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ARKANSAS STATE BOARD OF HEALTH

SECTION OF EMERGENCY MEDICAL SERVICES

RULES FOR EMERGENCY MEDICAL SERVICES

Effective Date: ~~May 2, 2022~~

Promulgated Under the Authority of Act 435 of 1975

By the Arkansas State Board of Health

Arkansas Department of Health Little Rock, Arkansas
~~(~~Renee Mallory, RN, BSN, Secretary of Health~~)~~

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Director and State Health Officer

DRAFT

RULES FOR EMERGENCY MEDICAL SERVICES

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SECTION I. AUTHORITY AND PURPOSE

A. AUTHORITY

The following Rules pertaining to Emergency Medical Services are duly adopted and promulgated by the Arkansas State Board of Health pursuant to the authority expressly conferred by the Laws of the state of Arkansas in Ark. Code Ann. §20-13-201 et. seq., and other laws of the state of Arkansas.

B. Purpose

The purpose of these Rules is to provide a framework to enhance the care provided to ill or injured person by emergency medical services personnel.

~~B.~~C. DEFINITIONS

For the purpose of these rules the following terms are defined:

1. Advanced Emergency Medical Technician (AEMT): A ~~person who has successfully completed an advanced EMT education program approved by the Department and~~provider certified by the National Registry of Emergency Medical Technicians who is licensed in Arkansas at the ~~as an~~ advanced EMT level.

2. Advanced Response ~~Agency~~Service: A licensed non-transporting ~~agency~~ service that is requested to respond to the scene of an emergency.

3. Air Ambulance: A fixed or ~~rotary~~rotor-wing aircraft, utilized for ~~on-scene~~ responses or transports deemed necessary by a physician and licensed by the Department of Health.

4. Air Ambulance Communication Specialist: Personnel assigned to receive and coordinate all requests for the air ambulance service.

~~5. Air Ambulance Service – Emergency: An air ambulance service that provides emergency scene flights that can also provide inter-facility transports.~~

~~6.~~5. Air Ambulance Service: ~~An entity~~A service operating an aircraft used for air transportation that is specifically designed to accommodate the air medical needs of persons who are ill, injured, wounded, or otherwise mentally or physically incapacitated or helpless; who may require emergency medical care in-flight.

~~7. Air Ambulance Service Area: The area of operation within the state of Arkansas for a licensed air ambulance service as defined by the service and on file with the Department.~~

~~8.~~6. Air Ambulance Service Medical Director: An Arkansas licensed medical doctor (MD) or doctor of osteopathy (DO) who provides medical oversight for any licensed air ambulance service, and who is either ~~board~~ American Board of Emergency Medicine certified or ~~board~~

American Board of Emergency Medicine or General Surgery eligible ~~in emergency medicine or general surgery~~ and is on file with the Department as the medical director.

~~9.~~7. Air Ambulance Service Medical Director (Specialty): An Arkansas licensed medical doctor (MD) or doctor of osteopathy (DO) who provides medical oversight for any licensed air ambulance service, that solely provides specialty air transport services (~~e.g.,~~for example, pediatrics, neonatal, high-risk obstetrics), ~~rotary~~ rotor or fixed-winged aircraft). The individual requires licensure or board eligibility in the specialty designation of the air ambulance service for which they have medical oversight.

~~10.~~8. Air Medical Personnel: Personnel responsible for patient care on an air ambulance.

~~11.~~9. Ambulance (Ground): ~~Those vehicles~~ Vehicles used for transporting any person by stretcher or gurney upon the streets or highways of Arkansas, excluding vehicles intended solely for personal use. All ambulances shall be issued a permit by the Department.

~~12.~~10. Ambulance Service: ~~Entities~~ Services authorized and licensed by the Department to provide care and transportation of patients upon the streets and highways of Arkansas.

~~13.~~11. Community Paramedic: A paramedic that is licensed by the Department and provides care~~/~~ or services, or both, to patients not qualified for home health services or who are qualified but have rejected home health services; and meets all additional licensure requirements.

~~14.~~12. Controlled Drugs: Drugs identified as Schedule II-V as designated by federal law.

~~15.~~13. Coordination Point: A fixed location~~(s)~~ or locations where information about an air ambulance service may be obtained and where activities such as dispatch, resource allocation, and flight operations are conducted.

~~16. Department: The Arkansas Department of Health.~~

14. Emergency Medical Responder (EMR): A provider certified by the National Registry of Emergency Medical Technicians who is licensed in Arkansas at the EMR level.

~~17. Distributive Education: An educational activity in which the learner, the instructor, and the educational materials are not all present at the same time, and students and instructors are not able to interact in real-time. Continuing Education (CE) activities that are offered online, via audio or video, or through reading journal articles are considered distributive education. Virtual Instructor-Led Training is not considered distributive education.~~

~~18.~~15. Emergency Medical Services (EMS): The transportation and medical care provided to the ill or injured prior to arrival at a medical facility by licensed Emergency Medical Services Personnel or other healthcare providers and continuation of the initial emergency care within a medical facility subject to the approval of the medical staff and governing board of that facility; and comprehensive integrated medical care in emergency and non-urgent settings with the oversight of a physician.

~~19.~~16. Emergency Medical Services Advisory Council: ~~Those persons~~The individuals appointed by the Governor to assist and advise the Department of Health concerning matters dealing with emergency medical services.

~~20.~~17. Emergency Medical Services Education Program (EEP): Those organizations authorized and accredited by the Department ~~or~~ and the Committee on Accreditation of Educational Programs for the Emergency Medical Services Profession (CoAEMSP) to provide EMS education in Arkansas.

~~21.~~18. ~~EMS~~ Emergency Medical Services Education Program Training Site Authorization and Accreditation: Authorization and accreditation issued by the Department or the Committee on Accreditation of Educational Programs for the Emergency Medical Services Profession (CoAEMSP) to an organization for the purpose of engaging in EMS education in the state of Arkansas.

~~22.~~19. Emergency Medical Services Provider (EMSP): An individual licensed by the ~~department~~ Department at any level established by the rules adopted by the Arkansas State Board of Health and authorized to perform those services set forth in the rules. These shall include without limitation: EMR, EMT, AEMT, ~~paramedic~~Paramedic, ~~community~~ Community ~~paramedic~~Paramedic, and EMSP- Instructor.

~~23.~~20. Emergency Medical Services Provider ~~–~~Instructor: A person who has been licensed to teach an Emergency Medical Services Provider courses after completing a Department approved EMSP - Instructor course and completion of all the instructor requirements.

~~24.~~21. Emergency Medical Technician (EMT): A ~~person~~ provider certified by the National Registry of Emergency Medical Technicians who is licensed in Arkansas ~~as an~~at the EMT level.~~, in Arkansas.~~

~~25.~~22. Emergency Vehicle Operator (EVO): A person who is certified by the Department of Health ~~who~~ and has successfully completed a nationally recognized first responder course with a minimum of forty (40) hours of training and an emergency vehicle operator course.

~~26.~~23. Emergency ~~Request~~request: A request for assistance to an incident that is perceived to have created an actual threat to human life or wellbeing where immediate medical intervention by any EMSP or other health professional is needed.

~~27.~~24. Encounter ~~Form~~form: A patient care report (PCR), that includes all State required data elements~~,~~ and ~~which~~ has been approved by the Department that describes the EMS encounter, and is ~~left with the~~submitted to the destination facility at time of service or within (24) twenty-four hours after transfer of care. This form may be electronic or a ~~hard~~ printed copy and must include a patient narrative.

~~28.~~25. ~~FAA~~ Federal Aviation Administration FAR Part 135: Federal Aviation Administration Regulations governing air taxi operations and commercial operations of fixed-wing and rotor-wing aircraft.

~~29.~~26. Fixed wing aircraft: A fixed-wing air ambulance licensed by the Department that is specially constructed and equipped and is intended to be used for transportation of patients.

~~30.~~27. Flight nurse: A registered nurse (RN) licensed to practice in Arkansas who holds a current Arkansas EMSP license. An RN that solely provides air ambulance specialty services (~~e.g.~~for example, pediatrics, neonatal, or high-risk obstetrics), or fixed-wing transports the flight nurse shall not be required to be an Arkansas licensed EMSP and shall not participate in air ambulance service prehospital transports.

~~31.~~28. Flight physician: A physician assigned to flight duty. The physician must be a ~~Post Graduate~~postgraduate ~~Year~~ year (PGY) 3 or above, with a current and valid license to practice medicine as a medical doctor (MD) or doctor of osteopathy (DO) in Arkansas or in the state of primary operation of the air ambulance service. This physician must be ~~board~~ American Board of Emergency Medicine or General Surgery certified or ~~board~~ eligible in emergency medicine or general surgery or is certified in ~~the~~ a specialty (~~e.g.~~for example, Neonatal, Pediatrics, high-risk obstetrics, etc.) served by the transport service. This physician must be certified in at least one of the following: Advanced Cardiac Life Support (ACLS), Pediatric Advanced Life Support (PALS), Neonatal Resuscitation Program (NRP), or their equivalent for the patient population served.

~~32.~~29. Ground ambulance service area: The contiguous land area within a county defined by city or identifiable geographical landmarks or county boundaries for which area the ground ambulance service has an operational base and commits to providing all emergency medical services requested. Service area maps shall be kept on file and renewed annually with the services license renewal.

~~33.~~30. Intercept: Instances where a transporting service requests assistance from an ambulance service that provides an equal or higher level of medical care and/or transport.

~~34.~~31. Licensure: Official acknowledgment by the Department that an individual has demonstrated competence to perform the emergency medical services required for licensure under the rules and standards adopted by the Arkansas State Board of Health upon the recommendation by the Emergency Medical Services Advisory Council.

~~35.~~32. Legend drug: Any drug which requires a prescription by a licensed physician as required by federal law.

~~36.~~33. Mass Casualty Incident: An event involving a number of people who are suddenly injured or become ill that overwhelms the local ambulance services, where the number of casualties vastly exceeds the local resources and capabilities in a short period of time. If two or more additional ambulance services are required to respond to the same event; and/or assistance from the Department is needed to assist in the coordination of medical resources, then the Department shall be notified.

~~37.~~34. Medical Director (~~Advanced Life Support Services~~Paramedic): An Arkansas licensed medical doctor (MD) or doctor of osteopathy (DO) who shall be registered with the Department of Health that is familiar with the design and operation of EMS systems and experienced in pre-hospital emergency care and emergency management of ill and injured

patients. The medical director shall be ~~board~~ American Board of Emergency Medicine certified or ~~board~~ eligible in Emergency Medicine or have current experience in emergency medicine. For ~~ALS~~ paramedic services that currently have a medical director that is not ~~Board~~ American Board of Emergency Medicine certified, ~~in Emergency Medicine and~~but holds a current ~~ACLS~~ Advanced Cardiac Life Support certification~~card~~, they shall be authorized to utilize that medical director until such time they change or replace medical directors.

~~38.~~35. Medical director (~~Basic Life Support Services~~EMT or AEMT): An Arkansas licensed medical doctor (MD) or doctor of osteopathy (DO) who is either an emergency department physician or a physician who is either ~~board~~ American Board of Emergency Medicine certified or ~~board~~ eligible in their ~~particular~~ specialty.

~~39.~~36. Medical director (Community Paramedic service): An Arkansas licensed medical doctor (MD) or doctor of osteopathy (DO) who is either American Board of Emergency Medicine ~~board~~ certified or ~~board~~ eligible in a specialty that is involved in direct patient contact.

~~40.~~37. Medical facility: Any hospital, medical clinic, physician's office, nursing home, or other health ~~-~~care facility.

~~41. Medical Facility Transport Service: A medical facility regulated by the Department that owns and operates a licensed ambulance.~~

~~42.~~38. Mutual aid: An agreement between ~~emergency responders~~services to lend assistance across jurisdictional boundaries. This may occur due to an emergency response that exceeds local resources.

~~43.~~39. National Registry of Emergency Medical Technicians (NREMT): A not-for-profit, independent, non-governmental agency that functions as a registration agency that issues certificates of competency verified by the achievement of minimal competencies of EMRs, EMTs, AEMTs, and Paramedics. The NREMT provides a valid, uniform process to assess the knowledge and skills required for competent practice required by licensed EMSPs.

~~44.~~40. Of unsound mind: Means and includes the inability to perceive all relevant facts related to one's condition and proposed treatment of whether the inability is only temporary or has existed for an extended period of time or occurs or has occurred only intermittently and whether or not it is due to a natural state, age, shock or anxiety, illness, injury, drugs or sedation, intoxication, or other cause of whatever nature. (See Ark. Code § 20-9-601).

~~45.~~41. Operational base: Facility within the service area of the ground or air ambulance service~~(s)~~ or services designated to house the ground or air ambulances~~(s)~~, crew members, supplies, and communication equipment.

~~46.~~42. Paramedic: A ~~person~~ provider certified by the National Registry of Emergency Medical Technicians ~~who has successfully completed an accredited paramedic education program approved by the Department and~~ who is licensed in Arkansas ~~as a~~at the paramedic level.

~~47. Patient Care Performance Improvement Plan: A written plan that provides objective, systematic and comprehensive monitoring of the quality, safety, and appropriateness of patient care; identifying and prioritizing opportunities for improvement. The ambulance service medical director will be responsible for approving and supervising the service's performance improvement plan.~~

~~48.~~43. Program Director: An Individual responsible for oversight of a Department approved EMS education program. Program directors are authorized to verify the successful completion of EMS education.

~~49.~~44. Probation: An administrative action imposed on an EMS service, any EMSP license, or Department of Health authorized and accredited training site for violations of EMS Rules.

~~50.~~45. Protocols ~~(Guidelines)~~: ~~Offline written~~ Written standing orders authorized by ambulance services, approved and signed by the ambulance service medical director of the licensed ambulance service.

~~51. Provisional Instructor: An EMSP who has completed initial instructor training but is in the process of finishing their teaching requirements, with the appropriate recommendation from the training program, before becoming a licensed EMS Instructor.~~

~~52.~~46. Reaction time: The time from when the emergency call is received by the ambulance services' dispatch and adequate information is made available which identifies the location and nature of the call, and until the ambulance is en route. This time shall be two (2) minutes or less for ground ambulances and ten (10) minutes or less for rotor-wing (excluding specialty rotor-wing and fixed wing).

~~53.~~47. Receiving Facility: A hospital emergency department, hospital, or medical facility capable of receiving and treating patients.

~~54.~~48. Revocation: An administrative action imposed by the Department of Health that terminates any EMS service license, EMSP license, or Department authorized training site for violating EMS Rules.

~~55.~~49. Rotor-wing aircraft: A rotor-winged air ambulance permitted by the Department that is specially constructed and equipped and is intended to be used for the transportation of emergency medical patients.

~~56.~~50. Service license: License issued by the Department to a person, firm, corporation, association, county, municipality, or other legal entity for the purpose of engaging in care and/or transport of patients in the state of Arkansas.

~~57.~~51. Short form: Abbreviated, Department of Health-approved patient care report that is left at the medical facility at time of transfer of care when a completed encounter form is not available.

~~58. Specialty Crew Members: Any person substituted by the medical director or the air ambulance service medical director (Specialty) for a specialty mission.~~

~~59.~~52. Specialty mission: An assignment for an air ambulance where the specified needs of a particular patient may require the substitution of particular medical care providers, medical direction, and/or equipment.

~~60.~~53. Specialty purpose service: A licensed service that provides a specific medical service to a limited population group and emergency evacuation services only, and does not participate in the business of providing continuous general population response for emergency medical services.

~~61.~~54. Stretcher: Any apparatus that is ~~sued~~used to transport individuals in the supine or Fowler's position. This includes all devices that can be transformed from wheelchair to stretcher.

~~62.~~55. Suspension: An administrative action imposed by the Department of Health that temporarily removes an EMS service license, any EMSP license, or training site authorization and accreditation for violating EMS Rules.

~~63.~~56. Training Site Representative: Individual responsible for the organization, coordination, and day-to-day operations of the EMS~~P training~~ education programs designated by the program director.

~~64.~~57. Volunteer ambulance service: An ambulance service operating an EMT-Volunteer permitted ambulance that is staffed by personnel who perform and give services without expectation of compensation.

~~65. Written Warning: An administrative action imposed on an EMS service, EMSP license, or authorized training site for violating EMS Rules.~~

~~C. PURPOSE~~

~~The purpose of these Rules is to provide a framework to enhance the care provided to the ill or injured by Emergency Medical Services Personnel.~~

SECTION II. LICENSURE OF AMBULANCE SERVICES

No person shall furnish, operate, maintain, conduct, advertise or in any way engage in or profess to engage in the business of providing transport of patients upon the streets and highways of Arkansas unless that person holds a valid ambulance service license issued by the Department of Health. This section shall not operate to alter the application of the ~~Good Samaritan~~ Act under Arkansas Code 17-95-101.

A. General Standards

An application for the issuance or annual renewal of an ambulance service license shall be made to the Department of Health and shall be accompanied by an applicable fee. All documentation and fees must be submitted to the Department ~~prior~~ before~~to~~ an EMS service or vehicle permit being issued. No license shall be issued until all licensure requirements have been met.

1. Patient's choice of the nearest appropriate medical facility

   A patient who is diagnosed with a specific health condition that is listed as rare by the National Institutes of Health, and that could be fatal for which a patient seeks specialized care may request to be transported to an alternative destination facility that is farther away than the nearest facility as set forth in Arkansas Code §20-13-~~216~~218. A licensed ambulance service may transport any patient to the care facility of the patient's choice if the licensee considers service area limitations and subject to applicable federal law and the licensee's local protocol. If the patient is unable to make a choice, and if the attending physician is present and has expressed a choice of care facility, the licensee may comply with the attending physician's choice if ~~the~~ licensee considers service area limitations and subject to applicable federal law. If the patient is unable to make a choice, or if the attending physician is not present or has not expressed a choice of facility the licensee may transport the patient to the nearest appropriate care facility subject to applicable federal law.

2. Reports to medical facilities

   Each ground ~~&~~ and air ambulance service shall notify the receiving medical facility by radio or by a means agreed upon by the receiving facility ~~in the event the radio is unavailable~~. The notification shall include, at minimum, impending arrival, patient condition, and care rendered to the patient.

   The ambulance service shall, at the time of transfer of care leave a completed encounter form or a completed Department of Health approved short form. If a short form is left with the medical facility, the ambulance service shall submit a completed encounter form to the medical facility within twenty-four (24) hours from the transfer of care. Ambulance services shall comply with all official requests for patient care records from medical facilities for patients that were transported to that medical facility. The Department may inspect the patient encounter forms of any service covered by these Rules.

3. Reports to the Department of Health

   Each licensee shall report EMS data, as required by the Department for every request that results in the dispatch of a vehicle. All submissions shall be complete, reflect accurate information, and be submitted to the Department within ~~fifteen~~ seven (~~15~~7) days of the dispatch of the call. All services shall have a quality ~~improvement~~ assurance process to ensure that each run has been submitted and that the data being submitted are complete and accurate.

4. Insurance requirements

   Each licensee shall have in force and effect general liability insurance coverage, and liability insurance coverage for each vehicle owned and operated by or for the applicant or licensee. All policies shall be issued by an insurance company licensed to do business in the state of Arkansas. Proof of current general liability insurance and coverage for each vehicle shall be submitted to the Department of Health on initial application ~~or~~ and renewal of service license. Each air ambulance service shall have in force and effect liability insurance coverage for each aircraft owned and operated by or for the applicant or licensee as required by the

~~FAA~~Federal Aviation Administration. The service shall maintain evidence of proof of current liability insurance coverage for each aircraft. A license holder shall immediately notify the Department and cease operations if the coverage required by this section is canceled or suspended.

5. Service license

   Each service shall be issued a license in at least one (1) of the classifications set forth by the Department of Health.

   Each licensee, including air ambulance services, shall be required to obtain a separate service license in each county where the ambulance service has an operational base.

   Each service shall always display a copy of the ambulance service license in a prominent location on the premises of the ambulance service's operational base at all times.

6. Issuance of licenses

   EMS agencies must have a software system in place that maintains compatibility with the Department of Health's software vendor to submit data to the Department as required by these Rules. All documentation and applicable fees must be submitted to the Department prior to any license being issued. No license shall be issued until all licensure requirements have been met.

7. Transferability of license

   Service licenses shall only be transferable if all initial licensure paperwork and fees are submitted to the Department of Health prior to operation, unless otherwise approved by the Department.

8. Change in information

   Service licenses holders shall notify the Department by certified mail within ten (10) days after any of the information contained in the application changes or becomes inaccurate.

9. Advertising

   An ambulance service shall not advertise to the general public, any skills, procedures, staffing, or personnel licensure levels which cannot be provided ~~on~~ for every emergency request, twenty-four (24) hours a day, seven (7) days a week.

10. Service area

    The service area of each licensed ambulance service shall be clearly identified on a map provided by the Department of Health and submitted annually to the Department. A licensed service may cross county lines to serve a portion of an adjoining county with an agreement with the licensed service~~(s)~~ or services in the adjoining county and in accordance with written contracts or agreements between the ambulance service and city~~/~~ or county

governments as they may exist. This agreement shall be submitted to the Department annually with the service area map. This excludes air ambulance services.

11. Securing patients

An ambulance service shall only transport patients who are properly secured based upon the ambulance manufacturer's recommendations and/or federal requirements.

12. Patient consent

a. It is recognized and established that, in addition to such other persons as may be so authorized and empowered, any one (1) of the following persons is authorized and empowered to consent, either orally or otherwise, to any surgical or medical treatment or procedures not prohibited by law which may be suggested, recommended, prescribed, or directed by a licensed physician:

1) Any adult, for himself or herself;

2) Any parent, whether an adult or an unemancipated minor, for a minor child or for an adult child of unsound mind whether the child is of the parent's blood, is an adopted child, is a stepchild, or is a foster child; provided, however, the father of an illegitimate child cannot consent for the child solely on the basis of parenthood;

3) Any married person, whether an adult or a minor, for self;

4) Any female, regardless of age or marital status, for herself when given in connection with pregnancy or childbirth, except the unnatural interruption of pregnancy;

5) Any person standing in loco parentis, whether formally serving or not, and any guardian, conservator, or custodian, for his or her ward or other charge under disability;

6) Any emancipated minor, for himself or herself;

7) Any unemancipated minor of sufficient intelligence to understand and appreciate the consequences of the proposed surgical or medical treatment or procedures, for himself or herself;

8) Any adult, for his or her minor sibling or his or her adult sibling of unsound mind;

9) During the absence of a parent so authorized and empowered, any maternal grandparent and, if the father is so authorized and empowered, any paternal grandparent, for his minor grandchild or for his or her adult grandchild of unsound mind;

10) Any married person, for a spouse of unsound mind;

11) Any adult child, for his or her mother or father of unsound mind;

12) Any minor incarcerated in the Department of Corrections or the ~~Department~~ Division of Community ~~Punishment~~Correction, for himself or herself.

b. In addition to any other instances in which consent is excused or implied at law, consent to surgical or medical treatment or procedures suggested, recommended, prescribed, or directed by a licensed physician will be implied in the following circumstances:

1) Where an emergency exists and there is no one immediately available who is authorized, empowered to, or capable of consent~~.~~;

An emergency is defined as a situation wherein, in competent medical judgment, the proposed surgical or medical treatment or procedures are immediately or imminently necessary and any delay occasioned by an attempt to obtain a consent would reasonably be expected to jeopardize the life, health, or safety of the person affected or would reasonably be expected to result in disfigurement or impaired faculties; and

2) Where any emergency exists, there has been a protest or refusal of consent by a person authorized and empowered to do so, and there is no other person immediately available who is authorized, empowered, or capable to consent but there has been a subsequent material and morbid change in the condition of the affected person.

13. Prohibition

Ambulance services shall not carry nor dispense any drugs or medications or perform any procedure that is outside of the service level and EMSP's scope of practice.

14. Out-of-state ambulance contracts for disaster assistance

Ambulance services shall contact the Department of Health prior to deploying or sending any current Arkansas permitted ambulances to another state~~(s)~~ or states ~~-~~to fulfill obligations of a state/federal/private contract or agreement for a disaster. The ambulance service shall contact the Department during regular business hours or the ~~Department~~ Emergency Communication Center of the Department after hours.

15. Mutual aid

A pre-arranged mutual aid agreement with another Arkansas licensed service shall be in place or by activation of a mass casualty incident through the Department of Health. Mutual aid agreements must be updated annually.

16. Primary responder~~(s)~~ or responders

Ground ambulance services are the primary pre-hospital emergency responder for each emergency scene request within their service area. Air ambulance services are considered secondary emergency responders when requested by a patient, bystander, or responders at the scene. In the event of a mass casualty incident or an extenuating circumstance, an air ambulance service may be considered a primary responder if access to patients is delayed or inaccessible by ground ambulances. If an air ambulance service is notified by a patient,

bystander, or responder prior to the arrival of ground ambulance service, the air ambulance service shall immediately activate the ground ambulance service within that service area.

17. Transportation of non-patient care equipment

Items not related to patient care may only be transported in an ambulance that is considered out of service, this excludes service/guide dogs as defined by Arkansas Code ~~Annotated~~ §20-14-308.

SECTION III. GROUND AMBULANCE SERVICE LICENSURE CLASSIFICATION AND GENERAL STANDARDS

A. Ambulance service classifications

1. Licensed community paramedic services shall have vehicles permitted at the community paramedic level. Only licensed paramedic services may operate a community paramedic program or vehicles. Ambulances may not be permitted or utilized as a community paramedic vehicle.

2. Licensed paramedic services shall have fifty percent (50%) or more ambulances permitted at the paramedic level. Only licensed paramedic services may operate paramedic ambulances.

3. Licensed ~~AEMT~~ Advanced Emergency Medical Technician (AEMT) services shall have fifty percent (50%) or more ambulances permitted at the AEMT level. Only AEMT and paramedic services may operate AEMT ambulances.

4. Licensed ~~EMT~~ Emergency Medical Services Technician (EMT) services shall have ambulances permitted only at the EMT level. Paramedic and AEMT services may also operate EMT ambulances.

5. Licensed Advanced Response services shall only have vehicles permitted at the advanced response level.

6. Licensed ~~EMT specialty~~Special Purpose services shall only have ambulances permitted at the EMT specialty level.

7. Licensed ~~EMT volunteer~~Emergency Medical Technician Volunteer services shall only have ambulances permitted at the EMT volunteer level.

8. A licensed ambulance service with multiple levels of permitted vehicles, if not meeting the requirement for tiered response, shall respond to each emergency request with the highest permitted vehicle at the time of the request until those resources are depleted or are not available.

9. Tiered response

a. A licensed ambulance service that has either its own dispatch center or utilizes an outsourced or commercial dispatch service. The dispatch service must use a dispatch

process that is approved by the Department of Health and is reliably able to differentiate and categorize the severity of the emergency call and assign the appropriate level of ambulance to that call.

~~Licensed medical facility transport services shall have ambulances permitted as a stretcher ambulance~~

~~9. A licensed ambulance service with multiple levels of permitted vehicles, if not meeting the requirement for tiered response (see Section IV.C.), shall respond to each emergency request with the highest permitted vehicle at the time of the request until those resources are depleted or are not available.~~

~~***Paramedic, AEMT, and EMT services may not license EMT-specialty, EMT-volunteer, or stretcher Ambulances**~~

B. Medical direction

1. Each licensed EMS service shall have a medical director. This medical director must provide the Drug Enforcement ~~Agency~~ Administration license for the service. ~~Exceptions include volunteer services unless medications are part of the service protocols/guidelines.~~ The medical director shall:

   a. Delegate other physicians or qualified healthcare professionals designated by the medical director to monitor and supervise the medical field performance of each Arkansas EMS agency's EMSP's. However, the medical director shall retain ultimate authority and responsibility for the monitoring and supervision, for establishing protocols and standing orders, and for the competency of the performance of authorized medical acts~~.~~;

   b. Annually review all service protocols~~/guidelines~~ and ensure that they are appropriate for the licensure level of each EMSP to whom the performance of medical acts is delegated and authorized, ~~and~~ compliant with accepted standards of medical practice, and in line with the Department of Health's minimum patient care guidelines. The medical director shall be familiar with the knowledge, training, ~~knowledge,~~ and competence of each of the EMSP's to whom the performance of such acts is delegated~~.~~;

   c. Notify the Department within fourteen (14) business days prior to his or her cessation of duties as medical director~~.~~;

   d. Ensure the licensed ambulance services, for which direction is provided, ~~is~~ are in compliance with these Rules~~.~~;

   e. Have the authorization to limit the scope of practice or remove their affiliation ~~of~~ with any EMSP under their direction. Medical directors who limit or remove their affiliation from an EMSP shall immediately notify the Department in writing outlining why these steps were taken.

~~f. Have knowledge and oversight of their EMS Service who is participating in EMSP field/clinical times and ensure that students are at all times under the direct supervision of an Arkansas licensed EMSP at or above the level of the EMSP 's course of training.~~

~~g.~~f. Physicians acting as medical directors for EMS education programs recognized by the Department that require clinical and field internship performance by students shall be permitted to delegate authority to a student-in-training during their performance of program-required medical acts and only while under the control of the education program.

g. Have knowledge and oversight of their EMS service who is participating in EMSP field and clinical times and ensure that students are always under the direct supervision of an Arkansas licensed EMSP at or above the level of the EMSP's course of training.

