

ARKANSAS STATE BOARD OF HEALTH

SECTION OFFICE OF EMERGENCY MEDICAL SERVICES ~~AND TRAUMA SYSTEMS~~

RULES AND REGULATIONS FOR EMERGENCY MEDICAL SERVICES

Promulgated Under the Authority of Act 435 of 1975

Effective ~~June 1, 2008~~

By the Arkansas State Board of Health

**Arkansas Department of Health
Little Rock, Arkansas**

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EMS RULES AND REGULATIONS

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RULES AND REGULATIONS PERTAINING TO EMERGENCY MEDICAL SERVICES

AUTHORITY

The following Rules and Regulations Pertaining to Emergency Medical Services are duly adopted and promulgated by the Arkansas State Board of Health pursuant to the authority expressly conferred by ~~Act 435 of 1975, Act 293 of 1981, Act 345 of 1987, Act 1255 of 1997, Act 38 of 1999, Act 60 of 1999, Act 666 of 1999, Arkansas Code 20-13-200, and the Laws of the State of Arkansas including without limitation, Act 96 of 1913 (Arkansas Statutes, 1947, Section 82-110).~~ in Ark. Code Ann. §20-13-200 et seq., and other laws of the State of Arkansas.

SECTION I. DEFINITIONS

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

- A. **Advanced Emergency Life Support (ALS) Medical Director Technician:** A person who has successfully completed an Advanced EMT education program approved by the Department and is licensed as an Advanced EMT ~~An Arkansas licensed physician who provides medical oversight for any licensed ALS EMS entity, is either Board Certified in Emergency Medicine or holds a current ACLS card, and is identified with the Department as the medical director.~~
- B. **Advanced Response Service:** A licensed non-transporting service that is requested to respond to the scene of an emergency and provides Advanced Life Support care to ill or injured patients prior to the arrival of a licensed transporting ambulance service, subject to compliance with the EMS Rules and Regulations relating to the level of care available from the responding personnel.
- C. **Air Ambulance Communication Specialist** ~~Aeromedical Crew Members:~~ Personnel assigned to receive and coordinate all requests for the air medical service ~~responsible for patient care on an air ambulance.~~
- D. **Air Ambulance Operation** ~~Aeromedical Training Requirements:~~ One aircraft making one flight in response to a patient transport request ~~Minimum training requirements recommended by the Governor's Advisory Council on EMS and approved by the Department.~~
- E. **Air Ambulance Personnel:** Personnel responsible for patient care on an air ambulance ~~Any privately or publicly owned helicopter or fixed wing aircraft specially designed, constructed or modified, maintained or equipped to be used for the transportation of patients.~~
- F. **Air Ambulance Service – Emergency Operation:** An air ambulance service that provides emergency scene flights which can also provide inter-facility transports ~~One aircraft making one flight in response to a patient transport request.~~
- G. **Air Ambulance Service:** An entity 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, and who, in a physician's opinion, cannot be safely transported on a standard commercial or charter flight. Air Ambulances shall be permitted by the Department.

H. **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.

I. **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 is either board certified or board eligible in emergency medicine or general surgery, and is on file with the Department as the Medical Director.

J. **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 transport services (i.e. pediatrics, neonatal, high risk obstetrics), or fixed winged aircraft the individual requires licensure or board eligibility in emergency medicine, general surgery, pediatrics, neonatology, obstetrics or the specialty they have medical oversight for.

~~G. **Air Ambulance Service:** An entity operating an aircraft used for air transportation that is specifically designed to accommodate the aeromedical needs of persons who are ill, injured, wounded, or otherwise mentally or physically incapacitated or helpless; who may require emergency medical care in-flight, and who, in a physician's opinion, cannot be safely transported on a standard commercial or charter flight. Such a service includes suitable aircraft, flight crews, and aircraft maintenance in accordance with Federal Aviation Administration (FAA) Regulation (FAR 135), adequate aeromedical crewmembers, aircraft fittings and equipment, and provision for medical control of aeromedical crewmembers.~~

~~H~~K. **Ambulance (Ground):** Those vehicles used for transporting any person by stretcher or gurney upon the streets or highways of Arkansas, excluding vehicles intended solely for personal use by immediate family members. Ambulances shall be permitted by the Department.

~~I~~L. **Ambulance Service:** Those services~~Entities~~ authorized and licensed by the Department to provide care and transportation of patients upon the streets and highways of Arkansas.

~~J~~M. **Controlled Drugs:** Those drugs identified as Schedule II-V as designated by federal law~~Ambulance Service Encounter Form: A patient data form, which has been approved by the Department, that describes the EMS encounter and is left with the care facility at time of service or within a reasonable time after service. This form must include a patient narrative.~~

~~K~~N. **Coordination Point**~~Arkansas Code 20-13-200:~~ A fixed location(s) where information

about the air ambulance service may be obtained and where the activities of dispatch, resource allocation, and flight operations are conductedArkansas Code Title 20 (Public Health and Welfare). Subtitle 2 (Health and Safety). Chapter 13 (Emergency Medical Services).

~~L. —~~ **Basic Life Support (BLS) Medical Director:** An Arkansas licensed physician who provides medical oversight for any licensed BLS EMS entity, holds a current American Heart Association Healthcare Provider card or the American Red Cross CPR for the Professional Rescuer, and is identified with the Department as the medical director.

~~M. —~~ **Certification:** Official acknowledgment by the Department that an individual has demonstrated competence to perform the emergency medical services required for certification as provided by these Rules and Regulations.

~~N. —~~ **Charter Flight:** The utilization of an aircraft that is not registered to a scheduled air carrier.

~~O. —~~ **Controlled Drugs:** Those drugs identified as Schedule II-V as designated by federal law

~~P. —~~ **Coordination Point:** A fixed location(s) where information about the air ambulance service may be obtained and where the activities of dispatch, resource allocation, and flight operations are conducted.

QQ. Department: The Arkansas Department of Health.

~~R. —~~ **Office of EMS and Trauma Systems (Office):** The organization within the Department responsible for the enforcement of EMS legislation within the State of Arkansas.

SP. Emergency Medical Services: The transportation and medical care provided to the ill or injured prior to arrival at a medical facility by a certified licensed emergency medical technician services professionals (EMSP~~T~~) or other healthcare providers s and continuation of the initial provide emergency care within a medical healthcare facility subject to the approval of the medical staff and governing board y of that facility.

TQ. Emergency Medical Services Advisory Council: Those persons appointed by the Governor to assist and advise the Department concerning matters dealing with emergency medical services.

UR. Emergency Medical Services ~~Communication Network~~ Education Program (EEP): Those organizations authorized and accredited by the Section or the Committee on Accreditation of Educational Programs (CoAEMSP) to provide EMS educationA system of both telephone and radio that is utilized in the delivery of pre-hospital care to the victims of illness or injury.

S. EMS Education Program Training Site Authorization and Accreditation: Authorization and accreditation issued by the Department or the Committee on Accreditation of Educational Programs (CoAEMSP) to an organization for the purpose of

engaging in EMS education in the state of Arkansas.

- ~~VT.~~ **Emergency Medical Technician:** A person who has been ~~certified~~ licensed as an EMT, EMT–Ambulance, EMT–Intermediate or EMT–Paramedic and who may perform those services equivalent to level of certification in Arkansas.
- ~~WU.~~ **Emergency Medical Technician–Services Provider – Instructor:** A person who has been ~~certified~~ licensed to teach Emergency Medical Services Provider ~~T~~–courses after completing an Department approved ~~DOT-EMSP~~T-Instructor course and completion of all of the instructor requirements.
- ~~XV.~~ **Emergency Medical Technician–IntermediateServices Professional (EMSP):** An individual licensed by the department at any level established by the rules adopted by the board and authorized to perform those services set forth in the rules. These shall include without limitation EMT, Advanced EMT, Paramedic, Emergency Medical Services Instructor. ~~A person who has successfully completed an approved DOT training course that includes formal course work, practical instruction, clinical and field experience and who is certified to perform those skills and/or services set forth in SECTION III.C.2 and SECTION III.D and functions in accordance with the requirements set forth throughout these regulations.~~
- ~~Y.~~ ~~Emergency Medical Technician–Paramedic:~~ A person who has successfully completed an approved DOT training course that includes formal course work, practical instruction, clinical and field experience and who is certified to perform those skills and/or services set forth in SECTION III.C.1 and SECTION III.C.2 and functions in accordance with the requirements set forth throughout these regulations.
- ~~ZW.~~ **Emergency Request:** A call request for assistance to an incident for a condition which is perceived by the caller individual to have created an actual threat to human life or physical well being of such magnitude and character that where immediate medical intervention by any Emergency Medical Technician Service Provider or other health professional is ~~appropriate and necessary for medical reasons~~ needed.
- X. **Encounter Form:** A patient care record, which has been approved by the Department that describes the EMS encounter and is left with the care facility at time of service or (24) twenty-four hours after transfer of care. This form must include a patient narrative.
- ~~AA~~Y. **Enrolled student:** An ~~enrolled student is one who~~ is attendings at least ~~three (3)~~ out of the first five (5) sessions of an EM~~SPT~~ educational program approved by the Department course at an approved EMT Training Site.
- ~~BB~~Z. **Extrication Services:** The services provided by the use of equipment for the purpose of gaining access and entry to entrapped patients.
- ~~CC~~AA. **FAA FAR Part 135:** Federal Aviation Administration Regulations governing air taxi operations and commercial operation of fixed-wing and rotor-wing ~~small~~ aircraft.

BB. 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 emergency medical patients.

~~DD~~**CC. Flight Nurse:** A registered nurse (RN) licensed to practice in Arkansas who holds a current Arkansas EMT License. For a Flight Nurse that solely provides air ambulance service- specialty services (i.e. pediatrics, neonatal, high risk obstetrics, or fixed wing) the Flight Nurse shall not be required to be an Arkansas licensed EMT and shall not participate in air ambulance service – prehospital transports. ~~completes the required aeromedical crew member training requirements recommended by the Governor’s Advisory Council on EMS and approved by the Department.~~

~~EE~~**DD. Flight Physician:** A physician assigned to flight duty, Post Graduate Year (PGY) 3 or above, with a current 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, and who is board certified or board eligible in emergency medicine or general surgery or is certified or in the specialty (Neonatal, Pediatrics, high risk obstetrics, etc.) served by the transport service and is certified in at least one of the following: Advanced Cardiac Life Support, Pediatric Advanced Life Support, Neonatal Resuscitation Program or their equivalent for the patient population served.

~~FF~~**EE. Ground Ambulance Service Area**~~In-charge Member:~~ 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 provide all emergency medical services requested ~~individual designated by the licensed service who is responsible for patient care.~~ Service Area Maps shall be kept on file and renewed annually with the Services license renewal.

~~GG~~**FE. Intercept:** Instances where a transporting service requests assistance from an ambulance service which provides a higher level of medical care ~~better able to provide the necessary patient care and/or transport.~~

~~HH.~~—Intravenous Fluid: A solution used for the purpose of a volume replacement fluid or to establish and maintain intravenous cannulation.

~~I.~~—Lapsed EMT: An Emergency Medical Technician (any level) that does not complete recertification requirements prior to their expiration date as issued by the Office.

~~J~~**GG. Lay Evaluator:** An individual approved by the Office ~~Department~~ to evaluate the practical ~~psychomotor~~ portion of the Arkansas EM ~~SPT Certification~~ licensure exam.

~~KK~~**HH. Legend Drug:** Any drug which requires a prescription by a licensed physician as required by federal law.

II. Mass Casualty Incident: An incident in which many people are suddenly injured or become ill which results in the services available resources to become overwhelmed; which requires two or more additional ambulance services to

respond to the same event; and/or assistance from the Department is needed to help coordinate medical resources for the sick or injured.

JJ. Medical Director (Advanced Life Support Services): An Arkansas licensed Medical Doctor (MD) or Doctor of Osteopathy (DO) who shall be registered with the Department 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 certified or board eligible in Emergency Medicine or have current experience in emergency medicine. For ALS services that currently have a Medical Director that is not Board Certified in Emergency Medicine and holds a current ACLS card, they shall be authorized to utilize that Medical Director until such time they change or replace Medical Directors.

KK. Medical Director (Basic Life Support Services): 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 certified or board eligible in their particular specialty.

LL. Medical Facility: Any hospital, medical clinic, physician's office, nursing home or other health care facility.

MM. Medical Facility Transport Service: A medical facility regulated by the Department of Health that owns and operates a stretcher ambulance vehicle.

NN. Mutual Aid: An agreement between emergency responders to lend assistance across jurisdictional boundaries. This may occur due to an emergency response that exceeds local resources, such as a disaster.

~~MM~~OO. National Registry of Emergency Medical Technicians (NREMT): A not-for-profit, independent, non-governmental agency that functions as a registration agency which issues certificates of competency verified by achievement of minimal competencies of EMTs, Advanced EMTs and Paramedics. NREMT provides a valid, uniform process to assess the knowledge and skills required for competent practice required by (EMS) professionals. ~~(Basic, Intermediate and Paramedic) through establishment and implementation of uniform requirements of EMT training, examination, and continuing education. (NREMT Brochure B-50/10-94/10M).~~

~~NN~~PP. Office 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 natural state, age, shock or anxiety, illness, injury, drugs or sedation, intoxication, or other cause of whatever nature. (See Ark. Code § 20-9-601) ~~Office of Emergency Medical Services & Trauma Systems.~~

~~OO~~QQ. Operational Base ~~Out of State Transfer (OST):~~ Facility within the service area of the ground or air ambulance service designated to house the ground or air ambulance(s), crew members, supplies, and communication. ~~Any person certified in another state or in the~~

military and are seeking Arkansas certification are referred to as out-of-state transfers (OST's)

PPRR. Permit Paramedic: A person who has successfully completed a Paramedic education program approved by the Department and is licensed in Arkansas as a Paramedic. An authorization by the Department for the purpose of vehicle

QQ. SS. Patient Care Performance Improvement Plan Person: 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 patient care performance improvement plan. Any individual, corporation, partnership, firm, association, trust, estate, public or private institution, group, agency, political subOffice of this State or any other state or political subOffice or agency thereof, and any legal successor, representative, agent or agency of the foregoing. Federal government agencies are excluded from this definition.

RR. TT. Program Director Policy and Procedure: Individual responsible for oversight of a Department approved EMS education program. Program directors are authorized to verify the successful completion of EMS education. Any policy, procedure, training requirement or equipment list related to these rules and regulations as recommended by the Governor's Advisory Council on EMS and approved by the Department. However, no policy or procedure shall supercede these rules and regulations.

UU. SS. Probation: An administrative action imposed on an EMS service, EMSP license certification, EMSP license certification or authorized and accredited training site for violations of EMS Rules and Regulations. The term of Probation will be for no less than six (6) months and no more than two (2) years unless otherwise covered in Section VII.A.4.

TT. VV. Protocols: Off line written Standing orders authorized by each licensee provided they are written or adopted ambulance services, approved and signed by the ambulance service Medical Director of that licensed ambulance service, approved by the Department.

UU. WW. Provisional Instructor: An EMT who has completed initial instructor training but is in the process of finishing their teaching requirements, with appropriate recommendation from the Instructor-Trainer, before becoming a certified-licensed EMST Instructor.

VV. XX. Reaction Time: The time from when the emergency call is received by the between the responding ambulance services' dispatch receives and adequate information from the caller and the time the vehicle and personnel initiate response and adequate information is made available which identifies the location and nature of the call, and until the ambulance is enroute. This time shall be 2 minutes or less.

YY. Receiving Facility: A hospital emergency department or a hospital capable of receiving

and treating emergency patients.

~~WW~~**ZZ. Revocation:** An administrative action imposed by the Department that terminates an EMS service license, EMT license certification, EMT-Instructor license certification or authorized training site for violating EMS Rules and Regulations.

AAA. Rotor-Wing Aircraft: A rotor-winged air ambulance licensed by the Department that is specially constructed and equipped and is intended to be used for transportation of emergency medical patients.

~~XX. Service Area:~~ The primary area of operation within a county for a licensed ambulance service as defined by that service and on file with the Office of EMS and Trauma Systems.

~~YY.~~**BBB. Service License:** Authorization 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.

~~ZZ~~**CCC. Suspension****Short Form:** Abbreviated Patient Care Report that is left at the Receiving Facility at time of transfer of care when an completed encounter form is not available. An administrative action imposed by the Department that temporarily removes an EMS service license, EMT certification, EMT-Instructor certification or training site authorization and accreditation for violating EMS Rules and Regulations for a time to be determined by the Department.

~~AAA~~**DDD. Specialty Crew Members**~~Training Site:~~ Any person substituted by the Medical Director of an air ambulance service for a Specialty Mission Those organizations authorized and accredited by the Department to provide EMS education.

~~BBB~~**EEE. Specialty Mission**~~Training Site Authorization and Accreditation:~~ An assignment for air ambulance service for which the specified needs of a particular patient which may require the substitution of particular medical care providers, Medical Direction and/or equipment Authorization and accreditation issued by the Department to an organization for the purpose of engaging in EMS education in the state of Arkansas.

~~CCC~~**FFF. Specialty Purpose Service**~~Training Site Representative:~~ 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 Individual responsible for the organization, coordination, and day-to-day operations of the EMS training programs.

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

HHH. Suspension: An administrative action imposed by the Department that temporarily removes an EMS service license, EMT License, EMT-Instructor License or training site authorization and accreditation for violating EMS Rules and Regulations.

~~DDD~~**III. Training Site Representative**~~Unsound Mind: Individual responsible for the organization, coordination, and day-to-day operations of the EMS training programs~~**means** and includes the inability to perceive all relevant facts related to one's condition and proposed treatment so as to make an intelligent decision based thereon, regardless 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 natural state, age, shock or anxiety, illness, injury, drugs or sedation, intoxication, or other cause of whatever nature.

~~EEE~~**JJJ. Volunteer Ambulance Service:** An ambulance service operating an ~~I-B~~ **registered**EMT-Volunteer permitted ambulance that is staffed by personnel who perform and give their services of their own free will without expect~~ation~~**ing any** ~~of~~ compensation.

~~FFF.~~ Words implying the masculine gender may be applied to both males and females.

~~GGG~~**KKK. Written Warning:** An administrative action imposed on an EMS service, EMT certification, EMT-Instructor certification or authorized training-site for first-time or minor offenses unless otherwise stated.

SECTION II. PURPOSE ADMINISTRATIVE

- ~~A.~~ All communications concerning these Rules and Regulations shall be addressed to the Arkansas Department of Health, Office of EMS and Trauma Systems, 4815 West Markham Street, Slot 38, Little Rock, Arkansas, 72205-3867.
- ~~B.~~ The purpose of these Rules and Regulations is to provide a framework to enhance the ~~out-of-hospital~~ emergency medical care of ~~to the people in~~ **citizens of** Arkansas. It shall be departmental policy to encourage and assist all services to upgrade their equipment and personnel.
- ~~C.~~ All specific lists and information will be managed and kept on file at the Office of EMS & Trauma Systems. Examples include current Drug Lists (Required and Optional), Approved EMT Skills Lists (BLS and ALS), etc.

SECTION III. LICENSURE OF AMBULANCE SERVICES

Those services authorized and licensed by the Department to provide care and transportation of patients.~~A.~~—Purpose

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.

B.A. General Standards

An application for the issuance or annual renewal of an ambulance service license shall be made on forms provided by the Department of Health and shall be accompanied by any applicable fee as required by law or by regulations promulgated by the Department of Health. Each license shall be renewed annually. All documentation and fees must be submitted to the Department prior to an EMS service or vehicle permit being issued. NO license shall be issued until ALL licensure requirements have been met.

~~All ambulances operating in this State must meet all standards prescribed by and under Arkansas Code 20-13-200 and be licensed under this subchapter and all personnel operating ambulances in this State must meet the standards prescribed by and under Arkansas Code 20-13-200.~~

1. Patient's choice of nearest appropriate medical facility

A licensed de ambulance service under this act shall 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 within the service area of the ambulance. If the patient is unable to make a choice, and if the attending physician is present and has expressed a choice of care facility within the service area, the licensee shall may comply with the attending physician's choice if the licensee considers service area limitations and subject to applicable federal law. ~~-If the licensee-patient is unable to make a choice, or if the attending physician is not present or has not expressed a choice of facility, or there is no hospital in the service area of the ambulance, the licensee shall may transport the patient to the nearest appropriate care facility subject to applicable federal law.~~

2. Reports to the Medical Health Care Facility or Emergency Medical Receiving Facility

Each ground & air ambulance service shall notify the receiving Medical Health Care Facility or Emergency Medical Receiving 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 Short Form. If a Short Form is left with the Receiving Facility The licensee shall provide the care facility where the patient was transported the ambulance service shall submit a completed Encounter Form to the receiving facility within twenty-four (24) hours from transfer of care with a copy of an ambulance service encounter form prescribed or approved by the Department of Health, which shall become part of the

patient's medical records. The Department may inspect the patient encounter forms of any Service covered by these rules.

3. Reports to the Department

Each licensee shall report EMS data, in a format approved as required by the Department of Health, for every request that results in the dispatch of a vehicle with the exception of calls cancelled enroute or responses made where no patient contact was made. All submissions shall be complete, reflect accurate information and submitted to the Department by the last day of the subsequent month following the dispatch date. All Services shall have an audit process to ensure that each run has been submitted and that data being submitted is 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, for each vehicle owned and operated by or for the applicant or licensee. The Department of Health shall maintain evidence of proof of current general liability insurance and coverage for each vehicle of each licensee shall be submitted to the Department on initial application or 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. 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 cancelled or suspended.

5. Service License

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

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

Each Service shall display a copy of the ambulance service license in a prominent location on the premises of the ambulance services operational base at all times

7. ~~Three (3) formal citations (i.e. administrative actions administered by the Office) during the license term for failure to comply with Arkansas Code 20-13-200 and any regulations promulgated by the Department of Health in regard to~~

~~ambulance services shall result in administrative action including revocation of the service license.~~

86. Issuance of licenses

All documentation and applicable fees must be submitted to the ~~Office~~ Department prior to ~~EMS-any~~ License being issued. ~~No~~ A license shall be issued until ~~All~~ all licensure requirements have been met.

7. Transferability of License

Service licenses shall only be transferable if all initial licensure paperwork fees are submitted to the Section 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, ~~in any way~~, advertise to the general public ~~the service areas, skills, procedures, staffing or personnel certification~~ licensure levels which ~~they cannot~~ be provided on every emergency request, twenty-four (24) hours a day, seven (7) days a week.

10. Service Area

The service area ~~shall~~ of each licensed ambulance service shall be clearly identified on a map provided by the Department and in writing submitted annually, and shall be on file with ~~to~~ the Department of Health. A licensed Service may cross county lines to serve a portion of an adjoining county with an agreement with the licensed Service(s) in the adjoining county, and in accordance with written contracts or agreements between the ambulance service and city/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. ~~No other device (i.e. wheelchair, incubator, etc.) may be used to transport patients, unless there is adequate equipment that will secure the device in the~~

back of the ambulance based upon the ambulance manufactures' recommendations.

123. ~~Intercepts~~

~~In instances in which patients are being transported, a~~ An Intercept can be requested by the in-charge member lead emergency medical services personnel of the transporting service ambulance if the patient's condition dictates. ~~It shall be the decision of the in-charge crewmember of the intercepting service to either transfer the patient to the Intercept unit or to move the equipment and continue care in the transporting unit.~~

134. 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;
- 2) Any parent, whether an adult or an unemancipated minor, for ~~his~~ a minor child or for ~~his~~ 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, ~~h~~ 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 ~~him~~ himself;
- 4) Any female, regardless of age or marital status, for herself when given in connection with pregnancy or childbirth, except the unnatural interruption of a pregnancy;
- 5) Any person standing in loco parentis, whether formally serving or not, and any guardian, conservator, or custodian, for his ward or other charge under disability;
- 6) Any emancipated minor, for himself;
- 7) Any unemancipated minor of sufficient intelligence to understand and appreciate the consequences of the proposed surgical or medical treatment or procedures, for himself;
- 8) Any adult, for his minor sibling or his 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 adult grandchild of unsound mind;
- 10) Any married person, for a spouse of unsound mind;
- 11) Any adult child, for his mother or father of unsound mind;
- 12) Any minor incarcerated in the Department of Correction or the Department of Community Punishment, for himself

~~b. An individual shall not be considered to be "of unsound mind" for the purposes of this subchapter based solely upon the fact of his refusal of medical care or treatment.~~

eb. 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;
- 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

~~15. Clinical Investigations~~

~~Clinical Investigations may be recommended by the Governor's EMS Advisory Council and approved by the Department and the 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 Governor's Advisory Council on EMS and approved by the Department. Clinical Investigations beyond the scope of the EMS Rules and Regulations 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 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 Rules and Regulations and must follow the clinical investigations guidelines recommended by the Governor's Advisory Council on EMS and approved by the Department.

