summary of the principal comments and the agency response to them:**
Not applicable.
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?**
No.
14. **The full text of the rules follows:**

TITLE 9. HEALTH SERVICES

CHAPTER 25. DEPARTMENT OF HEALTH SERVICES EMERGENCY MEDICAL SERVICES

**ARTICLE 2. ADVANCED LIFE SUPPORT BASE
HOSPITAL CERTIFICATION**

Section

R9-25-206. Base Hospital Authority and Responsibilities
~~EXHIBIT B PROCEDURES/DRUG LISTS; MINIMUM STANDARDS FOR EMERGENCY PREHOSPITAL CARE PROVIDERS~~

**ARTICLE 8. MEDICAL DIRECTION PROTOCOLS FOR
EMERGENCY MEDICAL TECHNICIANS**

~~R9-25-803. Protocol for Drug Box Procedures and Minimum Standards for Emergency Prehospital Care Providers.~~

~~EXHIBIT 4 EMT-P Drug List; EMT-I Drug List; Intravenous Infusions to be Monitored by Appropriate Level of EMT Personnel~~

R9-25-803. Protocol for Drug Box Procedures
EXHIBIT 1 EMT-P DRUG LIST; EMT-I DRUG LIST
EXHIBIT 2 INTRAVENOUS INFUSIONS TO BE MONITORED BY APPROPRIATE LEVEL OF EMT PERSONNEL

**ARTICLE 2. ADVANCED LIFE SUPPORT BASE
HOSPITAL CERTIFICATION**

R9-25-206. Base Hospital Authority and Responsibilities (Authorized by A.R.S. §§ 36-2202(A)(3) and (4), and 36-2204(5) and (6))

A. No change.

B. No change.

C. Supporting Service Agreement: The Base Hospital shall execute a written contract with an agency which employs emergency medical technicians in a prehospital setting. The contract shall:

1. No change.
2. No change.
3. No change.
4. No change.
5. No change.
6. ~~Require the base hospital to provide and replenish drug box items.~~
7. ~~Contain a provision that restricts the items included in the drug box to those identified in Exhibit B.~~
8. ~~Contain a provision that requires adherence to the drug box implementation procedures contained in Exhibit B.~~

~~6.9. No change.~~
~~7.10. No change.~~
~~8.11. No change.~~
~~9.12. No change.~~
~~10.13. No change.~~

D. No change.

E. No change.

F. No change.

G. No change.

H. No change.

I. No change.

J. No change.

Arizona Administrative Register
Notices of Exempt Rulemaking

R9-25-206. **EXHIBIT B**

**PROCEDURES/DRUG LISTS
MINIMUM STANDARDS FOR
EMERGENCY PREHOSPITAL CARE PROVIDERS**

Drug Box procedures for use by certified EMTs and EMT-Ps have been recommended by the Medical Direction Commission and adopted by the Director, Arizona Department of Health Services, pursuant to A.R.S. §36-2203.01 and § 36-2205 and *Arizona Administrative Code R9-25-608*. A.R.S. § 36-2205 provides that EMTs and EMT-Ps may "render such medications only under the direction of a physician." Physician direction is defined as occurring via either direct communication (person to person, two-way radio, or telephone conversation) or indirect communication (conveyed by an intermediary or acting upon approved Standing Orders). Use and/or maintenance of a drug box by emergency prehospital care personnel without this level of physician direction is prohibited.

Periodic modifications of the drug list may include new drugs which will require additional training of the emergency prehospital care personnel. Each certified ALS Base Hospital's Medical Director shall have the responsibility for implementing the provision of this training.

A. GENERAL PROVISIONS

1. A drug may be administered by emergency prehospital care personnel only by order of an emergency physician via direct or indirect communication or when following approved Standing Orders. When ordering a controlled substance, an emergency physician is responsible for signing a verification of the telemetry order for delivery to the pharmacy of the receiving hospital within 72 hours after order.
2. Drug box contents shall be issued by the base hospital pharmacy to currently certified ALS EMTs or eligible nurses.
 - a. Drug box contents are part of the issuing pharmacy's inventory and records of accountability.
 - b. On-duty emergency prehospital care personnel to whom drug boxes are issued act as agents of the EMS Providers who shall be responsible for the box and shall be accountable to the pharmacy for its contents.
3. An EMS Provider agency shall be responsible for monitoring recognition of drug expiration dates, evidence of drug deterioration, damage to containers, and illegible labels with timely notification to the issuing pharmacy.
4. EMS Providers shall be responsible for the security and environmental control of the in-house and on-vehicle storage of a drug box and its contents. Drug box storage in vehicles shall be in a secured compartment.
5. EMS Providers shall be responsible for recording shift assignment of the box to incoming duty personnel. Record of box contents inspection shall be made prior to an individual assuming accountability for the drug box.
6. When discrepancies of contents are found, i.e., tampered or broken containers, missing drugs, etc., immediate notification shall be made to the duty supervisor and to the issuing pharmacy for corrective action. An incident report shall be filed with the issuing pharmacy, as necessary. Any incident involving Class II drugs shall be reported to appropriate investigative agencies (State Board of Pharmacy, DPS Division of Narcotics, Drug Enforcement Administration) having jurisdiction over controlled substances.
7. All drug administrations shall be recorded on the patient's encounter form and a copy filed with the patient's record and receiving hospital's pharmacy.
8. Each medical facility issuing drug boxes to prehospital care personnel shall develop policy addressing drug box in-house security, issue documentation, and for agent accountability.
9. EMS Providers having supporting service agreements with ALS Base Hospitals shall acquire and use drug boxes having specifications mutually agreeable between the EMS Provider, the ALS Base Hospital Prehospital Care Committee, and the Pharmacy.
10. An EMS Provider shall acquire sufficient drug boxes to meet peak emergency response demands within its service area.
11. A common drug box may be used by emergency prehospital care providers. The drug box shall be supplied with all authorized EMS drugs. Administration of drugs shall be limited to those designated for the appropriate skill level of the care provider.

B. EXCHANGE PROCEDURES

1. An ALS Base Hospital whose policy mandates a drug box for drug box exchange shall be supplied with sufficient numbers of boxes by the EMS Provider in order to expedite box for box exchange.
2. An ALS Base Hospital whose policy allows drug for drug exchange shall document such exchanges on appropriate record forms issued by the Pharmacy.
3. Drug for drug restocking from air transport unit resources is optional depending upon anticipated circumstances to transport to a health care facility. All exchanges shall be identified on the patient's encounter form.
4. Allow EMS Providers having supporting service agreements with ALS Base Hospitals an appropriate mechanism, as authorized by a medical control authority, for replacement of medications provided to a patient transported to a receiving facility without capability for replacement of approved EMS medications.

C. DRUG BOX

1. Guidelines for approval of an appropriate device for conveying EMS drugs are:
 - a. Container to be washable.
 - b. Exterior identifiable as to skill level.
 - c. Securing device may be applied.
 - d. Container to accommodate drugs and quantities of current drug list.
 - e. Have appropriate mechanism for internal location and identification of drugs.
 - f. Capable of compartmentalization.

D. DRUG SUPPLY STANDARDS

1. Supply of each agent appearing on the approved Drug List shall be the standard amount to be carried in the Drug Box.
2. An EMS Provider shall be allowed to carry additional quantities of a drug to satisfy specific needs of the local service area.

Arizona Administrative Register
Notices of Exempt Rulemaking

3. An EMS Provider shall submit a written request for OEMS approval to carry supplies in excess of standard amounts.
 4. Controlled substances shall not be subject to supply flexibility.

