

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.

Editor's note: In accordance with A.A.C. R1-1-109(D), the following Notice of Exempt Rulemaking is republished to correct printing errors in the text and replaces Notice of Exempt Rulemaking: 6 A.A.R. 3762 -3770, September 29, 2000.

NOTICE OF EXEMPT RULEMAKING

TITLE 9. HEALTH SERVICES

CHAPTER 25. DEPARTMENT OF HEALTH SERVICES

EMERGENCY MEDICAL SERVICES

PREAMBLE

- | | |
|------------------------------------|---------------------------------|
| 1. <u>Sections Affected</u> | <u>Rulemaking Action</u> |
| R9-25-803 | No change |
| Exhibit 1 | Amend |
| Exhibit 2 | Amend |
- 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), 36- 2205(C), and 36-2209(A)
Implementing statute: A.R.S. § 36-2205(A)
- 3. The effective date of the rule:**
October 1, 2000
- 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:**
- | | |
|------------|----------------------------------------------------------------------------------------------------------------------------------------|
| Name: | Kathleen Phillips |
| Address: | Arizona Department of Health Services
1740 West Adams Street
Phoenix, Arizona 85007 |
| Telephone: | (602) 542-1264 |
| Fax: | (602) 548-1090 |
| OR | |
| Name: | Dona Marie Markley |
| Address: | Arizona Department of Health Services
Bureau of Emergency Medical Services
1651 East Morten, Suite 130
Phoenix, Arizona 85020 |
| Telephone: | (602) 861-0708 |
| Fax: | (602) 861-9812 |

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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:

A.A.C. R9-25-803 establishes drug box procedures and minimum standard medications required to be carried on a drug box. The drug list was approved by the Medical Direction Commission and the Emergency Medical Services Council. The proposed amendment is an amendment to Exhibit 1 and Exhibit 2 of the protocol. The exhibits are being amended to improve readability by graphically changing the presentation of the information and to make minor changes in abbreviations and spellings. Some of the drugs are being added or deleted to conform with current industry practices in the field. Finally, the names of some of the drugs are being changed to make them more technically correct by adding the appropriate salt after the drug name.

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(A) 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 principle 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. Incorporation 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 rule follows:

TITLE 9. HEALTH SERVICES

**CHAPTER 25. DEPARTMENT OF HEALTH SERVICES
EMERGENCY MEDICAL SERVICES**

ARTICLE 8. MEDICAL DIRECTION PROTOCOL FOR EMERGENCY MEDICAL TECHNICIANS

Sections

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 8. MEDICAL DIRECTION PROTOCOL FOR EMERGENCY MEDICAL TECHNICIANS

R9-25-803. Protocol for Drug Box Procedures

- A.** No change.
- B.** No change.
- C.** No change.
- D.** No change.
- E.** No change.
- F.** No change.
- G.** No change.
- H.** No change.

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EPINEPHRINE HCl <u>1:1,000 solution</u> (1:1,000 solution)	1 mg/1 mL <u>ampules or prefilled syringes</u> (ampules or prefilled syringes) and 1 mg/1 mL <u>multidose 30 mL vial</u>	1 - 2 (ampules or pre-filled syringes) 1 - 2 vials
EPINEPHRINE HCl <u>1:1,000 solution</u>	<u>1 mg/1 mL</u> <u>30 mL multidose vial</u>	<u>1 - 2</u>
EPINEPHRINE HCl <u>1:10,000 solution</u> (1:10,000 solution)	1 mg/10 mL prefilled syringes	6 - 8 prefilled syringes
FUROSEMIDE	40 mg/4 mL	2 - 4
GLUCAGON	1 mg/1 mL <u>1 mg with 1 mL diluting solution</u> <u>dose pack</u>	1 - 2
IPRATROPIUM BROMIDE * 0.02%	2.5 mL <u>unit dose</u>	2 - 4
LIDOCAINE HCl IV	100 mg/5 mL <u>prefilled syringes</u>	3 - 4
LIDOCAINE HCl IV or LIDOCAINE HCl IV	1 g/25 mL or 2 g/500 mL <u>dextrose 5% in water</u> <u>(D5W)</u>	1 - 2 1 - 2
MAGNESIUM SULFATE	1 g/2 mL	4 - 10
METHYLPREDNISOLONE <u>SODIUM SUCCINATE</u> SULFOSUCCINATE	125 mg	1 - 2
MORPHINE SULFATE	10 mg/1 mL	2
NALOXONE HCl	0.4 mg/1 mL or 1 mg/1 mL	10 mg
NITROGLYCERIN TABLETS or <u>NITROGLYCERIN</u> <u>SUBLINGUAL SPRAY</u>	0.4 mg tablets /25 in bottle <u>0.4 mg/metered dose</u> <u>200 metered doses/bottle</u>	1 - 2 bottles <u>1 - 2 bottles</u>
OXYTOCIN	10 units/1 mL	1 - 2
PHENYLEPHRINE NASAL SPRAY <u>0.5%</u>	0.5% 15 mL	1 - 2

