

# ARKANSAS REGISTER

## Transmittal Sheet

Use only for **FINAL** and **EMERGENCY RULES**



Secretary of State  
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For Office

Use Only:

Effective Date \_\_\_\_\_ Code Number \_\_\_\_\_

Name of Agency Arkansas Department of Health

Department Office of Preparedness and Emergency Response Systems

Contact Laura Shue E-mail laura.shue@arkansas.gov Phone 501-661-0297

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Adopted by State Agency .....

Electronic Copy of Rule e-mailed from: (Required under ACA 25-15-218)

Laura Shue laura.shue@arkansas.gov 10/1/2021

Contact Person

E-mail Address

Date

### CERTIFICATION OF AUTHORIZED OFFICER

I Hereby Certify That The Attached Rules Were Adopted  
In Compliance with the Arkansas Administrative Act. (ACA 25-15-201 et. seq.)

Signature

501-661-2297 laura.shue@arkansas.gov

Phone Number

E-mail Address

General Counsel

Title

10/1/2021

Date

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## Proposed Rule Cover Sheet

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Name of Department Arkansas Department of Health

Agency or Division Name Office of Preparedness and Emergency Response Systems

Other Subdivision or Department, If Applicable \_\_\_\_\_

Previous Agency Name, If Applicable \_\_\_\_\_

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ARKANSAS STATE BOARD OF HEALTH

SECTION OF EMERGENCY MEDICAL SERVICES

RULES

FOR

EMERGENCY MEDICAL SERVICES

August 6, 2020

Promulgated Under the Authority of Act 435 of 1975

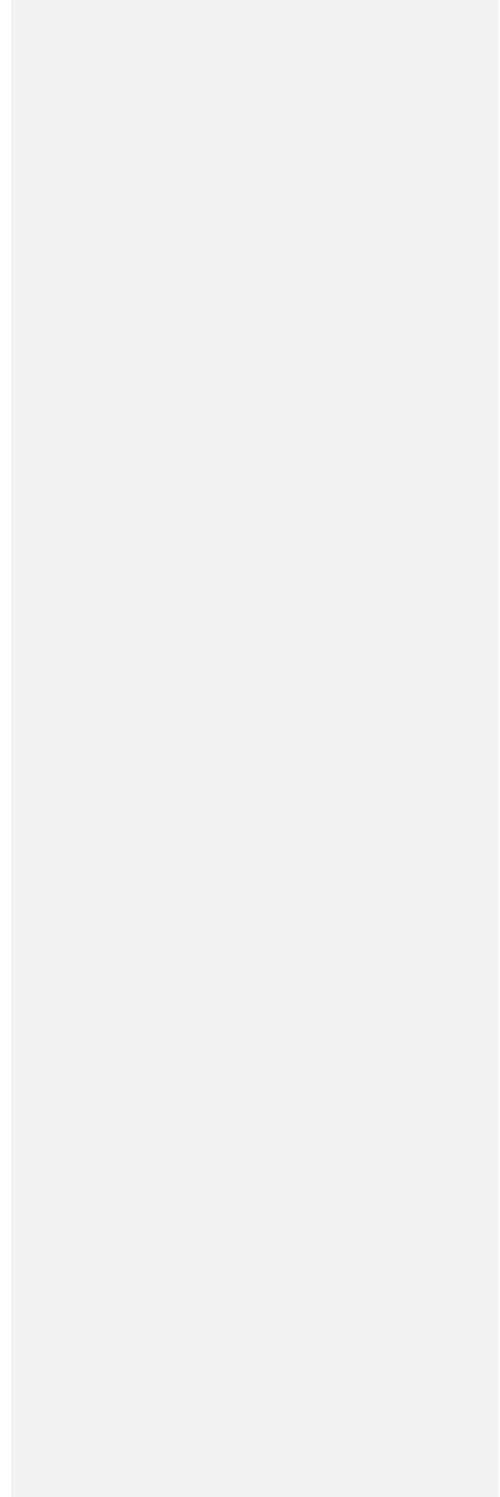
By the Arkansas State Board of Health

Arkansas Department of Health

Little Rock, Arkansas

(José Romero, MD, Secretary of Health)

*Marked-up Draft*



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Marked-up Draft

## RULES PERTAINING TO EMERGENCY MEDICAL SERVICES

### AUTHORITY

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

### SECTION I. DEFINITIONS

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

- A. **Advanced Emergency Medical Technician (AEMT):** A person who has successfully completed an advanced EMT education program approved by the Department and is licensed as an advanced EMT.
- B. **Advanced Response Agency:** A licensed non-transporting agency that is requested to respond to the scene of an emergency.
- C. **Air Ambulance:** A fixed or rotary wing aircraft, utilized for on-scene responses or transports deemed necessary by a physician and licensed by the Department.
- D. **Air Ambulance Communication Specialist:** Personnel assigned to receive and coordinate all requests for the air ambulance service.
- E. **Air Ambulance Service – Emergency:** An air ambulance service that provides emergency scene flights which can also provide inter-facility transports.
- F. **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.
- G. **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.
- H. **Air Ambulance Service Medical Director:** An Arkansas licensed medical doctor (MD) or doctor of osteopathy (DO) who provides medical oversight for any licensed air ambulance service, and who is either board certified or board eligible in emergency medicine or general surgery and is on file with the Department as the medical director.
- I. **Air Ambulance Service Medical Director (Specialty):** An Arkansas licensed medical doctor (MD) or doctor of osteopathy (DO) who provides medical oversight for any licensed air ambulance service, that solely provides specialty air transport services (e.g. pediatrics, neonatal, high risk obstetrics), rotary or fixed winged aircraft. The individual requires licensure or board eligibility in the specialty designation of the air



ambulance service for which they have medical oversight.

- J. Air Medical Personnel: Personnel responsible for patient care on an air ambulance.
- 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. All ambulances shall be issued a permit by the Department.
- L. Ambulance Service: Entities authorized and licensed by the Department to provide care and transportation of patients upon the streets and highways of Arkansas.
- M. Community Paramedic: A paramedic that is licensed by the Department and provides care/services to patients not qualified for home health services or who are qualified but have rejected home health services; and meets all additional licensure requirements.
- N. Controlled Drugs: Drugs identified as Schedule II-V as designated by federal law.
- O. Coordination Point: A fixed location(s) where information about an air ambulance service may be obtained and where activities such as dispatch, resource allocation, and flight operations are conducted.
- P. Department: The Arkansas Department of Health.
- Q. Distributive Education: An educational activity in which the learner, the instructor, and the educational materials are not all present at the same time, and students and instructors are not able to interact in real time. Continuing Education (CE) activities that are offered online, via audio or video, or through reading journal articles are considered distributive education. Virtual Instructor Led Training is not considered distributive education.
- R. Emergency Medical Services: The transportation and medical care provided to the ill or injured prior to arrival at a medical facility by licensed Emergency Medical Services Personnel or other healthcare providers and continuation of the initial emergency care within a medical facility subject to the approval of the medical staff and governing board of that facility; and comprehensive integrated medical care in emergency and non-urgent settings with the oversight of a physician.
- S. Emergency Medical Services Advisory Council: Those persons appointed by the Governor to assist and advise the Department concerning matters dealing with emergency medical services.
- T. Emergency Medical Services Education Program (EEP): Those organizations authorized and accredited by the Department or the Committee on Accreditation of Educational Programs (CoAEMSP) to provide EMS education.
- U. 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.

- V. Emergency Medical Services Provider (EMSP): An individual licensed by the department at any level established by the rules adopted by the State Board of Health and authorized to perform those services set forth in the rules. These shall include without limitation EMT, AEMT, paramedic, community paramedic, EMSP- Instructor.
- W. Emergency Medical Services Provider – Instructor: A person who has been licensed to teach Emergency Medical Services Provider courses after completing a Department approved EMSP - Instructor course and completion of all the instructor requirements.
- X. Emergency Medical Technician: A person who is licensed as an EMT, in Arkansas
- Y. Emergency Vehicle Operator: A person who has successfully completed a nationally recognized first responder course with a minimum of forty (40) hours of training and an Emergency Vehicle Operator course.
- Z. Emergency Request: A request for assistance to an incident which is perceived to have created an actual threat to human life or wellbeing where immediate medical intervention by any EMSP or other health professional is needed.
- AA. Encounter Form: A patient care report (PCR), that includes all State required data elements, and which has been approved by the Department that describes the EMS encounter and is left with the facility at time of service or within (24) twenty-four hours after transfer of care. This form may be electronic or a hard copy and must include a patient narrative.
- BB. FAA FAR Part 135: Federal Aviation Administration Regulations governing air taxi operations and commercial operation of fixed-wing and rotor-wing aircraft.
- CC. Fixed Wing Aircraft: A fixed-wing air ambulance licensed by the Department that is specially constructed and equipped and is intended to be used for transportation of patients.
- DD. Flight Nurse: A registered nurse (RN) licensed to practice in Arkansas who holds a current Arkansas EMSP license. An RN that solely provides air ambulance specialty services (e.g. pediatrics, neonatal, or high risk obstetrics), or fixed-wing transports the flight nurse shall not be required to be an Arkansas licensed EMSP and shall not participate in air ambulance service – prehospital transports.
- EE. Flight Physician: A physician assigned to flight duty. The physician must be a Post Graduate Year (PGY) 3 or above, with a current and valid license to practice medicine as a medical doctor (MD) or doctor of osteopathy (DO) in Arkansas or in the state of primary operation of the air ambulance service. This physician must be board certified or board eligible in emergency medicine or general surgery or is certified in the specialty (e.g. Neonatal, Pediatrics, high risk obstetrics, etc.) served by the transport service. This physician must be certified in at least one of the following: Advanced Cardiac Life Support

(ACLS), Pediatric Advanced Life Support (PALS), Neonatal Resuscitation Program (NRP) or their equivalent for the patient population served.

- FF. Ground Ambulance Service Area: The contiguous land area within a county defined by city or identifiable geographical landmarks or county boundaries for which area the ground ambulance service has an operational base and commits to provide all emergency medical services requested. Service area maps shall be kept on file and renewed annually with the services license renewal.
- GG. Intercept: Instances where a transporting service requests assistance from an ambulance service which provides an equal or higher level of medical care and/or transport.
- HH. Licensure: Official acknowledgement by the Department that an individual has demonstrated competence to perform the emergency medical services required for licensure under the rules and standards adopted by the Arkansas Board of Health upon the recommendation by the Emergency Medical Services Advisory Council.
- II. Legend Drug: Any drug which requires a prescription by a licensed physician as required by federal law.
- JJ. Mass Casualty Incident: An event involving a number of people who are suddenly injured or become ill that overwhelms the local ambulance services, where the number of casualties vastly exceeds the local resources and capabilities in a short period of time. If two or more additional ambulance services are required to respond to the same event; and/or assistance from the Department is needed to assist in the coordination of medical resources, then the Department shall be notified.
- KK. 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.
- LL. 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.
- MM. Medical Director (community paramedic service): An Arkansas licensed medical doctor (MD) or doctor of osteopathy (DO) who is either board certified or board eligible in a specialty that is involved in direct patient contact.
- NN. Medical Facility: Any hospital, medical clinic, physician's office, nursing home or other

health care facility.

- OO. Medical Facility Transport Service: A medical facility regulated by the Department that owns and operates an licensed ambulance.
- PP. 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.
- QQ. 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, AEMTs and paramedics. NREMT provides a valid, uniform process to assess the knowledge and skills required for competent practice required by licensed EMSPs.
- RR. 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).
- SS. Operational Base: Facility within the service area of the ground or air ambulance service(s) designated to house the ground or air ambulance(s), crew members, supplies, and communication equipment.
- TT. Paramedic: A person who has successfully completed an accredited paramedic education program approved by the Department and is licensed in Arkansas as a paramedic.
- UU. Patient Care Performance Improvement Plan: A written plan that provides objective, systematic and comprehensive monitoring of the quality, safety and appropriateness of patient care; identifying and prioritizing opportunities for improvement. The ambulance service medical director will be responsible for approving and supervising the service's patient care performance improvement plan.
- VV. Program Director: An Individual responsible for oversight of a Department approved EMS education program. Program directors are authorized to verify the successful completion of EMS education.
- WW. Probation: An administrative action imposed on an EMS service, any EMSP license, or authorized and accredited training site for violations of EMS Rules.
- XX. Protocols (Guidelines): Off line written standing orders authorized by ambulance services, approved and signed by the ambulance service medical director of the licensed ambulance service.
- YY. Provisional Instructor: An EMSP who has completed initial instructor training but is in the

process of finishing their teaching requirements, with appropriate recommendation from the training program, before becoming a licensed EMS Instructor.

- ZZ. Reaction Time: The time from when the emergency call is received by the ambulance services' dispatch and adequate information is made available which identifies the location and nature of the call, and until the ambulance is enroute. This time shall be two (2) minutes or less.
- AAA. Receiving Facility: A hospital emergency department, hospital, or medical facility capable of receiving and treating patients.
- BBB. Revocation: An administrative action imposed by the Department that terminates any EMSP license, or authorized training site for violating EMS Rules.
- CCC. Rotor-Wing Aircraft: A rotor-winged air ambulance permitted by the Department that is specially constructed and equipped and is intended to be used for transportation of emergency medical patients.
- DDD. Service License: License issued by the Department to a person, firm, corporation, association, county, municipality, or other legal entity for the purpose of engaging in care and/or transport of patients in the state of Arkansas.
- EEE. Short Form: Abbreviated, Department approved Patient Care Report that is left at the medical facility at time of transfer of care when a completed encounter form is not available.
- FFF. Specialty Crew Members: Any person substituted by the medical director or the air ambulance service medical director (Specialty) for a specialty mission.
- GGG. Specialty Mission: An assignment for an air ambulance where the specified needs of a particular patient may require the substitution of particular medical care providers, medical direction and/or equipment.
- HHH. Specialty Purpose Service: A licensed service that provides a specific medical service to a limited population group and emergency evacuation services only, and does not participate in the business of providing continuous general population response for emergency medical services.
- III. 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.
- JJJ. Suspension: An administrative action imposed by the Department that temporarily removes an EMS service license, any EMSP License, or training site authorization and accreditation for violating EMS Rules.
- KKK. Training Site Representative: Individual responsible for the organization, coordination, and day-to-day operations of the EMSP training programs.

LLL. Volunteer Ambulance Service: An ambulance service operating an EMT-volunteer permitted ambulance that is staffed by personnel who perform and give services without expectation of compensation.

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

## SECTION II. PURPOSE

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

## SECTION III. LICENSURE OF AMBULANCE SERVICES

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

### A. General Standards

An application for the issuance or annual renewal of an ambulance service license shall be made to the Department and shall be accompanied by an applicable fee. 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.

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

A licensed ambulance service may transport any patient to the care facility of the patient's choice if the licensee considers service area limitations and subject to applicable federal law and the licensee's local protocol. If the patient is unable to make a choice, and if the attending physician is present and has expressed a choice of care facility, the licensee may comply with the attending physician's choice if the licensee considers service area limitations and subject to applicable federal law. If the patient is unable to make a choice, or if the attending physician is not present or has not expressed a choice of facility the licensee may transport the patient to the nearest appropriate care facility subject to applicable federal law.

#### 2. Reports to Medical Facilities

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

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

3. Reports to the Department

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

4. Insurance Requirements

Each licensee shall have in force and effect general liability insurance coverage, and liability insurance coverage for each vehicle owned and operated by or for the applicant or licensee. All policies shall be issued by an insurance company licensed to do business in the state of Arkansas. Proof of current general liability insurance and coverage for each vehicle shall be submitted to the Department 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 service shall be issued a license in at least one (1) of the classifications set forth by the Department.

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 service's operational base at all times

6. Issuance of licenses

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

7. Transferability of License

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

8. Change in Information

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

9. Advertising

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

10. Service Area

The service area of each licensed ambulance service shall be clearly identified on a map provided by the Department and submitted annually to the Department. A licensed service may cross county lines to serve a portion of an adjoining county with an agreement with the licensed service(s) 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 based upon the ambulance manufacturer's recommendations and/or federal requirements.

12. Patient Consent

- a. It is recognized and established that, in addition to such other persons as may be so authorized and empowered, any one (1) of the following persons is authorized and empowered to consent, either orally or otherwise, to any



surgical or medical treatment or procedures not prohibited by law which may be suggested, recommended, prescribed, or directed by a licensed physician:

- 1) Any adult, for himself;
  - 2) Any parent, whether an adult or an unemancipated minor, for a minor child or for an adult child of unsound mind whether the child is of the parent's blood, is an adopted child, is a stepchild, or is a foster child; provided However, the father of an illegitimate child cannot consent for the child solely on the basis of parenthood;
  - 3) Any married person, whether an adult or a minor, for self;
  - 4) Any female, regardless of age or marital status, for herself when given in connection with pregnancy or childbirth, except the unnatural interruption of 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. 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.