~~16. Basic medical and extrication equipment~~

~~Each vehicle shall meet the basic medical and extrication equipment requirements recommended by the Governor's Advisory Council on EMS and approved by the Department.~~

~~147. Prohibitions~~

~~Licenses~~ Ambulance services shall not carry nor dispense any drugs or medications or perform any procedure ~~not specifically recommended by the Governor's EMS Advisory Council and approved by the Department~~ that is outside of the EMSP's Scope of Practice.

~~158. Out-of-State Ambulance Contracts for Disaster Assistance~~

~~Licenses~~ Ambulances service shall contact the Department prior to deploying or sending any Arkansas permitted ambulances to another state(s) to fulfill obligations of a state/federal/private contract or agreement for a disaster. ~~Licenses~~ Ambulance service shall contact the Department at 501-661-2262 during regular ~~scheduled office~~ business hours or the Department Emergency Communication Center 501-after hours.

16. 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.

17. Primary Responder(s)

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. If an air ambulance service is notified by a patient, bystander, or responder prior to arrival of ground ambulance service, the air ambulance service shall immediately activate the ground ambulance service within that service area.

18. 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 IV. GROUND AMBULANCE SERVICE LICENSURE CLASSIFICATION STANDARDS

A. Ambulance Service ~~Licensure~~Classifications

1. ~~The Office of EMS & Trauma Systems shall issue a Paramedic Service License to those EMS services~~Licensed Paramedic Services ~~that shall~~ have fifty percent (50%) or more of their ambulances registered ~~permitted~~ at the Paramedic level.
Only licensed Paramedic Services may operate Paramedic ambulances.
2. ~~The Office of EMS & Trauma Systems shall issue an Intermediate Service License to those EMS services~~Licensed Advanced EMT Services shall ~~that have~~ fifty percent (50%) or more of their ambulances registered ~~permitted~~ at the ~~Intermediate~~ Advanced EMT level. Only Advanced EMT and Paramedic Services may operate Advanced EMT ambulances.
3. ~~The Office of EMS & Trauma Systems shall issue a Basic Life Support (BLS) Service License to those EMS~~Licensed EMT ~~s~~Services ~~that shall~~ have their ambulances registered ~~permitted only~~ at one of the following levels the EMT level. Paramedic and Advanced EMT Services may also operate EMT ambulances.
4. Licensed Advanced Response Services shall only have vehicles permitted at the Advanced Response level.
4. Licensed EMT Specialty Services shall only have ambulances permitted at the EMT Specialty Level.
5. Licensed EMT Volunteer Services shall only have ambulances permitted at the EMT Volunteer Level.
6. Licensed Medical Facility Transport Services shall have ambulances permitted as a Stretcher ambulance.

a. — I A

b. — I B*

***Paramedic, Advanced EMT and EMT Services may not license EMT-Specialty, EMT-Volunteer or Stretcher Ambulances**
Volunteer Ambulance Services will be issued a BLS License and must meet the I-B vehicle requirements.

B General Standards

1. A licensed ambulance service with multiple levels of permitted vehicles shall respond to each emergency requests with the highest permitted vehicle at the time of the request until those resources are depleted or are not available.
2. Each licensee shall notify the receiving hospital while enroute of impending arrival time, patient condition and care rendered to the patient.
3. Each licensed EMS service shall have a Medical Director. This Medical Director must provide the Drug Enforcement Agency license for the service. EMT, EMT-Specialty and EMT-Volunteer licensed services administering or carrying medications will be granted six months from the effective date of this Rules to comply with the Medical Director requirements. The medical director shall:
 - a. provide monitoring and supervision of the medical field performance of each supervised EMS Service Agency's EMS Providers. This responsibility may be delegated to other physicians or other qualified health care professionals designated by the medical director. 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. ensure that all protocols appropriate for the licensure level of each EMS Provider to whom the performance of medical acts is delegated and authorized, and compliant with accepted standards of medical practice. The medical director shall be familiar with the training, knowledge and competence of each of the EMS Providers to whom the performance of such acts is delegated.
 - c. notify the Department within fourteen business days prior to his or her cessation of duties as medical director.
 - d. ensure the licensed services, for which direction is provided is in compliance with these Rules.

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.

A medical director may limit the scope of practice of any EMS Provider under their direction.

4. Written protocols shall be reviewed annually by the services Medical Director (if applicable) and prior to implementation of new protocols.
5. EMS Services participating in EMSP field/clinical times shall 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.
6. Each licensed emergency medical services provider shall conduct a quality assurance program. The 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, 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 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;
 - g. A summary of the review discussion.
7. 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.

DC. Specific Standards

1. Licensed ambulance Paramedics Services shall: at the Paramedic or Intermediate level (Advanced Life Support (ALS) level) shall be required to meet the following:

- 1a. provide twenty-four (24) hour emergency ambulance service coverage. All services shall have a documented plan ensuring coverage within the services service area at all times. ~~Twenty-four hour coverage~~

~~Each licensee shall provide 24-hour continuous service.~~

- b. meet the ~~two 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 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).
- f. maintain a copy of the physician Drug Enforcement Agency (DEA) registration to be utilized in acquiring controlled drugs.

~~Each licensee shall comply with a two-minute reaction time for each emergency request.~~

3. ~~Multiple License~~

~~The issuance of multiple levels of license to the same ambulance service is acceptable. All qualifications for the particular service license must be met. The service will be required to provide the highest level of response to all emergency requests, until those resources are depleted or are not available. The caller will determine the emergency.~~

4. ~~Multiple Vehicle Registration~~

~~The issuance of multiple levels of registered vehicles to the same ambulance service is acceptable. However, the service will be required to respond to all emergency requests with the highest registered vehicle until those resources are depleted or are not available. The caller will determine the emergency.~~

5. ~~Legend Drugs Register~~

~~Each licensee shall maintain a register of legend drugs to include type, quantity, date received, and physician authorizing purchase and usage.~~

6. ~~Drug Enforcement Agency (DEA) License~~

~~Each licensee shall submit to the Office of EMS and Trauma Systems a copy of the DEA license to be utilized in acquiring controlled drugs.~~

~~7. Hospital notification~~

~~Each licensee shall notify the receiving hospital of impending arrival, patient condition and care rendered to the patient.~~

~~8. Medical Director~~

~~Each licensee shall have an Arkansas licensed physician to serve as the Advanced Life Support Medical Director who will provide medical oversight pursuant to Arkansas statutes and meets the requirements of Section I.A. This shall be the same physician providing the DEA number if required (6 above).~~

~~9. Protocols~~

~~Standing orders are authorized for use by each licensee provided they are written or adopted by the Medical Director of that licensed ambulance service, reviewed by the Department and Office of Pharmacy and on file with the Office.~~

2. Licensed Advanced EMT Services shall:

- a. provide twenty-four (24) hour emergency ambulance service coverage. All services shall have a documented plan ensuring Advanced EMT 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).

3. Licensed EMT Services shall:

- a. provide twenty-four (24) hour ambulance service coverage. All services shall have a documented plan 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)
- d. maintain on file with the Department a copy of the Medication Policy and Procedure which meets the requirements of the Arkansas Department of Health Pharmacy Services and Drug Control. (If medications or the expanded skills are in the EMT services protocols)

4. Licensed Advanced Response Services shall:

- a. provide emergency care to critically ill or injured patients prior to the arrival of a licensed transporting ambulance service.
- b. provide twenty-four (24) hour emergency ambulance service coverage.
- c. meet a two 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, Medical Director (Advanced Life Support Services).
- g. maintain a copy of the Department approved Medication Policy and Procedures that meet the requirements of the Arkansas Department of Health Pharmacy Services and Drug Control if narcotics are carried.
- h. staff each vehicle with at least one licensed Paramedic.
- I. only transfer care to a licensed Paramedic transporting service.

~~E. Licensed ambulance services at the Basic Life Support (BLS) level shall be required to meet the following:~~

~~1. Twenty four hour coverage~~

~~Each licensee shall provide 24-hour continuous service except Volunteer organizations that use volunteer staff to provide service to the general public.~~

~~2. Two minute reaction time~~

~~Each licensee shall comply with a 2-minute reaction time for each emergency request except Volunteer Ambulance Services.~~

~~3. Hospital notification~~

~~Each licensee shall notify the receiving hospital of impending arrival, patient condition and care rendered to the patient.~~

~~F5.~~ Licensed EMT Specialty Purpose Services:

~~1. Definition of license~~

a. An EMT Specialty Purpose Service 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. have a Medical Director as defined in Section I, Medical Director (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

c. maintain on file with the Department a copy of the Medication Policy and Procedure which meets the requirements of the Arkansas Department of Health Pharmacy Services and Drug Control. (If medications or the expanded skills are in the EMT services protocols)

~~2. — Appropriate vehicle and equipment required~~

~~Each licensee shall ensure that the appropriate vehicle and equipment be available to perform the services set forth in SECTION VII.~~

6. Licensed EMT Volunteer Service:

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. have a Medical Director as defined in Section I. KK of these rules. (If medications or expanded skills are in the EMT services protocols)

c. maintain on file with the Department a copy of the Medication Policy and Procedure which meets the requirements of the Arkansas Department of Health Pharmacy Services and Drug Control. (If medications or the expanded skills are in the EMT services protocols)

7. 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:

- 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 the same day.
- 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. ——— LICENSURE OF RESPONSE SERVICES~~

~~Those services authorized and licensed by the Department to provide emergency care to critically ill or injured patients prior to the arrival of a licensed transporting ambulance service.~~

~~An application for the issuance or renewal of an advanced response service license shall be made on forms provided by the Department of Health and shall be accompanied by any fee as required by law or by regulations promulgated by the Department of Health. Each license shall be renewed annually.~~

~~——— Advanced Response Service~~

~~A non-transporting service that is dispatched to respond to the scene of an emergency and provides ALS care to ill or injured patients prior to the arrival of a licensed transporting ambulance service is subject to compliance with the EMS Rules and Regulations.~~

~~1. ——— Purpose~~

~~No person shall furnish, operate, maintain, conduct, advertise or in any way engage in or profess to engage in the business of providing Advanced Life Support Response Services upon the streets and highways of Arkansas unless that person holds a valid~~

service license issued by the Department. This provision shall not in any way operate to alter the application of the ~~Arkansas Good Samaritan Act (Arkansas Statutes 72-624).~~

2. ~~General Standards~~

- a. ~~Each licensee shall report, in a format approved by the Department, every request, which results in the dispatch of a vehicle.~~
- b. ~~Each licensee shall have in force and effect liability insurance coverage, issued by an insurance company licensed to do business in the State of Arkansas, for each vehicle owned and operated by or for the applicant or licensee. The Department of Health shall maintain evidence of proof of current liability insurance coverage for each vehicle of each licensee.~~
- c. ~~Three citations during the license term for failure to comply with these standards shall result in revocation of the service license.~~
- d. ~~Each licensee shall be an entity that chooses to provide Advanced Life Support to the General Public, but does not transport patients except in mass casualty incidents.~~

3. ~~Specific Standards~~

~~Each Advanced Response licensee shall, when appropriate, provide the following skills with Medical Director oversight:~~

a. ~~Advanced life support (ALS) skills~~

~~Each Advanced Response licensee shall, when appropriate, perform those services set forth in SECTION VII.~~

b. ~~Basic life support (BLS) skills~~

~~Each Advanced Response licensee shall, when appropriate, perform those services set forth in SECTION VII.~~

c. ~~Each licensee shall provide 24-hour continuous service within its designated service area.~~

d. ~~Each Advanced Response vehicle, when responding to an emergency request, shall be attended by at least a licensed physician, or an Emergency Medical Technician-Paramedic.~~

e. ~~Each licensee shall comply with a two-minute reaction time for each emergency request.~~

f. ~~Each licensee shall have its vehicles registered as Advanced Response.~~

g. ~~Each licensee shall submit to the Department a copy of the DEA license to be utilized in acquiring drugs and medications.~~

- h. ~~Each licensee shall obtain, from the local ambulance service, a written agreement that the care begun by the Advanced Response personnel will be maintained during transport. This agreement will include the allowance of ALS skills, by appropriate personnel to be continued when a Basic Life Support licensee makes transport.~~
- i. ~~Each licensee shall have an Arkansas licensed physician to serve as Medical Director who will provide medical oversight pursuant to Arkansas statutes and meets the requirements of Section I.A. This shall be the same physician providing the DEA number if required (above).~~
- j. ~~Each licensee shall provide the responding transport service patient condition, care rendered to the patient and any information requested by the service.~~

SECTION V. ~~REGISTRATION~~ PERMITTING OF GROUND EMERGENCY VEHICLES

A. ~~Purpose~~ Application

An application for the issuance or renewal of an emergency vehicle permit shall be made on forms provided by the Department. ~~The Department, upon satisfactory completion of an annual inspection by the Department, shall issue a vehicle permit.~~

B. Vehicle General Standards

1. ~~Vehicle permits~~ Each vehicle of a licensee de ground ambulance service shall be issued a permit in one of the classifications set forth below.

- a. Paramedic
- b. Advanced EMT
- c. EMT
- d. Advanced Response
- e. EMT-Volunteer (EMT-V)
- f. EMT-Specialty (EMT-S)
- g. 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.
- 2.5. 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.

- ~~1. Each emergency ambulance vehicle will comply with Federal Ambulance Specifications, KKK-A-1822C, in regard to vehicle exhaust system and tires.~~
- ~~26. Additional Equipment~~Any medical equipment carried on an ambulance outside a licensed EMS service ~~wants to routinely carry that is not on the approved equipment list, must~~ shall have prior written approval by the ~~Office~~ Department ~~to carry the equipment.~~ No equipment or supplies shall be carried on an ambulance which would permit an EMSP to render care beyond the scope of practice and/or violate these Rules.
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 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.
- ~~39. Only ambulances of a Paramedic or Advanced EMT Service shall be equipped with ALS Equipment unless a prior request for an upgrade has been made and approved by the department. Carried on BLS Registered Vehicles For ALS Licensed Services registering I-A vehicles ALS equipment and skills may only be permitted when appropriate ALS personnel are present.~~
10. Temporary upgrades and downgrades of permitted ambulances are for mechanical reasons only 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. Upgrades and downgrades are not permitted for the purposes of staffing. Permanent upgrades and downgrades shall follow the same guidelines as a new vehicle permit. ~~This does NOT permit the service to routinely carry ALS equipment on a I-A vehicle.~~
11. Each permitted ambulance must have the ambulance service name clearly displayed in 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 contrasting color(s)*:
 - a. "Star of Life" emblem must be displayed on the top of the ambulance.
 - b. The permit sticker issued by the Department will be displayed on the rear lower left corner of the ambulance.

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

- a. The permit level of the ambulance may be displayed on the front two fenders of the ambulance.
 - b. The word “Ambulance” labeled in mirror image located on the front of the ambulance hood.
 - 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) *Stretcher ambulances may not be equipped with audible warning devices.
 13. Each ambulance shall be equipped with an emergency lighting system that shall provide 360 degrees of conspicuity for safety during all missions. This includes at a minimum, a flashing emergency light bar, two (2) alternating flashing red lights located at the same level on the front and sides and to 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. *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 (1) fire extinguisher.
 17. Each ambulance shall be equipped with a backup alert alarm, (audible warning device) activated when the vehicle is shifted into reverse and a load management system to ensure power to essential patient care equipment is protected.
 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 43” 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 O₂ tank retention system shall meet AMD standard 003. Oxygen must be medical grade and contain at least 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 Trauma System must have a Trauma AWIN radio that is in operating condition.

21. All ambulances permitted by the Department shall carry the minimum approved supplies and equipment for the level of licensure of the ambulance. All equipment and supplies shall be 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, EMS personnel, or the safe operation of the vehicle to include 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 vehicles 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 shall be maintained in a manner that is safe, clean, and in good working order at all times.
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. The Department may, at its sole discretion, inspect each licensed ambulance subject to the requirements of these rules and regulations. 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 regulations.

32. Each vehicle shall meet the basic medical and extrication equipment requirements. If an ambulance service does not provide extrication services a letter 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 services initial and annual renewal application.
33. Each permitted vehicle shall keep a current copy of the services approved offline medical control protocols in the ambulance at all times.
34. Licensees shall perform only those skills at the level of the permitted vehicle.

**Does not apply to Stretcher Ambulances*

C. Ambulance Staffing Requirements
Specific Standards

1. Paramedic Permitted Ambulances

a. ~~Vehicle specifications~~

~~Each licensee shall ensure that each vehicle to be registered meets the following vehicle and on-board medical equipment specifications as follows:~~

~~Minimum dimensions for patient compartment~~

a). ~~Height 54"~~

b). ~~Length 116"~~

b. ~~Two-way communication~~

~~Each registered vehicle shall have two-way direct communication with dispatch centers and/or base stations, other emergency medical service vehicles and receiving hospitals.~~

c. ~~Paramedic medical equipment and drugs~~

~~Each vehicle shall meet the Paramedic drug and equipment specifications recommended by the Governor's Advisory Council on EMS and approved by the Department.~~

- d. ~~Each vehicle attended by two (2) individuals~~ Each Paramedic registered permitted vehicle-ambulance shall be attended staffed at all times the scene and while enroute to the medical facility, by a minimum of two (2) certified licensed individuals, one (1) of whom shall be an Emergency Medical Technician-Paramedic, The remaining individual may be a Paramedic, -Advanced Emergency Medical Technician-Intermediate, or Emergency Medical Technician. -Ambulance, with t The *Emergency Medical Technician-Paramedic shall staffing the vehicle at all times and in the patient compartment at all times during patient transport.

**Note: This does not preclude allowing a licensed physician or nurse from providing care in the back of the ambulance in addition to the certified EMT-Paramedic*

- e. ~~— This permit is available only to ALS Licensed services.~~

2. Intermediate Advanced EMT Permitted Ambulances

- a. ~~— Vehicle specifications~~

Each licensee shall ensure that each vehicle to be registered meets the following vehicle and on-board medical equipment specifications as follows:

Minimum dimensions for patient compartment

- a). ~~— Height — 54"~~
b). ~~— Length — 116"~~

- b. ~~— Two way communication~~

Each registered vehicle shall have two-way direct communication with dispatch centers and/or base stations, other emergency medical service vehicles and receiving hospitals.

- c. ~~— Intermediate medical equipment and supplies~~

Each vehicle shall meet the Intermediate supplies and equipment specifications recommended by the Governor's Advisory Council on EMS and approved by the Department.

- d. ~~a.:~~ Each Intermediate Advanced EMT permitted registered vehicle ambulance shall be attended staffed at all times the scene and while enroute to the medical facility, by a minimum of two (2) certified licensed individuals, one (1) of whom shall be an Emergency Medical Technician-Paramedic or, Advanced Emergency Medical Technician-Intermediate, The remaining individual may be a Paramedic, Advanced Emergency Medical Technician, or ~~or~~ Emergency Medical

Technician-Ambulance, with ~~the~~ *Advanced Emergency Medical Technician-Intermediate or Emergency Medical Technician-Paramedic shall staffing the vehicle at all times and in the patient compartment at all times during patient transport.

**Note: This does not preclude allowing a licensed physician or nurse from providing care in the back of the ambulance in addition to the certified EMT-Intermediate or Paramedic*

e. — This permit is available only to ALS Licensed services.

3. ~~Class I-A~~ EMT Permitted Ambulances

a. ~~Vehicle specifications~~

~~Each licensee shall ensure that each vehicle to be registered meets the following vehicle and on-board medical equipment specifications as follows:~~

~~Minimum dimensions for patient compartment~~

a). — ~~Height 54"~~

b). — ~~Length 116"~~

b. — ~~Two-way communication~~

~~Each registered vehicle shall have two-way direct communication with dispatch centers and/or base stations, other emergency medical service vehicles and receiving hospitals.~~

e. — ~~Basic Medical equipment and supplies~~

~~Each vehicle shall meet the I-A supplies and equipment specifications recommended by the Governor's Advisory Council on EMS and approved by the Department.~~

d. — Each permitted ~~vehicle~~ ambulance shall be attended by two (2) individuals.

~~Each I-A~~ EMT permitted ~~registered vehicle~~ ambulance shall be attended staffed at all times the scene and while enroute to the medical facility, by a ~~a~~ minimum of two certified individuals, who shall be an Emergency Medical Technician-Paramedic, Advanced Emergency Medical Technician-Intermediate, or Emergency Medical Technician-Ambulance, ~~with the~~ *Emergency Medical Technician-Ambulance, Advanced Emergency Medical Technician-Intermediate or Emergency Medical Technician-Paramedic shall staffing the vehicle at all times and in the patient compartment at all times at all times during patient transport.

**Note: This does not preclude allowing a licensed physician or nurse from providing care in the back of the ambulance in addition to the certified EMT.*

e. ~~— This permit is available for both BLS and ALS Licensed services.~~

4. ~~— Class I B~~

a. ~~— Minimum dimensions for patient compartment~~

1). ~~— Height 50"~~

2). ~~— Length 110"~~

b. ~~— Two-way communications~~

~~Each registered vehicle shall have two-way communication with dispatch centers and/or base stations, other emergency medical service vehicles and receiving hospitals.~~

e. ~~— Medical equipment~~

~~Each vehicle shall meet the I B supplies and equipment specifications recommended by the Governor's Advisory Council on EMS and approved by the Department.~~

d. ~~— Each vehicle attended by two (2) individuals~~

~~Each I B registered vehicle shall be attended at the scene and while enroute to the medical facility, by a minimum of two individuals, one of whom shall be a licensed physician, Emergency Medical Technician-Paramedic, Emergency Medical Technician-Intermediate, licensed nurse, or Emergency Medical Technician-Ambulance, with any of the above in the patient compartment at all times during patient transport.~~

e. ~~— This permit is available for both BLS and ALS Licensed services.~~

5. ~~— Special Purpose~~

~~This permit shall be issued to only those emergency vehicles that are operated by a Special Purpose Licensee.~~

64. Advanced Response Permitted Vehicles

a. ~~Two-way communications~~ Each Advanced Response permitted vehicle shall be staffed at all times by a minimum of one (1) licensed Paramedic.

~~Each registered vehicle shall have two-way direct communications with dispatch centers and base stations, other emergency medical service vehicles and medical control.~~

~~b. Advanced life support medical equipment and drugs~~

~~Each vehicle shall meet the Advanced Response drug and equipment specifications recommended by the Governor's Advisory Council on EMS and approved by the Department.~~

~~c. Basic medical equipment~~

~~Each vehicle shall meet the basic medical and extrication equipment requirements recommended by the Governor's Advisory Council on EMS and approved by the Department.~~

~~d. This permit is available only to services licensed as Advanced Response.~~

5. EMT-Volunteer Permitted Ambulances

a. Each EMT Volunteer permitted ambulances shall be staffed at all times by a minimum of two (2) individuals, one (1) of whom shall be a licensed physician, Paramedic, Advanced EMT, RN, or Emergency Medical Technician, with any of the above in the patient compartment at all times during patient transport. The second individual must be at minimum trained in CPR (Healthcare Provider).

6. EMT-Specialty Permitted Ambulances

a. Each EMT Specialty permitted ambulances shall be staffed at all times by a minimum of two (2) individuals, one (1) of whom shall be a licensed physician, Paramedic, Advanced EMT, RN, or Emergency Medical Technician, with any of the above in the patient compartment at all times during patient transport. The second individual must be at minimum trained in CPR (Healthcare Provider).

7. Permitted Stretcher Ambulances

a. Each ambulances used for the non-emergent transport of passengers will be staffed by a minimum of two (2) individuals. One (1) shall be trained at a minimum in CPR (Healthcare Provider), and one (1) shall be an Arkansas Certified Emergency Medical Technician, LPN, RN, MD or DO. The certified/licensed individual shall be attending the passenger during the transport.