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SODIUM BICARBONATE <u>8.4%</u>	50 mEq/50 mL	2 - 3
THIAMINE HCl	100 mg/1 mL	1 - 2
VERAPAMIL HCl	5 mg/2 mL	2 - 3
NITROUS OXIDE (optional <u>Optional</u>)	Nitrous Oxide 50% / Oxygen 50% fixed ratio <u>setup</u> with O2 fail-safe fail-safe device <u>and</u> with self-administration mask	<u>1 setup</u> 2-3
SYRINGES:	1 mL <u>tuberculin</u> (TB tuberculin 25-g) 3 mL 10 - 12 mL 20 mL 50 - 60 mL	2 4 4 2 2
FILTER NEEDLES:	5 micron 19-g (1 1/2 inch)	3 needles
NON - FILTER NEEDLES		assorted <u>sizes</u> nee- dles
INTRAVENOUS SOLUTIONS: (Bulk restricts inclusions of all fluids in <u>drug box</u> Drug Box) DEXTROSE, 5% in water LACTATED RINGER'S OR NORMAL SALINE <u>LACTATED RINGER'S</u> <u>NORMAL SALINE</u> NORMAL SALINE NORMAL SALINE	250 mL bag 1 L bag <u>1 L bag</u> <u>1 L bag</u> 250 mL bag 50 mL bag	1 bag 8 bags <u>4 - 8</u> <u>4 - 8</u> 3 bags 2 bags

* Administer by nebulizer

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

Note: Per Arizona Administrative Code R9-25-803, appropriate levels of EMT personnel shall be educated in an approved curriculum (covering both IV pumps and the specific drugs named in Exhibit 1 and Exhibit 2 of this Section) and approved by their base hospital medical director, before monitoring patients on the listed medications during interfacility transports.

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EMT-I DRUG LIST

AGENT	CONCENTRATION	SUPPLY RANGE
ALBUTEROL SULFATE * (sulfite free)*	2.5 mg/3 mL <u>normal saline</u> (normal saline) <u>Unit dose</u> <u>or</u> 2.5 mg/0.5 mL solution in 20 mL <u>dropper bottle</u> <u>and</u> 3 mL normal saline bullets	2 - 6 <u>1 bottle</u> <u>2 - 6 bullets</u>
ASPIRIN, CHILDREN'S CHEWABLE	81 mg	4 - 36
ATROPINE SULFATE	8 mg/20 mL	1 - 2
CHARCOAL, ACTIVATED** (with or without sorbitol)	25 g	2 - 4
DEXTROSE	25 g /50 mL	2 - 4
DIAZEPAM (required) and DIAZEPAM RECTAL DELIVERY GEL (optional)	10 mg/2 mL 10 mg <u>twin pack pediatric</u> (<u>Total 20 mg</u>)	2 <u>1 2</u>
DIPHENHYDRAMINE HCl	50 mg/1 mL	1 - 2
EPINEPHRINE HCl Hel <u>1:1,000 solution</u> (1:1,000 solution)	1 mg/1 mL <u>ampules or prefilled syringes</u> (ampules or prefilled syringes)	1 - 2
EPINEPHRINE HCl <u>1:10,000 solution</u> (1:10,000 solution)	1 mg/10 mL <u>prefilled syringes</u> (prefilled syringes)	3 - 6 prefilled <u>syringes</u>
FUROSEMIDE	40 mg/4 mL	2 - 4
GLUCAGON	1 mg/ 1 mL <u>1mg with 1 mL diluting solution dose pack</u>	1 - 2
IPRATROPIUM BROMIDE* 0.02%	2.5 mL <u>Unit dose</u>	2 - 4
METHYLPREDNISOLONE <u>SODIUM SUCCINATE</u> <u>SULFOSUCCINATE</u>	125 mg	1 - 2
MORPHINE SULFATE	10 mg/1 mL	2

