ARKANSAS STATE BOARD OF HEALTH

SECTION OF EMERGENCY MEDICAL SERVICES

RULES AND REGULATIONS
FOR
EMERGENCY MEDICAL SERVICES

Promulgated Under the Authority of ~~Act 435 of~~

~~1975~~Ark. Code Ann. § 20-13-201 et seq.

Effective March 1st, 201~~4~~6

~~By the Arkansas State Board of Health~~

Arkansas Department of Health
Little Rock, Arkansas
(Nathaniel Smith, MD, MPH, Director)

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EMS RULES AND REGULATIONS

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RULES AND REGULATIONS PERTAINING TO EMERGENCY MEDICAL SERVICES

AUTHORITY

The following Rules and Regulations Pertaining to Emergency Medical Services are duly adopted and promulgated by the Arkansas State Board of Health pursuant to the authority expressly conferred by the Laws of the State of Arkansas in Ark. Code Ann. §20-13-201~~0~~ et ~~.~~seq., and other laws of the State of Arkansas.

SECTION I. DEFINITIONS

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

A. **Advanced Emergency Medical Technician:** 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 Service:** A licensed non-transporting service that is requested to respond to the scene of an emergency and provides Advanced Life Support care to ill or injured patients prior to the arrival of a licensed transporting ambulance service, subject to compliance with the EMS Rules and Regulations relating to the level of care available from the responding personnel.

C. **Air Ambulance Communication Specialist:** Personnel assigned to receive and coordinate all requests for the air medical service.

D. **Air Ambulance Operation:** One aircraft making one flight in response to a patient transport request.

E. **Air Ambulance Personnel:** Personnel responsible for patient care on an air ambulance.

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

G. **Air Ambulance Service:** An entity operating an aircraft used for air transportation that is specifically designed to accommodate the air medical needs of persons who are ill, injured, wounded, or otherwise mentally or physically incapacitated or helpless; who may require emergency medical care in-flight, and who, in a physician's opinion, cannot be safely transported on a standard commercial or charter flight. Air Ambulances shall be permitted by the Department.

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

I. **Air Ambulance Service Medical Director:** An Arkansas licensed Medical Doctor (MD) or Doctor of Osteopathy (DO) who provides medical oversight for any licensed air ambulance service, and is either board certified or board eligible in

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emergency medicine or general surgery, and is on file with the Department as the Medical Director.

J. **Air Ambulance Service Medical Director (Specialty):** An Arkansas licensed Medical Doctor (MD) or Doctor of Osteopathy (DO) who provides medical oversight for any licensed air ambulance service, that solely provides specialty transport services (i.e. pediatrics, neonatal, high risk obstetrics), or fixed winged aircraft the individual requires licensure or board eligibility in emergency medicine, general surgery, pediatrics, neonatology, obstetrics or the specialty they have medical oversight for.

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

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

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

O. **Department:** The Arkansas Department of Health.

~~O.~~P. **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. CE activities that are offered online, via CD-ROM or video, or through reading journal articles or listening to audio tapes are considered distributive education. Virtual Instructor Led Training is not considered distributive education.

~~P.~~Q. **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 technician (EMT) 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.

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

~~R.~~S. **Emergency Medical Services Education Program (EEP):** Those organizations authorized and accredited by the Section or the Committee on Accreditation of Educational Programs (CoAEMSP) to provide EMS education.

~~S.~~T. **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

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education in the state of Arkansas.

~~T.~~U. **Emergency Medical Technician:** A person who has been licensed as an EMT, in Arkansas.

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

~~V.~~W. **Emergency Medical Services Personnel (EMSP):** An individual licensed by the department at any level established by the rules adopted by the board and authorized to perform those services set forth in the rules. These shall include without limitation EMT, Advanced EMT, Paramedic, Emergency Medical Services Instructor..

~~W.~~X. **Emergency Request:** A request for assistance to an incident for a condition which is perceived by the individual to have created an actual threat to human life or wellbeing where immediate medical intervention by any Emergency Medical Service Personnel or other health professional is needed.

~~X.~~Y. **Encounter Form:** A patient care record, which has been approved by the Department that describes the EMS encounter and is left with the care facility at time of service or (24) twenty-four hours after transfer of care. This form must include a patient narrative.

~~Y.~~Z. **Enrolled student:** A student who is attending an EMSP educational program approved by the Department.

~~Z.~~AA. **Extrication Services:** The services provided by the use of equipment for the purpose of gaining access and entry to entrapped patients.

~~AA~~BB. **FAA FAR Part 135:** Federal Aviation Administration Regulations governing air taxi operations and commercial operation of fixed-wing and rotor-wing aircraft.

~~BB~~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 emergency medical patients.

~~CC~~DD. **Flight Nurse:** A registered nurse (RN) licensed to practice in Arkansas who holds a current Arkansas EMT License. For a Flight Nurse that solely provides air ambulance service- specialty services (i.e. pediatrics, neonatal, high risk obstetrics, or fixed wing) the Flight Nurse shall not be required to be an Arkansas licensed EMT and shall not participate in air ambulance service – prehospital transports..

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

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~~EE~~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.

~~FF~~GG. **Intercept:** Instances where a transporting service requests assistance from an ambulance service which provides a higher level of medical care and/or transport.

~~GG. **Lay Evaluator:** An individual approved by the Department to evaluate the psychomotor portion of the Arkansas EMSP licensure exam.~~

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

II. **Mass Casualty Incident:** An incident in which many people are suddenly injured or become ill which results in the services available resources to become overwhelmed; which requires two or more additional ambulance services to respond to the same event; and/or assistance from the Department is needed to help coordinate medical resources for the sick or injured.

JJ. **Medical Director (Advanced Life Support Services):** An Arkansas licensed Medical Doctor (MD) or Doctor of Osteopathy (DO) who shall be registered with the Department that is familiar with the design and operation of EMS systems and experienced in pre-hospital emergency care and emergency management of ill and injured patients. The Medical Director shall be board certified or board eligible in Emergency Medicine or have current experience in emergency medicine. For ALS services that currently have a Medical Director that is not Board Certified in Emergency Medicine and holds a current ACLS card, they shall be authorized to utilize that Medical Director until such time they change or replace Medical Directors.

KK. **Medical Director (Basic Life Support Services):** An Arkansas licensed Medical Doctor (MD) or Doctor of Osteopathy (DO) who is either an Emergency Department Physician, or a Physician who is either board certified or board eligible in their particular specialty.

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

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

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

OO. **National Registry of Emergency Medical Technicians (NREMT):** A not-for-profit, independent, non-governmental agency that functions as a registration agency which issues certificates of competency verified by achievement of minimal competencies of EMTs, Advanced EMTs and Paramedics. NREMT provides a valid, uniform process to assess the

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knowledge and skills required for competent practice required by (EMS) personnel.

PP. **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).

QQ. **Operational Base:** Facility within the service area of the ground or air ambulance service designated to house the ground or air ambulance(s), crew members, supplies, and communication.

RR. **Paramedic:** A person who has successfully completed a Paramedic education program approved by the Department and is licensed in Arkansas as a Paramedic.

SS. **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.

TT. **Program Director**: Individual responsible for oversight of a Department approved EMS education program. Program directors are authorized to verify the successful completion of EMS education.

UU. **Probation**: An administrative action imposed on an EMS service, EMSP license, EMSP-Instructor license or authorized and accredited training site for violations of EMS Rules and Regulations.

VV. **Protocols:** Off line written standing orders authorized by ambulance services, approved and signed by the ambulance service Medical Director of that licensed ambulance service**.**

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

XX. **Reaction Time:** The time from when the emergency call is received by the ambulance services' dispatch and adequate information and adequate information is made available which identifies the location and nature of the call, and until the ambulance is enroute. This time shall be 2 minutes or less.

YY. **Receiving Facility:** A hospital emergency department or a hospital capable of receiving and treating emergency patients.

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

AAA. **Rotor-Wing Aircraft:** A rotor-winged air ambulance licensed by the Department that is

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specially constructed and equipped and is intended to be used for transportation of emergency medical patients.

BBB. **Service License:** Authorization issued by the Department to a person, firm, corporation, association, county, municipality or other legal entity for the purpose of engaging in care and/or transport of patients in the State of Arkansas.

CCC. **Short Form:** Abbreviated Patient Care Report that is left at the Receiving Facility at time of transfer of care when an completed encounter form is not available.

DDD. **Skills Evaluator (Basic):** A licensed EMT who has completed the state approved psychomotor skills evaluator course at the basic level and has been certified by the Department.

EEE. **Skills Evaluator (Advanced):** A licensed Advanced EMT or Paramedic who has completed the state approved psychomotor skills evaluator course at the advanced level and has been certified by the Department.

~~DDD~~FFF. **Specialty Crew Members:** Any person substituted by the Medical Director or the Air Ambulance Service Medical Director (Specialty) ~~of an air ambulance service~~ for a Specialty Mission.

~~EEE~~GGG. **Specialty Mission:** An assignment for air ambulance service for which the specified needs of a particular patient which may require the substitution of particular medical care providers, Medical Direction and/or equipment.

~~FFF~~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.

~~GGG~~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.

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

~~III~~KKK. **Training Site Representative:** Individual responsible for the organization, coordination, and day-to-day operations of the EMS training programs.

~~JJJ~~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.

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

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SECTION II. PURPOSE

The purpose of these Rules and Regulations 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 on forms provided by 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 the Medical Health Care Facility or Emergency Medical Receiving Facility

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

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The ambulance service shall at the time of transfer of care leave a completed Encounter Form or a completed Short Form. If a Short Form is left with the

Receiving Facility the ambulance service shall submit a completed Encounter Form to the receiving facility within twenty-four (24) hours from transfer of care. 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 by the last day of the subsequent month following the dispatch date. All Services shall have an audit process to ensure that each run has been submitted and that data being submitted is complete and accurate.

4. Insurance Requirements

Each licensee shall have in force and effect general liability insurance coverage, and liability insurance coverage for each vehicle owned and operated by or for the applicant or licensee. All policies shall be issued by an insurance company licensed to do business in the State of Arkansas. 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 services 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.

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7. Transferability of License

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

8. Change in Information

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

9. Advertising

An ambulance service shall not 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 manufactures' recommendations.

12. Intercepts

An Intercept can be requested by the in-charge lead emergency medical services personnel of the transporting ambulance if the patient's condition dictates.

13. 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:

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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

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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

14. Prohibition

Ambulance services shall not carry nor dispense any drugs or medications or perform any procedure that is outside of the EMSP's Scope of Practice.

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

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

16. Mutual Aid

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

17. Primary Responder(s)

Ground ambulance services are the primary pre-hospital emergency responder for each emergency scene request within their service area. Air ambulance services are considered secondary emergency responders when requested by a patient, bystander, or responders at the scene. If an air ambulance service is notified by a patient, bystander, or responder prior to arrival of ground ambulance service, the air ambulance service shall immediately activate the ground ambulance service within that service area.

18. Transportation of non-patient care equipment

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

SECTION IV. GROUND AMBULANCE SERVICE LICENSURE CLASSIFICATION STANDARDS

A. Ambulance Service Classifications

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1. Licensed Paramedic Services shall have fifty percent (50%) or more ambulances permitted at the Paramedic level. Only licensed Paramedic Services may operate Paramedic ambulances.

2. Licensed Advanced EMT Services shall have fifty percent (50%) or more ambulances permitted at the Advanced EMT level. Only Advanced EMT and Paramedic Services may operate Advanced EMT ambulances.

3. Licensed EMT Services shall have ambulances permitted only at the EMT level. Paramedic and Advanced EMT Services may also operate EMT ambulances.

4. Licensed Advanced Response Services shall only have vehicles permitted at the Advanced Response level.

4. Licensed EMT Specialty Services shall only have ambulances permitted at the EMT Specialty Level.

5. Licensed EMT Volunteer Services shall only have ambulances permitted at the EMT Volunteer Level.

6. Licensed Medical Facility Transport Services shall have ambulances permitted as a Stretcher ambulance.

Paramedic, Advanced EMT and EMT Services may not license EMT-Specialty, EMT-Volunteer or Stretcher Ambulances

B General Standards

1. A licensed ambulance service with multiple levels of permitted vehicles shall respond to each emergency requests with the highest permitted vehicle at the time of the request until those resources are depleted or are not available.