EMT-P DRUG LIST

APPROVED BY MEDICAL DIRECTION COMMISSION, January 1996

<i>Agent</i>	<i>Concentration</i>	<i>Standard Supply</i>
ADENOSINE	6 mg/2 ml	5
ALBUTEROL SULFATE (SULFITE FREE)**	2.5 mg/3 ml NS	2
AMINOPHYLLINE	500 mg/20 ml	2
ASPIRIN, PEDIATRIC CHEWABLE	80 mg (INDEPENDENT DOSE)	4
ATROPINE	1 mg/10 ml	3
ATROPINE	8 mg/20 ml	1
BRETYLIUM	500 mg/10 ml	3
CALCIUM CHLORIDE	1 gm/10 ml	2
CHARCOAL, ACTIVATED*	25 gm	4
DEXTROSE	25 gm/50 ml	2
DIAZEPAM	10 mg/2 ml	2
DIPHENHYDRAMINE	50 mg/1 ml	2
DOPAMINE HCL	400 mg/5 ml (PREMIX/DSW OPTIONAL)	2
EPINEPHRINE (1:1,000 SOL)	1 mg/1 ml 1 mg/1 ml	30 ml 2
EPINEPHRINE (1:10,000 SOL)	1 mg/10 ml	6
FUROSEMIDE	40 mg/4 ml	4
GLUCAGON	1 mg/1 ml	2
ISOETHARINE**	1% 0.5 ml with 3.5 ml NS (PREMIX OPTIONAL FOR NEBULIZATION)	2
LIDOCAINE IV	100 mg/5 ml	3
LIDOCAINE IV	1 gm/25 ml	2
LIDOCAINE IV	2 gm/500 ml (PREMIX/DSW OPTIONAL)	1
MAGNESIUM SULFATE	1 gm/2 ml	2
METHYLPREDNISOLONE SOD. SUCCINATE	125 mg	1
MORPHINE SULFATE	10 mg/1 ml	2
NALOXONE	0.4 mg/1 ml 1 mg/1 ml	10 mg
NIFEDIPINE	10 mg (ORAL CAPSULE)	4
NITROGLYCERIN (NITROSTAT TABLETS)	0.4 mg tab/25 in bottle	1
OXYTOCIN	10 units/1 ml	2
PHENYLEPHRINE (NEO-SYNEPHRINE NASAL SPRAY)	0.5% 15 ml	1
SODIUM BICARBONATE	50 mEq/50 ml	3
THIAMINE	100 mg/1 ml	1
VERAPAMIL	5 mg/2 ml	2
NITROUS OXIDE (NITRONOX)	(Nitrous oxide 50% / Oxygen 50% fixed ratio with O2 fail safe device with self administration mask. Optional)	

*May be excluded as "in box" item — ** Administer by nebulizer

Arizona Administrative Register
Notices of Exempt Rulemaking

EMT-P DRUG LIST *Continued*
APPROVED BY MEDICAL DIRECTION COMMISSION, January 1996

<i>Agent</i>	<i>Concentration</i>	<i>Standard Supply</i>
SYRINGES:	1 ml (TB-25-g)	2
	3 ml	4
	10-12 ml	4
	20 ml	2
	50-60 ml	2
FILTER NEEDLES:	5-micron 19-g 1 1/2"	3
NON-FILTER NEEDLES		Assorted
INTRAVENOUS SOLUTIONS: (Bulk restricts inclusion of all fluids in Drug Box)		
DEXTROSE, 5% IN H ₂ O	250 ml BAG	1
L-RINGER'S/NORMAL SALINE	1-L BAGS	8-L
NORMAL SALINE	250 ml Bag	3
NORMAL SALINE	50 ml Bag	2
SALINE 0.9% lock	1 ml fluid flush	5

EMT-I DRUG LIST
APPROVED BY MEDICAL DIRECTION COMMISSION, January 1996

<i>Agent</i>	<i>Concentration</i>	<i>Standard Supply</i>
ALBUTEROL SULFATE (SULFITE FREE)	2.5 mg/3 ml NS	2
ASPIRIN, PEDIATRIC CHEWABLE	80 mg (INDEPENDENT DOSE)	4
ATROPINE	8 mg/20 ml	1
CHARCOAL, ACTIVATED*	25 gm	4
DEXTROSE	25 gm/50 ml	2
DIAZEPAM	10 mg/2 ml	2
DIPHENHYDRAMINE	50 mg/1 ml	2
EPINEPHRINE (1:1000 SOL)	1 mg/1 ml	2
FUROSEMIDE	40 mg/4 ml	4
GLUCAGON	1 mg/1 ml	2
ISOETHARINE**	1% 0.5 ml with 3.5 ml NS (PREMIX OPTIONAL FOR NEBULIZATION)	2
METHYLPREDNISOLONE	125 mg	1
MORPHINE SULFATE	10 mg/1 ml	2
NALOXONE	0.4 mg/1 ml 1 mg/1 ml	10 mg
PHENYLEPHRINE (NEO-SYNEPHRINE NASAL SPRAY)	0.5% 15 ml	1
NITROGLYCERIN (NITROSTAT TABLETS)	0.4 mg tab/25 in BOTTLE	1
OXYTOCIN	10 units/1 ml	2
SODIUM BICARBONATE	50 mEq/50 ml	3
THIAMINE	100 mg/1 ml	1
NITROUS OXIDE (NITRONOX)	(Nitrous oxide 50% / Oxygen 50% fixed ration with O ₂ fail safe device with self-administration mask. Optional)	

Arizona Administrative Register
Notices of Exempt Rulemaking

EMT I DRUG LIST *Continued*
APPROVED BY MEDICAL DIRECTION COMMISSION, January 1996

<i>Agent</i>	<i>Concentration</i>	<i>Standard Supply</i>
SYRINGES:	1 ml (TB 25-g)	2
	5 ml	2
	10 ml	2
	20 ml	2
FILTER NEEDLES	5-micron 19-g 1 1/2"	3
NON FILTER NEEDLES		Assorted
INTRAVENOUS SOLUTIONS: <small>(Bulk restricts inclusion of all fluids in Drug Box)</small>		
DEXTROSE, 5% IN H2O	250 ml BAG	1
L RINGER'S/NORMAL SALINE	1 L BAGS	8 L
NORMAL SALINE	250 ml BAG	3
SALINE 0.9% lock	1 ml fluid flush	5

*May be excluded as "in-box" item

** Administer by nebulizer

Arizona Administrative Register
Notices of Exempt Rulemaking

INTRAVENOUS INFUSIONS TO BE MONITORED BY APPROPRIATE LEVEL OF EMT PERSONNEL

IV INFUSIONS	EMT-B-IV	EMT-I	EMT-P	INFUSION PUMP
AMINOPHYLLINE			X	X
ANTIBIOTICS		X	X	
ANTIARRHYTHMICS:			X	X
PHENYTOIN			X	X
PROCAINAMIDE			X	X
BRETYLIUM			X	
BLOOD			X	
CALCIUM CHLORIDE			X	
COLLOIDS:			X	
DEXTRAN; HETASTARCH;		X	X	
HUMAN SERUM; ALBUMIN;				
MANNITOL; PLASMANATE				
CORTICOSTEROIDS		X	X	
CRYSTALLOIDS (← USUAL/CUSTOMARY)			X	
DIURETICS			X	
DOPAMINE			X	X
ELECTROLYTE ADDITIVES (← USUAL/CUSTOMARY)			X	
EPINEPHRINE			X	X
HEPARIN			X	X
ISOPROTERENOL			X	X
LIDOCAINE			X	X
MAGNESIUM			X	X
MORPHINE SULFATE		X	X	X
NITROGLYCERINE			X	X
OXYTOCIN		X	X	
PHENOBARBITAL			X	X
SODIUM BICARBONATE		X	X	
DRUG BOX SOLUTIONS AND AGENTS OF AUTHORIZED SKILL LEVELS		X	X	
VITAMINS		X	X	
WATER/ELECTROLYTES (COMMERCIAL PREPS)	X	X	X	

COMMENTS: Electrolyte Additives and Crystalloid Solutions — To meet specific patient needs, supplemental additives frequently are made above the “usual and customary amounts” to “commercial preparations”. The transferring facility should evaluate the ordered solutions and additives prior to turning a patient over to the care of appropriate certified EMT personnel for transfer.