~~C. Tiered Response~~

~~1. A licensed ambulance service that has either its own dispatch center or utilizes an outsourced or commercial dispatch service. The dispatch service must use a dispatch process with recognized nationally recognized or approved by the Department and is reliably able to differentiate and categorize the severity of the emergency call and assign the appropriate level of ambulance to that call.~~

~~D.~~C. Quality ~~Improvement~~ assurance and service records

1. Each licensed ~~emergency medical services~~EMS agency shall conduct a ~~quality improvement program~~quality assurance program. The ~~quality improvement program~~quality assurance program shall evaluate patient care and personnel performance for compliance with the current standards of practice as set forth in the services medical protocols~~/guidelines~~, and current standards of the National Highway Traffic Safety Administration's National EMS ~~Emergency Medical Services~~ Scope of Practice. Reviews should be conducted at least quarterly, to assess, monitor, and evaluate the quality of patient care provided. Documentation for the ~~quality improvement program~~quality assurance program and review shall include the following:

   a. The criteria used to select audited runs;

   b. Ambulance encounter form review;

   c. Problem identification and resolution

   d. Investigation of complaints or incident reports;

   e. Date of review;

   f. Attendance at the review; and

   g. A summary of the review discussion.

2. Any authorized representative of the Department of Health shall have the right to enter the premises of any service or permitted ambulance at any time in order to make whatever inspection necessary in accordance with the minimum standards and ~~regulations~~ rules prescribed herein. Each service shall maintain and make available (during normal business hours) to the Department of Health for inspection records including, but not limited to:

   a. Patient care records;

   b. Equipment checks;

   c. Personnel certifications, continuing education and credentialing;

   d. Policies and procedures; ~~and~~

   e. Controlled substance wastage and reconciliation documentation; and

   ~~e.~~f. Any documents related to service licensure.

~~E. General Standards for Community Paramedic Services~~

~~1. Each licensed community paramedic service shall have a medical director. This medical director must provide the Drug Enforcement Agency license for the service. The medical director shall:~~

~~a. have an active Arkansas state license and must maintain their license at all times.~~

~~b. be either Board Certified or Board eligible in a specialty that is involved in direct patient contact. Each medical director shall be approved by the Department.~~

~~c. provide monitoring and supervision of the medical field performance of each community paramedic and be actively involved in all aspects of the program, including but not limited to training, provider selection, quality improvement, and evaluation of the program's goals and objectives.~~

~~d. retain ultimate authority and responsibility for the monitoring and supervision, for establishing protocols/guidelines and standing orders, and for the competency of the performance of authorized medical acts.~~

~~e. ensure that all protocols/guidelines are appropriate for community paramedic to whom the performance of medical acts is delegated and authorized, and compliant with accepted standards of medical practice.~~

~~f. be familiar with the training, knowledge, and competence of each of the EMS Personnel to whom the performance of such acts is delegated.~~

~~g. notify the Department immediately upon his or her cessation of duties as medical director.~~

~~h. ensure the licensed service for which direction is provided is in compliance with these Rules.~~

~~2. Each licensed emergency medical services agency shall conduct a quality improvement program. The quality improvement program shall evaluate patient care and personnel performance for compliance with the current standards of practice as set forth in the services medical protocols, regulations, and standards of Emergency Medical Services scope of practice. Reviews should be conducted at least quarterly, to assess, monitor, and evaluate the quality of patient care provided. Documentation for the quality improvement program and review shall include but is not limited to the following:~~

~~a. The criteria used to select audited runs;~~

~~b. Patient encounter form review;~~

~~c. Problem identification and resolution;~~

~~d. Investigation of complaints or incident reports;~~

~~e. Date of review;~~

~~f. Attendance at the review;~~

~~g. A summary of the review discussion.~~

~~3. Any authorized representative of the Department shall have the right to enter the premises of any service or permitted ambulance at any time in order to make whatever inspection necessary in accordance with the minimum standards and regulations prescribed herein. Each service shall maintain and make available (during normal business hours) to the Department for inspection records including, but not limited to:~~

~~a. Patient Care Records;~~

~~b. Equipment checks;~~

~~c. Personnel certifications, continuing education and credentialing;~~

~~d. Policies and procedures; and~~

~~e. Any documents related to service licensure.~~

~~F.~~D. Specific Standards

1. Licensed paramedic services shall:

   a. Provide twenty-four (24) hours emergency ambulance service coverage. All services shall always have a documented plan ensuring coverage within the services service area at all times.

b. Meet the two~~-~~ (2) minute reaction time.

c. Maintain a register of legend drugs to include type, quantity, date received, date of expiration, and physician authorizing purchase and usage.

d. Maintain a copy of the Department of Health approved medication policy and procedure which meets the requirements of the Arkansas Department of Health Pharmacy Services and Drug Control~~.~~;

e. Have an Arkansas licensed medical director as defined in Section I, medical director (~~Advanced Life Support Services~~Paramedic~~).~~); and

f. Maintain a copy of the physician United States Drug Enforcement ~~Agency~~ Administration ~~(DEA)~~ registration to be utilized in acquiring controlled drugs.

2. Licensed community paramedic services may provide care/services to:

a. Discharged patients who have been screened for home health or hospice and~~:~~;

1) Do not qualify for home health or hospice services; or

2) Are documented as having declined home health or hospice services.

b. Discharged emergency department patients and prehospital patients.

~~b.~~c. A community paramedic may only participate in care of a patient under the care of a home health agency with the following conditions:

1) Have a formal request ~~of~~ from the home health agency;

2) Have clear communications between the community paramedic service and the home health agency; and

3) Only act within the request of the home health agency and under the scope of practice of the community paramedic

~~c.~~d. Discharged emergency department patients; and Pre-hospital patients.

~~d.~~e. Community paramedic care/services are limited to:

1) Coordination of community services (community paramedic services shall have a resource management manual);

2) Chronic disease care, monitoring, and education;

3) Health assessment;

4) Hospital discharge follow-up care;

5) Laboratory specimen collection; and

6) Medication compliance.

f. Each licensed community paramedic service shall have a medical director. This medical director must provide the United States Drug Enforcement Administration license for the service. The medical director shall:

g. Have an active Arkansas state license and must always maintain their license;

h. Be either American Board of Emergency Medicine certified or American Board of Emergency Medicine eligible in a specialty that is involved in direct patient contact. Each medical director shall be approved by the Department of Health;

i. Provide monitoring and supervision of the medical field performance of each community paramedic and be actively involved in all aspects of the program, including but not limited to training, provider selection, quality assurance, and evaluation of the program's goals and objectives;

j. Retain ultimate authority and responsibility for the monitoring and supervision, for establishing protocols and standing orders, and for the competency of the performance of authorized medical acts;

k. Ensure that all protocols are appropriate for community paramedics to whom the performance of medical acts is delegated and authorized, and compliant with accepted standards of medical practice;

l. Be familiar with the training, knowledge, and competence of each of the EMS Personnel to whom the performance of such acts is delegated;

m. Notify the Department of Health immediately upon his or her cessation of duties as medical director; and

n. Ensure the licensed service for which direction is provided is in compliance with this part.

3. Licensed AEMT services shall:

a. Provide twenty-four (24) hour emergency ambulance service coverage. All services shall have a documented plan ensuring AEMT coverage within the services service area ~~at all times.~~;

b. Meet the two-minute reaction time;

c. Have a medical director as defined in Section I, Medical Director (Advanced Life Support Services); and~~.~~

d. Maintain on file with the Department of Health a copy of the medication policy and procedures which meets the requirements of the Arkansas Department Pharmacy Services and Drug Control (if medications or the expanded skills are in the AEMT service's protocols).

4. Licensed EMT Services shall:

   a. Provide twenty-four (24) hours ambulance service coverage. All services shall have a documented plan always ensuring EMT coverage within the services service ~~area at all times.~~;

   b. Meet a two-minute reaction time;

   c. Have a medical director as defined in Section I of these rules. (If medications or expanded skills are in the EMT services protocols); and

   d. Maintain on file with the Department of Health a copy of the medication policy and procedure ~~which~~ that meets the requirements of the ~~Arkansas Department of Health~~ Pharmacy Services and Drug Control Section. (If medications or the expanded skills are in the EMT services protocols)

5. Licensed Advanced Response ~~Agency~~ services shall:

   a. Provide emergency care to critically ill or injured patients prior to the arrival of a licensed transporting ambulance service;~~.~~

   b. Be a government entity or a licensed ambulance service for a service area in which they are currently licensed;~~.~~

   c. Meet a two~~-~~ (2) minute reaction time;

   d. Only be permitted at the paramedic level;~~.~~

   e. Shall maintain a register of legend drugs to include type, quantity, date received, date of expiration and physician authorizing purchase and usage if narcotics are carried;~~.~~

   f. Have a medical director as defined in Section I~~,~~ in these Rules ~~Medical Director~~ (~~Advanced Life Support Services~~Paramedic). Advanced Response ~~Agencies~~ services shall have coordinated and agreed upon the agency's service area guidelines~~/protocols~~ by all transporting agency medical directors within the Advanced Response service area;

   g. Maintain a copy of the Department of Health approved Medication Policy and Procedures that meet the requirements of the ~~Arkansas Department of Health~~ Pharmacy Services and Drug Control Section if narcotics are carried;~~.~~

   h. Staff each vehicle with at least one (1) licensed paramedic ~~at all times~~; and,~~.~~

i. Only transfer care to a licensed paramedic transporting service or maintain advanced level of care throughout transport if care is rendered to a basic life support transporting ambulance service.

j. Agencies not operating on a twenty-four (24) hours, seven (7) days a week basis, shall provide all ~~of~~ the licensed transporting ambulance services within their service area a schedule of operation that clearly indicates the levels of coverage and times of availability. Agencies are required to immediately notify the licensed transporting ambulance services of any changes to the schedule in real-time. It is the responsibility of the advanced response agency to notify the local licensed transporting ambulance services of dispatched advanced response vehicles.

k. Must follow service data reporting to the Department as refenced in Section II.A.2.

6. Licensed ~~Specialty Service~~Special Purpose services shall:

a. A ~~specialty service~~Special Purpose license shall be issued to an applicant who provides a specific medical service to a limited population group and emergency evacuation services only and does not participate in the business of providing continuous general population response for emergency medical services and is limited to pediatrics, neonatal, high risk obstetrics, or the industrial settings~~).~~;

b. A ~~specialty~~ Special Purpose service shall have a medical director as defined in Section I, ~~medical director~~of these Rules according to the service's level of care; and ~~(Basic Life Support Services see Section I. KK and for Advanced Life Support Services see Section I. JJ). This applies to basic life support services if medications or expanded skills are in the EMT services protocols/guidelines.~~

c. A ~~specialty~~ Special Purpose service shall maintain on file with the Department of Health a copy of the medication policy and procedure which meets the requirements of the ~~Arkansas Department of Health~~ Pharmacy Services and Drug Control Section. (If medications or the expanded skills are in the EMT services protocols~~/guidelines~~).

7. Licensed EMT Volunteer services shall:

a. An EMT Volunteer service license shall be issued to an applicant whose ambulances are staffed by personnel who perform and give services without expectation of compensation.

b. An EMT Volunteer service shall have a medical director as defined in Section I. ~~KK~~ of these rules~~.~~ (if medications or expanded skills are in the EMT services protocols~~/guidelines~~)

c. An EMT Volunteer service shall maintain on file with the Department of Health a copy of the medication policy and procedure which meets the requirements of the ~~Arkansas Department of Health~~ Pharmacy Services and Drug Control Section~~.~~ (if medications or the expanded skills are in the EMT services protocols~~/guidelines~~).

~~8. Licensed Medical Facility Transport Service~~

~~a. A medical facility transport service shall be issued to a medical facility that is regulated by the Arkansas Department of Health that owns and operates a stretcher ambulance vehicle.~~

~~b. The following criteria shall be met to obtain a medical facility transport service license:~~

~~1) Use license solely for the purpose of transporting a patient from one location to another for medical tests or treatments and the patient is returned within twenty-four (24) hours.~~

~~2) Receive authorization from the patient's treating physician for the transport.~~

~~3) Keep the transport within a thirty (30) mile radius of the health facility.~~

~~4) The health facility owns and operates the transporting service.~~

~~5) Only medically stable and non-emergent individuals may be transported.~~

~~6) If the medical condition of a patient suddenly changes which requires care to be rendered, the operator of the Stretcher Ambulance will immediately divert to the closest hospital and/or contact the local EMS service to request assistance appropriate emergency care shall be initiated and continued until the EMS service has intercepted the transport or arrival at the hospital.~~

~~c. Stretcher ambulances shall not transport patients requiring the following:~~

~~1) Invasive procedures (I.V. therapy, drug administration, I.V. pumps, etc.).~~

~~2) Mechanical monitoring procedures.~~

~~3) Mechanical respiratory procedures.~~

~~4) Oxygen therapy, excluding patient-owned equipment.~~

SECTION IV. PERMITTING OF GROUND EMERGENCY VEHICLES

A. Application

An application for the issuance or renewal of an emergency vehicle permit shall be made on forms provided by the Department of Health.

B. Ground vehicle general standards

1. Each vehicle of a licensed ground ambulance service shall be issued a permit in one of the classifications set forth below.

a. Paramedic

b. Community Paramedic

c. AEMT

d. EMT

e. Advanced Response

f. EMT-Volunteer (EMT-V)

g. EMT-~~Specialty~~ Special Purpose (EMT-S)

h. Stretcher

2. A vehicle may not be permitted by the Department or operated as an ambulance prior to the submission and approval of all required documentation, fees, and a Department inspection.

3. Vehicles must meet applicable requirements set forth in these Rules prior to receiving or retaining a vehicle permit.

4. Permits shall be for a period not to exceed one (1) year.

5. New ambulances replacing a permitted vehicle or being added to an existing service license must be inspected and permitted prior to being placed in service.

6. Any medical equipment carried on an ambulance outside the approved equipment list shall have prior written approval by the Department. No equipment or supplies shall be carried on an ambulance that would permit an EMSP to render care beyond the scope of practice and/or violate these Rules. *~~Excludes~~ Excluding community paramedic vehicles.

7. Ambulances used for the transportation of patients must have supplies and equipment for the protection of personnel and patients from infectious diseases and for personal safety.

8. Ambulances shall be equipped with fasteners of the quick-release type to secure the cot to the floor or side walls that meet Ambulance ~~Manufacturing~~ Manufacturers Division (AMD) Standard 004. Stretcher mounts must be capable of fastening the stretcher to the vehicle to prevent any movement of the stretcher when in its fastened position.

9. Only ambulances of a paramedic or AEMT service shall be equipped with ALS equipment as defined by their level of care unless a prior request for an upgrade has been made and approved by the Department.

10. Temporary upgrades and downgrades of permitted ambulances are for mechanical and staffing purposes and must be for a temporary period ~~of time~~. Notice shall be made in writing on approved forms to the Department prior to any changes in equipment or staffing of permitted ambulances. Permanent upgrades and downgrades shall follow the same guidelines as a new vehicle permit. *Advanced life support equipment and medications shall not be stored on a licensed EMT ambulance.

11. Each permitted ambulance must have the ambulance service name clearly displayed in a contrasting color(s) on each side and rear of the ambulance such that it is easily identifiable by the general public. The following identifiers shall also be displayed in a contrasting color(s)*:

    a. The "Star of Life" emblem must be displayed on the top of the new ambulance; and.

    b. The new permit sticker issued by the Department will be displayed on the rear lower-left corner of the ambulance vehicle.

    c. The following identifiers may also be displayed in contrasting color(s)s:

        a. The permitted level of the ambulance may be displayed on the front two (2) fenders of the ambulance.

        b. The word "Ambulance" is labeled in a mirror image located on the front of the ambulance hood and the word "Ambulance" on the rear of the ambulance.

    c. The word "Ambulance" on the rear of the ambulance.

12. Each ambulance shall be equipped with a siren capable of emitting sound audible under normal conditions from a distance of not less than five hundred feet (500'). The warning device shall not be used except when the ambulance is operated in response to an emergency call. (reference Arkansas Code Annotated §27-37-202) *Community paramedic and stretcher ambulances vehicles may not be equipped with audible warning devices.

13. Each ambulance shall be equipped with an emergency lighting system that shall provide three hundred sixty (360) degrees of conspicuity for safety during all missions. This includes, at a minimum, a flashing emergency light bar or equivalent, two (2) alternating flashing red lights located at the same level on the front, and sides, and to on the rear two (2) alternating flashing red lights located at the same level. These lights shall have sufficient intensity to be visible at five hundred feet (500') in normal sunlight. *Community paramedic vehicles and stretcher ambulances may not be equipped with warning lights.

14. All lighting, both interior, and exterior shall be fully operational, including lens caps.

15. Electrically powered suction aspirator systems shall be installed and fully functional.

16. Each ambulance shall be equipped with a minimum of one two (12) fire extinguishers.

17. Each ambulance shall be equipped with a backup alert alarm, (audible warning device) that is activated when the vehicle is shifted into reverse and a load management system to ensure power to essential patient care equipment is protected. Community paramedic vehicles do not need to be equipped with backup alert alarm.

18. All designated seating positions in the patient compartment shall be equipped with safety restraint systems appropriate for each type of seating configuration and shall be fully

operational. There shall be no less than forty-three (43") inches of seat to ceiling space for all personnel sitting positions.

19. All oxygen tanks shall be secured, with the main oxygen tanks regulator indicating the cylinder pressure visible from within the patient compartment. The ~~O_2~~ oxygen tank retention system shall meet AMD Standard 003. Oxygen must be medical grade and the tank must always contain at least five hundred pounds per square inch (500 PSI) ~~at all times~~.

20. Each permitted ambulance shall have two-way direct communication with dispatch centers, ~~and/or~~ base stations, other emergency medical service vehicles, and receiving hospitals. The following frequencies are mandated:

    155.280 MHz

    155.235 MHz

    155.340 MHz

    All permitted ambulances of licensed services that are participating in the Arkansas Trauma System must have a Trauma AWIN radio that is in operating condition.

21. All ambulances permitted by the Department of Health shall carry the minimum approved supplies and equipment for the level of licensure of the ambulance. All equipment and supplies shall be in date, clean, sanitary, and in good working order. ~~*See Appendix 1~~

22. Each ambulance shall have no structural or functional defects that may adversely affect the patient, EMSPs, or the safe operation of the vehicle ~~to include~~including steering systems, brakes, and seatbelts.

23. Tires shall be appropriate for the gross vehicle weight of the vehicle and shall not be damaged or have excessive tread wear.

24. The ambulance exhaust system, as well as the gaskets surrounding the vehicle's exterior doors and windows, shall be in good condition and free of leaks, and the vehicle exhaust system shall extend beyond the sides of the patient compartment and away from doors.

25. The patient compartment of all ambulances shall be adequately heated, air- conditioned, and ventilated.

26. The interior of the ambulance ~~and the equipment therein~~and all storage areas shall be maintained in a manner that is safe, clean, and in good working order ~~at all times~~always.

27. Each ambulance shall be equipped with functioning windshield wipers.

28. All doors and door latches both inside and outside of the vehicle shall be fully functional.

29. Licensed services shall ensure that all outdated, misbranded, adulterated, or deteriorated fluids, supplies, and medications are removed from an ambulance immediately.

~~30. The interior of the ambulance, including all storage areas, must be kept clean so as to be free from dirt, grease, and other offensive or contaminated matter.~~

~~31.~~30. The Department may, at its sole discretion, inspect each permitted ambulance subject to the requirements of these Rules. The Department may inspect an ambulance or its maintenance records at any time or place to determine if the ambulance is being operated safely and in compliance with these Rules.

~~32.~~31. ~~Each vehicle shall meet the basic medical and extrication equipment requirements.~~ If an ambulance service does not provide extrication services, ~~a letter~~an extrication agreement with a rescue department or team shall be submitted to the Department ~~from an agency that provides extrication capabilities within the service area of the ambulance service. The letter shall be submitted with the ambulance service's initial and annual renewal application~~with the ambulance service's initial and annual renewal application.

~~33.~~32. Each permitted vehicle shall keep a current copy, either in print or electronic, of the service's ~~approved~~ medical director approved protocols~~/guidelines~~ in the ambulance ~~at all times~~always.

~~34.~~33. EMSPs shall perform only those skills at the level of the permitted vehicle.

~~*Does not apply to Stretcher Ambulances~~

C. Ambulance staffing requirements

1. Paramedic permitted ambulances

a. Each paramedic permitted ambulance shall be always staffed ~~at all times~~ by a minimum of two (2) licensed and certified individuals, one (1) of whom shall be a licensed paramedic. The remaining individual may be a paramedic, AEMT, ~~or~~ EMT, EMR, or EVO. The paramedic shall always staff the patient compartment ~~at all times~~ during patient transport. Only licensed EMRs may participate in the 911 primary system on a permitted paramedic ambulance. Certified EVOs may not participate in the 911 primary system on a permitted paramedic ambulance.

~~b. Permitted ambulances that are providing general patient transfers and not primary 911 emergency responses may staff their ambulances in the following manner.~~

~~1) Each permitted ambulance shall be staffed at all times by a minimum of two (2) individuals, one (1) of whom shall be a paramedic in the patient compartment at all times during patient transport. The second individual must be at a minimum trained as an emergency vehicle operator (EVO).~~

2. AEMT permitted ambulances

a. Each AEMT permitted ambulance always shall be staffed ~~at all times~~ by a minimum of two (2) licensed and certified individuals, one (1) of whom shall be a licensed paramedic or AEMT. The remaining individual may be a paramedic, AEMT, ~~or~~ EMT, EMR, or

EVO. The AEMT~~, EMT,~~ or paramedic shall always staff the patient compartment at all times during patient transport. Only licensed EMRs may participate in the 911 primary system on a permitted AEMT ambulance. Certified EVOs may not participate in the 911 primary system on a permitted AEMT ambulance.

3. EMT Permitted Ambulances

   a. Each permitted ambulance shall be ~~attended~~ staffed by two (2) licensed and certified individuals. Each EMT permitted ambulance shall always be staffed ~~at all times~~ by a licensed paramedic, AEMT, or EMT. The remaining individual may be a licensed EMR or certified EVO. The paramedic, AEMT, or ~~A~~EMT~~, or paramedic~~ shall always staff the patient compartment ~~at all times~~ during patient transport. Licensed EMRs and certified EVOs may participate in the primary 911 system on a permitted EMT ambulance.

   ~~b. Permitted ambulances that are providing general patient transfers and not primary 911 emergency responses, or that have depleted all available 911 resources may staff their ambulances in the following manner.~~

      ~~1) Each permitted ambulance shall be staffed at all times by a minimum of two (2) individuals, one (1) of whom shall be a paramedic, AEMT, or EMT with any of the above in the patient compartment at all times during patient transport. The second individual must be at a minimum trained as an emergency vehicle operator (EVO).~~

4. Advanced Response permitted vehicles

   a. Vehicles shall be permitted at the paramedic level only and shall always be staffed ~~at all times~~ by a minimum of one (1) licensed paramedic.

   b. Patient care must be transferred to ~~patient care to~~ a licensed ~~paramedic~~ transporting service. ~~or maintain advanced~~ Paramedic level of care must be maintained throughout transport if paramedic level of care is ~~rendered to a basic life support transporting ambulance service~~initiated.

5. EMT-Volunteer permitted ambulances

   a. Each EMT Volunteer permitted ambulance~~s~~ shall always be staffed ~~at all times~~ by a minimum of two (2) individuals, one (1) of whom shall be a licensed physician, paramedic, AEMT, RN, or EMT, with any of the above in the patient compartment always ~~at all times~~ during patient transport. The second individual must ~~be~~ at minimum, be certified ~~trained~~ in cardiopulmonary resuscitation (CPR) (basic life support).

6. ~~Specialty Permitted~~Special Purpose Ambulances

   a. Each ~~Specialty~~ special purpose permitted ambulances shall always be staffed ~~at all times~~ by a minimum of two (2) individuals, one (1) of whom shall be a licensed physician, paramedic, AEMT, RN, or EMT.~~, with any of the above in the~~The patient compartment ~~at all times~~must always be staffed by the highest licensed level of care during patient

transport. The second individual must ~~be~~ at minimum be certified ~~trained~~ in CPR (basic life support).

~~7. Permitted Stretcher Ambulances~~

~~a. Each ambulance used for the non-emergent transport of patients will be staffed by a minimum of two (2) individuals. One (1) shall be trained at a minimum in CPR (Basic Life Support), and one (1) shall be an Arkansas licensed EMSP, LPN, RN, MD or DO. The certified/licensed individual shall be attending to the patient during the transport.~~

SECTION V. AIR AMBULANCE SERVICE LICENSURE CLASSIFICATION STANDARDS

A. Air ambulance service classifications standards

1. Each vehicle of a licensed air ambulance service shall be issued a permit in one of the classifications set forth below:~~.~~

   a. Air medical rotor-wing

   b. Air medical rotor-wing specialty

   c. Air medical fixed-wing

B. General Standards

1. A vehicle may not be operated as an air ambulance prior to the application, required documentation, payment of fees, and receipt of a permit issued by the Department of Health.

2. Permits shall be for a period not to exceed one (1) year.

3. Each licensee shall have a current Federal Aviation Administration ~~(FAA)~~ FAR Part 135 Air Carrier Certificate.

4. Refueling of an aircraft shall follow the Federal Aviation Administration ~~FAA~~ standards outlined in the certificate holder's operation manual~~.~~

5. Air ambulance services based outside of Arkansas that do hospital to hospital transports, ~~(~~including emergency scene flights and hospital to hospital transfers within the state of Arkansas~~)~~, shall be subject to the requirements of these Rules, in conjunction with other state~~'~~s' applicable rules when appropriate.

6. Each air ambulance service shall have and maintain a coordination point, twenty-four (24) hours a day, seven (7) days a week.

~~7. Each air rotor-wing aircraft must have radio capability to communicate air-to-ground and the ability to communicate with physicians who are responsible for directing patient care in transit, and with ground personnel who coordinate the transfer of the patient.~~

~~8.~~7. Each air ambulance shall contact the referring and receiving medical facilities or ground scene personnel~~, when~~once within radio range, giving them the estimated time of arrival and when on final approach. Otherwise, the coordination point shall have this responsibility.

~~9.~~8. The following information shall be logged for all flights:

a. Time the call was received;

b. Time the aircraft was dispatched;

c. Time the aircraft departed;

d. Name of the party requesting the flight with verification telephone number; and

e. Pertinent medical and logistical support information.

~~10.~~9. Each air ambulance operator must maintain a patient encounter record from each patient flight~~,~~ for seven (7) years~~, a patient encounter record for each patient flight~~. This record may be electronic or ~~hard~~ printed copy.

~~11.~~10. All air ambulance services must coordinate aircraft departures and arrivals with required surface transportation to avoid delays.

~~12.~~11. Each air ambulance service shall have a medical director. This medical director shall provide the United States Drug Enforcement ~~Agency~~ Administration registration for the service. The medical director shall ensure:

a. That all EMSP, for which direction is provided, are properly educated and licensed pursuant to these Rules~~. This includes~~, including skills verification;~~.~~

b. That each EMSP, for which direction is provided, is ~~following~~ follows service protocols~~/guidelines~~.

c. The licensed services, for which direction is provided ~~is in compliance with~~are following these Rules.

d. The services written protocols~~/guidelines~~ are reviewed annually and prior to the implementation of any changes and review of the duty readiness policy.

~~13.~~12. Each service shall maintain a register of legend drugs as outlined in ~~Section XIV~~Section XIII.

~~14.~~13. Each service shall maintain a copy of the Department of Health approved medication policy and procedures which meets the requirements of the Arkansas Department of Health Pharmacy Services and Drug Control.

~~15.~~14. Each permitted aircraft shall always keep a current copy of the services approved offline medical control protocols~~/guidelines~~ in the aircraft ~~at all times~~. These can be in printed or electronic.

~~16.~~15. Quality assurance program for licensed ambulance services

Documentation for the quality assurance program and review shall include the following:

a. The criteria used to select audited runs;

~~a.~~b. Ambulance encounter form review;

~~b.~~c. Problem identification and resolution;

~~c.~~d. Investigation of complaints or incident reports;

~~d.~~e. Date of review;

~~e.~~f. Attendance at the review; and

~~f.~~g. A summary of the review discussion.

~~17.~~16. Any authorized representative of the Department of Health shall have the right to enter the premises of any service or permitted ambulance at any time ~~in order~~ to make whatever inspection necessary in accordance with the minimum standards and Rules prescribed herein. Each service shall maintain and make available to the Department for inspection of all patient encounter forms.

C. Specific air medical service standards

1. Each air medical rotor-wing and air medical rotor-wing specialty ambulance~~s~~ shall:

   a. Provide twenty-four (24) hour emergency ambulance service coverage;~~.~~

   b. Meet the ~~two~~ten~~-~~ (10) minute reaction time with the exception of hazardous weather conditions that would preclude response;~~.~~

   c. Have a minimum of one (1) incoming telephone line dedicated to emergency requests for the air ambulance service;~~.~~

   d. An Air Ambulance Communication Specialist that is an EMT ~~(~~licensed ~~/ C~~and certified by the State where the communications center is located~~, that~~ and is present in the communication center and actively involved in the communications process;~~.~~

   e. A communication center with the following:

      1) A system to record all communications pertaining to flight requests. The system must have time-encoding and playback capabilities. Recordings shall be kept for a minimum of sixty (60) days.

      2) Maps of all areas where the service responds to scene flights. Maps shall be an ~~Arkansas State Highway and Transportation Department~~Arkansas Department of

Transportation General Highway Map for Counties or the equivalent and can be electronic or a printed copy.

f. ~~Have~~ Personnel capable of plotting scene coordinates and directing the helicopter to a scene location, twenty-four (24) hours a day;~~.~~

g. Each air rotor-wing aircraft must have radio capability to communicate air-to- ground, the ability to communicate with physicians who are responsible for directing patient care in transit, and with ground personnel who coordinate the transfer of the patient.