2. Each licensee shall notify the receiving hospital while enroute of impending arrival time, patient condition and care rendered to the patient.

3. Each licensed EMS service shall have a Medical Director. This Medical Director must provide the Drug Enforcement Agency license for the service.

EMT, EMT-Specialty and EMT-Volunteer licensed services administering or carrying medications will be granted six months from the effective date of this Rules to comply with the Medical Director requirements. The medical director shall:

a. provide monitoring and supervision of the medical field performance of each supervised EMS Service Agency's EMS personnel. This responsibility may be delegated to other physicians or other qualified health care professionals designated by the medical director. However, the medical

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director shall retain ultimate authority and responsibility for the monitoring and supervision, for establishing protocols and standing orders and for the competency of the performance of authorized medical acts.

b. ensure that all protocols appropriate for the licensure level of each EMS Personnel to whom the performance of medical acts is delegated and authorized, and compliant with accepted standards of medical practice. The medical director shall be familiar with the training, knowledge and competence of each of the EMS Personnel to whom the performance of such acts is delegated.

c. notify the Department within fourteen business days prior to his or her cessation of duties as medical director.

d. ensure the licensed services, for which direction is provided is in compliance with these Rules.

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

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

4. Written protocols shall be reviewed annually by the services Medical Director (if applicable) and prior to implementation of new protocols.

5. EMS Services participating in EMSP field/clinical times shall ensure that students are at all times under the direct supervision of an Arkansas licensed EMSP at or above the level of the EMSP's course of training.

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

a. The criteria used to select audited runs;
b. Ambulance encounter form review;
c. Problem identification and resolution;
d. Investigation of complaints or incident reports;
e. Date of review;
f. Attendance at the review;
g. A summary of the review discussion.

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

a. Patient Care Records;
b. Equipment checks;
c. Personnel certifications, continuing education and credentialing;
d. Policies and procedures; and
e. Any documents related to service licensure.

C. 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 Advanced EMT Services shall:

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

b. meet the two minute reaction time

c. have a Medical Director as defined in Section I, Medical Director (Advanced Life Support Services).

3. Licensed EMT Services shall:

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

b. meet a two minute reaction time

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

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

4. Licensed Advanced Response Services shall:

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

b. provide twenty-four (24) hour emergency ambulance service coverage.

c. meet a two minute reaction time

d. only be permitted at the Paramedic level

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

f. have a Medical Director as defined in Section I, Medical Director (Advanced Life Support Services).

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

h. staff each vehicle with at least one licensed Paramedic.

I. only transfer care to a licensed Paramedic transporting service.

5. Licensed EMT Specialty Service:

a. An EMT 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).

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b. have a Medical Director as defined in Section I, Medical Director (Basic Life Support Services see Section I. KK and for Advanced Life Support Services see Section I. JJ). This applies to Basic Life Support Services if medications or expanded skills are in the EMT services protocols

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

6. Licensed EMT Volunteer Service:

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

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

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

7. Licensed Medical Facility Transport Service

a. A Medical Facility Transport Service shall be issued to a Medical Facility that is regulated by the Arkansas Department of Health that owns and operates a stretcher ambulance vehicle.

b. The following criteria shall be met to obtain a Medical Facility Transport Service:

1) Use license solely for the purpose of transporting a patient from one location to another for medical tests or treatments and the patient is returned within 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.

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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. 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. Advanced EMT
   c. EMT
   d. Advanced Response
   e. EMT-Volunteer (EMT-V)
   f. EMT-Specialty (EMT-S)
   g. Stretcher

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

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

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

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.

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

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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 Advanced EMT 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 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) *Stretcher ambulances may not be equipped with audible warning devices.

13. Each ambulance shall be equipped with an emergency lighting system that shall provide 360 degrees of conspicuity for safety during all missions. This includes at a minimum, a flashing emergency light bar, two (2) alternating flashing red lights located at the same level on the front and sides and to the rear two (2) alternating flashing red lights located at the same level. These lights shall have sufficient

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intensity to be visible at five hundred feet (500') in normal sunlight.
*Stretcher ambulances may not be equipped with warning lights.

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

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

16. Each ambulance shall be equipped with a minimum of one (1) fire extinguisher.

17. Each ambulance shall be equipped with a backup alert alarm, (audible warning device) activated when the vehicle is shifted into reverse and a load management system to ensure power to essential patient care equipment is protected.

18. All designated seating positions in the patient compartment shall be equipped with safety restraint systems appropriate for each type of seating configuration and shall be fully operational. There shall be no less than 43" of seat to ceiling space for all personnel sitting positions.

19. All oxygen tanks shall be secured, with the main oxygen tanks regulator indicating the cylinder pressure visible from within the patient compartment. The O_2 tank retention system shall meet AMD standard 003. Oxygen must be medical grade and contain at least 500 PSI at all times.

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

    155.280 MHz
    155.235 MHz
    155.340 MHz

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

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

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

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

24. The ambulance exhaust system, as well as the gaskets surrounding the vehicles

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exterior doors and windows shall be in good condition and free of leaks and the vehicle exhaust system shall extend beyond the sides of the patient compartment and away from doors.

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

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

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

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

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

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

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

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

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

34. Licensee~~s~~ 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

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Paramedic. The remaining individual may be a Paramedic, Advanced Emergency Medical Technician, or Emergency Medical Technician. The Paramedic shall staff the patient compartment at all times during patient transport.

2. Advanced EMT Permitted Ambulances

   a. Each Advanced EMT 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 Advanced Emergency Medical Technician. The remaining individual may be a Paramedic, Advanced Emergency Medical Technician, or Emergency Medical Technician. The Advanced 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, Advanced EMT, or EMT. The EMT, Advanced EMT or Paramedic shall staff the patient compartment at all times during patient transport.

4. Advanced Response Permitted Vehicles

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

5. EMT-Volunteer Permitted Ambulances

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

6. EMT-Specialty Permitted Ambulances

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

7. Permitted Stretcher Ambulances

   a. Each ambulances used for the non-emergent transport of passengers will be staffed by a minimum of two (2) individuals. One (1) shall be trained

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at a minimum in CPR (Healthcare Provider), and one (1) shall be an Arkansas Certified Emergency Medical Technician, LPN, RN, MD or DO. The certified/licensed individual shall be attending the passenger during the transport.

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 ambulance prior to the application and receipt of a permit issued by the Department

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

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

4. Refueling with a patient aboard should be avoided. If fueling operations are necessary, the patient should be temporarily removed from the aircraft if his/her medical condition allows. If a patient is aboard, all fueling procedures must meet FAA Standards given in the Certificate Holder's Operation Manual. During refueling operations, fire control equipment must be in the immediate vicinity and manned.

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

6. Each air ambulance service shall have and maintain a coordination point, 24 hours a day, 7 days a week.

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

8. Each air ambulance shall contact the referring and receiving medical facilities or ground scene personnel, when within radio range, giving them the estimated time

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of arrival and when on final approach. Otherwise, the coordination point shall have this responsibility.

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

   a. time the call was received
   b. time the aircraft was dispatched
   c. time the aircraft departed
   d. name of party requesting the flight with verification telephone number
   e. pertinent medical and logistical support information.

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

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

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

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

   a. ensure that all Emergency Medical Services Personnel, for which direction is provided, are properly educated and licensed pursuant to these Rules. This includes skills verification.

   b. ensure that each Emergency Medical Services Personnel, for which direction is provided, is following Service protocols.

   c. ensure the licensed services, for which direction is provided is in compliance with these Rules.

   d. review the Services written protocols annually and prior to implementation of any changes.

   e. determine the duty readiness of air ambulance personnel

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

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See Section XIV. E.

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

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

16. Quality Assurance Program for Licensed Ambulance Services

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

    a. The criteria used to select audited runs; 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 regulations prescribed herein. Each service shall maintain and make available to the Department for inspection records including, but not limited to:

    a. Patient Care Records;

    b. Equipment checks;

    c. Personnel certifications, continuing education and credentialing;

    d. Policies and procedures

    e. Documents related to service licensure.

C. Specific Air Medical Service Standards

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

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

b. meet the two minute reaction time with the exception of hazardous weather conditions that would preclude response.

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

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

e. a communication center with the following:

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

2) Maps of all areas where the service responds to scene flights. Maps shall be an Arkansas State Highway and Transportation Department General Highway Map for Counties or the equivalent

f. personnel capable of plotting scene coordinates and directing the helicopter to a scene location, 24 hours a day

g. a policy addressing Post Accident/Incident Plan including the following situations:

1) Precautionary Landing – Medical
2) Precautionary Landing – Mechanical
3) Overdue/Missing Aircraft
4) Mayday/Post Crash

h. Each rotor-wing aircraft air ambulance service shall arrange for flight following at least every fifteen (15) minutes. Documentation of such flight following must be maintained during all phases of flight. The position report consists of:

1) Latitude
2) Longitude
3) Ground Speed

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4) Heading

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

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

2. Each Fixed-Wing ambulance shall have:

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

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

SECTION VII. PERMITTING OF AIR AMBULANCE VECHICLES

A. Application

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

B, Air Ambulance Vehicle General Standards

1. Air Ambulance Vehicles Shall:

a. be configured to allow the air ambulance personnel to treat the patient including advanced life support procedures.

b. be equipped with doors that allow safe loading and unloading of the patient without rotating the patient more than 30 degrees about the longitudinal axis or 45 degrees about the lateral axis.

c. have supplies and equipment for the protection of personnel and patients from infectious diseases and for personal safety.

d. maintain the interior of the air ambulance in a manner that is safe, sanitary, and in good working order at all times.

e. have interior lighting in the patient compartment and must not interfere with the pilot's vision.

f. maintain all door latches both inside and outside of the aircraft shall be fully functional.

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g. ensure that all outdated, misbranded, adulterated or deteriorated fluids, supplies and medications are removed from an aircraft immediately.

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

i. be equipped with survival gear applicable to the air ambulance service area and the number of occupants, eg. Patient(s).

j. be properly climate controlled. If air conditioning or heat is not available, a policy will address what type of patients cannot be transported during extreme temperatures as defined by the air ambulance service and what measures are taken to avoid adverse effects on patients and personnel on board. All pharmaceuticals shall be kept within in the recommended temperature range as established by the manufacturer.

k. ensure that the patient is isolated from the pilot to minimize in-flight distractions or interference that would affect flight safety.

l. have a two-way radio with the ability to communicate:

1) between the pilot and air ambulance personnel.
2) with physicians who are responsible for directing patient care in transit, and with ground personnel who coordinate the transfer of the patient.
3) air-to-air and air-to-ground.
4) in the Trauma System utilizing a Trauma AWIN radio or another suitable medium capable of real-time, direct communication with the ATCC.

m. have a process for rapid egress of air ambulance personnel.

n. not have litters or equipment impeding rapid egress by personnel or patients from the aircraft.

o. Each air ambulance service shall have in force and effect malpractice insurance coverage in the amount of no less than $1,000,000 per occurrence and no less than $3,000,000 aggregate for all air ambulance personnel. The Service shall maintain proof of current insurance policy.

C. Air Ambulance Vehicle Specific Standards

1. Rotor-Wing and Rotor-Wing Specialty Vehicles Shall:

a. have communication capabilities for 123.05 mHz, 155.340 mHz,

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155.235 mHz, and 155.280 mHz radio frequencies.

2. Fixed-Wing Vehicles Shall:

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

D. Air Ambulance Staffing Requirements

1. Rotor-Wing

a. All flights shall be staffed by a minimum of two (2) air ambulance personnel one of who must be a flight nurse. The air ambulance service Medical Director may select other crew members at their discretion from the following: Paramedic, Respiratory Therapist, RN or Physician as long as the personnel meets the minimum training requirements.