13. Prohibition

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

14. Out-of-State Ambulance Contracts for Disaster Assistance

Ambulance services 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. The ambulance service shall contact the Department during regular business hours or the Department Emergency Communication Center after hours.

15. Mutual Aid

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

16. 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. In the event of a mass casualty incident or an extenuating circumstance, an air ambulance service may be considered a primary responder if access to patients is delayed or inaccessible by ground ambulances. If an air ambulance service is notified by a patient, bystander, responder prior to arrival of ground ambulance service, the air ambulance service shall immediately activate the ground ambulance service within that service area.

17. Transportation of non-patient care equipment

Items not related to patient care may only be transported in an ambulance that is considered out of service, this excludes service / guide dogs as defined by Arkansas

SECTION IV. GROUND AMBULANCE SERVICE LICENSURE  
CLASSIFICATION AND GENERAL STANDARDS

A. Ambulance Service Classifications

1. Licensed community paramedic services shall have vehicles permitted at the community paramedic level. Only licensed paramedic services may operate a community paramedic program or vehicles.
2. Licensed paramedic Services shall have fifty percent (50%) or more ambulances permitted at the paramedic level. Only licensed paramedic services may operate paramedic ambulances.
3. Licensed AEMT services shall have fifty percent (50%) or more ambulances permitted at the AEMT level. Only AEMT and paramedic services may operate AEMT ambulances.
4. Licensed EMT services shall have ambulances permitted only at the EMT level. Paramedic and AEMT services may also operate EMT ambulances.
5. Licensed advanced response services shall only have vehicles permitted at the advanced response level.
6. Licensed EMT specialty services shall only have ambulances permitted at the EMT specialty level.
7. Licensed EMT volunteer services shall only have ambulances permitted at the EMT volunteer level.
8. Licensed medical facility transport services shall have ambulances permitted as a stretcher ambulance
9. A licensed ambulance service with multiple levels of permitted vehicles, if not meeting the requirement for tiered response (see Section IV.C.), shall respond to each emergency requests with the highest permitted vehicle at the time of the request until those resources are depleted or are not available.

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

B. Medical Direction

1. Each licensed EMS service shall have a medical director. This medical director must provide the Drug Enforcement Agency license for the service.

Exceptions include volunteer services, unless medications are part of the service protocols/guidelines. The medical director shall:

- a. delegate other physicians or qualified healthcare professionals designated by the medical director to monitor and supervise the medical field performance of each EMS agency's EMSPs. However, the medical director shall retain ultimate authority and responsibility for the monitoring and supervision, for establishing protocols and standing orders and for the competency of the performance of authorized medical acts.
- b. annually review all service protocols/guidelines and ensure that they are appropriate for the licensure level of each EMSP to whom the performance of medical acts is delegated and authorized, and compliant with accepted standards of medical practice and in line with the Department's minimum patient care guidelines. The medical director shall be familiar with the training, knowledge and competence of each of the EMSP to whom the performance of such acts is delegated.
- c. notify the Department within fourteen (14) business days prior to his or her cessation of duties as medical director.
- d. ensure the licensed services, for which direction is provided is in compliance with these Rules.
- e. have the authorization to limit the scope of practice or remove their affiliation of any EMSP under their direction. Medical directors who limit or remove their affiliation from an EMSP shall immediately notify the Department in writing outlining why these steps were taken.
- f. Have knowledge and oversight of their EMS Service who is participating in EMSP field/clinical times and ensure that students are at all times under the direct supervision of an Arkansas licensed EMSP at or above the level of the EMSP's course of training.

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.

C. Tiered Response

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

appropriate level of ambulance to that call.

~~Services utilizing a tiered response dispatch process shall met the following provisions:~~

- ~~a. Each emergency call must be answered and screened by a certified Emergency Medical Dispatcher (EMD). EMD Certification must be obtained and maintained by a National Recognized Certifying body that is recognized by the Department. EMD Certification or License shall be made available for review during EMS service inspections.~~
- ~~b. The EMD Center must have medical director oversight.~~
- ~~c. The service shall be required to have a quality improvement program in place to ensure compliance with their service tiered response protocols and shall be reviewed by the medical director within thirty (30) days of the call date.~~
- ~~d. All tiered responses that require a higher level intercept shall be tracked separately and reported to the Department on a quarterly basis.~~
- ~~e. The service shall have a process in place that would specifically and reliably identify which calls are appropriate for less than the highest level of permitted ambulance and track all calls in which this dispatch process is implemented.~~
- ~~f. All requirements are met for the ambulance that is responding to include equipment, personnel and licensure standards set forth in regulation.~~

#### D. Quality Improvement and Service Records

1. Each licensed emergency medical services agency shall conduct a quality improvement program. The quality improvement program shall evaluate patient care and personnel performance for compliance with the current standards of practice as set forth in the services medical protocols/guidelines, and standards of Emergency Medical Services scope of practice. Reviews should be conducted at least quarterly, to assess, monitor, and evaluate the quality of patient care provided. Documentation for the quality improvement program and review shall include 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.
2. 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

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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.

E. General Standards for Community Paramedic Services

1. Each licensed community paramedic service shall have a medical director. This medical director must provide the Drug Enforcement Agency license for the service. The medical director shall:
  - a. have an active Arkansas state license and must maintain their license at all times.
  - b. be either Board Certified or Board eligible in a specialty that is involved in direct patient contact. Each medical director shall be approved by the Department.
  - c. provide monitoring and supervision of the medical field performance of each community paramedic and be actively involved in all aspects of the program, including but not limited to training, provider selection, quality improvement, and evaluation of the programs goals and objectives.
  - d. retain ultimate authority and responsibility for the monitoring and supervision, for establishing protocols/guidelines and standing orders and for the competency of the performance of authorized medical acts.
  - e. ensure that all protocols/guidelines are appropriate for community paramedic to whom the performance of medical acts is delegated and authorized, and compliant with accepted standards of medical practice.
  - f. be familiar with the training, knowledge and competence of each of the EMS Personnel to whom the performance of such acts is delegated.
  - g. notify the Department immediately upon his or her cessation of duties as medical director.
  - h. ensure the licensed service for which direction is provided is in compliance with these Rules.
2. Each licensed emergency medical services agency shall conduct a quality improvement program. The quality improvement program shall evaluate patient

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

- a. The criteria used to select audited runs;
  - b. Patient encounter form review;
  - c. Problem identification and resolution;
  - d. Investigation of complaints or incident reports;
  - e. Date of review;
  - f. Attendance at the review;
  - g. A summary of the review discussion.
3. Any authorized representative of the Department shall have the right to enter the premises of any service or permitted ambulance at any time in order to make whatever inspection necessary in accordance with the minimum standards and regulations prescribed herein. Each service shall maintain and make available (during normal business hours) to the Department for inspection records including, but not limited to:
- a. Patient Care Records;
  - b. Equipment checks;
  - c. Personnel certifications, continuing education and credentialing;
  - d. Policies and procedures; and
  - e. Any documents related to service licensure.

F. Specific Standards

1. Licensed Paramedic Services shall:
  - 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.
  - 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.
2. Licensed Community Paramedic Services may provide care/services to:
- a. Discharged patients who have been screened for home health or hospice and;
    - 1) Do not qualify for home health or hospice services; or
    - 2) Are documented as having declined home health or hospice services.
  - b. A community paramedic may only participate in care of a patient under the care of home health agency with the following conditions:
    - 1) Have a formal request of the home health agency
    - 2) Have clear communications between the community paramedic service and home health agency
    - 3) Only act within the request of the home health agency and under the scope of practice of the community paramedic
  - c. Discharged emergency department patients; and Pre-hospital patients.
  - d. Community paramedic care/services are limited to:
    - 1) Coordination of community services (community paramedic services shall have a resource management manual);
    - 2) Chronic disease care, monitoring and education;
    - 3) Health assessment;
    - 4) Hospital discharge follow-up care;
    - 5) Laboratory specimen collection; and
    - 6) Medication compliance.
3. Licensed AEMT Services shall:
- a. provide twenty-four (24) hour emergency ambulance service coverage. All services shall have a documented plan ensuring AEMT coverage within the services service area at all times.
  - b. meet the two-minute reaction time
  - c. have a medical director as defined in Section I, Medical Director (Advanced Life Support Services).
4. 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)
5. Licensed Advanced Response Agency shall:
- a. provide emergency care to critically ill or injured patients prior to the arrival of a licensed transporting ambulance service.
  - b. be a government entity or a licensed ambulance service for a service area in which they are currently licensed.
  - c. meet a two-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). Advanced Response Agencies shall have coordinated and agreed upon guidelines/protocols by all transporting agency medical directors within the advanced response agency's service area.
  - 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 (1) licensed Paramedic at all times.
  - i. only transfer care to a licensed Paramedic transporting service or maintain advanced level of care throughout transport if care is rendered to a basic life support transporting ambulance service.

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

6. Licensed Specialty Service:

- a. A specialty 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. A specialty service shall 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/guidelines.
- c. A specialty service shall 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/guidelines)

7. 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. An EMT volunteer service shall have a medical director as defined in Section I. KK of these rules. (If medications or expanded skills are in the EMT services protocols/guidelines)
- c. An EMT volunteer service shall maintain on file with the Department 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/guidelines)

8. Licensed Medical Facility Transport Service

- a. A medical facility transport service shall be issued to a medical facility that is regulated by the Arkansas Department of Health that owns and operates a stretcher ambulance vehicle.
- b. The following criteria shall be met to obtain a medical facility transport service license:
  - 1) Use license solely for the purpose of transporting a patient from one location to another for medical tests or treatments and the patient is returned within twenty-four (24) hours.
  - 2) Receive authorization from the patient's treating physician for the transport.
  - 3) Keep the transport within a thirty (30) mile radius of the health facility.
  - 4) The health facility owns and operates the transporting service.
  - 5) Only medically stable and non-emergent individuals may be transported.
  - 6) If the medical condition of a patient suddenly changes which requires care to be rendered, the operator of the Stretcher Ambulance will immediately divert to the closest hospital and/or contact the local EMS service to request assistance appropriate emergency care shall be initiated and continued until the EMS service has intercepted the transport or arrival at the hospital.
- c. Stretcher ambulances shall not transport patients requiring the following:
  - 1) Invasive procedures (I.V. therapy, drug administration, I.V. pumps, etc.).
  - 2) Mechanical monitoring procedures.
  - 3) Mechanical respiratory procedures.
  - 4) Oxygen therapy, excluding patient-owned equipment.

SECTION V. PERMITTING OF GROUND EMERGENCY VEHICLES

A. Application

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

B. Ground Vehicle General Standards

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

- c. AEMT
  - d. EMT
  - e. Advanced Response
  - f. EMT-Volunteer (EMT-V)
  - g. EMT-Specialty (EMT-S)
  - h. Stretcher
2. A vehicle may not be permitted by the Department or operated as an ambulance prior to the submission and approval of all required documentation, fees and a Department inspection.
  3. Vehicles must meet applicable requirements set forth in these Rules prior to receiving or retaining a vehicle permit.
  4. Permits shall be for a period not to exceed one (1) year.
  5. New ambulances replacing a permitted vehicle or being added to an existing service license must be inspected and permitted prior to being placed in service.
  6. Any medical equipment carried on an ambulance outside the approved equipment list, shall have prior written approval by the Department. No equipment or supplies shall be carried on an ambulance which would permit an EMSP to render care beyond the scope of practice and/or violate these Rules. \*Excludes community paramedic
  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.
  9. Only ambulances of a paramedic or AEMT Service shall be equipped with ALS Equipment unless a prior request for an upgrade has been made and approved by the Department.
  10. Temporary upgrades and downgrades of permitted ambulances are for mechanical ~~and staffing purposes 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.
  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)  
\*Community paramedic and 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 or equivalent, 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.  
\*Community paramedic and stretcher ambulances may not be equipped with warning lights.
  14. All lighting, both interior and exterior, shall be fully operational, including lens caps.
  15. Electrically powered suction aspirator systems shall be installed and fully functional.
  16. Each ambulance shall be equipped with a minimum of one (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 O<sub>2</sub> 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, EMSP, 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 permitted ambulance subject to the requirements of these Rules. The Department may inspect an ambulance or its maintenance records at any time or place to determine if the ambulance is being operated safely and in compliance with these Rules.
32. 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, either in print or electronic, of the services approved medical director approved protocols/guidelines in the ambulance at all times.
34. EMSP shall perform only those skills at the level of the permitted vehicle.

\*Does not apply to Stretcher Ambulances

C. Ambulance Staffing Requirements

1. Paramedic Permitted Ambulances

- a. Each paramedic permitted ambulance shall be staffed at all times by a minimum of two (2) licensed individuals, one (1) of whom shall be a paramedic. The remaining individual may be a paramedic, AEMT, or EMT. The paramedic shall staff the patient compartment at all times during patient transport.
- b. Permitted ambulances that are providing general patient transfers and not primary 911 emergency responses may staff their ambulances in the following manner.
  - Each permitted ambulance shall be staffed at all times by a minimum of two (2) individuals, one (1) of whom shall be a paramedic in the patient compartment at all times during patient transport. The second individual must be at a minimum trained as an emergency vehicle operator (EVO).

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2. AEMT Permitted Ambulances

- a. Each AEMT permitted ambulance shall be staffed at all times by a

minimum of two (2) licensed individuals, one (1) of whom shall be a paramedic or AEMT. The remaining individual may be a paramedic, AEMT, or EMT. The AEMT, EMT or paramedic shall staff the patient compartment at all times during patient transport.

### 3. EMT Permitted Ambulances

- a. Each permitted ambulance shall be attended by two (2) licensed individuals. Each EMT permitted ambulance shall be staffed at all times by a paramedic, AEMT, or EMT. The EMT, AEMT or paramedic shall staff the patient compartment at all times during patient transport.
- b. Permitted ambulances that are providing general patient transfers and not primary 911 emergency responses, or that have depleted all available 911 resources may staff their ambulances in the following manner.
  - 1) Each permitted ambulance shall be staffed at all times by a minimum of two (2) individuals, one (1) of whom shall be a paramedic, AEMT, or EMT with any of the above in the patient compartment at all times during patient transport. The second individual must be at a minimum trained as an emergency vehicle operator (EVO).

### 4. Advanced Response Permitted Vehicles

- a. Vehicles shall be permitted at the paramedic level only and shall be staffed at all times by a minimum of one (1) licensed paramedic.
- b. Transfer patient care to a licensed paramedic transporting service or maintain advanced level of care throughout transport if care is rendered to a basic life support transporting ambulance service.

### 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, AEMT, RN, or EMT, 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 (Basic Life Support).

### 6. Specialty Permitted Ambulances

- a. Each 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, AEMT, RN, or EMT, 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 Basic Life Support).



7. Permitted Stretcher Ambulances

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

SECTION VI AIR AMBULANCE SERVICE LICENSURE CLASSIFICATION 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 air 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 of an aircraft shall follow the FAA standards outlined in the certificate holder's operation manual.
5. Air ambulance services based outside of Arkansas that do hospital to hospital transports (including emergency scene flights and hospital to hospital transfers within the state of Arkansas) shall be subject to the requirements of these Rules, in conjunction with other state's applicable rules when appropriate.
6. Each air ambulance service shall have and maintain a coordination point, twenty-four (24) hours a day, seven (7) days a week.
7. Each air rotor-wing aircraft must have radio capability to communicate air-to-ground and the ability to communicate with physicians who are responsible for directing patient care in transit, and with ground personnel who coordinate the transfer of the patient.
8. 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 (7) years, a patient encounter record for each patient flight. This record may be electronic or hard copy.
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 ensure:
  - a. that all EMSP, for which direction is provided, are properly educated and licensed pursuant to these Rules. This includes skills verification.
  - b. that each EMSP, for which direction is provided, is following service protocols/guidelines.
  - c. the licensed services, for which direction is provided is in compliance with these Rules.
  - d. the services written protocols/guidelines are reviewed annually and prior to implementation of any changes and review the duty readiness policy.
13. Each service shall maintain a register of legend drugs as outlined in Section XIV.
14. Each service shall maintain a copy of the Department approved Medication Policy and Procedures 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/guidelines in the aircraft at all times. These can be in print or electronic.
16. Quality Assurance Program for Licensed Ambulance Services

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

- a. The criteria used to select audited runs; Ambulance encounter form review;
- b. Problem identification and resolution;
- c. Investigation of complaints or incident reports;
- d. Date of review;
- e. Attendance at the review;
- f. 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 Rules prescribed herein. Each service shall maintain and make available to the Department for inspection all patient encounter forms.

C. Specific Air Medical Service Standards

- 1. Each Air Medical Rotor-Wing and Air Medical Rotor-Wing Specialty ambulances shall:
  - a. provide twenty-four (24) hour emergency ambulance service coverage.
  - b. meet the two- minute reaction time with the exception of hazardous weather conditions that would preclude response.
  - c. have a minimum of one (1) incoming telephone line dedicated to emergency requests for the air ambulance service.
  - d. an Air Ambulance Communication Specialist that is an EMT (licensed / 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 communications pertaining to flight requests. The system must have time-encoding and playback capabilities. Recordings shall be kept for a minimum of sixty (60) days.
    - 2) Maps of all areas where the service responds to scene flights. Maps shall be an Arkansas State Highway and Transportation Department General Highway Map for Counties or the equivalent and can be electronic or printed copy.
  - f. have personnel capable of plotting scene coordinates and directing the helicopter to a scene location, twenty-four (24) hours a day.