~~g.~~h.~~Have a~~ A policy addressing post accident~~/~~ or incident plan; and~~.~~

~~h.~~i. Arrange for flight following at least every fifteen (15) minutes. Documentation of such flight following must be maintained during all phases of flight.

2. Each Air Medical Fixed-Wing ambulance shall have:

a. A minimum of one (1) incoming telephone line dedicated to requests for the air ambulance service.

b. An Air Ambulance Communication Specialist assigned to receive all dispatch and flight request information on behalf of the air ambulance service.

SECTION VI. PERMITTING OF AIR AMBULANCE VEHICLES

A. Application

An application for the issuance or renewal of an air ambulance vehicle permit shall be made to the Department of Health with required documentation and payment of fees.

B. Air ambulance vehicle general standards

1. Air ambulance vehicles shall:

a. Be configured to allow the air medical personnel to treat the patient including advanced life support procedures~~.~~;

b. Ensure that all outdated, misbranded, adulterated, or deteriorated fluids, supplies, and medications are removed from ~~an~~ the aircraft immediately~~.~~;

c. Carry the minimum approved supplies and equipment for the level of licensure of the air ambulance. All equipment and supplies shall be clean, sanitary, and in good working order~~. *See Appendix 1~~; and

d. Be properly climate-controlled at a temperature range of ~~50° 85°~~fifty degrees to eighty-five degrees Fahrenheit (50°F – 85°F).

~~d.~~e. All pharmaceuticals shall be kept within the recommended temperature range as established by the manufacturer.

~~e.~~f. Each air ambulance service shall have in force and effect malpractice insurance coverage in the amount of no less than one million ($1,000,000) dollars per occurrence and no less than three million ($3,000,000) dollars aggregate for all air medical personnel. The service shall maintain proof of the current insurance policy.

C. Air ambulance vehicle specific standards

1. Rotor-wing and rotor-wing specialty vehicles shall:

a. Have communication capabilities for 123.05 MHz, 155.340 MHz, 155.235 MHz, and 155.280 MHz radio frequencies.

b. Have a two-way radio with the ability to communicate:

1) Between the pilot and air medical personnel;

2) With physicians who are responsible for directing patient care in transit, and with ground personnel who coordinate the transfer of the patient~~.~~;

3) Air-to-air and air to ground; and

4) In the trauma system utilizing a trauma Arkansas Wireless Information Network (AWIN) radio or another suitable medium capable of real-time, direct communication with the Arkansas Trauma Communications Center (ATCC).

2. Fixed-wing vehicles shall:

a. Have communication capabilities for 123.05 MHz and other nationwide frequencies~~.~~; and

b. ~~Have the ability to~~Can communicate:

1) Between the pilot and air medical personnel;

2) With physicians who are responsible for directing patient care in transit, and with ground personnel who coordinate the transfer of the patient;~~ and.~~

3) Air-to-air and air to ground; and

4) Capable of real-time, direct communication with the ATCC when transporting trauma patients.

D. Air ambulance staffing requirements

1. Air medical rotor-wing

a. All flights shall be staffed by a minimum of two (2) air medical personnel one of whom must be a flight nurse or physician. The physician may be the medical director or their designee who meets the appropriate air medical training requirement. The air ambulance service medical director may select other crew members at their discretion from the

following: paramedic, respiratory therapist, RN, or physician ~~as long as~~if the personnel meet~~s~~ the minimum training requirements.

2. Air medical rotor-wing specialty

   a. All flights shall be staffed by a minimum of two (2) air medical personnel one of who must be a flight nurse or physician. The physician may be the medical director or their designee who meets the appropriate air medical training requirement. The air ambulance service medical director may select other crew members at their discretion from the following: paramedic, respiratory therapist, RN, or physician ~~as long as~~if the personnel meet~~s~~ the minimum training requirements.

3. Air medical fixed-wing

   a. All flights shall be staffed by a minimum of one (1) medical crew member that shall be a licensed EMSP, critical care nurse, flight physician, or other appropriate medical personnel selected by the air ambulance service medical director. If a physician is on the flight, the minimum crew members shall be a flight nurse or paramedic.

E. Air medical personnel training requirements – prehospital air medical rotor-wing (non physician crew)

1. Minimum orientation and recurrent training in the following areas:

   a. Prehospital environment

      1) Will be covered by EMT licensure requirement as referenced in the Department of Health's Emergency Medical Services Accreditation Manual.

   b. Air medical environment

      1) Aircraft safety issues to include as required by the ~~FAA~~ Federal Aviation Administration – annual recurrent training, ~~to include~~including crew resource management.

      2) 2) Air medical patient transport considerations (preparation, handling and equipment)

      3) Altitude physiology and stressors of flight – one (1) hour initially and annually.

      4) Day and night flying protocols – to be included in Federal Aviation Administration ~~FAA~~ annual safety inspection.

      5) EMS communications (radios) and familiarization with EMS system – one (1) hour initially.

      6) Invasive procedures (or manikin equivalent) for competency maintenance, four (4) intubations/year recommended one (1) successful intubation/quarter.

7) Quality management – one (1) hour yearly.

c. Preparatory (mandatory for both the RN/EMT flight nurse and paramedic)

1) Minimum experience for flight nurses and paramedics:

(i) Minimum of three (3) years of current registered nursing experience in critical care, and/or emergency nursing, or both (e.g. for example, ICU, CVICU, ER, or CCU). If an RN has two (2) years of critical care, and/or emergency nursing experience, or both, and three (3) years of EMS experience at the paramedic level they may be considered eligible for flight nurse status. A paramedic with three (3) years of flight experience may be allowed to transition into the flight nurse role provided that if they successfully complete a program-specific flight nurse orientation.;

2) Minimum experience for paramedics conducting air ambulance transport:

(i) Minimum of three (3) years current paramedic experience with a paramedic ambulance service.

d. Trauma

1) Disaster and triage: two (2) hours initially and annually.

2) Thermal, chemical, and electrical: two (2) hours initially and annually.

e. Certifications required:

1) Neonatal Resuscitation Program (NRP) or equivalent course;

2) Pediatric Advanced Life Support (PALS) course or Pediatric Education for Prehospital Providers (PEPP) course or equivalent course;

3) Advanced Cardiac Life Support (ACLS) or equivalent course;

4) Prehospital Trauma Life Support (PHTLS), International Trauma Life Support (ITLS), Trauma Nurse Core Course (TNCC), or equivalent course; and.

5) FEMA ICS 100, 200, 700, and 800.

F. Air medical personnel training requirements – prehospital air medical rotor-wing conducting specialty flights (high-risk obstetrics and neonatal transports)

1. High-risk obstetrical

a. Basic fetal monitoring class – four (4) hours initially, and one (1) hour annually

b. The following didactic topics shall be covered annually:

1) Fetal assessment;

2) Triage and assessment of the pregnant patient;

3) Conditions warranting transport and stabilization;

4) Emergency childbirth and complications of delivery;

5) Placenta previa and placental abruption;

6) Prolapsed cord;

7) Pre-eclampsia;

8) Post-partum hemorrhage;

9) OB trauma; and

10) Medications.

c. Certifications required:

1) Advanced Cardiac Life Support (ACLS) or equivalent

2) Neonatal Resuscitation Program (NRP) or equivalent

2. Neonatal transport

a. The following didactic topics shall be covered annually:

1) Maternal physiologic and pharmacologic factors affecting the neonate;

2) Physical examination;

3) Gestational age assessment;

4) Interpretation of clinical, laboratory, radiographic and other diagnostic data;

5) Thermoregulation;

6) Oxygen monitoring;

7) Fluid and electrolyte therapy; and

8) Pharmacology, including drug dose calculations.

b. Anatomy, Pathophysiology, Assessment, and Treatment of:

1) Acute and chronic respiratory diseases;

2) Cardiovascular (CV) abnormalities;

3) Surgical emergencies;

4) Infectious diseases;

5) Musculoskeletal abnormalities;

6) Neurological and spinal cord injuries;

7) Prematurity and post maturity;

8) Hematologic disorders;

9) Metabolic and endocrine disorders;

10) Disorders of the head, eyes, nose, and throat;

11) Genetic disorders, congenital heart disease;

12) Psychosocial and bereavement support; and

13) Mechanical ventilation techniques during transport.

c. The following clinical areas shall be covered:

1) Oxygen administration;

2) Anesthesia bag and mask ventilation;

3) Application of Nasal Continuous Positive Airway Pressure (CPAP)

4) Endotracheal intubation;

5) Ventilation; ~~and~~

~~5)~~6) Inhaled;

~~6)~~7) Nitric oxide, if indicated;

~~7)~~8) IV and intra-arterial access~~, which might include:~~;

~~8)~~9) Intraosseous access;

~~9)~~10) Venipuncture for lab specimen collection;

~~10)~~11) Cardiopulmonary resuscitation (CPR);

~~11)~~12) Hemorrhage control; and

~~12)~~13) Radiographic interpretation.

d. Certifications required:

1) Neonatal Resuscitation Program (NRP) or equivalent.

G. Air medical personnel training requirements – air medical rotor-wing specialty

1. Minimum orientation and recurrent training in the following areas:

a. Air medical environment:

1) Aircraft safety issues to include as required by the ~~FAA~~ Federal Aviation Administration annual recurrent training, to include crew resource management.

2) Air medical patient transport considerations (preparation, handling, and equipment)

3) Altitude physiology and stressors of flight – one (1) hour initially and annually.

4) Day and night flying protocols – To be included in Federal Aviation Administration ~~FAA~~ annual safety inspection.

5) EMS communications (radios) and familiarization with EMS System – one (1) hour initially.

6) Invasive procedures (or manikin equivalent) for competency maintenance, four (4) intubations/year recommended one (1) successful intubation/quarter.

7) Quality management – one (1) hour yearly.

8) Stress recognition and management

b. Preparatory (mandatory for both the ~~RN/EMT, Paramedic~~flight nurse and paramedic)

1) Minimum experience for flight nurses

(i) Minimum of three (3) years current registered nursing experience in specialty care (~~e.g.,~~for example, ~~Neonatal Intensive Care Unit, Intensive Care Unit Pediatric Intensive Care Unit~~NICU, PICU, ICU, ~~Labor~~ labor & ~~Delivery~~delivery, etc.), emergency nursing, or other as appropriate to the mission of the air ambulance service.

2) Minimum experience for paramedics

(i) Minimum of three (3) years current paramedic experience with a paramedic ambulance service.

3) Minimum training requirements for specialty care air medical personnel

(i) Specialty ~~Care~~ care air medical personnel must have ~~appropriate~~ state licensure or certification requirements by appropriate agencies or governing bodies and have relevant specialty experience as described by program policy. At a minimum, ~~this~~ these personnel must have the following training as noted in ~~Division I~~ Air Medical Environment.

H. Air medical personnel training requirements – air medical fixed-wing

1. Minimum Orientation and Recurrent Training in the following areas:

a. Air Medical Environment

1) Aircraft Safety Issues ~~to include and~~ as required by the ~~FAA~~Federal Aviation Administration Annual Recurrent Training, ~~to include~~including Crew Resource Management.

2) Air Medical Patient Transport Considerations (preparation, handling, and equipment)

3) Altitude Physiology and Stressors of Flight one (1) hour initially and annually.

b. Preparatory (mandatory for all fixed-wing medical personnel)

~~4)~~1) Minimum experience for RN and paramedic on a fixed-wing

(i) Minimum of two (2) years current RN experience in critical care, ~~and/or~~ emergency nursing, or both (~~e.g.,~~for example, ICU, CVICU, ER, or CCU). ~~For specialty transports, an RN must have a minimum of two (2) years of current registered nursing experience in the specialty of the patient being transported.~~

~~5)~~2) Minimum experience for EMTs or Paramedics conducting fixed-wing transport

(i) Minimum of two (2) years current EMT or paramedic experience with a paramedic ambulance service.

~~6)~~3) Minimum experience for specialty care fixed-wing personnel

(i) Specialty care fixed-wing personnel must have an appropriate state license or certification requirements by appropriate agencies or governing bodies and have relevant specialty experience as described by program policy. At a minimum this personnel must have the following training as noted in Air Medical Environment.

(ii) For specialty transports, an RN must have a minimum of two (2) years of current registered nursing experience in the specialty of the patient being transported.

~~b.~~c. Required Certifications ~~Required~~

1) Advanced Cardiac Life Support (ACLS) or equivalent course;

2) Pediatric Advanced Life Support (PALS) ~~course~~ or Pediatric Education for Prehospital Providers (PEPP) course or equivalent course if transporting pediatric patients; and

3) Neonatal Resuscitation Program (NRP) or equivalent course if transporting neonatal patients.

I. Air medical personnel training requirements for air medical rotor-wing air ambulance communication specialists

1. Minimum initial and recurrent training in the following areas:

a. Medical terminology;

b. Knowledge of EMS;

c. Familiarization with equipment used in the field setting;-

d. FAR's pertinent to the medical transport service;

e. ~~FCC~~ Federal Communications Commission regulations pertinent to the medical transport service;

f. General safety rules and emergency procedures pertinent to air medical transport service;

g. Map skills including – the ability to locate an aircraft utilizing coordinates;

h. Ability to articulate weather radar information to pilots;

i. Types of radio frequency bands used in air medical EMS;

j. Assistance with hazardous materials response and recognition procedure using appropriate reference materials;

k. Stress recognition and management;

l. Customer service/public relations/phone etiquette;

m. Quality management;

n. Crew resource management (CRM) pertinent to communications;

o. Computer literacy and software training;

p. Post-Accident Incident Plan (PAIP); and

q. Documentation for recurrent training.

1) Documentation showing completion of all recurrent training as outlined in Section VII. E. 1. and shall be submitted to the Department of Health annually with the air ambulance service license renewal for all licensed EMT EMSPs and communication specialists.

SECTION VII. APPROVED EMERGENCY MEDICAL SERVICES PERSONNEL PROVIDER SKILLS

A. Paramedics and AEMT's – may function within their scope of practice while off duty or while not staffing a permitted ambulance within the licensed ambulance service's area of the ambulance service with whom the EMSP is employed full time provided.

1. The following must be submitted to the Department of Health for review and approval prior to implementation of this practice:

   a. Written approval from the ambulance service medical director;.

   b. Written approval from ambulance service manager/director;.

   c. Verification that the individual(s) are licensed by the Department to perform the skills requested;.

   d. Submit medical director approved treatment protocols addressing this specific practice and any equipment carried by the EMSP; and.

   e. In all cases, paramedic and AEMT level of care must be maintained throughout transport if paramedic care is initiated.where advanced care is initiated and transport is required, advanced care must be maintained enroute to the hospital in a paramedic or AEMT permitted ambulance.

   f.e. * Advanced life support equipment cannot be stored on a licensed EMT ambulance.

2. An AEMT orA paramedic or AEMT who is solely employed in industry and serves on the facility's emergency response team, or an emergency response team affiliated with or sponsored by a governmental entity, can may, while on duty, perform any skill which is listed in their approved protocols/guidelines as long asif they meet ALL all of the following requirements:

   a. Written approval from the team's medical director and submitted to the Department for review;.

   b. Written approval is received from the team's medical director and shall be submitted to the Department for review and approval;.

   c. Submit The submission of medical director approved protocols/guidelines specific to this practice to the Department prior to implementation of the programresponse team;.

d. Verification that the ~~Individual(s)~~EMSPs are licensed by the Department to perform the skills;~~.~~

e. ~~Individual's~~ EMSPs performance is not tied to a licensed ambulance service at the time they are performing skills for the response team; and~~.~~

f. In all cases, paramedic and AEMT level of care must be maintained throughout transport if advanced care is initiated.

~~f. In all cases, where advanced care is initiated, advanced care must be maintained on scene and enroute to the hospital in a paramedic or AEMT permitted ambulance.~~

B. EMSPs are permitted to perform only those skills and administer only those medications outlined in the ~~EMSPs~~ current National Highway Traffic Safety Administration's National Scope of Practice once they are ~~trained in the skill or pharmacology of that medication,~~licensed at that provider level and credentialed by the EMS service's medical director. ~~In order to~~To provide patient care in Arkansas, all EMSP~~'~~s must hold a current Arkansas EMSP license.

1. ~~ALS~~ Paramedic Services approved to provide Rapid Sequence ~~Induction~~ Intubation (RSI) must first apply for approval and meet all Department of Health RSI requirements ~~and be approved by the Department~~. Approval must be granted by the Department before implementation of the skill or utilization of protocol. Paramedics are allowed to use paralytics to maintain the paralysis of an already intubated patient if approved by medical direction.

2. EMSPs may transport a police dog injured ~~in the course of~~during a law enforcement or correctional agency's work to a veterinary hospital or clinic if there is not a person requiring immediate medical attention or transport at the time as set forth by Arkansas Code ~~Ann.~~ § 20-13-217.

3. EMSPs may administer prescription medications to patients with a health condition that is listed as rare by the National Institutes of Health and a condition that could be fatal for which a patient seeks specialized healthcare as set forth in Arkansas Code §20-13-218. Prescription medications administered ~~are~~shall be:

   a. Carried by a patient;

   b. Administered via routes of delivery that are within the scope of ~~training~~ practice for the EMSP;

   c. Intended to treat specific health conditions; and

   d. Not listed on the drug formulary set out by the Department of Health.

SECTION VIII. EDUCATION, TESTING AND LICENSURE OF ~~MEDICAL PERSONNEL~~EMS PROVIDERS

A. The Department of Health shall license or certify individuals for the provision of Emergency Medical Services. EMSPs may not provide patient care without a current Arkansas EMSP license.

1. The Department shall issue the following types of licenses ~~or certifications~~:

a. Emergency Medical Responder;

b. Emergency Medical Technician;

c. Advanced Emergency Medical Technician (AEMT);

d. Paramedic;

e. Community Paramedic; and

f. EMSP Instructor.

~~a. Advanced Life Support~~

~~1) Paramedic~~

~~2) Community Paramedic~~

~~3) Advanced Emergency Medical Technician (AEMT)~~

~~b. Basic Life Support~~

~~1) Emergency Medical Technician~~

~~c. Instructor~~

~~1) Emergency Medical Services-Instructor~~

~~2) Emergency Medical Services-Instructor Trainer~~

2. The Department shall issue the following types of certifications:

~~d.~~a. Emergency Vehicle Operator.

~~2.~~3. Applicable Fees

a. An application for the initial issuance of a license shall be submitted to the Department, and shall be accompanied by the fee set forth by Arkansas Code ~~Ann.~~ § 20-13-211. An application for the ~~emergency vehicle operator (EVO) certification and~~ community

paramedic licensure shall be submitted to the Department with the application fee waived.

b. Pursuant to Act 725 of 2021, an applicant may receive a waiver of the initial licensure fee, if eligible. Eligible applicants are applicants who:

1) Are receiving assistance through the Arkansas, or current state of residence equivalent, Medicaid Program, the Supplemental Nutrition Assistance Program (SNAP), the Special Supplemental Nutrition Program for Women, Infants, and Children (SSNP), the Temporary Assistance for Needy Families Program (TEA), or the Lifeline Assistance Program (LAP).

2) Were approved for unemployment within the last twelve (12) months; or

3) Have an income that does not exceed two hundred percent (200%) of the federal poverty income guidelines.

c. Applicants shall provide documentation showing their receipt of benefits from the appropriate state agency.

1) For Medicaid, SNAP, SSNP, TEA, or LAP, documentation from the Arkansas Department of Human Services (DHS), or current state of residence equivalent agency;

2) For unemployment benefits approval in the last twelve (12) months, the Arkansas ~~Department~~ Division of Workforce Services, or current state of residence equivalent agency; or

3) For proof of income, copies of all United States Internal Revenue Service Forms indicating the applicant's total personal income for the most recent tax year ~~e.g.,~~for example, "W2," "1099," etc.

d. Applicants shall attest that the documentation provided under (b) is a true and correct copy and fraudulent or fraudulently obtained documentation shall be grounds for denial or revocation of license.

~~3.~~4.Proof of certification and licensure cards

a. Each EMSP shall have ~~the~~ proof of Arkansas EMSP licensure or certification, ~~card~~ issued by the Department of Health, on their person ~~at all times~~ while on duty or have the ability to contact their EMS service for licensure or certification verification.

b. All licensure levels~~, except EVOs,~~ shall maintain a Department approved cardiopulmonary resuscitation (CPR) certification. Paramedics are also required to maintain a Department of Health approved advanced cardiovascular life support (ACLS) certification ~~the following~~ during their license period:

~~1) Current CPR certification~~

~~2) maintain a National Registry of Emergency Medical Technician (NREMT) certification for the level in which they are licensed.~~

~~c. All paramedics and community paramedics shall maintain the following throughout their licensure period:~~

~~1) Current ACLS certification~~

c. The Department approved CPR and ACLS certifications must follow current American Heart Association guidelines and require a hands-on skills component designed specifically for healthcare providers.

d. Each service shall have ~~readily available~~ a copy of all current licensure and certification cards readily available for all employees.

~~4.~~5. Criminal history form

a. Any applicant applying for initial licensure or ~~emergency vehicle operator~~EVO certification shall complete a state, ~~and/or~~ federal, or both, criminal history checks depending on residency status.

6. Licensure level requirements

a. Emergency Medical Responder

1) Successful completion of a Department of Health accredited EMR program.

2) Successful completion of the NREMT certification process.

3) Department approved CPR certification must follow current American Heart Association guidelines and require a hands-on skills component designed specifically for healthcare providers.

7. Emergency Medical Technician

a. Successful completion of a Department accredited EMT program including all didactic, clinical, and field internship requirements.

b. Successful completion of both the Arkansas practical skills examination or documented verification of skills proficiency and the NREMT certification process.

c. Department approved CPR certification must follow current American Heart Association guidelines and require a hands-on skills component designed specifically for healthcare providers.

8. Advanced Emergency Medical Technician

a. Successful completion of a Department accredited AEMT program including all didactic, clinical, and field internship requirements.

b. Successful completion of the NREMT certification process.

c. Department approved CPR certification must follow current American Heart Association Guidelines and require a hands-on skills component designed specifically for healthcare providers.

~~5.~~9. Paramedic

a. Successful completion of ~~an Arkansas~~a Department and Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP) and Committee on Allied Health Education and Accreditation (CAHEA) accredited paramedic program including all didactic, clinical, and field internship requirements.

b. Successful completion of the NREMT ~~paramedic~~ certification process.

c. Department approved CPR and ACLS certifications must follow current American Heart Association guidelines and require a hands-on skills component designed specifically for healthcare providers.

~~6.~~10. Community Paramedic

a. Community paramedic licensure will run concurrent with the current Arkansas paramedic license expiration date.

~~a.~~b. Successful completion of a Department approved community paramedic curriculum, including all didactic and clinical hour requirements. Education hours for initial licensure are valid for two (2) years from course completion..

~~b.~~c. Hold NREMT certification as a paramedic and be in good standing with the NREMT.

~~c.~~d. ~~Hold~~ Must hold and maintain an Arkansas license as a paramedic and be in good standing with the Department.

~~d.~~e. Have two (2) years of full-time service as a paramedic and be actively employed by a licensed paramedic service. Potential licensees shall submit a letter from a licensed paramedic service indicating a minimum of one thousand (1,000) hours worked per year for two (2) years and confirming that they are actively employed by that service.

f. Department of Health approved CPR and ACLS certifications must follow American Heart Association Guidelines and require a hands-on skills component designed specifically for healthcare providers.

g. May only practice as a community paramedic performing community paramedic skills through a licensed community paramedic service.

11. EMSP-Instructor

a. EMSP-Instructor licensure will run concurrent with Arkansas EMSP license expiration date.

b. Hold an Arkansas EMSP license and be in good standing with the Department of Health;

c. Licensed as an EMSP continuously at the level of instruction from any state, national, or military for a minimum of two (2) years; and

d. Successful completion of a Department of Health approved forty (40) hour EMSP-Instructor course following National Association of EMS Educators (NAEMSE) standards.

e. EMSP-Instructors must maintain a Department of Health approved CPR and/or ACLS instructor certifications must follow current American Heart Association Guidelines and require a hands-on skills component designed for healthcare providers.

~~7. Advanced Emergency Medical Technician~~

~~a. Successful completion of an Arkansas accredited Advanced Emergency Medical Technician program including all didactic, clinical and field internship requirements, and~~

~~b. Successful completion of the NREMT AEMT certification process.~~

~~8. Emergency Medical Technician~~

~~a. Successful completion of an Arkansas accredited EMT program including all didactic, clinical, and field internship requirements~~

~~b. Successful completion of both the Arkansas practical skills examination and the NREMT certification process.~~

~~9. Emergency Medical Services Provider Instructor~~

~~a. Hold an Arkansas EMSP license and be in good standing with the Department.~~

~~b. Licensed as an EMSP continuously from any state, national or military for a minimum of two (2) years~~

~~c. Successful completion of an approved forty (40) hour EMSP instructor course with a current affiliation with an educational institution (Vo-Tech School, Technical College, Community College, College or University) or licensed ambulance service training department.~~

~~d. Copy of a current Basic Life Support CPR instructor card.~~

~~e. Copy of a current American Heart Association ACLS instructor card for EMSP paramedic instructors only.~~

~~10.~~12. Emergency Vehicle Operator certification

a. Successful completion of a ~~National~~ nationally recognized first responder course of a minimum of forty (40) hours of training that includes an emergency vehicle operator driving skills component.

b. ~~Copy of a current signed Basic Life Support CPR card~~Department approved CPR certification (must follow current American Heart Association guidelines and require a hands-on skills component~~) documenting completion of a CPR course~~ designed specifically for healthcare providers.

~~c. Emergency Vehicle Operator Course~~

~~d. Ten (10) hours of refresher training every two years to include emergency vehicle operations.~~

~~11.~~13. Uniformed service members

a. "Automatic licensure" means granting the occupational licensure without an individual having met occupational licensure requirements provided under the Arkansas Code or by other provisions in these Rules.

b. "Uniformed service member" means an active or reserve component member of the:

1) ~~-~~United States Air Force~~,~~;

2) United States Army~~,~~;

3) United States Coast Guard~~,~~;

4) ~~-~~United States Marine Corps~~,~~;

5) United States Navy~~,~~;

6) United States Space Force~~,~~; ~~or~~

7) National Guard;

8) an active component member of the National Oceanic and Atmospheric Administration Commissioned Officer Corps; or

~~1)~~9) an active or reserve component member of the United States Commissioned Corps of the Public Health Service.

~~b.~~c. "Uniformed service veteran" means a former member of the United States uniformed services discharged under conditions other than dishonorable.

~~c.~~d. Applicability applies to a:

1) Uniformed service member stationed in the State of Arkansas;

2) Uniformed service veteran who resides in or establishes residency in the State of Arkansas;

3) The spouse of (i) or (ii) including a:

(i) uniformed service member who is assigned a tour of duty that excludes the spouse from accompanying the uniformed service member and the spouse relocates to Arkansas;

(ii) uniformed service member who is killed or succumbs to his or her injuries or illness in the line of duty if the spouse establishes residency in Arkansas.

14. Temporary and provisional license for uniformed service members

a. The Department of Health shall issue a temporary and provisional license immediately upon receipt of the application, the required fee, and the documentation required under Section VIII.

b. The temporary and provisional license shall be effective for at least ninety (90) days or until the Department of Health decides on the application unless the Department of Health determines that the applicant does not meet the requirements in Section VIII., in which case the temporary and provisional license shall be immediately revoked.

c. An applicant may provide the rest of the documentation required above to receive a license, or the applicant may only provide the information necessary for the issuance of a temporary and provisional license.

d. The Department of Health shall require an applicant to hold a current NREMT certification if the applicant is licensed in another state that does not offer reciprocity to Arkansas residents that is like reciprocity to out-of-state applicants in A.C.A. §17-1-108.

e. Reciprocity in another state will be considered like reciprocity under A.C.A. §17-1-108 if the reciprocity provisions in the other state:

1) Provide the least restrictive path to licensure for Arkansas applicants.

2) Does not require Arkansas applicants to participate in the apprenticeship, education, or training required as a prerequisite to licensure of a new professional in that state, except that the state may require Arkansas applicants to participate in continuing education or training that is required for all professionals in that state to maintain licensure.

3) Does not require Arkansas applicants to take a state-specified education unless required under the same conditions described in A.C.A. §17-1-108.

~~d.~~f. Automatic Licensure shall be granted to persons listed in Section VIII. E. 8. ~~IX. A. 11. d.~~ if the person:

1) ~~The person is~~Is a holder in good standing of occupational licensure with similar scope of practice issued by another state, territory, or district of the United States;~~,~~

~~1)~~2) ~~holds~~ Holds a NREMT certification and;

~~2)~~3) ~~The person~~ Pays the criminal history background fees.

~~e.~~g. Credit toward initial licensure

Relevant and applicable uniformed service education, training, or service-issued credential shall be accepted toward initial licensure for a uniformed service member or a uniformed service veteran who makes an application within one (1) year of his or her discharge from uniformed service.

~~f.~~h. Expiration Dates and Continuing Education

1) A license expiration date shall be extended for a deployed uniformed service member or spouse for one hundred eighty (180) days following the date of the uniformed service member's return from deployment.

2) A uniformed service member or spouse shall be exempt from continuing education requirements in Section ~~IX.D.~~VIII.G. for one hundred eighty (180) days following the date of the uniformed service member's return from deployment.

3) Any uniformed service member or spouse exercising the exemption shall provide evidence of completion of continuing education before renewal or grant of a subsequent license.