STANDARDS

A. Air Ambulance Service Classifications

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 ambulance prior to the application and receipt of a permit issued by the Department
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 with a patient aboard should be avoided. If fueling operations are necessary, the patient should be temporarily removed from the aircraft if his/her medical condition allows. If a patient is aboard, all fueling procedures must meet FAA Standards given in the Certificate Holder's Operation Manual. During refueling operations, fire control equipment must be in the immediate vicinity and manned.
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 regulations, in conjunction with other state's applicable rules when appropriate.
6. Each air ambulance service shall have and maintain a coordination point, 24 hours a day, 7 days a week.
7. Each air ambulance must have radio capability to communicate air-to-air and air-to-ground and the ability to communications with physicians who are responsible for directing patient care in transit, and with ground personnel who coordinate the transfer of the patient.
8. Each air ambulance shall contact the referring and receiving medical facilities or ground scene personnel, when within radio range, giving them the estimated time of arrival and when on final approach. Otherwise, the coordination point shall have this responsibility.
9. 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 party requesting the flight with verification telephone number
- e. pertinent medical and logistical support information.

10. Each air ambulance operator must maintain, for seven years, a record of each air ambulance operation, including but not limited to the following:

- a. Patient's name
- b. Date of flight
- c. Diagnosis
- d. Originating and terminating points, and patient's condition upon departure and arrival.
- e. An in-flight medical attendant's report of the patient's status, including vital signs, level of consciousness, drugs administered, and details of therapeutic intervention.
- f. Any circumstances encountered during flight, which affect patient care or transport time.

11. All Air Ambulance Services must coordinate aircraft departures and arrivals with required surface transportation to avoid delays.

12. Each Air Ambulance Service shall have a Medical Director. This Medical Director shall provide the Drug Enforcement Agency registration for the service. The Medical Director shall:

- a. ensure that all Emergency Medical Services Providers, for which direction is provided, are properly educated and licensed pursuant to these Rules. This includes skills verification.
- b. ensure that each Emergency Medical Services Provider, for which direction is provided, is following Service protocols.
- c. ensure the licensed services, for which direction is provided is in compliance with these Rules.
- d. review the Services written protocols annually and prior to implementation of any changes.
- e. determine the duty readiness of air ambulance personnel

13. Each Service shall maintain a register of legend drugs to include type, quantity, date received, date of expiration and physician authorizing purchase and usage. See Section XIV. E.

14. Each Service shall maintain a copy of the Department approved Medication Policy and Procedure which meets the requirements of the Arkansas Department of Health Pharmacy Services and Drug Control.

15. Each permitted aircraft shall keep a current copy of the services approved offline medical control protocols in the aircraft at all times.

16. Quality Assurance Program for Licensed Ambulance Services

Each licensed emergency medical services provider shall conduct a quality assurance program. The 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, 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 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;
- g. A summary of the review discussion.

17. 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 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
- e. Documents related to service licensure.

C. Specific Air Medical Service Standards

1. Each Rotor-Wing and Rotor-Wing Specialty ambulances shall have:

- a. provide twenty-four (24) hour emergency ambulance service coverage. All services shall have a documented plan ensuring coverage within the Services service area at all times.
- b. meet the two minute reaction time with the exception of hazardous weather conditions that would preclude response.
- c. 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 / Certified by the State where the communications center is located, that 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 incoming and outgoing telephone and radio transmissions pertaining to flight requests, dispatch, and following of aircraft. 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 General Highway Map for Counties or the equivalent
- f. personnel capable of plotting scene coordinates and directing the helicopter to a scene location, 24 hours a day
- g. a policy addressing Post Accident/Incident Plan including the following situations:
 - 1) Precautionary Landing – Medical
 - 2) Precautionary Landing – Mechanical
 - 3) Overdue/Missing Aircraft
 - 4) Mayday/Post Crash
- h. Each rotor-wing aircraft air ambulance service shall arrange for flight following at least every fifteen (15) minutes. Documentation of such flight following must be maintained during all phases of flight. The position report consists of:
 - 1) Latitude
 - 2) Longitude
 - 3) Ground Speed
 - 4) Heading

i. When the aircraft is unable to maintain direct radio contact with the base station, flight following must be maintained through alternative communications links such as:

- 1) Hospitals
- 2) FAA communication points
- 3) EMS agencies
- 4) Satellite Tracking

2. Each Fixed-Wing ambulance shall have:

- a. A minimum of one (1) incoming telephone line dedicated to emergency 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 VII. PERMITTING OF AIR AMBULANCE VEHICLES

A. Application

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

B. Air Ambulance Vehicle General Standards

1. Air Ambulance Vehicles Shall:

- a. be configured to allow the air ambulance personnel to treat the patient including advanced life support procedures.
- b. be equipped with doors that allow safe loading and unloading of the patient without rotating the patient more than 30 degrees about the longitudinal axis or 45 degrees about the lateral axis.
- c. have supplies and equipment for the protection of personnel and patients from infectious diseases and for personal safety.
- d. maintain the interior of the air ambulance in a manner that is safe, sanitary, and in good working order at all times.
- e. have interior lighting in the patient compartment and must not interfere with the pilot's vision.

- f. maintain all door latches both inside and outside of the aircraft shall be fully functional.
- g. ensure that all outdated, misbranded, adulterated or deteriorated fluids, supplies and medications are removed from an aircraft immediately.
- h. 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
- i. be equipped with survival gear applicable to the air ambulance service area and the number of occupants.
- j. be properly climate controlled. If air conditioning or heat is not available, a policy will address what type of patients cannot be transported during extreme temperatures as defined by the air ambulance service and what measures are taken to avoid adverse affects on patients and personnel on board. All pharmaceuticals shall be kept within in the recommended temperature range as established by the manufacturer.
- k. ensure that the patient is isolated from the pilot to minimize in-flight distractions or interference that would affect flight safety.
- l. have a two-way radio with the ability to communicate:
 - 1) between the pilot and air ambulance 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.
 - 4) in the Trauma System utilizing a Trauma AWIN radio or another suitable medium capable of real-time, direct communication with the ATCC.
- m. have a process for rapid egress of air ambulance personnel.
- n. not have litters or equipment impeding rapid egress by personnel or patients from the aircraft.
- o. Each air ambulance service shall have in force and effect malpractice insurance coverage in the amount of no less than \$1,000,000 per occurrence and no less than \$3,000,000 aggregate for all air ambulance personnel. The Service shall maintain proof of 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.

2. Fixed-Wing Vehicles Shall:

- a. communication capabilities for 123.05 mHz and other nationwide frequencies.

D. Air Ambulance Staffing Requirements

1. Rotor-Wing

- a. All flights shall be staffed by a minimum of two (2) air ambulance personnel one of who must be a flight nurse. 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 the personnel meets the minimum training requirements.

2. Rotor-Wing Specialty

- a. All flights shall be staffed by a minimum of two (2) air ambulance personnel one of who must be a flight nurse. 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 the personnel meets the minimum training requirements.

3. Fixed-Wing

- a. All flights shall be staffed by a minimum of one (1) medical crew member that shall be a licensed Emergency Medical Services Professional, critical care nurse, flight physician, or other appropriate medical personnel selected by the air ambulance service Medical Director. The air ambulance service Medical Director may send any additional medical personnel at their discretion. If a fixed wing aircraft accepts an inter-facility transport the staffing, at minimum, shall be a registered nurse and paramedic; or if a fixed wing accepts an inter-facility specialty transport (i.e. pediatric, ECMO, OB, etc.) the staffing, at minimum, shall be a registered nurse and any other medical personnel deemed necessary by the Air Ambulance Service Medical Director.

E. Air Ambulance Personnel Training Requirements – Prehospital Rotor-Wing

1. Minimum Orientation and Recurrent Training in the Following Areas:

a. Prehospital Environment

- 1) Will be covered by EMT licensure Requirement

b. Air Medical Environment

- 1) Aircraft Safety Issues to include as required by the FAA – 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 – 1 hour initially and annually.
- 4) Day and Night Flying Protocols – To be included in FAA Annual Safety Inspection.
- 5) EMS Communications (radios) and familiarization with EMS System – 1 hour initially.
- 6) Invasive Procedures (or Manikin Equivalent) for competency maintenance, 4 intubations/year – recommended 1 successful intubation/quarter.
- 7) Quality Management – 1 hour yearly.

c. Preparatory (Mandatory for both the RN/EMT and Paramedic)

Minimum Experience for Flight Nurses

- 1) Minimum of 3 years current registered nursing experience in critical care and/or emergency nursing (i.e. ICU, CVICU, ER, or CCU). If a RN has 2 years of critical care and/or emergency nursing experience and 3 years of EMS experience at the Paramedic level or licensed practical nursing (LPN) experience in a critical care and/or emergency setting, they may be considered eligible for flight nurse status. A Paramedic with 3 years of flight experience may be allowed to transition into the Flight Nurse role provided that they successfully complete a program specific flight nurse orientation.

Minimum Experience for Paramedics Conducting Air Ambulance Transport

- 1) Minimum of 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

F. Air Ambulance Personnel Training Requirements – Prehospital Rotor-Wing conducting specialty flights (High Risk Obstetrics and Neonatal Transports)

1. High Risk Obstetrical

a Basic Fetal Monitoring Class – 4 hours initially, 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
- 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
- 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
- 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 Inhaled
- 6) Nitric Oxide if indicated
- 7) IV and Intra-Arterial Access, which might include:
- 8) Intraosseous Access
- 9) Venipuncture for Lab Specimen Collection
- 10) Cardiopulmonary Resuscitation (CPR)
- 11) Hemorrhage Control
- 12) Radiographic Interpretation

d. Certifications Required

- 1) Neonatal Resuscitation Program (NRP) or equivalent

G. Air Ambulance Personnel Training Requirements –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 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 – 1 hour initially and annually.
- 4) Day and Night Flying Protocols – To be included in FAA Annual Safety Inspection.
- 5) EMS Communications (radios) and familiarization with EMS System – 1 hour initially.
- 6) Invasive Procedures (or Manikin Equivalent) for competency maintenance, 4 intubations/year – recommended 1 successful intubation/quarter.
- 7) Quality Management – 1 hour yearly.
- 8) Stress Recognition and Management

b. Preparatory (Mandatory for both the RN, Paramedic)

Minimum Experience for Flight Nurses

- 1) Minimum of 3 years current registered nursing experience in specialty care (i.e. Neonatal Intensive Care Unit, Intensive Care Unit Pediatric Intensive Care Unit, Labor & Delivery, etc.), emergency nursing or other as appropriate to the mission of the air ambulance service.

Minimum Experience for Paramedics

- 2) Minimum of 3 years current paramedic experience with a paramedic ambulance service.

Minimum Training Requirements for Specialty Care Air Ambulance Personnel

- 3) Specialty Care Air Ambulance 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 minimum these personnel must have the following training as noted in Division I – Air Medical Environment.

H. Air Ambulance Personnel Training Requirements –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 – 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 – 1 hour initially and annually.

b. Preparatory (Mandatory for all Fixed Wing Medical Crew Members)

Minimum Experience for RN on a Fixed Wing

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

Minimum Experience for Paramedics conducting Fixed Wing Transport

- 1) Minimum of 2 years current paramedic experience with a paramedic ambulance service.

Minimum Experience for Specialty Care Fixed Wing Personnel

- 1) Specialty Care Fixed Wing Personnel must have appropriate state license or certification requirements by appropriate agencies or governing bodies and have relevant specialty experience as described by program policy. At minimum these personnel must have the following training as noted in Air Medical Environment.

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

I. Air Ambulance Personnel Training Requirements for 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 regulations pertinent to the medical transport service
- f. General safety rules and emergency procedures pertinent to air medical transport service
- g. Map Skills including – 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)

I. Documentation for Recurrent Training

- 1. Documentation showing completion of all recurrent training as outlined in Section VII. E – H shall be submitted to the Department annually with the Air Ambulance Service license renewal for all licensed EMT and Communication Specialists.

SECTION VIII. ~~ADVANCED LIFE SUPPORT~~ ~~APPROVED EMERGENCY MEDICAL SERVICES PERSONEL~~ SKILLS BY QUALIFIED PERSONNEL

- A. ~~To allow EMT-Paramedics and EMT-Intermediate~~ Advanced EMTs to may perform in the following manner, written approval, as well as a copy of the current protocols, must be obtained and kept on file by the Department, the individual service, and the service Medical Director function within their Scope of Practice while off duty or while not staffing a permitted ambulance within the service area of the ambulance service with whom the EMSP is employed full time. :-

- 1. ~~Within the service area of the service with whom he is affiliated, the EMT-I or EMT-P, with written approval from the ambulance service management, and written protocols from the service medical director, can perform Advanced Life Support procedures at his level of certification as recommended by the Governor's EMS Advisory Council and approved by the Department, prior to the arrival of the ambulance from his service~~ The following must be submitted to the Section 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 Section to perform the skills requested.
- d. Submit Medical Director approved treatment protocols addressing this specific practice and any equipment carried by the EMSP.
- e. In all cases, where advanced care is initiated and transport is required, advanced care must be maintained enroute to the hospital in a Paramedic or Advanced EMT permitted ambulance.

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

- ~~2. An EMT-I or EMT-P, with written approval from all services involved and the ALS service medical director, and with approved written protocols may perform Advanced Life Support (ALS) procedures at their level of certification as recommended by the Governor's EMS Advisory Council and approved by the Department.~~
- 2. An Advanced EMT-I or EMT-P paramedic 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, while on duty, perform any skill which is listed in their approved protocols as long as they meet ALL of the following requirements:
 - a. Written approval from the team's ~~M~~medical ~~D~~irector and submitted to the Department for review and approval.
 - b. Written approval is received from the team's manager/director and submitted to the Department for review and approval. ~~Individual is certified by the Department to perform the skills~~
 - c. Submit Medical Director approved protocols specific to this practice to the Department prior to implementation of program.
 - ~~b.d.~~ Verification that the Individual(s) are licensed by the Department to perform the skills
~~The guidelines recommended by the Governor's EMS Advisory Council and approved by the Department are adhered to~~
 - e. Individual's performance is not tied to a licensed ambulance service at the time they are performing skills for the response team
 - ~~e.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 Advanced EMT permitted ambulance.

- B. ~~In all cases, where advanced care is provided, provision for the continuity of level of care initiated must be maintained enroute to the hospital.~~ Emergency Medical Services Personnel are permitted to perform only those skills and administer only those medications once they are trained in the skill or pharmacology of that medication, and credentialed by the EMS agency Medical Director. In order to provide patient care in Arkansas all EMSP's must hold a current Arkansas EMSP license.

1. Procedures and skills for all EMSP licensure levels

- a. Simple and comprehensive patient assessments
- b. Manual maneuvers to open and control the airway
- c. Manual maneuvers to remove an airway obstruction
- d. Oxygen administration
- e. Insertion of basic airway adjuncts (Oral and Nasal)
- f. Bag-valve-mask (BVM) ventilation
- g. Upper airway suctioning
- h. Manual external CPR
- i. Use of an Automated External Defibrillator (AED)/Monitors
- j. Use of mechanical CPR assist devices
- k. Assist in the normal and complicated delivery of a newborn
- l. Manual cervical stabilization and cervical collar use
- m. Manual stabilization of orthopedic trauma
- n. Spinal motion restriction (KED, Long board, etc)
- o. Splinting
- p. Mechanical patient restraint
- q. MAST/PASG
- r. Bleeding control including tourniquet
- s. Eye irrigation
- t. Management of soft-tissue injuries
- u. Emergency moves and extrication
- v. Parenteral administration of epinephrine for anaphylaxis (EMTs may only administer epinephrine via an auto-injector)
- w. Inhaled (nebulized) medications to patients with difficulty breathing and/or wheezing (EMTs may only administer pre-measured unit doses of nebulized medications)
- x. Assisting a patient in administering his/her own prescribed medications via buccal and oral routes, including auto injectors
- y. Aspirin (ASA) for chest pain
- z. Blood glucose monitoring and administration of oral glucose
- aa. Pulse oximetry
- bb. Manual and auto blood pressure

2. The following are procedures and skills for **Only** Advanced EMTs and Paramedics

- a. Tracheobronchial suctioning
- b. CPAP/BiPAP administration and management
- c. Esophageal-tracheal and multilumen airways

- d. Obtaining peripheral venous blood specimens
- e. Peripheral IV insertion and maintenance (includes removal as needed)
- f. Intraosseus device insertion (includes removal as needed)
- g. Crystalloid IV solutions
- h. Administration of hypertonic dextrose solutions for hypoglycemia
- i. Administration of glucagon for hypoglycemia
- j. Administration of Sub-Lingual (SL) nitroglycerine to a patient experiencing chest pain or of suspected ischemic origin
- k. Administration of a narcotic antagonist to a patient suspected of narcotic overdose
- l. SQ or IM epinephrine for anaphylaxis
- m. Medication administration in the following routes, Aerosolized, Subcutaneous, Intramuscular, Nebulized, Sublingual, Intranasal, IV push (D₅₀W and narcotic antagonist only)
- n. Nitrous oxide for pain relief
- o. Manually triggered and automatic transport ventilators

3. The following are procedures and skills for **Only** Paramedics

- a. BIAD (Blind Insertion Airway Device) Insertion
- b. Endotracheal intubation (Nasal and oral)
- c. Delivery of PEEP
- d. Airway obstruction removal by direct laryngoscopy
- e. Cricothyrotomy
- f. Gastric decompression
- g. Pleural decompression via needle thoracostomy
- h. Chest tube monitoring
- i. Blood Chemistry Analysis
- j. ETCO₂/Capnography
- k. NG/OG tube
- l. Transurethral Catheters
- m. Access indwelling catheters and implanted central IV ports
- n. Central line monitoring
- o. ECG monitoring and interpretation including 12 lead
- p. Manual cardiac defibrillation
- q. Emergency cardioversion, including carotid massage
- r. Transcutaneous cardiac pacing
- s. Chemical restraint of combative patients
- t. Paralytic administration - Administration of paralytics for the purposes of RSI **Rapid Sequence Induction/Intubation is not permitted unless the EMS Agency has met RSI requirements and has received approval for RSI use from the Department. Paramedics are allowed to use paralytics to maintain the paralysis of an already intubated patient, if approved by medical direction.
- u. Maintain an infusion of blood or blood products
- v. Administration of other physician approved medications, routes to include endotracheal, IV (push and infusion), NG, Rectal, IO, Topical, SQ

w. Thrombolytics initiation

SECTION ~~IX~~VII. ~~CERTIFICATION~~ EDUCATION, TESTING AND LICENSURE OF PERSONNEL

A. The Department shall license individuals for the provision of Emergency Medical Service
~~Purpose~~

1. ~~Types of certificates~~

The Department shall issue the following types of licenses~~certificates~~:

a. Advanced Life Support

1)- ~~Emergency Medical Technician-Paramedic~~

2)- Advanced ~~Emergency Medical Technician-Intermediate~~

b. Basic Life Support

1) ~~Emergency Medical Technician-Ambulance~~

c. Instructor

1)- Emergency Medical Services~~Technician~~-Instructor

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

2. ~~Initial and renewal f~~ees

An application for the initial issuance of a ~~certification~~ license shall be made on forms provided by the Department, and shall be accompanied by a \$20 fee set forth by Arkansas Code Ann. § 20-13-211~~current EMS statute~~. ~~Each certificate shall be renewed biennially and shall be accompanied by a fee set forth by current Arkansas Code 20-13-200.~~

3. Certification and Licensure ~~Cards~~

Each ~~Arkansas Certified EMS~~SPT shall ~~carry~~ have the Arkansas EMSP licensure card issued by the Department on their person at all times while on duty ~~the Arkansas Certification Card issued by the Office or have the ability to contact their EMS service or the Office for EMT certification~~ licensure verification ~~verification when providing patient care if level of certification is questioned.~~ All paramedics shall maintain ACLS certification throughout their licensure period. All licensure levels shall maintain current CPR certification

during their license period. Each Service shall have readily available a copy of all current licensure and certification cards for all employees.

4. Criminal History Form

Any applicant applying for initial ~~certification~~ licensure shall complete ~~one time only~~ a State and/or Federal criminal history check form and shall request the Identification Bureau of the Department of the Arkansas State Police to conduct a state and/or national criminal history check on the applicant as required by Arkansas Code 20-13-200.

5. ~~Approved Skills for Emergency Medical Technicians~~

a. ~~Emergency Medical Technician-Paramedic when appropriate, may perform the following skills with Medical Director oversight:~~

1). ~~Advanced life support (ALS) skills:~~

- ~~a). Administration of approved intravenous fluids~~
- ~~b). Airway maintenance and ventilatory support including endotracheal intubation, nasotracheal intubation, cricothyroidotomy, and needle thoracostomy~~
- ~~c). Administration of approved drugs~~
- ~~d). Electrocardiogram monitoring and interpretation~~
- ~~e). Defibrillation and synchronized cardioversion~~
- ~~f). Oral gastric and nasogastric insertion, lavage and suction~~
- ~~g). Additional procedures and skills as recommended by the Governor's EMS Advisory Council and approved by the Department.~~

2). ~~Basic Life Support (BLS) skills:~~

- ~~a). Airway maintenance and ventilatory support~~
- ~~b). Obtaining and monitoring vital signs~~
- ~~c). Cardiopulmonary resuscitation (CPR)~~
- ~~d). Defibrillation with an Automated External Defibrillator (AED)~~
- ~~e). Performing scene assessment, patient assessment and triage~~
- ~~f). Bleeding control, wound care, and treatment for shock~~
- ~~g). Fracture immobilization~~
- ~~h). Management of medical, traumatic, and behavioral emergencies~~
- ~~i). Gaining access to patients and extricate for treatment and transport~~
- ~~j). Use of emergency medical services communication equipment~~
- ~~k). Provide verbal patient reports and written run documentation to the care facility as required~~
- ~~l). Additional procedures and skills as recommended by the Governor's EMS Advisory Council and approved by the Department.~~

b. ~~Emergency Medical Technician-Intermediate when appropriate, may perform the following skills with Medical Director oversight:~~

1). ~~Advanced Life Support (ALS) skills:~~

- ~~a). Administration of approved intravenous fluids~~
- ~~b). Airway maintenance and ventilatory support as recommended by the Governor's EMS Advisory Council and approved by the Department.~~
- ~~c). Administration of approved drugs~~
- ~~d). Additional procedures and skills as recommended by the Governor's EMS Advisory Council and approved by the Department.~~

2). ~~Basic Life Support (BLS) skills~~

- ~~a). Airway maintenance and ventilatory support~~
- ~~b). Obtaining and monitoring vital signs~~
- ~~c). Cardiopulmonary resuscitation (CPR)~~
- ~~d). Defibrillation with an Automated External Defibrillator (AED)~~
- ~~e). Performing scene assessment, patient assessment and triage~~
- ~~f). Bleeding control, wound care, and treatment for shock~~
- ~~g). Fracture immobilization~~
- ~~h). Management of medical, traumatic, and behavioral emergencies~~
- ~~i). Gaining access to patients and extricate for treatment and transport~~
- ~~j). Use of emergency medical services communication equipment~~
- ~~k). Provide verbal patient reports and written run documentation to the care facility as required~~

~~c. Emergency Medical Technician-Ambulance when appropriate, may perform the following skills Basic Life Support (BLS) skills:~~

- ~~1.) Airway maintenance and ventilatory support~~
- ~~2.) Obtaining and monitoring vital signs~~
- ~~3.) Cardiopulmonary resuscitation (CPR)~~
- ~~4.) Defibrillation with an Automated External Defibrillator (AED)~~
- ~~5.) Performing scene assessment, patient assessment and triage~~
- ~~6.) Bleeding control, wound care, and treatment for shock~~
- ~~7.) Fracture immobilization~~
- ~~8.) Management of medical, traumatic, and behavioral emergencies~~
- ~~9.) Gaining access to patients and extricate for treatment and transport~~
- ~~10.) Use of emergency medical services communication equipment~~
- ~~11.) Provide verbal patient reports and written run documentation to the care facility as required~~

B. Initial Certification Education Standards for Licensure Requirements Standards

1. No person is eligible to provide care, as defined in these Rules and Regulations, ——— without a Current Arkansas EMSPT licensure Certification. Requirements for certification — includes: Paramedic

a. Successful completion of an Arkansas 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, and

- b. Successful completion of the National Registry of EMT's Paramedic certification process.~~Emergency Medical Technician-Paramedic~~

2. Advanced Emergency Medical Technician

1). — Pre-requisites for training

- a) — ~~Successful completion of an Arkansas EMT Basic Course, or hold a current State EMT or Intermediate certification, or Military and Federal Employees who have a current National Registry card.~~
- b) — ~~Current signed CPR card (AHA or ARC) documenting completion of a CPR course designed specifically for healthcare providers, or a copy of an official American Heart Association (AHA) or American Red Cross CPR for the Professional Rescuer (ARC) CPR course roster.~~

2). — Pre-requisites for testing

- ~~a) — Currently certified as an Arkansas EMT.
(Note: Any person not holding Arkansas Certification must comply with the requirements for a State and/or National Criminal History check as required by Act 666 of 1999.)~~
- b) — ~~Successful completion of a Department approved Department of Transportation (DOT) National Standard Curriculum EMT Paramedic program including all didactic, clinical and field internship requirements or be accepted for reciprocity from another state.~~
- c) — ~~Current AHA ACLS card or official AHA roster, and current CPR Card (AHA or ARC) documenting completion of a CPR course designed specifically for healthcare providers, or a copy of an official American Heart Association (AHA) or American Red Cross CPR for the Professional Rescuer (ARC) CPR course roster.~~
- d)a. Successful completion of an Arkansas accredited Advanced Emergency Medical Technician-Intermediate program including all didactic, clinical and field internship requirements, and
- b. Successful completion of the National Registry of EMT's Advanced EMT certification process.