- g. have a policy addressing Post Accident/Incident Plan.
  - h. arrange for flight following at least every fifteen (15) minutes. Documentation of such flight following must be maintained during all phases of flight.
2. Each Air Medical Fixed-Wing ambulance shall have:
- a. a minimum of one (1) incoming telephone line dedicated to requests for the air ambulance service.
  - b. an air ambulance communication specialist assigned to receive all dispatch and flight request information on behalf of the air ambulance service.

SECTION VII. PERMITTING OF AIR AMBULANCE VEHICLES

A. Application

An application for the issuance or renewal of an air ambulance vehicle permit shall be made to the Department.

B. Air Ambulance Vehicle General Standards

1. Air Ambulance Vehicles Shall:

- a. be configured to allow the air medical personnel to treat the patient including advanced life support procedures.
- b. ensure that all outdated, misbranded, adulterated or deteriorated fluids, supplies and medications are removed from an aircraft immediately.
- c. carry the minimum approved supplies and equipment for the level of licensure of the air ambulance. All equipment and supplies shall be clean, sanitary and in good working order.  
\*See Appendix 1
- d. be properly climate controlled at a temperature range of 50°-85°. All pharmaceuticals shall be kept within the recommended temperature range as established by the manufacturer.
- e. 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 medical 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.
  - b. have a two-way radio with the ability to communicate:
    - 1) between the pilot and air medical personnel;
    - 2) with physicians who are responsible for directing patient care in transit, and with ground personnel who coordinate the transfer of the patient.
    - 3) air-to-air and air to ground; and
    - 4) in the trauma system utilizing a trauma AWIN radio or another suitable medium capable of real-time, direct communication with the ATCC.
2. Fixed-Wing Vehicles Shall:
  - a. have communication capabilities for 123.05 MHz and other nationwide frequencies.
  - b. have ability to communicate:
    - 1) between the pilot and air medical personnel;
    - 2) with physicians who are responsible for directing patient care in transit, and with ground personnel who coordinate the transfer of the patient and.
    - 3) air-to-air and air to ground; and
    - 4) capable of real-time, direct communication with the ATCC when transporting trauma patients.

D. Air Ambulance Staffing Requirements

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

one of who must be a flight nurse or physician. The 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. Air Medical Fixed-Wing

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

E. Air Medical Personnel Training Requirements – Prehospital Air Medical Rotor-Wing (Non Physician Crew)

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

a. Prehospital Environment

- 1) Will be covered by EMT licensure Requirement

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 – one (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 – one (1) hour initially.
- 6) Invasive Procedures (or Manikin Equivalent) for competency maintenance, four (4) intubations/year–recommended one (1) successful intubation/quarter.
- 7) Quality Management – one (1) hour yearly.

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

Minimum Experience for Flight Nurses:

- 1) Minimum of three (3) years current registered nursing

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

Minimum Experience for paramedics Conducting Air Ambulance Transport:

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

d. Trauma

- 1) Disaster and Triage: two (2) hours initially and annually.
- 2) Thermal, Chemical and Electrical: two (2) hours initially and annually.

e. Certifications Required

- 1) Neonatal Resuscitation Program (NRP) or equivalent course
- 2) Pediatric Advanced Life Support (PALS) course or Pediatric Education for Prehospital Providers (PEPP) course or equivalent course
- 3) Advanced Cardiac Life Support (ACLS) or equivalent course
- 4) Prehospital Trauma Life Support (PHTLS), International Trauma Life Support (ITLS), Trauma Nurse Core Course (TNCC), or equivalent course.
- 5) FEMA ICS 100, 200, 700

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

1. High Risk Obstetrical

- a Basic Fetal Monitoring Class – four (4) hours initially, one (1) hour annually

b. The following didactic topics shall be covered annually:

- 1) Fetal Assessment
- 2) Triage and Assessment of the Pregnant Patient
- 3) Conditions Warranting Transport and Stabilization
- 4) Emergency Childbirth and Complications of Delivery
- 5) Placenta Previa and Placental Abruption
- 6) Prolapsed Cord

- 7) Pre-Eclampsia
  - 8) Post-Partum Hemorrhage
  - 9) OB Trauma
  - 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 Medical Personnel Training Requirements – Air Medical Rotor-Wing Specialty

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

a. Air Medical Environment

- 1) Aircraft Safety Issues to include as required by the FAA Annual Recurrent Training, to include Crew Resource Management.
- 2) Air Medical Patient Transport Considerations (Preparation, Handling and Equipment)
- 3) Altitude Physiology and Stressors of Flight – one (1) hour initially and annually.
- 4) Day and Night Flying Protocols – To be included in FAA Annual Safety Inspection.
- 5) EMS Communications (radios) and familiarization with EMS System – one (1) hour initially.
- 6) Invasive Procedures (or Manikin Equivalent) for competency maintenance, 4 intubations/year recommended one (1) successful intubation/quarter.
- 7) Quality Management – one (1) hour yearly.
- 8) Stress Recognition and Management

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

Minimum Experience for Flight Nurses

- 1) Minimum of three (3) years current registered nursing experience in specialty care (e.g. 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 three (3) years current paramedic experience with a paramedic ambulance service.

Minimum Training Requirements for Specialty Care Air Medical Personnel

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

H. Air Medical Personnel Training Requirements – Air Medical Fixed-Wing

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

a. Air Medical Environment

- 1) Aircraft Safety Issues to include and as required by the FAA – Annual Recurrent Training, to include Crew Resource Management.
- 2) Air Medical Patient Transport Considerations (preparation, handling and equipment)
- 3) Altitude Physiology and Stressors of Flight – one (1) hour initially and annually.

b. Preparatory (mandatory for all fixed-wing medical personnel) Minimum Experience for RN on a Fixed-Wing

- 1) Minimum of two (2) years current RN experience in critical care and/or emergency nursing (e.g. ICU, CVICU, ER, or CCU). For specialty transports, a RN must have a minimum of two (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 two (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 Medical Personnel Training Requirements for Air Medical Rotor-Wing Air Ambulance Communication Specialists

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

- a. Medical Terminology
- b. Knowledge of EMS
- c. Familiarization with equipment used in the field setting
- d. FAR's pertinent to the medical transport service
- e. FCC 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)
- J. Documentation for Recurrent Training

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

SECTION VIII. APPROVED EMERGENCY MEDICAL SERVICES PERSONNEL SKILLS

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

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

- a. Written approval from the ambulance service medical director.
- b. Written approval from ambulance service manager/director.
- c. Verification that the individual(s) are licensed by the Department to perform the skills requested.
- d. Submit medical director approved treatment protocols addressing this specific practice and any equipment carried by the EMS.
- 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 AEMT permitted ambulance.

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

2. An AEMT or 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/guidelines as long as they meet ALL of the following requirements:

- a. Written approval from the team's medical director and submitted to the Department for review.
- b. Written approval is received from the team's manager/director and submitted to the Department for review and approval.
- c. Submit medical director approved protocols/guidelines specific to this practice to the Department prior to implementation of program.
- d. Verification that the Individual(s) are licensed by the Department to perform the skills
- e. Individual's performance is not tied to a licensed ambulance service at the time they are performing skills for the response team
- f. In all cases, where advanced care is initiated, advanced care must be maintained on scene and enroute to the hospital in a paramedic or AEMT permitted ambulance.

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

ALS Services approved to provide Rapid Sequence Induction (RSI) must first meet all RSI requirements and be approved by the Department. Paramedics are allowed to

use paralytics to maintain the paralysis of an already intubated patient, if approved by medical direction.

## SECTION IX. EDUCATION, TESTING AND LICENSURE OF MEDICAL PERSONNEL

A. The Department shall license or certify individuals for the provision of Emergency Medical Services

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

a. Advanced Life Support

- 1) Paramedic
- 2) Community Paramedic
- 3) Advanced Emergency Medical Technician (AEMT)

b. Basic Life Support

- 1) Emergency Medical Technician

c. Instructor

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

d. Emergency Vehicle Operator

2. Fees

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

3. Certification and Licensure Cards

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

a. All licensure levels, except EVOs, shall maintain the following during their license period:

- 1) Current CPR certification
- 2) maintain a National Registry of Emergency Medical Technician

(NREMT) certification for the level in which they are licensed.

- b. All paramedics and community paramedics shall maintain the following throughout their licensure period:

- 1) Current ACLS certification

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 licensure or emergency vehicle operator certification shall complete a state and/or federal criminal history check.

5. 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.
- b. Successful completion of the NREMT paramedic certification process.

6. Community Paramedic

- a. Successful completion of a Department approved community paramedic curriculum.
- b. Hold NREMT certification as a paramedic and be in good standing with the NREMT.
- c. Hold an Arkansas license as a paramedic and be in good standing with the Department.
- d. Have two (2) years of fulltime service as a paramedic and be actively employed by a licensed paramedic service. Potential licensees shall submit a letter from a licensed paramedic service indicating a minimum of 1000 hours worked per year for two (2) years and confirming that they are actively employed by that service.

7. Advanced Emergency Medical Technician

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

- b. Successful completion of the NREMT AEMT certification process.
8. Emergency Medical Technician
- a. Successful completion of an Arkansas accredited EMT program including all didactic, clinical and field internship requirements
  - b. Successful completion of both the Arkansas practical skills examination and the NREMT certification process.
9. Emergency Medical Services Provider Instructor
- a. Hold an Arkansas EMSP license and be in good standing with the Department.
  - b. Licensed as an EMSP continuously from any state, national or military for a minimum of two (2) years
  - c. Successful completion of an approved forty (40) hour EMSP instructor course with a current affiliation with an educational institution (Vo-Tech School, Technical College, Community College, College or University) or licensed ambulance service training department.
  - d. Copy of a current Basic Life Support CPR instructor card.
  - e. Copy of a current American Heart Association ACLS instructor card for EMSP paramedic instructors only.
10. Emergency Vehicle Operator
- a. Successful completion of a National recognized First Responder Course of a minimum of forty (40) hours of training.
  - b. Copy of a current signed Basic Life Support CPR card (Must follow current American Heart Association Guidelines and require a hands on skills component) documenting completion of a CPR course designed specifically for healthcare providers.
  - c. Emergency Vehicle Operator Course
  - d. Ten (10) hours of refresher training every two years to include emergency vehicle operations.

B. General Licensure Renewal Standards

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

- a. Performance of duty or volunteer time with agencies
- b. Clinical rotations
- c. Instructor methodology courses
- d. Management/leadership courses
- e. Preceptor hours

C. Application and Recertification Audits

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

D. Renewal Standards

1. All individuals applying for renewal of a license or emergency vehicle operator certification shall submit the following to the Department:
  - a. Completed renewal application.
  - b. Application fee set forth by current EMS statute payable to the Arkansas Department of Health. Not applicable for emergency vehicle operators or community paramedic licensure.
  - c. Copy of a current Basic Life Support CPR card (Must follow current American Heart Association Guidelines and require a hands on skills component) documenting completion of a CPR course designed specifically for healthcare providers.
  - d. Document completion of all education requirements for your level of licensure or certification. It is the responsibility of the EMSP to maintain copies of all rosters, certificates, and/or proof of attendance to all continuing education used for renewal. These documents will be required should the EMSP be audited.



2. Specific Renewal Requirements by EMS Level

a. Emergency Medical Technician

- 1) Continuing education hours need to meet the NREMT requirements are outlined below. Licensee must complete all requirements in a-c.
  - a. Twenty (20) hours following the topic required for National Certification. Up to seven (7) hours in this category can be distributive education.
  - b. Ten (10) hours in the following topic areas Up to seven (7) hours in this category can be Distributive Education.
    - i. Arkansas Trauma System - Two (2) hours
    - ii. Pediatric - Two (2) hours
    - iii. Stroke/CVA - Two (2) hours
    - iv. Cardiology - Two (2) hours
    - v. Documentation - One (1) hour
    - vi. Ethics and Professionalism - One (1) hour
  - c. Ten (10) hours in any EMS related topic areas. Up to ten (10) hours in this category can be Distributive Education.
- 2) NREMT certification and verification is required.

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

b. AEMT

- 1) Continuing education hours need to meet the NREMT requirements are outlined below. Licensee must complete all requirements in a-c.
  - a. Twenty-five (25) hours following the topics required for National Certification. Up to eight (8) hours in this category can be distributive education.
  - b. Twelve and one-half (12.5) hours in the following topic areas. Up to eight (8) hours in this category can be Distributive Education.
    - i. Arkansas Trauma System - Two (2) hours
    - ii. Pediatric - Two and one-half hours (2.5)

- iii. Stroke/CVA - Two (2) hours
  - iv. Cardiology - Two (2) hours
  - v. Documentation - Two (2) hours
  - vi. Ethics and Professionalism - Two (2) hours
- c. Twelve and one-half (12.5) CE hours in any EMS related topic area. Up to Twelve and one-half (12.5) hours in this category can be Distributive Education.
- 2) NREMT certification and verification is required.
- AEMTs who have never held national certification shall document completion of all education requirements outlined in 1) a.-c. above prior to their state license expiration date to obtain state AEMT license.
- 3) Medical director's electronic signature on the renewal application verifying competency in AEMT skills
- c. Paramedic
- 1) Continuing education hours need to meet the NREMT requirements are outlined below. Licensee must complete all requirements in a-c.
- a. Thirty (30) hours following the topics required for National Certification Up to ten (10) hours in this category can be Distributive Education.
  - b. Fifteen (15) hours in the following topic areas. Up to ten (10) hours in this category can be Distributive Education.
    - i. Arkansas Trauma System -Two (2) hours
    - ii. Pediatric – Three (3) hours
    - iii. Stroke/CVA - Four (4) hours
    - iv. Cardiology - (2) hours
    - v. Documentation – Two (2) hours
    - vi. Ethics and Professionalism – Two (2) hours
  - c. Fifteen (15) hours in any EMS related topic area. Up to fifteen (15) hours in this category can be Distributive Education.
- 2) NREMT certification and verification is required.
- Paramedics who have never held national certification shall document completion of all education requirements outlined in 1) a.-c. above prior to their state license expiration date to obtain state paramedic license.

- 3) Medical director's electronic signature on the renewal application verifying competency in advanced paramedic skills.
  - 4) Copy of current American Heart Association ACLS card.
- d. Community Paramedic
- 1) Submit a copy of your current NREMT certification card prior to your license expiration date. No license shall be issued until current National Registry certification can be verified.
  - 2) Complete an additional fifteen (15) hours of practice focused training beyond the renewal requirements as a paramedic.
  - 3) Submit documentation from the community paramedic programs medical director affirming that the licensee is active in performing the skills of a community paramedic.
- e. Emergency Vehicle Operator
- 1) Submit a copy of current Basic Life Support CPR card
  - 2) Ten (10) hours of refresher training every two years to include emergency vehicle operations
3. EMSP – Instructor Renewal Requirements:
- EMSP instructor licensure is for a two (2) year period to run concurrently with the current EMSP level of licensure.
- The following must be completed and submitted for ALL Instructors:
- a. A copy of a current Basic Life Support CPR instructor card (Must follow current American Heart Association Guidelines and require a hands on skills component)
  - b. Paramedics instructors shall maintain and submit current American Heart Association ACLS instructor certification.
  - c. Complete twelve (12) hours of continuing education at the EMSP Instructor level, to include Professional Development or instructor specific education.
  - d. Meet the renewal requirements for your level of licensure (EMT, AEMT, or paramedic)
  - e. Complete and provide documentation from the EMS Education Program

for (1) one of the following:

- 1) One (1) full EMT course teaching more than 50% of the course (Must be affiliated with an educational institution)
- 2) Two (2) EMT courses as co-instructor (Must be affiliated with an educational institution)
- 3) Forty-eight (48) hours of classroom instruction with a letter from the lead instructor or EMS education program verifying hours and topics of instruction taught.

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

4. EMSP renewal applications submitted after expiration date

a. Renewal will be allowed for those who submit their documentation after the expiration date, IF:

- 1) All required educational hours, as outlined in Section IX. C. for the appropriate license level, were completed PRIOR to their current expiration date;
- 2) All specific training (e.g., Refresher, ACLS, CPR, etc.) was completed PRIOR to their current expiration date; AND
- 3) All documentation was submitted no later than two (2) years after their current expiration date

b. EMSP's submitting their renewal 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.