B. General licensure renewal standards

1. One (1) continuing education ~~(CE) hour~~ unit (CEU) is defined as every fifty (50) minutes of approved classroom or skills laboratory activities~~, or each hour of media-based/serial production~~. Continuing education courses or activities shall not be approved or accepted for less than one-half hour~~s~~ unit of credit. CEUs ~~hours~~ shall not be awarded until all requirements have been met and the EMSP attended the complete training. ~~Credit can be applied for college courses that relate to your role as an EMS professional.~~ Hour-for-hour credit can be applied for nationally standardized courses (including, but not limited to, ABLS, ACLS, AMLS, EMPACT, EPC, ITLS, PHTLS, PALS, PEPP, etc.) The following cannot be applied towards the National Continued Competency Program (NCCP) ~~Topic Hours (NCCR, LCCR, and ICCR)~~:

a. Performance of duty or volunteer time with agencies;

b. Clinical rotations;

c. Instructor methodology courses;

d. Management/leadership courses;

e. Preceptor hours; and

~~e.~~f. Disciplinary or remediation hours ordered by the Department of Health.

C. ~~Application and~~ Recertification audits

1. ~~Initial and~~ Renewal applications ~~are~~ may be randomly selected for audit. If a ~~licensee's~~ licensed EMSP's application is randomly selected, the ~~licensee~~ EMSP must provide documentation for all hours ~~used~~ submitted for their renewal~~, or information included on their initial application~~ within fifteen (15) business days from notification. Documentation may consist of course completion certificates, ~~training rosters,~~ written verification from the training officer, or other proof as approved by the Department.

D. Renewal standards

1. All individuals applying for renewal of a license or emergency vehicle operator certification shall submit the following to the Department of Health:

a. Completed renewal application;~~.~~

b. ~~Application~~ Payment of application fee set forth by current EMS statute payable to the Arkansas Department of Health. ~~Not~~ An application fee is not applicable for ~~emergency vehicle operators or~~ community paramedic licensure;~~.~~

c. ~~Copy of a current Basic Life Support~~Department approved CPR ~~card~~ certification (must follow current American Heart Association guidelines and require a hands-on skills component~~) documenting completion of a CPR course~~ designed specifically for healthcare providers;

~~e.~~d. Paramedics must have a Department approved ACLS certification following current American Heart Association guidelines and require a hands-on skills component specifically designed for healthcare providers;~~.~~

e. Document completion of all education requirements for your level of licensure or certification. It is the responsibility of the EMSP to maintain copies of all rosters, certificates, ~~and/or~~ proof of attendance, or both, to all continuing education used for renewal. These documents will be required should the EMSP be audited; and

~~d.~~f. If employed by a licensed service, the EMSP must be verified by the service and medical directors.~~.~~

2. Specific renewal requirements by EMS license and certification level

a. Emergency Medical Responder

1) Continuing education hours needed to meet the renewal requirements are outlined below.

(i) Eight hours (8) hours following the topics required for NREMT certification;

(ii) Four (4) hours to include the following Arkansas-specific topic areas:

(A) Arkansas Trauma System - Two (2) hours; and

(B) Ethics and Professionalism - Two (2) hours;

(iii) Four (4) hours for individual required continuing education in any EMS-related topic areas.

2) Renewal of NREMT certification is required.

~~a.~~b. Emergency Medical Technician

1) Continuing education hours need to meet the ~~NREMT~~ renewal requirements are outlined below~~. Licensee must complete all requirements in a-c.~~:

(i) Twenty (20) hours following the topics required for ~~National~~ NREMT certification. ~~Up to seven (7) hours in this category can be distributive education.~~

(ii) Ten (10) hours in the following Arkansas specific topic areas: ~~Up to seven (7) hours in this category can be Distributive Education.~~

(A) Arkansas Trauma System - Two (2) hours

(B) Pediatrics - Two (2) hours

(C) Stroke~~/CVA~~ - Two (2) hours

(D) Cardiology - Two (2) hours

(E) Documentation - One (1) hour

(F) Ethics and Professionalism - One (1) hour

(iii) Ten (10) hours ~~in any EMS-related topic areas. Up to ten (10) hours in this category can be Distributive Education~~for individual required continuing education in any EMS-related topic areas.

2) Renewal of NREMT certification ~~and verification are~~is required.

(i) EMTs who have never held national certification shall document completion of all education requirements ~~outlined in 1) a.-c. above~~ prior to their state license expiration date to ~~obtain~~ renew their state EMT license.

~~b.~~c. ~~AEMT~~Advanced Emergency Medical Technician

1) Continuing education hours needed to meet the ~~NREMT~~ renewal requirements are outlined below~~.~~: ~~Licensee must complete all requirements in a-c.~~

   (i) Twenty-five (25) hours following the topics required for ~~National~~ NREMT certification. ~~Up to eight (8) hours in this category can be distributive education.~~

   (ii) Twelve and one-half (12.5) hours in the following Arkansas specific topic areas~~.~~: ~~Up to eight (8) hours in this category can be Distributive Education.~~

      (A) Arkansas Trauma System - Two (2) hours

      (B) Pediatrics - Two and one-half hours (2.5)

      (C) Stroke~~/CVA~~ - Two (2) hours

      (D) Cardiology - Two (2) hours

      (E) Documentation - Two (2) hours

      (F) Ethics and Professionalism - Two (2) hours

   (iii) Twelve and one-half (12.5) ~~CE~~ hours ~~in any EMS related topic area. Up to Twelve and one-half (12.5) hours in this category can be Distributive Education.~~ for individual required continuing education in any EMS related topic areas.

2) Renewal of NREMT certification ~~and verification~~ is required.

   (i) AEMTs who have never held national certification shall document completion of all education requirements ~~outlined in 1) a.-c. above~~ prior to their state license expiration date to ~~obtain~~ renew their state AEMT license.

~~3) Medical director's electronic signature on the renewal application verifying competency in AEMT skills~~

~~c.~~d. Paramedic

1) Continuing education hours needed to meet the ~~NREMT~~ renewal requirements are outlined below. ~~Licensee must complete all requirements in a-c.~~

   (i) Thirty (30) hours following the topics required for ~~National~~ NREMT certification ~~Up to ten (10) hours in this category can be Distributive Education~~.

   (ii) Fifteen (15) hours in the following topic Arkansas specific areas~~. Up to ten (10) hours in this category can be Distributive Education.~~:

      (A) Arkansas Trauma System -Two (2) hours

      (B) Pediatric Three (3) hours

(C) Stroke~~/CVA~~ - Four (4) hours

(D) Cardiology - (2) hours

(E) Documentation Two (2) hours

(F) Ethics and Professionalism Two (2) hours

(iii) Fifteen (15) hours for individual required continuing education in any EMS related topic areas. ~~Up to fifteen (15) hours in this category can be Distributive Education.~~

2) Renewal of NREMT certification ~~and verification~~ is required.

Paramedics who have never held national certification shall document completion of all education requirements ~~outlined in 1) a. e. above~~ prior to their state license expiration date to ~~obtain~~ renew state paramedic license.

~~3) Medical director's electronic signature on the renewal application verifying competency in advanced paramedic skills.~~

~~4) Copy of current American Heart Association ACLS card.~~

~~d.~~e. Community Paramedic

1) Community Paramedic licensure is for a two-year (2) period to run concurrently with the primary paramedic licensure.

~~1)~~2) Submit a copy of ~~your current~~renewed NREMT certification card prior to your license expiration date. No license shall be issued until ~~current National Registry~~NREMT certification ~~can be~~is verified.

~~2)~~3) Complete an additional fifteen (15) hours of community paramedic practice focused training beyond the renewal requirements ~~as a paramedic~~.

~~3) Submit documentation from the community paramedic programs medical director affirming that the licensee is active in performing the skills of a community paramedic.~~

f. EMSP-Instructor

1) EMSP-Instructor is for a two-year (2) period to run concurrently with the EMSP's primary license.

2) The following must be completed and submitted for all instructors:

(i) Instructor renewal may only be completed after the EMSP's primary license has been renewed.

(ii) Department of Health approved CPR instructor certification following current American Heart Association guidelines and require a hands-on skills component designed specifically for healthcare providers.

(iii) Paramedic EMSP-instructors shall maintain a Department of Health approved ACLS instructor certification following current American Heart Association guidelines and require a hands-on skills component designed specifically for healthcare providers.

(iv) Complete twelve (12) hours of continuing education at the EMSP-Instructor level. This education must include professional development or instructor-specific education.

(v) Submit a signed affiliation letter of good standing from a Department approved EMS training site, to include documentation courses taught during the renewal cycle.

~~e.~~g. Emergency Vehicle Operator certification

1) Continuing education hours needed to meet the renewal requirements are outlined below:

(i) Six hours (6) hours of EMS related education

(ii) Four (4) hours in the following Arkansas-specific topic areas:

(A) Arkansas Trauma System - Two (2) hours

(B) Ethics and Professionalism - Two (2) hours

~~1) Submit a copy of current Basic Life Support CPR card~~

~~2) Ten (10) hours of refresher training every two years to include emergency vehicle operations~~

~~3. EMSP – Instructor Renewal Requirements:~~

~~EMSP instructor licensure is for a two (2) year period to run concurrently with the current EMSP level of licensure.~~

~~The following must be completed and submitted for ALL Instructors:~~

~~a. A copy of a current Basic Life Support CPR instructor card (Must follow current American Heart Association Guidelines and require a hands-on skills component)~~

~~b. Paramedics instructors shall maintain and submit current American Heart Association ACLS instructor certification.~~

~~c. Complete twelve (12) hours of continuing education at the EMSP Instructor level, to include Professional Development or instructor-specific education.~~

~~d. Meet the renewal requirements for your level of licensure (EMT, AEMT, or paramedic)~~

~~e. Complete and provide documentation from the EMS Education Program for (1) one of the following:~~

~~1) One (1) full EMT course teaching more than 50% of the course (Must be affiliated with an educational institution)~~

~~2) Two (2) EMT courses as co-instructor (Must be affiliated with an educational institution)~~

~~3) Forty-eight (48) hours of classroom instruction with a letter from the lead instructor or EMS education program verifying hours and topics of instruction taught.~~

~~f. Submit a signed letter of good standing from the training site with which your EMSP instructor certification is aligned with.~~

~~4.~~3. EMSP late license renewal applications ~~submitted after expiration date~~

a. Late ~~Renewal~~ renewal will be allowed for those who submit their documentation after the expiration date, if:

1) All required educational hours, as outlined in Section ~~IX. C.~~VII.H. for ~~the~~ their appropriate license level was completed prior to their current expiration date;

2) ~~All specific training (e.g., Refresher, ACLS, CPR, etc.) was completed PRIOR to their current expiration date; AND~~

3) Renewal application fees and ~~All~~ all documentation ~~was~~ is submitted no later than two (2) years after their current expiration date.

4) NREMT certification must be renewed before an Arkansas EMSP license renewal will be issued.

b. EMSP~~'~~s submitting their renewal material after the expiration date, but ~~having~~ who have completed all requirements prior to their current EMSP's expiration date will be relicensed to their previous expected expiration date matching the NREMT expiration date.

~~No EMSP may provide patient care until a license has been issued.~~

c. Request for extension to complete EMSP license renewal requirements:

1) Extensions will only be considered if the EMSP submits a letter and documentation to the Department of Health no later than thirty (30) days prior to the EMSP's expiration

date. The letter must include the reason for the extension and supporting documentation.

2) If the Department of Health receives the request, the EMSP's documentation, or both, after the expiration date or the extension request is denied, the EMSP will be considered lapsed.

E. Lapsed Arkansas ~~Licensed Emergency Medical Service Providers~~EMSPs

1. Individuals who do not complete their education and training requirements for renewal prior to their expiration date will be considered lapsed and will have to complete the following requirements for their licensure level prior to ~~receiving~~ renewing their ~~new~~ Arkansas ~~licensure~~ license~~card~~.

2. NREMT certification renewal is required before an Arkansas EMSP license may be issued.

3. Lapsed two (2) years or less:

a. Documentation the successful completion of required educational hours within your renewal cycle, as outlined in Section VIII. H. for the appropriate license level; or

b. If educational requirements are not completed within the renewal cycle, then documentation of required hours; and

c. Additional documentation of continuing education hours as follows for their EMSP licensure level:

1) EMR - six (6) hours;

2) EMT – twelve (12) hours;

3) AEMT – eighteen (18) hours;

4) Paramedic – twenty-four (24) hours;

5) Community paramedic – eight (8) hours;

6) EMSP-Instructor – twenty-four (24) hours; and

7) EVO – six (6) hours.

~~2. No EMSP that is lapsed shall provide patient care until a license has been issued:~~

~~3. EMT~~

~~a. LAPSED TWO (2) YEARS OR LESS:~~

~~1) Document successful completion of required educational hours, as outlined in Section IX. C. for the appropriate license level within the previous twelve (12) months;~~

2) Documentation of an additional twelve (12) hours of continuing education within the past twelve (12) months.

3) Copy of a current Basic Life Support CPR card (Must follow current American Heart Association Guidelines and require a hands-on skills component) documenting completion of a CPR course designed specifically for healthcare providers

4) Submit completed Arkansas application form.

5) $20 Application fee set forth by Arkansas Code Ann. § 20-13- 211 payable to the Arkansas Department of Health.

6) Validation of competency on all EMT psychomotor skills by an accredited EMS training program or EMS medical director.

4. AEMT

a. LAPSED TWO (2) YEARS OR LESS:

1) Document successful completion of all required educational hours, as outlined in Section IX. C. for the appropriate license level within the previous twelve (12) months.

2) Documentation of an additional twenty-four (24) hours of advanced continuing education within the past twelve (12) months.

3) Copy of current Basic Life Support CPR card (Must follow current American Heart Association Guidelines and require a hands-on skills component) documenting completion of a CPR course designed specifically for healthcare providers

4) Submit completed Arkansas application form

5) $20 Application fee set forth by Arkansas Code Ann. § 20-13- 211 payable to the Arkansas Department of Health.

6) Validation of competency on all AEMT psychomotor skills by an accredited EMS training program, EMS medical director or successfully challenge the NREMT psychomotor exam.

5. Paramedic

a. LAPSED TWO (2) YEARS OR LESS:

1) Document successful completion of all required educational hours, as outlined in Section IX. C. for the appropriate license level within the past twelve (12) months.

2) Documentation of an additional twenty-four (24) hours advanced continuing education within the past twelve (12) months

3) Copy of a current CPR card (Must follow current American Heart Association Guidelines and require a hands-on skills component) documenting completion of a CPR course designed specifically for healthcare providers.

4) Submit a signed copy of current American Heart Association ACLS card.

5) Submit completed Arkansas application form.

6) $20 Application fee set forth by Arkansas Code Ann. § 20-13-20- 13-211 payable to the Arkansas Department Health.

7) Validation of competency on all paramedic psychomotor skills by an accredited EMS training program, EMS medical director or challenge the NREMT psychomotor exam.

6. Community Paramedic

a. LAPSED TWO (2) YEARS OR LESS

1) Meet all renewal requirements set forth under Section IX.

2) Documentation of the additional fifteen (15) hours of practice-focused training beyond the renewal requirements as a paramedic; and

3) Submit documentation from the community paramedic program's medical director affirming that the licensee is active in performing the skills of a community paramedic.

7.4. All licensed EMSP levels

a. Lapsed More Than Two (2) Years:

1) All expired EMSP's shall complete all initial licensure requirements as outlined in Section IXSection VIII.H.

F. Request for Extension to Complete EMT License Renewal Requirements

1. Extensions will only be considered if the EMSP submits a letter and documentation to the Department no later than thirty (30) days prior to the EMSP's expiration date requesting an extension. The letter must include the reason(s) the extension is being requested. Extensions will be considered for the following reasons:

a. personal illness or hospitalization;

b. extensive travel or relocation within the affected time period;

c. military service

d. immediate family illness or death; or

~~e. extraordinary circumstances beyond the control of the EMSP.~~

~~2. Extension Decisions:~~

~~a. If the Department receives the request and/or EMSP's documentation after the expiration date or the extension request is denied, the EMSP will be considered LAPSED. See Section VII. D.~~

~~G.~~F. Reciprocity

1. ~~Required Qualifications.~~ An applicant applying for reciprocal licensure shall meet the following requirements:

   a. The applicant shall hold a substantially similar EMSP license in another United States jurisdiction if the other state's licensure qualifications require:~~.~~

      1) ~~A license from another state is substantially similar to an Arkansas EMSP license if the other state's licensure qualifications require:~~Current ACLS certification, if applicable;

      2) NREMT certification, ~~Basic Life Support~~ CPR certification, and ~~Advanced Cardiac Life Support~~ACLS certification, if applicable;~~.~~

   b. Evidence of current and active licensure in a similar jurisdiction. The Department of Health may verify this information online if the issuing jurisdiction provides primary source verification on its website, or by telephone call from another state's licensing board; and

   c. Provide proof of licensure for all states in which the applicant is currently licensed or has been previously licensed as an EMSP.

   ~~b.~~d. The applicant's EMSP license shall hold ~~his or her occupational licensure~~be current and in good standing.~~;~~

   ~~c.~~e. The applicant shall not have had a license revoked for:

      1) An act of bad faith; or

      2) A violation of law, rule, or ethics~~;~~.

   ~~d.~~f. The applicant's license shall not ~~hold a~~be suspended, ~~or~~ on probation~~ary license~~, or revoked due to disciplinary action in a United States jurisdiction.~~;~~

   ~~e. The applicant shall be sufficiently competent in the EMS field; and~~

   ~~f. hold current NREMT certification.~~

2. ~~Required documentation.~~ An applicant shall submit:

a. ~~a~~ A ~~fully-executed~~completed application~~,~~;

b. ~~the~~ The required fee~~,~~; and

~~g.~~c. ~~and the documentation described below.~~ Submission of an Arkansas criminal history background check and payment of the applicable fee to include both state and federal checks. ~~This requirement may be waived if the individual holds a registered nurse license that is current and in good standing, or holds a current and in good standing registered nurse license from a nursing compact state.~~

d. All EMSPs shall have a Department of Health-approved CPR certification and must follow current American Heart Association guidelines and require a hands-on skills component designed specifically for healthcare providers.

e. Paramedics must have a Department of Health approved ACLS certification following current American Heart Association guidelines and require a hands-on skills component designed specifically for healthcare providers.

3. Provisional licenses are not eligible for reciprocity.

4. The applicant shall hold a current NREMT certification.

~~h. As evidence that the applicant's license from another jurisdiction is substantially similar to Arkansas's, the applicant shall submit the following information:~~

~~1) Evidence of current and active licensure in that state. The Department may verify this information online if the jurisdiction at issue provides primary source verification on its website or by telephone to the other state's licensing board; and~~

~~2) Evidence that the other state's licensure requirements match those listed in Section IX. H.1.a. i. The Department may verify this information online or by telephone to the other state's licensing board.~~

~~i. To demonstrate that the applicant meets the requirement in Section IX. H.1.a. ii. through iv.~~, ~~the applicant shall provide the Department with:~~

~~1) The names of all states in which the applicant is currently licensed or has been previously licensed;~~

~~2) Letters of good standing or other information from each state in which the applicant is currently or has ever been licensed showing that the applicant has not had his license revoked for the reasons listed in Section H.1. a. iii. and does not hold a license on suspended or probationary status as described in Section IX. H.1. a. iv. The Department may verify this information online if the jurisdiction at issue provides primary source verification on its website or by telephone to the other state's licensing board.~~

j. As evidence that the applicant is sufficiently competent in the field of EMS, an applicant shall:

1) Hold a current NREMT certification

2) Basic Life Support CPR certification and Advanced Cardiac Life Support if applicable.

3) Community paramedics must submit verification of education including scope of practice from transferring state with a letter from an Arkansas community paramedic medical director showing the candidate would be accepted to the community paramedic program.

2. Temporary and Provisional License

a. The Department shall issue a temporary and provisional license immediately upon receipt of the application, the required fee, and the documentation required under Section IX. H. 2. a. i. and ii.

b. The temporary and provisional license shall be effective for at least ninety (90) days or until the Department makes a decision on the application unless the Department determines that the applicant does not meet the requirements in Section IX. H. 1. a. and b., in which case the temporary and provisional license shall be immediately revoked.

c. An applicant may provide the rest of the documentation required above in order to receive a license, or the applicant may only provide the information necessary for the issuance of a temporary and provisional license.

d. The Department shall require an applicant to hold a current NREMT certification if the applicant is licensed in another state that does not offer reciprocity to Arkansas residents that is similar to reciprocity to out-of-state applicants in A.C.A. §17-1-108.

e. Reciprocity in another state will be considered similar to reciprocity under A.C.A. §17-1-108 if the reciprocity provisions in the other state:

1) Provide the least restrictive path to licensure for Arkansas applicants;

2) Does not require Arkansas applicants to participate in the apprenticeship, education, or training required as a prerequisite to licensure of a new professional in that state, except that the state may require Arkansas applicants to participate in continuing education or training that is required for all professionals in that state to maintain licensure.

3) Does not require Arkansas applicants to take a state-specified education unless required under the same conditions described in A.C.A. §17-1-108.

SECTION IX. HOSPITAL STAFFING

A. ~~In order for~~For an Arkansas licensed EMSP to perform skills for which they are licensed within a hospital, the EMSP shall ensure that the following actions have been taken by the hospital:

1. The medical staff must approve the privileges granted to the individual EMSP with the concurrence of the hospital's governing body. Specific policies governing the supervision and the procedures to be performed by the EMSP must be developed by the hospital medical staff and ~~also~~ approved by the hospital's governing body. EMSP's may not perform a procedure on a patient in a hospital that ~~he or she is not licensed to perform~~is outside of the scope of practice for his or her licensure level.

2. Approved EMSP~~'~~s in a hospital setting must function in accordance with the supervising physician's orders and under the direct supervision of either the physician or the registered nurse responsible for emergency services within a hospital.

3. In addition, with hospital concurrence, students in Department of Health approved EMSP training programs must be trained by qualified personnel within the hospital under guidelines established by the medical staff and approved by the hospital's governing body.

4. A roster with the delineation of privileges shall be maintained and readily available to the Department.

SECTION X. GENERAL TRAINING SITE AND EMS EDUCATION REQUIREMENTS

A. The following section pertains to all EMSP training sites.

1. All Arkansas EMSP training sites must be accredited by the Department of Health following the Department's Emergency Medical Services ~~-~~Accreditation Manual.

~~1.~~2. Paramedic training sites shall be accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) and the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP) using current accreditation standards.

~~2.~~3. The Department shall review all Arkansas EMS Education Programs and EMSP courses ~~and EMS Education Programs~~ (EEP) prior to the beginning of any period of instruction.

4. EMS education programs are required to submit all applicable paperwork in the timeframe specified by the Department of Health.

5. EMS education programs must ensure students meet minimum educational requirements for eligibility to sit for the NREMT exam.

~~3.~~6. Classes shall be conducted in an environment conducive to learning

~~4.~~7. Trainees must be in uniform with a standard means of identification when engaged in patient care.

~~5.~~8. Education courses must follow the ~~nationally accepted~~current National Highway Traffic Safety Administration's EMS Education Standards.

9. EMT instructors must be either an Arkansas licensed physician or an Arkansas licensed EMSP-instructor ~~at any level~~the EMT level or above.

~~6.~~10. Paramedic ~~courses~~ programs must ~~follow the accreditation requirements set forth by~~keep active accreditation from the Commission on Accreditation of Allied Health Education Programs (CAAHEP) and the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP) and comply with all requirements set forth by the Department.

11. The EMS education program's medical director shall meet all requirements detailed in Section I. The medical director shall hold a current Advanced Cardiac Life Support (ACLS) certification or be American Board of Emergency Medicine certified or eligible by the American Board of Emergency Medicine or by the American Osteopathic Board of Internal Medicine.

12. Physicians acting as medical directors for EMS education programs recognized by the Department, that require clinical and field internship performance by students, may delegate authority to a student in training:

a. ~~during~~ During their performance of the EMS education program required medical acts; and

~~a.~~b. ~~and only~~ Only while under the control of the Department approved education program.

~~7.~~13. Off-site ~~Courses~~ satellite and hybrid courses must be affiliated with a Department approved education program and must meet the following:

a. All EMT and AEMT instructor requirements remain the same as if the course is conducted at the EMS Education Program.

b. The off-site facility where the class is located must receive ~~meet with~~ the written approval of both the sponsoring institution and the Department.

~~c.~~ Written documentation shall verify ~~one of the following concerning equipment.~~

c. ~~All~~ all equipment needed for the course as required by the Department is available at the course location and is not removed from any permitted ambulance.

d. The Department must inspect the location and equipment prior to approval of application for a new Arkansas training site and prior to the start of any course. The Department staff may inspect the course location at any time during the course.

~~Or~~

~~1) The EMS education program sponsor provides all equipment. For offsite courses, due to loading/transport/use time, that set of equipment cannot be considered available for any other course during that specific time period unless a policy exists requiring return within a certain time frame.~~

~~Or~~

~~2) Equipment used for the course may be provided as a combined effort by the EMS Education Program and the location where the course is offered. Such an agreement must be signed prior to submission of the course request form, and must be submitted with it.~~

B. Sponsorship of multiple courses

1. Any Department approved EMS Education Program (EEP) may offer concurrent courses ~~providing the following criterion has been met~~if there is:

   a. ~~There must be~~ Adequate equipment available for each course offered to ensure that each student has appropriate access to each needed item; and~~.~~

   b. Adequate number of Arkansas EMSP-Instructors for all proposed courses.

~~C. EMS education programs must submit all applicable paperwork in the time frame specified by the Department.~~

~~D. EMS education programs must ensure students meet minimum educational requirements for the national certifying examination.~~

~~E. Any potential site wishing to apply to be a paramedic training site must:~~

~~1. Meet Arkansas requirements as listed in the Section of EMS Accreditation Manual for EMT, AEMT, and EMT bridge courses.~~

~~2. Submit their application and site review to the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP), and in pending status for a site visit.~~

~~3. Be awaiting the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP) site visit.~~

~~Full accreditation by the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP) and Committee on Allied Health Education and Accreditation (CAHEA) shall be attained or be in the process of accreditation as documented by a letter from CoAEMSP prior to authorization of the subsequent class.~~

~~F.~~C. Psychomotor testing (skills verification)

1. AEMT and paramedic psychomotor testing will follow the guidelines outlined in the ~~NREMT Exam Coordinator Manuals~~National Registry of Emergency Medical Technicians. Any deviation from these requirements must be approved by the National Registry of Emergency Medical Technicians in writing prior to the exam.

2. EMT ~~psychomotor testing~~skills verification will follow all guidelines outlined in the ~~Psychomotor Skills Exam Coordinator User Guide~~Department's Emergency Medical Services Accreditation Manual. Any deviation from these requirements must be approved by the Department in writing prior to the ~~exam~~final skills verification.

SECTION XI. EMS EDUCATION PROGRAM REQUIREMENTS BY LEVEL

A. Emergency Medical Responder education programs

1. The Department of Health shall approve all EMR courses prior to the beginning of any period of instruction.

2. EMR training may only be sponsored by a Department approved EMS education program. Any Arkansas licensed ambulance service applying for accreditation and approval by the Department, must be a licensed EMT service or hold an Arkansas Department of Higher Education Private Career Education license.

3. Primary lead EMR instructors must be Arkansas licensed EMSP-Instructors.

4. Only those students from a Department of Health approved EMS education program that have successfully completed all course requirements as documented by the instructor will be allowed to challenge the NREMT certification exam.

B. Emergency Medical Technician education programs

1. The Department shall approve all EMT courses and training sites prior to the beginning of any period of instruction.

2. EMT training may be sponsored only by a Department approved EMS education program. Any Arkansas licensed ambulance service applying for accreditation and approval by the Department for an EMS education program must be a licensed EMT service and hold an Arkansas Department of Higher Education Private Career Education License.

3. Primary EMT instructors must be either Arkansas licensed physicians or Arkansas licensed EMSP- Instructor at the EMT level or higher.

4. EMT educational programs must follow the current National Highway Traffic Safety Administration's National EMS Education Standards.

5. Only those students from a Department of Health accredited EMS educational facility that have successfully completed all course requirements as documented by the instructor and medical director will be allowed to challenge the NREMT certification examination.

6. Clinical and field training:

   a. Clinical and field training hours must meet or exceed the current National Highway Traffic Safety Administration's EMS Education Standards.

   b. Clinical phases of training are recommended and should be conducted within a medical facility with hospital concurrence following the Department's Emergency Medical Services Accreditation Manual.

   c. During clinicals EMT students will be trained, within the hospital or medical facility, by qualified personnel under guidelines and requirements stated in the curriculum and approved by the facility's governing body during clinical phases of training.

   d. If using a medical facility for clinicals, there shall be an academic as well as a clinical atmosphere. Trainees must be in uniform with a standard means of identification when engaged in the patient care and clinical portions of the program.

   e. Field training must be completed with an Arkansas licensed ambulance service approved by the Department with which there is an affiliation agreement allowing students to actively participate in patient care. The student must be in the patient compartment during transport.

C. Advanced EMT education programs

1. AEMT curriculum, evaluations, clinical and field internships will be developed and approved by the Department of Health Emergency Medical Services Accreditation Manual for initial training sites and follow AEMT policies set forth by the Department of Health.

2. All training sites must complete the Department required self-study and pass a training site inspection at their level.

3. The Department of Health shall approve all AEMT courses and training sites prior to the beginning of any periods of instruction.