2. Rotor-Wing Specialty

a. All flights shall be staffed by a minimum of two (2) air ambulance personnel one of who must be a flight nurse. The air ambulance service Medical Director may select other crew members at their discretion from the following: Paramedic, Respiratory Therapist, RN or Physician as long as the personnel meets the minimum training requirements.

3. Fixed-Wing

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

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

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

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

Minimum Experience for Flight Nurses

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

Minimum Experience for Paramedics Conducting Air Ambulance Transport

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

d. Trauma

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

e. Certifications Required

1) Neonatal Resuscitation Program (NRP) or equivalent course
2) Pediatric Advanced Life Support (PALS) course or Pediatric Education for Prehospital Providers (PEPP) course or equivalent course
3) Advanced Cardiac Life Support (ACLS) or equivalent course

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

1. High Risk Obstetrical

a Basic Fetal Monitoring Class – 4 hours initially, 1 hour annually

b. The following didactic topics shall be covered annually:

1) Fetal Assessment
2) Triage and Assessment of the Pregnant Patient
3) Conditions Warranting Transport and Stabilization
4) Emergency Childbirth and Complications of Delivery
5) Placenta Previa and Placental Abruption
6) Prolapsed Cord
7) Pre-Eclampsia
8) Post Partum Hemorrhage
9) OB Trauma
10) Medications

c. Certifications Required

1) Advanced Cardiac Life Support (ACLS) or equivalent
2) Neonatal Resuscitation Program (NRP) or equivalent

2. Neonatal Transport

a. The following didactic topics shall be covered annually:

1) Maternal Physiologic and Pharmacologic Factors Affecting the Neonate
2) Physical Examination
3) Gestational Age Assessment
4) Interpretation of Clinical, Laboratory, Radiographic and Other Diagnostic Data
5) Thermoregulation
6) Oxygen Monitoring
7) Fluid and Electrolyte Therapy
8) Pharmacology, including drug dose calculations

b. Anatomy, Pathophysiology, Assessment and Treatment of:

1) Acute and Chronic Respiratory Diseases
2) Cardiovascular (CV) Abnormalities
3) Surgical Emergencies
4) Infectious Diseases
5) Musculoskeletal Abnormalities
6) Neurological and Spinal Cord Injuries
7) Prematurity and Post Maturity

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8) Hematologic Disorders
9) Metabolic and Endocrine Disorders
10) Disorders of the Head, Eyes, Nose and Throat
11) Genetic Disorders, Congenital Heart Disease
12) Psychosocial and Bereavement Support
13) Mechanical Ventilation Techniques during Transport

c. The following clinical areas shall be covered

1) Oxygen Administration
2) Anesthesia Bag and Mask Ventilation
3) Application of Nasal Continuous Positive Airway Pressure (CPAP)
4) Endotracheal Intubation
5) Ventilation and Inhaled
6) Nitric Oxide if indicated
7) IV and Intra-Arterial Access, which might include:
8) Intraosseous Access
9) Venipuncture for Lab Specimen Collection
10) Cardiopulmonary Resuscitation (CPR)
11) Hemorrhage Control
12) Radiographic Interpretation

d. Certifications Required

1) Neonatal Resuscitation Program (NRP) or equivalent

G. Air Ambulance Personnel Training Requirements –Rotor-Wing Specialty

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

a. Air Medical Environment

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

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

Minimum Experience for Flight Nurses

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

Minimum Experience for Paramedics

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

Minimum Training Requirements for Specialty Care Air Ambulance Personnel

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

H. Air Ambulance Personnel Training Requirements –Fixed Wing

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

a. Air Medical Environment

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

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

Minimum Experience for RN on a Fixed Wing

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

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Minimum Experience for Paramedics conducting Fixed Wing Transport

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

Minimum Experience for Specialty Care Fixed Wing Personnel

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

c. Certifications Required

1) Advanced Cardiac Life Support (ACLS) or equivalent course
2) Pediatric Advanced Life Support (PALS) course or Pediatric Education for Prehospital Providers (PEPP) course or equivalent course if transporting pediatric patients
3) Neonatal Resuscitation Program (NRP) or equivalent course if transporting neonatal patients.

I. Air Ambulance Personnel Training Requirements for Rotor-Wing Air Ambulance Communication Specialists

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

a. Medical Terminology
b. Knowledge of EMS
c. Familiarization with equipment used in the field setting
d. FAR's pertinent to the medical transport service
e. FCC regulations pertinent to the medical transport service
f. General safety rules and emergency procedures pertinent to air medical transport service
g. Map Skills including – ability to locate an aircraft utilizing coordinates
h. Ability to articulate weather radar information to pilots
i. Types of radio frequency bands used in air medical EMS
j. Assistance with hazardous materials response and recognition procedure using appropriate reference materials
k. Stress recognition and management
l. Customer service/public relations/phone etiquette
m. Quality Management
n. Crew Resource Management (CRM) pertinent to communications
o. Computer literacy and software training
p. Post Accident Incident Plan (PAIP)

J. Documentation for Recurrent Training

1. Documentation showing completion of all recurrent training as outlined in Section VII. E. – I~~H~~ shall be submitted to the Department annually with the

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Air Ambulance Service license renewal for all licensed EMT and Communication Specialists.

SECTION VIII. APPROVED EMERGENCY MEDICAL SERVICES PERSONEL SKILLS

A. Paramedics and Advanced EMTs 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 Section for review and approval prior to implementation of this practice:

   a. Written approval from the ambulance service Medical Director.

   b. Written approval from ambulance service Manager/Director.

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

   d. Submit Medical Director approved treatment protocols addressing this specific practice and any equipment carried by the EMSP.

   e. In all cases, where advanced care is initiated and transport is required, advanced care must be maintained enroute to the hospital in a Paramedic or Advanced EMT permitted ambulance.

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

2. An Advanced EMT 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 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 specific to this practice to the Department prior to implementation of program.

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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 Advanced EMT permitted ambulance.

B. Emergency Medical Services Personnel are permitted to perform only those skills and administer only those medications once they are trained in the skill or pharmacology of that medication, and credentialed by the EMS agency Medical Director. In order to provide patient care in Arkansas all EMSP's must hold a current Arkansas EMSP license.

1. Procedures and skills for all EMSP licensure levels

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

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~~y.~~x. Asprin (ASA) for chest pain
~~z.~~y. Blood glucose monitoring and administration of oral glucose
~~aa~~z. Pulse oximetry
~~bb~~aa. Manual and auto blood pressure
bb. Opioid Antagonist Administration (with approved by medical direction)

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

   a. Tracheobronchial suctioning
   b. CPAP/BiPAP administration and management
   c. Esophageal-tracheal and multilumen airways
   d. Obtaining peripheral venous blood specimens
   e. Peripheral IV insertion and maintenance (includes removal as needed
   f. Intraosseus device insertion (includes removal as needed)
   g. Crystalloid IV solutions
   h. Administration of hypertonic dextrose solutions for hypoglycemia
   i. Administration of glucagon for hypoglycemia
   j. Administration of Sub-Lingual (SL) nitroglycerine to a patient experiencing chest pain or of suspected ischemic origin
   k. Administration of a narcotic antagonist to a patient suspected of narcotic overdose
   l. SQ or IM epinephrine for anaphylaxis
   m. Medication administration in the following routes, Aerosolized, Subcutaneous, Intramuscular, Nebulized, Sublingual, Intranasal, IV push ($D_{50}W$ and narcotic antagonist only)
   n. Nitrous oxide for pain relief
   o. Manually triggered and automatic transport ventilators

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

   a. BIAD (Blind Insertion Airway Device) Insertion
   b. Endotracheal intubation (Nasal and oral)
   c. Delivery of PEEP
   d. Airway obstruction removal by direct laryngoscopy
   e. Cricothyrotomy
   f. Gastric decompression
   g. Pleural decompression via needle thoracostomy
   h. Chest tube monitoring
   i. Blood Chemistry Analysis
   j. ETCO2/Capnography
   k. NG/OG tube
   l. Transurethral Catheters
   m. Access indwelling catheters and implanted central IV ports
   n. Central line monitoring
   o. ECG monitoring and interpretation including 12 lead
   p. Manual cardiac defibrillation
   q. Emergency cardioversion, including carotid massage

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r. Transcutaneous cardiac pacing

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s. Chemical restraint of combative patients

t. Paralytic administration - Administration of paralytics for the purposes of RSI **Rapid Sequence Induction/Intubation is not permitted unless the EMS Agency has met RSI requirements and has received approval for RSI use from the Department. Paramedics are allowed to use paralytics to maintain the paralysis of an already intubated patient, if approved by medical direction.

u. Maintain an infusion of blood or blood products

v. Administration of other physician approved medications, routes to include endotracheal, IV (push and infusion), NG, Rectal, IO, Topical, SQ

w. Thrombolytics initiation (if approved by medical direction)

SECTION IX. EDUCATION, TESTING AND LICENSURE OF PERSONNEL

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

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

a. Advanced Life Support

1) Paramedic
2) Advanced Emergency Medical Technician

b. Basic Life Support

1) Emergency Medical Technician

c. Instructor

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

2. Fees

An application for the initial issuance of a license shall be made on forms provided by the Department, and shall be accompanied by a $20 fee set forth by Arkansas Code Ann. § 20-13-211.

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. All paramedics shall

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maintain ACLS certification throughout their licensure period. All licensure levels shall maintain current CPR certification during their license period. Each Service shall have readily available a copy of all current licensure and certification cards for all employees.

4. Criminal History Form

Any applicant applying for initial licensure shall complete a State and/or Federal criminal history check.

B. Initial Licensure Requirements

1. Paramedic

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

b. Successful completion of the National Registry of EMT's Paramedic certification process.

2. 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 National Registry of EMT's Advanced EMT certification process.

3. Emergency Medical Technician

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

b. Successful completion of both the Arkansas practical skills examination and the National Registry certification process.

C. General Licensure Renewal Standards

One (1) Continuing Education (CE) Hour is defined as every fifty (50) minutes of approved classroom or skills laboratory activities, each hour of structured clinical or

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field experience when monitored by a preceptor assigned by an EMS training program, EMS service personnel, hospital or alternate base station approved according to the Department or each hour of media based/serial production. Continuing Education courses or activities shall not be approved or accepted for less than one half hour of credit. ~~For courses greater than one credit CEU's may be granted in no less than half hour increments.~~ CE hours shall not be awarded until all requirements have been met and the EMSP attended the complete training. Credit can be applied for college courses that relate to your role as an EMS professional (Reference the NCCP manual on the Arkansas Department of Health and National Registry of EMT's website for details). 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 (NCCR, LCCR and ICCR):

- Performance of duty or volunteer time with agencies
- Clinical rotations
- Instructor methodology courses
- Management/leadership courses
- Preceptor hours
- Serving as a skills examiner

Relicensure applications are randomly selected for audit. If a licensee's application is randomly selected, the licensee must provide documentation for all hours used for their relicensure 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.

1. All individuals applying for renewal of a license shall submit the following to the Department:

   a. Completed Arkansas Application Form

   b. Application fee set forth by current EMS statute payable to the Arkansas Department of Health.

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

   d. Document completion of all education requirements for your level of licensure. It is the responsibility of the licensee to maintain copies of all rosters, certificates, and/or proof of attendance to all continuing education used for relicensure. These documents will be required should the licensee be audited.

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2. Specific Renewal Requirements by EMS Level

a. Emergency Medical Technician

1) **The following method of licensure renewal will only be accepted until March 31, 2017.**

A formal (24) hour EMT Transition/Refresher course based on the current EMS Education Standards including an end-of-course cognitive and psychomotor examination, verified by an approved education program. Must include a minimum of 2 hours pediatric specific education.

OR

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

2) **The following two (2) methods may be used to meet the March 2017 renewal requirements and will be required for all renewals starting March 31, 2018**

Method #1

Submit a copy of your current National Registry of Emergency Medical Technicians certification card prior to your state license expiration date.