E. Lapsed Arkansas Licensed Emergency Medical Service Providers

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

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

1. EMT

a. LAPSED TWO (2) YEARS OR LESS:

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

- 2) Documentation of an additional twelve (12) hours of continuing education within the past twelve (12) months.
- 3) Copy of a current Basic Life Support CPR card (Must follow current American Heart Association Guidelines and require a hands-on skills component) documenting completion of a CPR course designed specifically for healthcare providers
- 4) Submit completed Arkansas application form.
- 5) \$20 Application fee set forth by Arkansas Code Ann. §20-13-211 payable to the Arkansas Department of Health.
- 6) Validation of competency on all EMT psychomotor skills by an accredited EMS training program or EMS medical director.

2. AEMT

a. LAPSED TWO (2) YEARS OR LESS:

- 1) Document successful completion of all required educational hours, as outlined in Section IX. C. for the appropriate license level within the previous twelve (12) months.
- 2) Documentation of an additional twenty-four (24) hours advanced continuing education within the past twelve (12) months.
- 3) Copy of current Basic Life Support CPR card (Must follow current American Heart Association Guidelines and require a hands-on skills component) documenting completion of a CPR course designed specifically for healthcare providers
- 4) Submit completed Arkansas application form
- 5) \$20 Application fee set forth by Arkansas Code Ann. § 20-13-211 payable to the Arkansas Department of Health.
- 6) Validation of competency on all AEMT psychomotor skills by an accredited EMS training program, EMS medical director or successfully challenge the NREMT psychomotor exam.

3. Paramedic

a. LAPSED TWO (2) YEARS OR LESS:

- 1) Document successful completion of all required educational

hours, as outlined in Section IX. C. for the appropriate license level within the past twelve (12) months.;

- 2) Documentation of an additional twenty-four (24) hours advanced continuing education within the past twelve (12) months
- 3) Copy of a current CPR card (Must follow current American Heart Association Guidelines and require a hands-on skills component) documenting completion of a CPR course designed specifically for healthcare providers.
- 4) Submit a signed copy of current American Heart Association ACLS card.
- 5) Submit completed Arkansas application form.
- 6) \$20 Application fee set forth by Arkansas Code Ann. § 20-13-20-13-211 payable to the Arkansas Department Health.
- 7) Validation of competency on all paramedic psychomotor skills by an accredited EMS training program, EMS medical director or challenge the NREMT psychomotor exam.

4. Community Paramedic

a. LAPSED TWO (2) YEARS OR LESS

- 1) Meet all renewal requirements set forth under Section IX.
- 2) Documentation of the additional fifteen (15) hours of practice focused training beyond the renewal requirements as a paramedic; and
- 3) Submit documentation from the community paramedic programs medical director affirming that the licensee is active in performing the skills of a community paramedic.

5. 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.

F. Request for Extension to Complete EMT License Renewal Requirements

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

requesting an extension. The letter must include the reason(s) the extension is being requested. Extensions will be considered for the following reasons:

- a. personal illness or hospitalization;
- b. extensive travel or relocation within the affected time period;
- c. military service
- d. immediate family illness or death; or
- e. extraordinary circumstances beyond the control of the EMSP.

2. Extension Decisions:

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

G. Reciprocity

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

- a. The applicant shall hold a substantially similar license in another United States jurisdiction.
  - i. A license from another state is substantially similar to an Arkansas EMSP license if the other state's licensure qualifications require: NREMT certification, Basic Life Support CPR certification and Advanced Cardiac Life Support if applicable.
  - ii. The applicant shall hold his or her occupational licensure in good standing;
  - iii. The applicant shall not have had a license revoked for:
    - i. An act of bad faith; or
    - ii. A violation of law, rule, or ethics;
  - iv. The applicant shall not hold a suspended or probationary license in a United States jurisdiction;
- b. The applicant shall be sufficiently competent in the EMS field; and
- c. hold current NREMT certification.

2. Required documentation. An applicant shall submit a fully-executed application, the required fee, and the documentation described below. Submission of an Arkansas criminal history background check and payment of the applicable fee to include both state and federal checks. This requirement may be waived if the individual holds a registered nurse license that is current and in good standing, or holds a current and in

good standing registered nurse license from a nursing compact state.

- a. As evidence that the applicant's license from another jurisdiction is substantially similar to Arkansas's, the applicant shall submit the following information:
  - i. Evidence of current and active licensure in that state. The Department may verify this information online if the jurisdiction at issue provides primary source verification on its website or by telephone to the other state's licensing board; and
  - ii. Evidence that the other state's licensure requirements match those listed in Section IX. H.1.a. i. The Department may verify this information online or by telephone to the other state's licensing board.
- b. To demonstrate that the applicant meets the requirement in Section IX. H.1. a. ii. through iv., the applicant shall provide the Department with:
  - i. The names of all states in which the applicant is currently licensed or has been previously licensed;
  - ii. Letters of good standing or other information from each state in which the applicant is currently or has ever been licensed showing that the applicant has not had his license revoked for the reasons listed in Section H.1. a. iii. and does not hold a license on suspended or probationary status as described in Section IX. H.1. a. iv. The Department may verify this information online if the jurisdiction at issue provides primary source verification on its website or by telephone to the other state's licensing board.
- c. As evidence that the applicant is sufficiently competent in the field of EMS, an applicant shall:
  - i. Hold a current NREMT certification
  - ii. Basic Life Support CPR certification and Advanced Cardiac Life Support if applicable.
  - iii. Community paramedics must submit verification of education including scope of practice from transferring state with a letter from an Arkansas community paramedic medical director showing the candidate would be accepted to the community paramedic program.

### 3. Temporary and Provisional License

- a. The Department shall issue a temporary and provisional license immediately upon receipt of the application, the required fee, and the documentation required under Section IX. H. 2. a. i. and ii.
- b. The temporary and provisional license shall be effective for at least ninety (90) days or until the Department makes a decision on the application, unless the Department determines that the applicant does not meet the requirements in Section IX. H. 1. a. and b., in which case the temporary and provisional license shall be immediately revoked.
- c. An applicant may provide the rest of the documentation required above in



order to receive a license, or the applicant may only provide the information necessary for the issuance of a temporary and provisional license.

- d. The Department shall require an applicant to hold a current NREMT certification if the applicant is licensed in another state that does not offer reciprocity to Arkansas residents that is similar to reciprocity to out-of-state applicants in A.C.A. §17-1-108.
- e. Reciprocity in another state will be considered similar to reciprocity under A.C.A. §17-1-108 if the reciprocity provisions in the other state:
  - i. Provide the least restrictive path to licensure for Arkansas applicants;
  - ii. Does not require Arkansas applicants to participate in the apprenticeship, education, or training required as a prerequisite to licensure of a new professional in that state, except that the state may require Arkansas applicants to participate in continuing education or training that is required for all professionals in that state to maintain licensure.
  - iii. Does not require Arkansas applicants to take a state-specified education unless required under the same conditions described in A.C.A. §17-1-108.

#### 4. Military Personnel and Returning Military Veterans

- a. As used in this subsection, “returning military veteran” means a former member of the United States Armed Forces who was discharged from active duty under circumstances other than dishonorable. Military trained personnel will be eligible for EMT Licensure ONLY, unless documentation is submitted showing completion of an accredited AEMT or paramedic course including all didactic, clinical and field internship requirements.

As used in this subsection “automatic licensure” means granting the occupational licensure without an individual having met occupational licensure requirements provided under this title or by the rules of the occupational licensing entity.

- b. The Department shall grant automatic licensure to an individual who holds a substantially equivalent license in another U.S. jurisdiction or holds NREMT certification and is:
  - i. An active duty military service member stationed in the state of Arkansas;
  - ii. A returning military veteran applying for licensure within one (1) year of his or her discharge from active duty; or

- iii. The spouse of a person under b (i) or (ii) above.
- c. The Department shall grant such automatic licensure upon receipt of all the below:
  - i. Payment of the initial licensure fees and submission of a DD214 (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).
  - ii. Evidence that the individual holds a substantially equivalent license in another state or holds NREMT certification; and
  - iii. Evidence that the applicant is a qualified applicant under Section a. above.
- d

SECTION X. HOSPITAL STAFFING

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

- A. The medical staff must approve the privileges granted to the individual EMSP with the concurrence of the hospital's governing body. Specific policies governing the supervision and the procedures to be performed by the EMSP must be developed by the hospital medical staff and also approved by the hospital's governing body. EMSP's may not perform a procedure on a patient in a hospital that he or she is not licensed to perform.
- B. Approved EMSP's 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 EMSP training programs 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 shall be maintained and readily available.

SECTION XI. GENERAL TRAINING SITE AND EDUCATION REQUIREMENTS

The following section pertains to all EMSP training sites

- A. All Arkansas 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 (CAAHEP) and the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP) using current Accreditation Standards.
  - B. The Department shall review all EMSP courses and EMS Education Programs (EEP) prior to the beginning of any period of instruction.
  - C. Classes shall be conducted in an environment conducive to learning
  - D. Trainees must be in uniform with a standard means of identification when engaged in patient care.
  - E. Education courses must follow the nationally accepted EMS Education Standards.
  - F. EMT instructors must be either an Arkansas licensed physician or a Arkansas licensed EMSP-instructor at any level. Paramedic courses must follow the accreditation requirements set forth by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) and the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP).
  - G. Physicians acting as medical directors for EMS education programs recognized by the Department, that require clinical and field internship performance by students, may delegate authority to a student in training during their performance of program required medical acts and only while under the control of the education program.
  - H. Off-Site Courses must meet the following:
    - 1. All EMT and AEMT instructor requirements remain the same as if the course is conducted at the EMS Education Program.
    - 2. The facility where the class is located must meet with written approval of both the sponsoring institution and the Department.
    - 3. Written documentation shall verify one of the following concerning equipment.
      - a. All equipment needed for the course as required by the Department is available at the course location and is not removed from any permitted ambulance. Department staff may inspect the course location at any time during the course.
- Or
- b. The EMS education program sponsor provides all equipment. For offsite courses, due to loading/transport/use time, that set of equipment cannot be considered available for any other course during that specific time period

unless a policy exists requiring return within a certain time frame.

Or

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

I. Sponsorship of Multiple Courses

- 1. Any EMS Education Program (EEP) may offer concurrent courses providing the following criterion has been met:
  - a. There must be adequate equipment available for each course offered to ensure that each student has appropriate access to each needed item.

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

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

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

- 1. Meet Arkansas requirements as listed in the Section of EMS Accreditation Manual for EMT, AEMT, and EMT bridge courses.
- 2. Submit their application and site review to the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP), and in pending status for a site visit.
- 3. Be awaiting the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP) site visit.

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

M. Psychomotor Testing

- 1. AEMT and paramedic psychomotor testing will follow the guidelines outlined in the NREMT 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 Psychomotor Skills Exam Coordinator User Guide. Any deviation from these

requirements must be approved by the Department in writing prior to the exam.

## SECTION XII. EMS EDUCATION PROGRAM REQUIREMENTS

### A. Paramedic EMS Education Programs

1. All current Arkansas paramedic and community paramedic education Programs must complete one of the following prior to starting paramedic or community paramedic education program:
  - a. Achieved accreditation by a National Accrediting Organization or body as recognized by the Office such as the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP).
  - b. Have submitted all required paperwork, including the self-study and be awaiting the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP) site visit or holds a CoAEMSP official Letter of Review.

### B. Paramedic Training

1. Paramedic curriculum, evaluations, clinical and field internship will be developed and approved by the accredited EMS education facility.
2. The Department shall approve all paramedic courses and EMS Education Program locations prior to the beginning of any period of instruction.
3. Paramedic programs must obtain and maintain accreditation by the National Accreditation Agency, the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP).
4. Medical Facility training
  - a. Clinical phases of training will be conducted within a medical facility.
  - b. Paramedic students will be educated, within the hospital or medical facility by qualified personnel under guidelines and requirements stated in the curriculum and approved by the medical facilities 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. holding current Advanced Cardiac Life Support (ACLS) credentials or is board certified or board eligible by the American Board of

Emergency Medicine or by the American Board of Osteopathic Medicine or licensed in emergency medicine.

5. Field Internship

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

6. Only those students from CoAEMSP accredited programs and recommended by their instructor and medical director will be allowed to challenge the NREMT certification examination and obtain an Arkansas EMS license.
7. There must be a medical director designated, having emergency department experience, who meets the requirements in Section I., holding current Advanced Cardiac Life Support (ACLS) credentials or is Board certified or board eligible by the American Board of Emergency Medicine or by the American Board of Osteopathic Medicine or Licensed in Emergency Medicine.

C. Community Paramedic

1. Community paramedic curriculum, evaluations, clinical and field internship will follow the state approved community paramedic curriculum and consist of a minimum of (300) hours of classroom and clinical education.
2. The Department shall approve all community paramedic courses and EMS education program locations prior to the beginning of any period of instruction.
3. Community paramedic programs must obtain and maintain paramedic training site accreditation by the National Accreditation Agency, the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP).
4. Primary Instructors must be either Arkansas licensed physicians, registered nurses, paramedic/EMSP-instructors or subject matter experts in the fields they are representing.
5. There shall be an academic as well as a clinical atmosphere. Community paramedic students must have a standard means of identification when engaged in the patient care and clinical portions of the community paramedic program.

6. Clinical Internship

- a. Clinical experience shall be provided under the supervision of a community paramedic service medical director, advanced practice

registered nurse, physician assistant, home health registered nurse or other licensed healthcare provider that is a subject matter expert in the clinical field they represent.

b. Required clinical contacts can be found in Appendix 3

c. Areas of clinical experience shall include at a minimum:

- Emergency department services;
- Home health services;
- Hospital case management;
- Public health agencies services

#### D. AEMT Training

1. AEMT curriculum, evaluations, clinical and field internships will be developed and approved by the Department accredited EMS Accreditation Manual.
2. The Department shall approve all AEMT courses and training sites prior to the beginning of any periods of instruction.
3. AEMT training may be sponsored only by a higher education institution that has affiliation with an Arkansas licensed hospital or a Department approved EMS program. Any Arkansas licensed ambulance service applying for accreditation and approval by the Department must be a licensed advanced life support (ALS) service and hold an Arkansas Department of Higher Education Private Career Education License.
4. Primary Instructors must be either Arkansas licensed physicians, or EMSP Instructor at the AEMT level or higher.
5. AEMT training sites must follow AEMT policies as set forth in the Section of EMS Accreditation Manual for EMT, AEMT, and EMT bridge courses.
6. The Department will review the course of instruction and minimum recommended number of hours of total instruction.
7. There shall be an academic as well as a clinical atmosphere. Trainees must be in uniform with a standard means of identification when engaged in the patient care and clinical portions of the program.
8. Only those students from an accredited EMS educational facility and recommended by their instructor and medical director will be allowed to

challenge the NREMT certification examination.

9. There must be a medical director designated, having emergency department experience, who meets the requirements in Section 1., holding a current Advanced Cardiac Life Support (ACLS) credentials or is board certified or board eligible by the American Board of Emergency Medicine or by the American Board of Osteopathic Medicine or licensed in emergency medicine.
  - a. Medical facility clinical phases of training will be conducted within a medical facility with hospital concurrence.
  - b. AEMT students will be trained, within the hospital or medical facility, by qualified personnel under guidelines and requirements stated in the curriculum and approved by the medical staff and the facilities governing body during clinical phases of training.
10. Field Internship
  - a. Internship must be completed with an Arkansas licensed paramedic or AEMT licensed ambulance service or a service that meets the requirements of the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP) and approved by the Department with which there is an agreement allowing students to actively participate in patient care. The student must be in the patient compartment during transport.

E. Emergency Medical Technician Training

1. The Department shall approve all EMT courses and EMS education program locations (not previously approved) prior to the beginning of any periods of instruction.
2. EMT training may be sponsored only by a higher education institution that is affiliated with an Arkansas licensed hospital or a Department approved EMS Education Program. Any Arkansas licensed ambulance service applying for accreditation and approval by the Department, must be a licensed advanced life support (ALS) service and hold an Arkansas Department of Higher Education private career education license.
3. Primary instructors must be either Arkansas licensed physicians or licensed EMSP instructors.
4. The Department will review the course of instruction and minimum number of hours of total instruction prior to the course starting.
5. There shall be an academic as well as a clinical atmosphere. Trainees must be in uniform with a standard means of identification when engaged in the patient care



and clinical portions of the program.

6. Only those students from an accredited EMS educational facility that have successfully completed all course requirements as documented by the instructor and medical director will be allowed to challenge the NREMT certification examination.
7. There must be a medical director designated for the training facility having provided care in an emergency room and meets the requirements in Section I., holding a current Advanced Cardiac Life Support (ACLS) credentials or is board certified or board eligible by the American Board of Emergency Medicine or by the American Board of Osteopathic Medicine or licensed in emergency medicine.
8. Medical Facility Training
  - a. Clinical phases of training will be conducted within a medical facility with hospital concurrence.
  - b. EMT students will be trained, within the hospital or medical facility, by qualified personnel under guidelines and requirements stated in the curriculum and approved by the facility's governing body during clinical phases of training.
9. Field Internship
  - a. Internship must be completed with an Arkansas licensed ambulance service or a service that meets the requirements of the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP) and approved by the Department with which there is an agreement allowing students to actively participate in patient care. The student must be in the patient compartment during transport.