1). — Pre-requisites for training

a) ~~—— Holds a current State EMT or Advanced EMT license, or Military and Federal Employees must hold a current National Registry card. Successful completion of an Arkansas EMT Basic Course, or~~
h~~Holds a current Arkansas State EMT certification licenses, or Military and Federal Employees who have~~must hold a current National Registry card.

b) ~~—— Current signed CPR card (AHA or ARC) documenting completion of a CPR course designed specifically for healthcare providers, or a copy of an official American Heart Association (AHA) or American Red Cross CPR for the Professional Rescuer (ARC) CPR course roster.~~

2). ~~—— Pre-requisites for testing~~

a). ~~—— Currently certified as an Arkansas EMT.
(Note: Any person not holding Arkansas Certification must comply with the requirements for a State and/or National Criminal History check as required by Act 666 of 1999.)~~

b). ~~—— Successful completion of a Department approved Advanced EMT program based on National EMS Education Standards DOT National Standard Curriculum EMT-I training course including all didactic, clinical and field internship requirements, or be accepted for reciprocity from another state.~~

3). ~~—— Certification Licensure Requirements~~

~~Successfully complete the Arkansas National Registry of EMT's EMT Intermediate certification process Examination.~~

e.3. Emergency Medical Technician-Ambulance

a. 1). ~~—— The Department shall base certification on s~~Successful completion of the an Arkansas accredited DOT National Standard Curriculum-EMT training courseprogram including all didactic, clinical and field internship requirements, and: Also, as part of the course completion requirements, ALL students taking a basic EMT Course must complete a minimum eight (8) hour Extrication Course. Students with training and certification in other states without documented extrication must complete the eight (8) hours of required extrication in order to be eligible for testing. The Extrication Course can be conducted in one (1) of the following manners, or a combination of the following methods:

- a) ~~Videos~~
- b) ~~Classroom lectures~~
- c) ~~Skills practice~~

d) ~~Any combination of the above~~

- b. 2). ~~Certification shall be based on a~~ Successful completion of both the Arkansas practical skills examination and the National Registry of EMTs written examination certification process.

C. General Recertification Licensure Renewal Standards

One (1) Continuing Education (CE) Hour is defined as every fifty (50) minutes of approved classroom or skills laboratory activities, each hour of structured clinical or field experience when monitored by a preceptor assigned by an EMS training program, EMS service provider, hospital or alternate base station approved according to the Department or each hour of media based/serial production. Continuing Education courses or activities shall not be approved or accepted for less than one hour of credit. For courses greater than one credit CEU's may be granted in no less than half hour increments. CE hours shall not be awarded until all requirements have been met and the EMSP attended the complete training.

~~Arkansas EMT recertification is required every two (2) years in order to ensure EMTs maintain the ability, skills and knowledge needed to properly perform prehospital medical patient care. It is based on a combination of training programs and testing of basic critical skills. Individuals will not be authorized to provide care as EMTs from their expiration date until they receive their new identification card. EMT Instructor recertification requirements must be completed to maintain Instructor status, but does not affect Arkansas EMT certification. An individual can lose their Instructor status, but still be recertified at their EMT level.~~

~~Any currently certified EMT applying for recertification shall complete one time only a criminal history check form and shall request the Identification Bureau of the Department of the Arkansas State Police to conduct a state and/or national criminal history check on the applicant.~~

1. All individuals applying for renewal of a license shall submit the following to the Department: ~~Emergency Medical Technician Basic and Ambulance~~
 - a. Completed Arkansas Application Form signed in ink (available from the Office).
 - b. ~~A \$10.00 certification~~ Application fee set forth by current EMS statute payable to the Arkansas Department of Health.
 - c. Copy of a ~~Current~~ signed Healthcare Provider CPR card (Must follow current American Heart Association Guidelines and require a hands on skills component ~~AHA or ARC~~) -documenting completion of a CPR course designed specifically for healthcare providers, ~~or a copy of an~~

official American Heart Association (AHA) or American Red Cross CPR for the Professional Rescuer (ARC) CPR course roster.

- d. Complete and ~~d~~Document completion of one (1) of the following education requirement for your level of licensure.

2. Specific Renewal Requirements by EMS Level

a. Emergency Medical Technician

- 1) An ~~approved~~ formal (24) hour EMT Basic Transition/Refresher Program course based on the current EMS Education Standards (a minimum of twenty-four (24) hours) including an end-of-course written cognitive and practical psychomotor skills examination, documented verified by an letter from a certified Arkansas EMT Instructor on approved Training Site letterhead approved education program. Must include a minimum of 2 hours pediatric specific education.

Or

- 2) ~~Complete~~ Forty-eight (48) hours of Continuing Education ~~pre-~~ Units approved by the Office (with a minimum of three (3) areas, maximum of sixteen (16) hours per topic area). Maximum of twelve (12) hours for internet based education. Must include a minimum of 2 hours pediatric specific education.

~~2. b.~~ Advanced EMT ~~Intermediate~~

- ~~a. Completed Application Form signed in ink (available from the Office of EMS).~~
- ~~b. A \$10.00 certification fee payable to the Arkansas Department of Health.~~
- ~~c. Current CPR card (AHA or ARC) documenting completion of a CPR course designed specifically for healthcare providers, or a copy of an official American Heart Association (AHA) or American Red Cross CPR for the Professional Rescuer (ARC) CPR course roster.~~
- ~~d1) Documentation signed and dated by the Medical Director Signature~~ on renewal application verifying competency in the following Advanced EMT psychomotor skills ~~skills: Patient Assessment, Airway Management with appropriate device(s), IV Therapy, MAST and D50W Administration.~~

e. Complete and document ALL of the following:

- 12). An formal thirty-six (36) hour Advanced EMT Transition Course based on the current EMS Education Standards, including an end-of-course cognitive and psychomotor examination, verified by letter from an approved EMS Education Program and Thirty-Six (36) hours of Continuing Education with a minimum of three (3) areas, maximum of sixteen (16) hours per topic area. Maximum of twelve (12) hours for internet based education. Must include a minimum of 4 hours pediatric specific education. approved EMT Basic Refresher Program (a minimum of twenty four (24) hours) including an end of course written and practical skills exam, documented by a letter from a certified Arkansas EMT Instructor on approved Training Site letterhead

Or

- 2). Seventy-two (72) hours of Continuing Education with a minimum of three (3) areas, maximum of sixteen (16) hours per topic area. Twenty four (24) hours must follow the guidelines pertaining to Advanced EMT topics Twelve (12) hours of Intermediate level Refresher training pre-approved by the Office. Maximum of twelve (12) hours for internet based education. Must include a minimum of 4 hours pediatric specific education.

- 3) ~~Thirty six (36) Hours of Continuing Education pre-approved by the Office (with a minimum of three (3) areas, maximum of sixteen (16) hours per area.)~~

3. ~~EMT~~ -c. Paramedic

a. ~~Completed Application Form signed in ink (available from the Office of EMS).~~

b. ~~A \$10.00 certification fee payable to the Arkansas Department of Health.~~

c. ~~Current CPR card (AHA or ARC) documenting completion of a CPR course designed specifically for healthcare providers, or a copy of an official American Heart Association (AHA) or American Red Cross CPR for the Professional Rescuer (ARC) CPR course roster.~~

- d.1) A signed copy (front and back) of your current American Heart Association ACLS Provider card ~~or official AHA course roster (valid past your current EMT-P expiration date).~~

- e.2) Medical Director ~~s~~Signature on renewal application verifying competency in paramedic psychomotor skills ~~the following skills:~~

Patient Assessment, Endotracheal Intubation, IV Therapy, Drug Therapy and MAST.

In addition to the above, complete and document one of the following:

1) ~~1) —~~ A formal (48) hour Paramedic Transition Program based on the EMS Education Standards, including an end-of-course cognitive and psychomotor examination, verified by letter from an approved EMS Education Program and twenty-four (24) hours of Continuing Education units with a minimum of three (3) areas, maximum of sixteen (16) hours per area. Maximum of twelve (12) hours for internet based education. Must include a minimum of 4 hours pediatric specific education. ~~An approved forty-eight (48) hour EMT-Paramedic Refresher course, including an end-of-course written and practical skills exam, documented by a letter from the certified EMT-Paramedic instructor on approved Training Site letterhead.~~

Or

Seventy two (72) hours of Continuing Education units with a minimum of three (3) areas, maximum of sixteen (16) hours per topic area. Forty eight (48) hours must follow the guidelines pertaining to Paramedic Continuing Education requirements. Maximum of twelve (12) hours for internet based education. Must include a minimum of 4 hours pediatric specific education.

Or

Twenty-Four (24) hours with documentation of skills competency from the Services Medical Director or their designee and recertify with the NREMT by challenging and passing the NREMT Paramedic cognitive exam ACLS, PALS will not count toward the 24 hours of Advanced CEU's. If choosing this method, each paramedic shall provide documentation from the National Registry that recertification was accomplished by exam. Continuing Education hours must include a minimum of 4 hours pediatric specific education.

2) ~~2) —~~ Forty eight (48) hours Advanced Refresher Training or Advanced Continuing Education pre-approved by the Office adhering to and including the content of the EMT-Paramedic Refresher National Standard Curriculum.

4.3. ~~EMSP T—~~ Instructor Renewal Requirements ~~(+)~~:

EMSP Instructor Certification licensure is for a two (2) year period to run concurrent with your the current EMSPT level of certification licensure.

The following must be completed and submitted for ALL Instructors:

- a. ~~Completed~~ Arkansas Application Form signed in ink (available from the Office of EMS).
- b. A Signed copy (front and back) of a current Healthcare Provider CPR instructor card (Must follow current American Heart Association Guidelines and require a hands on skills component)
- c. Paramedics instructors shall maintain and submit current American Heart Association ACLS instructor certification. ~~your current CPR Instructor card or official course roster, either:~~
 - 1) ~~American Heart Association~~
 - 2) ~~American Red Cross~~
- ed. Complete eight (8) hours of Continuing Education at the Instructor level ~~pre-approved by the Office.~~
- de. Meet the recertification relicensure requirements for your level of certification licensure (EMT-A, EMT-Intermediate Advanced EMT, or EMT-Paramedic Paramedic)
- e. ~~Document the following requirements for your level of certification:~~
 - 1) f. ~~EMT-Ambulance certified as an EMT-Instructor, must c~~ Complete and provide documentation from the EMS Education Program for (1) one of the following:
 - 1) One (1) full EMT EMT-course teaching more than 50% of the course materials
 - 2) Two (2) EMT courses as co-instructor teaching
~~Two (2) Refresher courses~~
 - 3) Forty-eight (48) hours of classroom instruction with prior approval by ADH, or with a letter from the lead instructor or training site representative EMS Education Program verifying hours and topics of instruction taught at an approved EMT course.
- g. Submit a signed letter of good standing from the Training Site in which your EMSP instructor certification is aligned with.

- 2). ~~EMT Intermediate certified as an EMT Instructor, must complete one of the following:~~
- a) ~~One (1) EMT course teaching more than 50% of the course material~~
 - b) ~~Two (2) EMT courses as co-instructor~~
 - c) ~~Two (2) Refresher courses~~
 - d) ~~One (1) EMT Intermediate course teaching more than 50% of the course material~~
 - e) ~~Forty eight (48) hours of classroom instruction with prior approval by ADH, or with a letter from the lead instructor or training site representative verifying hours and topics of instruction taught at an approved EMT course.~~
- 3). ~~EMT Paramedic certified as an EMT Instructor, must complete one of the following:~~
- a) ~~One (1) EMT course teaching more than 50% of the course material~~
 - b) ~~Two (2) EMT courses as co-instructor~~
 - c) ~~Two (2) Refresher Courses~~
 - d) ~~One (1) EMT Intermediate course~~
 - e) ~~One (1) EMT Paramedic course teaching more than 50% of the course material~~
 - f) ~~One (1) forty eight (48) hour Paramedic refresher course with a letter from the lead instructor or training site representative verifying hours and topics of instruction taught at an approved EMT course.~~
- 4). ~~EMT Instructor Trainer must complete all of the following:~~
- a) ~~Maintain current Arkansas EMT Intermediate or EMT Paramedic certification~~
 - b) ~~Maintain current EMT Instructor certification~~

54. ~~Late-EM~~SPT Recertification relicensure Applications submitted after expiration date

- a. ~~Recertification~~ Relicensure will be allowed for those who submit their documentation after their the expiration date, -IF:
- 1) All required educational hours were completed PRIOR to their ir current expiration date;
 - 2) All specific training (i.e., Refresher, ACLS, CPR, etc.) was completed PRIOR to their ir current expiration date; AND

3) All documentation was submitted ~~PRIOR to the next recertification period~~ no later than 2 years after their current expiration date

b. ~~Persons~~ EMSP's submitting their relicensure material after the expiration date, but having completed all requirements prior to their current expiration date will be relicensed to their previous expected expiration date. No EMSP may provide patient care until a license has been issued.

~~who have NOT submitted the documentation PRIOR to their expiration date will be considered lapsed BEGINNING with the expiration date and will remain lapsed until the paperwork is submitted, reviewed by the Office, meets the above criteria, and documentation of recertification is issued (current wallet ID card).~~

D. Lapsed Arkansas Licensed Lapsed Emergency Medical Technicians Service Providers

Individuals who do not complete their educational and training requirements for ~~relicensure~~ certification prior to their expiration date will be considered lapsed and will have to complete the following requirements for their ~~certification~~ licensure level prior to receiving their new ~~Certification~~ licensure card. No EMSP that is lapsed shall provide patient care until a license has been issued:

1. ~~EMT-Ambulance~~

a. LAPSED TWO (2) YEARS OR LESS:

1) Document successful completion of an approved Basic EMT Transition / Refresher Course within the previous 12 months (minimum 24 hours);

1)2) Documentation of an additional 12 hours continuing education within the past 12 months.

2)3) ~~Document~~ Copy of a current signed Healthcare Provider CPR card (Must follow current American Heart Association Guidelines and require a hands on skills component AHA or ARC)

~~documenting completion of a CPR course designed specifically for healthcare providers, or a copy of an official American Heart Association (AHA) or American Red Cross CPR for the Professional Rescuer (ARC) CPR course roster;~~

4) Submit completed Arkansas application form, completely filled out with signature, and a \$10.00 certification fee payable to the Arkansas Department of Health.

3)5) \$20 Application fee set forth by Arkansas Code Ann. § 20-13-211 payable to the Arkansas Department of Health.

4)6) Validation of competency on all EMT psychomotor skills by an accredited EMS training program or challenge the Arkansas EMT psychomotor skills exam. ~~Challenge and pass the Arkansas Basic EMT written and practical examination.~~

b. LAPSED MORE THAN TWO (2) YEARS:

1) ~~Document successful completion of an approved Basic EMT Course following the Department of Transportation National Standard Curriculum (NSC) for EMT Training, minimum 120 hours;~~

2) ~~Submit Arkansas application form, completely filled out with signature, and a \$10.00 certification fee payable to the Arkansas Department of Health;~~

3) ~~Mail copy of National Registry application and testing fee (money order payable to National Registry) directly to National Registry office, and mail original National Registry application to the Office of EMS & TS;~~

4) ~~Challenge and pass the Arkansas Basic EMT Certification examination (written and practical for EMT-A).~~

2. Advanced EMT-Intermediate

a. LAPSED TWO (2) YEARS OR LESS:

1) Document successful completion of an approved AEMT transition / refresher ~~Basic EMT Refresher C~~ course within the previous 12 months. ~~(minimum 24-36 hours)~~

1)2) Documentation of an additional 24 hours advanced continuing education within the past 12 months. ~~and twelve (12) hours of Intermediate level continuing education (prior approval by the Office of EMS & TS is needed for credit to be given);~~

2)3) ~~Document~~ Copy of current signed Healthcare Provider CPR card (Must follow current American Heart Association Guidelines and require a hands on skills component ~~AHA or ARC)~~ documenting completion of a CPR course designed specifically for healthcare providers; ~~or a copy of an official American Heart Association~~

(AHA) or American Red Cross CPR for the Professional Rescuer (ARC) CPR course roster;

4) Submit completed Arkansas application form, completely filled out with signature, and a \$10.00 certification fee payable to the Arkansas Department of Health;

3)5) \$20 Application fee set forth by Arkansas Code Ann. § 20-13-211 payable to the Arkansas Department of Health.

4)6) Submit a letter from an Arkansas licensed ambulance Validation of competency on all AEMT psychomotor skills by an accredited EMS training program, EMS Medical Director or challenge the National Registry of EMT's psychomotor exam.

5) ~~Challenge and pass the Arkansas/National Registry EMT-Intermediate written and practical examination.~~

b. LAPSED MORE THAN TWO (2) YEARS:

1) ~~Document successful completion of an approved Basic EMT Course following the Department of Transportation National Standard Curriculum (NSC) for EMT Training, minimum 120 hours;~~

2) ~~Submit Arkansas application form, completely filled out with signature, and a \$10.00 certification fee payable to the Arkansas Department of Health;~~

3) ~~Mail copy of National Registry application and testing fee (money order payable to National Registry) directly to National Registry office, and mail original National Registry application to the Office of EMS & Trauma Systems;~~

4) ~~Challenge and pass the Arkansas Basic EMT Certification examination (written and practical for EMT-A);~~

5) ~~Document successful completion of an approved Arkansas EMT-Intermediate Course following the Department of Transportation National Standard Curriculum (NSC) for EMT Training;~~

5) ~~Submit Arkansas application form, completely filled out with signature, and a \$10.00 certification fee payable to the Arkansas Department of Health;~~

6) ~~Mail National Registry application and testing fee (money order payable to National Registry) for the Intermediate exam directly to National Registry office;~~

6) ~~Challenge and pass the Arkansas/National Registry EMT Intermediate Certification examination (written and practical).~~

3. ~~EMT-Paramedic~~Paramedic

a. LAPSED TWO (2) YEARS OR LESS:

1) ~~Document successful completion of an approved forty-eight (48) hour~~a formal Paramedic transition / Refresher Course Program within the past 12 months; (minimum 48 hours);

1)2) Documentation of an additional 24 hours advanced continuing education within the past 12 months

2)3) Copy of a current signed CPR card (Must follow current American Heart Association Guidelines and require a hands on skills component)~~AHA documenting completion of a CPR course designed specifically for healthcare providers; or a copy of an official American Heart Association (AHA) or American Red Cross CPR for the Professional Rescuer (ARC) CPR course roster;.~~

3)4) Submit a signed copy of current American Heart Association ACLS card or official course roster;.

5) Submit completed Arkansas application form, completely filled out with signature, and a \$10.00 certification fee payable to the Arkansas Department of Health;

4)6) \$20 Application fee set forth by Arkansas Code Ann. § 20-13-211 payable to the Arkansas Department of Health.

5)7) Submit a letter from an Arkansas licensed ambulance service or training site medical director verifying skills; Validation of competency on all Paramedic psychomotor skills by an accredited EMS training program, EMS Medical Director or challenge the National Registry of EMT's psychomotor exam.

6) ~~Challenge and pass the Arkansas/National Registry EMT-Paramedic written and practical examination.~~

4. All licensed EMSP levels

a. LAPSED MORE THAN TWO (2) YEARS

1) All EMSP's shall complete all initial licensure requirements as outlined in Section IX. B.

~~Shall complete all initial licensure requirements~~

b. ~~LAPSED MORE THAN TWO (2) YEARS:~~

- ~~1) Document successful completion an approved Basic EMT Course following the Department of Transportation National Standard Curriculum (NSC) for EMT Training, minimum 120 hours;~~
- ~~2) Submit Arkansas application form, completely filled out with signature, and a \$10.00 certification fee payable to the Arkansas Department of Health;~~
- ~~3) Mail copy of National Registry application and testing fee (money order payable to National Registry) directly to National Registry office, and mail original National Registry application to the Office of EMS & Trauma Systems;~~
- ~~4) Challenge and pass the Arkansas Basic EMT Certification examination (written and practical for EMT-A).~~
- ~~5) Document successful completion of an approved Arkansas EMT-Paramedic Course following the Department of Transportation National Standard Curriculum (NSC) for EMT Training;~~
- ~~6) Submit Arkansas application form, completely filled out with signature, and a \$10.00 certification fee payable to the Arkansas Department of Health;~~
- ~~7) Mail National Registry application and testing fee (money order payable to National Registry) for the Paramedic exam directly to National Registry office;~~
- ~~8) Challenge and pass the Arkansas/National Registry EMT Paramedic Certification examination (written and practical).~~

E. Request for Extension to ~~e~~Complete EMT Recertification License Renewal Requirements

1. Extensions will only be considered if the licensee 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 licensee.

*Note – Those failing to submit necessary forms or fees by the EMSP's expiration date will not be eligible for an extension.

2. Extension Decisions:

- a. ~~Submit a letter to the Office of EMS & Trauma Systems ***no later than thirty (30) days prior to the expiration date*** requesting an extension. The letter must include the reason(s) the extension is being requested (*what circumstances have occurred during the past two (2) years that requires an extension*). Include information to substantiate the need for an extension (i.e. *Military Orders, medical documentation from a physician, etc.*)~~
- b. ~~Office of EMS & Trauma Systems will review each letter of request AND all supporting documents separately and make a decision on a case by case basis by the expiration date.~~
- e.a. If the Office of EMS & Trauma Systems **Department** receives the request and/or documentation after their **the EMSP's** expiration date **or the extension request is denied**, the EMSP will be considered LAPSED. See Section VII. D. and the request will not be accepted or reviewed. However, requests from EMTs on active duty with the military and stationed overseas will be reviewed as long as a copy of their orders are attached to the request.
- d. ~~After all of the information is reviewed, a letter will be sent to the applicant explaining the Office of EMS & Trauma Systems decision.~~
- e. ~~If an individual is found to be providing care while certification is lapsed, they will be subject to Disciplinary Action. In addition, the licensed ambulance service, if applicable, will be notified of Disciplinary Actions (See Section XIII) taken against them for allowing a non-certified EMT to operate on an ambulance.~~

If your request is granted and you receive an extension, you are NOT eligible to provide patient care, as an Arkansas certified EMT, past your expiration date UNTIL you complete all of your recertification requirements!