4. AEMT training shall be sponsored only by a Department of Health approved EMS program. Any Arkansas licensed ambulance service applying for accreditation and approval for an AEMT education program by the Department of Health must be an Arkansas licensed AEMT or paramedic service and hold a current Arkansas Department of Higher Education Private Career Education License. The training site will follow all Department requirements for new training sites according to the Department of Health's Emergency Medical Services Accreditation Manual.

5. Primary AEMT instructors must be either Arkansas licensed physicians or Arkansas licensed EMSP-Instructor, at the AEMT level or higher.

6. AEMT courses must follow the current National Highway Traffic Safety Administration's EMS Education Standards.

7. There shall be an academic as well as a clinical atmosphere.

8. Only those students from a Department of Health accredited EMS educational facility that have successfully completed all course requirements as documented by their instructor and medical director will be allowed to challenge the NREMT certification examination.

9. All AEMT students must be an Arkansas licensed EMT prior to any clinical or field training that involves patient care.

10. Medical facility training:

    a. Clinical phases of training will be conducted within a medical facility with hospital concurrence with signed affiliation agreements.

    b. AEMT students will be trained, within the hospital or medical facility, by qualified personnel under guidelines and requirements stated in the curriculum and approved by the medical staff and the facility's governing body during clinical phases of training with appropriate oversight and written affiliation agreement.

    c. Students must be in uniform with a standard means of identification when engaged in the patient care and clinical portions of the program.

11. Field internship:

    a. Internship must be completed with an Arkansas licensed paramedic or AEMT licensed ambulance service approved by the Department of Health with which there is an affiliation agreement allowing students to actively participate in patient care. The student must be in the patient compartment during transport and always have direct supervision by a licensed AEMT or paramedic.

D. Paramedic education programs

~~A. Paramedic EMS Education Programs~~

1. All current Arkansas paramedic and community paramedic education programs must complete one (1) of the following prior to starting a paramedic or community paramedic education program:

    a. Achieved accreditation by ~~a National Accrediting Organization or body as recognized by the Office such as~~ the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP) and have submitted all Department required paperwork, including the self-study; or.

    b. Have submitted all Department required paperwork, including the self-study, and be awaiting the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP) site visit or holds a CoAEMSP official letter of review.

2. Any potential qualifying institution wishing to apply to be a paramedic or community paramedic education program must:

   a. Meet Arkansas requirements as listed in the Arkansas Department of Health's Emergency Medical Services Accreditation Manual for initial Arkansas EMSP courses;

   b. Submit their application and site review to the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP); and

   c. Be scheduled for the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP) site visit.

3. Full accreditation by the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP) and the Committee on Allied Health Education and Accreditation (CAHEA) shall be attained as documented by a letter from CoAEMSP prior to Department of Health approval.

~~B.~~E. Paramedic Training

~~1. Paramedic curriculum, evaluations, clinical and field internship will be developed and approved by the accredited EMS education facility.~~

~~2. The Department shall approve all paramedic courses and EMS Education Program locations prior to the beginning of any period of instruction.~~

~~3. Paramedic programs must obtain and maintain accreditation by the National Accreditation Agency, the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP).~~

~~4.~~1. Medical Facility training

   a. Clinical phases of training will be conducted within a medical facility as approved by the educational program's medical director.

   b. Paramedic students will be educated, within the hospital or medical facility by qualified personnel under guidelines and requirements stated in the curriculum and approved by the medical ~~facilities~~ facility's governing body during clinical phases of training with appropriate oversight and written affiliation agreement.

   ~~c. There must be a medical director designated, having emergency department experience, who meets the requirements in Section I. holding current Advanced Cardiac Life Support (ACLS) credentials or is board certified or board eligible by the American Board of Emergency Medicine or by the American Board of Osteopathic Medicine or licensed in emergency medicine.~~

~~5.~~2. Field Internship

Internship must be completed with an Arkansas licensed paramedic ambulance service ~~or a service that meets the requirements of the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP) and~~ approved by the Department. There shall be a written agreement allowing students to actively participate in patient care. The student must be in the patient compartment during transport and always have direct supervision by a licensed paramedic ~~at all times~~.

~~6.~~3. Only those students from CoAEMSP accredited Department approved programs ~~and~~ who are recommended by their instructor and medical director will be allowed to challenge the NREMT certification examination and obtain an Arkansas ~~EMS~~ paramedic license.

~~7. There must be a medical director designated, having emergency department experience, who meets the requirements in Section I., holding current Advanced Cardiac Life Support (ACLS) credentials or is Board certified or board eligible by the American Board of Emergency Medicine or by the American Board of Osteopathic Medicine or Licensed in Emergency Medicine.~~

~~C.~~F. Community Paramedic

1. Community paramedic ~~curriculum,~~ evaluations~~,~~ and clinical and field internship will follow the ~~state~~ Department approved community paramedic curriculum and consist of a minimum of ~~(300)~~one hundred sixty (160) hours of didactic ~~classroom and~~ clinical education hours. Twenty percent (20%) of the patient contacts in each subtopic outlined below may be made with in a Department licensed community paramedic service. The curriculum shall include the following minimum patient contacts:

   a. Public Health and Collaboration (Public Health Clinic)

      1) Must observe six (6) immunizations in the following age categories- adult and pediatrics.

      2) Must observe reporting of communicable diseases.

   b. Public Health and Collaboration (Home Health)- All experiences within the home health setting must be completed with a home health registered nurse or other designated provider as outlined below.

      1) Six (6) home safety evaluation and inspections must observe and participate

      2) Twenty (20) patient contacts to include:

         (i) Home health patient assessments- observe and participate

         (ii) Patient documentation/charting at home visits

         (iii)Medication reconciliation with patient- observe and participate

      3) Ten (10) contacts with patients in each of the following categories:

(i) CHF assessment and management plan- observe and participate

(ii) COPD assessment and management plan- observe and participate

(iii)Diabetic related illness issues- participate

(iv)Neurological conditions (CVA, TBI, MS, etc.)- observe and participate

(v) Wound care

c. Social determinants

d. Hospice

1) Ten (10) home visits to include the following:

(i) Nursing services

(ii) Social services

(iii)Chaplain services

2) Ten (10) patient contacts addressing palliative care and/or pain management

3) Review three (3) hospice criteria for the patient referrals

4) Two (2) in-depth instructional trainings on in-home medication pump operations

e. Clinic (any medical facility setting)

1) Five (5) urine specimen collections

2) Five (5) wound, throat, nasal, sputum, or related cultures

3) Five (5) health promotion studies education- HAIC, cholesterol, colonoscopy, etc.

4) Ten (10) otoscope- observe and use

f. Hospital

1) Twenty-four (24) hours of hospital case management to include but not limited to:

(i) Discharge planning

(ii) Utilization review

(iii)Case management

g. Public Health Clinic

1) Individuals must observe a minimum of eight (8) hours in the public health setting.

h. General Settings- The following may take place in any care setting to include but not limited to an emergency department, physical therapy, home health, or public health clinic.

1) Ten (10) patient contacts involving instruction and use of crutches, wheelchairs, walkers, canes, hospital beds, Hoyer lifts, and slide boards.

2) Ten (10) uses in the access of central lines, ports, ileostomies, foley catheters, PEG tubes, and wound management.

2. The Department of Health shall approve all community paramedic courses and EMS education program locations prior to the beginning of any period of instruction.

3. Community paramedic programs must obtain and maintain active paramedic training site accreditation ~~by the National Accreditation Agency,~~ the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP).

4. Primary instructors must be either Arkansas licensed physicians, registered nurses, or Arkansas licensed paramedic/EMSP-instructors~~, or subject matter experts in the fields they are representing~~.

5. There shall be an academic as well as a clinical atmosphere. Community paramedic students must have a standard means of identification when engaged in the patient care and clinical portions of the community paramedic program.

6. Community paramedic clinical internship

a. Clinical experience shall be provided under the supervision of a community paramedic service medical director, advanced practice registered nurse, physician assistant, or home health ~~registered~~ nurse ~~or other licensed healthcare provider that is a subject matter expert in the clinical field they represent~~.

b. Community paramedics will be educated within the hospital or medical facility by qualified personnel under guidelines and requirements stated in the curriculum and approved by the medical facility's governing body during clinical phases of training with appropriate oversight and written affiliation agreements.

~~b. Required clinical contacts can be found in Appendix 3~~

c. Areas of clinical experience shall include at a minimum:

1) ~~Emergency department services~~Social determinants;

2) Home health services;

3) Hospital case management; and

4) Public health agencies services

~~D. AEMT Training~~

~~1. AEMT curriculum, evaluations, clinical and field internships will be developed and approved by the Department accredited EMS Accreditation Manual.~~

~~2. The Department shall approve all AEMT courses and training sites prior to the beginning of any periods of instruction.~~

~~3. AEMT training may be sponsored only by a higher education institution that has affiliation with an Arkansas licensed hospital or a Department approved EMS program. Any Arkansas licensed ambulance service applying for accreditation and approval by the Department must be a licensed advanced life support (ALS) service and hold an Arkansas Department of Higher Education Private Career Education License.~~

~~4. Primary Instructors must be either Arkansas licensed physicians or EMSP Instructor at the AEMT level or higher.~~

~~5. AEMT training sites must follow AEMT policies as set forth in the Section of EMS Accreditation Manual for EMT, AEMT, and EMT bridge courses.~~

~~6. The Department will review the course of instruction and minimum recommended number of hours of total instruction.~~

~~7. There shall be an academic as well as a clinical atmosphere. Trainees must be in uniform with a standard means of identification when engaged in the patient care and clinical portions of the program.~~

~~8. Only those students from an accredited EMS educational facility and recommended by their instructor and medical director will be allowed to challenge the NREMT certification examination.~~

~~9. There must be a medical director designated, having emergency department experience, who meets the requirements in Section 1., holding current Advanced Cardiac Life Support (ACLS) credentials or is board certified or board eligible by the American Board of Emergency Medicine or by the American Board of Osteopathic Medicine or licensed in emergency medicine.~~

~~a. Medical facility clinical phases of training will be conducted within a medical facility with hospital concurrence.~~

~~b. AEMT students will be trained, within the hospital or medical facility, by qualified personnel under guidelines and requirements stated in the curriculum and approved by the medical staff and the facilities governing body during clinical phases of training.~~

~~10. Field Internship~~

a. Internship must be completed with an Arkansas licensed paramedic or AEMT licensed ambulance service or a service that meets the requirements of the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP) and approved by the Department with which there is an agreement allowing students to actively participate in patient care. The student must be in the patient compartment during transport.

E. Emergency Medical Technician Training

1. The Department shall approve all EMT courses and EMS education program locations (not previously approved) prior to the beginning of any periods of instruction.

2. EMT training may be sponsored only by a higher education institution that is affiliated with an Arkansas licensed hospital or a Department approved EMS Education Program. Any Arkansas licensed ambulance service applying for accreditation and approval by the Department, must be a licensed advanced life support (ALS) service and hold an Arkansas Department of Higher Education private career education license.

3. Primary instructors must be either Arkansas licensed physicians or licensed EMSP instructors.

4. The Department will review the course of instruction and minimum number of hours of total instruction prior to the course starting.

5. There shall be an academic as well as a clinical atmosphere. Trainees must be in uniform with a standard means of identification when engaged in the patient care and clinical portions of the program.

6. Only those students from an accredited EMS educational facility that have successfully completed all course requirements as documented by the instructor and medical director will be allowed to challenge the NREMT certification examination.

7. There must be a medical director designated for the training facility having provided care in an emergency room and meets the requirements in Section I., holding a current Advanced Cardiac Life Support (ACLS) credentials or is board certified or board eligible by the American Board of Emergency Medicine or by the American Board of Osteopathic Medicine or licensed in emergency medicine.

8. Medical Facility Training

a. Clinical phases of training will be conducted within a medical facility with hospital concurrence.

b. EMT students will be trained, within the hospital or medical facility, by qualified personnel under guidelines and requirements stated in the curriculum and approved by the facility's governing body during clinical phases of training.

9. Field Internship

~~a. Internship must be completed with an Arkansas licensed ambulance service or a service that meets the requirements of the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP) and approved by the Department with which there is an agreement allowing students to actively participate in patient care. The student must be in the patient compartment during transport.~~

~~F.~~G. EMSP-Instructor education program ~~for EMSP -Instructor Courses~~

1. Requirements to conduct an EMS-Instructor course are as follows:

   a. ~~The course~~ Must be Department of Health approved forty (40) hour course, National Association of EMS Educators, or International Fire Service Accreditation Congress course, sponsored by an Arkansas approved EMS education program in affiliation with an educational ~~institution (Vo-Tech School, Technical College, Community College, four-year college or university)~~program.

   b. All courses must be ~~reviewed~~ approved by the Department prior to ~~starting~~the beginning of instruction.

   c. All courses must follow the current National Highway Traffic Safety Administration's EMS Education Standards instructor guidelines for their level.

   d. An individual who holds a Bachelor's Degree, or higher must assist with the course.

2. EVO certification programs

   a. The Department of Health shall approve all EVO courses prior to the beginning of any periods of instruction.

   b. EVO training must follow a nationally recognized first responder course with a minimum of forty (40) hours of training that includes an emergency vehicle operator driving skills component.

   c. Primary EVO instructors must be Arkansas licensed EMSP-Instructors.

~~2. The EMS-Instructor Trainer must submit the following information to the Department:~~

~~a. A curriculum vitae of all instructional staff.~~

~~b. Copy of course curriculum.~~

~~c. Copy of current Basic Life Support (BLS) instructor card.~~

~~d. Application/written request to conduct an instructor course (Instructor/Site Representative must receive approval letter from the Department prior to starting course).~~

~~e. List of applicants for verification/approval of EMSP status by the Department.~~

~~3. Upon completion of EMT-Instructor course, the Instructor Trainer must submit end of course documentation including a list of students who successfully completed the course.~~

~~4. Each student successfully completing the EMS-Instructor course will be responsible for completing the requirements outlined in Section XIII.~~

SECTION XII. EMSP EDUCATION ~~STANDARDS AND LICENSURE REQUIREMENTS~~PROGRAM PREREQUISITES

No person is eligible to provide care, as defined in these Rules, without a current Arkansas EMSP license. Requirements for licensure include:

A. AEMT pre-requisites for education program

1. Hold a current state EMT license. Those that do not hold an Arkansas license must obtain Arkansas licensure with NREMT certification prior to beginning any field or clinical internship.

2. Department of Health approved CPR certification (must follow current American Heart Association guidelines and require a hands-on skills component) prior to beginning any field or clinical internship.

~~A.~~B. Paramedic prerequisites for an education program:

~~1. Pre-requisites for an education program~~

~~2.~~1. Hold~~s any~~ a current state EMT license or AEMT licensure. Military must hold a current NREMT EMT or AEMT license. Those that do not hold an Arkansas license must obtain Arkansas licensure with NREMT certification prior to beginning any field or clinical internship; and~~.~~

~~3.~~2. ~~Copy of a current Basic Life Support~~Department approved CPR ~~card~~ certification (must follow current American Heart Association guidelines and require a hands-on skills component) prior to beginning any field or clinical internship.

~~4.~~3. Pre-requisites for field~~/~~ and clinical participation

a. Candidate must be an Arkansas licensed EMT or an Arkansas licensed AEMT prior to starting any field or clinical participation and maintain licensure throughout the field and clinical training.

~~a. Candidate must be Arkansas licensed EMT or an Arkansas AEMT prior to starting any field or clinical participation and maintain licensure throughout the field/clinical training.~~

~~5. Pre-requisites for testing~~

~~a. Currently licensed as an Arkansas EMSP.~~

~~b. Successful completion of a Department approved paramedic course.~~

~~c. Copy of a current Basic Life Support CPR card (Must follow current American Heart Association Guidelines and require a hands-on skills component).~~

~~d. Submit a copy of a current American Heart Association Advanced Cardiac Life Support (ACLS) card.~~

~~6. Licensure requirements~~

~~a. Successful completion of the NREMT certification examination including both didactic and psychomotor exams.~~

~~B.~~C. Community Paramedic pre-requisites for an education program

~~1. Pre-requisites for an education program~~

~~2.~~1. Hold~~s~~ a current Arkansas paramedic license;~~.~~

~~3.~~2. Hold~~s~~ a current ~~Basic Life Support~~Department approved CPR ~~card~~ certification (must follow current American Heart Association guidelines and require a hands-on skills component) prior to beginning any field or clinical internship; and~~.~~

~~4.~~3. Hold~~s~~ a current ~~American Heart Association Advanced Cardiac Life Support~~Department approved ~~(~~ACLS~~) card~~ certification.

~~5. Pre-requisites for testing~~

~~a. Meets all requirements outlined in Section XIII. B. 1. A-c.~~

~~b. Successful completion of a Department approved community paramedic course.~~

~~6. Licensure requirements~~

~~a. Have two (2) years of full-time service as a paramedic and actively employed by a licensed paramedic service. Prospective EMSPs shall submit a letter from a licensed paramedic service indicating a minimum of 1000 hours worked per year for two (2) years and confirming that they are actively employed by that service.~~

~~b. Community paramedic licensure will run concurrent with the current EMSP expiration date.~~

~~C. Advanced Emergency Medical Technician~~

~~1. Pre-requisites for education program~~

~~a. Successful completion of a Department approved EMT course or holds a current state EMT license/certification from another state with a current NREMT certification card, or military personnel who hold current NREMT certification.~~

~~b. Copy of a current Basic Life Support CPR card (Must follow current American Heart Association Guidelines and require a hands-on skills component) prior to beginning any field or clinical internship.~~

~~2. Pre-requisites for field/clinical participation~~

~~a. Candidate must be a current Arkansas licensed EMT prior to starting any field or clinical participation and maintain licensure throughout the field/clinical training.~~

~~3. Pre-requisites for testing~~

~~a. Currently licensed as an Arkansas EMT.~~

~~b. Successful completion of a Department approved AEMT program.~~

~~c. Copy of a current signed Basic Life Support CPR card (Must follow current American Heart Association Guidelines and require a hands-on skills component) documenting completion of a CPR course designed specifically for healthcare providers.~~

~~4. Licensure requirements~~

~~a. Successfully complete the NREMT AEMT certification examination including both didactic and psychomotor exams.~~

~~D. Emergency Medical Technician~~

~~1. Licensure requirements~~

~~a. Licensure shall be based on successful completion of a Department approved EMT course including all didactic, clinical and field internship requirements.~~

~~b. Successfully complete the Arkansas psychomotor skills examination and the National Registry of EMTs didactic examination.~~

~~c. Copy of a current signed Basic Life Support CPR card (Must follow current American Heart Association Guidelines and require a hands-on skills component) documenting completion of a CPR course designed specifically for healthcare providers.~~

~~E.~~D. ~~Emergency Medical Service Personnel~~EMSP ~~-~~ Instructor

1. Instructor licensure will run concurrent with the current EMSP expiration date.

2. Instructor candidate education requirements:

   a. Currently licensed ~~Arkansas~~ EMSP for a minimum of two (2) years at level of sought instructor;~~.~~

   b. Licensed as an EMSP continuously from any state, national status, or military for a minimum of two (2) years and currently licensed as an Arkansas EMSP;~~.~~

c. ~~Current Basic Life Support~~Department of Health approved CPR instructor ~~card~~ certification (must follow current American Heart Association guidelines and require a hands-on skills component); and~~.~~

d. Successfully complete a ~~Section~~ Department approved forty (40) hour ~~EMSP~~ EMSP-Instructor course or holds a minimum of a bachelor~~'~~'s degree in education. For successful completion of the forty (40) hour ~~EMSP~~ EMSP-Instructor course, students must complete the end of course didactic examination with a minimum score 80%~~,~~ and meet all other course requirements.

~~3. Upon completion of the instructor requirements listed above, the instructor candidates will be placed on provisional status. Provisional instructors must complete the following within twelve (12) months of completion of the instructor course. Failure to complete these requirements within the twelve (12) month period, will require the candidate to repeat the instructor course:~~

~~a. Instruct an initial EMT course or an approved forty (40) hour EMT Refresher that is sponsored by a Department approved EMS education program as long as all of the following requirements have been met:~~

~~1) Provisional instructors choosing to teach a forty (40) hour refresher program to meet this requirement shall be licensed for a minimum of two (2) consecutive years at the level they will teach.~~

~~b.~~c. All courses taught must be sponsored by a Department approved EMS education program.

~~c.~~f. All courses must be approved by the Department prior to starting (Instructor/Program Director must receive approval notification from the Department prior to starting the course)

~~d.~~g. Submit a ~~letter of recommendation from the training site representative~~letter of affiliation by program director of an accredited EMS education program with the application.

~~e.~~h. Current Basic Life Support CPR instructor card (must follow current American Heart Association Guidelines and require a hands-on skills component)

~~1) The Provisional instructor shall teach a minimum of twelve (12) hours of the first course and must be monitored for a minimum of five (5) hours by one (1) of the following:~~

~~(i) The Candidate's instructor trainer~~

~~(ii) EMS instructor approved by the Department~~

~~(iii)Training site representative~~

~~F.~~E. ~~EMSP~~ EMSP-Instructor ~~Teaching Advanced Courses~~for AEMTs and paramedics

1. EMSP-Instructors ~~AEMTs~~ who apply to teach an AEMT course must meet the following:

   a. EMSP-Instructor shall hold ~~an EMSP instructor license~~a current BLS Instructor certification; and.

   b. ~~Been~~ Licensed as an AEMT or paramedic for a minimum of two (2) years.

2. EMSP-Instructor ~~Paramedics~~ who apply to teach ~~an AEMT or~~a paramedic course must meet the following:

   a. EMSP-Instructor license;

   b. Licensed as a paramedic for a minimum of two (2) years;

   ~~a.~~c. Hold a current BLS Instructor certification; and~~Hold an EMSP instructor license.~~

   ~~b.~~d. Hold a current ACLS Instructor ~~card~~certification.

   ~~c. Have been licensed as an Arkansas paramedic for a minimum of two (2) years~~

~~G.~~F. EMSP-Instructor ~~EMSP Educator~~ Trainer

1. All ~~of~~ the following eligibility requirements must be met for EMSP-Instructors ~~EMSP instructors~~ to become an EMSP-Instructor ~~EMSP Educator~~ Trainer:

   a. Arkansas licensed EMSP;

   b. Licensed continuously for two (2) years ~~in EMS~~ as an EMSP-Instructor~~EMSP instructor.~~;

   c. Sponsored by an Arkansas approved EMS educational program~~.~~; and

   d. A minimum of an associate degree ~~in an Allied Health Field, Education, or Emergency Management~~.

SECTION XIII. DRUGS AND PHARMACEUTICALS

A. Notice of inspection

1. Investigators and inspectors for Pharmacy Services and Drug Control Section of the Department of Health, and the ~~Arkansas~~ Department ~~of Health~~, are directed to make investigations, inspections and, make copies of the records and orders, wherever located, of all services licensed by the Department in order to determine whether or not said licensed ambulance services have violated the laws of the State of Arkansas respecting prescribing and using of narcotics and other drugs and whether or not said services have violated the provisions of the law.

B. Registration

1. A separate registration in the name of the medical director (physician) is required for each service license place of business at one (1) general physical location where controlled substances are maintained or distributed to ambulances specifically licensed to maintain drugs. Each registration must contain the physician's name, ambulance service name, and the physical address at which the controlled substances are maintained or distributed.

C. Security

1. The controlled substances storage area at the ambulance service's physical location shall be accessible only to specifically authorized employees.

2. The licensee shall provide adequate security for all legend (prescription) drugs on-board all registered vehicles. Schedule II drugs have a separate requirement for security that also must be complied with by the licensee.

3. All controlled substances shall be stored under a mounted double lock security. All other prescription drugs shall be stored under a single lock security

D. Procedure in case of loss of controlled substances

1. Each licensed ambulance service or medical director shall notify the ~~Office of~~ Pharmacy Services and Drug Control Section of the Department of Health, and ~~Arkansas~~ the Department ~~of Health~~ immediately upon discovery of any suspected loss, theft and/or other diversion of any controlled substance under their supervision. Additionally, 21 CFR ~~Part~~ § 1301.74 ~~(c)~~© requires notification of the Field Division Office of the United States Drug Enforcement Administration ~~(DEA)~~ in writing within one (1) business day of discovery of the theft or loss.

2. The original and one (1) copy of the United States Drug Enforcement Administration ~~DEA~~ Form 106 shall be sent to the United States Drug Enforcement Administration ~~DEA~~ Resident Office, and one (1) copy shall be sent to the Pharmacy Services and Drug Control Section within seven (7) days.

E. Records of controlled substances

1. The ambulance service medical director is responsible for maintaining accurate and complete records of such drugs received and a record of all such drugs administered, or professionally used otherwise. ~~* Exception:~~ Hospital based ambulance services follow the ~~(The hospital's~~hospital's United States Drug Enforcement Administration ~~DEA~~ Registration which allows for the drugs to be supplied to the service through the hospital pharmacy where records of administration and distribution are the responsibility of the hospital~~)~~.

2. Patient medical records (encounter forms), the controlled drug procurement, and disposition records are ~~The~~ the basic records ~~are: receipt and disposition~~ of controlled drugs ~~within the service, patient medical records (Encounter Forms), and the controlled drug procurement and disposition records~~.

3. The record shall in every case show the date of receipt, the name and address of the person or business from whom received and the kind and quantity of drugs received.

4. The record shall show: the drugs administered, date of administration, the name and address of the person to whom ~~or for whose use~~ the drugs were administered, and the kind and quantity of drugs.

5. Patient medication records shall consist of ~~at least,~~the following:

   a. ~~(a) physici~~'~~an's~~ Physician's order authorizing the dispensing and administration of medications (Standing Orders)~~;, (b)~~

   b. ~~medication~~ Medication administration record indicating the date, time and signature of the paramedic or other licensed healthcare provider administering controlled drugs to the patient~~,~~; and ~~(c)~~

   ~~a.~~c. ~~the~~ The paramedic or other licensed healthcare provider notes indicating the date, time, method of administration, and condition of the patient before and after the controlled drugs were administered and signature of the paramedic or other licensed healthcare provider administering the drug.

~~5. In addition to patie~~'~~nt's medical records, a record of the procurement and disposition of controlled drugs must be maintained.~~

6. The disposition record must reflect the actual dosage administered to the patient, the ~~patient's~~patient's name, date, time, and signature of the paramedic administering the controlled drug. Any error of entry on the disposition and procurement record shall follow a policy of correction of errors and accurate accountability. If the person who procures the controlled drug is not the person who administers the drug, then both persons must sign the disposition record.

7. When breakage or wastage of a controlled drug occurs, the amount administered, and the amount wasted must be recorded by the paramedic or other licensed healthcare provider who wasted the drug and verified by the signature of ~~a licensed healthcare provider and/or~~a nurse, nurse practitioner, physicians assistant, physician, or licensed paramedic who witnessed the wastage and how it was wasted at the receiving facility.

8. Adequate accountability does not require the use of a specific system or form. The system employed must be designed so that all requirements listed are met.

9. Each licensed ambulance service shall maintain inventory records in one consolidated record system. Records of Schedule II substances shall be maintained separately from all other records. Inventories of Schedule III, IV and V shall be maintained either separately from all other records or in such form that the information required is readily retrievable from the ordinary business records.

10. Every record shall be kept by the registrant and be readily retrievable and available for at least two (2) years from the date of the recording for inspection and copying by authorized

agents of the ~~Office of~~ Pharmacy Services and Drug Control Section~~,~~ of the ~~Arkansas~~ Department ~~of Health, or the Section of EMS~~or the Emergency Medical Services Section of the Department.

F. Surrender of unwanted controlled substances

1. Must be in accordance with the ~~Office of~~United States Drug Enforcement ~~Agency's~~ Administration's regulations regarding all controlled substances no longer usable due to deterioration, expired dating, or that are no longer used by the service.

G. Policies and procedures manual

1. A policies and procedures manual pertaining to drug handling shall be developed and submitted to the ~~Office of~~ Pharmacy Services and Drug Control Section of the Department for approval. This manual shall also be submitted to the Department. The manual shall include at a minimum the following:

a. Detailed job descriptions, duties, and responsibilities of each employee handling drugs.

b. Procedures for registration of the ambulance service medical director, security of drugs, complete record-keeping of drugs, and availability of records for inspection. Access should be limited ~~and limiting access~~ to one person responsible for the accountability during shift~~, accurate and complete record-keeping of drugs, and availability of records for inspection~~.

c. Procedures in case of loss of drugs, diversion, surrender of unwanted drugs, and wastage.

d. Services shall have a quality assurance process for all controlled substances that includes a routine audit process. Any discrepancies shall be immediately reported to the Emergency Medical Services Section of the Department and the United States Drug Enforcement Administration~~DEA~~.

e. Policy and procedure manuals must be updated with the Department annually at the time of ambulance service license renewal.

H. Storage of pharmaceuticals by licensed ambulance services

1. All pharmaceuticals ~~will~~ shall be stored in accordance with the instructions included in the package inserts of each drug. Factors such as heat, freezing, susceptibility to light, etc., are described in the insert, and all services will provide suitable storage to comply with the instructions.

2. Freezing is defined as storage at temperatures at or below ~~32~~ thirty-two (32° F) degrees Fahrenheit ~~(32 F)~~. Excessive heat is defined as temperatures at or above one hundred four (104° F) degrees Fahrenheit ~~(104F)~~. The licensee will provide protection of fluids and pharmaceuticals on units.

I. Additions to the required and optional drug lists

1. All additions to the optional drug list will be approved by the medical director, and approved by the Department, prior to implementing the drug and written into service protocols.