F. EMS Education Program for EMSP -Instructor Courses

1. Requirements to conduct an EMS-Instructor Course are as follows:
  - a. The course must be sponsored by an Arkansas approved EMS Education Program in affiliation with an educational institution (Vo-Tech School, Technical College, Community College, four-year college or university).
  - b. All courses must be reviewed by the Department prior to starting.
  - c. All courses must follow the current EMS Education Standards instructor guidelines.
  - d. An individual who holds a Bachelor's Degree, or higher must assist with the course.
2. The EMS-Instructor Trainer must submit the following information to the

Department:

- a. A curriculum vitae of all instructional staff.
  - b. Copy of course curriculum.
  - c. Copy of current Basic Life Support (BLS) instructor card.
  - d. Application/written request to conduct an instructor course (Instructor/Site Representative must receive approval letter from the Department prior to starting course).
  - e. List of applicants for verification/approval of EMSP status by the Department.
3. Upon completion of EMT-Instructor course, the Instructor Trainer must submit end of course documentation including a list of students who successfully completed the course.
  4. Each student successfully completing the EMS-Instructor course will be responsible for completing the requirements outlined in Section XIII.

### SECTION XIII. EMSP EDUCATION STANDARDS AND LICENSURE REQUIREMENTS

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

#### A. Paramedic

1. Pre-requisites for an education program
  - a. Holds any current state EMT license or AEMT licensure. Military must hold a current NREMT EMT or AEMT license. Those that do not hold an Arkansas license must obtain Arkansas licensure prior to beginning any field or clinical internship.
  - b. Copy of a current Basic Life Support CPR card (must follow current American Heart Association Guidelines and require a hands on skills component) prior to beginning any field or clinical internship.
2. Pre-requisites for field/clinical participation
  - a. Candidate must be Arkansas licensed EMT or an Arkansas AEMT 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 Basic Life Support CPR card (Must follow current American Heart Association Guidelines and require a hands on skills component).
  - d. Submit a copy of a current American Heart Association Advanced Cardiac Life Support (ACLS) card.
4. Licensure requirements
- a. Successful completion of the NREMT certification examination including both didactic and psychomotor exams.
- B. Community Paramedic
1. Pre-requisites for an education program
- a. Holds a current Arkansas paramedic license.
  - b. Holds a current Basic Life Support CPR card (Must follow current American Heart Association Guidelines and require a hands on skills component) prior to beginning any field or clinical internship.
  - c. Holds a current American Heart Association Advanced Cardiac Life Support (ACLS) card.
2. Pre-requisites for testing
- a. Meets all requirements outlined in Section XIII. B. 1. a-c.
  - b. Successful completion of a Department approved communityparamedic course.
3. Licensure requirements
- a. Have two (2) years of fulltime service as a paramedic and actively employed by a licensed paramedic service. Prospective EMSPs shall submit a letter from a licensed paramedic service indicating a minimum of 1000 hours worked per year for two (2) years and confirming that they are actively employed by that service.
  - b. Community paramedic licensure will run concurrent with the current EMSP expiration date.
- C. Advanced Emergency Medical Technician

1. Pre-requisites for education program
  - a. Successful completion of a Department approved EMT course, or holds a current state EMT license/certification from another state with a current NREMT certification card, or military personnel who hold current NREMT certification.
  - b. Copy of a current Basic Life Support CPR card (Must follow current American Heart Association Guidelines and require a hands on skills component) prior to beginning any field or clinical internship.
2. Pre-requisites for field/clinical participation
  - a. Candidate must be a current Arkansas licensed EMT prior to starting any field or clinical participation and maintain licensure throughout the field/clinical training.
3. Pre-requisites for testing
  - a. Currently licensed as an Arkansas EMT.
  - b. Successful completion of a Department approved AEMT program.
  - c. Copy of a current signed Basic Life Support CPR card (Must follow current American Heart Association Guidelines and require a hands on skills component) documenting completion of a CPR course designed specifically for healthcare providers.
4. Licensure requirements
  - a. Successfully complete the NREMT AEMT certification examination including both didactic and psychomotor exams.

D. Emergency Medical Technician

1. Licensure requirements
  - a. Licensure shall be based on successful completion of a Department approved EMT course including all didactic, clinical and field internship requirements.
  - b. Successfully complete the Arkansas psychomotor skills examination and the National Registry of EMTs didactic examination.
  - c. Copy of a current signed Basic Life Support CPR card (Must follow current American Heart Association Guidelines and require a hands on skills component) documenting completion of a CPR course designed specifically for healthcare providers.

- E. Emergency Medical Service Personnel - 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. Licensed as an EMSP continuously from any state, national or military for a minimum of two (2) years and currently licensed as an Arkansas EMSP.
    - c. Current Basic Life Support CPR instructor card (Must follow current American Heart Association Guidelines and require a hands on skills component).
    - d. Successfully complete a Section approved forty (40) hour EMSP instructor course or holds a minimum of a bachelor's degree in education. For successful completion of the forty (40) hour EMSP instructor course, students must complete the end of course didactic examination with a minimum score 80%, and meet all other course requirements.
  3. Upon completion of the instructor requirements listed above, the instructor candidates will be placed on provisional status. Provisional instructors must complete the following within twelve (12) months of completion of the instructor course. Failure to complete these requirements within the twelve (12) month period, will require the candidate to repeat the instructor course:
    - a. Instruct an initial EMT course or an approved forty (40) hour EMT Refresher that is sponsored by a Department approved EMS education program as long as all of the following requirements have been met:
      - 1) Provisional instructors choosing to teach a forty (40) hour refresher program to meet this requirement shall be licensed for a minimum of two (2) consecutive years at the level they will teach.
      - 2) All courses taught must be sponsored by a Department approved EMS education program.
      - 3) 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) Submit a letter of recommendation from the training site representative of an accredited EMS education program with the

application.

- 5) Current Basic Life Support CPR instructor card (must follow current American Heart Association Guidelines and require a hands on skills component)
- 6) The Provisional instructor shall teach a minimum of twelve (12) hours of the first course and must be monitored for a minimum of five (5) hours by one (1) of the following:
  - a. The Candidate's instructor trainer
  - b. EMS instructor approved by the Department
  - c. Training site representative

F. EMSP Instructor Teaching Advanced Courses

1. AEMTs who apply to teach an AEMT course must meet the following:
  - a. Hold an EMSP instructor license.
  - b. Been licensed as an AEMT for a minimum of two (2) years.
2. Paramedics who apply to teach an AEMT or paramedic course must meet the following:
  - a. Hold an EMSP instructor license.
  - b. Hold a current ACLS Instructor card
  - c. Have been licensed as an Arkansas paramedic for a minimum of two (2) years

G. EMSP Educator Trainer

1. All of the following eligibility requirements must be met for EMSP instructors to become an EMSP Educator Trainer:
  - a. Arkansas licensed EMSP
  - b. Licensed continuously for two (2) years in EMS as an EMSP instructor.
  - c. Sponsored by an Arkansas approved EMS educational program.
  - d. 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 Pharmacy Services and Drug Control, and Arkansas Department of Health, are directed to make investigations, inspections and, make copies of the records and orders, wherever located, of all services licensed by the Department in order to determine whether or not said licensed ambulance services have violated the laws of the state of Arkansas respecting prescribing and using of narcotics and other drugs and whether or not said services have violated the provisions of the law.

B. REGISTRATION

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 (prescription) drugs on-board all registered vehicles. Schedule II drugs have a separate requirement for security that also must be complied with by the licensee.
3. All controlled substances shall be stored under a mounted double lock security. All other prescription drugs shall be stored under a single lock security.

D. PROCEDURE IN CASE OF LOSS OF CONTROLLED SUBSTANCES

1. Each licensed ambulance service or medical director shall notify the Office of Pharmacy Services and Drug Control, and Arkansas Department of Health immediately upon discovery of any suspected loss, theft and/or other diversion of any controlled substance under their supervision. Additionally, 21 CFR Part 1301.74 (c) requires notification of the Field Division Office of the Drug Enforcement Administration (DEA) in writing within one (1) 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 (7) days.

E. RECORDS OF CONTROLLED SUBSTANCES

1. The ambulance service medical director is responsible for maintaining accurate and complete records of such drugs received and a record of all such drugs administered, or professionally used otherwise. \* Exception: Hospital based 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.
5. Patient medication records shall consist of at least, (a) physician's order authorizing the dispensing and administration of medications (Standing Orders), (b) medication administration record indicating the date, time and signature of the paramedic or other licensed healthcare provider administering controlled drugs to the patient, and (c) the paramedic or other licensed healthcare provider notes indicating the date, time, method of administration, and condition of the patient before and after the controlled drugs were administered and signature of the paramedic or other licensed healthcare provider administering the drug.
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 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 paramedic or other licensed healthcare provider who wasted the drug and verified by the signature of a licensed healthcare provider and/or licensed 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 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 Section of EMS.

F. SURRENDER OF UNWANTED CONTROLLED SUBSTANCES

Must be in accordance with the Office of Drug Enforcement Agency's Regulations regarding all controlled substances no longer usable due to deterioration, expired dating, or no longer used by the service.

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.
4. Services shall have a quality assurance process for all controlled substances that includes a routine audit process. Any discrepancies shall be immediately reported to the Department and the DEA.

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, and approved by the 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 XV. 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.

B. 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 service identified by the transferring hospital to coordinate pick up. The ATCC shall confirm with the transferring hospital the time the patient will be ready for pick-up and communicate that to the EMS service. The sending hospital should contact the EMS service designated on the ATCC dashboard early in the process to allow the service as much advance notice as possible of the impending urgent transfer.

If the EMS service cannot be at the transferring hospital by the agreed upon time, a backfill service shall be contacted by the EMS Service. Service area coverage is considered in place at the time the backfill agreement request is accepted. If the service is unable to secure a backfill agreement acceptance, the ATCC shall be available to assist with the backfill, but not assume responsibility. The EMS service 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 service. 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.

#### C. NON-URGENT TRAUMA TRANSFERS

1. If the transfer request does not meet the two criteria for an urgent transfer, yet the patient's injury requires a higher level of care, the transferring hospital shall call the ATCC to coordinate acceptance with the receiving hospital. The transferring hospital shall notify its EMS service and coordinate an appropriate time for patient pick-up. The EMS service shall have no less than one (1) hour to arrive at the transferring facility. The transferring hospital shall have the patient ready for pick-up by the agreed upon time.

### SECTION XVI. VIOLATIONS

#### A. Regulatory Administration

1. 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 prescribed herein. Each service shall maintain and make available (during normal business hours) to the Department for inspection records including, but not limited to:
  - a. Patient records
  - b. Equipment checks
  - c. EMSP certifications, continuing education and credentialing
  - d. Policies and procedures
  - e. Any document related to service licensure

B. Penalty

1. The Department may impose one or more penalties for any offense committed hereunder, including revocation, suspension, or probation of a license, or any other discipline which is appropriate under the circumstances, including but not limited to requiring completion of education requirements.
  - a. As to ambulance service licenses, pursuant to Arkansas Code §20-13-1005, three formal citations during the license term for failure to comply with Subchapter 10 of Chapter 13 of Subtitle 2 of Title 20 of the Arkansas Code, and any Rules promulgated by the Department of Health in regard to ambulance services shall result in revocation of the ambulance service license. However, the Arkansas State Board of Health and Department of Health are not limited in disciplinary action up to and including revocation of licensure in the event of fewer than three (3) formal citations.
  - b. Any non-licensed person found violating these rules may be prohibited from obtaining Arkansas State Licensure for one (1) year. If such person does obtain Arkansas State licensure after one (1) year, they will be placed on Probation for their first two (2) year licensure period

Offenses:

- Conviction, pleading guilty, or nolo contendere to any criminal offense listed in Arkansas Code Ann §20-13-1106
- Demonstration of incompetence, knowingly or willfully violating these Rules or other inability to provide adequate service.
- Violating any , as well as federal, state, or local laws, rules affecting, but not limited to, the practice of EMS.

- Any conduct which is in violation of any criminal, civil and/or administrative code or statute.
- Falsifying, destroying or failing to make accurate, complete and/or clearly written or oral patient care reports documenting a patient's condition upon arrival at the scene, the prehospital care provided, and patient's status during transport, including signs, symptoms, and responses during duration of transport as per EMS provider's approved policy.
- Disclosing confidential information or knowledge concerning a patient except where required or allowed by law.
- Causing or permitting physical or emotional abuse or injury to a patient or the public, and/or failing to report such abuse or injury to the Department, appropriate legal authority and/or the Department within twenty-four (24) hours after the event occurs.
- Failing to report to the employer, appropriate legal authority or the Department, an event of abuse or injury to a patient or the public within twenty-four (24) hours (or the next business day within twenty-four (24) hours) after the event.
- Failure to follow the medical director's protocol, performing advanced level or invasive treatment without medical direction or supervision, or practicing beyond the scope of certification or licensure.
- Failing to respond to a call while on duty and/or leaving duty assignment without proper authority.
- Abandoning a patient.
- Failing to comply with the terms of a Department ordered probation or suspension.
- Misrepresenting level of any certification or licensure.
- Misappropriating or failure to take precautions to prevent misappropriation of medications, supplies, equipment, personal items, or money belonging to the patient, employer or any other person or entity.
- Falsifying or altering, or assisting another in falsifying or altering, any Department application, EMS license; or using or possessing any such altered certificate or license.
- Cheating and/or assisting another to cheat on any examination, written or psychomotor, by any provider licensed by the Department or any institution or entity conducting EMS education and/or training or providing an EMS examination leading to obtaining licensure or renewing licensure.
- Obtaining or attempting to obtain and/or assisting another in obtaining or attempting

to obtain, any advantage, benefit, favor or gain by fraud, forgery, deception, misrepresentation, untruth or subterfuge.

- Illegally possessing, dispensing, administering or distributing, or attempting to illegally dispense, administer, or distribute controlled substances as defined by the federal or state laws.
- Receiving disciplinary action relating to an EMS certificate or license or another health provider certificate or license issued in another state or in a U.S. Territory or in another nation, or receiving disciplinary action relating to another health provider certificate or license issued in Arkansas.
- Failing or refusing to timely give the Department full and complete information requested by the Department.
- Failing to notify the Department of being convicted or pleading guilty or nolo contendere of a criminal offense within ten (10) business days of the conviction or plea, other than any class C misdemeanor not related to EMS.
- Failing to notify the Department within five (5) business days of his or her being arrested, charged or indicted for any criminal offense, other than any class C misdemeanor not directly related to EMS.
- Engaging in any conduct that jeopardizes or has the potential to jeopardize the health or safety of any person.
- Failure of any drug screening test administered during an EMS work or volunteer shift, or within twelve (12) hours of the beginning or end of any such shift.
- Resigning employment or refusing by the employee, of an employer drug screening test right before, after or during an assigned EMS work or volunteer shift.
- Failing to maintain the requisite of skill, knowledge and/or academic acuity to timely and/or accurately perform the duties or meet the responsibilities required of a licensed EMSP at appropriate licensure level that endangers the safety or welfare of patients and/or EMSP's.
- Delegating medical functions to other personnel without approval from the medical director per approved protocols.
- Behaving in a disruptive manner or exhibiting unprofessional conduct toward other EMS personnel, law enforcement officers, firefighters, hospital personnel, other medical personnel, patients, family members or others on scene.
- Falsifying or altering clinical and/or internship documents for EMS students.
- Falsifying or failing to complete daily readiness checks on EMS vehicles, medical supplies and/or equipment as required by EMS employers.

- Engaging in acts of dishonesty which relate to the EMS profession.
- Behavior that exploits the EMS personnel-patient relationship in a sexual way. This behavior is non-diagnostic and/or non-therapeutic, may be verbal or physical, and may include expressions or gestures that have sexual connotation or that a reasonable person would construe as such.
- Falsifying or making any false statements in any information provided to or by the Department to include misrepresentation, fraud, or concealment including but not limited to applications for licensure, certification, or renewal of a licensure or certification and continuing education requirements.
- Acting negligently, neglectfully, or with intent to cause harm toward a patient or other person
- Reporting to duty or rendering patient care while under the influence of alcohol (According to current Arkansas Legal Code) illegal drugs or illegally obtained drugs concurrent with State Law.
- Use of alcohol or any intoxicating substance (other than as directed by a physician) while on duty.
- Providing false information to regulatory officials or willfully concealing known deficiencies during an inspection.
- Conviction of driving under the influence of alcohol or other intoxicating substance while on duty, on emergency response or during patient transport.
- Failure to report substance abuse of on-duty EMS personnel to the Department.
- Failure to follow accepted standards of care in the management of a patient or in response to a medical emergency.
- 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.
- Unauthorized release or divulgence of confidential information to an unauthorized person or using confidential patient information for personal or financial benefit.
- Providing care as an Arkansas EMSP independent or with a licensed EMS service while having a lapsed or expired Arkansas EMSP license.
- Failure to respond or accept official Departmental correspondence sent by certified mail.