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NALOXONE HCl	0.4 mg/1 mL or 1 mg/1 mL	10 mg
NITROGLYCERIN TABLETS	0.4 mg tablets /25 in bottle	1 - 2 bottles
<u>or</u> NITROGLYCERIN SUBLINGUAL SPRAY	<u>0.4 mg/metered dose</u> <u>200 metered doses/bottle</u>	<u>1 - 2 bottles</u>
OXYTOCIN	10 units/1 mL	1 - 2
PHENYLEPHRINE NASAL SPRAY <u>0.5%</u>	0.5% 15 mL	1 - 2
SODIUM BICARBONATE <u>8.4%</u>	50 mEq/50 mL	2 - 3
THIAMINE HCl	100 mg/1 mL	1 - 2
NITROUS OXIDE (<u>optional</u>)	Nitrous oxide 50% / Oxygen 50% fixed ratio <u>setup</u> with <u>O2 fail-safe</u> O2 fail safe device <u>and with</u> self-administration mask. (Optional)	<u>1 setup</u>
SYRINGES:-	1 mL <u>tuberculin</u> (tuberculin 25 g) 3 5 mL <u>10 - 12 40 mL</u> 20 mL <u>50 - 60 mL</u>	2 2 2 2 <u>2</u>
FILTER NEEDLES	5 micron 19-g 1 1/2 inch	3
NON-FILTER NEEDLES		Assorted <u>sizes</u> <u>needles</u>
INTRAVENOUS SOLUTIONS: (Bulk restricts inclusion of all fluids in <u>drug box</u> Drug Box) DEXTROSE, 5% in water <u>LACTATED RINGER'S</u> LACTATED RINGER'S OR NORMAL SALINE <u>NORMAL SALINE</u> NORMAL SALINE	 250 mL bag <u>1 L bag</u> 1 L bag <u>1 L bag</u> 250 mL bag	 1 bag <u>4 - 8</u> 8 bags <u>4 - 8</u> 3 bags

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* Administer by nebulizer

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

Note: Per Arizona Administrative Code R9-25-803, appropriate levels of EMT personnel shall be educated in an approved curriculum (covering both IV pumps and the specific drugs named in Exhibit 1 and Exhibit 2 of this Section) and approved by their base hospital medical director, before monitoring patients on the listed medications during interfacility transports.

Exhibit 2. Intravenous Infusions to be Monitored by Appropriate Level of EMT Personnel

IV INFUSIONS	EMT-B	EMT-I	EMT-P	INFUSION PUMP
THEOPHYLLINE			✕	✕
ANTIBIOTICS		X	X	
<u>ANTIARRHYTHMICS</u> PROCAINAMIDE HCl			X	X
ANTIARRHYTHMICS: PROCAINAMIDE HCl				
BRETYLIUM TOSYLATE			X	X
BLOOD			X	
CALCIUM CHLORIDE			X	X
<u>COLLOIDS</u> <u>DEXTRAN</u> <u>HETASTARCH</u>		X	X	X
<u>SERUM ALBUMIN</u> <u>MANNITOL</u> <u>PLASMANATE</u>		X	X	X
COLLOIDS: DEXTRAN; HETASTARCH; HUMAN SERUMALBUMIN; MANNITOL; PLASMANATE				
CORTICOSTEROIDS		X	X	X
CRYSTALLOIDS			✕	
DIURETICS			X	X
DOPAMINE HCl			X	X
EPINEPHRINE HCl			X	X
FOSPHENYTOIN Na			X	X

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HEPARIN Na			X	X
ISOPROTERENOL HCl			X	X
LIDOCAINE HCl			X	X
MAGNESIUM SULFATE			X	X
MORPHINE SULFATE		X	X	X
NITROGLYCERIN			X	X
OXYTOCIN			X	X
PHENOBARBITAL Na			X	X
POTASSIUM SALTS (-> 10 mEq/liter)			X	X
SODIUM BICARBONATE		X	X	
<u>THEOPHYLLINE</u>			<u>X</u>	<u>X</u>
TOTAL PARENTERAL NUTRITION		X	X	X
VITAMINS		X	X	
WATER/ELECTROLYTES/ <u>CRYSTALLOIDS</u> (COMMERCIAL PREPARATIONS)	X	X	X	

Note: Per Arizona Administrative Code R9-25-803, appropriate levels of EMT personnel shall be educated in an approved curriculum (covering both IV pumps and the specific drugs named in Exhibit 1 and Exhibit 2 of this Section) and approved by their base hospital medical director, before monitoring patients on the listed medications during interfacility transports.