The Department is authorized to approve Arkansas ~~certification~~ licensure testing for individuals who hold certifications or licenses issued by other states. In addition, military and; ex-military personnel and federal employees who hold a current National Registry of Emergency Medical Technician (NREMT) EMTs card will be eligible for Arkansas ~~certification~~ licensure testing. ~~Certification~~ Licensure will be equal to their pre-existing state certification, not to exceed two (2) years, excluding Military personnel. -Applicants must be within the original certification/licensure period or have renewed in the State currently licensed before applying for Arkansas licensure. Applicants must successfully complete the Arkansas licensure requirements prior to the expiration date in which currently licensed. ~~The Department shall require any person seeking reciprocity to comply with the following requirements:~~

1. General Standards for reciprocity: ~~Certification in another state and/or National Registration does not authorize you to function as an EMT in Arkansas. Presenting yourself as an EMT in this state prior to certification could jeopardize your chance to become an Arkansas EMT. Also, any service employing an EMT not Arkansas certified is risking disciplinary action.~~
 - a. Complete the Verification of EMT Status form (Obtained from the Department)
 - b. Submission of an application for licensure and \$20 application fee set forth by Arkansas Code Ann. § 20-13-211 payable to the Arkansas Department of Health.
 - d. 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 an Arkansas Registered Nurse current, active license or holds a current, active Registered Nurse License from a nursing compact state.
 - e. Copy of a current signed Healthcare Provider 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
 - f. Copy of a current State certification/licensure card. (Excludes Military personnel). For EMSP's without a current state card, who were previously licensed in Arkansas see Section XII. F. 5.
 - g. Copy of a current National Registry card at the current level being requested.
2. Specific requirements for reciprocity by EMSP level ~~Applicants must be within their original certification period or have recertified in the state the EMT is transferring from prior to applying to Arkansas. Applicants must also challenge and~~

successfully complete the Arkansas certification requirements prior to their out-of-state expiration date.

a. EMT All state certified and Nationally Registered Basic EMTs seeking Arkansas certification must complete and submit the following documentation to the Office:

1) Successfully completion of the Arkansas psychomotor skills exam.

Or

2) Verification of all EMT psychomotor skills as documented by an official letter from the training site representative of an accredited Arkansas EMS Education Program. Candidates will be assigned an approved EMS Education Program by the Department for verification of psychomotor skills testing during the reciprocity application process. Prior approval must be given by the department for this option to be valid.

a. ~~— A completed Verification of EMT Status Form (obtained from the Office).~~

b. ~~— A completed Arkansas application signed and dated in **INK**, for EMT certification form (obtained from the Office)~~

b. Advanced EMT

c. ~~— A \$10.00 certification fee payable to the Arkansas Department of Health. Note: certification fees are not refundable.~~

d. ~~— Arkansas Criminal Background Check form, which includes a State and FBI check. (form(s) obtained from the Office).~~

e. ~~— Document Current CPR course (AHA or ARC) documenting completion of a CPR class designed specifically for healthcare providers, or a copy of an official American Heart Association (AHA) or American Red Cross CPR for the Professional Rescuer (ARC) CPR course roster.~~

f. ~~— Copies of your current State certification and National Registry cards. Note: If you are not currently a National Registry cardholder, you must acquire one before being Arkansas certified. Contact the Office of EMS & Trauma Systems to obtain the procedures you must follow to acquire National Registry status.~~

g. ~~— Successfully complete the Arkansas Practical Skills Exam if you have a current National Registry card. If not, successfully complete National Registry Written Exam and the Arkansas Practical Skills Exam.~~

1) Verification of AEMT psychomotor skills as documented by a Medical Director's signature on the Arkansas application.

~~All state certified and Nationally Registered EMT Intermediates seeking Arkansas certification must complete and submit the following documentation to the Office:~~

~~c. Paramedic A completed Verification of EMT Status Form (obtained from the Office).~~

~~A completed Arkansas application *signed and dated in INK*, for EMT certification form (obtained from the Office).~~

~~A \$10.00 certification fee payable to the Arkansas Department of Health.~~

~~*Note: certification fees are not refundable.*~~

~~Arkansas Criminal Background Check form, which includes a State and FBI check. (Form(s) obtained from the Office).~~

~~Document Current CPR card (AHA or ARC) documenting completion of a CPR course designed specifically for healthcare providers, or a copy of an official American Heart Association (AHA) or American Red Cross CPR for the Professional Rescuer (ARC) CPR course roster.~~

~~Copies of your current State certification and National Registry cards.~~

~~*Note: If you are not currently a National Registry cardholder, you must acquire one before being Arkansas certified. Contact the Office of EMS & Trauma Systems to obtain the procedures you must follow to acquire National Registry status.*~~

~~Verification of the following skills within the past two (2) years:~~

~~1) Three (3) Esophageal Obturator Airway (EOA) / Esophageal Gastric Tube Airway (EGTA) intubations which were conducted under the supervision of the Medical Director of an approved training site, Medical Director of a Licensed Advanced Life Support ambulance service or any person qualified/approved as an instructor for Intermediate and Paramedic training courses (Verification can be accomplished by using an Intubation Manikin).~~

~~1) Three (3) each intravenous cannulation starts verified by a physician, registered nurse or any person qualified/approved as an instructor for Intermediate and Paramedic training courses (Verification can be accomplished using an IV Manikin).~~

~~5. All state certified and Nationally Registered EMT Paramedics seeking Arkansas certification must complete and submit the following documentation to the Office:~~

~~a. A completed Verification of EMT Status Form (obtained from the Office).~~

~~b. A completed Arkansas application *signed and dated in INK*, for EMT certification form (obtained from the Office).~~

- c. ~~A \$10.00 certification fee payable to the Arkansas Department of Health.
Note: certification fees are not refundable.~~
- d. ~~Arkansas Criminal Background Check form, which includes a State and FBI check. (Form(s) obtained from the Office).~~
- e. ~~Current CPR card (AHA or ARC) documenting completion of a CPR course designed specifically for healthcare providers, or a copy of an official American Heart Association (AHA) or American Red Cross CPR for the Professional Rescuer (ARC) CPR course roster.~~

~~Submit copy of current AHA ACLS card or course roster documenting successful completion within the previous 24 months.~~

- f. ~~Copies of your Current State certification and National Registry cards.
Note: If you are not currently a National Registry cardholder, you must acquire one before being Arkansas certified. Contact the Office of EMS & Trauma Systems to obtain the procedures you must follow to acquire National Registry status.~~
- g. ~~Verification of the following skills within the past two (2) years:~~

1) Submission of a signed copy of current American Heart Association Advanced Cardiac Life Support Card ~~Three (3) each endotracheal intubations verified by a physician, anesthesiologist, CRNA, or any person qualified/approved as an instructor for Paramedic training courses (Verification can be accomplished by using an Intubation Manikin).~~

1)2) Verification of Paramedic psychomotor skills as documented by a Medical Director's signature on the Arkansas application

~~2) Three (3) each intravenous cannulation starts verified by a physician, registered nurse or any person qualified/approved as an instructor for Paramedic training courses (Verification can be accomplished using an IV Manikin).~~

3. Military Personnel

Military trained personnel will be eligible for EMT ~~Basic/Ambulance Certification~~ Licensure ONLY, unless documentation is submitted showing of completion of an an accredited AEMT or Paramedic course including all didactic, clinical and field internship requirements ~~State Approved Department of Transportation National Standard Curriculum EMT-I or EMT-P course can be provided.~~ A DD Form 214 listing a medical MOS, AFSC, or NEC must be submitted. The applicant must not have been separated from the Military ~~(Personnel stationed in the Continental United States or overseas)~~ for more than twelve (12) months, and must have been active in the job description within the previous twelve (12) months.

- a. Military Personnel seeking Basic certification must complete all items listed in Section IX. F 1. Above and the following requirements:
- b. Submission of ~~Submit a~~ copy of DD Form-214 (or other formal discharge documentation) showing separation from the Military (Personnel stationed in the Continental United States or overseas, Reserve personnel must submit a copy of training information from their 201 file). ~~(reserve personnel must submit a copy of training information from their 201 file).~~
- c. Military Personnel seeking Advanced Emergency Medical Technician licensure must complete the requirements listed in Section VII.F. 1A ~~completed Verification of EMT Status Form (obtained from the Office).~~
- d. Military Personnel seeking Paramedic certification must complete the requirements listed in Section VII.F. 1A ~~A completed Arkansas application signed and dated in INK, for EMT certification form (obtained from the Office).~~
- e. ~~A \$10.00 certification fee payable to the Arkansas Department of Health. Note: certification fees are not refundable.~~
- f. ~~Arkansas Criminal Background Check form, which includes a State and FBI check. (form(s) obtained from the Office).~~
- g. ~~Document Current CPR card (AHA or ARC) documenting completion of a CPR course designed specifically for healthcare providers, or a copy of an official American Heart Association (AHA) or American Red Cross CPR for the Professional Rescuer (ARC) CPR course roster.~~
- h. ~~A copy of your current National Registry card.~~
- i. ~~Verification of an eight (8) hour extrication course.~~
- j. ~~Successfully complete the Arkansas Practical Skills Exam.~~
- b. ~~Military Personnel seeking Emergency Medical Technician Intermediate certification must complete the requirements listed in Section VII.F.4 above.~~
- c. ~~Military Personnel seeking Emergency Medical Technician-Paramedic certification must complete the requirements listed in Section VII.F.5 above.~~
- 4. Federal Employees EMSP's previously licensed in Arkansas that hold a current NREMT Card
 - a. EMSP's previously licensed in Arkansas within the past 4 years and holds only a NREMT certification card must complete the following to obtain reciprocity into Arkansas. ~~Federal Employees seeking Basic~~

Emergency Medical Technician certification must complete the following requirements:

1) ~~A~~Completed Verification of EMT Status Form (obtained from the Office) the requirements under the general standards for reciprocity. Section XII. F. 1.

2) A completed Arkansas application *signed and dated in INK*, for EMT certification form (obtained from the Office) Successfully challenge the State or NREMT psychomotor skills exam at the level the candidate is seeking licensure.

~~3) Arkansas Criminal Background Check form, which includes a State and FBI check. (form(s) obtained from the Office).~~

~~4) Document Current CPR card (AHA or ARC) documenting completion of a CPR course designed specifically for healthcare providers, or a copy of an official American Heart Association (AHA) or American Red Cross CPR for the Professional Rescuer (ARC) CPR course roster.~~

~~5) A copy of your current National Registry card.~~

~~6) Verification of an eight (8) hour extrication course.~~

~~7) Successfully complete the Arkansas Practical Skills Exam~~

~~b. Federal Employees seeking Emergency Medical Technician Intermediate certification must complete the requirements listed in Section VII.F.4 above.~~

~~c. Federal Employees Emergency Medical Technician Paramedic certification must complete the requirements listed in Section VII.F.5 above.~~

SECTION ~~VIII~~X.

HOSPITAL STAFFING

Pursuant to ACT 293 of 1981, if In order for an a hospital wishes to permit an Arkansas Certified Licensed Emergency Medical Technician EMSP to perform specified skills for which they are licensed procedures within the Emergency Department or as a member of an emergency code team functioning elsewhere in the a hospital, the EMSP shall ensure that the following actions must have been taken by the hospital:

A. The medical staff must approve the privileges granted to the individual ~~functioning as an 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. ~~In no event, however, may an EMT perform a procedure on a patient in a hospital that he or she is not certified to do by the Office of EMS and Trauma Systems, Arkansas Department of Health. EMSP's may not perform a procedure on a patient in a hospital that he or she is not licensed to perform.~~

- B. Approved EM~~SP~~^STs in a hospital setting must function in accordance with physician's orders and under the direct supervision of either the physician or the Registered Nurse responsible for emergency services within a hospital.
- C. In addition, with hospital concurrence, students in EM~~SPT~~ training programs ~~approved by the Office of Emergency Medical Services and Trauma Systems of the Arkansas Department of Health~~ must be trained by qualified personnel within the hospital under guidelines established by the medical staff and approved by the hospital governing body.
- D. A roster with the delineation of privileges ~~will~~ shall be maintained ~~in the files of the supervisor for the respective department of employment and in the files of the administrator~~ and readily available.

SECTION ~~IX~~I. GENERAL TRAINING SITE AND EDUCATION REQUIREMENTS

The following sections pertains to all EMSP training sites ~~at all three levels of EMS Instruction in Arkansas.~~

- A. All Arkansas ~~approved~~ EMSP Training Sites must be accredited by the Department following the Department Accreditation Manual. Paramedic Training Sites shall be accredited by the Commission on Accreditation of Allied Health Education Programs and the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP) using ~~the current~~ Accreditation Standards.
- B. The Department shall ~~approve~~ review all EM~~ST~~ courses and ~~training sites~~ EMS Education Programs (EEP) prior to the beginning of any period of instruction.
- C. ~~There~~ Classes shall be conducted in an environment conducive to learning ~~an academic as well as clinical atmosphere. Trainees must be in uniform with a standard means of identification when engaged in the patient care and clinical or field internship portions of the program.~~
- D. Trainees must be in uniform with a standard means of identification when engaged in patient care.
- ~~D~~E. Education courses must follow the nationally accepted EMS Education Standards. ~~The course of instruction and minimum number of hours of total instruction will be set by the Department.~~
- ~~E~~F. ~~The~~ Basic EMSP Course instructors must be either an Arkansas Licensed Physician or a ~~certified~~ Arkansas licensed EM~~SPT~~-Instructor at any level. Paramedic courses must follow the accreditation requirements set forth by the Commission on Accreditation of Allied Health Education Programs and the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP) as set forth in SECTION VII.B.1.d.

FG. Off-Site Courses must meet the following:

1. All instructor requirements remain the same as if the course is conducted at the ~~training site~~ EMS Education Program.
2. The facility where the class is located must meet with the ~~the~~ written approval of both the sponsoring institution and the Department.
3. Written documentation ~~should~~ shall verify one of the following concerning equipment.
 - a. All equipment needed for the course as required by the (~~i.e. Health Department is list~~) is available at the course location and is not removed from any ~~equipment from any licensed ambulance~~ permitted ambulance. Department staff may inspect the ~~ambulance~~ course location at anytime during the course.

Or

- b. The ~~training site~~ EMS Education Program sponsor provides all equipment. For ~~off site~~ 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 ~~specific~~ policy exists requiring return within a certain time ~~span~~ frame.

Or

- c. Equipment used for the course may be provided as a combined effort by the EMS Education Program ~~training site~~ 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.

HG. Sponsorship of Multiple Courses

Any EMS Education Program (EEP) ~~training site~~ may offer concurrent courses providing the following criterion has been met.

There must be adequate equipment available for each course offered to insure that each student has appropriate access to each needed item. ~~In the case of concurrent courses, a training site must be able to demonstrate that no conflict in equipment availability exists.~~

I. EMS Education Program must submit all applicable paperwork in the time frame specified by the Department.

J. EMS Education Programs must assure students meet minimum educational requirements for the national certifying examination.

K. Any potential site wishing to apply to be a Paramedic Training Site must:

1. Have met Arkansas requirements as listed in the Arkansas Site Accreditation Manual
2. Have submitted their application and site review to the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP), and
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.

L. Transition/Refresher courses shall:

1. be sponsored by an EMS Education Program
2. be approved prior to starting any training
3. have an agenda/course outline submitted with the course approval application

M. Psychomotor Testing

1. Advanced EMT and Paramedic psychomotor testing will follow the guidelines outlined in the National Registry Exam Coordinator Manuals. Any deviation from these requirements must be approved by the National Registry in writing prior to the exam.
2. EMT psychomotor testing will follow all guidelines outlined in the Sections Psychomotor Skills Exam Coordinator Manual. Any deviation from these requirements must be approved by the department in writing prior to the exam.

SECTION XII. ~~BASIC AND ADVANCED TRAINING SITE~~ EMS EDUCATION PROGRAM REQUIREMENTS

A. Paramedic ~~Training Sites~~ EMS Education Programs

1. ~~By July 1, 2003 a~~ All current Arkansas Paramedic ~~Training Sites~~ EMS Education Programs must complete one of the following prior to starting and Paramedic Education:

- a. Have 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).
- b. Have submitted all required paperwork, including the self-study and be awaiting a 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 site wishing to apply to be a Paramedic Training Site after July 1, 2003 must have been awarded national accreditation as a Paramedic Training Site, as recognized by the Office, and met Arkansas requirements as listed in the Arkansas Site Accreditation Manual.~~

B. ~~Emergency Medical Technician-Paramedic Training~~

1. Paramedic curriculum, evaluations, clinical and field internship will be developed and approved by the accredited EMS education facility
- ~~42.~~ The Department shall approve all ~~EMT-Paramedic~~ Paramedic courses and ~~training-EMS Education Program~~ sites- locations prior to the beginning of any period of instruction.
- ~~2.3.~~ 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)
~~Training sites must meet and maintain the standards set forth in the State Advanced Accreditation Standards Manual. Training Site Accreditation Standards as recommended by the Governor's EMS Advisory Council and approved by the Department.~~
- ~~34.~~ Primary Instructors must be either Arkansas licensed physicians, registered nurse/~~EMTS~~ Instructor, or ~~EMT-Paramedic~~ Paramedic/~~EMTS~~ Instructor. A paramedic who is an EMS ~~EMT~~-Instructor will teach at least fifty (50) percent of each course.
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.
- ~~46.~~ Medical Facility ~~In-Hospital~~-training
 - a. Clinical phases of training will be conducted within a medical facility ~~with hospital concurrence~~.
 - b. ~~EMT-Paramedic~~ Paramedic students will be ~~trained~~ educated, 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 hospital's medical facilities governing body during clinical phases of training.

- c. There must be a Medical Director designated, having emergency department experience, who meets the requirements in Section I ~~All requirements for hours, hospital, ambulance, patient contact and training set forth in the 1999 ALS Implementation Plan must be met by all classes beginning after July 1, 2001.~~

57. Field Internship

- a. Internship must be completed with ~~a/an paramedic~~ 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 ~~with which there is an~~ written agreement allowing students to actively participate in patient care. The student must be in the patient compartment during transport and have direct supervision by a licensed Paramedic at all times.

~~b. All requirements for both field internships set forth in the current ALS Implementation Plan must be met for all classes after July 1, 2001.~~

- 68. Only those students from CoAEMSP accredited ~~approved courses~~ programs and recommended by their instructor and ~~M~~ medical ~~D~~ director will be allowed to challenge the ~~State of Arkansas~~ NREMT certification examination and obtain an Arkansas EMS license.

- 79. There must be a Medical Director designated, having emergency department experience, who meets the requirements in Section I and documents current Advanced Cardiac Life Support credentials or is Board ~~Certified~~ Licensed in Emergency Medicine.

C. ~~Emergency Medical Technician-Intermediate~~ Advanced EMT Training

- 1. Advanced EMT curriculum, evaluations, clinical and field internships will be developed and approved by the Department accredited EMS education facility.

- 12. The Department shall approve all ~~EMT-Intermediate~~ Advanced EMT courses and training sites prior to the beginning of any periods of instruction.

- 23. ~~EMT-Intermediate~~ Advanced EMT training may be sponsored only by a higher education institution that has affiliation with an Arkansas licensed hospital ~~or EMT-Paramedic training site.~~

34. Primary Instructors must be either Arkansas licensed physicians, ~~registered nurses/EMT-Instructor, EMT-Paramedic/EMT-Instructor, or EMT-Intermediate~~ EMS /EMT-Instructor at the AEMT level or higher.
5. Advanced EMT Training Sites must follow AEMT policies as set forth in the Arkansas Advanced Accreditation Manual ~~(applies only to EMT Intermediates completing the 1999 EMT Intermediate DOT-NSC).~~
46. The Department will ~~set-review~~ the course of instruction and minimum recommended number of hours of total instruction.
57. 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.
68. Only those students from ~~approved courses and~~ an accredited EMS educational facility and recommended by their instructor and Medical Director will be allowed to challenge the ~~State of Arkansas~~ NREMT -certification examination.
79. There must be a Medical Director designated, having emergency department experience, who meets the requirements in Section 1.F. ~~and documents Advanced Cardiac Life Support certification current within one year of becoming a Medical Director or is Board Certified in Emergency Medicine.~~
10. Medical Facility ~~In-Hospital~~ Training
 - a. Clinical phases of training will be conducted within a medical facility with hospital concurrence.
 - b. ~~EMT-Intermediate~~ Advanced 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 medical staff and the facilities governing body during clinical phases of training.
 - c. ~~All requirements for hours, hospital, ambulance, patient contact and training set forth in the 1999 ALS Implementation Plan must be met by all classes beginning after July 1, 2001.~~
911. Field Internship
 - a. Internship must be completed with a Arkansas licensed Paramedic or ~~Intermediate~~ 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.

b. ~~All requirements for both field internships set forth in the 1999 ALS Implementation Plan must be met for all classes after July 1, 2001.~~

D. Emergency Medical Technician-Ambulance Training

1. The Department shall approve all EMT-~~Basic~~ courses and training EMS Education Program sites-locations (not previously approved) prior to the beginning of any periods of instruction.
2. ~~Basic~~-EMT training may be sponsored only by a higher education institution that is affiliated with an Arkansas licensed hospital or an Department approved EMS Education Program training site.
3. Primary Instructors must be either Arkansas licensed physicians, ~~registered nurses/EMT Instructor, EMT Paramedic/EMT Instructor, EMT-Intermediate/EMT Instructor~~ or licensed EMS/SPF-Ambulance/EMT-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 ~~approved courses~~ 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 ~~State of Arkansas~~ 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. ~~and documents ACLS certification current within one year of becoming a Medical Director or be Board Certified in Emergency Medicine.~~
8. ~~In Hospital~~ Medical Facility Training
 - a. Clinical phases of training will be conducted within a medical facility with hospital concurrence.
 - b. ~~Basic~~-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 ~~medical staff and the hospital's~~ facility's governing body during clinical phases of training.
9. Field Internship

- a. Internship must be completed with an ~~an Paramedic, Intermediate or Basic~~ 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.

E. EMS Education Program for ~~Emergency Medical Technician~~ SP -Instructor ~~Courses~~ Training

1. Requirements to conduct an EMT~~S~~ -Instructor Course are as follows:

- a. The course must be sponsored by an Arkansas approved EMT~~S~~ Education Program ~~Training site~~ in affiliation with an educational institution (Vo-Tech School, Technical College, Community College, four year college or university).
- b. All courses must be ~~approved~~ reviewed by the Department prior to starting ~~by the Office of EMS~~.
- c. All courses must follow the current ~~Department of Transportation~~ EMS Education Standards ~~National Standard Curriculum~~ instructor guidelines.
- d. ~~All courses must conduct a practical skills exam (those skills on which students test for certification) with a performance of 80% or above.~~
- e. d. ~~An individual who holds a Bachelor's Degree, or higher, in education, or adult education~~ must assist with the course.

2. The EMT~~S~~ -Instructor Trainer must submit the following information to the ~~Office of EMS~~ 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 Office prior to starting course)-
- e. List of applicants for verification/approval of EM~~SP~~ SP status by Office of EMS

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 EM~~S~~^T-Instructor course will be responsible for completing the requirements outlined in the Requirements for Arkansas EM~~T~~^S-Instructor Certification (~~Section VII.B.1.d.~~) for their level of EMT certification.

SECTION XIII. EMSP EDUCATION STANDARDS AND LICENSURE REQUIREMENTS

No person is eligible to provide care, as defined in these Rules and Regulations, without a Current Arkansas EMSP License. Requirements for licensure include:

A. Paramedic

1. Pre-requisites for beginning an education program

- a. Holds any current State EMT license or Advanced EMT licensure. Military must hold a current National Registered EMT or Advanced EMT license. Those not holding an Arkansas license must obtain Arkansas licensure prior to beginning any field or clinical internship.
- b. Copy of a current signed Healthcare Provider 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 prior to beginning any field or clinical internship.

2. Pre-requisites for field/clinical participation

- a. Candidate must be Arkansas licensed EMT or an Arkansas Advanced 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 EMSP.
- b. Successful completion of a Department approved Paramedic course.
- c. Copy of a current signed Healthcare Provider 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.
- d. Submit a copy of a signed current American Heart Association Advanced Cardiac Life Support (ACLS) card documenting completion

of an ACLS class.

4. Licensure requirements

- a. Successfully complete the NREMT certification examination including both didactic and psychomotor exams.

B. Advanced Emergency Medical Technician

1. Pre-requisites for beginning education program

- a. Successful completion of a Department approved EMT Course, or holds a current State EMT license / certification from another state and a current National Registered EMT card, or Military personnel who have a current National Registered EMT card.
- b. Copy of a current signed Healthcare Provider 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.