ARTICLE 8. MEDICAL DIRECTION PROTOCOLS FOR EMERGENCY MEDICAL TECHNICIANS

~~R9-25-803. Protocol for Drug Box Procedures and Minimum Standards for Emergency Prehospital Care Providers~~

~~**A.** Drug Box procedures are for use by certified EMT-Is and EMT-Ps pursuant to R9-13-402 and R9-13-602. — A.R.S. § 36-2205 provides that EMT-Is and EMT-Ps may “render such medications only under the direction of a physician.” Physician direction is defined as occurring via either direct communication (person to person, 2-way radio, or telephone conversation) or indirect communication (conveyed by an intermediary). Use and/or maintenance of a drug box by emergency prehospital care personnel without this level of physician direction is prohibited.~~

~~**B.** Periodic modifications of the drug list may include new drugs which will require additional training of the emergency prehospital care personnel. Each certified Advanced Life Support (ALS) Base Hospital’s Medical Director shall have the responsibility for implementing the provision of this training.~~

~~**C.** General Provisions~~

~~1. A drug may be administered by emergency prehospital care personnel only by order of an emergency physician via direct or indirect communication or when following approved Standing Orders. The emergency physician is responsible for signing the verification of a telemetry order for delivery to the pharmacy of the receiving hospital within 72 hours for ordered controlled substances.~~

Arizona Administrative Register
Notices of Exempt Rulemaking

- ~~2. The drug box contents shall be issued by a base hospital pharmacy to on-duty emergency prehospital care personnel:
 - ~~a. The drug box contents are part of the inventory and records for accountability by the issuing base hospital.~~
 - ~~b. On-duty emergency prehospital care personnel to whom drug boxes are issued act as agents of the EMS Providers who shall be responsible for the box and shall be accountable to the pharmacy for its contents.~~~~
 - ~~3. An EMS Provider agency shall be responsible for monitoring recognition of drug expiration dates, evidence of drug deterioration, damage to containers, illegible labels with timely notification to the issuing pharmacy.~~
 - ~~4. EMS Providers shall be responsible for the security and environmental control of the in-house and on-vehicle storage of a drug box and its contents. Drug box storage in vehicle shall be in a secured compartment.~~
 - ~~5. EMS Providers shall be responsible for recording shift assignment of the box to incoming duty personnel. Record of box contents inspection shall be made prior to an individual assuming accountability for the drug box.~~
 - ~~6. When discrepancies of content are found (i.e., tampered or broken containers, missing drugs, etc.), immediate notification shall be made to the duty supervisor and to the issuing pharmacy for corrective action. An incident report shall be filed with the issuing pharmacy, as necessary. Any incident involving Class II drugs shall be reported to appropriate investigative agencies (State Board of Pharmacy, DPS Division of Narcotics, Drug Enforcement Administration) having jurisdiction over controlled substances.~~
 - ~~7. All drug administrations shall be recorded on the patient's encounter form and a copy filed with the patient's record and receiving hospital's pharmacy.~~
 - ~~8. Each medical facility issuing drug boxes to prehospital care personnel shall develop policy addressing drug box in-house security, issue documentation, and for agent accountability.~~
 - ~~9. EMS Providers having supporting service agreements with ALS Base Hospitals shall acquire and use drug boxes having specifications mutually agreeable between the EMS Provider, the ALS Base Hospital Prehospital Care Committee, and the Pharmacy.~~
 - ~~10. An EMS Provider shall acquire sufficient drug boxes to meet peak emergency response demands within its service area.~~
 - ~~11. A common drug box may be used by emergency prehospital care providers. The drug box shall be supplied with all authorized EMS drugs. Administration of drugs shall be limited to those designated for the appropriate skill level of the care provider.~~
- ~~**D. Exchange Procedures**~~
- ~~1. An ALS Base Hospital whose policy mandates a drug box for box exchange shall be supplied with sufficient numbers of boxes by the EMS Provider in order to expedite box-for-box exchange.~~
 - ~~2. An ALS Base Hospital whose policy allows drug for drug exchange shall document such exchanges on appropriate record forms.~~
 - ~~3. Drug for drug restocking from air transport unit resources is optional depending upon anticipated circumstances to transport to a health care facility. All exchanges shall be identified on the patient's encounter form.~~
 - ~~4. Allow EMS Providers having supporting service agreements with ALS Base Hospitals an appropriate mechanism, as authorized by a medical control authority, for replacement of medications provided to a patient transported to a receiving facility without capability for replacement of approved EMS medications.~~
- ~~**E. Drug Box**~~
- ~~1. When necessary, replace with the authorized Plano 747M, with drawer configurations for paramedic or intermediate, or with a container meeting guidelines for drug box approval. Approved soft packs meet these guidelines.~~
 - ~~2. Guidelines for approval of an appropriate device for conveying EMS drugs:
 - ~~a. Container to be washable;~~
 - ~~b. Exterior identifiable as to skill level;~~
 - ~~c. Securing device may be applied;~~
 - ~~d. Container to accommodate drugs and quantities of current drug list;~~
 - ~~e. Have appropriate mechanism for internal location and identification of drugs;~~
 - ~~f. Capable of compartmentalization.~~~~
- ~~**F. Drug Supply Standards**~~
- ~~1. Supply of each agent appearing on the approved Drug List (Exhibit 1) shall be the minimum amount to be carried in the Drug Box.~~
 - ~~2. An EMS Provider shall be allowed to carry additional quantities of a drug to satisfy specific needs of the local service area.~~
 - ~~3. An EMS Provider shall submit a written request for OEMS approval to carry supplies in excess of minimum amounts.~~
 - ~~4. Controlled substance shall not be subject to supply flexibility.~~

Arizona Administrative Register
Notices of Exempt Rulemaking

R9-25-803. Exhibit 1. EMT-P Drug List; EMT-I Drug List; Intravenous Infusions to be Monitored by Appropriate Level of EMT Personnel

EMT-P DRUG LIST

APPROVED BY MEDICAL DIRECTION COMMISSION, JANUARY 1996

AGENT	CONCENTRATION	STANDARD SUPPLY
ADENOSINE	6 mg/2 ml	5
ALBUTEROL SULFATE (SULFITE FREE)**	2.5 mg/3 ml NS	2
AMINOPHYLLINE	500 mg/20 ml	2
ASPIRIN, PEDIATRIC CHEWABLE	80 mg (INDEPENDENT DOSE)	4
ATROPINE	1 mg/10 ml	3
ATROPINE	8 mg/20 ml	1
BRETYLIUM	500 mg/10 ml	3
CALCIUM CHLORIDE	1 gm/10 ml	2
CHARCOAL, ACTIVATED*	25 gm	4
DEXTROSE	25 gm/50 ml	2
DIAZEPAM	10 mg/2ml	2
DIPHENHYDRAMINE	50 mg/1 ml	2
DOPAMINE HCL	400 mg/5 ml (PREMIX D5W OPTIONAL)	2
EPINEPHRINE (1:1,000 SOL)	1 mg/1 ml	30 ml
	1 mg/1 ml	2
EPINEPHRINE (1:10,000 SOL)	1 mg/10 ml	6
FUROSEMIDE	40 mg/4 ml	4
GLUCAGON	1 mg/1 ml	2
ISOETHARINE**	1% 0.5 ml with 3.5 ml NS (PREMIX OPTIONAL NEBULIZATION)	2
LIDOCAINE IV	100 mg/5 ml	3
LIDOCAINE IV	1 gm/25 ml	2
LIDOCAINE IV	2 gm/500 ml (PREMIX D5W OPTIONAL)	1
MAGNESIUM SULFATE	1 gm/2ml	2
METHYLPREDNISOLONE SOD. SUCCINATE	125 mg	1
MORPHINE SULFATE	10 mg/1 ml	2
NALOXONE	0.4 mg/1 ml	20 ml
NIFEDIPINE	10 mg (ORAL CAPSULE)	4
NITROGLYCERIN (NITROSTAT TABLETS)	0.4 mg tab/25 in bottle	1
OXYTOCIN	10 units/1 ml	2
PHENYLEPHRINE (NEO-SYNEPHRINE NASAL SPRAY)	0.5% 15 ml	1
SODIUM BICARBONATE	50 mEq/50 ml	3
THIAMINE	100 mg/1 ml	1
VERAPAMIL	5 mg/2 ml	2
NITROUS OXIDE (NITRONOX)	Nitrous-Oxide 50% Oxygen 50% fixed ratio with O2 fail safe device with self-administration mask. Optional)	
SYRINGES:	1 ml (TB 25 g)	2
	3 ml	4
	10-12 ml	4
	20 ml	2
	50-60 ml	2
FILTER NEEDLES	5 micron 19 g 1 1/2"	3
NON FILTER NEEDLES		Assorted
INTRAVENOUS SOLUTIONS: (BULK RESTRICTS INCLUSION OF ALL FLUID IN DRUG BOX)		
DEXTROSE, 5% in H2O	250ml BAG	1
L RINGER'S/NORMAL SALINE	1 L BAGS	8 L
NORMAL SALINE	250 ml Bag	3
NORMAL SALINE	50 ml Bag	2
SALINE 0.9% lock	1 ml fluid flush	5