No license shall be issued until current National Registry certification can be verified. Continuing education hours needed to meet the NREMT requirements are outlined below. Licensee must complete all requirements in a-c.

a. 20 hours following the topics listed in the National Registry of EMT's, National Continued Competency Program: EMT Education Guidelines published in 2015. Up to 7 hours in this category can be Distributive Education. (This document can be located on the Arkansas Department of Health website)

b. 10 hours in the following topic areas (Up to 7 hours in this category can be Distributive Education)

i. Trauma (4 hours total with 2 hours being specific to the Arkansas Trauma System)

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ii. Pediatric (4 hours)
iii. Stroke (2 hours)

c. 10 hours in any EMS related topic area (Up to 10 hours in this category can be Distributive Education)

Or

Method #2

If not currently certified by the National Registry of Emergency Medical Technicians, licensee shall submit 40 hours of continuing education as outlined below in a-c. Licensee may use a course only once toward the total number of hours required in each of the following topic areas. Licensee must complete all requirements in a-c. ~~the following~~:

a. 20 hours following the topics listed in the National Registry of EMT's, National Continued Competency Program: EMT Education Guidelines published in 2015. Up to 7 hours in this category can be Distributive Education. (This document can be located on the Arkansas Department of Health website)

b. 10 hours in the following topic areas (Up to 7 hours in this category can be Distributive Education)
i. Trauma (4 hours total with 2 hours being specific to the Arkansas Trauma System)
ii. Pediatric (4 hours)
iii. Stroke (2 hours)

c. 10 hours in any EMS related topic area (Up to 10 hours in this category can be Distributive Education)

b. Advanced EMT

1) **The following method of licensure renewal will only be accepted until March 31, 2017.**

a. Medical Director Signature on renewal application verifying competency in Advanced EMT psychomotor skills~~.~~;

b. A formal thirty-six (36) hour Advanced EMT Transition Course based on the current EMS Education Standards, including an end-of-course cognitive and psychomotor

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examination, verified by letter from an approved EMS Education Program and;

c. Thirty-Six (36) hours of Continuing Education with a minimum of three (3) areas, maximum of sixteen (16) hours per topic area. Maximum of twelve (12) hours for internet based education. Must include a minimum of 4 hours pediatric specific education.

2) **The following two (2) methods may be used to meet the March 2017 renewal requirements and will be required for all renewals starting March 31, 2018**

Method #1

Submit a copy of your current National Registry of Emergency Medical Technicians certification card prior to your state license expiration date. No license shall be issued until current National Registry certification can be verified. Continuing education hours needed to meet the NREMT requirements are outlined below. Licensee must complete all requirements in a-d.

a. 20 hours following the Topics listed in the National Registry of EMT's, National Continued Competency Program: EMT Education Guidelines published in 2015. Up to 8 hours in this category can be Distributive Education. (This document can be located on the Arkansas Department of Health website)

b. 5 hours of Advanced Life Support (ALS) EMS-related education.

c. 12.5 hours in the following topic areas. Up to 8 hours in this category can be Distributive Education.

i. Trauma (4 hours total with 2 hours being specific to the Arkansas Trauma System)
ii. Pediatric (5 hours)
iii. Stroke/CVA (3.5 hours)

d. 12.5 CE hours in any EMS related topic area. Up to 12.5 hours in this category can be Distributive Education.

Or

Method #2

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~~Seventy-two (72) hours of Continuing Education with a minimum of three (3) areas, maximum of sixteen (16) hours per topic area. Twenty four (24) hours must follow the guidelines pertaining to Advanced EMT topics. Maximum of twelve (12) hours for internet based education. Must include a minimum of 4 hours pediatric specific education.~~If not currently certified by the National Registry of Emergency Medical Technicians, licensee shall submit 50 hours of continuing education as outlined below in a-d. Licensee may use a course only once toward the total number of hours required in each of the following topic areas. Licensee must complete all requirements in a-d.

a. 20 hours following the topics listed in the National Registry of EMT's, National Continued Competency Program: EMT Education Guidelines published in 2015. Up to 8 hours in this category can be Distributive Education. (This document can be located on the Arkansas Department of Health website)

b. 5 hours of Advanced Life Support (ALS) EMS-related education.

c. 12.5 hours in the following topic areas. Up to 8 hours in this category can be Distributive Education.

iv. Trauma (4 hours total with 2 hours being specific to the Arkansas Trauma System)
v. Pediatric (5 hours)
vi. Stroke/CVA (3.5 hours)

d. 12.5 CE hours in any EMS related topic area. Up to 12.5 hours in this category can be Distributive Education.

c. Paramedic

1) **The following method of licensure renewal will only be accepted until March 31, 2017.**

a. Submit a ~~A~~ signed copy (front and back) of your current American Heart Association ACLS Provider card.

b. Medical Director Signature on renewal application verifying competency in paramedic psychomotor skills.

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

A formal (48) hour Paramedic Transition Program based on the EMS Education Standards, including an end-of-course cognitive and psychomotor examination, verified by letter from an approved

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EMS Education Program and twenty-four (24) hours of Continuing Education units with a minimum of three (3) areas;, maximum of sixteen (16) hours per area. Maximum of twelve (12) hours for internet based education. Must include a minimum of 4 hours pediatric specific education.

Or

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

Or

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

2) The following two (2) methods may be used to meet the March 2017 renewal requirements and will be required for all renewals starting March 31, 2018

Method #1

Submit a copy of your current National Registry of Emergency Medical Technicians certification card prior to your state license expiration date. No license shall be issued until current National Registry certification can be verified. Continuing education hours needed to meet the NREMT requirements are outlined below. Licensee must complete all requirements in a-c.

a. 30 hours following the Topics listed in the National Registry of EMT's, National Continued Competency Program: Paramedic Education Guidelines published in 2015. Up to 10 hours in this category can be Distributive Education. (This document can be located on the Arkansas Department of Health website)

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b. 15 hours in the following topic areas. Up to 10 hours in this category can be Distributive Education.:

i. Trauma (5 hours total with 2 hours being specific to the Arkansas Trauma System)
ii. Pediatric (6 hours)
iii. Stroke (2 hours)
iv. Cardiac (2 hours)

c. 15 hours in any EMS related topic area. Up to 15 hours in this category can be Distributive Education.

OR

Method #2

If not currently certified by the National Registry of Emergency Medical Technicians, licensee shall submit 60 hours of continuing education as outlined below in a-c. Licensee may use a course only once toward the total number of hours required in each of the following topic areas. Licensee must complete all requirements in a-c.

a. 30 hours following the Topics listed in the National Registry of EMT's, National Continued Competency Program: Paramedic Education Guidelines published in 2015. Up to 10 hours in this category can be Distributive Education. (This document can be located on the Arkansas Department of Health website)

b. 15 hours in the following topic areas. Up to 10 hours in this category can be Distributive Education.:

i. Trauma (5 hours total with 2 hours being specific to the Arkansas Trauma System)
ii. Pediatric (6 hours)
iii. Stroke (2 hours)
iv. Cardiac (2 hours)

c. 15 hours in any EMS related topic area. Up to 15 hours in this category can be Distributive Education.

3. EMSP – Instructor Renewal Requirements:

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

The following must be completed and submitted for ALL Instructors:

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a. Arkansas Application Form

b. Signed copy of a current Healthcare Provider CPR instructor card (Must follow current American Heart Association Guidelines and require a hands on skills component)

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

d. Complete eight (~~8~~12) hours of Continuing Education at the Instructor level, to include Professional Development or instructor specific education.

e. Meet the relicensure requirements for your level of licensure (EMT, Advanced EMT, or Paramedic)

f. 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
2) Two (2) EMT courses as co-instructor
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.

g. Submit a signed letter of good standing from the Training Site in which your EMSP instructor certification is aligned with.

4. EMSP relicensure applications submitted after expiration date

a. Relicensure 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 (i.e., Refresher, ACLS, CPR, etc.) was completed PRIOR to their current expiration date; AND

3) All documentation was submitted no later than 2 years after their current expiration date

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

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D. Lapsed Arkansas Licensed Emergency Medical Service Providers

Individuals who do not complete their educational and training requirements for relicensure 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~~an EMT Transition / Refresher Course~~ within the previous 12 months ~~(*minimum 24 hours*)~~;

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

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

4) 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 successfully challenge the Arkansas EMT psychomotor skills exam.

2. Advanced EMT

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~~an approved AEMT transition / refresher course~~ within the previous 12 months. ~~(*minimum 36 hours*)~~

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

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

4) 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 National Registry of EMT's 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~~formal Paramedic transition / refresher Program~~ within the past 12 months. ~~(*minimum 48 hours*)~~;

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

3) Copy of a current signed 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. § 20-13-211 payable to the Arkansas Department of Health.

7) Validation of competency on all Paramedic psychomotor skills by an accredited EMS training program, EMS Medical Director or challenge the National Registry of EMT's psychomotor exam.

4. All licensed EMSP levels

a. LAPSED MORE THAN TWO (2) YEARS

1) All EMSP's shall complete all initial licensure requirements as

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outlined in Section IX. B.

E. Request for Extension to Complete EMT License Renewal Requirements

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

   a. personal illness or hospitalization;

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

   c. military service

   d. immediate family illness or death; or

   e. extraordinary circumstances beyond the control of the licensee.

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

2. Extension Decisions:

   a. 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.

F. Reciprocity of EMSP's

The Department is authorized to approve Arkansas licensure for individuals who hold certifications or licenses issued by other states and are in good standing. In addition, military and ex-military personnel who hold a current National Registry of Emergency Medical Technician (NREMT) card will be eligible for Arkansas licensure. Licensure will be equal to pre-existing state certification, not to exceed two (2) years, excluding Military personnel. Applicants must be within the original certification/licensure period or have renewed in the State currently licensed before applying for Arkansas licensure. Applicants must successfully complete the Arkansas licensure requirements prior to the expiration date in which currently licensed.

1. General Standards for reciprocity:

   a. Complete the Verification of EMT Status form (Obtained from the Department)

   b. Submission of an application for licensure and $20 application fee set forth by Arkansas Code Ann. § 20-13-211 payable to the Arkansas Department of Health.

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d. Submission of an Arkansas Criminal History Background check and payment of the applicable fee to include both State and Federal Checks. This requirement may be waived if the individual holds an Arkansas Registered Nurse current, active license or holds a current, active Registered Nurse License from a nursing compact state.

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

f. Copy of a current State certification/licensure card. (Excludes Military personnel). For EMSP's without a current state card, who were previously licensed in Arkansas see Section XII. F. 5.

g. Copy of a current National Registry card at the current level being requested.

~~2. Specific requirements for reciprocity by EMSP level.~~

~~a. EMT~~

~~1) Successfully completion of the Arkansas psychomotor skills exam.~~

~~Or~~

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

~~b. Advanced EMT~~

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

~~c. Paramedic~~

~~1) Submission of a signed copy of current American Heart Association Advanced Cardiac Life Support Card.~~

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

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~~3.~~2. Military Personnel

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.

a. Military Personnel seeking Basic certification must complete all items listed in Section IX. F 1. Above and the following:

b. Submission of a DD 214 (or other formal discharge documentation) showing separation from the Military (Personnel stationed in the Continental United States or overseas, Reserve personnel must submit a copy of training information from their 201 file).

c. Military Personnel seeking Advanced Emergency Medical Technician licensure must complete the requirements listed in Section ~~VIII~~IX.F. 1.

d. Military Personnel seeking Paramedic certification must complete the requirements listed in Section ~~VIII~~IX.F. 1

~~4.~~3. EMSP's previously licensed in Arkansas that hold a current NREMT Card

a. EMSP's previously licensed in Arkansas within the past 4 years and holds only a NREMT certification card must complete the following to obtain reciprocity into Arkansas.

1) Complete the requirements under the general standards for reciprocity. Section ~~XIII~~IX. F. 1.

2) Successfully challenge the State or NREMT psychomotor skills exam at the level the candidate is seeking licensure.

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

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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 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 EMS 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 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. Basic EMSP Course 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 and the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP).

G. Off-Site Courses must meet the following:

1. All 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

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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.