- Misappropriation, stealing and/or embezzlement of EMS grants or equipment purchased under such grants.
- Falsification of records related to ambulance service operations.
- 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 or EMSP standards.
- Engaging in the delivery of emergency medical services on a revoked, suspended, expired, or inactive Arkansas 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
- Carrying and/or using equipment not approved by the Department for the licensure level.
- Using an EMT who is lapsed or not Arkansas licensed to meet ambulance staffing requirements.
- Failure to have all necessary equipment and non-expired supplies in licensed ambulances for the level of licensure.
- Failure to follow the 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.
- Falsification by the instructor of facts on student paperwork/applications.
- Teaching an EMS related course that requires pre-approval from the Department without having that approval.
- Abandonment of an approved EMT course.
- Failure to complete and submit required documentation for all students.
- Failure to teach courses by National Standard Curriculum.
- Failure to observe recognized professional teaching standards



- Falsification of continuing education documentation
- Falsification by the training site of records related to courses or training
- Conduct or actions by the training site that results in harm to the health and safety of the student
- Failure to meet and maintain the criteria for program approval as set by the Department or accrediting body
- Failure to allow the Department to inspect, observe, or evaluate programs, including program personnel, facilities, classes, and clinical practice sessions
- Use of training personnel not competent for the type of training offered
- Failure to observe recognized professional standards in the course content and operation of the training program
- Failure to keep accurate and adequate records, of the names and addresses and type of training completed of all graduates and attendees for a minimum of two (2) years
- Allowing an AEMT or paramedic student to participate in medical facility or field internship without being a licensed EMT.
- Failure to offer training consistent with the approved application

C. Criteria for Denial of EMSP Licensure

An EMSP certification/license may be denied for the following reasons:

1. Failing to meet any requirements set forth in these rules or other applicable law.
2. Previous conduct of the applicant during the performance of duties that are similar to those required of EMS personnel, whether performed as a volunteer or for compensation, which are contrary to acceptable standards of care or conduct for EMS personnel, or contrary to accepted standards of conduct as described or required in these Rules.
3. Submitting false information, or failing to disclose material facts, on or in conjunction with any Arkansas application for certification or licensure or renewal of certification or licensure.
4. Staffing an EMS vehicle deemed to be in service while the person's previously issued certification or license is expired, suspended or has been revoked.
5. Any other fact, condition, or circumstance which in the judgment of the Department

renders the applicant or renewal applicant unfit to practice as an EMSP.

D. 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 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 Department's investigation concludes that the charges brought against a licensed service or licensed EMSP are warranted, the matter shall be brought before the Arkansas Department 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 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 licensure of an EMSP until the matter is decided by the Department.
7. In all administrative enforcement and appeal procedures thereunder, it shall be in accordance with the Arkansas Administrative Procedures Act and Amendments thereto.
8. Probation: The department may place an EMSP license on probation, and as a probationary condition may require the licensee to:
  - a. report regularly to the Department on matters that are the basis of the probation;
  - b. limit practice to the areas prescribed by the Department;
  - c. continue or review professional education until the person attains a degree of skill satisfactory to the Department in those areas that are the basis of the probation; and/or

- d. complete or continue to meet certain requirements or conditions related to the circumstances surrounding the certificant's or licensee's rule violations or background to assure that he or she will continue to meet and maintain general EMS standards
9. Any person, whose EMSP license has been revoked by the department and who later regains certification or licensure under this section, shall be placed on probation for one year and be required to meet certain conditions to assure that he or she will meet and maintain general EMS standards
10. Reapplication
- a. Two (2) years after denial, revocation of a license, or the voluntary surrender of a certificate or license, an individual may petition the Department in writing for reapplication for certification or licensure. Expiration of a certificate or license during the suspension period shall not affect the two-year waiting period required before a petition can be submitted.
  - b. The petitioner bears the burden of proving fitness for certification or licensure
  - c. The Department may allow the petitioner to file an application for certification or licensure if there is proof that the health, safety, and confidence of the public will be protected.
  - d. The Department may deny any petitioner if, in the judgment of the Department, the reason for the original action continues to exist or if the petitioner has failed to offer sufficient proof that there is no longer a threat to public health, safety, and/or confidence.
11. Notification of disposition. A copy of the order of final disposition of proposed disciplinary action shall be sent to any licensed EMSP, first responder organization, medical director, institution or facility with which the certificant or licensee is known to be associated at the address shown in the current records of the Department.

E. 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 EMS Advisory Council and approved by the Department. Clinical investigations beyond the scope of the EMS Rules are to be evaluated in a carefully controlled study under appropriate medical control. At the completion of the evaluation period, the test results will be forwarded to the 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 must follow the clinical investigations guidelines recommended by the EMS Advisory Council and approved by the Department.

A.

SECTION XVII. SEVERABILITY

If any provision of these Rules, or the application thereof to any person or circumstances is held invalid, such invalidity shall not affect other provisions or applications of these Rules which 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 Rules and parts of Rules in conflict herewith are hereby repealed.

**SECTION OF EMERGENCY MEDICAL SERVICES**  
**MINIMUM REQUIRED PARAMEDIC EQUIPMENT LIST**  
**\*\*ALL EQUIPMENT MUST INCLUDE ALL AGE APPROPRIATE SIZES\*\***

Minimum Required Equipment list and Quantity (Paramedic)			
<b>SOFT SUPPLIES AND OTHER EQUIPMENT</b>			
4X4 Pads ABD Pads Trauma Dressing Isolation Kits Roller Gauze Triangular bandages OB Kit - must contain Bulb syringe Sterile Saline Betadine Bandage / EMT Shears Hemostats Scalpel Window Punch Antiseptic Hand Cleaner Exam Gloves - Various Sizes Emesis Basin or Equivalent Commercial Tourniquet Linens Time Critical Diagnosis Bands (i.e. Stroke, Trauma) Triage Tags / Tape	Magill Forceps ET Stylette ETCO <sub>2</sub> Detector (Colorimetric or quantitative) Pediatric Drug Tape, Chart or Wheel Pediatric Defibrillator Pads/Paddles Adult Defibrillator Pads/Paddles 12 lead Cardiac Monitor / Defibrillator/ Pacer ECG Cables ECG Paper Electrodes Adult Pediatric Pulse Oximetry Device Pulse Oximetry Probes B/P Cuffs Stethoscope Hypoallergenic Tape Occlusive Dressing or supplies Thermometer Lubricating Jelly Sharps Container Glucometer and Glucose measuring strips		
<b>MECHANICAL</b>		<b>OXYGEN AND RELATED SUPPLIES</b>	
Fire Extinguisher(s) HAZ-MAT Reference Guide Reflective Safety Wear Flashlight N95 or N100 Respirator Protocol Book (electronic or print) Bio-Hazard Bags Disinfectant solution	<b>OXYGEN</b> Main and Portable O <sub>2</sub> OPA SET NPA Set Nasal Cannulas  <b>O<sub>2</sub> MASKS</b> Non-Rebreather Pediatric Infant	<b>BVM</b> Adult Pediatric Infant	<b>Suction</b> Portable Unit (On-Board Unit) Suction Tubing  Suction Catheters Size 8fr. – 18fr. *Age/Size appropriate Rigid Suction Tip
<b>AIRWAY ADJUNCTS AND TRANSPORT</b>			
Supraglottic Airways (Adult and Pediatric) Laryngoscope Handles - Adult Pediatric Laryngoscope Blades ET Tubes Sizes Pediatric Tube Sizes that correspond to the required Pediatric Drug Tape, Chart or Wheel 6.5 mm 7.5 mm CRIC KIT or 10/12ga Needle *ET Tube Holders Adult and Pediatric * Commercial Style	Immobilization KED® XP-1® or equivalent Pediatric Restraint System Spine board and Straps (Adult and Pediatric)  <b>CERVICAL COLLARS</b> Adult Pediatric Infant May substitute: adult-adjustable and pediatric-adjustable  Various adjustable Splints Traction Split	<b>STRETCHERS</b>  Folding Stretcher and/or Scoop Stretcher and/or Stair Chair or Similar Device  Elevating Stretcher	

**SECTION OF EMERGENCY MEDICAL SERVICES  
MINIMUM REQUIRED PARAMEDIC EQUIPMENT LIST**

IV SUPPLIES, ACCESS DEVICES AND MEDICATIONS	
Micro Drip Infusion Sets Macro Drip Infusion Sets or Adjustable Drip Sets can be used in place of Micro/Macro Sets) Crystalloid Solutions Start Sets / Tourniquet  Powered and/or Manual IO Access Device IO Needles - Adult and Pediatric  IV Catheters 14-24 gauge	Syringes and Needles Assorted sizes 1cc – 60cc Assorted needle sizes 18G - 25G 10, 12 or 14 gauge catheter (3.25 inches in length, A commercial chest decompression device can be substituted for the above)

**MEDICATIONS (Injectable, Oral, Intranasal, Intravenous Infusions, Inhaled Meds)	
Atropine Adenosine Antiarrhythmic (Bolus and Infusion) Antiemetic agent Aspirin 81-325mg IV Dextrose Diuretic Pressor Agent Epinephrine 1:10,000 Epinephrine 1:1000 **All medications that adhere to AHA ACLS Guidelines**	H1 Blocking Agent Inhaled Beta Agonist Magnesium Sulfate - optional Narcotic Antagonist Narcotic Analgesic Nitroglycerine (drip/oral/transdermal) Sodium Bicarbonate

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

Injectable Narcotic analgesic Benzodiazepine **Additional controlled substances at the medical director's discretion**
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Optional Equipment
Continuous Positive Airway Pressure (CPAP)      Central Venous Device Access Huber Needles      Cardiac Thrombolytic Medications **Additional equipment may be carried at the medical director's discretion**

Radio Frequencies
Radio Frequencies: Enroute to scene: 155.235 mHz At scene: 155.280 mHz. Departing scene: 155.340 mHz. AWIN Radio

**Services must have all equipment and/or medications listed as a part of the service's written protocols/guidelines and must not exceed the EMS's scope of practice.**

**SECTION OF EMERGENCY MEDICAL SERVICES**  
**MINIMUM REQUIRED ADVANCED EMT EQUIPMENT LIST**

Minimum Required Equipment list and Quantity (Advanced)			
SOFT SUPPLIES AND OTHER EQUIPMENT			
4X4 Pads ABD Pads Trauma Dressing Isolation Kits Roller Gauze Triangular bandages OB Kit - must contain Bulb syringe Betadine Solution or swabs Sterile Saline Bandage / EMT Shears Hemostat Window Punch Antiseptic Hand Cleaner Exam Gloves Various Sizes Emesis Basin or Equivalent Commercial Tourniquet Magill Forceps Time Critical Diagnosis Bands (i.e. Stroke, Trauma) Triage Tags / Tape	Linens Pediatric Drug Tape, Chart or Wheel Automatic External Defibrillator (AED) Adult Pads Pediatric Pads Pulse Oximetry Device Pulse Oximetry Probes – Adult/Pediatric B/P Cuff - Lg. Adult / Adult / Child / Infant Stethoscope Hypoallergenic Tape Occlusive Dressing or supplies Thermometer (measuring a range of 86° - 105° F) Lubricating Jelly Sharps Container Glucometer and Glucose measuring strips		
MECHANICAL	OXYGEN AND RELATED SUPPLIES		
Fire Extinguisher HAZ-MAT Reference Guide Reflective Safety Wear Flashlight N95 or N100 Respirator Protocol Book (electronic or print) Bio-Hazard Bags Disinfectant solution	<b>OXYGEN</b> Main and Portable O <sub>2</sub> OPA SET NPAs Nasal Cannulas <b>MASKS</b> Non-Rebreather Pediatric Infant Nebulizer	<b>BVM</b> Adult Pedi Infant	<b>Suction</b> Portable Unit (1) On-Board Unit (1) Suction Tubing (2)  <b>Catheters</b> Size 8fr. – 18fr. *Age/Size appropriate Rigid Suction Tip (1)
AIRWAY ADJUNCTS AND TRANSPORT			
Supraglottic Airways (Adult and Pediatric)	<b>Immobilization</b> KED® XP-1® or equivalent Spine board and Straps Pediatric Restraint System Head immobilization device  <b>CERVICAL COLLARS</b> Adult Pediatric Infant May substitute: adult-adjustable and pediatric-adjustable  <b>SPLINTS</b> Set of padded extremity splints or acceptable substitute Traction Split		<b>STRETCHERS</b> Folding Stretcher and/or Scoop Stretcher and/or Stair Chair or Similar Device Elevating Stretcher

**SECTION OF EMERGENCY MEDICAL SERVICES  
MINIMUM REQUIRED ADVANCED EMT EQUIPMENT LIST**

IV SUPPLIES and ACCESS DEVICES	
Micro Drip Infusion Sets Macro Drip Infusion Sets or Adjustable Drip Sets Crystalloid Solutions IV Start Sets / Tourniquet  IV Catheters 14 – 24 gauge	Powered and/or Manual IO Access Device IO Needles - Adult and Pediatric  Syringes and Needles Assorted sizes 1cc – 60cc Assorted needle sizes 18G - 25G 10, 12 or 14 gauge catheter (3.25 inches in length, A commercial chest decompression device can be substituted for the above)
MEDICATIONS	
Aspirin 81-325mg IV Dextrose Epinephrine Auto Injectors and/or Epinephrine 1:1000 Narcotic Antagonist Nitroglycerine (Sub-Lingual) Inhaled Beta Antagonist	
Optional Equipment	
Optional Equipment:  Continuous Positive Airway Pressure (CPAP)	
Radio Frequencies	
Radio Frequencies: Enroute to scene: 155.235 mHz At scene: 155.280 mHz. Departing scene: 155.340 mHz. AWIN Radio	

**\*\* Services carrying equipment and/or medications not listed above must have those items listed as a part of the services written protocols and must not exceed the EMSP's scope of practice.**



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

Minimum Required Equipment list and Quantity (BASIC)			
<b>SOFT SUPPLIES AND OTHER EQUIPMENT</b>			
4X4 Pads ABD Pads Trauma Dressing Isolation Kit Roller Gauze Triangular bandages OB Kit - must contain Bulb syringe Betadine Solution or swabs Bandage / EMT Shears Hemostat Window Punch Antiseptic Hand Cleaner Exam Gloves-Various sizes Emesis Basin or Equivalent Commercial Tourniquet Linens		Pediatric Drug Tape, Chart or Wheel Automated External Defibrillator AED Pads - Adult / Pediatric B/P Cuff - Lg. Adult / Adult / Child / Infant Stethoscope (Suitable for adults and pediatrics) Hypoallergenic Tape Occlusive Dressing Thermometer (Range of 86° - 105° F) Lubricating Jelly Emesis Basin or Equivalent Sterile Saline  <b>SERVICES GIVING MEDICATIONS ARE REQUIRED TO HAVE THE FOLLOWING:</b>  Glucometer and Glucose measuring strips Pulse Oximetry Device Pulse Oximetry Probes – Adult and Pediatric Sharps Container Nebulizer	
<b>OPERATIONS</b>		<b>OXYGEN AND RELATED SUPPLIES</b>	
Fire Extinguisher HAZ-MAT Reference Guide Reflective Safety Wear Flashlight N95 or N100 Respirator Time Critical Diagnosis Bands (i.e. Stroke, Trauma) Triage Tags/Tape Protocol Book(electronic or print) Bio-Hazard Bags Disinfectant solution	<b>OXYGEN</b> MAIN O <sub>2</sub> Portable O <sub>2</sub> OPA SET NPA Set Nasal Cannula (Adult and Pediatric)  <b>MASKS</b> Non-Rebreather Pediatric Infant	<b>BVM</b> Adult Pedi Infant  Lubricating jelly	Suction Portable Unit On-Board Unit Suction Tubing  Catheters Size 8fr. – 18fr. *Age/Size appropriate Rigid Suction Tip
<b>SPLINTING AND TRANSPORT</b>			
Immobilization Devices KED® XP-1® or equivalent Spine board and Straps Pediatric Restraint System Head immobilization device  <b>CERVICAL COLLARS</b> Adult, Pediatric, Infant May substitute: adult-adjustable and pediatric-adjustable		Folding Stretcher and/or Scoop Stretcher and/or Stair Chair or Similar Device  Elevating Stretcher  <b>SPLINTS</b> Set of padded extremity splints or acceptable substitute (vacuum splints, etc.) Traction Splints	
<b>**MEDICATIONS (Injectable, Oral, Intranasal, Intravenous Infusions, Inhaled Meds)</b>			
Aspirin 81-325mg / Oral Glucose / Epinephrine Auto Injector / Inhaled Beta Antagonist  **If service chooses to administer medications.			