2. Pre-requisites for field/clinical participation

- a. Candidate must be 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 Advanced EMT program.
- c. Copy of a current signed Healthcare Provider 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

Successfully complete the NREMT Advanced EMT certification examination including both didactic and psychomotor exams.

C. 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.

D. Emergency Medical Service Provider-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
- b. Complete instructor application
- c. Licensed as an EMSP continuously from any State, National or Military for a minimum of two years and currently licensed as an Arkansas EMSP.
- d. Submit a letter of recommendation from the training site representative of an accredited EMS Education Program with the application.
- e. Current signed Healthcare Provider CPR Instructor 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.
- f. Complete a Lay Evaluator Training program prior to starting any EMSP instructor course
- g. Successfully complete a Section approved forty (40) hour EMSP Instructor course. For successful completion, 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 have to complete the instructor course:

- a. Instruct a EMT-Basic course or an approved EMT Transition / Refresher Program 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 transition / refresher program to meet this requirement shall be licensed for a minimum of two (2) consecutive years at the level they will teach.
 - 2) All courses must be sponsored by a Department approved EMS Education Program.
 - 3) Applications for 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)
 - 4) The Provisional Instructor shall teach a minimum of twelve hours of the first course and must be monitored for a minimum of (5) hours by one (1) of the following:
 - a. The Candidate's Instructor Trainer
 - b. EMS Instructor approved by the Department and the candidates Instructor Trainer
 - c. Training Site Representative
 - d. A Department Representative

E. EMSP Instructor Teaching Advanced Courses

- 1. Advanced EMTs who apply to teach an Advanced EMT course must complete the following:
 - a. Have received full EMSP Educator status.
 - b. Have been licensed as an Advanced EMT for a minimum of two (2) years.
- 2. Paramedic who applies to teach an Advanced EMT or Paramedic course must complete the following:
 - a. Have received full EMSP Educator status
 - b. Have current ACLS Instructor card
 - c. Have been licensed as a Paramedic for a minimum of two (2) years

F. EMSP Educator Trainer

1. All of the following eligibility requirements must be met for Instructors to become an EMSP Educator Trainer:
 - a. Arkansas licensed EMSP.
 - b. Licensed continuously for two (2) years in EMS as an EMSP Educator.
 - c. Sponsored by an Arkansas approved EMS Educational Program.
 - d. Current Lay Evaluator Training.
 - e. Document a minimum of an Associate Degree in an Allied Health Field, Education, or Emergency Management.

SECTION XIV. DRUGS AND PHARMACEUTICALS

A. NOTICE OF INSPECTION

Investigators and inspectors for ~~the Office of Pharmacy Services and Drug Control,~~ and Arkansas Department of Health, are directed to make investigations and inspections and make copies of the records and orders, wherever located, of all services licensed by the ~~Office of EMS~~ Department in order to determine whether or not said licensed ambulance services have violated the laws and regulations of the State of Arkansas respecting prescribing and using of narcotics and potentially dangerous drugs and whether or not said services have violated the provisions of the law.

B. REGISTRATION

A separate registration in the name of the Medical Director (Physician) is required for each service license place of business at one general physical location where controlled substances are maintained or distributed to ambulances specifically licensed to maintain drugs.*

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 drugs on-board all registered vehicles. -Schedule II drugs have a separate requirement for security that also must be complied with by the ~~L~~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 Paramedic-Licensed de Ambulance Service or Medical Director shall notify the Office of Pharmacy Services and Drug Control, Arkansas Department of Health (661-2325), 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 Drug Enforcement Administration (DEA) in writing within one business day of discovery of the theft or loss.
2. The original and one copy of the DEA Form 106 shall be sent to the DEA Resident Office and one copy shall be sent to the Pharmacy Services and Drug Control within seven days.

E. RECORDS OF CONTROLLED SUBSTANCES

1. The ambulance service Medical Director (~~Physician~~) of the service 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 Service (The hospital's DEA Registration 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. 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.

* ~~Exception: Hospital based Service (The hospital's DEA Registration 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).~~

5. Patient medication records shall consist of at least, (1~~a~~) physician's order authorizing the dispensing and administration of medications (Standing Orders), (2~~b~~) medication administration record indicating the date, time and signature of the EMTParamedic or other licensed healthcare provider administering controlled drugs to the patient, and (3~~c~~) the EMT-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 EMT-Paramedic or other licensed healthcare provider administering the drug.

6. In addition to patient's medical records, a record of the procurement and disposition of controlled drugs must be maintained.
7. The disposition record must reflect the actual dosage administered to the patient, the patient's name, date, time and signature of the ~~EMT-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.
8. When breakage or wastage of a controlled drug occurs, the amount administered and the amount wasted must be recorded by the ~~EMT-Paramedic~~ or other licensed healthcare provider who wasted the drug and verified by the signature of a licensed healthcare provider ~~person~~ and/or ~~certified~~ licensed EMT-Paramedic who witnessed the wastage and how it was wasted.
9. 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.
10. 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.
11. Every record shall be kept by the ~~R~~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, Arkansas Department of Health, or the ~~Office~~ Section of EMS & ~~Trauma Systems, Arkansas Department of Health.~~

F. SURRENDER OF UNWANTED CONTROLLED SUBSTANCES

All controlled substances no longer usable due to deterioration, expired dating, or no longer used by the service:

1. ~~m~~Must be delivered in person or by registered mail or other means of shipment with return receipt and all completed copies of Report of Drugs Surrendered (Form PhA:DC-1) furnished by the Department of Health to: Office of Pharmacy Services and Drug Control, Arkansas Department of Health, 4815 West Markham Street Slot-25, Little Rock, AR 72205-3867, OR
2. ~~m~~May be destroyed only by authorized agents of the Arkansas Department of Health on site.

G. POLICIES AND PROCEDURES MANUAL

A policies and procedures manual pertaining to drug handling shall be developed and submitted to the Office of Pharmacy Services and Drug Control for approval. This manual shall also be submitted to the Department. The manual shall include at a minimum the following:

1. Detailed job descriptions, duties and responsibilities of each employee handling drugs.
2. Procedures for registration of the ambulance service Medical Director, security of drugs 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.
3. Procedures in case of loss of drugs, surrender of unwanted drugs, and wastage.

H. STORAGE OF PHARMACEUTICALS BY LICENSED AMBULANCE SERVICES

1. All pharmaceuticals will 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 degrees Fahrenheit (32 F). Excessive heat is defined as temperatures at or above 104 degrees Fahrenheit (104F). The licensee will provide protection of fluids and pharmaceuticals on units.

I. ADDITIONS TO THE REQUIRED AND OPTIONAL DRUG LISTS

All additions to the Optional Drug List will be approved by the Medical Director, recommended by the Governor's Advisory Council ~~on EMS & Trauma Systems~~ and approved by the ~~Office of EMS~~ Department, prior to implementing the drug.

J. PURCHASING DRUGS FROM HOSPITALS

The policy of purchasing small quantities of legend drugs from hospital pharmacies by the supervising physician of non-hospital based ambulance services or EMS systems is acceptable. There is no requirement for hospitals to participate in this sale.

~~SECTION XIV. AIR AMBULANCE OPERATION~~ TRAUMA SYSTEM GUIDELINES FOR TRAUMATICALLY INJURED PATIENTS

A. TRIAGE OF TRAUMATICALLY INJURED PATIENTS

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 ATCC recommendation, patient's condition, distance of travel, patient preference, and system status.

AB. ~~LICENSURE OF AIR AMBULANCE SERVICES~~ URGENT TRAUMA TRANSFERS

The following rules regarding the process for inter-facility trauma transfers applies to those services participating in the states 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 patient's medical needs. Any deviation from the services protocol shall be reviewed by the services Medical Director.

The need for an urgent trauma transfer exists when, in the opinion of the treating physician, two conditions are met:

1. The immediate needs of the patient cannot be met in the sending facility due to lack of capability or capacity;
- and
2. 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.

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. 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.

Once the ATCC confirms the patient meets the criteria for urgent trauma transfer, the ATCC shall contact the EMS provider 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 provider. The sending hospital should contact the EMS provider designated on the ATCC dashboard early in the process to allow the provider as much advance notice as possible of the impending urgent transfer.

If the EMS provider cannot be at the transferring hospital by the agreed upon time, a backfill provider shall be contacted by the EMS provider. 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

assume responsibility. The EMS provider shall have ten minutes to accept the transfer request and shall arrive at the hospital at time agreed upon between the transferring hospital and the EMS agency. The patient and paperwork should be ready for transfer at that time.

All urgent trauma transfer requests shall prompt a review at the local 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 performed its responsibilities. Potential abuses of the system shall be elevated to the State TRAC/PI Subcommittee of the TAC for adjudication and recommendation of action steps to the ADH in order to prevent future abuses.

BC. 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 provider shall have no less than one hour to arrive at the transferring facility. The transferring hospital shall have the patient ready for pick-up by the agreed upon time.

~~1. Purpose~~

~~No person shall furnish, operate, maintain, conduct, advertise or engage in, or profess to engage in, the business of providing air ambulance transport of patients unless that person holds a valid air ambulance service license issued by the Department. This provision shall not in any way operate to alter the application of the Arkansas Good Samaritan Act (Arkansas Statutes 72-624).~~

~~2. General Standards~~

- a. ~~An application for the issuance or renewal of an air ambulance service license shall be made on forms provided by the Department and shall be accompanied by all fees as required by law or regulations. Each license shall be renewed annually.~~
- b. ~~Each licensee shall have a current FAA FAR 135 Certificate.~~
- c. ~~Refueling with a patient aboard should be avoided. If fueling operations are necessary, the patient should be temporarily removed from the aircraft if his/her medical condition allows. If a patient is aboard, all fueling procedures must meet FAA Standards given in the Certificate Holder's Operation Manual. During refueling operations, fire control equipment must be in the immediate vicinity and manned.~~

- d. ~~Air Ambulance Services based outside of Arkansas that do intra-Arkansas transfers shall be subject to the requirements of these regulations, in conjunction with other state's applicable rules when appropriate.~~
- e. ~~The aviation crew of an air ambulance shall meet all requirements of FAA FAR 135.~~
- f. ~~Each air ambulance service shall have and maintain a coordination point, 24 hours a day.~~
- g. ~~Each air ambulance must have radio capability to communicate air to air and air to ground.~~
 - 1. ~~This system should include two-way communications with physicians who are responsible for directing patient care in transit, and with ground personnel who coordinate the transfer of the patient to or from surface transportation.~~
 - 2. ~~Each aircraft shall have communication capabilities for radio frequencies 123.05 MHz and 155.340 MHz.~~
- h. ~~The pilot may contact the referring and receiving entity, when within radio range, giving them the estimated time of arrival and when on final approach. Otherwise, the coordination point shall have this responsibility.~~
- i. ~~The following information shall be logged for all flights: the time the call was received, time the aircraft was dispatched, time the aircraft departed, name of party requesting the flight with verification telephone number, and pertinent medical and logistical support information.~~
- j. ~~Each air ambulance operator must maintain, for seven years, a record of each air ambulance operation, including but not limited to the following:~~
 - 1. ~~Patient's name~~
 - 2. ~~Date of flight~~
 - 3. ~~Diagnosis~~
 - 4. ~~Originating and terminating points, and patient's condition upon departure and arrival.~~
 - 5. ~~An inflight medical attendant's report of the patient's status, including vital signs, level of consciousness, drugs administered, and details of therapeutic intervention.~~

6. ~~Unusual circumstances encountered during the flight, including inordinate altitudes flown, turbulence, times associated with these abnormal conditions, etc.~~
- k. ~~All Air Ambulance Services must coordinate aircraft departures and arrivals with required surface transportation to avoid delays.~~
- l. ~~Each Air Ambulance Service shall, when appropriate, perform the following services under direction of the ALS Medical Director:~~
 1. ~~Advanced Life Support (ALS) skills—Each air ambulance licensee shall, when appropriate, perform those services set forth in Rules and Regulations Pertaining to Emergency Medical Services, Section III.C.1., and other skills as per protocols and ALS Medical Director approval, Section VII.A.5.a.1.~~
 2. ~~Basic Life Support (BLS) skills—Each air ambulance licensee shall, when appropriate, perform those services set forth in Rules and Regulations Pertaining to Emergency Medical Services, Section VII.A.5.a.2.~~
 3. ~~All aeromedical crewmembers responding to scene flight requests shall be required to have training in extrication, immobilization techniques and scene stabilization.~~
 4. ~~Each licensee shall submit to the Department the DEA number and the person that number is registered to, to be utilized in acquiring drugs and medications. This should be the Medical Director of the service.~~
 5. ~~The ALS Medical Director of an air ambulance service shall be responsible for the following:~~
 - a) ~~Ensuring that aeromedical crew and equipment are provided to meet the patient's needs;~~
 - b) ~~Ensuring that all aeromedical crew members are minimally trained to perform in-flight duties as recommended by the Governor's Advisory Council on EMS and approved by the department;~~
 - c) ~~Supervising and evaluating the quality of care through a written and approved Continuous Quality Improvement program; and~~
 - d) ~~Determining duty readiness of aeromedical crews.~~
- m. ~~All aeromedical crewmembers will meet minimum training requirements recommended by the Governor's Advisory Council on EMS and~~

approved by the department. All air ambulance services will maintain written documentation of training for each aeromedical crewmember.

~~B. HELICOPTER AIR AMBULANCE~~

~~1. Only helicopter services that possess, or have a contract with operators who possess a current, valid, Federal Aviation Regulation, Part 135 Certificate shall be eligible for an Arkansas Air Ambulance License.~~

~~2. Coordination Point~~

~~a. Each helicopter air ambulance service shall have the following:~~

~~1) Minimum of one (1) incoming telephone line dedicated to emergency requests for the air ambulance service.~~

~~2) Personnel assigned to receive all dispatch and flight request information on behalf of the air ambulance service.~~

~~b. Each helicopter air ambulance service responding to scene flights shall also provide the following:~~

~~1) Personnel assigned to receive all dispatch and flight request information on behalf of the air ambulance service;~~

~~3) Communications/dispatch personnel trained commensurate with their responsibilities in the dispatch center, and who have successfully completed Emergency Medical Technician training;~~

~~4) Dispatchers with additional training in aircraft capabilities, operational limitations, and navigation and map coordination;~~

~~5) A dispatch center with the following:~~

~~a) A system to tape-record all incoming and outgoing telephone and radio transmissions pertaining to flight requests, dispatch, and following of aircraft. The system must have time encoding and playback capabilities. Recordings shall be kept for a minimum of sixty (60) days;~~

~~b) Maps of all areas where the service responds to scene flights. Maps must be Arkansas State Highway and Transportation Department General Highway Map for Counties or the equivalent;~~

~~c) Personnel capable of plotting scene coordinates and directing the helicopter to a scene location, 24 hours a day.~~

3. ~~Flight Following~~

~~Each helicopter air ambulance service shall arrange for flight following at least every fifteen (15) minutes. Documentation of such flight following must be maintained. When the aircraft is unable to maintain direct radio contact with the base station, flight following may be maintained through alternative communication links such as hospitals, FAA communications points and EMS agencies.~~

4. ~~Staffing~~

~~All flights must be staffed by a minimum of two (2) aeromedical crewmembers one of who must be either a flight nurse or a flight physician. The medical director may select the second member at his discretion and may designate any additional personnel they choose.~~

C. ~~FIXED WING AIR AMBULANCE~~

1. ~~Only fixed wing air ambulance services that possess, or have a contract with operators who possess, a current, valid Federal Aviation Regulations, Part 135 Certificate shall be eligible for an Arkansas Air Ambulance License.~~

2. ~~Coordination Point Each fixed wing air ambulance service shall have the following:~~

1) ~~Minimum of one (1) incoming telephone line dedicated to emergency requests for the air ambulance service;~~

2) ~~Personnel assigned to receive all dispatch and flight request information on behalf of the air ambulance service.~~

3. ~~Staffing~~

~~All flights must be staffed by a minimum of one (1) medical crewmember that shall be a critical care nurse, flight physician, or other appropriate personnel selected by the medical director. The medical director may send any additional medical personnel at their discretion.~~

D. ~~REGISTRATION OF AIR AMBULANCE UNITS~~

1. ~~Purpose~~

~~An application for the issuance or renewal of an air ambulance unit permit shall be made on forms provided by the Department. The Department upon satisfactory completion of an annual inspection by the Department shall issue an air ambulance permit. A fee, as required by law or by regulations promulgated~~

by the Department of Health, shall be required for each unit registered with the service.

2. ~~Structural Requirements~~

a. ~~Helicopter~~

- 1) ~~The aircraft shall be configured to allow the medical crew to treat the patient including advanced life support procedures.~~
- 2) ~~The aircraft shall be equipped with doors that allow safe loading and unloading of the patient without rotating the patient more than 30 degrees about the longitudinal axis or 45 degrees about the lateral axis.~~
- 3) ~~The aircraft shall have proper climate control to prevent temperature extremes that would adversely affect patient care.~~
- 4) ~~The aircraft must have adequate interior lighting of at least 40-candle power intensity in the patient compartment and must not interfere with the pilot's vision.~~
- 5) ~~The patient must be sufficiently isolated from the pilot to minimize in-flight distractions or interference that would affect flight safety.~~
- 6) ~~The aircraft must be equipped with appropriate survival equipment.~~
- 7) ~~The aircraft must have headset communication between the pilot and each medical crewmember.~~
- 8) ~~Litters, equipment, and attendant's seats should be so arranged as not to block rapid egress by personnel or patient from the aircraft.~~
- 9) ~~Helicopter air ambulance permits may be issued only to aircraft operated by licensed helicopter air ambulance services.~~

b. ~~Fixed Wing~~

- 1) ~~The aircraft operator must comply with all Federal Aviation Regulations, Part 135, as it pertains to maintenance and inspections.~~
- 2) ~~Each fixed wing air ambulance must meet the following structural requirements:~~
 - a) ~~The aircraft shall be configured to allow the medical crew to treat the patient, including advanced life support procedures.~~

- b) ~~The aircraft shall be equipped with doors that allow safe loading and unloading of the patient without rotating the patient more than 30 degrees about the longitudinal axis or 45 degrees about the lateral axis.~~
- c) ~~The upper surface of the litter must be at least 30 inches from the ceiling of the aircraft or the under surface of another litter. A conventional stretcher or litter must be at least 19 inches wide and 56 inches long.~~
- d) ~~The aircraft shall have proper climate control to prevent temperature extremes that would adversely affect patient care.~~
- e) ~~The aircraft must have adequate interior lighting of at least 40-candle power intensity in the patient compartment and without interfering with the pilot's vision.~~
- f) ~~The patient should be sufficiently isolated from the cockpit to minimize in-flight distractions and interference that would affect flight safety.~~
- g) ~~Litters, equipment, and attendant seats should be so arranged as not to block rapid egress by personnel or patient from the aircraft.~~
- h) ~~Fixed wing air ambulance permits may be issued only to aircraft operated by licensed fixed wing air ambulance services.~~

3. ~~MINIMUM EQUIPMENT REQUIREMENTS~~

- A. ~~Each air ambulance shall meet the minimum air ambulance equipment and drug specifications as recommended by the Governor's Advisory Council on EMS and approved by the Department.~~
- B. ~~Additional equipment and drugs may be carried at the discretion of the _____ medical director of the service.~~

SECTION X~~VII~~^{VIII}. VIOLATIONS

A. Penalty

- 1. It shall be Departmental policy to suspend or revoke a service license, EM~~SPT~~^{SPT} certification license, vehicle permit, EM~~SPT~~^{SPT}-Instructor status or authorized and

accredited training site for failure to comply, maintain compliance with, or violation of any applicable provision, standard or requirement of Act 435 of 1975, as amended, or the rules and regulations promulgated thereunder.

~~a. Any violation made by a licensed ambulance service will be considered to be done by the organization as a whole and will affect the entire organization holding the license. Any administrative action taken will be taken against the organization, not the individual service license.~~

~~b.a.~~ Any administrative action taken against a ~~certified~~licensed Emergency Medical Technician ~~SP~~ for violating these rules and regulations will be based on their EMT ~~certification~~licensure, ~~relationship with a licensed ambulance service or both.~~

~~e.b.~~ Three (3) formal citations (Probation or Suspensions) during the license term for failure to comply with Arkansas Code §20-13-2005 and any regulations promulgated by the Department of Health in regard to ambulance services ~~shall~~may 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.

~~d.c.~~ Any administrative action ~~taken that results~~in the Suspension or Revocation of a Emergency Medical Technicians Services Provider, ambulance services, EM SPT-Instructors license ~~and or~~ EM SPT training sites shall be reviewed by the Departments legal staff.

~~e.d.~~ The following EMS Disciplinary policy is the standard which will be followed for actions against Emergency Medical Technicians SP's, ambulance services, EMSP-Instructors and EMS training sites when there have been proven violations of the current EMS Rules and Regulations:

~~WW - WRITTEN WARNING~~ ~~P - PROBATION~~ ~~S - SUSPENSION~~ ~~R - REVOCATION~~
EMS PERSONNEL:

OFFENSES:

EMSP ^{1st 2nd 3rd} Convicted, plead guilty or nolo contendere to any criminal offense ~~Concurrent with state law~~
listed in Arkansas Code Ann. § 20-13-1106 ~~Act 666 of 1999~~ (Concurrent with state law)

Reporting to duty or rendering patient care while under ~~R~~
the influence of alcohol (According to current Arkansas Legal Code) illegal drugs or illegally obtained drugs concurrent with State Law.

Providing false information to regulatory officials or willfully concealing known deficiencies during an inspection.

Diverting drugs, supplies or property of patients, patient's families, or healthcare providers.

Altering a license or certification card.

Conviction of driving under the influence of alcohol or _____ R
_illegal drugs* while on duty, on emergency response or
_during patient transport.

*Includes pharmaceutical, narcotics, stimulants, depressants, prescription drugs, etc.

Misappropriation, stealing and/or embezzlement of EMS _____ R
grants or equipment purchased under such grants

Immediate and intentional refusal to render care to the reasonable _S_____ R
level of skill, prudence, caution and competence that could be
_expected under the circumstances while responding to a formal
_request for emergency medical care

Acting negligently or neglectfully when caring for or treating a patient.

Racial, sexual, religious, age, disability, etc. discrimination or _____ S _____ R
_____harassment during the rendering of patient care, during EMS
training Training or while on duty.

~~*Includes pharmaceutical, narcotics, stimulants, depressants, prescription drugs, etc. which have been obtained illegally~~

OFFENSES: _____ 1st 2nd 3rd
Threatening, intimidating or interfering with job performance _____ P _____ S _____ R
_of other EMS personnel while on an ambulance response or
_during the rendering of patient care.

Failure to report substance abuse of on-duty EMS providers _ _____ P _____ S _____ R
to the Office of EMS & Trauma Systems Department

Conviction of intentional violation of motor vehicle code _____ P _____ S _____ R
_while on duty during two (2) year certification licensure period

~~Intentional falsification of facts on EMT Certification application~~ _____ P _____ S _____ R
Obtaining a license or certification by fraud, deceit, misrepresentation, or by concealing material facts.

Failure to follow accepted standards of care in the management of a patient or in

response to a medical emergency.

Falsifying entries or failing to make required or essential entries in a patient care report, EMS education document, or medical record.

Unprofessional conduct while on duty or at the scene of an emergency that hinders, delays, eliminates, or deters the provision of medical care to the patient or endangers the safety of the public.

Cheating on an EMTSP Psychomotor Practical and/or Written Examination.
P S R

Using equipment and/or performing procedures beyond the EMSP's level of licensure / scope of practice or the level of licensure of the ambulance service without medical control P S R

Unauthorized release or divulgence of confidential information to an unauthorized person or using confidential patient information for personal or financial benefit. P S R

Providing care as an EMT independent or with a licensed EMS service while having a lapsed or expired certification/licensure. P S R

Fighting or creating a disturbance at the scene of an EMS Response WW P S

Failure to respond or accept official departmental correspondence sent by certified mail except in cases where individual is out-of-state or has prolonged illness. WW P S

AMBULANCE SERVICE:

Misappropriation, stealing and/or embezzlement of EMS grants or equipment purchased under such grants. S R

Falsification of records related to ambulance service operations. S R

Failing to provide patient information to a hospital or other health care facility in response to an authorized request.