H. Sponsorship of Multiple Courses

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

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

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

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

1. Meet Arkansas requirements as listed in the Arkansas Site Accreditation Manual
2. Submit their application and site review to the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP), and
3. Be awaiting the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP) site visit.

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

L. Transition/Refresher courses shall:

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

M. Psychomotor Testing

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

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

SECTION XII. EMS EDUCATION PROGRAM REQUIREMENTS

A. Paramedic EMS Education Programs

1. All current Arkansas Paramedic EMS Education Programs must complete one of the following prior to starting and Paramedic Education:

   a. Have achieved accreditation by a National Accrediting Organization or body as recognized by the Office such as the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP).

   b. Have submitted all required paperwork, including the self-study and be awaiting 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. Primary Instructors must be either Arkansas licensed physicians, registered nurse/EMS Instructor, or Paramedic/EMS-Instructor. A paramedic who is an EMS Instructor will teach at least fifty (50) percent of each course.

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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. 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.

7. Field Internship

   a. 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.

8. 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.

9. There must be a Medical Director designated, having emergency department experience, who meets the requirements in Section I and documents current Advanced Cardiac Life Support credentials or is Board certified or board eligible by the American Board of Emergency Medicine or by the American Board of Osteopathic Medicine or Licensed in Emergency Medicine.

C. Advanced EMT Training

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

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

3. Advanced EMT training may be sponsored only by a higher education institution that has affiliation with an Arkansas licensed hospital.

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4. Primary Instructors must be either Arkansas licensed physicians, or EMS Instructor at the AEMT level or higher.

5. Advanced EMT Training Sites must follow AEMT policies as set forth in the Arkansas Advanced Accreditation Manual

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.F..

   a. Medical Facility Training Clinical phases of training will be conducted within a medical facility with hospital concurrence.

   b. Advanced EMT students will be trained, within the hospital or medical facility, by qualified personnel under guidelines and requirements stated in the curriculum and approved by the medical staff and the facilities governing body during clinical phases of training.

10. Field Internship

   a. Internship must be completed with a 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.

D. 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.

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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.

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.

E. 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.

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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 Office prior to starting course)

e. List of applicants for verification/approval of EMSP status by Office of EMS

3. Upon completion of EMT-Instructor course, the Instructor Trainer must submit end of course documentation including a list of students who successfully completed the course.

4. Each student successfully completing the EMS-Instructor course will be responsible for completing the requirements outlined in the Requirements for Arkansas EMS-Instructor Certification for their level of EMT certification.

SECTION XIII. EMSP EDUCATION STANDARDS AND LICENSURE REQUIREMENTS

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

A. Paramedic

1. Pre-requisites for beginning an education program

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

b. Copy of a current signed Healthcare Provider CPR card (Must follow current American Heart Association Guidelines and require a hands on skills component) documenting completion of a CPR course designed specifically for healthcare providers prior to beginning any field or

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clinical internship.

2. Pre-requisites for field/clinical participation

   a. Candidate must be Arkansas licensed EMT or an Arkansas Advanced EMT prior to starting any field or clinical participation and maintain licensure throughout the field/clinical training.

3. Pre-requisites for testing

   a. Currently licensed as an Arkansas EMSP.

   b. Successful completion of a Department approved Paramedic course.

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

   d. Submit a copy of a signed current American Heart Association Advanced Cardiac Life Support (ACLS) card documenting completion of an ACLS class.

4. Licensure requirements

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

B. Advanced Emergency Medical Technician

1. Pre-requisites for beginning education program

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

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

2. Pre-requisites for field/clinical participation

   a. Candidate must be current Arkansas licensed EMT prior to starting any field or clinical participation and maintain licensure throughout the field/clinical training.

3. Pre-requisites for testing

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a. Currently licensed as an Arkansas EMT.

b. Successful completion of a Department approved Advanced EMT program.

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

4. Licensure requirements

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

C. Emergency Medical Technician

1. Licensure requirements

a. Licensure shall be based on successful completion of a Department approved EMT course including all didactic, clinical and field internship requirements.

b. Successfully complete the Arkansas psychomotor skills examination and the National Registry of EMTs didactic examination.

D. Emergency Medical Service 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. Complete instructor application

c. Licensed as an EMSP continuously from any State, National or Military for a minimum of two years and currently licensed as an Arkansas EMSP.

d. Submit a letter of recommendation from the training site representative of an accredited EMS Education Program with the application.

e. Current signed Healthcare Provider CPR Instructor card (Must follow current American Heart Association Guidelines and require a hands on skills component) documenting completion of a CPR course designed specifically for healthcare providers.

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f. Complete a ~~Lay Evaluator~~Skills Evaluator Training program prior to starting any EMSP instructor course

g. Successfully complete a Section approved forty (40) hour EMSP Instructor course. For successful completion, students must complete the end of course didactic examination with a minimum score 80%, and meet all other course requirements.

3. Upon completion of the Instructor requirements listed above, the Instructor Candidates will be placed on provisional status. Provisional Instructors must complete the following within twelve (12) months of completion of the Instructor course. Failure to complete these requirements within the twelve (12) month period will have to complete the instructor course:

a. Instruct a EMT-Basic course or an approved EMT Transition / Refresher Program that is sponsored by a Department approved EMS Education Program as long as ALL of the following requirements have been met:

1) Provisional Instructors choosing to teach a transition / refresher program to meet this requirement shall be licensed for a minimum of two (2) consecutive years at the level they will teach.

2) All courses must be sponsored by a Department approved EMS Education Program.

3) Applications for all courses must be approved by the Department prior to starting (Instructor/Program Director must receive approval notification from the Department prior to starting the course)

4) The Provisional Instructor shall teach a minimum of twelve hours of the first course and must be monitored for a minimum of (5) hours by one (1) of the following:

a. The Candidate's Instructor Trainer

b. EMS Instructor approved by the Department and the candidates Instructor Trainer

c. Training Site Representative

d. A Department Representative

E. EMSP Instructor Teaching Advanced Courses

1. Advanced EMTs who apply to teach an Advanced EMT course must complete the following:

a. Have received full EMSP Educator status.

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b. Have been licensed as an Advanced EMT for a minimum of two (2) years.

2. Paramedic who applies to teach an Advanced EMT or Paramedic course must complete the following:

a. Have received full EMSP Educator status

b. Have current ACLS Instructor card

c. Have been licensed as a Paramedic for a minimum of two (2) years

F. EMSP Educator Trainer

1. All of the following eligibility requirements must be met for Instructors to become an EMSP Educator Trainer:

a. Arkansas licensed EMSP.

b. Licensed continuously for two (2) years in EMS as an EMSP Educator.

c. Sponsored by an Arkansas approved EMS Educational Program.

d. Current ~~Lay~~ Skills Evaluator Training.

e. Document a minimum of an Associate Degree in an Allied Health Field, Education, or Emergency Management.

SECTION XIV. DRUGS AND PHARMACEUTICALS

A. NOTICE OF INSPECTION

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

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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, 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 business day of discovery of the theft or loss.

2. The original and one copy of the DEA Form 106 shall be sent to the DEA Resident Office and one copy shall be sent to the Pharmacy Services and Drug Control within seven days.

E. RECORDS OF CONTROLLED SUBSTANCES

1. The ambulance service Medical Director 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

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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 patients 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. <u>SURRENDER OF UNWANTED CONTROLLED SUBSTANCES</u>

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

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

2. May be destroyed only by authorized agents of the Arkansas Department of

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Health on site.

G. POLICIES AND PROCEDURES MANUAL

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

1. Detailed job descriptions, duties and responsibilities of each employee handling drugs.

2. Procedures for registration of the ambulance service Medical Director, security of drugs and limiting access to one person responsible for the accountability during shift, accurate and complete record keeping of drugs, and availability of records for inspection.

3 Procedures in case of loss of drugs, surrender of unwanted drugs, and wastage.

H. STORAGE OF PHARMACEUTICALS BY LICENSED AMBULANCE SERVICES

1. All pharmaceuticals will be stored in accordance with the instructions included in the package inserts of each drug. Factors such as heat, freezing, susceptibility to light, etc., are described in the insert, and all services will provide suitable storage to comply with the instructions.

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

I. ADDITIONS TO THE REQUIRED AND OPTIONAL DRUG LISTS

All additions to the Optional Drug List will be approved by the Medical Director, recommended by the Governor's Advisory Council 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

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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 agency. The patient and paperwork should be ready for transfer at that time.

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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 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. Penalty

1. It shall be Departmental policy to suspend or revoke a service license, EMSP license, vehicle permit, EMSP-Instructor status or authorized and accredited training site for failure to comply, maintain compliance with, or violation of any applicable provision, standard or requirement of Act 435 of 1975, as amended, or the rules and regulations promulgated thereunder.

a. Any administrative action taken against a licensed EMSP for violating these rules and regulations will be based on their EMT licensure.

b. Three (3) formal citations (Probation or Suspensions) during the license term for failure to comply with Arkansas Code §20-13-1005 and any regulations promulgated by the Department of Health in regard to ambulance services may result in revocation of the ambulance service license. However, the Arkansas State Board of Health and Department of Health are not limited in disciplinary action up to and including revocation of licensure in the event of fewer than three (3) formal citations.

c. Any administrative action resulting in the Suspension or Revocation of a Emergency Medical Services Personnel, ambulance services, EMSP-Instructors license or EMSP training sites shall be reviewed by the Departments legal staff.

d. The following EMS Disciplinary policy is the standard which will be followed for actions against EMSP's, ambulance services, EMSP-

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Instructors and EMS training sites when there have been proven violations of the current EMS Rules and Regulations:

OFFENSES:

EMSP Convicted, plead guilty or nolo contendre to any criminal offense listed in Arkansas Code Ann. § 20-13-1106 (*Concurrent with state law)*

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.

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

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

Altering a license or certification card.

Conviction of driving under the influence of alcohol or illegal drugs* while on duty, on emergency response or during patient transport.

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

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

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

Racial, sexual, religious, age, disability discrimination or harassment during the rendering of patient care, during EMS Training or while on duty.

Threatening, intimidating or interfering with job performance of other EMS personnel while on an ambulance response or during the rendering of patient care.

Failure to report substance abuse of on-duty EMS personnel to the Department

Conviction of intentional violation of motor vehicle code while on duty during two (2) year licensure period

Obtaining a license or certification by fraud, deceit, misrepresentation, or by concealing material facts.

Failure to follow accepted standards of care in the management of a patient or in response to a medical emergency.

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

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

Cheating on an EMSP Psychomotor and/or written examination.

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 EMSP independent or with a licensed EMS service while having a lapsed or expired licensure.

Failure to respond or accept official departmental correspondence sent by certified mail~~– except in cases were individual is out-of-state or has prolonged illness~~.

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 and Regulations or EMSP standards.

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

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

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

Failure to follow all requirements concerning drugs and pharmaceuticals

Endangering the safety or welfare of patients and/or EMS Personnel due to failure to maintain compliance with appropriate level of licensure.

Carrying and/or using equipment not approved by the Department for the licensure level.

Using an EMT who is lapsed or not Arkansas licensed to meet ambulance staffing

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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 and Regulations.

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

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Failure to offer training consistent with the approved application

2. Any person who knowingly or willfully violates these rules and regulations may be guilty of a misdemeanor and shall be punished by a fine of not more than $100.00 or by imprisonment for a period not to exceed 30 days in the county jail or both such fine and imprisonment.

3. Any demonstration of incompetence, knowingly or willfully violating these rules and regulations or other inability to provide adequate service shall subject a service licensee or licensed EMSP, to Departmental corrective action which may result in written warning, probation, suspension or revocation of a service license vehicle permit, EMT certificate, Instructor status or training-site license.

4. Any non-licensed person found violating these rules and regulations 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.

B. Department Hearing and Procedures

1. It shall be Departmental policy to use its discretionary right to consider all available information that is relevant and material.

2. The 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.

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7. In all administrative enforcement and appeal procedures thereunder, it shall be in accordance with the Arkansas Administrative Procedures Act and Amendments thereto.