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

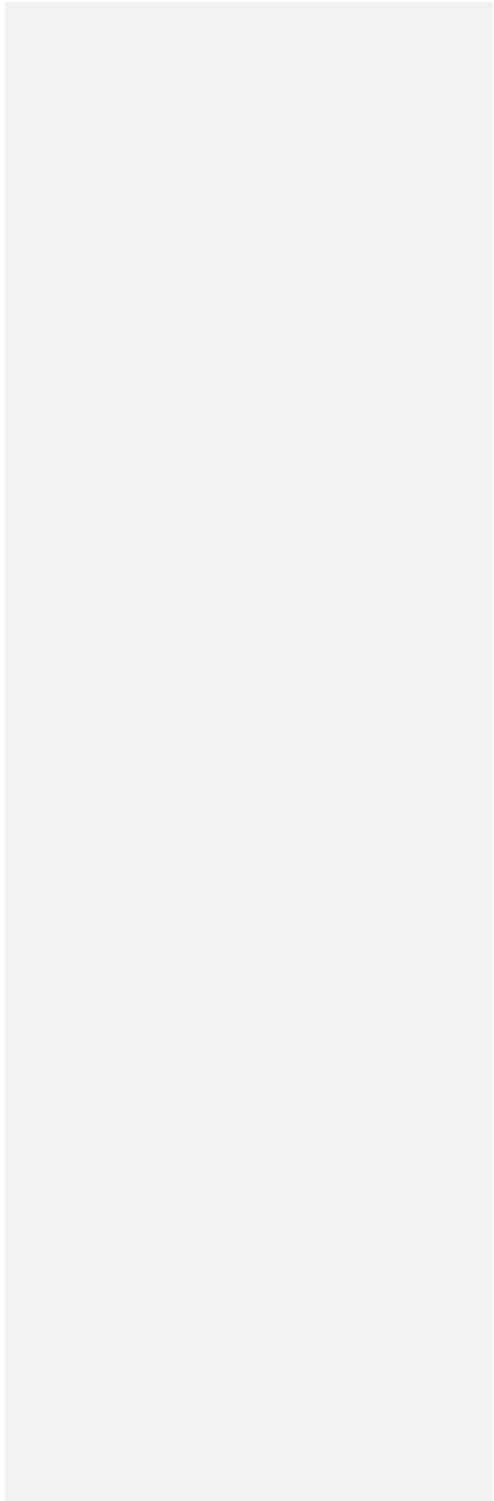
Optional Equipment

Optional Equipment:

Radio Frequencies

Radio Frequencies:  
Enroute to scene: 155.235 mHz  
At scene: 155.280 mHz.  
Departing scene: 155.340 mHz.  
AWIN Radio

Marked-up Draft



**SECTION OF EMERGENCY MEDICAL SERVICES**  
**MINIMUM REQUIRED ADVANCED RESPONSE EQUIPMENT LIST**

Minimum Required Equipment list and Quantity (Advanced Response)			
SOFT SUPPLIES AND OTHER EQUIPMENT			
4X4 Pads ABD Pads Trauma Dressing Isolation Kits Roller Gauze Triangular bandages OB Kit - must contain Bulb Syringe Betadine Solution or swabs Bandage / EMT Shears Hemostat Scalpel Window Punch Antiseptic Hand Cleaner Exam Gloves Various sizes Emesis Basin or Equivalent Commercial Tourniquet Linens Time Critical Diagnosis Bands (i.e. Stroke, Trauma)		Magill Forceps - Adult / Pediatric ET Stylette - Adult / Pediatric ETCO <sub>2</sub> Detector- Adult / Pediatric (Colorimetric or quantitative) Pediatric Drug Tape, Chart or Wheel Pediatric Defibrillator Pads/Paddles Adult Defibrillator Pads/Paddles 12 lead Cardiac Monitor / Defibrillator/ Pacer ECG Cables ECG Paper Electrodes Adult / Pediatric Pulse Oximetry Device Pulse Oximetry Probes – Adult / Pediatric B/P Cuff - Lg. Adult / Adult / Child / Infant Stethoscope Hypoallergenic Tape Occlusive Dressing or supplies Thermometer (measuring a range of 86° - 105° F) Lubricating Jelly Sharps Container Glucometer and Glucose measuring strips	
MECHANICAL		OXYGEN AND RELATED SUPPLIES	
Fire Extinguisher HAZ-MAT Reference Guide Reflective Safety Wear Flashlight N95 or N100 Respirator Triage Tags/Tape Protocol Book (electronic or print) Bio-Hazard Bags Disinfectant solution	<b>OXYGEN</b> Portable O <sub>2</sub> OPA SET NPA Set Nasal Cannula (Adult and Pediatric) <b>MASKS</b> Non-Rebreather Pediatric Infant	<b>BVM</b> Adult Pedi Infant  Nebulizer Kit Sterile Saline	<b>Suction</b> Portable Unit Suction Tubing  <b>Catheters</b> Size 8fr. – 18fr. *Age/Size appropriate Rigid Suction Tip
AIRWAY SUPPLIES		SPLINTING AND TRANSPORT	
Supraglottic Airways (Adult and Pediatric) Laryngoscope Handles - Adult and Pediatric Laryngoscope Blades ET Tubes Sizes Pediatric Tube Sizes that correspond to the required Pediatric Drug Tape, Chart or Wheel 6.5 mm 7.5 mm CRIC KIT or 10/12ga Needle *ET Tube Holders Adult and Pediatric * <b>Commercial Style</b>		<b>Immobilization</b> KED® XP-1® or equivalent  <b>CERVICAL COLLARS</b> Adult Pediatric Infant <b>May substitute: adult-adjustable and pediatric-adjustable</b>  <b>SPLINTS</b> Set of padded extremity splints or acceptable substitute (vacuum splints, etc.) Traction Splints	

**SECTION OF EMERGENCY MEDICAL SERVICES  
MINIMUM REQUIRED ADVANCED RESPONSE EQUIPMENT LIST**

IV SUPPLIES and ACCESS DEVICES	
Micro Drip Infusion Sets and Macro Drip Infusion Sets or Adjustable Drip Sets (These can be used in place of Micro/Macro Sets) Crystalloid Solutions IV Start Sets / Tourniquet  IV Catheters 14 – 24 Gauge	IO Needles / Drill (Tibial & Humerus Access Only) Adult Pediatric Powered and/or Manual IO Access Device  Syringes and Needles Assorted sizes 1cc – 60cc Assorted needle sizes 18G - 25G 10, 12 or 14 gauge catheter (3.25 inches in length, A commercial chest decompression device can be substituted for the above)
**MEDICATIONS (Injectable, Oral, Intranasal, Intravenous Infusions, Inhaled Meds)	
Atropine Adenosine Antiarrhythmic (Bolus and Infusion) Antiemetic agent Aspirin 81-325mg IV Dextrose Diuretic Pressor Agent Epinephrine 1:10,000 Epinephrine 1:1000	H1 Blocking Agent Inhaled Beta Agonist Magnesium Sulfate - optional Narcotic Antagonist Nitroglycerine (drip, oral and transdermal) Sodium Bicarbonate ** All medications that adhere to current AHA guidelines**
Optional Equipment	
Narcotic Analgesic* *Must follow Ambulance	Controlled Drug Policy on file with the Section of EMS  Continuous Positive Airway Pressure (CPAP) Huber Needles **Additional controlled substances at the medical director's discretion**
Central Venous Device Access Cardiac Thrombolytic Medications	
Radio Frequencies	
Radio Frequencies: Enroute to scene: 155.235 MHz At scene: 155.280 MHz. Departing scene: 155.340 MHz. AWIN Radio	

**\*\* Services 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  
REQUIRED STRETCHER AMBULANCE EQUIPMENT LIST**

Minimum Required Equipment list and Quantity (Stretcher)		
<b>SOFT SUPPLIES AND OTHER EQUIPMENT</b>		
4X4 Pads ABD Pads Isolation Kit Roller Gauze Bandage / EMT Shears Antiseptic Hand Cleaner Exam Gloves – Various Sizes	Automated External Defibrillator AED Pads - Adult / Pediatric B/P Cuff - Lg. Adult / Adult / Child / Infant Stethoscope Hypoallergenic Tape Emesis Basin or Equivalent Linens	
<b>MECHANICAL</b>	<b>OXYGEN AND RELATED SUPPLIES</b>	
Fire Extinguisher Flashlight	OXYGEN OPASET Nasal Cannula  MASKS Non-Rebreather Pediatric Infant	BVM Adult  NPA (Various Sizes) Adult
<b>SPLINTING AND TRANSPORT</b>		
Elevating Stretcher		
<b>Radio Frequencies</b>		
Radio Frequencies: Enrouteto scene: 155.235 mHz At scene: 155.280 mHz. Departing scene: 155.340 mHz. AWIN Radio		

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**SECTION OF EMERGENCY MEDICAL SERVICES  
MINIMUM REQUIRED Air Ambulance– Rotor-Wing EQUIPMENT LIST**

Minimum Required Equipment list and Quantity (Air Ambulance)			
SOFT SUPPLIES AND OTHER EQUIPMENT			
4X4 Pads ABD Pads Trauma Dressing Isolation Kits Roller Gauze Triangular bandages OB Kit - must contain Bulb syringe Betadine Solution or swabs Bandage / EMT Shears Hemostat Scalpel Window Punch Antiseptic Hand Cleaner Exam Gloves - Various Sizes Emesis Basin or Equivalent Commercial Tourniquet Linens Appropriate survival kit or supplies	Magill Forceps - Adult / Pediatric ET Stylette - Adult / Pediatric ETCO <sub>2</sub> Detector- Adult / Pediatric Pediatric Drug Tape, Chart or Wheel Pediatric Defibrillator Pads/Paddles Adult Defibrillator Pads/Paddles 12 lead Cardiac Monitor / Defibrillator/ Pacer ECG Cables ECG Paper Electrodes Adult / Pediatric Pulse Oximetry Device Pulse Oximetry Probes - Adult / Pediatric B/P Cuff - Lg. Adult / Adult / Child / Infant Stethoscope Hypoallergenic Tape Occlusive Dressing or supplies Thermometer (measuring a range of 86° - 105° F) Lubricating Jelly Sharps Container Glucometer and Glucose measuring strips		
MECHANICAL		OXYGEN AND RELATED SUPPLIES	
Fire Extinguisher HAZ-MAT Reference Guide Reflective Safety Wear Flashlight N95 or N100 Respirator Time Critical Diagnosis Bands (i.e. Stroke, Trauma) Triage Tags/Tape Protocol Book (electronic or print)	OXYGEN Main and Portable O <sub>2</sub> OPA SET NPA Set Nasal Cannula (Adult and Pediatric) MASKS Non-Rebreather Pediatric Infant	BVM Adult Pedi Infant  Nebulizer Kit	Suction Portable Unit On-Board Unit Suction Tubing  Catheters Size 8fr. – 18fr. *Age/Size appropriate Rigid Suction Tip
AIRWAY SUPPLIES		SPLINTING AND TRANSPORT	
Supraglottic Airways (Adult and Pediatric) Laryngoscope Handles - Adult / Pediatric Laryngoscope Blades (1-4 OR 0-3) ET Tubes Sizes 6.5 mm 7.5 mm CRIC KIT or 10/12ga Needle *ET Tube Holders Adult and Pediatric * Commercial Style	Immobilization Pediatric Restraint System  CERVICAL COLLARS Adult Pediatric Infant May substitute: adult-adjustable and pediatric-adjustable	STRETCHERS  FAA Approved attachment for stretcher/litter system.	

**SECTION OF EMERGENCY MEDICAL SERVICES  
MINIMUM REQUIRED Air Ambulance- Rotor-Wing EQUIPMENT LIST**

IV SUPPLIES and ACCESS DEVICES	
Micro Drip Infusion Sets and Macro Drip Infusion Sets or Adjustable Drip Sets (These can be used in place of Micro/Macro Sets) Crystalloid Solutions IV Start Sets / Tourniquet  IV Catheters 14 – 24 Gauge	IO Needles / Drill (Tibial & Humerus Access Only) Adult Pediatric Powered and/or Manual IO Access Device  Syringes and Needles Assorted sizes 1cc – 60cc Assorted needle sizes 18G - 25G 10, 12 or 14 gauge catheter (2) (3.25 inches in length, A commercial chest decompression device can be substituted for the above)

**MAST TROUSERS (1) \*\* Mast trousers to be carried and/or used at medical discretion, not a Required Item**

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

Atropine Adenosine Antiarrhythmic (Bolus and Infusion) Antiemetic agent Aspirin 81-325mg IV Dextrose Diuretic Pressor Agent Epinephrine 1:10,000 Epinephrine 1:1000	H1 Blocking Agent Inhaled Beta Agonist Magnesium Sulfate - optional Narcotic Antagonist Narcotic Analgesic Nitroglycerine (drip/oral/transdermal) Sodium Bicarbonate  **All medications that adhere to current AHA guidelines**
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**REQUIRED CONTROLLED DRUG**

**Must follow Ambulance Controlled Drug Policy on file with the Section of EMS**

Injectable Narcotic analgesic Benzodiazepine **Additional controlled substances at the medical directors discretion**
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**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.
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**Radio Frequencies**

Radio Frequencies: Enroute to scene: 155.235 mHz At scene: 155.280 mHz. Departing scene: 155.340 mHz.
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**\*\* 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**

Minimum Required Equipment list and Quantity (Air Ambulance)			
<b>SOFT SUPPLIES AND OTHER EQUIPMENT</b>			
4X4 Pads ABD Pads Trauma Dressing Isolation Kits Roller Gauze Bandage / EMT Shears Hemostat Scalpel Antiseptic Hand Cleaner Exam Gloves Various Sizes Emesis Basin or Equivalent Linens Sharps Container Appropriate survival kit or supplies Magill Forceps - Adult / Pediatric		Magill Forceps - Adult / Pediatric ET Stylette - Adult / Pediatric ETCO <sub>2</sub> Detector- Adult / Pediatric (Colorimetric or quantitative) Pediatric Drug Tape, Chart or Wheel Pediatric Defibrillator Pads/Paddles Adult Defibrillator Pads/Paddles 12 lead Cardiac Monitor / Defibrillator/ Pacer ECG Cables ECG Paper Electrodes Adult / Pediatric Pulse Oximetry Device Pulse Oximetry Probes - Adult / Pediatric B/P Cuff - Lg. Adult / Adult / Child / Infant Stethoscope Hypoallergenic Tape Thermometer (measuring a range of 86° - 105° F) Lubricating Jelly Sharps Container Glucometer and Glucose measuring strips	
<b>OPERATIONS</b>		<b>OXYGEN AND RELATED SUPPLIES</b>	
Fire Extinguisher HAZ-MAT Reference Guide N95 or N100 Respirator Protocol Book (electronic or print) Bio-Hazard Bags Disinfectant solution	<b>OXYGEN</b> Portable O <sub>2</sub> OPA SET NPA Set Nasal Cannula (Adult and Pediatric) <b>MASKS</b> Non-Rebreather Pediatric Infant	<b>BVM</b> Adult Pedi Infant  Nebulizer Kit (1)	Suction Portable Unit Suction Tubing  <b>Catheters</b> Size 8fr. – 18fr. *Age/Size appropriate Rigid Suction Tip
<b>AIRWAY SUPPLIES</b>		<b>SPLINTING AND TRANSPORT</b>	
Supraglottic Airways (Adult and Pediatric) Laryngoscope Handles - Adult / Pediatric Laryngoscope Blades ET Tubes Sizes Pediatric Tube Sizes (1 of each) that correspond to the required Pediatric Drug Tape, Chart or Wheel 6.5 mm 7.5 mm CRIC KIT or 10/12ga Needle *ET Tube Holders Adult and Pediatric * Commercial Style		FAA Approved attachment for stretcher/litter system.	