*May be excluded as "in box" item

**Administer by nebulizer

EMT-I DRUG LIST

APPROVED BY MEDICAL DIRECTION COMMISSION, JANUARY 1996

AGENT	CONCENTRATION	STANDARD SUPPLY
ALBUTEROL SULFATE (SULFITE FREE)	2.5 mg/3 ml NS	2
ASPIRIN, PEDIATRIC CHEWABLE	80 mg (INDEPENDENT DOSE)	4
ATROPINE	8 mg/20 ml	1

Arizona Administrative Register
Notices of Exempt Rulemaking

CHARCOAL, ACTIVATED*	25 gm	4
DEXTROSE	25 gm/50 ml	2
DIAZEPAM	10 mg/2ml	2
DIPHENHYDRAMINE	50 mg/1 ml	2
EPINEPHRINE (1:1,000 SOL)	1 mg/1 ml	2
EPINEPHRINE (1:10,000 SOL)	1 mg/10 ml	6
FUROSEMIDE	40 mg/4 ml	4
GLUCAGON	1 mg/1 ml	2
ISOETHARINE**	1% 0.5 ml with 3-5 ml NS (PREMIX OPTIONAL NEBULIZATION)	2
METHYLPREDNISOLONE	125 mg	1
MORPHINE SULFATE	10 mg/1 ml	2
NALOXONE	0.4 mg/1 ml	20 ml
PHENYLEPHRINE (NEO-SYNEPHRINE SPRAY)	0.5% 15 ml	1
NITROGLYCERIN (NITROSTAT TABLETS)	0.4 mg tab/25 in BOTTLE	1
OXYTOCIN	10 units/1 ml	2
SODIUM BICARBONATE	50 mEq/50 ml	3
THIAMINE	100 mg/1 ml	1
NITROUS OXIDE (NITRONOX)	(Nitrous oxide 50%/Oxygen 50% fixed ration with O2 fail safe device with self administration mask. Optional)	
SYRINGES	1 ml (TB 25 g)	2
	5 ml	2
	10 ml	2
	20 ml	2
FILTER NEEDLES	5 micron 19 g 11/22	3
NON-FILTER NEEDLES		Assorted
INTRAVENOUS SOLUTIONS (Bulk restricts inclusion of all fluids in Drug Box)		
DEXTROSE, 5% in H2O	250 ml BAG	1
L RINGER'S/NORMAL SALINE	1 L BAGS	8 L
NORMAL SALINE	250 ml BAG	3
SALINE 0.9% lock	1 ml fluid flush	5
*May be excluded as "in box" item	**Administer by nebulizer	

INTRAVENOUS INFUSIONS TO BE MONITORED BY APPROPRIATE LEVEL OF EMT PERSONNEL

IV INFUSIONS	EMT-B IV	EMT-I	EMT-P	INFUSION PUMP
AMINOPHYLLINE			X	X
ANTIBIOTICS		X	X	
ANTIARRHYTHMICS:				
PHENYTOIN			X	X
PROCAINAMIDE			X	X
BRETYLIUM			X	
BLOOD			X	
CALCIUM CHLORIDE			X	
COLLOIDS:				
DEXTRAN; HETASTARCH;				
HUMAN SERUM; ALBUMIN;		X	X	
MANNITOL; PLASMANATE				
CORTICOSTEROIDS		X	X	
CRYSTALLOIDS (>USUAL/CUSTOMARY)			X	
DIURETICS			X	
DOPAMINE			X	X
ELECTROLYTE ADDITIVES (>USUAL/CUSTOMARY)			X	
EPINEPHRINE			X	X
HEPARIN			X	X
ISOPROTERENOL			X	X
LIDOCAINE			X	X
MAGNESIUM			X	X
MORPHINE SULFATE		X	X	X
NITROGLYCERINE			X	X
OXYTOCIN		X	X	
PHENOBARBITAL			X	X
SODIUM BICARBONATE		X	X	
DRUG BOX SOLUTIONS AND AGENTS OF AUTHORIZED SKILL LEVELS		X	X	

Arizona Administrative Register
Notices of Exempt Rulemaking

VITAMINS

WATER/ELECTROLYTES (COMMERCIAL PREPS)

× × ×
× × ×

COMMENTS: Electrolyte Additives and Crystalloid Solutions—To meet specific patient needs, supplemental additives frequently are made above the “usual and customary amounts” to “commercial preparations”. The transferring facility should evaluate the ordered solutions and additives prior to turning a patient over to the care of the appropriate certified EMT personnel for transfer.

R9-25-803. Protocol for Drug Box Procedures

A. In addition to the definitions in R9-25-101, the following definitions apply in this protocol unless otherwise specified:

1. “Accredited health care institution” means the same as the definition in A.R.S. § 36-401.
2. “Accredited hospital” means the same as the definition in A.R.S. § 36-401.
3. “Agency” means the same as the definition in R9-25-101.
4. “Base hospital” means the same as the definition of “advanced life support base hospital” as defined in A.R.S. § 36-2201.
5. “Base hospital medical director” means a physician who meets the requirements in R9-25-207.
6. “Controlled substance” means the same as the definition in A.R.S. § 32-1901(12).
7. “Drug” means any of the medications in Exhibit 1 and Exhibit 2.
8. “Drug box” means a container to hold the drugs in Exhibit 1.
9. “Emergency receiving facility” means the same as the definition in A.R.S. § 36-2201.
10. “EMT-B” means a basic emergency medical technician and is the same as the definition in A.R.S. § 36-2201.
11. “Independent supplier” means an entity permitted by the State Board of Pharmacy pursuant to A.R.S. § 32-1929 to sell or stock drugs.
12. “Interfacility transport” means a prearranged ambulance transport of an individual receiving medical care from 1 licensed accredited hospital or licensed accredited health care institution to another licensed accredited hospital or licensed accredited health care institution.
13. “License” means the written authorization issued by the Department under A.R.S. Title 36, Chapter 4.
14. “Medical direction” means guidance provided by a physician for medical care of an individual through on-line medical direction, off-line medical direction, or standing orders.
15. “Monitor” means:
 - a. To observe the administration rate of a drug and the response to the drug by the individual receiving the drug, or
 - b. The ongoing responsibility to check the contents of a drug box as required in subsection (C)(4).
16. “Physician” means an individual licensed pursuant to A.R.S. §§ 32-1301 or 32-1701.
17. “Registered nurse” means an individual licensed pursuant to A.R.S. § 32-1601.