C. Clinical Investigations

1. Clinical investigations may be recommended by the EMS Advisory Council and approved by the Department and the Board of Health. Test periods will be temporary in nature, and will be determined on an individual basis for each procedure and technique tested. A written request to enroll in a Clinical Investigation must be submitted to the Governor's Advisory Council on EMS and approved by the Department. Clinical Investigations beyond the scope of the EMS Rules and Regulations are to be evaluated in a carefully controlled study under appropriate medical control. At the completion of the evaluation period, the test results will be forwarded to the Board of Health for review. Permission for Clinical Investigations will be granted only to determine if the procedure or technique should be added to the existing EMS Rules and Regulations and must follow the clinical investigations guidelines recommended by the EMS Advisory Council and approved by the Department.

SECTION XVII. SEVERABILITY

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

SECTION XVIII. REPEAL

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

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SECTION OF EMERGENCY MEDICAL SERVICES
MINIMUM REQUIRED PARAMEDIC EQUIPMENT LIST

Minimum Required Equipment list and Quantity (Paramedic)

SOFT SUPPLIES AND OTHER EQUIPMENT

4X4 Pads **(6)**
ABD Pads **(2)**
Trauma Dressing **(2)**
Isolation Kits **(2)**
Roller Gauze **(6)**
Triangular bandages
OB Kit **(1)** - **must contain Bulb syringe**
~~Meconium Aspirator~~
Betadine Solution **(1 Bottle)** **or swabs**
Bandage **/** EMT Shears Hemostat
Scalpel
Window Punch
Antiseptic Hand Cleaner
Exam Gloves **(1 Box)**
~~Sterile Gloves **(4 Pairs)**~~
Emesis Basin or Equivalent
~~Saline Drops~~
Commercial Tourniquet
Blankets
Sheets
Towels

Magill Forceps **-** Adult **(1)** Pediatric **(1)**
ET Stylette **-** Adult **(2)** Pediatric **(2)**
$ETCO_2$ Detector**-** Adult **(1)** Pediatric **(1)**
(Colorimetric or quantitative)
Pediatric Drug Tape, Chart or Wheel **(1)**
Pediatric Defibrillator Pads/Paddles **(1 set)**
Adult Defibrillator Pads/Paddles **(1 set)**
Cardiac Monitor / Defibrillator/ Pacer **(1)**
ECG Cables **(2 sets)**
ECG Paper **(2)**
Electrodes Adult (**6 SETS)** Pediatric **(2 SETS)**
Pulse Oximetry Device **(1)**
Pulse Oximetry Probes - Adult **(1)** Pediatric **(1)**
B/P Cuff - Lg. Adult / Adult / Child / Infant
Stethoscope
Tape 1inch and 2 inch **(4)** (hypoallergenic and non-latex)
Occlusive Dressing or supplies **(2)**
Thermometer (measuring a range of 86° - 105° F)
Lubricating Jelly
Sharps Container
Glucometer and Glucose measuring strips

MECHANICAL

Fire Extinguisher(s) **(1)**
HAZ-MAT Reference Guide
Reflective Safety Wear
Flashlight and Batteries
(Only if not rechargeable)
N95 or N100 Respirator
Trauma Bands
Triage Tags/Tape
Protocol Book Bio-Hazard Bags
Disinfectant solution

OXYGEN AND RELATED SUPPLIES

OXYGEN
Main and Portable O_2
OPA SET ~~40mm- 110mm~~
NPA Set ~~(sizes 12, 16, 20f)~~
Nasal Cannula (Adult and Pediatric)
MASKS
Non-Rebreather **(2)**
Pediatric **(2)**
Infant **(1)**
~~Partial Rebreather **(1)**~~

BVM
Adult **(2) >1000ml**
Pedi **(1) 450-750ml**
Infant **(1) 150-300ml**

Nebulizer Kit **(1)**
Sterile Saline

Suction
Portable Unit **(1)**
On-Board Unit **(1)**
Suction Tubing **(2)**

Catheters
Size 8fr. or 10fr. **(1)**
Size 12 fr. **(1)**
Size 14fr or 18fr **(1)**
Rigid Suction Tip **(1)**

AIRWAY ADJUNCTS AND TRANSPORT

Esophageal Tracheal Multi-Lumen Airway **(1)**
and Supraglottic Airway (Pediatric)
or Supraglottic Airways (Adult and Pediatric)
Laryngoscope Handles - **(1)** Adult **(1)** Pediatric
Laryngoscope Blades (1-4 OR 0-3) **(1ea)**
ET Tubes Sizes
Pediatric Tube Sizes (1 of each) that correspond to the required Pediatric Drug Tape, Chart or Wheel
~~2.5 mm **(1) - Uncuffed**~~
~~3.5 mm **(1) - Uncuffed**~~
~~4.0mm **(1) - Uncuffed**~~
~~5.0 mm **(1) - Uncuffed**~~
~~5.5 mm **(1) - Uncuffed**~~
~~4.5mm **(1) - Cuffed**~~
6.5 mm **(1)** ~~**- Cuffed**~~
7.5 mm **(2)** ~~**- Cuffed**~~
CRIC KIT or 10/12ga Needle **(1)**
***ET Tube Holders** Adult **(1)** and Pediatric **(1)**
* **Commercial Style**

Immobilization
KED® XP-1® or equivalent
Pediatric Restraint System
Spine board and Straps **(3)**
(2- Adult and 1- Pediatric)
CERVIAL COLLARS
Adult **(3)**
Pediatric **(2)**
Infant **(1)**
May substitute: 3 adult-adjustable and 2 pediatric-adjustable
SPLINTS
Set of padded extremity splints or acceptable substitute (vacuum splints, etc.)
Traction Splits **(1)**

STRETCHERS

Folding Stretcher **and/or**
Scoop Stretcher **and/or**
Stair Chair or Similar Device
(1 of the above)

Elevating Stretcher **(1)**

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

IV SUPPLIES and ACCESS DEVICES

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

IV Catheters
14ga **(3)**
16ga **(3)**
18ga **(3)**
20ga **(3)**
22ga **(3)**
24ga **(3)**

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

Syringes and Needles
1cc **(1)**
3 or 5cc **(3)**
10 or 12cc **(3)**
60cc **(1)**
Assorted needle sizes 18G - 25G
10, 12 or 14 gauge catheter **(2)** (3.25 inches in length, A commercial chest decompression device can be substituted for the above)

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

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

H1 Blocking Agent
Inhaled Beta Agonist
Magnesium Sulfate
Narcotic Antagonist
Narcotic Analgesic
Nitroglycerine (Sub-Lingual)
Sodium Bicarbonate
*Vasopression (~~8~~40 Units minimum)
*** Not required but minimum if carried**

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

Injectable Narcotic analgesic
Benzodiazepine

Optional Equipment

Continuous Positive Airway Pressure (CPAP)
Huber Needles
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.**

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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 **(6)**
ABD Pads **(2)**
Trauma Dressing **(2)**
Isolation Kits **(2)**
Roller Gauze **(6)**
Triangular bandages
OB Kit **(1)** - **must contain Bulb syringe**
~~Meconium Aspirator~~
Betadine Solution **(1 Bottle)** or swabs
Bandage **/** EMT Shears Hemostat
Window Punch
Antiseptic Hand Cleaner
Exam Gloves **(1 Box)**
~~Sterile Gloves **(4 Pairs)**~~
Emesis Basin or Equivalent
~~Saline Drops~~
Commercial Tourniquet
Magill Forceps **-** Adult **(1)** Pediatric **(1)**

Blankets
Sheets
Towels
Pediatric Drug Tape, Chart or Wheel **(1)**
Automatic External Defibrillator (AED)
Adult Pads **(2 sets)**
Pediatric Pads **(2 sets)**
Pulse Oximetry Device **(1)**
Pulse Oximetry Probes - Adult **(1)** Pediatric **(1)**
B/P Cuff - Lg. Adult / Adult / Child / Infant
Stethoscope
Tape 1inch and 2 inch **(4)** (hypoallergenic and non-latex)
Occlusive Dressing or supplies **(2)**
Thermometer (measuring a range of 86° - 105° F)
Lubricating Jelly
Sharps Container
Glucometer and Glucose measuring strips

MECHANICAL

Fire Extinguisher(s) **(1)**
HAZ-MAT Reference Guide
Reflective Safety Wear
Flashlight and Batteries
(Only if not rechargeable)
N95 or N100 Respirator
Trauma Bands
Triage Tags/Tape
Protocol Book Bio-Hazard Bags
Disinfectant solution

OXYGEN AND RELATED SUPPLIES

OXYGEN
Main and Portable O_2
OPA SET ~~40mm- 110mm~~
NPA Set ~~(sizes 12, 16, 20f)~~
Nasal Cannula (Adult and Pediatric)

MASKS
Non-Rebreather **(2)**
Pediatric **(2)**
Infant **(1)**
~~Partial Rebreather **(1)**~~

BVM
Adult **(2)** **>1000ml**
Pedi **(1)** **450-750ml**
Infant **(1)** **150-300ml**

Nebulizer **(1)**
Sterile Saline

Suction
Portable Unit **(1)**
On-Board Unit **(1)**
Suction Tubing **(2)**

Catheters
Size 8fr. or 10fr. **(1)**
Size 12 fr. **(1)**
Size 14fr or 18fr **(1)**
Rigid Suction Tip **(1)**

AIRWAY ADJUNCTS AND TRANSPORT

Esophageal Tracheal Multi-Lumen Airway **(1)**

Immobilization

KED® XP-1® or equivalent
Spine board and Straps **(2)**
Pediatric Restraint System
Head immobilization device (Adult and Pediatric - Towel Rolls are acceptable, Sand Bags are not)

CERVIAL COLLARS
Adult **(3)**
Pediatric **(2)**
Infant **(1)**
May substitute: 3 adult-adjustable and 2 pediatric-adjustable

SPLINTS
Set of padded extremity splints or acceptable substitute (vacuum splints, etc.)
Traction Splits **(1)**

STRETCHERS

Folding Stretcher **and/or**
Scoop Stretcher **and/or**
Stair Chair or Similar Device **(1 of the above)**

Elevating Stretcher **(1)**

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

IV SUPPLIES and ACCESS DEVICES

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

IV Catheters
14ga **(3)**
16ga **(3)**
18ga **(3)**
20ga **(3)**
22ga **(3)**
24ga **(3)**

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

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

MEDICATIONS

Aspirin 81-325mg
Dextrose 50%- minimum 100 ml
Epinephrine Auto Injectors and/or Epinephrine 1:1000
Narcotic Antagonist
Nitroglycerine (Sub-Lingual)
Inhaled Beta Antagonist

Optional Equipment

Optional Equipment:

Continuous Positive Airway Pressure (CPAP)

Radio Frequencies

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

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

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SECTION OF EMERGENCY MEDICAL SERVICES

MINIMUM REQUIRED **BASIC** EQUIPMENT LIST

Includes EMT, EMT-Volunteer, EMT-Specialty

Minimum Required Equipment list and Quantity (BASIC)

SOFT SUPPLIES AND OTHER EQUIPMENT

4X4 Pads **(6)**
ABD Pads **(2)**
Trauma Dressing **(2)**
Isolation Kit **(2)**
Roller Gauze **(6)**
Triangular bandages
OB Kit **(1)** - **must contain Bulb syringe**
~~Meconium Aspirator~~
Betadine Solution **(1 Bottle)** or swabs
Bandage **/** EMT Shears Hemostat
Window Punch
Antiseptic Hand Cleaner
Exam Gloves **(1 Box)**
~~Sterile Gloves **(4 Pairs)**~~
Emesis Basin or Equivalent
~~Sterile Saline Drops~~
Commercial Tourniquet
Blankets
Sheets
Towels

Pediatric Drug Tape, Chart or Wheel **(1)**
Automated External Defibrillator
AED Pads - Adult (2 **SETS)** Pediatric **(2 SETS)**
B/P Cuff - Lg. Adult / Adult / Child / Infant
Stethoscope (Suitable for adults and pediatrics)
Tape 1inch and 2 inch **(4)** (hypoallergenic and non-latex)
Occlusive Dressing **(2)**
Thermometer (Range of 86° - 105° F)
Lubricating Jelly
Emesis Basin or Equivalent
Sterile Saline ~~(2 1 liter bottles)~~