Failing to report to the Department actions regarding incompetent, unethical, or illegal practice by any EMSP.

Requiring EMS Personnel to violate EMS Rules and Regulations or EMTSP standards. S R

Engaging in the delivery of emergency medical services on a revoked, suspended, expired, or inactive license.

Alteration of/or transferring a vehicle permit from one vehicle to another.

Operating an ambulance or EMS vehicle that is not licensed or insured.

Failure to follow all requirements concerning drugs and pharmaceuticals

~~Racial, sexual, religious, age, disability, etc. discrimination or~~ S R
~~harassment during the rendering of patient care, during EMS~~
~~training, or while on duty~~

~~Conviction of violation of State and/or Federal law governing~~ S R
~~third party reimbursement~~

OFFENSES: 1st 2nd 3rd
Unauthorized release or divulgence of confidential information P S R

~~Neglect of current EMS Rules and Regulations in regards to~~ P S R
~~e~~Endangering the safety or welfare of patients and/or EMS
Personnel due to failure to maintain compliance with appropriate
level of licensure.

~~Carrying and/or using equipment not approved by the Office~~ P S R
Department for the licensure level.

~~The failure to report substance abuse by EMS Providers while~~ P S R
~~on duty to the Office of EMS & Trauma Systems**~~ Department.

~~Using an EMT who is lapsed or not Arkansas certified~~ WW P
~~S~~
~~the ambulance staffing requirements.~~

Failure to have all necessary equipment and non expired supplies in licensed ambulances for the level of licensure.

~~Failure to respond or accept official departmental~~ WW P R
~~correspondence sent by certified mail~~

~~Failure to follow the manufacturers~~ manufacturer's recommendations for the use of
medical equipment in a manner which causes harm to the patient.

~~Conviction of violation of Federal Communications Commission~~ —Concurrent with
~~Federal Laws~~
(FCC) Rules and Regulations.

INSTRUCTORS:

Falsification by the instructor of facts on student _____ S _____ R
paperwork/applications.

Teaching an EMS related course that requires pre-approval _____ S _____ R
from the Office Department without having the at approval ~~from the Office~~.

Abandonment of an approved EMT course. _____ S _____ R

Failure to complete and submit required documentation for all students.

Failure to teach courses by National Standard Curriculum. _____ P _____ S _____ R

Failure to observe recognized professional teaching standards _____ P _____ S _____ R

Falsification of continuing education documentation

TRAINING SITES:

Misappropriation, stealing and/or embezzlement of EMS _____ S _____ R
~~Grants or equipment purchased under such grants~~

***Includes pharmaceutical, narcotics, stimulants, depressants, prescription drugs, etc.*

OFFENSES: _____ 1st _____ 2nd _____ 3rd
Falsification by the training site of records related to courses _____ S _____ R
_____ or training

Conduct or actions by the training site that results in harm to the health and _____
_____ P _____ S _____ R-safety of the student

~~Unauthorized release or divulgence of confidential student~~ _____ P _____ S _____ R
~~Information~~

Failure to meet and maintain the criteria for program approval _____ P _____ S _____ R
_____ as set by the Department or accrediting body

Failure to allow the Department to inspect, observe, or evaluate _____ WW _____ P _____ S
_____ programs, including program personnel, facilities, classes,
_____ and clinical practice sessions

Use of training personnel not competent for the type of _____ WW _____ P _____ S
training offered

Failure to observe recognized professional standards in the _____ WW _____ P _____ S
course content and operation of the training program

Failure to keep accurate and adequate records, of the ~~WW~~ ~~P~~ ~~S~~
names and addresses and type of training completed
of all graduates and attendees for a minimum of two (2) years

Allowing a Advanced EMT or Paramedic student to participate in clinical rotations
without being licensed as an EMT

Failure to offer training consistent with the approved application—~~WW~~ ~~P~~ ~~S~~

2. Any person who knowingly or willfully violates these rules and regulations may be guilty of a misdemeanor and shall be punished by a fine of not more than \$100.00 or by imprisonment for a period not to exceed 30 days in the county jail or both such fine and imprisonment.
3. Any demonstration of incompetence, knowingly or willfully violating these rules and regulations or other inability to provide adequate service shall subject a service licensee or ~~certified~~ licensed EM ~~SPT~~, to Departmental corrective action which may result in written warning, probation, suspension or revocation of a service license vehicle permit, EMT certificate, Instructor status or training-site license.
4. Any non-~~certified~~ licensed person found violating these rules and regulations may be prohibited from obtaining Arkansas State ~~Certification~~ Licensure for one (1) year. If such person does obtain Arkansas State ~~certification~~ licensure after one (1) year, they will be placed on Probation for their first two (2) year ~~certification~~ licensure period.

B. Department Hearing and Procedures

1. It shall be Departmental policy to use its discretionary right to consider all available information that is relevant and material.
2. The ~~Office~~ Department shall reserve the right to refrain from investigating complaints alleging violation until the complaint is reduced 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 ~~Office's~~ Department's investigation concludes that the charges brought against a licensed service or ~~certified~~ licensed EM ~~SPT~~ are warranted, the matter shall be brought before the Arkansas Department of Health following the current Administrative Rules Process adopted by the State of Arkansas.
4. In Informal Departmental 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 ~~Office~~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 is willful, the Department may temporarily suspend the license of a service or the ~~certificate~~licensure of an EMSSPF 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.

C. Clinical Investigations

- 1. Clinical investigations may be recommended by the EMS Advisory Council and approved by the Department and the 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 Governor's Advisory Council on EMS and approved by the Department. Clinical Investigations beyond the scope of the EMS Rules and Regulations 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 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 Rules and Regulations and must follow the clinical investigations guidelines recommended by the EMS Advisory Council and approved by the Department.

SECTION XIVII. SEVERABILITY

If any provision of these Rules and Regulations, or the application thereof to any person or circumstances is held invalid, such invalidity shall not affect other provisions or applications of these Rules and Regulations which can give effect without the invalid provisions or applications, and to this end the provisions hereto are declared to be severable.

SECTION XVIII. REPEAL

All Regulations and parts of Regulations in conflict herewith are hereby repealed.

CERTIFICATION

This will certify that the foregoing Rules and Regulations 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 ~~24th~~ day of April, 2008.

FACHE

Nathaniel Smith, MD, MPH ~~Paul K. Halverson, DrPH,~~

Secretary, Arkansas State Board of Health
Director, Arkansas Department of Health

The foregoing Rules and Regulations having been filed in my Office are hereby in compliance with the Administrative Procedures Act on this ~~28th day of May, 2008~~.

Mike Beebe
Governor

SECTION OF EMERGENCY MEDICAL SERVICES REQUIRED **STRETCHER AMBULANCE** EQUIPMENT LIST

| <u>Minimum Required Equipment list and Quantity (Stretcher)</u> | | |
|---|---|---|
| <u>SOFT SUPPLIES AND OTHER EQUIPMENT</u> | | |
| <u>4X4 Pads (6)</u> <u>ABD Pads (2)</u> <u>Isolation Kit (1)</u> <u>Roller Gauze (6)</u> <u>Bandage / EMT Shears</u> <u>Antiseptic Hand Cleaner</u> <u>Exam Gloves (1 Box)</u> <u>Sterile Gloves (4 Pairs)</u> | <u>Automated External Defibrillator</u> <u>AED Pads - Adult (2 SETS) Pediatric (2 SETS)</u> <u>B/P Cuff - Lg. Adult / Adult / Child / Infant</u> <u>Stethoscope</u> <u>Tape 1inch and 2 inch (2) (hypoallergenic and non-latex)</u> <u>Emesis Basin or Equivalent</u> <u>Blankets</u> <u>Sheets</u> <u>Towels</u> | |
| <u>MECHANICAL</u> | <u>OXYGEN AND RELATED SUPPLIES</u> | |
| <u>Fire Extinguisher(s) (1)</u> <u>Flashlight and Batteries</u> <u>(Only if not rechargeable)</u> | <u>OXYGEN</u> <u>Portable O₂</u> <u>OPA SET 40mm- 110mm</u> <u>Nasal Cannula (2)</u> <u>MASKS</u> <u>Non-Rebreather (2)</u> <u>Pediatric (2)</u> <u>Infant (2)</u> <u>Partial Rebreather (1)</u> | <u>BVM</u> <u>Adult (2) >1000ml</u> <u>NPA (Various Sizes)</u> <u>Adult</u> |
| <u>SPLINTING AND TRANSPORT</u> | | |
| <u>Elevating Stretcher (1)</u> | | |
| <u>Radio Frequencies</u> | | |
| <u>Radio Frequencies:</u> <u>Enroute to scene: 155.235 mHz</u> <u>At scene: 155.280 mHz.</u> <u>Departing scene: 155.340 mHz.</u> | | |

SECTION OF EMERGENCY MEDICAL SERVICES

MINIMUM REQUIRED ADVANCED RESPONSE EQUIPMENT LIST

| Minimum Required Equipment list and Quantity (Advanced Response) | | | |
|---|---|--|--|
| SOFT SUPPLIES AND OTHER EQUIPMENT | | | |
| <u>4X4 Pads (6)</u> <u>ABD Pads (2)</u> <u>Trauma Dressing (2)</u> <u>Isolation Kits (2)</u> <u>Roller Gauze (6)</u> <u>Triangular bandages</u> <u>OB Kit (1) - must contain Bulb syringe</u> <u>Meconium Aspirator</u> <u>Betadine Solution (1 Bottle)</u> <u>Bandage / EMT Shears</u> <u>Hemostat</u> <u>Scalpel</u> <u>Window Punch</u> <u>Antiseptic Hand Cleaner</u> <u>Exam Gloves (1 Box)</u> <u>Sterile Gloves (4 Pairs)</u> <u>Emesis Basin or Equivalent</u> <u>Saline Drops</u> <u>Commercial Tourniquet</u> <u>Blankets</u> <u>Sheets</u> <u>Towels</u> | | <u>Magill Forceps - Adult (1) Pediatric (1)</u> <u>ET Stylette - Adult (2) Pediatric (2)</u> <u>ETCO₂ Detector- Adult (1) Pediatric (1)</u> <u>(Colorimetric or quantitative)</u> <u>Pediatric Drug Tape, Chart or Wheel (1)</u> <u>Pediatric Defibrillator Pads/Paddles (1 set)</u> <u>Adult Defibrillator Pads/Paddles (1 set)</u> <u>Cardiac Monitor / Defibrillator/ Pacer (1)</u> <u>ECG Cables (2 sets)</u> <u>ECG Paper (2)</u> <u>Electrodes Adult (6 SETS) Pediatric (2 SETS)</u> <u>Pulse Oximetry Device (1)</u> <u>Pulse Oximetry Probes - Adult (1) Pediatric (1)</u> <u>B/P Cuff - Lg. Adult / Adult / Child / Infant</u> <u>Stethoscope</u> <u>Tape 1inch and 2 inch (4) (hypoallergenic and non-latex)</u> <u>Occlusive Dressing (2)</u> <u>Thermometer (measuring a range of 86° - 105° F)</u> <u>Lubricating Jelly</u> <u>Sharps Container</u> <u>Glucometer and Glucose measuring strips</u> | |
| MECHANICAL | | OXYGEN AND RELATED SUPPLIES | |
| <u>Fire Extinguisher(s) (1)</u> <u>HAZ-MAT Reference Guide</u> <u>Reflective Safety Wear</u> <u>Flashlight and Batteries</u> <u>(Only if not rechargeable)</u> <u>N95 or N100 Respirator</u> <u>Trauma Bands</u> <u>Triage Tags/Tape</u> <u>Protocol Book</u> <u>Bio-Hazard Bags</u> <u>Disinfectant solution</u> | <u>OXYGEN</u> <u>Portable O₂</u> <u>OPA SET 40mm- 110mm</u> <u>NPA Set (sizes 12, 16, 20f)</u> <u>Nasal Cannula (Adult and Pediatric)</u> <u>MASKS</u> <u>Non-Rebreather (2)</u> <u>Pediatric (2)</u> <u>Infant (1)</u> <u>Partial Rebreather (1)</u> | <u>BVM</u> <u>Adult (2) >1000ml</u> <u>Pedi (1) 450-750ml</u> <u>Infant (1) 150-300ml</u> <u>Nebulizer Kit (1)</u> <u>Sterile Saline (2- 1L)</u> | <u>Suction</u> <u>Portable Unit (1)</u> <u>Suction Tubing (2)</u> <u>Catheters</u> <u>Size 8fr. or 10fr. (1)</u> <u>Size 12 fr. (1)</u> <u>Size 14fr or 18fr (1)</u> <u>Rigid Suction Tip (1)</u> |
| AIRWAY SUPPLIES | | SPLINTING AND TRANSPORT | |
| <u>Esophageal Tracheal Multi-Lumen Airway (1)</u> <u>Supraglottic Airways (Adult and Pediatric)</u> <u>Laryngoscope Handles - (1) Adult (1) Pediatric</u> <u>Laryngoscope Blades (1-4 OR 0-3) (1ea)</u> <u>ET Tubes Sizes</u> <u>2.5 mm (1) - Uncuffed</u> <u>3.5 mm (1) - Uncuffed</u> <u>4.0mm (1) - Uncuffed</u> <u>5.0 mm (1) - Uncuffed</u> <u>5.5 mm (1) - Uncuffed</u> <u>4.5mm (1) - Cuffed</u> <u>6.5 mm (1) - Cuffed</u> <u>7.5 mm (2) - Cuffed</u> <u>CRIC KIT or 10/12ga Needle (1)</u> <u>*ET Tube Holders Adult (1) and Pediatric (1)</u> <u>* Commercial Style</u> | | <u>Immobilization</u> <u>KED® XP-1® or equivalent</u> <u>CERVIAL COLLARS</u> <u>Adult (3)</u> <u>Pediatric (2)</u> <u>Infant (1)</u> <u>May substitute: 3 adult-adjustable and 2 pediatric-adjustable</u> <u>SPLINTS</u> <u>Set of padded extremity splints or acceptable substitute (vacuum splints, etc.)</u> <u>Traction Splints (1)</u> | |

SECTION OF EMERGENCY MEDICAL SERVICES

MINIMUM REQUIRED ADVANCED RESPONSE EQUIPMENT LIST

| <u>IV SUPPLIES and ACCESS DEVICES</u> | |
|--|---|
| <u>Micro Drip Infusion Sets (2) and</u> <u>Macro Drip Infusion Sets (2) or</u> <u>Adjustable Drip Sets (4) (These can be used in place</u> <u>of Micro/Macro Sets)</u> <u>0.9% Saline Solution (4L)</u> <u>Ringers Lactate (4L)</u> <u>IV Start Sets / Tourniquet (6)</u> <u>IV Catheters</u> <u>14ga (3)</u> <u>16ga (3)</u> <u>18ga (3)</u> <u>20ga (3)</u> <u>22ga (3)</u> <u>24ga (3)</u> | <u>IO Needles / Drill (Tibial & Humerus Access Only)</u> <u>Adult (2)</u> <u>Pediatric (2)</u> <u>Powered and/or Manual IO Access Device</u> <u>Syringes and Needles</u> <u>1cc (1)</u> <u>3 or 5cc (3)</u> <u>10 or 12cc (3)</u> <u>60cc (1)</u> <u>Assorted needle sizes 18G - 25G</u> <u>10, 12 or 14 gauge catheter (2) (3.25 inches in length, A</u> <u>commercial chest decompression device can be substituted for</u> <u>the above)</u> |
| <u>**MEDICATIONS (Injectable, Oral, Intranasal, Intravenous Infusions, Inhaled Meds)</u> | |
| <u>Atropine- minimum 4 mg</u> <u>Adenosine</u> <u>Antiarrhythmic (Bolus and Infusion)</u> <u>Antiemetic agent</u> <u>Aspirin 81-325mg</u> <u>Dextrose 50%- minimum 100 ml</u> <u>Diuretic</u> <u>Dopamine Drip</u> <u>Epinephrine 1:10,000 - minimum 5 mg</u> <u>Epinephrine 1:1000 - minimum 3 mg</u> | <u>H1 Blocking Agent</u> <u>Inhaled Beta Agonist</u> <u>Magnesium Sulfate</u> <u>Narcotic Antagonist</u> <u>Nitroglycerine (Sub-Lingual)</u> <u>Sodium Bicarbonate</u> <u>*Vasopression (80 Units minimum)</u> <u>* Not required but minimum if carried</u> |
| <u>Optional Equipment</u> | |
| <u>Optional Equipment:</u> <u>Narcotic Analgesic*</u> <u>*Must follow Ambulance Service's Controlled Drug Policy on file with the Section of EMS</u> <u>Continuous Positive Airway Pressure (CPAP)</u> <u>Central Venous Device Access</u> <u>Huber Needles</u> <u>Cardiac Thrombolytic Medications</u> | |
| <u>Radio Frequencies</u> | |
| <u>Radio Frequencies:</u> <u>Enroute to scene: 155.235 mHz</u> <u>At scene: 155.280 mHz.</u> <u>Departing scene: 155.340 mHz.</u> | |
| <u>** Services carrying equipment and/or medications not listed above must have those items listed as a part of the</u> <u>services written protocols and must not exceed the EMSP's scope of practice.</u> | |

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 | | | |
| <u>4X4 Pads (6)</u> <u>ABD Pads (2)</u> <u>Trauma Dressing (2)</u> <u>Isolation Kit (2)</u> <u>Roller Gauze (6)</u> <u>Triangular bandages</u> <u>OB Kit (1) - must contain Bulb syringe</u> <u>Meconium Aspirator</u> <u>Betadine Solution (1 Bottle)</u> <u>Bandage / EMT Shears</u> <u>Hemostat</u> <u>Window Punch</u> <u>Antiseptic Hand Cleaner</u> <u>Exam Gloves (1 Box)</u> <u>Sterile Gloves (4 Pairs)</u> <u>Emesis Basin or Equivalent</u> <u>Sterile Saline Drops</u> <u>Commercial Tourniquet</u> <u>Blankets</u> <u>Sheets</u> <u>Towels</u> | | <u>Pediatric Drug Tape, Chart or Wheel (1)</u> <u>Automated External Defibrillator</u> <u>AED Pads - Adult (2 SETS) Pediatric (2 SETS)</u> <u>B/P Cuff - Lg. Adult / Adult / Child / Infant</u> <u>Stethoscope (Suitable for adults and pediatrics)</u> <u>Tape 1inch and 2 inch (4) (hypoallergenic and non-latex)</u> <u>Occlusive Dressing (2)</u> <u>Thermometer (Range of 86° - 105° F)</u> <u>Lubricating Jelly</u> <u>Emesis Basin or Equivalent</u> <u>Sterile Saline (2 1 liter bottles)</u> <u>SERVICES GIVING MEDICATIONS ARE REQUIRED TO HAVE THE FOLLOWING:</u> <u>Glucometer and Glucose measuring strips</u> <u>Pulse Oximetry Device (1)</u> <u>Pulse Oximetry Probes - Adult (1) Pediatric (1)</u> <u>Sharps Container</u> <u>Nebulizer (1)</u> | |
| OPERATIONS | | OXYGEN AND RELATED SUPPLIES | |
| <u>Fire Extinguisher (1)</u> <u>HAZ-MAT Reference Guide</u> <u>Reflective Safety Wear</u> <u>Flashlight and Batteries</u> <u>(Only if not rechargeable)</u> <u>N95 or N100 Respirator</u> <u>Trauma Bands</u> <u>Triage Tags/Tape</u> <u>Protocol Book</u> <u>Bio-Hazard Bags</u> <u>Disinfectant solution</u> | <u>OXYGEN</u> <u>MAIN O₂</u> <u>Portable O₂</u> <u>OPA SET 40mm- 110mm</u> <u>NPA Set (sizes 12, 16, 20f)</u> <u>Nasal Cannula (Adult and Pediatric)</u> <u>MASKS</u> <u>Non-Rebreather (2)</u> <u>Pediatric (2)</u> <u>Infant (1)</u> <u>Partial Rebreather (1)</u> | <u>BVM</u> <u>Adult (2) >1000ml</u> <u>Pedi (1) 450-750ml</u> <u>Infant (1) 150-300ml</u> <u>Lubricating jelly</u> | <u>Suction</u> <u>Portable Unit (1)</u> <u>On-Board Unit (1)</u> <u>Suction Tubing (2)</u> <u>Catheters</u> <u>Size 8fr. or 10fr. (1)</u> <u>Size 12fr.</u> <u>Size 14fr or 18fr (2ea)</u> <u>Rigid Suction Tip (1)</u> |
| SPLINTING AND TRANSPORT | | | |
| <u>Immobilization Devices</u> <u>KED® XP-1® or equivalent</u> <u>Spine board and Straps (2)</u> <u>Pediatric Restraint System</u> <u>Head immobilization device (Adult and Pediatric - Towel Rolls are acceptable, Sand Bags are not)</u> <u>CERVICAL COLLARS</u> <u>Adult (3), Pediatric (2), Infant (1)</u> <u>May substitute: 3 adult-adjustable and 2 pediatric-adjustable</u> | | <u>(1) of the following:</u> <u>Folding Stretcher and/or Scoop Stretcher and/or Stair Chair or Similar Device</u> <u>Elevating Stretcher (1)</u> <u>SPLINTS</u> <u>Set of padded extremity splints or acceptable substitute (vacuum splints, etc.)</u> <u>Traction Splints (1)</u> | |
| <u>**MEDICATIONS (Injectable, Oral, Intranasal, Intravenous Infusions, Inhaled Meds)</u> | | | |
| <u>Aspirin 81-325mg / Oral Glucose / Epinephrine Auto Injector / Inhaled Beta Antagonist</u> | | | |
| <u>**If service chooses to administer medications.</u> | | | |

SECTION OF EMERGENCY MEDICAL SERVICES
MINIMUM REQUIRED **BASIC** EQUIPMENT LIST
Includes EMT, EMT-Volunteer, EMT-Specialty

Optional Equipment

Optional Equipment:

Cell Phone

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 ADVANCED EMT EQUIPMENT LIST

| <u>Minimum Required Equipment list and Quantity (Advanced)</u> | | | |
|--|--|---|--|
| <u>SOFT SUPPLIES AND OTHER EQUIPMENT</u> | | | |
| <u>4X4 Pads (6)</u> <u>ABD Pads (2)</u> <u>Trauma Dressing (2)</u> <u>Isolation Kits (2)</u> <u>Roller Gauze (6)</u> <u>Triangular bandages</u> <u>OB Kit (1) - must contain Bulb syringe</u> <u>Meconium Aspirator</u> <u>Betadine Solution (1 Bottle)</u> <u>Bandage / EMT Shears</u> <u>Hemostat</u> <u>Window Punch</u> <u>Antiseptic Hand Cleaner</u> <u>Exam Gloves (1 Box)</u> <u>Sterile Gloves (4 Pairs)</u> <u>Emesis Basin or Equivalent</u> <u>Saline Drops</u> <u>Commercial Tourniquet</u> <u>Magill Forceps - Adult (1) Pediatric (1)</u> | | <u>Blankets</u> <u>Sheets</u> <u>Towels</u> <u>Pediatric Drug Tape, Chart or Wheel (1)</u> <u>Automatic External Defibrillator (AED)</u> <u>Adult Pads (2 sets)</u> <u>Pediatric Pads (2 sets)</u> <u>Pulse Oximetry Device (1)</u> <u>Pulse Oximetry Probes - Adult (1) Pediatric (1)</u> <u>B/P Cuff - Lg. Adult / Adult / Child / Infant</u> <u>Stethoscope</u> <u>Tape 1inch and 2 inch (4) (hypoallergenic and non-latex)</u> <u>Occlusive Dressing (2)</u> <u>Thermometer (measuring a range of 86° - 105° F)</u> <u>Lubricating Jelly</u> <u>Sharps Container</u> <u>Glucometer and Glucose measuring strips</u> | |
| <u>MECHANICAL</u> | | <u>OXYGEN AND RELATED SUPPLIES</u> | |
| <u>Fire Extinguisher(s) (1)</u> <u>HAZ-MAT Reference Guide</u> <u>Reflective Safety Wear</u> <u>Flashlight and Batteries</u> <u>(Only if not rechargeable)</u> <u>N95 or N100 Respirator</u> <u>Trauma Bands</u> <u>Triage Tags/Tape</u> <u>Protocol Book</u> <u>Bio-Hazard Bags</u> <u>Disinfectant solution</u> | <u>OXYGEN</u> <u>Main and Portable O₂</u> <u>OPA SET 40mm- 110mm</u> <u>NPA Set (sizes 12, 16, 20f)</u> <u>Nasal Cannula (Adult and Pediatric)</u> <u>MASKS</u> <u>Non-Rebreather (2)</u> <u>Pediatric (2)</u> <u>Infant (1)</u> <u>Partial Rebreather (1)</u> | <u>BVM</u> <u>Adult (2) >1000ml</u> <u>Pedi (1) 450-750ml</u> <u>Infant (1) 150-300ml</u> <u>Nebulizer (1)</u> <u>Sterile Saline</u> | <u>Suction</u> <u>Portable Unit (1)</u> <u>On-Board Unit (1)</u> <u>Suction Tubing (2)</u> <u>Catheters</u> <u>Size 8fr. or 10fr. (1)</u> <u>Size 12 fr. (1)</u> <u>Size 14fr or 18fr (1)</u> <u>Rigid Suction Tip (1)</u> |
| <u>AIRWAY ADJUNCTS AND TRANSPORT</u> | | | |
| <u>Esophageal Tracheal Multi-Lumen Airway (1)</u> | <u>Immobilization</u> <u>KED® XP-1® or equivalent</u> <u>Spine board and Straps (2)</u> <u>Pediatric Restraint System</u> <u>Head immobilization device (Adult and Pediatric - Towel Rolls are acceptable, Sand Bags are not)</u> <u>CERVICAL COLLARS</u> <u>Adult (3)</u> <u>Pediatric (2)</u> <u>Infant (1)</u> <u>May substitute: 3 adult-adjustable and 2 pediatric-adjustable</u> <u>SPLINTS</u> <u>Set of padded extremity splints or acceptable substitute (vacuum splints, etc.)</u> <u>Traction Splints (1)</u> | <u>STRETCHERS</u> <u>Folding Stretcher and/or</u> <u>Scoop Stretcher and/or</u> <u>Stair Chair or Similar Device (1 of the above)</u> <u>Elevating Stretcher (1)</u> | |

SECTION OF EMERGENCY MEDICAL SERVICES

MINIMUM REQUIRED ADVANCED EMT EQUIPMENT LIST

IV SUPPLIES and ACCESS DEVICES

Micro Drip Infusion Sets (2) and
Macro Drip Infusion Sets (2) or
Adjustable Drip Sets (4) (These can be used in place
of Micro/Macro Sets)
0.9% Saline Solution (4L)
Ringers Lactate (4L)
IV Start Sets / Tourniquet (6)

IV Catheters

14ga (3)
16ga (3)
18ga (3)
20ga (3)
22ga (3)
24ga (3)

IO Needles / Drill (Tibial & Humerus Access Only)
Adult (2)
Pediatric (2)
Powered and/or Manual IO Access Device

Syringes and Needles

1cc (1)
3 or 5cc (3)
10 or 12cc (3)
60cc (1)
Assorted needle sizes 18G - 25G

MEDICATIONS

Aspirin 81-325mg
Dextrose 50%- minimum 100 ml
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.