B. Only an individual authorized under R9-25-608(B) or a registered nurse may administer a drug under the medical direction of a medical direction authority.

1. When a controlled substance is ordered, an EMT-I, EMT-P, or registered nurse shall document the order on a first care form and a medical direction authority shall sign the form.
2. A copy of the first care form in subsection (B)(1) shall be delivered to the pharmacy of the base hospital or emergency receiving hospital within 72 hours after the order is issued.

C. A base hospital, emergency receiving facility, or independent supplier who elects to provide the drugs listed in Exhibit 1 to an agency shall establish a written agreement with the agency to document:

1. Written policies established by the base hospital, emergency receiving facility, or independent supplier addressing requirements for secured drug boxes, distribution of drugs, drug box record keeping, and reporting.
2. An agency’s responsibility to provide a base hospital, an emergency receiving facility, or an independent supplier with drug boxes that:
 - a. Are washable.
 - b. Are capable of being locked.
 - c. Are large enough to contain all of the drugs listed in Exhibit 1.
 - d. Include a listing of the location and identification of drugs.
3. An agency’s assurance that:
 - a. A drug box is stored in a locked compartment which provides security and that restricts movement of the drug box while vehicle is in motion.
 - b. Unauthorized individuals do not have access to a drug box.
 - c. The contents of a drug box are maintained at temperatures recommended by the drug manufacturer.
 - d. When a drug box is assigned to an EMT-I, EMT-P, or a registered nurse, the name of the EMT-I, EMT-P, or registered nurse, and the time and date of assignment are recorded in writing. An agency shall maintain the record for 30 calendar days from the date of entry.
4. An EMT-I, EMT-P, or a registered nurse shall:
 - a. Monitor the contents of a drug box for expired drugs, deteriorated drugs, damaged drug containers or labels, altered drug containers or labels, or missing drugs. If any of these conditions occur, the EMT-I, EMT-P, or registered nurse shall notify the supervisor of the EMT-I, EMT-P or the registered nurse, the base hospital, the emergency receiving facility pharmacy, or the independent supplier and return the affected drugs to the base hospital, the emergency receiving facility’s pharmacy, or the independent supplier.
 - b. Verify the inventory of a drug box by conducting an inspection of the drug box before delivery to the next assigned EMT-I, EMT-P, or registered nurse. The verification shall be in writing and contain the name or EMT certification number of the EMT-I, EMT-P, or registered nurse conducting the inspection and date and time of inspection.
 - c. Record each administration of a drug on the individual’s first care form and follow the reporting requirements in R9-25-615.

D. Within 72 hours of the discovery of any conditions in subsection (C)(4)(a) for a controlled substance, a base hospital, an emergency receiving facility, or an independent supplier shall notify the Department by telephone or facsimile transmission specifying the date of discovery, type of controlled substance involved and type of exception. If the notification is by telephone, the base hospital, the emergency receiving facility or

Arizona Administrative Register
Notices of Exempt Rulemaking

the independent supplier shall send to the Department by certified mail the information contained in this section.

E. An agency shall exchange or resupply drugs only from a base hospital, an emergency receiving facility, or an independent supplier with which the agency has a current written agreement for resupplying drugs:

1. If an agency is obtaining drugs from a base hospital, an emergency receiving facility, or an independent supplier that mandates a drug box-for-box exchange, the agency shall obtain sufficient drug boxes to assure the agency's acquisition of a new drug box within 30 minutes of the return of a used drug box to the base hospital or the emergency receiving facility.

2. If an agency is obtaining drugs from a base hospital, an emergency receiving facility, or an independent supplier that allows drug-for-drug exchange, the agency shall ensure that an EMT-I, EMT-P, or a registered nurse documents the exchange on a form that includes the name of the drug exchanged and the date and time of exchange.

F. Except as provided in subsection (I), a base hospital's pharmacy, an emergency receiving facility, or an independent supplier shall provide the contents of a drug box in the supply ranges set forth in Exhibit 1.

G. Except for a controlled substance, a medical director of a base hospital may request permission to provide a drug in an amount that exceeds the supply range in Exhibit 1.

1. The medical director of a base hospital shall submit a request in writing to the Department that contains:

a. The name of the agency for whom the exception is being requested.

b. The name of the drug.

c. The additional amount of the drug being requested.

d. The reason for the request, and

e. The signature of the medical director.

2. Within 15 working days after receipt of a request, the Department shall review the request and:

a. Approve the request after determining that the request protects public health and safety based on such factors as the response area, response time, or location of supply;

b. Deny the request after determining that the request fails to provide for protection of health and safety.

H. A certified emergency medical technician authorized by R9-25-508 or R9-25-608 shall receive approval of the base hospital medical director before interfacility transport of an individual receiving any drug listed in Exhibit 2. An EMT-I or EMT-P shall receive training in the administration of an Exhibit 2 drug before monitoring an IV infusion delivery during interfacility transport of an individual. Before an infusion pump is used for drug delivery, an EMT-I or EMT-P shall receive training in the administration of an Exhibit 2 drug and the use of the infusion pump that will be used to administer the Exhibit 2 drug.