SERVICES GIVING MEDICATIONS ARE REQUIRED TO HAVE THE FOLLOWING:

Glucometer and Glucose measuring strips
Pulse Oximetry Device **(1)**
Pulse Oximetry Probes - Adult **(1)** Pediatric **(1)**
Sharps Container
Nebulizer **(1)**

OPERATIONS

Fire Extinguisher **(1)**
HAZ-MAT Reference Guide
Reflective Safety Wear
Flashlight and Batteries
(Only if not rechargeable)
N95 or N100 Respirator
Trauma Bands
Triage Tags/Tape
Protocol Book Bio-
Hazard Bags
Disinfectant solution

OXYGEN AND RELATED SUPPLIES

OXYGEN
MAIN O_2
Portable O_2
OPA SET ~~40mm- 110mm~~
NPA Set ~~(sizes 12, 16, 20f)~~
Nasal Cannula (Adult and Pediatric)

MASKS
Non-Rebreather **(2)**
Pediatric **(2)**
Infant **(1)**
~~Partial Rebreather **(1)**~~

BVM
Adult **(2) >1000ml**
Pedi **(1) 450-750ml**
Infant **(1) 150-300ml**

Lubricating jelly

Suction
Portable Unit **(1)**
On-Board Unit **(1)**
Suction Tubing **(2)**

Catheters
Size 8fr. or 10fr. **(1)**
Size 12fr.
Size 14fr or18fr **(2ea)**
Rigid Suction Tip **(1)**

SPLINTING AND TRANSPORT

Immobilization Devices
KED® XP-1® or equivalent
Spine board and Straps **(2)**
Pediatric Restraint System
Head immobilization device (Adult and Pediatric - Towel Rolls are acceptable, Sand Bags are not)

CERVICAL COLLARS
Adult **(3),** Pediatric **(2),** Infant **(1)**
May substitute: 3 adult-adjustable and 2 pediatric-adjustable

(1) of the following:
Folding Stretcher **and/or** Scoop Stretcher **and/or** Stair Chair or Similar Device

Elevating Stretcher (1)

SPLINTS
Set of padded extremity splints or acceptable substitute (vacuum splints, etc.)
Traction Splits **(1)**

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

Aspirin 81-325mg / Oral Glucose / Epinephrine Auto Injector / Inhaled Beta Antagonist/opioid antagonist

**If service chooses to administer medications.

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SECTION OF EMERGENCY MEDICAL SERVICES

MINIMUM REQUIRED **BASIC** EQUIPMENT LIST

Includes EMT, EMT-Volunteer, EMT-Specialty

Optional Equipment
Optional Equipment: ~~Cell Phone~~

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

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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 **(6)**
ABD Pads **(2)**
Trauma Dressing **(2)**
Isolation Kits **(2)**
Roller Gauze **(6)**
Triangular bandages
OB Kit **(1)** - **must contain Bulb syringe**
~~Meconium Aspirator~~
Betadine Solution **(1 Bottle)** or swabs
Bandage / EMT Shears
Hemostat
Scalpel Window
Punch
Antiseptic Hand Cleaner
Exam Gloves **(1 Box)**
~~Sterile Gloves **(4 Pairs)**~~
Emesis Basin or Equivalent
~~Saline Drops~~
Commercial Tourniquet Blankets
Sheets Towels

Magill Forceps - Adult **(1)** Pediatric **(1)**
ET Stylette - Adult **(2)** Pediatric **(2)**
$ETCO_2$ Detector- Adult **(1)** Pediatric **(1)**
(Colorimetric or quantitative)
Pediatric Drug Tape, Chart or Wheel **(1)**
Pediatric Defibrillator Pads/Paddles **(1 set)**
Adult Defibrillator Pads/Paddles **(1 set)**
Cardiac Monitor / Defibrillator/ Pacer **(1)**
ECG Cables **(2 sets)**
ECG Paper **(2)**
Electrodes Adult (**6 SETS**) Pediatric **(2 SETS)**
Pulse Oximetry Device **(1)**
Pulse Oximetry Probes - Adult **(1)** Pediatric **(1)**
B/P Cuff - Lg. Adult / Adult / Child / Infant
Stethoscope
Tape 1inch and 2 inch **(4)** (hypoallergenic and non-latex)
Occlusive Dressing or supplies **(2)**
Thermometer (measuring a range of 86° - 105° F)
Lubricating Jelly
Sharps Container
Glucometer and Glucose measuring strips

MECHANICAL

Fire Extinguisher(s) **(1)**
HAZ-MAT Reference Guide
Reflective Safety Wear
Flashlight and Batteries
(Only if not rechargeable)
N95 or N100 Respirator
Trauma Bands
Triage Tags/Tape
Protocol Book
Bio-Hazard Bags
Disinfectant solution

OXYGEN AND RELATED SUPPLIES

OXYGEN
Portable O_2
OPA SET ~~40mm - 110mm~~
NPA Set ~~(sizes 12, 16, 20f)~~
Nasal Cannula (Adult and Pediatric)

MASKS
Non-Rebreather **(2)**
Pediatric **(2)**
Infant **(1)**
~~Partial Rebreather **(1)**~~

BVM
Adult **(2)** **>1000ml**
Pedi **(1)** **450-750ml**
Infant **(1)** **150-300ml**

Nebulizer Kit **(1)**
Sterile Saline ~~(2- 1L)~~

Suction
Portable Unit **(1)**
Suction Tubing **(2)**

Catheters
Size 8fr. or 10fr. **(1)**
Size 12 fr. **(1)**
Size 14fr or 18fr **(1)**
Rigid Suction Tip **(1)**

AIRWAY SUPPLIES

Esophageal Tracheal Multi-Lumen Airway **(1)**
and Supraglottic Airway (Pediatric)
or Supraglottic Airways (Adult and Pediatric)
Laryngoscope Handles - **(1)** Adult **(1)** Pediatric
Laryngoscope Blades (1-4 OR 0-3) **(1ea)**

ET Tubes Sizes
Pediatric Tube Sizes (1 of each) that correspond to the required Pediatric Drug Tape, Chart or Wheel
~~2.5 mm **(1) - Uncuffed**~~
~~3.5 mm **(1) - Uncuffed**~~
~~4.0mm **(1) - Uncuffed**~~
~~5.0 mm **(1) - Uncuffed**~~
~~5.5 mm **(1) - Uncuffed**~~
~~4.5mm **(1) - Cuffed**~~
6.5 mm **(1)** ~~**- Cuffed**~~
7.5 mm **(2)** ~~**- Cuffed**~~
CRIC KIT or 10/12ga Needle **(1)**
***ET Tube Holders** Adult **(1)** and Pediatric **(1)**
* **Commercial Style**

SPLINTING AND TRANSPORT

Immobilization
KED® XP-1® or equivalent

CERVIAL COLLARS
Adult **(3)**
Pediatric **(2)**
Infant **(1)**
May substitute: 3 adult-adjustable and 2 pediatric-adjustable

SPLINTS
Set of padded extremity splints or acceptable substitute (vacuum splints, etc.)
Traction Splits **(1)**

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

IV SUPPLIES and ACCESS DEVICES

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

IV Catheters
14ga **(3)**
16ga **(3)**
18ga **(3)**
20ga **(3)**
22ga **(3)**
24ga **(3)**

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

Syringes and Needles
1cc **(1)**
3 or 5cc **(3)**
10 or 12cc **(3)**
60cc **(1)**
Assorted needle sizes 18G - 25G
10, 12 or 14 gauge catheter **(2)** (3.25 inches in length, A commercial chest decompression device can be substituted for the above)

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

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

H1 Blocking Agent
Inhaled Beta Agonist
Magnesium Sulfate
Narcotic Antagonist
Nitroglycerine (Sub-Lingual)
Sodium Bicarbonate
*Vasopression (~~8~~40 Units minimum)
*** Not required but minimum if carried**

Optional Equipment

Optional Equipment:

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

Continuous Positive Airway Pressure (CPAP)
Huber Needles
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.

**** 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.**

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

Minimum Required Equipment list and Quantity (Stretcher)		
SOFT SUPPLIES AND OTHER EQUIPMENT		
4X4 Pads **(6)** ABD Pads **(2)** Isolation Kit **(1)** Roller Gauze **(6)** Bandage **/** EMT Shears Antiseptic Hand Cleaner Exam Gloves **(1 Box)** ~~Sterile Gloves **(4 Pairs)**~~	Automated External Defibrillator AED Pads - Adult (2 **SETS)** Pediatric **(2 SETS)** B/P Cuff - Lg. Adult / Adult / Child / Infant Stethoscope Tape 1inch and 2 inch **(2)** (hypoallergenic and non-latex) Emesis Basin or Equivalent Blankets Sheets Towels	
MECHANICAL	**OXYGEN AND RELATED SUPPLIES**	
Fire Extinguisher(s) **(1)** Flashlight and Batteries (Only if not rechargeable)	**OXYGEN** ~~Portable O_2~~ OPA SET ~~40mm - 110mm~~ Nasal Cannula **(2)** **MASKS** Non-Rebreather **(2)** Pediatric **(2)** Infant **(2)** ~~Partial Rebreather **(1)**~~	**BVM** Adult **(2) >1000ml** **NPA (Various Sizes)** Adult
SPLINTING AND TRANSPORT		
Elevating Stretcher (1)		
Radio Frequencies		
Radio Frequencies: Enroute to scene: 155.235 mHz At scene: 155.280 mHz. Departing scene: 155.340 mHz.		

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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 **(6)**
ABD Pads **(2)**
Trauma Dressing **(2)**
Isolation Kits **(2)**
Roller Gauze **(6)**
Triangular bandages
OB Kit **(1)** - **must contain Bulb syringe**
~~Meconium Aspirator~~
Betadine Solution **(1 Bottle)** or swabs
Bandage **/** EMT Shears
Hemostat
Scalpel
Window Punch
Antiseptic Hand Cleaner
Exam Gloves Various Sizes ~~**(1 Box)**~~
~~Sterile Gloves **(4 Pairs)**~~
Emesis Basin or Equivalent
~~Saline Drops~~
Commercial Tourniquet
Blankets
Sheets
Towels
Appropriate survival kit or supplies

Magill Forceps **-** Adult **(1)** Pediatric **(1)**
ET Stylette **-** Adult **(2)** Pediatric **(2)**
$ETCO_2$ Detector**-** Adult **(1)** Pediatric **(1)**
(Colorimetric or quantitative)
Pediatric Drug Tape, Chart or Wheel **(1)**
Pediatric Defibrillator Pads/Paddles **(1 set)**
Adult Defibrillator Pads/Paddles **(1 set)**
Cardiac Monitor / Defibrillator/ Pacer **(1)**
ECG Cables **(2 sets)**
ECG Paper **(2)**
Electrodes Adult (~~**6**~~ **3** **SETS)** Pediatric **(2 SETS)**
Pulse Oximetry Device **(1)**
Pulse Oximetry Probes - Adult **(1)** Pediatric **(1)**
B/P Cuff - Lg. Adult / Adult / Child / Infant
Stethoscope
Tape 1inch and 2 inch **(4)** (hypoallergenic and non-latex)
Occlusive Dressing or supplies **(2)**
Thermometer (measuring a range of 86° - 105° F)
Lubricating Jelly
Sharps Container
Glucometer and Glucose measuring strips

MECHANICAL

Fire Extinguisher(s) **(1)**
HAZ-MAT Reference GUIDE
Reflective Safety Wear
Flashlight and Batteries
(Only if not rechargeable)
N95 or N100 Respirator
Trauma Bands
Triage Tags/Tape
Protocol Book