SECTION OF EMERGENCY MEDICAL SERVICES

MINIMUM REQUIRED PARAMEDIC EQUIPMENT LIST

| Minimum Required Equipment list and Quantity (Paramedic) | | | |
|---|---|--|--|
| SOFT SUPPLIES AND OTHER EQUIPMENT | | | |
| <u>4X4 Pads (6)</u> <u>ABD Pads (2)</u> <u>Trauma Dressing (2)</u> <u>Isolation Kits (2)</u> <u>Roller Gauze (6)</u> <u>Triangular bandages</u> <u>OB Kit (1) - must contain Bulb syringe</u> <u>Meconium Aspirator</u> <u>Betadine Solution (1 Bottle)</u> <u>Bandage / EMT Shears</u> <u>Hemostat</u> <u>Scalpel</u> <u>Window Punch</u> <u>Antiseptic Hand Cleaner</u> <u>Exam Gloves (1 Box)</u> <u>Sterile Gloves (4 Pairs)</u> <u>Emesis Basin or Equivalent</u> <u>Saline Drops</u> <u>Commercial Tourniquet</u> <u>Blankets</u> <u>Sheets</u> <u>Towels</u> | | <u>Magill Forceps - Adult (1) Pediatric (1)</u> <u>ET Stylette - Adult (2) Pediatric (2)</u> <u>ETCO₂ Detector- Adult (1) Pediatric (1)</u> <u>(Colorimetric or quantitative)</u> <u>Pediatric Drug Tape, Chart or Wheel (1)</u> <u>Pediatric Defibrillator Pads/Paddles (1 set)</u> <u>Adult Defibrillator Pads/Paddles (1 set)</u> <u>Cardiac Monitor / Defibrillator/ Pacer (1)</u> <u>ECG Cables (2 sets)</u> <u>ECG Paper (2)</u> <u>Electrodes Adult (6 SETS) Pediatric (2 SETS)</u> <u>Pulse Oximetry Device (1)</u> <u>Pulse Oximetry Probes - Adult (1) Pediatric (1)</u> <u>B/P Cuff - Lg. Adult / Adult / Child / Infant</u> <u>Stethoscope</u> <u>Tape 1inch and 2 inch (4) (hypoallergenic and non-latex)</u> <u>Occlusive Dressing (2)</u> <u>Thermometer (measuring a range of 86° - 105° F)</u> <u>Lubricating Jelly</u> <u>Sharps Container</u> <u>Glucometer and Glucose measuring strips</u> | |
| MECHANICAL | | OXYGEN AND RELATED SUPPLIES | |
| <u>Fire Extinguisher(s) (1)</u> <u>HAZ-MAT Reference Guide</u> <u>Reflective Safety Wear</u> <u>Flashlight and Batteries</u> <u>(Only if not rechargeable)</u> <u>N95 or N100 Respirator</u> <u>Trauma Bands</u> <u>Triage Tags/Tape</u> <u>Protocol Book</u> <u>Bio-Hazard Bags</u> <u>Disinfectant solution</u> | <u>OXYGEN</u> <u>Main and Portable O₂</u> <u>OPA SET 40mm- 110mm</u> <u>NPA Set (sizes 12, 16, 20f)</u> <u>Nasal Cannula (Adult and Pediatric)</u> <u>MASKS</u> <u>Non-Rebreather (2)</u> <u>Pediatric (2)</u> <u>Infant (1)</u> <u>Partial Rebreather (1)</u> | <u>BVM</u> <u>Adult (2) >1000ml</u> <u>Pedi (1) 450-750ml</u> <u>Infant (1) 150-300ml</u> <u>Nebulizer Kit (1)</u> <u>Sterile Saline</u> | <u>Suction</u> <u>Portable Unit (1)</u> <u>On-Board Unit (1)</u> <u>Suction Tubing (2)</u> <u>Catheters</u> <u>Size 8fr. or 10fr. (1)</u> <u>Size 12 fr. (1)</u> <u>Size 14fr or 18fr (1)</u> <u>Rigid Suction Tip (1)</u> |
| AIRWAY ADJUNCTS AND TRANSPORT | | | |
| <u>Esophageal Tracheal Multi-Lumen Airway (1)</u> <u>Supraglottic Airways (Adult and Pediatric)</u> <u>Laryngoscope Handles - (1) Adult (1) Pediatric</u> <u>Laryngoscope Blades (1-4 OR 0-3) (1ea)</u> <u>ET Tubes Sizes</u> <u>2.5 mm (1) - Uncuffed</u> <u>3.5 mm (1) - Uncuffed</u> <u>4.0mm (1) - Uncuffed</u> <u>5.0 mm (1) - Uncuffed</u> <u>5.5 mm (1) - Uncuffed</u> <u>4.5mm (1) - Cuffed</u> <u>6.5 mm (1) - Cuffed</u> <u>7.5 mm (2) - Cuffed</u> <u>CRIC KIT or 10/12ga Needle (1)</u> <u>*ET Tube Holders Adult (1) and Pediatric (1)</u> <u>* Commercial Style</u> | <u>Immobilization</u> <u>KED® XP-1® or equivalent</u> <u>Pediatric Restraint System</u> <u>Spine board and Straps (3)</u> <u>(2- Adult and 1- Pediatric)</u> <u>CERVIAL COLLARS</u> <u>Adult (3)</u> <u>Pediatric (2)</u> <u>Infant (1)</u> <u>May substitute: 3 adult-adjustable and 2 pediatric-adjustable</u> <u>SPLINTS</u> <u>Set of padded extremity splints or acceptable substitute (vacuum splints, etc.)</u> <u>Traction Splints (1)</u> | <u>STRETCHERS</u> <u>Folding Stretcher and/or</u> <u>Scoop Stretcher and/or</u> <u>Stair Chair or Similar Device</u> <u>(1 of the above)</u> <u>Elevating Stretcher (1)</u> | |

SECTION OF EMERGENCY MEDICAL SERVICES

MINIMUM REQUIRED PARAMEDIC EQUIPMENT LIST

IV SUPPLIES and ACCESS DEVICES

Micro Drip Infusion Sets (2) and
Macro Drip Infusion Sets (2) or
Adjustable Drip Sets (4) (These can be used in place
of Micro/Macro Sets)
0.9% Saline Solution (4L)
Ringers Lactate (4L)
IV Start Sets / Tourniquet (6)

IV Catheters

14ga (3)
16ga (3)
18ga (3)
20ga (3)
22ga (3)
24ga (3)

IO Needles / Drill (Tibial & Humerus Access Only)
Adult (2)

Pediatric (2)

Powered and/or Manual IO Access Device

Syringes and Needles

1cc (1)

3 or 5cc (3)

10 or 12cc (3)

60cc (1)

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)

**MEDICATIONS (Injectable, Oral, Intranasal, Intravenous Infusions, Inhaled Meds)

Atropine- minimum 4 mg
Adenosine
Antiarrhythmic (Bolus and Infusion)
Antiemetic agent
Aspirin 81-325mg
Dextrose 50%- minimum 100 ml
Diuretic
Dopamine Drip
Epinephrine 1:10,000 - minimum 5 mg
Epinephrine 1:1000 - minimum 3 mg

H1 Blocking Agent
Inhaled Beta Agonist
Magnesium Sulfate
Narcotic Antagonist
Narcotic Analgesic
Nitroglycerine (Sub-Lingual)
Sodium Bicarbonate
*Vasopressor (80 Units minimum)
* Not required but minimum if carried

REQUIRED CONTROLLED DRUG

Must follow Ambulance Service's Controlled Drug Policy on file with the Section of EMS

Injectable Narcotic analgesic
Benzodiazepine

Optional Equipment

Continuous Positive Airway Pressure (CPAP) Central Venous Device Access
Huber Needles 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 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.



SECTION OF EMERGENCY MEDICAL SERVICES

MINIMUM REQUIRED EQUIPMENT LIST Air Ambulance - Fixed Wing

| <u>Minimum Required Equipment list and Quantity (Air Ambulance)</u> | | | |
|--|---|---|--|
| SOFT SUPPLIES AND OTHER EQUIPMENT | | | |
| <u>4X4 Pads (6)</u> <u>ABD Pads (2)</u> <u>Trauma Dressing (2)</u> <u>Isolation Kits (2)</u> <u>Roller Gauze (6)</u> <u>Bandage / EMT Shears</u> <u>Hemostat</u> <u>Scalpel</u> <u>Antiseptic Hand Cleaner</u> <u>Exam Gloves</u> <u>Sterile Gloves</u> <u>Emesis Basin or Equivalent</u> <u>Saline Drops</u> <u>Blankets</u> <u>Sheets / Pillow</u> <u>Sharps Container</u> <u>Appropriate survival kit or supplies</u> <u>Magill Forceps - Adult (1) Pediatric (1)</u> | | <u>Magill Forceps - Adult (1) Pediatric (1)</u> <u>ET Stylette - Adult (2) Pediatric (2)</u> <u>ETCO₂ Detector- Adult (1) Pediatric (1)</u> <u>(Colorimetric or quantitative)</u> <u>Pediatric Drug Tape, Chart or Wheel (1)</u> <u>Pediatric Defibrillator Pads/Paddles (1 set)</u> <u>Adult Defibrillator Pads/Paddles (1 set)</u> <u>Cardiac Monitor / Defibrillator/ Pacer (1)</u> <u>ECG Cables (2 sets)</u> <u>ECG Paper (2)</u> <u>Electrodes Adult (6 SETS) Pediatric (2 SETS)</u> <u>Pulse Oximetry Device (1)</u> <u>Pulse Oximetry Probes - Adult (1) Pediatric (1)</u> <u>B/P Cuff - Lg. Adult / Adult / Child / Infant</u> <u>Stethoscope</u> <u>Tape 1inch and 2 inch (4) (hypoallergenic and non-latex)</u> <u>Thermometer (measuring a range of 86° - 105° F)</u> <u>Lubricating Jelly</u> <u>Sharps Container</u> <u>Glucometer and Glucose measuring strips</u> | |
| OPERATIONS | | OXYGEN AND RELATED SUPPLIES | |
| <u>Fire Extinguisher(s)</u> <u>HAZ-MAT Reference GUIDE</u> <u>N95 or N100 Respirator</u> <u>Protocol Book</u> <u>Bio-Hazard Bags</u> <u>Disinfectant solution</u> | OXYGEN <u>Portable O₂</u> <u>OPA SET 40mm- 110mm</u> <u>NPA Set (sizes 12, 16, 20f)</u> <u>Nasal Cannula (Adult and Pediatric)</u> MASKS <u>Non-Rebreather (2)</u> <u>Pediatric (2)</u> <u>Infant (1)</u> <u>Partial Rebreather (1)</u> | BVM <u>Adult (2) >1000ml</u> <u>Pedi (1) 450-750ml</u> <u>Infant (1) 150-300ml</u> <u>Nebulizer Kit (1)</u> <u>Sterile Saline</u> | Suction <u>Portable Unit (1)</u> <u>Suction Tubing (2)</u> Catheters <u>Size 8fr. or 10fr. (1)</u> <u>Size 12 fr. (1)</u> <u>Size 14fr or 18fr (1)</u> <u>Rigid Suction Tip (1)</u> |
| | | | |
| AIRWAY SUPPLIES | | SPLINTING AND TRANSPORT | |
| <u>Esophageal Tracheal Multi-Lumen Airway (1)</u> <u>Supraglottic Airways (Adult and Pediatric)</u> <u>Laryngoscope Handles - (1) Adult (1) Pediatric</u> <u>Laryngoscope Blades (1-4 OR 0-3) (1ea)</u> ET Tubes Sizes <u>2.5 mm (1) - Uncuffed</u> <u>3.5 mm (1) - Uncuffed</u> <u>4.0mm (1) - Uncuffed</u> <u>5.0 mm (1) - Uncuffed</u> <u>5.5 mm (1) - Uncuffed</u> <u>4.5mm (1) - Cuffed</u> <u>6.5 mm (1) - Cuffed</u> <u>7.5 mm (2) - Cuffed</u> <u>CRIC KIT or 10/12ga Needle (1)</u> <u>*ET Tube Holders Adult (1) and Pediatric (1)</u> <u>* Commercial Style</u> | | <u>FAA Approved attachment for stretcher/litter system.</u> | |



SECTION OF EMERGENCY MEDICAL SERVICES

MINIMUM REQUIRED EQUIPMENT LIST Air Ambulance - Fixed Wing

IV SUPPLIES and ACCESS DEVICES

Micro Drip Infusion Sets (2) and
Macro Drip Infusion Sets (2) or
Adjustable Drip Sets (4) (These can be used in place
of Micro/Macro Sets)
0.9% Saline Solution (4L)
Ringers Lactate (4L)
IV Start Sets / Tourniquet (6)

IV Catheters

14ga (3)
16ga (3)
18ga (3)
20ga (3)
22ga (3)
24ga (3)

IO Needles / Drill (Tibial & Humerus Access Only)
Adult (2)

Pediatric (2)

Powered and/or Manual IO Access Device

Syringes and Needles

1cc (1)

3 or 5cc (3)

10 or 12cc (3)

60cc (1)

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)

****MEDICATIONS (Injectable, Oral, Intranasal, Intravenous Infusions, Inhaled Meds)**

Atropine- minimum 4 mg
Adenosine
Antiarrhythmic (Bolus and Infusion)
Antiemetic agent
Aspirin 81-325mg
Dextrose 50%- minimum 100 ml
Diuretic
Dopamine Drip
Epinephrine 1:10,000 - minimum 5 mg
Epinephrine 1:1000 - minimum 3 mg

H1 Blocking Agent
Inhaled Beta Agonist
Magnesium Sulfate
Narcotic Antagonist
Narcotic Analgesic
Nitroglycerine (Sub-Lingual)
Sodium Bicarbonate
*Vasopressor (80 Units minimum)
* Not required but minimum if carried

REQUIRED CONTROLLED DRUG

Must follow Ambulance Service's Controlled Drug Policy on file with the Section of EMS

Injectable Narcotic analgesic
Injectable Sedative / Hypnotic

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.

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 | | | |
| <u>4X4 Pads (6)</u> <u>ABD Pads (2)</u> <u>Trauma Dressing (2)</u> <u>Isolation Kits (2)</u> <u>Roller Gauze (6)</u> <u>Triangular bandages</u> <u>OB Kit (1) - must contain Bulb syringe</u> <u>Meconium Aspirator</u> <u>Betadine Solution (1 Bottle)</u> <u>Bandage / EMT Shears</u> <u>Hemostat</u> <u>Scalpel</u> <u>Window Punch</u> <u>Antiseptic Hand Cleaner</u> <u>Exam Gloves (1 Box)</u> <u>Sterile Gloves (4 Pairs)</u> <u>Emesis Basin or Equivalent</u> <u>Saline Drops</u> <u>Commercial Tourniquet</u> <u>Blankets</u> <u>Sheets</u> <u>Towels</u> <u>Appropriate survival kit or supplies</u> | | <u>Magill Forceps - Adult (1) Pediatric (1)</u> <u>ET Stylette - Adult (2) Pediatric (2)</u> <u>ETCO₂ Detector- Adult (1) Pediatric (1)</u> <u>(Colorimetric or quantitative)</u> <u>Pediatric Drug Tape, Chart or Wheel (1)</u> <u>Pediatric Defibrillator Pads/Paddles (1 set)</u> <u>Adult Defibrillator Pads/Paddles (1 set)</u> <u>Cardiac Monitor / Defibrillator/ Pacer (1)</u> <u>ECG Cables (2 sets)</u> <u>ECG Paper (2)</u> <u>Electrodes Adult (6 SETS) Pediatric (2 SETS)</u> <u>Pulse Oximetry Device (1)</u> <u>Pulse Oximetry Probes - Adult (1) Pediatric (1)</u> <u>B/P Cuff - Lg. Adult / Adult / Child / Infant</u> <u>Stethoscope</u> <u>Tape 1inch and 2 inch (4) (hypoallergenic and non-latex)</u> <u>Occlusive Dressing (2)</u> <u>Thermometer (measuring a range of 86° - 105° F)</u> <u>Lubricating Jelly</u> <u>Sharps Container</u> <u>Glucometer and Glucose measuring strips</u> | |
| MECHANICAL | | OXYGEN AND RELATED SUPPLIES | |
| <u>Fire Extinguisher(s) (1)</u> <u>HAZ-MAT Reference GUIDE</u> <u>Reflective Safety Wear</u> <u>Flashlight and Batteries</u> <u>(Only if not rechargeable)</u> <u>N95 or N100 Respirator</u> <u>Trauma Bands</u> <u>Triage Tags/Tape</u> <u>Protocol Book</u> | | <u>OXYGEN</u> <u>Main and Portable O₂</u> <u>OPA SET 40mm- 110mm</u> <u>NPA Set (sizes 12, 16, 20f)</u> <u>Nasal Cannula (Adult and Pediatric)</u> <u>MASKS</u> <u>Non-Rebreather (2)</u> <u>Pediatric (2)</u> <u>Infant (1)</u> <u>Partial Rebreather (1)</u> | <u>BVM</u> <u>Adult (2) >1000ml</u> <u>Pedi (1) 450-750ml</u> <u>Infant (1) 150-300ml</u> <u>Nebulizer Kit (1)</u> <u>Sterile Saline</u> |
| | | | <u>Suction</u> <u>Portable Unit (1)</u> <u>On-Board Unit (1)</u> <u>Suction Tubing (2)</u> <u>Catheters</u> <u>Size 8fr. or 10fr. (1)</u> <u>Size 12 fr. (1)</u> <u>Size 14fr. or 18fr (1)</u> <u>Rigid Suction Tip (1)</u> |
| AIRWAY SUPPLIES | | SPLINTING AND TRANSPORT | |
| <u>Esophageal Tracheal Multi-Lumen Airway (1)</u> <u>Supraglottic Airways (Adult and Pediatric)</u> <u>Laryngoscope Handles - (1) Adult (1) Pediatric</u> <u>Laryngoscope Blades (1-4 OR 0-3) (1ea)</u> <u>ET Tubes Sizes</u> <u>2.5 mm (1) - Uncuffed</u> <u>3.5 mm (1) - Uncuffed</u> <u>4.0mm (1) - Uncuffed</u> <u>5.0 mm (1) - Uncuffed</u> <u>5.5 mm (1) - Uncuffed</u> <u>4.5mm (1) - Cuffed</u> <u>6.5 mm (1) - Cuffed</u> <u>7.5 mm (2) - Cuffed</u> <u>CRIC KIT or 10/12ga Needle (1)</u> <u>*ET Tube Holders Adult (1) and Pediatric (1)</u> <u>* Commercial Style</u> | | <u>Immobilization</u> <u>KED® XP-1® or equivalent</u> <u>Pediatric Restraint System</u> <u>CERVIAL COLLARS</u> <u>Adult (3)</u> <u>Pediatric (2)</u> <u>Infant (1)</u> <u>May substitute: 3 adult-adjustable and 2 pediatric-adjustable</u> | <u>STRETCHERS</u> <u>FAA Approved attachment for stretcher/litter system.</u> |

SECTION OF EMERGENCY MEDICAL SERVICES

MINIMUM REQUIRED Air Ambulance – Rotor Wing EQUIPMENT LIST

IV SUPPLIES and ACCESS DEVICES

Micro Drip Infusion Sets (2) and
Macro Drip Infusion Sets (2) or
Adjustable Drip Sets (4) (These can be used in place
of Micro/Macro Sets)
0.9% Saline Solution (4L)
Ringers Lactate (4L)
IV Start Sets / Tourniquet (6)

IV Catheters

14ga (3)
16ga (3)
18ga (3)
20ga (3)
22ga (3)
24ga (3)

IO Needles / Drill (Tibial & Humerus Access Only)
Adult (2)

Pediatric (2)

Powered and/or Manual IO Access Device

Syringes and Needles

1cc (1)

3 or 5cc (3)

10 or 12cc (3)

60cc (1)

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 director's discretion, not a Required Item)

****MEDICATIONS (Injectable, Oral, Intranasal, Intravenous Infusions, Inhaled Meds)**

Atropine- minimum 4 mg
Adenosine
Antiarrhythmic (Bolus and Infusion)
Antiemetic agent
Aspirin 81-325mg
Dextrose 50%- minimum 100 ml
Diuretic
Dopamine Drip
Epinephrine 1:10,000 - minimum 5 mg
Epinephrine 1:1000 - minimum 3 mg

H1 Blocking Agent
Inhaled Beta Agonist
Magnesium Sulfate
Narcotic Antagonist
Narcotic Analgesic
Nitroglycerine (Sub-Lingual)
Sodium Bicarbonate
*Vasopression (80 Units minimum)
* Not required but minimum if carried

Including all Advanced Cardiac Life Support Medications not listed

REQUIRED CONTROLLED DRUG

Must follow Ambulance Service's Controlled Drug Policy on file with the Section of EMS

Injectable Narcotic analgesic
Benzodiazepine

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 EMSP's scope of practice.

Field Triage Decision Scheme: The Arkansas Trauma Triage Protocol