Arizona Administrative Register
Notices of Exempt Rulemaking

Exhibit 1. EMT-P Drug List; EMT-I Drug List

EMT-P DRUG LIST

<u>AGENT</u>	<u>CONCENTRATION</u>	<u>STANDARD SUPPLY</u>
<u>ADENOSINE</u>	<u>6 mg/2 ml</u>	<u>5 - 6</u>
<u>ALBUTEROL SULFATE (SULFITE FREE)*</u>	<u>2.5 mg/3 ml NS</u>	<u>2 - 6</u>
<u>ASPIRIN, PEDIATRIC CHEWABLE</u>	<u>80 mg (INDEPENDENT DOSE)</u>	<u>4 - 8</u>
<u>ATROPINE</u>	<u>1 mg/10 ml</u>	<u>3 - 4</u>
<u>ATROPINE</u>	<u>8 mg/20 ml</u>	<u>1 - 2</u>
<u>BRETYLIUM</u>	<u>500 mg/10 ml</u>	<u>1 - 3</u>
<u>CALCIUM CHLORIDE</u>	<u>1 gm/10 ml</u>	<u>1 - 2</u>
<u>CHARCOAL, ACTIVATED**</u>	<u>25 gm</u>	<u>2 - 4</u>
<u>DEXTROSE</u>	<u>25 gm/50 ml</u>	<u>2 - 4</u>
<u>DIAZEPAM</u>	<u>10 mg/2ml</u>	<u>2</u>
<u>DIPHENHYDRAMINE</u>	<u>50 mg/1 ml</u>	<u>1 - 2</u>
<u>DOPAMINE HCL</u>	<u>400 mg/5 ml (PREMIX/DSW OPTIONAL)</u>	<u>1 - 2</u>
<u>EPINEPHRINE (1:1,000 SOL)</u>	<u>1 mg/1 ml (AMPULES OR PREFILLED SYRINGES)</u>	<u>1 - 2</u>
	<u>1 mg/1 ml</u>	
	<u>multidose 30 ml vial</u>	<u>1 - 2</u>
<u>EPINEPHRINE (1:10,000 SOL)</u>	<u>1 mg/10 ml prefilled syringes</u>	<u>6 - 8</u>
<u>FUROSEMIDE</u>	<u>40 mg/4 ml</u>	<u>2 - 4</u>
<u>GLUCAGON</u>	<u>1 mg/1 ml</u>	<u>1 - 2</u>
<u>IPRATROPIUM BROMIDE 0.01%</u>	<u>2.5 ml</u>	<u>2 - 4</u>
<u>LIDOCAINE IV</u>	<u>100 mg/5 ml</u>	<u>3 - 4</u>
<u>LIDOCAINE IV</u>	<u>1 gm/25 ml</u>	<u>1 - 2</u>
<u>LIDOCAINE IV</u>	<u>2 gm/500 ml (PREMIX/DSW OPTIONAL)</u>	<u>1 - 2</u>
<u>MAGNESIUM SULFATE</u>	<u>1 gm/2ml</u>	<u>4 - 10</u>
<u>METHYLPREDNISOLONE</u>	<u>125 mg</u>	<u>1 - 2</u>
<u>MORPHINE SULFATE</u>	<u>10 mg/1 ml</u>	<u>2</u>
<u>NALOXONE</u>	<u>0.4 mg/1 ml</u>	<u>Total 10 mg</u>
	<u>1 mg/1 ml</u>	
<u>NITROGLYCERIN (NITROSTAT TABLETS)</u>	<u>0.4 mg tab/25 in bottle</u>	<u>1 - 2</u>
<u>OXYTOCIN</u>	<u>10 units/1 ml</u>	<u>1 - 2</u>
<u>PHENYLEPHRINE (NEO-SYNEPHRINE NASAL SPRAY)</u>	<u>0.5% 15 ml</u>	<u>1 - 2</u>
<u>SODIUM BICARBONATE</u>	<u>50 mEq/50 ml</u>	<u>2 - 3</u>
<u>THIAMINE</u>	<u>100 mg/1 ml</u>	<u>1 - 2</u>
<u>VERAPAMIL</u>	<u>5 mg/2 ml</u>	<u>2 - 3</u>
<u>NITROUS OXIDE (NITRONOX)</u>	<u>Nitrous Oxide 50%/Oxygen 50% fixed ratio with .02 fail safe device with self-administration mask. Optional)</u>	
<u>SYRINGES:</u>	<u>1 ml (TB 25 g)</u>	<u>2</u>
	<u>3 ml</u>	<u>4</u>
	<u>10 - 12 ml</u>	<u>4</u>
	<u>20 ml</u>	<u>2</u>
	<u>50-60 ml</u>	<u>2</u>
<u>FILTER NEEDLES</u>	<u>5 micron 19 g 1 1/2"</u>	<u>3</u>
<u>NON-FILTER NEEDLES</u>		<u>Assorted</u>
<u>INTRAVENOUS SOLUTIONS:</u> (Bulk Restricts inclusion of all fluids In Drug Box)		
<u>DEXTROSE, 5% in H2O</u>	<u>250 ml bag</u>	<u>1</u>
<u>LACTATED RINGER'S</u>		
<u>OR NORMAL SALINE</u>	<u>1 L BAGS</u>	<u>8 L</u>
<u>NORMAL SALINE</u>	<u>250 ml bag</u>	<u>3</u>
<u>NORMAL SALINE</u>	<u>50 ml bag</u>	<u>2</u>
<u>SALINE 0.9% lock</u>	<u>1 ml fluid flush</u>	<u>2 - 5</u>

*Administer by nebulizer

**May store in a drug box or compartment on an ambulance

Arizona Administrative Register
Notices of Exempt Rulemaking

EMT-I DRUG LIST

<u>AGENT</u>	<u>CONCENTRATION</u>	<u>STANDARD SUPPLY</u>
<u>ALBUTEROL SULFATE (SULFITE FREE)*</u>	<u>2.5 mg/3 ml NS</u>	<u>2 - 6</u>
<u>ASPIRIN, PEDIATRIC CHEWABLE</u>	<u>80 mg (INDEPENDENT DOSE)</u>	<u>4-8</u>
<u>ATROPINE</u>	<u>8 mg/20 ml</u>	<u>1 - 2</u>
<u>BRETYLIUM</u>	<u>500 mg/10 ml</u>	<u>1 - 3</u>
<u>CHARCOAL, ACTIVATED**</u>	<u>25 gm</u>	<u>2 - 4</u>
<u>DEXTROSE</u>	<u>25 gm/50 ml</u>	<u>2 - 4</u>
<u>DIAZEPAM</u>	<u>10 mg/2ml</u>	<u>2</u>
<u>DIPHENHYDRAMINE</u>	<u>50 mg/1 ml</u>	<u>1 - 2</u>
<u>DOPAMINE HCL</u>	<u>400 mg/5 ml (PREMIX/DSW OPTIONAL)</u>	<u>1 - 2</u>
<u>EPINEPHRINE (1:1,000 SOL)</u>	<u>1 mg/1 ml (AMPULES OR PREFILLED SYRINGES)</u>	<u>1 - 2</u>
	<u>1 mg/ 1 ml</u>	
	<u>multidose 30 ml vial</u>	<u>1 - 2</u>
<u>EPINEPHRINE (1:10,000 SOL)</u>	<u>1 mg/10 ml PREFILLED SYRINGES</u>	<u>3 - 6</u>
<u>FUROSEMIDE</u>	<u>40 mg/4 ml</u>	<u>2 - 4</u>
<u>GLUCAGON</u>	<u>1 mg/1 ml</u>	<u>1 - 2</u>
<u>ISOETHARINE**</u>	<u>1% 0.5 ml with 3-5 ml NS</u>	<u>2</u>
	<u>(PREMIX OPTIONAL NEBULIZATION)</u>	
<u>IPRATROPIUM BROMIDE 0.01%</u>	<u>2.5 ml</u>	<u>2 - 4</u>
<u>METHYLPREDNISOLONE</u>	<u>125 mg</u>	<u>1 - 2</u>
<u>MORPHINE SULFATE</u>	<u>10 mg/1 ml</u>	<u>2</u>
<u>NALOXONE</u>	<u>0.4 mg/1 ml</u>	<u>TOTAL 10 mg</u>
	<u>1 mg/1 ml</u>	
<u>NITROGLYCERIN (NITROSTAT TABLETS)</u>	<u>0.4 mg tab/25 in bottle</u>	<u>1 - 2</u>
<u>OXYTOCIN</u>	<u>10 units/1 ml</u>	<u>1 - 2</u>
<u>PHENYLEPHRINE (NEO-SYNEPHRINE NASAL SPRAY)</u>	<u>0.5% 15 ml</u>	<u>1 - 2</u>
<u>SODIUM BICARBONATE</u>	<u>50 mEq/50 ml</u>	<u>2 - 3</u>
<u>THIAMINE</u>	<u>100 mg/1 ml</u>	<u>1 - 2</u>
<u>NITROUS OXIDE (NITRONOX)</u>	<u>Nitrous Oxide 50%/Oxygen 50% fixed ration with O2 fail safe device with self-administration mask. Optional)</u>	
<u>SYRINGES:</u>	<u>1 ml (TB 25 g)</u>	<u>2</u>
	<u>5 ml</u>	<u>2</u>
	<u>10 ml</u>	<u>2</u>
	<u>20 ml</u>	<u>2</u>
<u>FILTER NEEDLES</u>	<u>5 micron 19 g 1 1/2"</u>	<u>3</u>
<u>NON-FILTER NEEDLES</u>		<u>Assorted</u>
<u>INTRAVENOUS SOLUTIONS: (Bulk restricts inclusion of all fluids In Drug Box)</u>		
<u>DEXTROSE, 5% in H2O</u>	<u>250ml bag</u>	<u>1</u>
<u>LACTATED RINGER'S/</u>		
<u>OR NORMAL SALINE</u>	<u>1 L bags</u>	<u>8 L</u>
<u>NORMAL SALINE</u>	<u>250 ml bag</u>	<u>3</u>
<u>SALINE 0.9% lock</u>	<u>1 ml fluid flush</u>	<u>2 - 5</u>

*Administer by nebulizer

** May store in a drug box or a compartment on an ambulance

Arizona Administrative Register
Notices of Exempt Rulemaking

Exhibit 2. Intravenous Infusions To Be Monitored By Appropriate Level Of Emt Personnel