J. Purchasing drugs from hospitals

The policy of purchasing small quantities of legend drugs from hospital pharmacies by the ~~supervising physician~~medical director of non-hospital based ambulance services or EMS systems is acceptable. There is no requirement for hospitals to participate in this sale.

SECTION XIV. GUIDELINES FOR TRAUMATICALLY INJURED PATIENTS

A. Triage of traumatically injured patients

1. Licensed ambulance services shall appropriately triage all traumatically injured patients using the Field Triage Decision Scheme: The Arkansas Trauma Triage Protocol. ~~identified as Appendix 2.~~ The Lead EMSP will make the destination decision considering the Arkansas Trauma Communication Center (ATCC)~~ATCC~~ recommendation, patient's condition, the distance of travel, patient preference, and system status.

B. Urgent trauma transfers

1. ~~The following rules regarding the~~ The process for inter-facility trauma transfers applies to those services participating in the state's trauma system. Services not participating shall have written protocols addressing procedures for the timely inter-facility transfer of urgent trauma patients as defined below to appropriate adult or pediatric trauma centers based on ~~a~~ the patient's medical needs Any deviation from the ~~service's~~service's protocol shall be reviewed by the services medical director.

2. The need for an urgent trauma transfer exists when, in the opinion of the treating physician, two conditions are met:

   a. The immediate needs of the patient cannot be met in the sending facility due to lack of capability or capacity; and

   b. The patient's condition is such that failure to meet the immediate needs will likely result in loss of life, limb, fertility or permanent impairment that transfer to a higher level of care could potentially ameliorate.

3. The hospital seeking the urgent trauma transfer shall contact the ATCC to provide patient condition information and to obtain concurrence with the urgent trauma transfer classification. All urgent trauma transfers shall prompt involvement of the medical director of ATCC in real time.

4. The medical director shall verify the urgent nature of the transfer and concur there is reasonable evidence the two conditions of an urgent trauma transfer are met. If the above conditions are met and concurrence from ATCC is obtained, this transfer qualifies as an urgent trauma transfer.

5. Once the ATCC confirms the patient meets the criteria for urgent trauma transfer, the ATCC shall contact the EMS service identified by the transferring hospital to coordinate pick up. The ATCC shall confirm with the transferring hospital the time the patient will be ready for pick-up and communicate that to the EMS service. The sending hospital should contact the EMS service designated on the ATCC dashboard early in the process to allow the service as much advance notice as possible of the impending urgent transfer.

6. If the EMS service cannot be at the transferring hospital by the agreed upon time, a backfill service shall be contacted by the EMS service. Service area coverage is considered in place at the time the backfill agreement request is accepted. If the service is unable to secure a backfill agreement acceptance, the ATCC shall be available to assist with the backfill, but not to assume responsibility. The EMS service shall have ten (10) minutes to accept the transfer request and shall arrive at the hospital at time agreed upon between the transferring hospital and the EMS service. The patient and paperwork should be ready for transfer at that time.

7. All urgent trauma transfer requests shall prompt a review at the local Trauma Regional Advisory Council Performance Improvement (TRAC PI)~~TRAC PI~~ subcommittee to ensure that the system is being used appropriately, the urgent trauma transfer is accomplished in a timely manner, and that each segment of the system is ~~performed~~ performing its responsibilities. Potential abuses of the system shall be elevated to the state TRAC/PI subcommittee of the ~~TAC~~ Trauma Advisory Council (TAC) for adjudication and recommendation of action steps to the ~~ADH~~ Department of Health in order to prevent future abuses.

C. Non-urgent trauma transfers

1. If the transfer request does not meet the two criteria for an urgent transfer, yet the patient's injury requires a higher level of care, the transferring hospital shall call the ATCC to coordinate acceptance with the receiving hospital. The transferring hospital shall notify its EMS service and coordinate an appropriate time for patient pick-up. The EMS service shall have no less than one (1) hour to arrive at the transferring facility. The transferring hospital shall have the patient ready for pick-up by the agreed upon time.

SECTION XV. VIOLATIONS

A. Regulatory administration

1. Any authorized representative of the Department of Health shall have the right to enter the premises of any ambulance service, ~~or~~ permitted ambulance, or EMS education program at any time in order to make whatever inspection necessary in accordance with the minimum standards prescribed herein. Each service shall maintain and make available (during normal business hours) to the Department for inspection records including, but not limited to:

   a. Patient records;

   b. Equipment checks;

   c. EMSP certifications, continuing education, and credentialing;

d. Policies and procedures; and

e. Any document related to service licensure or EMS education program.

B. Penalty

1. The Department of Health may impose one (1) or more penalties for any offense committed hereunder, including revocation, suspension, or probation of a license, or any other discipline which is appropriate under the circumstances, including but not limited to requiring completion of education requirements or fines.

a. As to ambulance service licenses, pursuant to Arkansas Code §20-13- 1005, three formal citations during the license term for failure to comply with ~~Subchapter 10 of Chapter 13 of Subtitle 2 of Title 20 of the Arkansas Code~~Arkansas Code §20-13-1001, et seq.., and any rules promulgated by the Department and the State Board of Health~~of Health in~~ regarding ~~to~~ ambulance services shall result in revocation of the ambulance service license. However, the Arkansas State Board of Health and Department of Health are not limited in disciplinary action up to and including revocation of licensure in the event of fewer than three (3) formal citations.

b. Any non-licensed person found violating these rules may be prohibited from obtaining Arkansas state licensure for one (1) year. If such person does obtain Arkansas state licensure after one (1) year, they will be placed on Probation for their first two ~~(2)~~ year licensure period.

C. Offenses:

1. Conviction or~~,~~ pleading guilty~~,~~ or nolo contendere to any criminal offense listed in Arkansas Code ~~Ann.~~ §20-13-1106.

2. Demonstration of incompetence, knowingly or willfully violating these Rules, or other inability to provide adequate service.

3. ~~Violating any, as well as federal, state, or local laws, rules affecting, but not limited to, the practice of EMS.~~Violation of any local, state, or federal law or rules affecting the practice of EMS.

4. Any conduct ~~which~~ that is in violation of any criminal, civil, ~~and/~~or administrative code or statute.

5. Falsifying, destroying, ~~or~~ failing to make accurate, complete, ~~and/~~or clearly written or oral patient care reports documenting a patient's condition upon arrival at the scene, the prehospital care provided, and the patient's status during transport, including signs, symptoms, and responses during duration of transport per EMSP's ~~provider's~~ approved ~~policy~~protocol.

6. Disclosing confidential information or knowledge concerning a patient by any means of communication, except where required or allowed by law.

7. Causing or permitting physical or emotional abuse, ~~or~~ injury to a patient or the public, ~~and/~~or failing to report such abuse or injury to the EMSP's employer, the Department of Health, and appropriate legal authority, ~~and/or the Department~~ within twenty-four (24) hours after the event occurs (or the next business day within twenty-four (24) hours after the event, if earlier disclosure is not possible .

~~8. Failing to report to the employer, appropriate legal authority, or the Department, an event of abuse or injury to a patient or the public within twenty-four (24) hours (or the next business day within twenty-four (24) hours) after the event.~~

~~9.~~8.Failure to follow ~~the~~ their medical director's protocol, performing advanced level or invasive treatment without medical direction or supervision, or practicing beyond the scope of certification or licensure while on or off duty.

~~10.~~9. Failure ~~Failing~~ to respond to a call while on duty ~~and/~~or leaving duty assignment without proper authority.

~~11.~~10. Abandoning a patient.

~~12.~~11. Failing to comply with the terms of a Department approved consent agreement, ordered probation, or suspension.

~~13.~~12. Misrepresenting the level of any certification or licensure.

~~14.~~13. Misappropriating or failure to take precautions to prevent misappropriation of medications, supplies, equipment, personal items, or money belonging to the patient, employer, or any other person or entity.

~~15.~~14. Falsifying or altering, or assisting another in falsifying or altering, any Department application~~,~~ or EMS certificate or license; or using or possessing any such falsified or altered certificate or license.

~~16.~~15. Cheating ~~and/~~or assisting another to cheat on any examination, written or psychomotor, by any ~~provider~~ EMSP licensed by the Department or any institution or entity conducting EMS education ~~and/~~or training, or providing an EMS examination leading to obtaining licensure or renewing licensure.

~~17.~~16. Obtaining or attempting to obtain, ~~and/~~or assisting another in obtaining or attempting to obtain, any advantage, benefit, favor or gain by fraud, forgery, deception, misrepresentation, untruth or subterfuge.

~~18.~~17. Illegally possessing, dispensing, administering, ~~or~~ distributing, or attempting to illegally dispense, administer, or distribute, controlled substances as defined by ~~the~~ federal or state laws or rules, including but not limited to the Controlled Substances List promulgated by the State Board of Health.

~~19.~~18. Receiving disciplinary action relating to any ~~EMS certificate or license or another~~ healthcare provider ~~certificate~~ certification or ~~license~~ licensure issued in Arkansas or another

state or territory ~~or in a U.S. Territory or in another nation, or receiving disciplinary action relating to another health provider certificate or license issued in Arkansas~~.

~~20.~~19. ~~Failing~~ Failure or ~~refusing~~ refusal to ~~timely~~ give the Department full and complete information requested by the Department in a timely manner.

~~21.~~20. Failure ~~Failing~~ to notify the Department of being convicted or pleading guilty or nolo contendere of a criminal offense within ten (10) business days of the conviction or plea, other than any class C misdemeanor not related to EMS.

~~22.~~21. Failure ~~Failing~~ to notify the Department within five (5) business days of his or her being arrested, charged, or indicted for any criminal offense, other than any class C misdemeanor not directly related to EMS.

~~23.~~22. ~~Engaging~~ Engagement in any conduct that jeopardizes or has the potential to jeopardize the health or safety of any person.

~~24.~~23. Failure ~~Failure~~ of any drug screening test administered during an EMS work or volunteer shift, or within twelve (12) hours of the beginning or end of any such shift.

~~25.~~24. Resigning employment or refusing by the employee, of an employer drug screening test right before, after, or during an assigned EMS work or volunteer shift.

~~26.~~25. Failure ~~Failing~~ to maintain the requisite ~~of~~ skill, knowledge, and/or academic acuity to timely and/or accurately perform the duties or meet the responsibilities required of a licensed EMSP at appropriate licensure level that endangers the safety or welfare of patients and/or EMSP~~'~~s.

~~27.~~26. ~~Delegating~~ Delegation of medical functions to other personnel without approval from the medical director per approved protocols.

~~28.~~27. ~~Behaving in a disruptive manner or exhibiting unprofessional conduct~~Disruptive behavior or exhibition of unprofessional conduct toward other EMS personnel, law enforcement officers, firefighters, hospital personnel, other medical personnel, patients, family members, or others on the scene.

~~29.~~28. ~~Falsifying~~ Falsification or ~~altering~~ alteration of clinical ~~and/~~or internship documents for EMS students.

~~30.~~29. ~~Falsifying or failing~~Falsification or failure to complete daily readiness checks on EMS vehicles, medical supplies, ~~and/~~or equipment as required by EMS employers.

~~31.~~30. ~~Engaging~~ Engagement in acts of dishonesty that relate to the EMS profession.

~~32.~~31. Behavior that exploits the EMSP ~~personnel~~ patient relationship in a sexual way. This behavior is non-diagnostic ~~and/~~or non-therapeutic, may be verbal or physical, and may include expressions or gestures that have sexual connotations or that a reasonable person would construe as such.

~~33.~~32. ~~Falsifying~~ Falsification of, or making any false statements in, any information provided to or by the Department to include misrepresentation, fraud, or concealment including but not limited to applications for licensure, certification, or renewal of licensure or certification and continuing education requirements.

~~34.~~33. Acting negligently, neglectfully, or with intent to cause harm toward a patient or other person.

~~35.~~34. Reporting to duty or rendering patient care while under the influence of alcohol (according to current Arkansas ~~Legal~~ Code) illegal drugs, or illegally obtained drugs concurrent with state law.

~~36.~~35. Use of alcohol or any intoxicating substance ~~(other than as directed by a physician)~~ while on duty.

~~37.~~36. Providing false information to regulatory officials or willfully concealing known deficiencies during an inspection.

~~38.~~37. Conviction of driving under the influence of alcohol or ~~other~~ any intoxicating substance while on duty, on emergency response, or during patient transport.

~~39.~~38. Failure to report substance abuse of on-duty EMSP ~~personnel~~ to the Department.

~~40.~~39. Failure to follow accepted standards of care in the management of a patient or in response to a medical emergency.

~~41.~~40. ~~Using~~ Use of equipment ~~and/~~or ~~performing~~ performance of procedures beyond the EMSP's ~~level of~~ licensure level, scope of practice~~,~~ or the level of licensure of the ambulance service.

~~42.~~41. Unauthorized release or divulgence of confidential information to an unauthorized person or ~~using~~ use of confidential patient information by any means of communication for personal or financial benefit.

~~43.~~42. Providing care as an Arkansas EMSP, independently or with a licensed EMS service, while having a lapsed or expired Arkansas EMSP license.

~~44.~~43. Failure to accept or respond ~~or accept~~ official Departmental correspondence sent by certified mail.

~~45.~~44. Misappropriation, theft, stealing, ~~and/~~or embezzlement of EMS grants or equipment purchased under such grants.

~~46.~~45. Falsification of records related to ambulance service operations.

~~47.~~46. ~~Failing~~ Failure to provide patient information to a hospital or other health care facility in response to an authorized request.

~~48.~~47. ~~Failing~~ Failure to report to the Department actions regarding incompetent, unethical, or illegal practice by any EMSP.

~~49.~~48. ~~Requiring~~ Enactment a requirement or coercion of EMSPs ~~Personnel~~ to violate any EMS Rules or Arkansas law related to EMS. ~~or EMSP standards.~~

~~50.~~49. ~~Engaging~~ Engagement in the delivery of emergency medical services on a revoked, suspended, expired, or inactive Arkansas EMS license.

50. Alteration ~~of/or transferring~~or transfer of a vehicle permit from one vehicle to another.

51. ~~Operating~~ Operation of an ambulance or EMS vehicle that is not licensed, permitted, or insured.

52. Failure to follow all requirements concerning drugs and pharmaceuticals.

53. Carrying ~~and/~~or using equipment not approved by the Department for ~~the~~ licensure level by a licensed ambulance service or EMSP.

54. ~~Using an EMT~~Use of an EMSP who ~~is~~ has a lapsed Arkansas license or is not Arkansas licensed to meet ambulance staffing requirements.

55. Failure to have all necessary equipment and non-expired supplies in licensed ambulances ~~for~~ at the level of licensure.

56. Failure to follow the manufacturer's recommendations for the use of medical equipment in a manner that causes harm to the patient.

57. Conviction of a violation of Federal Communications Commission (FCC) concurrent with federal laws ~~(FCC) Rules~~.

58. Falsification by the instructor of facts on student paperwork~~/~~ or applications.

59. Teaching an EMS related course that requires pre-approval from the Department without having that approval.

60. Abandonment of an approved ~~EMT~~ EMSP course.

61. Failure to complete and submit required documentation for all EMS students.

62. Failure to teach courses by the current National Highway Traffic Safety Administration's National Education Standard Curriculum.

63. Failure to observe recognized professional teaching standards.

64. Falsification of continuing education documentation.

65. Falsification by the training site of records related to courses or training.

66. Conduct or actions by the training site that results in harm to the health and safety of the student.

67. Failure to meet and maintain the criteria for EMS program approval as set by the Department or accrediting body.

68. Failure to allow the Department to inspect, observe, or evaluate EMS programs, including program personnel, facilities, classes, and clinical practice sessions.

69. Use of training personnel not competent for the type of training offered.

70. Failure to observe recognized professional standards in the course content and operation of the training program.

71. Failure to keep accurate and adequate records, of the names and addresses and type of training completed ~~of~~ by all attendees and graduates ~~and attendees~~ for a minimum of two (2) years.

72. Allowing an AEMT or paramedic student to participate in medical facility or field internship without being an Arkansas licensed EMT.

73. Failure to offer training consistent with the approved EMS education or ambulance service application.

D. Criteria for denial of EMSP licensure

1. An EMSP certification/license may be denied for the following reasons:

   a. ~~Failing~~ Failure to meet any requirements set forth in these rules or other applicable law.

   b. Previous conduct of the applicant during the performance of duties that are ~~similar to~~like those required of EMSP ~~personnel~~, whether performed as a volunteer or for compensation, which is contrary to acceptable standards of care or conduct for an EMSP ~~personnel~~, or contrary to accepted standards of conduct as described or required in these Rules.

   c. ~~Submitting~~ Submission of false information, or ~~failing~~ failure to disclose material facts, failure to disclose disciplinary action against any certification or licensed, ~~on~~ or in conjunction with any Arkansas initial or renewal application for certification or licensure ~~or renewal of certification or licensure~~.

   d. Staffing ~~an~~ a licensed EMS vehicle ~~deemed to be in service while~~ with an EMSP holding an expired, suspended, or revoked license or certification. ~~the person's previously issued certification or license is expired, suspended, or has been revoked.~~

   e. Any other fact, condition, or circumstance by which in the judgment of the Department of Health renders the applicant or renewal applicant unfit to practice as an EMSP.

E. Department of Health Hearing and Procedures

1. It shall be the ~~Departmental~~ Department's policy to use its discretionary right to consider all available information that is relevant and material.

2. The Department shall reserve the right to refrain from investigating complaints alleging violation until the complaint is ~~reduced~~ received in writing and filed with the Department stating the nature of the alleged violation, the date, and the name of the person submitting the complaint.

3. If the Department's investigation concludes that the charges brought against a licensed service or licensed EMSP are warranted, the matter shall be brought before the Arkansas ~~Department~~ State Board of Health following the current administrative rules process adopted by the State of Arkansas.

4. In informal Department~~al~~ hearings, a person may appear in person and represent himself, or be represented by an attorney at law.

5. Two types of hearings

   a. Informal - those normally held for the purpose of obtaining necessary or useful information before the Department.

   b. Formal - those held for the purpose of adjudication of rights before the Department.

6. Where, in the opinion of the Department, the public's health, interest, or safety is jeopardized, or the failure to ~~be in compliance~~comply is willful, the Department may temporarily suspend the license of a service or the licensure or certification of an EMSP until the matter is decided by the Department.

7. In all administrative enforcement and appeal procedures thereunder, it shall be in accordance with the Arkansas Administrative Procedures Act and Amendments thereto.

8. Probation: The ~~department~~ Department may place an EMSP license or certification on probation, and as a probationary condition may require the licensee to:

   a. Report regularly to the Department on matters that are the basis of the probation;

   b. Limit practice to the areas prescribed by the Department;

   c. Continue or review professional education until the person attains a degree of skill satisfactory to the Department in those areas that are the basis of the probation; and/or

   d. Complete or continue to meet certain requirements or conditions related to the circumstances surrounding the certificant's or licensee's rule violations or background to assure that he or she will continue to meet and maintain general EMS standards

9. Any person, whose EMSP license has been revoked by the Department and who later regains certification or licensee under ~~this section~~these Rules, shall be placed on probation for one (1) year and be required to meet certain conditions to assure that he or she will meet and maintain general EMS standards

10. Reapplication

    a. Two (2) years after denial of initial certification or license, revocation of a certification or license, or the voluntary surrender of a ~~certificate~~ certification or license, an individual may petition the Department in writing for reapplication for certification or licensure. Expiration of a certificate or license during the suspension period shall not affect the two-year waiting period required before a petition can be submitted.

    b. The petitioner bears the burden of proving fitness for certification or licensure

    c. The Department may allow the petitioner to ~~file~~ submit an application for certification or licensure to the State Board of Health if there is proof that the health, safety, and confidence of the public will be protected.

    d. The ~~Department~~ State Board of Health may deny any petitioner if, in the judgment of the ~~Department~~Board or upon recommendation of the Department, the reason for the original action continues to exist or if the petitioner has failed to offer sufficient proof that there is no longer a threat to public health, safety, and/or confidence.

11. Notification of disposition. A copy of the order of final disposition of proposed disciplinary action shall be sent to ~~any~~ the licensed EMSP, first responder organization, medical director, institution, or facility with which the certificant or licensee is known to be associated at the address shown in the current records of the Department.

F. Clinical investigations

1. Clinical investigations may be recommended by the EMS Advisory Council and approved by the Department and the State Board of Health. Test periods will be temporary in nature and will be determined on an individual basis for each procedure and technique tested. A written request to enroll in a clinical investigation must be submitted to the EMS Advisory Council and approved by the Department. Clinical investigations beyond the scope of ~~the EMS~~these Rules are to be evaluated in a carefully controlled study under appropriate medical control. At the completion of the evaluation period, the test results will be forwarded to the State Board of Health for review. Permission for clinical investigations will be granted only to determine if the procedure or technique should be added to the existing ~~EMS~~ these Rules and must follow the clinical investigations guidelines recommended by the EMS Advisory Council and approved by the Department.

SECTION XVI. APPRENTICESHIP

Pursuant to ~~Act 811 of 2021~~Acts 2021, No. 811, an applicant shall receive an EMSP license if they meet the criteria set forth below.

As used in this Rule, "apprenticeship" means a program that meets the federal guidelines set out in 29 C.F.R. Part 29, as existing on March 1, 2021, and approved by the United States Office of Apprenticeship as meeting the requirements of an apprenticeship.

A. An applicant for licensure under this Rule shall provide satisfactory proof of completion of apprenticeship via official documentation from the apprenticeship program. This documentation may be in the form of a certificate, diploma, or similar official credential, or letter on official program letterhead.

B. An applicant for licensure under this Rule shall provide satisfactory documentation that the completed apprenticeship program meets the federal guidelines set out in 29 C.F.R. Part 29, as existing on March 1, 2021, and that the program has been approved by the United States Office of Apprenticeship or the Arkansas Department of Workforce Services.

C. An applicant for licensure under this Rule shall meet all the other non-educational requirements for licensure under these Rules ~~in Section IX. A~~.

D. If an applicant is denied a license for failing to meet the criteria in (A)-(C), the applicant shall be provided with the reason for denial in writing.

SECTION XVII. DATA COLLECTION AND EVALUATION SYSTEM

A. Purpose

The Department of Health shall develop a process to review nonhospital emergency medical care and time-critical diagnoses and procedures conducted by licensed emergency medical services personnel through a~~. System~~ system as set forth in Arkansas Code §20-13-216. The Department may collect data and information regarding patients treated and transported from the field and admitted to a facility through the emergency department, through a trauma center, or directly to a special care unit or post-hospitalization facility.

B. Data collection, submission, and analysis

1. Data and information shall be collected in a manner that protects and maintains the confidential nature of patient records.

2. Records and reports made under this section shall be held confidential within the hospital, the service provider, and the department; and

3. Not available to the public.

4. All data, records, reports and documents collected are for the purpose of quality or system assessment and improvement and is not subject to disclosure to the extent that ~~it identifies~~they identify or could be used to identify any individual patient, provider, institution, or health plan.

5. Data, records, reports and documents collected shall not be admissible in any legal proceeding; and be exempt from discover and disclosure to the same extent that records of

and testimony before committees evaluating the quality of medical or hospital care are exempt under Arkansas Code §-16-46-105(a)(1).

6. A healthcare provider's use of the information in its internal operations shall not operate as a waiver of these protections.

7. All information shall be treated in a manner that is consistent with all state and federal privacy requirements.

8. The Department ~~of~~ or other entity authorized to provide services may use any data, records, reports, or documents generated or acquired in its internal operations without waiving any protections under this section.

SECTION XVIII. SEVERABILITY

If any provision of these Rules, or the application thereof to any person or circumstances is held invalid, such invalidity shall not affect other provisions or applications of these Rules ~~which~~ that can give effect without the invalid provisions or applications, and to this end, the provisions hereto are declared to be severable.

SECTION XIX. REPEAL

All Rules and parts of Rules in conflict herewith are hereby repealed.

SECTION OF EMERGENCY MEDICAL SERVICES

MINIMUM REQUIRED PARAMEDIC EQUIPMENT LIST

ALL EQUIPMENT MUST INCLUDE ALL AGE APPROPRIATE SIZES

<table>
<tr><td colspan="4">Minimum Required Equipment List and Quantity (Paramedic)</td></tr>
<tr><td colspan="4">SOFT SUPPLIES AND OTHER EQUIPMENT</td></tr>
<tr><td colspan="2">4X4 Pads ABD Pads
Trauma Dressing Isolation Kits Roller Gauze
Triangular bandages
OB Kit - must contain Bulb syringe
Sterile Saline Betadine
Bandage / EMT Shears Hemostats
Scalpel Window Punch
Antiseptic Hand Cleaner Exam Gloves - Various Sizes
Emesis Basin or Equivalent Commercial Tourniquet
Linens
Time Critical Diagnosis Bands (i.e. Stroke, Trauma)
Triage Tags / Tape</td><td colspan="2">Magill Forceps
ET Stylette ETCO$_2$ Detector (Colorimetric or quantitative) Pediatric Drug Tape, Chart or Wheel
Pediatric Defibrillator Pads/Paddles Adult Defibrillator Pads/Paddles
12 lead Cardiac Monitor / Defibrillator/ Pacer ECG Cables
ECG Paper
Electrodes Adult Pediatric Pulse Oximetry Device
Pulse Oximetry Probes B/P Cuffs Stethoscope
Hypoallergenic Tape
Occlusive Dressing or supplies Thermometer
Lubricating Jelly
Sharps Container
Glucometer and Glucose measuring strips</td></tr>
<tr><td colspan="4">MECHANICAL OXYGEN AND RELATED SUPPLIES</td></tr>
<tr><td>Fire Extinguisher(s)
HAZ MAT Reference Guide
Reflective Safety Wear Flashlight N95 or N100 Respirator Protocol Book (electronic or print) Bio Hazard Bags Disinfectant solution</td><td>OXYGEN
Main and Portable O_2
OPA SET
NPA Set
Nasal Cannulas
O_2 MASKS
Non-Rebreather
Pediatric
Infant</td><td>BVM
Adult Pediatric
Infant</td><td>Suction
Portable Unit (On-Board Unit
Suction Tubing

Suction Catheters
Size 8fr. 18fr.
*Age/Size appropriate
Rigid Suction Tip</td></tr>
<tr><td colspan="4">AIRWAY ADJUNCTS AND TRANSPORT</td></tr>
</table>

~~Supraglottic Airways (Adult and Pediatric)~~ ~~Laryngoscope Handles Adult Pediatric~~ ~~Laryngoscope Blades~~ ~~ET Tubes Sizes~~ ~~Pediatric Tube Sizes that correspond to the required Pediatric Drug Tape, Chart or Wheel~~ ~~6.5 mm~~ ~~7.5 mm~~ ~~CRIC KIT or 10/12ga Needle~~ ~~*ET Tube Holders Adult and Pediatric~~ ~~* Commercial Style~~	~~Immobilization~~ ~~KED® XP 1® or equivalent~~ ~~Pediatric Restraint System~~ ~~Spine board and Straps (Adult and Pediatric)~~ ~~CERVICAL COLLARS~~ ~~Adult Pediatric Infant~~ ~~May substitute: adult-adjustable and pediatric-adjustable~~ ~~Various adjustable Splints~~ ~~Traction Split~~	~~STRETCHERS~~ ~~Folding Stretcher and/or Scoop Stretcher and/or Stair Chair or Similar Device~~ ~~Elevating Stretcher~~

Paramedic Equipment Requirements

Soft Supplies and Other Equipment

4X4 Pads	Band Aids
ABD Pads	Antiseptic Hand Cleaner
Trauma Dressing	Exam Gloves (various sizes)
Isolation Kits	Emesis Basin/Bag
Roller Gauze	Commercial Tourniquet
Triangular Bandages	Linens
OB Kit w/Blub Syringe	Tape
Sterile Saline	Occlusive Dressing
Betadine	Thermometer
Shears	Sharps Container
Stethoscope	Glucometer w/strips
Hemostat	Time Critical Bands (Trauma/Stroke)
Scalpel	Triage Tag/Tape
Blood Pressure Cuffs	Protocols
Large Adult	Biohazard Bags
Adult	N95 Respirator
Child	Pediatric Dosage Guide (Pedi-Wheel, Tape)
Infant	Disinfectant Solution
Alcohol Prep Pads	

Airway, Oxygen, and Suction

Main O2	Suction Catheters
Portable O2	8fr. or 10fr.
OPA set	12fr.
NPA set	14fr. or 18fr.
Lubricating Jelly	Magill Forceps – Adult
Nasal Cannula – Adult	Magill Forceps – Pediatric
Nasal Cannula – Pediatric	ETCO2 Detector
NRB – Adult	Cric Kit or 10/12ga Needle
NRB – Pediatric	Laryngoscope Handle – Adult
NRB – Infant	Laryngoscope Handle – Pediatric
BVM – Adult	Laryngoscope Blades (1-4 or 0-3)
BVM – Pediatric	ET Tubes 2.5mm – 7.5mm
BVM – Infant	ET Tube Holder – Adult
Nebulizer Kit	ET Tube Holder – Pediatric
Suction – On-Board	Stylette – Adult
Suction – Portable	Stylette - Pediatric

Suction Tubing Rigid Suction Tip	Secondary Advanced Airway – Adult Secondary Advanced Airway – Pediatric
Monitor	
Cardiac Monitor Cardiac Monitor Cables 4 Lead 12 Lead Defibrillator Pacer ECG Paper	Defibrillator Pads/Paddles – Adult Defibrillator Pads/Paddles – Pediatric Electrodes – Adult Electrodes – Pediatric Pulse Oximetry – Adult Pulse Oximetry – Pediatric
IV Supplies	
Micro Drip set Adjustable Drip set (this can replace micro and macro sets) IV Start sets/tourniquet IV Catheters 14-24 gauge Syringes 1cc-60cc Needles 18-25 gauge 10-, 12-, or 14-gauge catheter (3.25 inches in length) or a commercial chest decompression needle	Macro Drip set IO Access Device IO Needle – Adult IO Needle - Pediatric
Medications	
All medications must adhere to the current AHA ACLS Guidelines	
Atropine Adenosine Antiarrhythmic (Bolus and Infusion) Antiemetic Aspirin IV Dextrose Pressor Epinephrine 1:10,000 Epinephrine 1:1,000 Crystalloid Solution	H1 Antagonist Inhaled Beta Agonist Magnesium Sulfate Narcotic Antagonist Nitroglycerin (Drip/Oral/Transdermal) Sodium Bicarbonate Narcotic Analgesic Benzodiazepine
Additional controlled substances and medications may be allowed at the medical director's discretion	
Mechanical and Transport	
Fire Extinguisher Haz-Mat Reference Guide Reflective Safety Wear Flashlight KED Pediatric Restraint System Spine Board w/straps Window Punch	Traction Splint Various Adjustable Splints Elevating Stretcher Folding Stretcher, Scoop Stretcher, or Stair Chair Cervical Collars – Adult Cervical Collars – Pediatric

RULES FOR EMERGENCY MEDICAL SERVICES

Radio Frequencies		
Enroute to Scene: 155.235 MHz	At Scene: 155.280 MHz	Depart Scene: 155.340 MHz
Services must have all equipment and medications listed as a part of the service's written protocols and must not exceed the EMSP's scope of practice.		