OXYGEN AND RELATED SUPPLIES

OXYGEN
Main and Portable O_2
OPA SET ~~40mm- 110mm~~
NPA Set ~~(sizes 12, 16, 20f)~~
Nasal Cannula (Adult and Pediatric)
MASKS
Non-Rebreather **(2)**
Pediatric **(2)**
Infant **(1)**
~~Partial Rebreather **(1)**~~

BVM
Adult **(2) >1000ml**
Pedi **(1) 450-750ml**
Infant **(1) 150-300ml**

Nebulizer Kit **(1)**
~~Sterile Saline~~

Suction
Portable Unit **(1)**
On-Board Unit **(1)**
Suction Tubing **(2)**

Catheters
Size 8fr. or 10fr. **(1)**
Size 12 fr. **(1)**
Size 14fr or 18fr **(1)**
Rigid Suction Tip **(1)**

AIRWAY SUPPLIES

Esophageal Tracheal Multi-Lumen Airway **(1)** and Supraglottic Airway (Pediatric) or Supraglottic Airways (Adult and Pediatric)
Laryngoscope Handles - **(1)** Adult **(1)** Pediatric
Laryngoscope Blades (1-4 OR 0-3) **(1ea)**
ET Tubes Sizes
~~2.5 mm **(1) - Uncuffed**~~
~~3.5 mm **(1) - Uncuffed**~~
~~4.0mm **(1) - Uncuffed**~~
~~5.0 mm **(1) - Uncuffed**~~
~~5.5 mm **(1) - Uncuffed**~~
~~4.5mm **(1) - Cuffed**~~
6.5 mm **(1)** ~~**- Cuffed**~~
7.5 mm **(2)** ~~**- Cuffed**~~
CRIC KIT or 10/12ga Needle **(1)**
***ET Tube Holders** Adult **(1)** and Pediatric **(1)**
* **Commercial Style**

SPLINTING AND TRANSPORT

Immobilization
~~KED® XP-1® or equivalent~~
Pediatric Restraint System

CERVIAL COLLARS
Adult **(~~3~~2)**
Pediatric **(~~2~~1)**
Infant **(1)**
May substitute: ~~3~~ 2 adult-adjustable and ~~2~~ 1 pediatric-adjustable

STRETCHERS

FAA Approved attachment for stretcher/litter system.

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

IV SUPPLIES and ACCESS DEVICES

Micro Drip Infusion Sets **(2)** and
Macro Drip Infusion Sets **(2)** or
Adjustable Drip Sets **(4)** (These can be used in place of Micro/Macro Sets)
0.9% Saline Solution **(~~4~~2L)**
Ringers Lactate **(~~4~~2L)**
IV Start Sets / Tourniquet **(~~6~~3)**

IV Catheters
14ga **(3)**
16ga **(3)**
18ga **(3)**
20ga **(3)**
22ga **(3)**
24ga **(3)**

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

Syringes and Needles
1cc **(1)**
3 or 5cc **(3)**
10 or 12cc **(3)**
60cc **(1)**
Assorted needle sizes 18G - 25G
10, 12 or 14 gauge catheter **(2)** (3.25 inches in length, A commercial chest decompression device can be substituted for the above)

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

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

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

H1 Blocking Agent
Inhaled Beta Agonist
Magnesium Sulfate
Narcotic Antagonist
Narcotic Analgesic
Nitroglycerine (Sub-Lingual)
Sodium Bicarbonate
*Vasopression (~~8~~40 Units minimum)
*** Not required but minimum if carried**

Including all Advanced Cardiac Life Support Medications not listed

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

Injectable Narcotic analgesic
Benzodiazepine

Aircraft Specific

Loading doors that allow safe handling of patient without unnecessary rotation or elevation.
Lighting that is isolated from the pilot compartment.
Patient stretcher or litter is sufficiently isolated from the pilot to prevent interference with the operation of the aircraft.
Headset communication between pilot and aircrew
Litters, equipment, and attendant seats are arranged to allow rapid egress from the aircraft.

Radio Frequencies

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

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

Working Draft

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

Minimum Required Equipment list and Quantity (Air Ambulance)

SOFT SUPPLIES AND OTHER EQUIPMENT

4X4 Pads **(6)**
ABD Pads **(2)**
Trauma Dressing **(2)**
Isolation Kits **(2)**
Roller Gauze **(~~6~~3)**
Bandage **/** EMT Shears
Hemostat
Scalpel
Antiseptic Hand Cleaner
Exam Gloves
~~Sterile Gloves~~
Emesis Basin or Equivalent
~~Saline Drops~~
Blankets
Sheets / Pillow
Sharps Container
Appropriate survival kit or supplies
Magill Forceps **-** Adult **(1)** Pediatric **(1)**

Magill Forceps **-** Adult **(1)** Pediatric **(1)**
ET Stylette **-** Adult **(2)** Pediatric **(2)**
$ETCO_2$ Detector**-** Adult **(1)** Pediatric **(1)**
(Colorimetric or quantitative)
Pediatric Drug Tape, Chart or Wheel **(1)**
Pediatric Defibrillator Pads/Paddles **(1 set)**
Adult Defibrillator Pads/Paddles **(1 set)**
Cardiac Monitor / Defibrillator/ Pacer **(1)**
ECG Cables **(2 sets)**
ECG Paper **(2)**
Electrodes Adult **(~~6~~3 Sets)** Pediatric **(2 Sets)**
Pulse Oximetry Device **(1)**
Pulse Oximetry Probes - Adult **(1)** Pediatric **(1)**
B/P Cuff - Lg. Adult / Adult / Child / Infant
Stethoscope
Tape 1inch and 2 inch **(4)** (hypoallergenic and non-latex)
Thermometer (measuring a range of 86° - 105° F)
Lubricating Jelly
Sharps Container
Glucometer and Glucose measuring strips

OPERATIONS

Fire Extinguisher(s)
HAZ-MAT Reference GUIDE
N95 or N100 Respirator
Protocol Book
Bio-Hazard Bags
Disinfectant solution

OXYGEN AND RELATED SUPPLIES

OXYGEN
Portable O_2
OPA SET ~~40mm- 110mm~~
NPA Set ~~(sizes 12, 16, 20f)~~
Nasal Cannula (Adult and Pediatric)

MASKS
Non-Rebreather **(2)**
Pediatric **(2)**
Infant **(1)**
~~Partial Rebreather **(1)**~~

BVM
Adult **(2) >1000ml**
Pedi **(1) 450-750ml**
Infant **(1) 150-300ml**

Nebulizer Kit **(1)**
~~Sterile Saline~~

Suction
Portable Unit **(1)**
Suction Tubing **(2)**

Catheters
Size 8fr. or 10fr. **(1)**
Size 12 fr. **(1)**
Size 14fr or 18fr **(1)**
Rigid Suction Tip **(1)**

AIRWAY SUPPLIES

Esophageal Tracheal Multi-Lumen Airway **(1)** and Supraglottic Airway (Pediatric)
or Supraglottic Airways (Adult and Pediatric)
Laryngoscope Handles - **(1)** Adult **(1)** Pediatric
Laryngoscope Blades (1-4 OR 0-3) **(1ea)**
ET Tubes Sizes
Pediatric Tube Sizes (1 of each) that correspond to the required Pediatric Drug Tape, Chart or Wheel
~~2.5 mm **(1) - Uncuffed**~~
~~3.5 mm **(1) - Uncuffed**~~
~~4.0mm **(1) - Uncuffed**~~
~~5.0 mm **(1) - Uncuffed**~~
~~5.5 mm **(1) - Uncuffed**~~
~~4.5mm **(1) - Cuffed**~~
6.5 mm **(1)** ~~**- Cuffed**~~
7.5 mm **(2)** ~~**- Cuffed**~~
CRIC KIT or 10/12ga Needle **(1)**
***ET Tube Holders** Adult **(1)** and Pediatric **(1)**
* **Commercial Style**

SPLINTING AND TRANSPORT

FAA Approved attachment for stretcher/litter system.

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

IV SUPPLIES and ACCESS DEVICES

Micro Drip Infusion Sets **(2)** and
Macro Drip Infusion Sets **(2)** or
Adjustable Drip Sets **(4)** (These can be used in place of Micro/Macro Sets)
0.9% Saline Solution **(42L)**
Ringers Lactate **(42L)**
IV Start Sets / Tourniquet **(63)**

IV Catheters
14ga **(3)**
16ga **(3)**
18ga **(3)**
20ga **(3)**
22ga **(3)**
24ga **(3)**

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

Syringes and Needles
1cc **(1)**
3 or 5cc **(3)**
10 or 12cc **(3)**
60cc **(1)**
Assorted needle sizes 18G - 25G
10, 12 or 14 gauge catheter **(2)** (3.25 inches in length, A commercial chest decompression device can be substituted for the above)

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

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

H1 Blocking Agent
Inhaled Beta Agonist
Magnesium Sulfate
Narcotic Antagonist
Narcotic Analgesic
Nitroglycerine (Sub-Lingual)
Sodium Bicarbonate
*Vasopression (840 Units minimum)
*** Not required but minimum if carried**

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

Injectable Narcotic analgesic
Injectable Sedative / Hypnotic

Aircraft Specific

Loading doors that allow safe handling of patient without unnecessary rotation or elevation.
Lighting that is isolated from the pilot compartment.
Patient stretcher or litter is sufficiently isolated from the pilot to prevent interference with the operation of the aircraft.
Litters, equipment, and attendant seats are arranged to allow rapid egress from the aircraft.

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

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Field Triage Decision Scheme: The Arkansas Trauma Triage Protocol

Measure vital signs and level of consciousness

Major

Glasgow Coma Scale	≤ 13
Systolic Blood Pressure	< 90 mmHg or age appropriate hypotension
Respiratory Rate	< 10 > 29 breaths/ minute (< 20 in infant < one year) or need for ventilatory support

YES → Contact the ATCC and transport to the most appropriate hospital.

NO

Assess anatomy of injury

Major

- All penetrating injuries to head, neck, torso, and extremities proximal to elbow or knee
- Chest wall instability or deformity (e.g., flail chest)
- Two or more proximal long-bone fractures
- Crushed, degloved, mangled, or pulseless extremity
- Amputation proximal to wrist and ankle
- Pelvic fractures
- Open or depressed skull fracture
- Paralysis

YES → Contact the ATCC and transport to the most appropriate hospital.

NO

Assess mechanism of injury and evidence of high-energy impact

Moderate

Falls
- Adults: > 20 feet (one story is equal to 10 feet)
- Children: > 10 feet or two or three times the height of the child

High-Risk Auto Crash
- Intrusion: > 12 in. occupant site; > 18 in. any site
- Ejection (partial or complete) from automobile
- Death in same passenger compartment
- Vehicle telemetry data/kinematics consistent with high risk of injury

Auto v. Pedestrian/Bicyclist Thrown, Run Over, or with Significant (>20mph) Impact

Motorcycle/ATV Crash > 20 mph with separation from vehicle

YES → Contact the ATCC and transport to the most appropriate hospital.

NO

Assess special patient or system considerations

Special Considerations

Older Adults
- Risk of injury/death increases after age 55 years
- SBP <110 might represent shock after age 65 years
- Low impact mechanisms (e.g. ground level falls) might result in severe injury

Children
- Should be triaged preferentially to pediatric-capable trauma centers

Anticoagulation Medication and Bleeding Disorders
- Patients with head injury are at high risk for rapid deterioration

Burns
- Without other trauma mechanism: Triage to burn facility
- With trauma mechanism: Triage to trauma center

Pregnancy > 20 weeks

EMS provider judgment

YES → Consider consultation with ATCC and transport to the most appropriate hospital.

NO

Minor — **Transport according to local protocol**

Master Copy

When in doubt, contact the ATCC

CERTIFICATION

This will certify that the foregoing Rules and Regulations Pertaining to Emergency Medical Services were adopted by the Arkansas State Board of Health at a regular board session held in Little Rock, Arkansas, on the ____day of _____, 2016.

_____
Nathaniel Smith, MD, MPH
Secretary, Arkansas State Board of Health
Director, Arkansas Department of Health

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

_____
~~Mike Beebe~~Asa Hutchinson
Governor

Date:_____

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