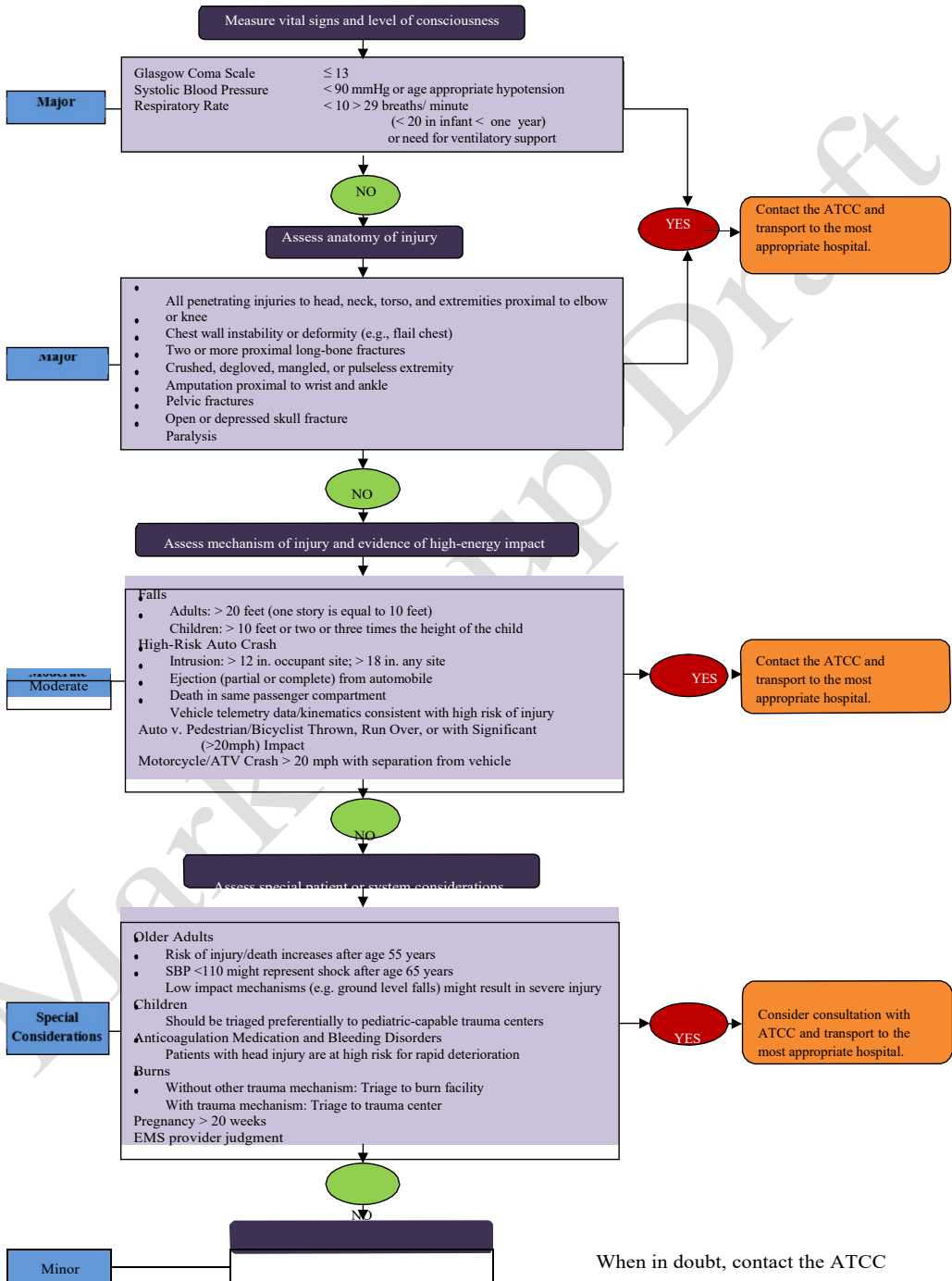


**SECTION OF EMERGENCY MEDICAL SERVICES**  
**MINIMUM REQUIRED EQUIPMENT LIST Air Ambulance - Fixed-Wing**

IV SUPPLIES and ACCESS DEVICES	
Micro Drip Infusion Sets and Macro Drip Infusion Sets or Adjustable Drip Sets (These can be used in place of Micro/Macro Sets) Crystalloid Solutions IV Start Sets / Tourniquet  IV Catheters 14ga-24 Gauge	IO Needles / Drill (Tibial & Humerus Access Only) Adult Pediatric Powered and/or Manual IO Access Device  Syringes and Needles Assorted sizes 1cc – 60cc Assorted needle sizes 18G - 25G 10, 12 or 14 gauge catheter (3.25 inches in length, A commercial chest decompression device can be substituted for the above)
**MEDICATIONS (Injectable, Oral, Intranasal, Intravenous Infusions, Inhaled Meds)	
Atropine Adenosine Antiarrhythmic (Bolus and Infusion) Antiemetic agent Aspirin 81-325mg IV Dextrose Diuretic Pressor Agent Epinephrine 1:10,000 Epinephrine 1:1000	H1 Blocking Agent Inhaled Beta Agonist Magnesium Sulfate - optional Narcotic Antagonist Narcotic Analgesic Nitroglycerine (drip/oral/transdermal) Sodium Bicarbonate  **All medications that adhere to current AHA guidelines**
REQUIRED CONTROLLED DRUG	
<b>Must follow Ambulance Controlled Drug Policy on file with the Section of EMS</b>	
Injectable Narcotic analgesic Injectable Sedative / Hypnotic **Additional controlled substances at the medical directors discretion**	
Aircraft Specific	
Loading doors that allow safe handling of patient without unnecessary rotation or elevation. Lighting that is isolated from the pilot compartment. Patient stretcher or litter is sufficiently isolated from the pilot to prevent interference with the operation of the aircraft. Litters, equipment, and attendant seats are arranged to allow rapid egress from the aircraft.	

**\*\* Services carrying equipment and/or medications not listed above must have those items listed as a part of the services written protocols and must not exceed the EMSP's scope of practice.**

# Field Triage Decision Scheme: The Arkansas Trauma Triage Protocol



### Detailed Experience

(Clinical phases of the Community Paramedic program shall consist of a minimum of 210 hours to include the following minimum patient contacts listed below)

1. Public Health and Collaboration – (Public Health Clinic)
  - A. Must Observe 6 (six) Immunizations in the following age categories – Adult and Pediatrics
  - B. Must observe reporting of communicable diseases
  
2. Public Health and Collaboration – (Home Health)  
All experiences within the home health setting must be completed with a Home Health Registered Nurse or other designated provider as outlined below.
  - A. 6 (six) home safety evaluation and inspections must observe and participate in. May be completed with a Physical Therapist.
  - B. 20 (Twenty) Patient contacts to include the following experiences
    - Home Health Patient Assessments - Observe and participate
    - Patient Documentation/Charting at home visits
    - Medication reconciliation with patient Observe and participate
  - C. 10 (Ten) contacts with patients in each of the following categories:
    - CHF Assess and management plan – Observe and Participate in
    - COPD Assess and management plan – Observe and Participate in
    - Diabetic related illness issues – Participate in
    - Neurologic conditions (CVA, TBI, MS, etc) observe and participate in
    - Wound care
  
3. Emergency Room –
  - A. Must Observe 10 (ten) Physician/APN/PA comprehensive or focused physical exam on the following age groups:
    - Adult Patients
    - Geriatric Patients
    - Pediatric patients
  - B. Must review with the Physician/APN/PA, the following:
    - 20 (twenty) lab interpretations
    - 5 (five) CT or MRI interpretations
    - 5 (five) preparation instructions for CT/MRI
    - 10 (ten) Hand Held point of care analyzer testing
    - Stitch and Staple removal- Observe and participate in
    - Cast Care and assessment – Observe and participate in
  
4. HOSPICE-
  - A. 10 (ten) home visits to include the following:

- Nursing services
- Social services
- Chaplain services

- B. 10 (ten) patient contacts addressing palliative care and/or pain management
- C. Review 3 (three) hospice criteria for the patient referrals
- D. 2 (two) in-depth instructional trainings on In-home medication pump operations

5. CLINIC (any medical facility setting)

- A. 5 (five) Urine specimen collections
- B. 5 (five) Wound, throat, nasal, sputum or related cultures
- C. 5 (five) Health Promotion studies education- HA1C, Cholesterol, Colonoscopy, etc.
- D. 10 (ten) otoscope – observe and participate in use of.

6. Hospital

24 (twenty-four) hours of hospital case management to include but not limited to

- Discharge planning
- Utilization Review
- Case Management

7. Public Health Clinic

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

8. General Settings

The following can take place in any care setting to include but not limited to Emergency Department, Physical Therapy, Home Health, Public Health Clinic.

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

10 (ten) uses in the access central lines, ports, ileostomies, Foley catheters, PEG tubes, wound management

**\*\*20% of the patient contacts in each of sections 2, 3, 4, & 5 may be made within an Arkansas licensed community paramedic service\*\***

**CERTIFICATION**

This will certify that the foregoing Rules Pertaining to Emergency Medical Services were adopted by the Arkansas State Board of Health at a regular board session held in Little Rock, Arkansas, on the October 24, 2019.

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Jose Romero  
Secretary of Health  
Arkansas State Board of Health

The foregoing Rules having been filed in my Office are hereby in compliance with the Administrative Procedures Act on this.

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Asa Hutchinson, Governor

# Summary for Emergency EMS Rules

## **Section IV. Ground Ambulance Service Licensure Classification and General Standards C. 1. Tiered Response**

Removal of the emergency medical dispatcher certification requirement to allow for services to use internal or outsourced dispatchers to screen non-emergency calls and prioritize emergencies according to Department approved process/protocol. This will help ambulance services use the right level of resources to respond to emergencies.

Removal of all tiered response provisions a.-f.

## **Section V. Permitting of Ground Emergency Vehicles B. 10. Temporary upgrades and downgrades**

Allow for temporary upgrades and downgrades as needed. Removed the requirement for upgrades and downgrades to be for mechanical purposes only and allow for staffing purposes.

## **Section V. Permitting of Ground Emergency Vehicles C. 1. Paramedic Permitted Ambulance Staffing**

Allow for Emergency Vehicle Operators (EVOs) to drive paramedic ambulances for scheduled transfers only. These individuals have emergency vehicle operation training and some first aid training. This will free up an EMT for other staffing needs and not impact patient care.

**QUESTIONNAIRE**  
**FOR FILING PROPOSED RULES WITH THE**  
**ARKANSAS LEGISLATIVE COUNCIL**

DEPARTMENT/AGENCY \_\_\_\_\_  
DIVISION \_\_\_\_\_  
DIVISION DIRECTOR \_\_\_\_\_  
CONTACT PERSON \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
PHONE NO. \_\_\_\_\_ FAX NO. \_\_\_\_\_ E-MAIL \_\_\_\_\_  
NAME OF PRESENTER AT COMMITTEE MEETING \_\_\_\_\_  
PRESENTER E-MAIL \_\_\_\_\_

**INSTRUCTIONS**

- A. Please make copies of this form for future use.
- B. Please answer each question completely using layman terms. You may use additional sheets if necessary.
- C. If you have a method of indexing your rules, please give the proposed citation after "Short Title of this Rule" below.
- D. Rule" below.
- E. Submit two (2) copies of the Questionnaire and Financial Impact Statement attached to the front of two (2) copies of the proposed rule and required documents. Mail or deliver to:

Jessica C. Sutton  
Administrative Rules Review Section  
Arkansas Legislative Council  
Bureau of Legislative Research  
One Capitol Mall, 5th Floor  
Little Rock, AR 72201

\*\*\*\*\*

- 1. What is the short title of this rule?
  
  
- 2. What is the subject of the proposed rule?
  
  
- 3. Is this rule required to comply with a federal statute, rule, or regulation? Yes No  
If yes, please provide the federal rule, regulation, and/or statute citation.
  
  
- 4. Was this rule filed under the emergency provisions of the Administrative Procedure Act?  
Yes No  
If yes, what is the effective date of the emergency rule? \_\_\_\_\_

When does the emergency rule expire? \_\_\_\_\_

Will this emergency rule be promulgated under the permanent provisions of the Administrative Procedure Act? Yes No

**5. Is this a new rule? Yes No If yes, please provide a brief summary explaining the rule.**

**Does this repeal an existing rule? Yes No If yes, a copy of the repealed rule is to be included with your completed questionnaire. If it is being replaced with a new rule, please provide a summary of the rule giving an explanation of what the rule does.**

**Is this an amendment to an existing rule? Yes No If yes, please attach a mark-up showing the changes in the existing rule and a summary of the substantive changes. Note: The summary should explain what the amendment does, and the mark-up copy should be clearly labeled “mark-up.”**

**6. Cite the state law that grants the authority for this proposed rule? If codified, please give the Arkansas Code citation.**

**7. What is the purpose of this proposed rule? Why is it necessary?**



8. Please provide the address where this rule is publicly accessible in electronic form via the Internet as required by Arkansas Code § 25-19-108(b).

9. Will a public hearing be held on this proposed rule? Yes No If yes, please complete the following:

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Place: \_\_\_\_\_

10. When does the public comment period expire for permanent promulgation? (Must provide a date.)

\_\_\_\_\_

11. What is the proposed effective date of this proposed rule? (Must provide a date.)

\_\_\_\_\_

12. Please provide a copy of the notice required under Ark. Code Ann. § 25-15-204(a), and proof of the publication of said notice. \_\_\_\_\_

13. Please provide proof of filing the rule with the Secretary of State as required pursuant to Ark. Code Ann. § 25-15-204(e). \_\_\_\_\_

14. Please give the names of persons, groups, or organizations that you expect to comment on these rules? Please provide their position (for or against) if known.

**FINANCIAL IMPACT STATEMENT**

**PLEASE ANSWER ALL QUESTIONS COMPLETELY**

DEPARTMENT \_\_\_\_\_

DIVISION \_\_\_\_\_

PERSON COMPLETING THIS STATEMENT \_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_ FAX NO. \_\_\_\_\_ EMAIL: \_\_\_\_\_

To comply with Ark. Code Ann. § 25-15-204(e), please complete the following Financial Impact Statement and file two (2) copies with the Questionnaire and proposed rules.

**SHORT TITLE OF THIS RULE**

1. Does this proposed, amended, or repealed rule have a financial impact? Yes No
  
2. Is the rule based on the best reasonably obtainable scientific, technical, economic, or other evidence and information available concerning the need for, consequences of, and alternatives to the rule?  
Yes No
  
3. In consideration of the alternatives to this rule, was this rule determined by the agency to be the least costly rule considered? Yes No  
If an agency is proposing a more costly rule, please state the following:
  - a) How the additional benefits of the more costly rule justify its additional cost;
  
  - b) The reason for adoption of the more costly rule;
  
  - c) Whether the more costly rule is based on the interests of public health, safety, or welfare, and if so, please explain; and
  
  - d) Whether the reason is within the scope of the agency's statutory authority, and if so, please explain.

4. If the purpose of this rule is to implement a federal rule or regulation, please state the following:

a) What is the cost to implement the federal rule or regulation?

Current Fiscal Year

Next Fiscal Year

General Revenue \_\_\_\_\_  
Federal Funds \_\_\_\_\_  
Cash Funds \_\_\_\_\_  
Special Revenue \_\_\_\_\_  
Other (Identify) \_\_\_\_\_

General Revenue \_\_\_\_\_  
Federal Funds \_\_\_\_\_  
Cash Funds \_\_\_\_\_  
Special Revenue \_\_\_\_\_  
Other (Identify) \_\_\_\_\_

Total \_\_\_\_\_

Total \_\_\_\_\_

b) What is the additional cost of the state rule?

Current Fiscal Year

Next Fiscal Year

General Revenue \_\_\_\_\_  
Federal Funds \_\_\_\_\_  
Cash Funds \_\_\_\_\_  
Special Revenue \_\_\_\_\_  
Other (Identify) \_\_\_\_\_

General Revenue \_\_\_\_\_  
Federal Funds \_\_\_\_\_  
Cash Funds \_\_\_\_\_  
Special Revenue \_\_\_\_\_  
Other (Identify) \_\_\_\_\_

Total \_\_\_\_\_

Total \_\_\_\_\_

5. What is the total estimated cost by fiscal year to any private individual, entity and business subject to the proposed, amended, or repealed rule? Identify the entity(ies) subject to the proposed rule and explain how they are affected.

Current Fiscal Year

Next Fiscal Year

\$ \_\_\_\_\_

\$ \_\_\_\_\_

6. What is the total estimated cost by fiscal year to state, county, and municipal government to implement this rule? Is this the cost of the program or grant? Please explain how the government is affected.

Current Fiscal Year

Next Fiscal Year

\$ \_\_\_\_\_

\$ \_\_\_\_\_

7. With respect to the agency's answers to Questions #5 and #6 above, is there a new or increased cost or obligation of at least one hundred thousand dollars (\$100,000) per year to a private individual, private entity, private business, state government, county government, municipal government, or to two (2) or more of those entities combined?  
Yes      No

If YES, the agency is required by Ark. Code Ann. § 25-15-204(e)(4) to file written findings at the time of filing the financial impact statement. The written findings shall be filed simultaneously with the financial impact statement and shall include, without limitation, the following:

- (1) a statement of the rule's basis and purpose;
- (2) the problem the agency seeks to address with the proposed rule, including a statement of whether a rule is required by statute;
- (3) a description of the factual evidence that:
  - (a) justifies the agency's need for the proposed rule; and
  - (b) describes how the benefits of the rule meet the relevant statutory objectives and justify the rule's costs;
- (4) a list of less costly alternatives to the proposed rule and the reasons why the alternatives do not adequately address the problem to be solved by the proposed rule;
- (5) a list of alternatives to the proposed rule that were suggested as a result of public comment and the reasons why the alternatives do not adequately address the problem to be solved by the proposed rule;
- (6) a statement of whether existing rules have created or contributed to the problem the agency seeks to address with the proposed rule and, if existing rules have created or contributed to the problem, an explanation of why amendment or repeal of the rule creating or contributing to the problem is not a sufficient response; and
- (7) an agency plan for review of the rule no less than every ten (10) years to determine whether, based upon the evidence, there remains a need for the rule including, without limitation, whether:
  - (a) the rule is achieving the statutory objectives;
  - (b) the benefits of the rule continue to justify its costs; and
  - (c) the rule can be amended or repealed to reduce costs while continuing to achieve the statutory objectives.