SECTION OF EMERGENCY MEDICAL SERVICES

MINIMUM REQUIRED PARAMEDIC EQUIPMENT LIST

–

IV SUPPLIES, ACCESS DEVICES AND MEDICATIONS	
Micro Drip Infusion Sets Macro Drip Infusion Sets or Adjustable Drip Sets can be used in place of Micro/Macro Sets) Crystalloid Solutions Start Sets / Tourniquet Powered and/or Manual IO Access Device IO Needles – Adult and Pediatric IV Catheters 14-24 gauge	Syringes and Needles Assorted sizes 1cc – 60cc Assorted needle sizes 18G – 25G 10, 12 or 14 gauge catheter (3.25 inches in length, A commercial chest decompression device can be substituted for the above)

**MEDICATIONS (Injectable, Oral, Intranasal, Intravenous Infusions, Inhaled Meds)	
Atropine Adenosine Antiarrhythmic (Bolus and Infusion) Antiemetic agent Aspirin 81-325mg IV Dextrose Diuretic Pressor Agent Epinephrine 1:10,000 Epinephrine 1:1000 **All medications that adhere to AHA ACLS Guidelines**	H1 Blocking Agent Inhaled Beta Agonist Magnesium Sulfate – optional Narcotic Antagonist Narcotic – Analgesic Nitroglycerine (drip/oral/transdermal) Sodium Bicarbonate

REQUIRED CONTROLLED DRUG
Must follow Ambulance – Controlled Drug Policy on file with the Section of EMS

Injectable Narcotic analgesic Benzodiazepine **Additional controlled substances at the medical director s discretion**

Optional Equipment	
Continuous Positive Airway Pressure (CPAP) Huber Needles **Additional equipment may be carried at the medical director s discretion**	Central Venous Device Access Cardiac Thrombolytic Medications

Radio Frequencies

~~Radio Frequencies: Enroute to scene: 155.235 mHz At scene: 155.280 mHz. Departing scene: 155.340 mHz. AWIN Radio~~

~~Services must have all equipment and/or medications listed as a part of the service's written protocols/guidelines and must not exceed the EMSP's scope of practice.~~

SECTION OF EMERGENCY MEDICAL SERVICES

MINIMUM REQUIRED ADVANCED EMT EQUIPMENT LIST

Minimum Required Equipment list and Quantity (Advanced)			
SOFT SUPPLIES AND OTHER EQUIPMENT			
4X4 Pads ABD Pads Trauma Dressing Isolation Kits Roller Gauze Triangular bandages OB Kit - must contain Bulb syringe Betadine Solution or swabs Sterile Saline Bandage / EMT Shears Hemostat Window Punch Antiseptic Hand Cleaner Exam Gloves Various Sizes Emesis Basin or Equivalent Commercial Tourniquet Magill Forceps Time Critical Diagnosis Bands (i.e. Stroke, Trauma) Triage Tags / Tape	Linens Pediatric Drug Tape, Chart or Wheel Automatic External Defibrillator (AED) Adult Pads Pediatric Pads Pulse Oximetry Device Pulse Oximetry Probes Adult/Pediatric B/P Cuff Lg. Adult / Adult / Child / Infant Stethoscope Hypoallergenic Tape Occlusive Dressing or supplies Thermometer (measuring a range of 86° 105° F) Lubricating Jelly Sharps Container Glucometer and Glucose measuring strips		
MECHANICAL	**OXYGEN AND RELATED SUPPLIES**		
Fire Extinguisher HAZ-MAT Reference Guide Reflective Safety Wear Flashlight N95 or N100 Respirator Protocol Book (electronic or print) Bio-Hazard Bags Disinfectant solution	OXYGEN Main and Portable O_2 OPA SET NPAs Nasal Cannulas MASKS Non-Rebreather Pediatric Infant Nebulizer	BVM Adult Pedi Infant	Suction Portable Unit (1) On-Board Unit (1) Suction Tubing (2) Catheters Size 8fr. 18fr. *Age/Size appropriate Rigid Suction Tip (1)
AIRWAY ADJUNCTS AND TRANSPORT			
Supraglottic Airways (Adult and Pediatric)	Immobilization KED® XP-1® or equivalent Spine board and Straps Pediatric Restraint System Head immobilization device CERVIAL COLLARS Adult Pediatric Infant May substitute: adult-adjustable and pediatric-adjustable SPLINTS Set of padded extremity splints or acceptable substitute Traction Split	STRETCHERS Folding Stretcher and/or Scoop Stretcher and/or Stair Chair or Similar Device Elevating Stretcher	

SECTION OF EMERGENCY MEDICAL SERVICES

MINIMUM REQUIRED ADVANCED EMT EQUIPMENT LIST

IV SUPPLIES and ACCESS DEVICES

Micro Drip Infusion Sets
Macro Drip Infusion Sets or
Adjustable Drip Sets
Crystalloid Solutions
IV Start Sets / Tourniquet

IV Catheters
14 – 24 gauge

Powered and/or Manual IO Access Device
IO Needles – Adult and Pediatric

Syringes and Needles
Assorted sizes 1cc – 60cc
Assorted needle sizes 18G – 25G

MEDICATIONS

Aspirin 81-325mg
IV Dextrose
Epinephrine Auto Injectors and/or Epinephrine 1:1000
Narcotic Antagonist
Nitroglycerine (Sub-Lingual)
Inhaled Beta Antagonist

Optional Equipment

Optional Equipment:

Continuous Positive Airway Pressure (CPAP)

Radio Frequencies

Radio Frequencies: Enroute to scene: 155.235 MHz
At scene: 155.280 MHz
Departing scene: 155.340 MHz
AWIN Radio

** Services carrying equipment and/or medications not listed above must have those items listed as a part of the services written protocols and must not exceed the EMSP's scope of practice.

Advanced EMT Equipment Requirements

Soft Supplies and Other Equipment	
4X4 Pads	Band Aids
ABD Pads	Antiseptic Hand Cleaner
Trauma Dressing	Exam Gloves (various sizes)
Isolation Kits	Emesis Basin/Bag
Roller Gauze	Commercial Tourniquet
Triangular Bandages	Linens
OB Kit w/Blub Syringe	Tape
Sterile Saline	Occlusive Dressing
Betadine	Thermometer
Shears	Sharps Container
Stethoscope	Glucometer w/strips
Hemostat	Time Critical Bands (Trauma/Stroke)
Scalpel	Triage Tag/Tape
Blood Pressure Cuffs	Protocols
Large Adult	Biohazard Bags
Adult	N95 Respirator
Child	Pediatric Dosage Guide (Pedi-Wheel, Tape)
Infant	Disinfectant Solution
Alcohol Prep Pads	
Airway, Oxygen, and Suction	
Main O2	NRB – Adult
Portable O2	NRB – Pediatric
OPA set	NRB – Infant
NPA set	BVM – Adult
Lubricating Jelly	BVM – Pediatric
Nasal Cannula – Adult	BVM – Infant
Nasal Cannula – Pediatric	Nebulizer Kit
Suction – On-Board	Magill Forceps – Adult
Suction – Portable	Magill Forceps – Pediatric
Suction-Tubing	Secondary Advanced Airway – Adult
Rigid Suction Tip	Secondary Advanced Airway – Pediatric
Suction Catheters	
8fr. or 10fr.	
12fr.	
14fr. or 18fr.	
Monitor	
Cardiac Monitor	Electrodes – Adult
Cardiac Monitor Cables	Electrodes – Pediatric
4 Lead	Pulse Oximetry – Adult
Defibrillator Pads/Paddles – Adult	Pulse Oximetry – Pediatric
Defibrillator Pads/Paddles – Pediatric	

RULES FOR EMERGENCY MEDICAL SERVICES

IV Supplies	
Micro Drip set Adjustable Drip set (this can replace micro and macro sets) IV Start sets/tourniquet IV Catheters 14-24 gauge Syringes 1cc-60cc Needles 18-25 gauge	Macro Drip set IO Access Device IO Needle – Adult IO Needle - Pediatric
Medications	
Aspirin IV Dextrose Epinephrine (Auto-Injector or 1:1,000) Narcotic Antagonist	Nitroglycerin Inhaled Beta Antagonist Crystalloid Solution
Additional medications may be allowed at the medical director's discretion	
Mechanical and Transport	
Fire Extinguisher Haz-Mat Reference Guide Reflective Safety Wear Flashlight KED Pediatric Restraint System Spine Board w/straps Window Punch	Traction Splint Various Adjustable Splints Elevating Stretcher Folding Stretcher, Scoop Stretcher, or Stair Chair Cervical Collars – Adult Cervical Collars – Pediatric

Radio Frequencies		
Enroute to Scene: 155.235 MHz	At Scene: 155.280 MHz	Depart Scene: 155.340 MHz

Services must have all equipment and medications listed as a part of the service's written protocols and must not exceed the EMSP's scope of practice.

SECTION OF EMERGENCY MEDICAL SERVICES

MINIMUM REQUIRED BASIC EQUIPMENT LIST

Includes EMT, EMT-Volunteer, EMT-Specialty

Minimum Required Equipment list and Quantity (BASIC)

SOFT SUPPLIES AND OTHER EQUIPMENT

- 4X4 Pads
- ABD Pads
- Trauma Dressing
- Isolation Kit
- Roller Gauze
- Triangular bandages
- OB Kit – must contain Bulb syringe
- Betadine Solution or swabs
- Bandage / EMT Shears
- Hemostat
- Window Punch
- Antiseptic Hand Cleaner
- Exam Gloves Various sizes
- Emesis Basin or Equivalent
- Commercial Tourniquet
- Linens
- Pediatric Drug Tape, Chart or Wheel
- Automated External Defibrillator
- AED Pads – Adult / Pediatric
- B/P Cuff – Lg. Adult / Adult / Child / Infant Stethoscope (Suitable for adults and pediatrics)
- Hypoallergenic Tape
- Occlusive Dressing
- Thermometer (Range of 86° – 105° F)
- Lubricating Jelly
- Emesis Basin or Equivalent Sterile Saline

SERVICES GIVING MEDICATIONS ARE REQUIRED TO HAVE THE FOLLOWING:

- Glucometer and Glucose measuring strips
- Pulse Oximetry Device
- Pulse Oximetry Probes – Adult and Pediatric Sharps Container
- Nebulizer

OPERATIONS

- Fire Extinguisher
- HAZ-MAT Reference Guide
- Reflective Safety Wear Flashlight
- N95 or N100 Respirator
- Time Critical Diagnosis Bands (i.e. Stroke, Trauma) Triage Tags/Tape Protocol
- Book(electronic or print)
- Bio-Hazard Bags Disinfectant solution

OXYGEN AND RELATED SUPPLIES

- OXYGEN
- MAIN O_2
- Portable O_2 OPA SET
- NPA Set
- Nasal Cannula (Adult and Pediatric)

MASKS

- Non-Rebreather Pediatric
- Infant
- BVM
- Adult Pedi Infant
- Lubricating jelly
- Suction Portable Unit
- On-Board Unit
- Suction Tubing

Catheters

- Size 8fr. – 18fr.
- *Age/Size appropriate
- Rigid Suction Tip

SPLINTING AND TRANSPORT

- Immobilization Devices KED® XP-1® or equivalent Spine board and Straps
- Pediatric Restraint System
- Head immobilization device

CERVICAL COLLARS

- Adult, Pediatric, Infant
- May substitute: adult-adjustable and pediatric-adjustable
- Folding Stretcher and/or Scoop Stretcher and/or Stair Chair or Similar Device
- Elevating Stretcher

SPLINTS

- Set of padded extremity splints or acceptable substitute (vacuum splints, etc.)
- Traction Splits

**MEDICATIONS (Injectable, Oral, Intranasal, Intravenous Infusions, Inhaled Meds)

~~Aspirin 81-325mg / Oral Glucose / Epinephrine Auto Injector / Inhaled Beta Antagonist~~
~~**If service chooses to administer medications.~~

~~SECTION OF EMERGENCY MEDICAL SERVICES~~

~~MINIMUM REQUIRED BASIC EQUIPMENT LIST~~

~~Includes EMT, EMT-Volunteer, EMT-Specialty~~

~~Optional Equipment~~

~~Optional Equipment:~~

~~Radio Frequencies~~

~~Radio Frequencies: Enroute to scene:~~
~~155.235 MHz~~
~~At scene: 155.280 MHz~~
~~Departing scene: 155.340 MHz AWIN~~
~~Radio~~

EMT Equipment Requirements (EMT, EMT-Volunteer, and Special Purpose)

Soft Supplies and Other Equipment

4X4 Pads	Alcohol Prep Pads
ABD Pads	Antiseptic Hand Cleaner
Trauma Dressing	Exam Gloves (various sizes)
Isolation Kits	Emesis Basin/Bag
Roller Gauze	Commercial Tourniquet
Triangular Bandages	Linens
OB Kit w/Blub Syringe	Tape
Sterile Saline	Occlusive Dressing
Betadine	Thermometer
Shears	Sharps Container
Stethoscope	Band aids
Hemostat	Time Critical Bands (Trauma/Stroke)
Scalpel	Triage Tag/Tape
Blood Pressure Cuffs	Protocols
Large Adult	Biohazard Bags
Adult	N95 Respirator
Child	Pediatric Dosage Guide (Pedi-Wheel, Tape)
Infant	Disinfectant Solution

Airway, Oxygen, and Suction

Main O2	BVM – Pediatric
Portable O2	BVM – Infant
OPA set	Magill Forceps – Adult

NPA set Lubricating Jelly Nasal Cannula – Adult Nasal Cannula – Pediatric NRB – Adult NRB – Pediatric NRB – Infant BVM – Adult	Magill Forceps – Pediatric Suction – On-Board Suction – Portable Suction-Tubing Rigid Suction Tip Suction Catheters 8fr. or 10fr. 12fr. 14fr. or 18fr.
Monitor	
AED	Defibrillator Pads/Paddles – Adult Defibrillator Pads/Paddles – Pediatric
Mechanical and Transport	
Window Punch Fire Extinguisher Haz-Mat Reference Guide Flashlight Traction Splint Various Adjustable Splints Elevating Stretcher	Reflective Safety Wear KED Pediatric Restraint System Spine Board w/straps Folding Stretcher, Scoop Stretcher, or Stair Chair Cervical Collars – Adult Cervical Collars – Pediatric
Optional Equipment and Medication	
CPAP Nebulizer Pulse Oximetry Pulse Oximetry Probes – Adult Pulse Oximetry Probes – Pediatric	Glucometer w/strips Narcotic Antagonist Aspirin Oral Glucose Epinephrine Auto Injector Inhaled Beta Antagonist
Radio Frequencies	
Enroute to Scene: 155.235 MHz	At Scene: 155.280 MHz Depart Scene: 155.340 MHz
Services must have all equipment and medications listed as a part of the service's written protocols and must not exceed the EMSP's scope of practice.	

SECTION OF EMERGENCY MEDICAL SERVICES

MINIMUM REQUIRED ADVANCED RESPONSE EQUIPMENT LIST

Minimum Required Equipment list and Quantity (Advanced Response)

SOFT SUPPLIES AND OTHER EQUIPMENT

- 4X4 Pads
- ABD Pads
- Trauma Dressing
- Isolation Kits
- Roller Gauze
- Triangular bandages
- OB Kit - must contain
- Bulb Syringe
- Betadine Solution or swabs
- Bandage / EMT Shears
- Hemostat
- Scalpel
- Window Punch
- Antiseptic Hand Cleaner
- Exam Gloves Various sizes
- Emesis Basin or Equivalent
- Commercial Tourniquet
- Linens
- Time Critical Diagnosis Bands (i.e. Stroke, Trauma)
- Magill Forceps - Adult / Pediatric ET Stylette - Adult / Pediatric $ETCO_2$ Detector - Adult / Pediatric (Colorimetric or quantitative)
- Pediatric Drug Tape, Chart or Wheel Pediatric Defibrillator Pads/Paddles Adult Defibrillator Pads/Paddles
- 12 lead Cardiac Monitor / Defibrillator/ Pacer
- ECG Cables
- ECG Paper
- Electrodes Adult / Pediatric Pulse Oximetry Device
- Pulse Oximetry Probes - Adult / Pediatric
- B/P Cuff - Lg. Adult / Adult / Child / Infant Stethoscope
- Hypoallergenic Tape Occlusive Dressing or supplies
- Thermometer (measuring a range of 86° - 105° F)
- Lubricating Jelly Sharps Container
- Glucometer and Glucose measuring strips

MECHANICAL

- Fire Extinguisher HAZ-MAT Reference Guide
- Reflective Safety Wear
- Flashlight
- N95 or N100 Respirator Triage Tags/Tape Protocol Book (electronic or print
- Bio-Hazard Bags Disinfectant solution

OXYGEN AND RELATED SUPPLIES

- OXYGEN
- Portable O_2 OPA SET
- NPA Set
- Nasal Cannula (Adult and Pediatric)
- MASKS
- Non-Rebreather Pediatric Infant
- BVM
- Adult Pedi Infant
- Nebulizer Kit
- Sterile Saline
- Suction Portable Unit
- Suction Tubing
- Catheters
- Size 8fr. - 18fr.
- *Age/Size appropriate
- Rigid Suction Tip

AIRWAY SUPPLIES

SPLINTING AND TRANSPORT

~~Supraglottic Airways (Adult and Pediatric)~~ ~~Laryngoscope Handles – Adult and Pediatric~~ ~~Laryngoscope Blades~~ ~~ET Tubes Sizes~~ ~~Pediatric Tube Sizes that correspond to the required Pediatric Drug Tape, Chart or Wheel~~ ~~6.5 mm~~ ~~7.5 mm~~ ~~CRIC KIT or 10/12ga Needle~~ ~~*ET Tube Holders Adult and Pediatric~~ ~~*~~ ~~Commercial Style~~	~~Immobilization~~ ~~KED® XP-1® or equivalent~~ ~~CERVIAL COLLARS~~ ~~Adult~~ ~~Pediatric~~ ~~Infant~~ ~~May substitute: adult-adjustable and pediatric-adjustable~~ ~~SPLINTS~~ ~~Set of padded extremity splints or acceptable substitute (vacuum splints, etc.)~~ ~~Traction Splits~~

SECTION OF EMERGENCY MEDICAL SERVICES

MINIMUM REQUIRED ADVANCED RESPONSE EQUIPMENT LIST

IV SUPPLIES and ACCESS DEVICES

Micro Drip Infusion Sets and Macro Drip Infusion Sets or Adjustable Drip Sets (These can be used in place of Micro/Macro Sets) Crystalloid Solutions IV Start Sets / Tourniquet IV Catheters 14 – 24 Gauge	IO Needles / Drill (Tibial & Humerus Access Only) Adult Pediatric Powered and/or Manual IO Access Device Syringes and Needles Assorted sizes 1cc – 60cc Assorted needle sizes 18G – 25G 10, 12 or 14 gauge catheter (3.25 inches in length, A commercial chest decompression device can be substituted for the above)

**MEDICATIONS (Injectable, Oral, Intranasal, Intravenous Infusions, Inhaled Meds)

Atropine Adenosine Antiarrhythmic (Bolus and Infusion) Antiemetic agent Aspirin 81-325mg IV Dextrose Diuretic Pressor Agent Epinephrine 1:10,000 Epinephrine 1:1000	H1 Blocking Agent Inhaled Beta Agonist Magnesium Sulfate – optional Narcotic Antagonist Nitroglycerine (drip, oral and transdermal) Sodium Bicarbonate ** All medications that adhere to current AHA guidelines**

Optional Equipment

Narcotic Analgesic*
*Must follow Ambulance Controlled Drug Policy on file with the Section of EMS

Continuous Positive Airway Pressure (CPAP) Central Venous Device Access
Huber Needles Cardiac Thrombolytic Medications
Additional controlled substances at the medical director s discretion

Radio Frequencies

Radio Frequencies:
Enroute to scene: 155.235 MHz
At scene: 155.280 MHz
Departing scene: 155.340 MHz
AWIN Radio

** Services carrying equipment and/or medications not listed above must have those items listed as a part of the services written protocols and must not exceed the EMSP's scope of practice.

Advanced Response Equipment Requirements

Soft Supplies and Other Equipment

- 4X4 Pads
- ABD Pads
- Trauma Dressing
- Isolation Kits
- Roller Gauze
- Triangular Bandages
- OB Kit w/Blub Syringe
- Sterile Saline
- Betadine
- Shears
- Stethoscope
- Hemostat
- Scalpel
- Blood Pressure Cuffs
  - Large Adult
  - Adult
  - Child
  - Infant
- Alcohol Prep Pads
- Band Aids
- Antiseptic Hand Cleaner
- Exam Gloves (various sizes)
- Emesis Basin/Bag
- Commercial Tourniquet
- Linens
- Tape
- Occlusive Dressing
- Thermometer
- Sharps Container
- Glucometer w/strips
- Time Critical Bands (Trauma/Stroke)
- Triage Tag/Tape
- Protocols
- Biohazard Bags
- N95 Respirator
- Pediatric Dosage Guide (Pedi-Wheel, Tape)
- Disinfectant Solution

Airway, Oxygen, and Suction

- Portable O2
- OPA set
- NPA set
- Lubricating Jelly
- Nasal Cannula – Adult
- Nasal Cannula – Pediatric
- NRB – Adult
- NRB – Pediatric
- NRB – Infant
- BVM – Adult
- BVM – Pediatric
- BVM – Infant
- Nebulizer Kit
- Magill Forceps – Adult
- Magill Forceps – Pediatric
- ETCO2 Detector
- Cric Kit or 10/12ga Needle
- Laryngoscope Handle – Adult
- Laryngoscope Handle – Pediatric
- Laryngoscope Blades (1-4 or 0-3)
- ET Tubes 2.5mm – 7.5mm
- ET Tube Holder – Adult
- ET Tube Holder – Pediatric
- Stylette – Adult
- Stylette – Pediatric
- Secondary Advanced Airway – Adult
- Secondary Advanced Airway – Pediatric
- Suction – Portable
- Suction-Tubing
- Rigid Suction Tip
- Suction Catheters
  - 8fr. or 10fr.
  - 12fr.
  - 14fr. or 18fr.

Monitor

- Cardiac Monitor
- Cardiac Monitor Cables
- 4 Lead
- 12 Lead
- Defibrillator
- Defibrillator Pads/Paddles – Adult
- Defibrillator Pads/Paddles – Pediatric
- Electrodes – Adult
- Electrodes – Pediatric
- Pulse Oximetry – Adult
- Pulse Oximetry – Pediatric
- ECG Paper

IV Supplies	
Micro Drip set Adjustable Drip set (this can replace micro and macro sets) IV Start sets/tourniquet IV Catheters 14-24 gauge Syringes 1cc-60cc Needles 18-25 gauge 10-, 12-, or 14-gauge catheter (3.25 inches in length) or a commercial chest decompression needle	Macro Drip set IO Access Device IO Needle – Adult IO Needle - Pediatric
Medications	
All medications must adhere to the current AHA ACLS Guidelines	
Atropine Adenosine Antiarrhythmic (Bolus and Infusion) Antiemetic Aspirin IV Dextrose Pressor Epinephrine 1:10,000 Crystalloid Solution	Epinephrine 1:1,000 H1 Antagonist Inhaled Beta Agonist Magnesium Sulfate Narcotic Antagonist Nitroglycerin (Drip/Oral/Transdermal) Sodium Bicarbonate Narcotic Analgesic
Additional controlled substances and medications may be allowed at the medical director's discretion	
Mechanical and Transport	
Fire Extinguisher Haz-Mat Reference Guide Reflective Safety Wear Flashlight KED Window Punch	Pediatric Restraint System Spine Board w/straps Traction Splint Various Adjustable Splints Cervical Collars – Adult Cervical Collars – Pediatric

Radio Frequencies		
Enroute to Scene: 155.235 MHz	At Scene: 155.280 MHz	Depart Scene: 155.340 MHz

Services must have all equipment and medications listed as a part of the service's written protocols and must not exceed the EMSP's scope of practice.

SECTION OF EMERGENCY MEDICAL SERVICES

REQUIRED STRETCHER AMBULANCE EQUIPMENT LIST

Minimum Required Equipment list and Quantity (Stretcher)	
SOFT SUPPLIES AND OTHER EQUIPMENT	
4X4 Pads – ABD Pads Isolation Kit Roller Gauze Bandage / EMT Shears Antiseptic Hand Cleaner Exam Gloves – Various Sizes	Automated External Defibrillator AED Pads – Adult / Pediatric B/P Cuff – Lg. Adult / Adult / Child / Infant Stethoscope HypoallergenicTape Emesis Basin or Equivalent Linens

MECHANICAL	OXYGEN AND RELATED SUPPLIES	
Fire Extinguisher Flashlight	OXYGEN OPA SET Nasal Cannula MASKS Non-Rebreather Pediatric Infant	BVM Adult NPA (Various Sizes) Adult

SPLINTING AND TRANSPORT
Elevating Stretcher

Radio Frequencies
Radio Frequencies: Enroute to scene: 155.235 MHz At scene: 155.280 MHz Departing scene: 155.340 MHz AWIN Radio

SECTION OF EMERGENCY MEDICAL SERVICES

MINIMUM REQUIRED Air Ambulance – Rotor-Wing EQUIPMENT LIST

Minimum Required Equipment list and Quantity (Air Ambulance)

SOFT SUPPLIES AND OTHER EQUIPMENT

- 4X4 Pads
- ABD Pads
- Trauma Dressing
- Isolation Kits
- Roller Gauze
- Triangular bandages
- OB Kit – must contain Bulb syringe
- Betadine Solution or swabs
- Bandage / EMT Shears
- Hemostat
- Scalpel
- Window Punch
- Antiseptic Hand Cleaner
- Exam Gloves – Various Sizes
- Emesis Basin or Equivalent
- Commercial Tourniquet
- Linens
- Appropriate survival kit or supplies
- Magill Forceps – Adult / Pediatric
- ET Stylette – Adult / Pediatric
- $ETCO_2$ Detector – Adult / Pediatric
- Pediatric Drug Tape, Chart or Wheel
- Pediatric Defibrillator Pads/Paddles
- Adult Defibrillator Pads/Paddles
- 12 lead Cardiac Monitor / Defibrillator/ Pacer
- ECG Cables
- ECG Paper
- Electrodes Adult / Pediatric
- Pulse Oximetry Device
- Pulse Oximetry Probes – Adult /Pediatric
- B/P Cuff – Lg. Adult / Adult / Child / Infant
- Stethoscope
- Hypoallergenic Tape Occlusive Dressing or supplies
- Thermometer (measuring a range of 86° - 105° F)
- Lubricating Jelly
- Sharps Container
- Glucometer and Glucose measuring strips

MECHANICAL

- Fire Extinguisher
- HAZ-MAT Reference Guide
- Reflective Safety Wear
- Flashlight
- N95 or N100 Respirator
- Time Critical Diagnosis Bands (i.e. Stroke, Trauma)
- Triage – Tags/Tape
- Protocol Book (electronic or print)

OXYGEN AND RELATED SUPPLIES

- OXYGEN
  - Main and Portable
  - O_2 OPA SET
  - NPA Set Nasal Cannula (Adult and Pediatric)
  - MASKS
    - Non-Rebreather
      - Pediatric
      - Infant
- BVM
  - Adult
  - Pedi
  - Infant
- Nebulizer Kit
- Suction –
  - Portable Unit
  - On-Board Unit
  - Suction Tubing
  - Catheters
    - Size 8fr. – 18fr.
    - *Age/Size appropriate
    - Rigid Suction Tip

AIRWAY SUPPLIES

SPLINTING AND TRANSPORT

~~Supraglottic Airways (Adult and Pediatric)~~ ~~Laryngoscope Handles – Adult / Pediatric~~ ~~Laryngoscope Blades (1-4 OR 0-3)~~ ~~ET Tubes Sizes~~ ~~6.5 mm~~ ~~7.5 mm~~ ~~CRIC KIT or 10/12ga Needle~~ ~~*ET Tube Holders Adult and Pediatric~~ ~~* Commercial Style~~	~~Immobilization~~ ~~Pediatric Restraint System~~ ~~CERVIAL COLLARS~~ ~~Adult~~ ~~Pediatric~~ ~~Infant~~ ~~May substitute: adult-adjustable and pediatric-adjustable~~	~~STRETCHERS~~ ~~FAA-Approved attachment for stretcher/litter system.~~

SECTION OF EMERGENCY MEDICAL SERVICES

MINIMUM REQUIRED Air Ambulance – Rotor-Wing EQUIPMENT LIST

IV SUPPLIES and ACCESS DEVICES

Micro Drip Infusion Sets and Macro Drip Infusion Sets or Adjustable Drip Sets (These can be used in place of Micro/Macro Sets) Crystalloid Solutions IV Start Sets / Tourniquet IV Catheters 14 – 24 Gauge	IO Needles / Drill (Tibial & Humerus Access Only) Adult Pediatric Powered and/or Manual IO Access Device Syringes and Needles Assorted sizes 1cc – 60cc Assorted needle sizes 18G – 25G 10, 12 or 14 gauge catheter (2) (3.25 inches in length, A commercial chest decompression device can be substituted for the above)

MAST TROUSERS (1) ** Mast trousers to be carried and/or used at medical discretion, not a Required Item

**MEDICATIONS (Injectable, Oral, Intranasal, Intravenous Infusions, Inhaled Meds)

Atropine Adenosine Antiarrhythmic (Bolus and Infusion) Antiemetic agent Aspirin 81-325mg IV Dextrose Diuretic Pressor Agenct Epinephrine 1:10,000 Epinephrine 1:1000	H1 Blocking Agent Inhaled Beta Agonist Magnesium Sulfate – optional Narcotic Antagonist Narcotic – Analgesic Nitroglycerine (drip/oral/transdermal) Sodium Bicarbonate **All medications that adhere to current AHA guidelines**

REQUIRED CONTROLLED DRUG

Must follow Ambulance Controlled Drug Policy on file with the Section of EMS

Injectable Narcotic analgesic
Benzodiazepine
Additional controlled substances at the medical directors discretion

Aircraft Specific

Loading doors that allow safe handling of patient without unnecessary rotation or elevation.
Lighting that is isolated from the pilot compartment.
Patient stretcher or litter is sufficiently isolated from the pilot to prevent interference with the operation of the aircraft.
Headset communication between pilot and aircrew
Litters, equipment, and attendant seats are arranged to allow rapid egress from the aircraft.