INTRAVENOUS INFUSIONS TO BE MONITORED BY APPROPRIATE LEVEL OF EMT PERSONNEL

<u>IV INFUSIONS</u>	<u>EMT-B</u>	<u>EMT-I</u>	<u>EMT-P</u>	<u>INFUSION PUMP</u>
<u>AMINOPHYLLINE</u>			X	X
<u>ANTIBIOTICS</u>		X	X	
<u>ANTIARRHYTHMICS:</u>	<u>PHENYTOIN</u>		X	X
	<u>PROCAINAMIDE</u>		X	X
<u>BRETYLIUM</u>			X	
<u>BLOOD</u>			X	
<u>CALCIUM CHLORIDE</u>			X	
<u>COLLOIDS:</u>	<u>DEXTRAN; HETASTARCH;</u>			
	<u>HUMAN SERUM; ALBUMIN;</u>	X	X	
	<u>MANNITOL; PLASMANATE</u>			
<u>CORTICOSTEROIDS</u>		X	X	
<u>CRYSTALLOIDS (> USUAL/CUSTOMARY)</u>			X	
<u>DIURETICS</u>			X	
<u>DOPAMINE</u>			X	X
<u>ELECTROLYTE ADDITIVES (> USUAL/CUSTOMARY)</u>			X	
<u>EPINEPHRINE</u>			X	X
<u>HEPARIN</u>			X	X
<u>ISOPROTERENOL</u>			X	X
<u>LIDOCAINE</u>			X	X
<u>MAGNESIUM</u>			X	X
<u>MORPHINE SULFATE</u>		X	X	X
<u>NITROGLYCERINE</u>			X	X
<u>OXYTOCIN</u>		X	X	
<u>PHENOBARBITAL</u>			X	X
<u>SODIUM BICARBONATE</u>		X	X	
<u>DRUG BOX SOLUTIONS AND AGENTS OF AUTHORIZED SKILL LEVELS</u>		X	X	
<u>VITAMINS</u>		X	X	
<u>WATER/ELECTROLYTES (COMMERCIAL PREPS)</u>	X	X	X	

NOTICE OF EXEMPT RULEMAKING

TITLE 12. NATURAL RESOURCES

CHAPTER 8. ARIZONA STATE PARKS

PREAMBLE

1. **Sections Affected** **Rulemaking Action**
R12-8-109 Amend
2. **The specific authority for the rulemaking, including both the authorizing statute (general) and the statutes the rules are implementing (specific):**
Authorizing statute: ARS 41-511.05(8)
Implementing statute: ARS 41-511.05(8)
3. **The effective date of the rules:**
January 1, 1999 (Calendar Year 1999 Fee Schedule)
4. **A list of all previous notices appearing in the Register addressing the exempt rule:**
Notices of Exempt Rulemaking: 3 A.A.R. 46, January 3, 1997.
Notices of Exempt Rulemaking: 4 A.A.R. 35, January 2, 1998.
Notices of Exempt Rulemaking: 4 A.A.R. 749, March 20, 1998.
5. **The name and address of agency personnel with whom persons may communicate regarding the rulemaking:**
Name: Randy Miller
Address: Arizona State Parks
1300 W. Washington
Phoenix, Arizona 85007
Telephone: (602) 542-6925
Fax: (602) 542-6961
6. **An explanation of the rule, including the agency's reasons for initiating the rule, including the statutory citation to the exemption from the regular rulemaking procedures:**
R12-8-109, Fees and Permits set the fees for visitor use and commercial use at Arizona State Parks. Each year, the Arizona State Parks Board reviews its fee structure and approves adjustments for the ensuing calendar year. In its analysis, Arizona State Parks reviews fee structures of surrounding states; reviews operating and development costs of the State Park System; reviews the public demand for park services and subsequent impacts of visitor use on park resources. State Parks actively pursues public input into the fee structure through regional meetings throughout the State.

At the October 15, 1998, Board meeting, the Agency's 1999 Fee Schedule with the proposed fee changes was presented to the Board for consideration. The Board approved the changes as recommended.
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:**
Not applicable.
9. **A description of the changes between the proposed rules, including supplemental notices, and final rules (if applicable):**
See question #6.
10. **A summary of the principal comments and the agency response to them:**
Not applicable.
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:**
Not applicable.
13. **Was this rule previously adopted as an emergency rule?**
No.

14. The full text of the rules follows:

TITLE 12. NATURAL RESOURCES

CHAPTER 8. ARIZONA STATE PARKS BOARD

R12-8-109. Fees and Permit

- A.** Annual Fee Review. The Board shall annually review and set fees for entrance, camping, and overnight parking at state park facilities. The fees shall be posted at each state park and printed in appropriate state park literature for public information. Fees shall be based upon analysis of the following criteria:
1. Fee and permit charges by state park agencies of the 11 western states and similar facilities within Arizona,
 2. Arizona State Parks operational and developmental costs,
 3. Public demand for services, and
 4. Impacts upon park resources.
- B.** Entrances fees/permits. Entrance, camping, and overnight parking fees for each park can be found in Exhibit A. A fee will not be charged for private vehicles or individuals requesting a 15 minute or less preview of a recreation park.
- C.** Special Use Fees. The Director may negotiate a specific fee for special uses. The range for noncommercial and commercial uses at state park facilities shall be the fee charged unless the Executive Director determines that an increase is justified based upon analysis of the following criteria:
1. Park expenses resulting from the special use,
 2. Loss of revenue resulting from the special use,
 3. Impacts upon park resources and visitors as a result of the special use, or
 4. The goodwill produced by informing or educating the public.
- D.** Special interpretive fees. A special interpretive fee for events sponsored by state parks may be assessed or park fees during the event may be waived. If assessed, this fee shall be established by the Executive Director according to the criteria specified in subsection (C). Special interpretive fees shall be established in advance of the event and posted as stated in this rule.
- E.** Commercial Vehicle Access Permit (CVAP) will be required by any person that enters a state park to conduct any portion of a business that is not covered by a concession agreement or special use permit. Permits will be issued either as Rental Businesses or Retail Businesses.

Arizona Administrative Register
Notices of Exempt Rulemaking

Exhibit A.

ARIZONA STATE PARKS
1999 REGULAR FEE SCHEDULE
 Effective ~~January 4, 1998~~ January 1, 1999

HISTORIC & CONSERVATION PARKS

	AGE GROUPS			* GROUP DISCOUNTS (Adult Fees)			OTHER REGULAR FEES (all parks)	
	Ages 0-6	Ages 7-13	Ages 14 & Up	7-12 Persons	13-18 Persons	19 Persons & Up	Group Day-Use Reserv.:	Group Camping Reserv.:
Boyce Thompson	(Separate Fee Schedule)						5 Visit Pass	\$15.00
Oracle	(\$4/Vehicle or Special Program Fees)						Overnight Parking:	\$3.00
Homolovi Ruins	(See Recreation Parks Below)						Annual Permit (Unlimited):	\$65.00
Fort Verde	free	1.00	2.00	1.80	1.60	1.40	Annual Permit (Limited):	\$35.00
Jerome	free	1.00	2.50	2.25	2.00	1.75	Commercial Permit: Rental	\$300.00
							Commercial Permit: Rental: 2nd Pass	\$100.00
McFarland	free	1.00	2.00	1.80	1.60	1.40	Commercial Permit: Retail:	\$250.00
							Commercial Permit: Retail: 2nd Pass	\$100.00
Red Rock	(See Recreation Parks Below)						SPECIAL USE FEES (all parks)	
Riordan	free	2.50	4.00	3.60	3.20	2.80	Fees charged per room or area/4 hours	
Tombstone	free	1.00	2.50	2.25	2.00	1.75	Non-Commercial:	\$25.00
Tubac	free	1.00	2.00	1.80	1.60	1.40	Commercial:	\$25.00
Yuma Territorial Pr	free	2.00	3.00	2.70	2.40	2.10	Damage Deposit:	\$25.00
Yuma Crossing	free	2.00	3.00	2.70	2.40	2.10	(maximum fees not to exceed \$10,000)	

* All persons in a group, regardless of age, apply toward a group's number, but only adult fees are discounted.