Radio Frequencies

~~Radio Frequencies:~~
~~Enroute to scene: 155.235 MHz~~
~~At scene: 155.280 MHz~~
~~Departing scene: 155.340 MHz~~

~~** Services carrying equipment and/or medications not listed above must have those items listed as a part of the services written protocols and must not exceed the ESMP's scope of practice.~~

Air Ambulance - Rotor Wing Equipment Requirements

Soft Supplies and Other Equipment

4X4 Pads	Band Aids
ABD Pads	Antiseptic Hand Cleaner
Trauma Dressing	Exam Gloves (various sizes)
Isolation Kits	Emesis Basin/Bag
Roller Gauze	Commercial Tourniquet
Triangular Bandages	Linens
OB Kit w/Blub Syringe	Tape
Sterile Saline	Occlusive Dressing
Betadine	Thermometer
Shears	Sharps Container
Stethoscope	Glucometer w/strips
Hemostat	Time Critical Bands (Trauma/Stroke)
Scalpel	Triage Tag/Tape
Blood Pressure Cuffs	Protocols
Large Adult	Biohazard Bags
Adult	N95 Respirator
Child	Pediatric Dosage Guide (Pedi-Wheel, Tape)
Infant	Disinfectant Solution
Alcohol Prep Pads	Survival Kit

Airway, Oxygen, and Suction

Main O2	Suction Catheters
Portable O2	8fr. or 10fr.
OPA set	12fr.
NPA set	14fr. or 18fr.
Lubricating Jelly	Magill Forceps – Adult
Nasal Cannula – Adult	Magill Forceps – Pediatric
Nasal Cannula – Pediatric	ETCO2 Detector
NRB – Adult	Cric Kit or 10/12ga Needle
NRB – Pediatric	Laryngoscope Handle – Adult
NRB – Infant	Laryngoscope Handle – Pediatric
BVM – Adult	Laryngoscope Blades (1-4 or 0-3)
BVM – Pediatric	ET Tubes 2.5mm – 7.5mm
BVM – Infant	ET Tube Holder – Adult
Nebulizer Kit	ET Tube Holder – Pediatric
Suction – On-Board	Stylette – Adult
Suction – Portable	Stylette - Pediatric
Suction Tubing	Secondary Advanced Airway – Adult
Rigid Suction Tip	Secondary Advanced Airway – Pediatric

RULES FOR EMERGENCY MEDICAL SERVICES

Monitor	
Cardiac Monitor Cardiac Monitor Cables 4 Lead 12 Lead Defibrillator Pacer ECG Paper	Defibrillator Pads/Paddles – Adult Defibrillator Pads/Paddles – Pediatric Electrodes – Adult Electrodes – Pediatric Pulse Oximetry – Adult Pulse Oximetry – Pediatric
IV Supplies	
Micro Drip set Adjustable Drip set (this can replace micro and macro sets) IV Start sets/tourniquet IV Catheters 14-24 gauge Syringes 1cc-60cc Needles 18-25 gauge 10-, 12-, or 14-gauge catheter (3.25 inches in length) or a commercial chest decompression needle	Macro Drip set IO Access Device IO Needle – Adult IO Needle - Pediatric
Medications	
All medications must adhere to the current AHA ACLS Guidelines	
Atropine Adenosine Antiarrhythmic (Bolus and Infusion) Antiemetic Aspirin IV Dextrose Pressor Epinephrine 1:10,000 Epinephrine 1:1,000 Crystalloid Solution	H1 Antagonist Inhaled Beta Agonist Magnesium Sulfate Narcotic Antagonist Nitroglycerin (Drip/Oral/Transdermal) Sodium Bicarbonate Narcotic Analgesic Benzodiazepine
Additional controlled substances and medications may be allowed at the medical director's discretion	
Mechanical and Transport	
Fire Extinguisher Haz-Mat Reference Guide Reflective Safety Wear Flashlight KED Window Punch Helmet	Pediatric Restraint System Traction Splint Various Adjustable Splints FAA Approved Stretcher Cervical Collars – Adult Cervical Collars – Pediatric
Radio Frequencies	
Enroute to Scene: 155.235 MHz	At Scene: 155.280 MHz Depart Scene: 155.340 MHz

Services must have all equipment and medications listed as a part of the service's written protocols and must not exceed the EMSP's scope of practice.

SECTION OF EMERGENCY MEDICAL SERVICES

MINIMUM REQUIRED EQUIPMENT LIST Air Ambulance – Fixed-Wing

Minimum Required Equipment list and Quantity (Air Ambulance)

SOFT SUPPLIES AND OTHER EQUIPMENT

- 4X4 Pads
- ABD Pads
- Trauma Dressing
- Isolation Kits
- Roller Gauze
- Bandage / EMT Shears
- Hemostat
- Scalpel
- Antiseptic Hand Cleaner
- Exam Gloves Various Sizes
- Emesis Basin or Equivalent
- Linens
- Sharps Container
- Appropriate survival kit or supplies
- Magill Forceps – Adult / Pediatric
- Magill Forceps – Adult / Pediatric
- ET Stylette – Adult / Pediatric
- $ETCO_2$ Detector – Adult / Pediatric (Colorimetric or quantitative)
- Pediatric Drug Tape, Chart or Wheel
- Pediatric Defibrillator Pads/Paddles
- Adult Defibrillator Pads/Paddles
- 12 lead Cardiac Monitor / Defibrillator/ Pacer
- ECG Cables
- ECG Paper
- Electrodes Adult / Pediatric
- Pulse Oximetry Device
- Pulse Oximetry Probes – Adult / Pediatric
- B/P Cuff – Lg. Adult / Adult / Child / Infant
- Stethoscope
- Hypoallergenic Tape
- Thermometer (measuring a range of 86° - 105° F)
- Lubricating Jelly
- Sharps Container
- Glucometer and Glucose measuring strips

OPERATIONS

- Fire Extinguisher
- HAZ-MAT Reference Guide
- N95 or N100 Respirator
- Protocol Book (electronic or print)
- Bio-Hazard Bags
- Disinfectant solution

OXYGEN AND RELATED SUPPLIES

- OXYGEN
- Portable O_2
- OPA SET
- NPA Set Nasal Cannula (Adult and Pediatric)
- MASKS
- Non-Rebreather
- Pediatric
- Infant

- BVM
- Adult
- Pedi
- Infant

- Nebulizer Kit (1)

- Suction
- Portable Unit
- Suction Tubing

–

- Catheters
- Size 8fr. – 18fr.
- *Age/Size appropriate
- Rigid Suction Tip

AIRWAY SUPPLIES

- Supraglottic Airways (Adult and Pediatric)
- Laryngoscope Handles – Adult / Pediatric
- Laryngoscope Blades
- ET Tubes Sizes
- Pediatric Tube Sizes (1 of each) that correspond to the required Pediatric Drug Tape, Chart or Wheel
- 6.5 mm
- 7.5 mm
- CRIC KIT or 10/12ga Needle
- *ET Tube Holders Adult and Pediatric
- * Commercial Style

SPLINTING AND TRANSPORT

- FAA Approved attachment for stretcher/litter system.

SECTION OF EMERGENCY MEDICAL SERVICES

MINIMUM REQUIRED EQUIPMENT LIST Air Ambulance – Fixed-Wing

IV SUPPLIES and ACCESS DEVICES

Micro Drip Infusion Sets and Macro Drip Infusion Sets or
Adjustable Drip Sets (These can be used in place of Micro/Macro Sets)
Crystalloid Solutions
IV Start Sets / Tourniquet

IV Catheters
14ga 24 Gauge

IO Needles / Drill (Tibial & Humerus Access Only)
Adult
Pediatric
Powered and/or Manual IO Access Device

Syringes and Needles
Assorted sizes 1cc – 60cc
Assorted needle sizes 18G – 25G
10, 12 or 14 gauge catheter (3.25 inches in length, A commercial chest decompression device can be substituted for the above)

**MEDICATIONS (Injectable, Oral, Intranasal, Intravenous Infusions, Inhaled Meds)

Atropine
Adenosine
Antiarrhythmic (Bolus and Infusion)
Antiemetic agent
Aspirin 81-325mg
IV Dextrose
Diuretic
Pressor Agent
Epinephrine 1:10,000
Epinephrine 1:1000

H1 Blocking Agent Inhaled
Beta Agonist
Magnesium Sulfate – optional
Narcotic Antagonist
Narcotic – Analgesic
Nitroglycerine (drip/oral/transdermal)
Sodium Bicarbonate
All medications that adhere to current AHA guidelines

REQUIRED CONTROLLED DRUG

Must follow Ambulance – Controlled Drug Policy on file with the Section of EMS

Injectable Narcotic analgesic
Injectable Sedative / Hypnotic
Additional controlled substances at the medical directors discretion

Aircraft Specific

Loading doors that allow safe handling of patient without unnecessary rotation or elevation.
Lighting that is isolated from the pilot compartment.
Patient stretcher or litter is sufficiently isolated from the pilot to prevent interference with the operation of the aircraft.
Litters, equipment, and attendant seats are arranged to allow rapid egress from the aircraft.

** Services carrying equipment and/or medications not listed above must have those items listed as a part of the services written protocols and must not exceed the EMSP's scope of practice.

Air Ambulance - Fixed Wing Equipment Requirements

Soft Supplies and Other Equipment

- 4X4 Pads
- ABD Pads
- Trauma Dressing
- Isolation Kits
- Roller Gauze
- Triangular Bandages
- OB Kit w/Blub Syringe
- Sterile Saline
- Betadine
- Shears
- Stethoscope
- Hemostat
- Scalpel
- Blood Pressure Cuffs
  - Large Adult
  - Adult
  - Child
  - Infant
- Alcohol Prep Pads
- Band Aids
- Antiseptic Hand Cleaner
- Exam Gloves (various sizes)
- Emesis Basin/Bag
- Survival Kit
- Linens
- Tape
- Occlusive Dressing
- Thermometer
- Sharps Container
- Glucometer w/strips
- Time Critical Bands (Trauma/Stroke)
- Triage Tag/Tape
- Protocols
- Biohazard Bags
- N95 Respirator
- Pediatric Dosage Guide (Pedi-Wheel, Tape)
- Disinfectant Solution

Airway, Oxygen, and Suction

- Portable O2
- OPA set
- NPA set
- Lubricating Jelly
- Nasal Cannula – Adult
- Nasal Cannula – Pediatric
- NRB – Adult
- NRB – Pediatric
- NRB – Infant
- BVM – Adult
- BVM – Pediatric
- BVM – Infant
- Nebulizer Kit
- Magill Forceps – Adult
- Magill Forceps – Pediatric
- ETCO2 Detector
- Cric Kit or 10/12ga Needle
- Laryngoscope Handle – Adult
- Laryngoscope Handle – Pediatric
- Laryngoscope Blades (1-4 or 0-3)
- ET Tubes 2.5mm – 7.5mm
- ET Tube Holder – Adult
- ET Tube Holder – Pediatric
- Stylette – Adult
- Stylette - Pediatric
- Secondary Advanced Airway – Adult
- Secondary Advanced Airway – Pediatric
- Suction – Portable
- Suction Tubing
- Rigid Suction Tip
- Suction Catheters
  - 8fr. or 10fr.
  - 12fr.
  - 14fr. or 18fr.

Monitor

- Cardiac Monitor
- Cardiac Monitor Cables
- 4 Lead
- 12 Lead
- Defibrillator
- Pulse Oximetry – Adult
- ECG Paper
- Pacer
- Defibrillator Pads/Paddles – Adult
- Defibrillator Pads/Paddles – Pediatric
- Electrodes – Adult
- Electrodes – Pediatric
- Pulse Oximetry – Pediatric

RULES FOR EMERGENCY MEDICAL SERVICES

<table>
<tr><th colspan="3">IV Supplies</th></tr>
<tr><td colspan="2">Micro Drip set
Adjustable Drip set (this can replace micro and macro sets)
IV Start sets/tourniquet
IV Catheters 14-24 gauge
Syringes 1cc-60cc
Needles 18-25 gauge
10-, 12-, or 14-gauge catheter (3.25 inches in length) or a commercial chest decompression needle</td><td>Macro Drip set
IO Access Device
IO Needle – Adult
IO Needle - Pediatric</td></tr>
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Pressor
Crystalloid Solution
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<tr><td colspan="2">Fire Extinguisher
Haz-Mat Reference Guide
FAA Approved Stretcher</td><td>Reflective Safety Wear
Flashlight</td></tr>
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<tr><td colspan="3">Services must have all equipment and medications listed as a part of the service’s written protocols and must not exceed the EMSP’s scope of practice.</td></tr>
</table>

Field Triage Decision Scheme: The Arkansas Trauma Triage Protocol

ital signs and level of consciousness

M j

Glasgow Coma Scale 13
Systolic Blood Pressure < 90 mmHg or age appropriate hypotension
Respiratory Rate < 10 > 29 breaths/ minute
(< 20 in infant < one year)
or need for ventilatory support

NO

Contact the ATCC and transport to the most appropriate hospital.

Assess anatomy of injury

YES

Major

All penetrating injuries to head, neck, torso, and extremities proximal to elbow or knee
Chest wall instability or deformity (e.g., flail chest)
Two or more proximal long-bone fractures
Crushed, degloved, mangled, or pulseless extremity
Amputation proximal to wrist and ankle
Pelvic fractures
Open or depressed skull fracture
Paralysis

NO

Assess mechanism of injury and evidence of high-energy impact

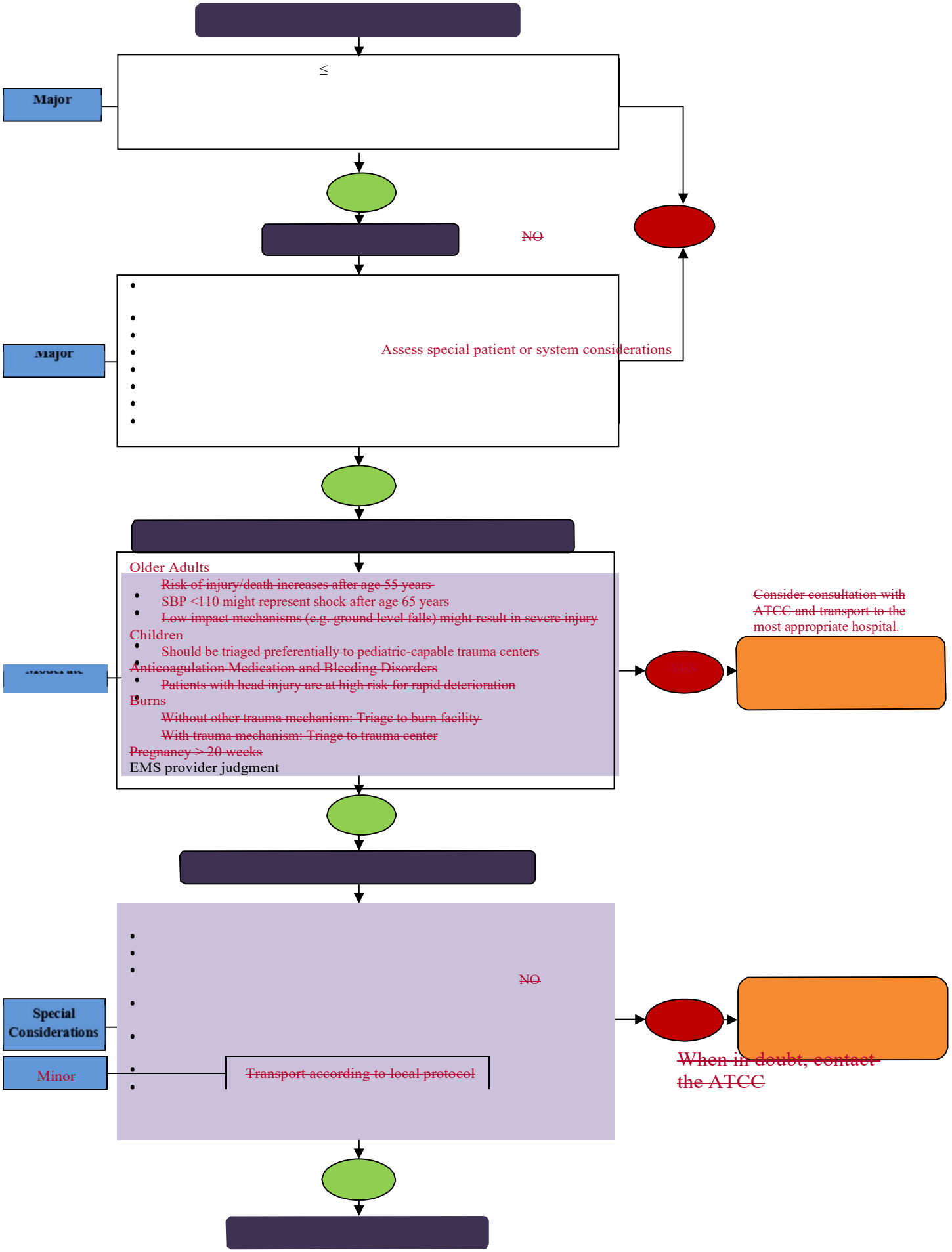
Moderate

Falls
Adults: > 20 feet (one story is equal to 10 feet)
Children: > 10 feet or two or three times the height of the child
High-Risk Auto Crash
Intrusion: > 12 in. occupant site; > 18 in. any site
Ejection (partial or complete) from automobile
Death in same passenger compartment
Vehicle telemetry data/kinematics consistent with high risk of injury
Auto v. Pedestrian/Bicyclist Thrown, Run Over, or with Significant (>20mph) Impact
Motorcycle/ATV Crash > 20 mph with separation from vehicle

YES

Contact the ATCC and transport to the most appropriate hospital.

RULES FOR EMERGENCY MEDICAL SERVICES



~~Detailed Experience~~

~~(Clinical phases of the Community Paramedic program shall consist of a minimum of 210 hours to include the following minimum patient contacts listed below)~~

~~1. Public Health and Collaboration (Public Health Clinic)~~

~~A. Must Observe 6 (six) Immunizations in the following age categories Adult and Pediatrics~~

~~B. Must observe reporting of communicable diseases~~

~~2. Public Health and Collaboration (Home Health)~~

~~All experiences within the home health setting must be completed with a Home Health Registered Nurse or other designated provider as outlined below.~~

~~A. 6 (six) home safety evaluation and inspections must observe and participate in. May be completed with a Physical Therapist.~~

~~B. 20 (Twenty) Patient contacts to include the following experiences Home Health Patient Assessments - Observe and participate Patient Documentation/Charting at home visits~~

- ~~Medication reconciliation with patient Observe and participate~~

~~C. 10 (Ten) contacts with patients in each of the following categories:~~

- ~~CHF Assess and management plan - Observe and Participate in~~
- ~~COPD Assess and management plan - Observe and Participate in~~
- ~~Diabetic related illness issues - Participate in~~
- ~~Neurologic conditions (CVA, TBI, MS, etc) observe and participate in Wound care~~

~~3. Emergency Room~~

~~A. Must Observe 10 (ten) Physician/APN/PA comprehensive or focused physical exam on the following age groups:~~

- ~~Adult Patients Geriatric Patients Pediatric patients~~

~~B. Must review with the Physician/APN/PA, the following:~~

- ~~20 (twenty) lab interpretations~~
- ~~5 (five) CT or MRI interpretations~~
- ~~5 (five) preparation instructions for CT/MRI~~
- ~~10 (ten) Hand Held point of care analyzer testing Stitch and Staple removal- Observe and participate in Cast Care and assessment Observe and participate in~~

~~4.HOSPICE~~

~~A. 10 (ten) home visits to include the following:~~

- ~~Nursing services Social services Chaplain services~~
- ~~B. 10 (ten) patient contacts addressing palliative care and/or pain management~~

~~C. Review 3 (three) hospice criteria for the patient referrals~~

~~D. 2 (two) in-depth instructional trainings on In-home medication pump operations~~

~~5. CLINIC (any medical facility setting)~~

~~A. 5 (five) Urine specimen collections~~

~~B. 5 (five) Wound, throat, nasal, sputum or related cultures~~

~~C. 5 (five) Health Promotion studies education- HA1C, Cholesterol, Colonoscopy, etc.~~

~~D. 10 (ten) otoscope - observe and participate in use of.~~

~~6. Hospital~~

- ~~24 (twenty-four) hours of hospital case management to include but not limited to Discharge planning~~
- ~~Utilization Review Case Management~~

~~7. Public Health Clinic~~

~~A. Individuals must observe a minimum of 8 (eight) hours in the public health setting~~

~~8. General Settings~~

~~The following can take place in any care setting to include but not limited to Emergency Department, Physical Therapy, Home Health, Public Health Clinic.~~

~~10 (ten) patient contacts involving instruction and use of crutches, wheelchairs, walkers, canes, hospital beds, Hoyer lifts, slide boards~~

~~10 (ten) uses in the access central lines, ports, ileostomies, Foley catheters, PEG tubes, wound management~~

~~**20% of the patient contacts in each of sections 2, 3, 4, & 5 may be made within an Arkansas licensed community paramedic service**~~

National Guideline for the Field Triage of Injured Patients

Arkansas Trauma Triage

MAJOR CRITERIA

High Risk for Serious Injury

Injury Patterns

- Penetrating injuries to head, neck, torso, and proximal extremities
- Skull deformity, suspected skull fracture
- Suspected spinal injury with new motor or sensory loss.
- Chest wall instability, deformity, or suspected flail chest
- Suspected pelvic fracture.
- Suspected fracture of two or more proximal long bones
- Crushed, degloved, mangled, or pulseless extremity.
- Amputation proximal to wrist or ankle
- Active bleeding requiring a tourniquet or wound packing with continuous pressure.

Mental Status & Vital Signs

All Patients

- Unable to follow commands (motor GCS < 6)
- RR < 10 or > 29 breaths/min
- Respiratory distress or need for respiratory support.
- Room-air pulse oximetry < 90%

Age 0–9 years

- SBP < 70mm Hg + (2 x age in years)

9 y/o	88
8 y/o	86
7 y/o	84
6 y/0	82
5 y/0	80
4 y/o	78
3 y/o	76
2 y/o	74
1 y/o	72
< 1	70

Age 10–64 years

- SBP < 90 mmHg
- HR > SBP (+ Shock Index)

Age ≥ 65 years

- SBP < 110 mmHg
- HR > SBP (+ Shock Index)

Patients meeting any one of the above MAJOR / RED criteria should be transported to the highest-level trauma center available within the geographic constraints of the regional trauma system.

MODERATE CRITERIA

Moderate Risk for Serious Injury

Mechanism of Injury

- High-Risk Auto Crash
  - Partial or complete ejection
  - Significant intrusion (including roof)
    - >12 inches occupant site OR
    - >18 inches any site OR
    - Need for extrication for entrapped patient.
  - Death in passenger compartment
  - Child (age 0–9 years) unrestrained or in unsecured child safety seat
- Rider separated from transport vehicle with significant impact (e.g., motorcycle, ATV, horse, etc.)
- Pedestrian/bicycle rider thrown, run over, or with significant impact.
- Fall from height > 10 feet (all ages)

EMS Judgment

Consider risk factors, including:

- **Low-level falls** in young children (**age ≤ 5 years**) or older adults (**age ≥ 65 years**) **with significant head impact** or **high velocity** or **high impact event.**
- Anticoagulant / antiplatelet use
- Suspicion of child abuse
- Special, high-resource healthcare needs
- Pregnancy > 20 weeks
- Burns in conjunction with trauma.
- Children should be triaged preferentially to pediatric capable centers.

If concerned, take to a designated trauma center.

Patients meeting any one of the MODERATE / YELLOW CRITERIA WHO DO NOT MEET MAJOR / RED CRITERIA should be preferentially transported to a trauma center, as available within the geographic constraints of the regional trauma system (need not be the highest-level trauma center) (v3: September 1, 2023)

RULES FOR EMERGENCY MEDICAL SERVICES

CERTIFICATION

This will certify that the foregoing Rules Pertaining to Emergency Medical Services were adopted by the Arkansas State Board of Health at a regular board session held in Little Rock, Arkansas, on the_____ day of _____, 2024.

_____

Jennifer Dillaha, MD
Secretary of the Arkansas State Board of Health
Director of the Arkansas Department of Health

State of Arkansas *As Engrossed: S2/6/23*
94th General Assembly **A Bill**
Regular Session, 2023 HOUSE BILL 1178

By: Representatives L. Johnson, Schulz
By: Senator J. Boyd

For An Act To Be Entitled

AN ACT TO REDUCE THE HOURS OF TRAINING REQUIRED FOR LICENSURE OF A COMMUNITY PARAMEDIC; AND FOR OTHER PURPOSES.

Subtitle

TO REDUCE THE HOURS OF TRAINING REQUIRED FOR LICENSURE OF A COMMUNITY PARAMEDIC.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:

SECTION 1. Arkansas Code § 20-13-1602(b), concerning the licensure and services of a community paramedic, is amended to read as follows:

(b) The training program for the community paramedic shall consist of a minimum of ~~three hundred (300)~~ one hundred sixty (160) hours of classroom and clinical education as follows:

(1) Clinical experience that is provided under the supervision of a community paramedic service medical director, advanced practice registered nurse, physician assistant, or home health nurse; and

(2) Areas of clinical experience, including at a minimum:

(A) ~~Emergency department services~~ Social determinants of health;

(B) Home health services;

(C) Hospital case management; and

(D) Public health agencies services.

APPROVED: 2/13/23

State of Arkansas *As Engrossed: H2/15/23 S3/7/23*
94th General Assembly **A Bill**
Regular Session, 2023 HOUSE BILL 1128

By: Representative L. Johnson
By: Senator Irvin

For An Act To Be Entitled

AN ACT TO ALLOW EMERGENCY MEDICAL RESPONDERS TO BE *LICENSED*; TO AUTHORIZE EMERGENCY MEDICAL RESPONDERS TO BE REIMBURSED BY INSURANCE COMPANIES AND THE ARKANSAS MEDICAID PROGRAM; AND FOR OTHER PURPOSES.

Subtitle

TO ALLOW EMERGENCY MEDICAL RESPONDERS TO BE LICENSED; AND TO AUTHORIZE EMERGENCY MEDICAL RESPONDERS TO BE REIMBURSED BY INSURANCE COMPANIES AND THE ARKANSAS MEDICAID PROGRAM.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:

SECTION 1. Arkansas Code § 20-13-202(7), concerning the definition of "emergency medical services personnel" within the Emergency Medical Services Act, is amended to read as follows:

(7)(A) "Emergency medical services personnel" means an individual licensed by the department at any level established by the rules adopted by the State Board of Health under this subchapter and authorized to perform those services set forth in the rules.

(B) These shall include without limitation <u>emergency medical responder,</u> emergency medical technician, advanced emergency medical technician, paramedic, emergency medical services instructor, or emergency medical services instructor trainer;

SECTION 2. Arkansas Code Title 20, Chapter 13, Subchapter 2, is amended to add an additional section to read as follows:

20-13-219. Emergency medical responders.

(a) The Department of Health shall establish a voluntary *licensure* program for emergency medical responders.

(b) An emergency medical responder may be reimbursed by the Arkansas Medicaid Program and an insurance company for providing emergency medical services in the scope of his or her employment as an emergency medical responder.

/s/L. Johnson

APPROVED: 3/13/23