INTERPRETIVE PROGRAM FEES (per person)	
Special Interp. Program:	1.00
Interp. Prog. (Yuma Ctr.)	2.00

RECREATION PARKS

	DAILY ENTRANCE		NIGHTLY CAMPING			SPECIAL/LONG-TERM RATES		
	Individual/Bicycle	Per Vehicle (1-4 Persons)	Campsite	Hook-Up Site	Cabana or Boat Site	Campsite	Hook-Up Site	Cabana/Boat Site
Alamo	1.00	4.00	8.00-10.00	15.00		40.00-50.00	65.00	
Buckskin Mountain **	1.00	4.00 / 7.00 <u>6.00</u>		15.00	20.00		75.00	75.00
Buckskin River Island **	1.00	4.00 / 7.00 <u>6.00</u>	12.00	15.00		60.00		
Catalina	1.00	4.00 <u>5.00</u>	10.00	15.00		50.00	75.00	
Cattail Cove **	1.00	4.00 / 7.00 <u>7.00</u>	10.00	15.00	10.00	50.00	75.00	50.00
Dead Horse Ranch	1.00	4.00	10.00	15.00		50.00	75.00	
Fool Hollow	1.00	5.00	10.00	15.00		50.00	75.00	
Homolovi Ruins	1.00	4.00	10.00	15.00		50.00	75.00	
Lake Havasu **	1.00	4.00 / 7.00 <u>7.00</u>	10.00-12.00		10.00	50.00-60.00		50.00
Lost Dutchman	1.00	4.00 <u>5.00</u>	10.00			50.00		
Lyman Lake	1.00	4.00	10.00	15.00		50.00	75.00	
Patagonia Lake	1.00	5.00	10.00	15.00	10.00	50.00	75.00	50.00
Picacho Peak	1.00	4.00 <u>5.00</u>	10.00	15.00		50.00	75.00	
Red Rock	1.00	5.00	(Fees charged only for education-related groups: \$10.00 per group of 1-6 persons)					
Roper Lake	1.00	4.00	10.00	15.00		50.00	75.00	
Slide Rock	1.00	5.00						
Tonto Natural Bridge	1.00	5.00						

Arizona Administrative Register
Notices of Exempt Rulemaking

Individual/ Bicycle	Per Vehicle (1 - 4 Persons)	Campsite	Hook-Up Site	Cabana or Boat Site	Campsite	Hook-Up Site	Cabana/Boat Site
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** Denotes parks that charge the higher daily fee on weekends and State-observed holidays.

NOTICE OF EXEMPT RULEMAKING

TITLE 19. ALCOHOL, HORSE AND DOG RACING, LOTTERY, AND GAMING

CHAPTER 1. DEPARTMENT OF LIQUOR LICENSES AND CONTROL

PREAMBLE

1. **Sections Affected:** R19-1-305
Rulemaking Action: Amend
2. **The specific authority for the rulemaking, including both the authorizing statute (general) and the statutes the rules are implementing (specific):**
Authorizing statute: Laws 1998, Chapter 259, Section 23.
Implementing statute: A.R.S. § 4-101, et seq.
3. **The effective date of the rules:**
November 24, 1998
4. **A list of all previous notices appearing in the Register addressing the exempt rule:**
Not applicable.
5. **The name and address of agency personnel with whom persons may communicate regarding the rulemaking:**
Name: Myron Musfeldt
Address: Department of Liquor Licenses and Control
800 West Washington, 5th Floor
Phoenix, Arizona 85007
Telephone: (602) 542-9041
Fax: (602) 542-6799
6. **An explanation of the rule, including the agency's reasons for initiating the rule, including the statutory citation to the exemption from the regular rulemaking procedures:**
The purpose of this rule is to regulate the sale, dispensing or consumption of spirituous liquor to underage persons at live concerts and live sporting events on premises of on-sale retail licensees. Originally, the rule required licensees to set up a physical barrier and to implement hand stamping and wrist banding of underage persons. However, finding that the hand stamping and wrist banding requirements were insufficient, the Department is amending the rule to require licensees to set up a physical barrier only, on licensed premises during live sporting events and live concerts wherein underage persons will be allowed on the premises.

The Department has received an exemption by the legislature, pursuant to Laws 1998, Chapter 259, Section 23. Until July 31, 1999, the Department of Liquor Licenses and Control is exempt from the provisions of Title 41, Chapter 6, Arizona Revised Statutes, for the purpose of modifying its rule adopted pursuant to Section 4-244, paragraph 23, Arizona Revised Statutes, regarding the presence of persons under the legal drinking age on licensed premises.
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:**
Not applicable.
9. **A description of the changes between the proposed rules, including supplemental notices, and final rules (if applicable):**
Not applicable.
10. **A summary of the principal comments and the agency response to them:**
Not applicable.
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.

Arizona Administrative Register
Notices of Exempt Rulemaking

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

Not applicable.

13. **Was this rule previously adopted as an emergency rule?**

No.

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

TITLE 19. ALCOHOL, HORSE AND DOG RACING, LOTTERY, AND GAMING

CHAPTER 1. DEPARTMENT OF LIQUOR LICENSES AND CONTROL

**ARTICLE 3. UNLICENSED PREMISES DEFINITIONS
AND HEARING PROCEDURES**

Section

R19-1-305. Persons Under the Legal Drinking Age on Licensed Premises - Permitted

**ARTICLE 3. UNLICENSED PREMISES DEFINITIONS
AND HEARING PROCEDURES**

R19-1-305. Persons Under the Legal Drinking Age on Licensed Premises - Permitted

A. In addition to the exceptions in A.R.S. § 4-244 (23) regarding underage persons on licensed premises, underage persons may be on the premises of an ~~on-sale~~ ~~onsale~~ retail licensee pursuant to subparagraphs (B) and (C).

B. Licensed premises with an occupancy of 1,000 or more persons, as determined by the fire marshall, wherein the primary purpose is not to sell spirituous liquors, that show live sporting events or live concerts where the audience is engaged in viewing such entertainment, may allow underage persons on the premises. The licensee may sell spirituous liquor to persons who are 21 years of age or older, pursuant to A.R.S. Title 4, Chapters 1, 2, and 3, and A.A.C. Title 19, Chapter 1; ~~but shall~~ The Director may require a security plan to be approved by the department to ensure that the underage persons do not purchase, possess or consume spirituous liquor on the premises.

C. Licensed premises with an occupancy of fewer than 1,000 persons, as determined by the fire marshall, wherein the primary purpose is not to sell spirituous liquors, may allow underage persons on the premises for the purpose of viewing live sporting events or live concerts if: during the time that underage persons are on the premises, underage persons are separated by a physical barrier that prevents them from entering portions of the premises where spirituous liquor is sold, possessed, or served; and prevents underage persons from receiving, purchasing, possessing, and/or consuming spirituous liquor. With the exception of A.R.S. 4-244 (23)(a), spirituous liquor is prohibited in the section devoted to underage persons.

~~1. During the time that underage persons are on the premises, underage persons are separated by a physical barrier that prevents them from entering portions of the premises where spirituous liquor is sold, possessed, or served; and prevents underage persons from receiving spirituous liquor; or~~

~~2. Persons 21 years of age or older are identified by a wrist band and hand stamp. The wrist band shall encircle the wrist and be firmly attached; and the hand stamp imprint shall be of an indelible ink, be at least 1½ inches long by 1½ inches wide, and be stamped onto the back of the hand with the wrist band.~~