

## NOTICES OF EXEMPT RULEMAKING

The Administrative Procedure Act requires the *Register* publication of the rules adopted by the state's agencies under an exemption from all or part of the Administrative Procedure Act. Some of these rules are exempted by A.R.S. §§ 41-1005 or 41-1057; other rules are exempted by other statutes; rules of the Corporation Commission are exempt from Attorney General review pursuant to a court decision as determined by the Corporation Commission.

### NOTICE OF EXEMPT RULEMAKING

#### TITLE 9. HEALTH SERVICES

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

#### PREAMBLE

- 1. Sections Affected**

R9-25-803	Amend
Exhibit 1	Amend
Exhibit 2	Amend
- 2. The specific authority for rulemaking, including both the authorizing statute (general) and the statutes the rules are implementing (specific):**

Authorizing statutes: A.R.S. §§ 36-136(F), 36B2202(A), 36- 2205(C), and 36-2209(A)  
Implementing statute: A.R.S. § 36-2205(A)
- 3. The effective date of the rules:**

June 1, 2002
- 4. A list of all previous notices appearing in the Register addressing the exempt rule:**

None
- 5. The name and address of agency personnel by whom persons may communicate regarding the rulemaking:**

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- 6. An explanation of the rule, including the agency's reason for initiating the rule, including the statutory citation to the exemption from the regular rulemaking procedures:**

A.A.C. R9-25-803 establishes drug box procedures and minimum standard medications required to be carried in a drug box.

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Drugs, drug concentrations, and drug supply ranges are being added or amended to conform to accepted medical standards and industry practices. The rulemaking also authorizes basic emergency medical technicians and qualified intermediate emergency technicians to use additional drugs.

A.R.S. § 36-2205(C) exempts this protocol from the provisions of A.R.S. Title 41, Chapter 6.

- 7. A reference to any study that the agency relied on in its evaluation of or justification for the rule and where the public may obtain or review the study, all data underlying each study, any analysis of the study and other supporting material:**  
Not applicable
- 8. A showing of good cause why the rule is necessary to promote a statewide interest if the rule will diminish a previous grant of authority of a political subdivision of this state:**  
Not applicable
- 9. The summary of the economic, small business and consumer impact:**  
A.R.S. § 36-2205(C) provides exemption from the provisions of Title 41, Chapter 6.
- 10. A description of the changes between the proposed rules, including supplemental notices, and final rules (if applicable):**  
Not applicable
- 11. A summary of the principle comments and the agency response to them:**  
Not applicable
- 12. Any other matters prescribed by statute that are applicable to the specific agency or to any specific rule or class of rules:**  
Not applicable
- 13. Incorporation by reference and their location in the rules:**  
None
- 14. Was this rule previously adopted as an emergency rule?**  
No
- 15. The full text of the rule follows:**

**TITLE 9. HEALTH SERVICES**

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

**ARTICLE 8. MEDICAL DIRECTION PROTOCOLS FOR EMERGENCY MEDICAL TECHNICIANS**

Section

R9-25-803. Protocol for Drug Box Procedures

Exhibit 1. EMT-P and Qualified EMT-I Drug List; EMT-I Drug List; EMT-B Drug List

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

**ARTICLE 8. MEDICAL DIRECTION PROTOCOLS FOR EMERGENCY MEDICAL TECHNICIANS**

**R9-25-803. Protocol for Drug Box Procedures**

- A. In addition to the definitions in R9-25-101, the following definitions apply in this protocol unless otherwise specified:
1. "Accredited health care institution" means the same as the definition in A.R.S. § 36-401.
  2. "Accredited hospital" means the same as the definition in A.R.S. § 36-401.
  3. "Agency" means the same as the definition in R9-25-101.
  4. "Base hospital" means the same as the definition of "advanced life support base hospital" as defined in A.R.S. § 36-2201.
  5. "Base hospital medical director" means a physician who meets the requirements in R9-25-207.
  6. "Controlled substance" means the same as the definition in A.R.S. § 32-1901(12).
  7. "Drug" means any of the medications in Exhibit 1 and Exhibit 2.
  8. "Drug box" means a container to hold the drugs in Exhibit 1.
  9. "EMT-B" means a basic emergency medical technician and is the same as the definition in A.R.S. § 36-2201.
  10. "Independent supplier" means an entity permitted by the State Board of Pharmacy pursuant to A.R.S. § 32-1929 to sell or stock drugs.
  11. "Interfacility transport" means a prearranged ambulance transport of an individual receiving medical care from one licensed accredited hospital or licensed accredited health care institution to another licensed accredited hospital or licensed accredited health care institution.

12. "License" means the written authorization issued by the Department under A.R.S. Title 36, Chapter 4.
13. "Monitor" means:
- a. To observe the administration rate of a drug and the response to the drug by the individual receiving the drug, or
  - b. The ongoing responsibility to check the contents of a drug box as required in subsection (C)(4).
14. "Physician" means an individual licensed pursuant to A.R.S. §§ 32-1301 or 32-1701.
15. "Qualified EMT-I" means an intermediate emergency medical technician who has completed the:
- a. EMT-Intermediate National Standard Curriculum 1998, as contained in the Arizona EMT-Intermediate Curriculum, September 1, 2001, incorporated by reference in R9-25-802(3)(b); or
  - b. Arizona EMT-Intermediate Transition Course, February 15, 2002, incorporated by reference in R9-25-802(3)(c).
- ~~15-16.~~ "Registered nurse" means an individual licensed pursuant to A.R.S. § 32-1601.

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

**Exhibit 1. EMT-P and Qualified EMT-I Drug List; EMT-I Drug List; EMT-B Drug List**

**EMT-P AND QUALIFIED EMT-I DRUG LIST**

<b>AGENT</b>	<b>CONCENTRATION</b>	<b>SUPPLY RANGE</b>
ADENOSINE	6 mg/2 mL	5 - 6
ALBUTEROL SULFATE * (sulfite free)	2.5 mg/3 mL normal saline <u>Unit dose</u> or 2.5 mg/0.5 mL solution in 20 mL dropper bottle and 3 mL normal saline bullets	2 - 6  1 bottle  2-6 bullets
<u>AMIODARONE</u> (optional)	<u>150 mg/6 mL</u>	<u>2 - 3</u>
<del>ASPIRIN, CHILDREN'S CHEWABLE</del>	<del>81 mg</del> <u>81 - 325 mg</u>	<del>4 - 36</del> <u>50 - 100</u>
ATROPINE SULFATE	1 mg/10 mL pre-filled syringes	3 - 4
ATROPINE SULFATE	8 mg/20 mL	1 - 2
BRETYLIUM TOSYLATE (optional)	500 mg/10 mL	1 - 3
CALCIUM CHLORIDE	1 g/10 mL	1 - 2
CHARCOAL, ACTIVATED ( <del>with or</del> without sorbitol)	25 g	2 - 4
DEXTROSE	25 g/50 mL	2 - 4

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DIAZEPAM (required) and DIAZEPAM RECTAL DELIVERY GEL (optional)	10 mg/ 2 mL  10 mg twin pack pediatric (Total 20 mg)	2  1
DIPHENHYDRAMINE HCl	50 mg/1 mL	1 - 2
DOPAMINE HCl	400 mg/5 mL or 400 mg/250 mL dextrose 5% in water (D <sub>5</sub> W)	1 - 2  1 - 2
EPINEPHRINE HCl 1:1,000 solution	1 mg/1 mL ampules or prefilled syringes	1 - 2
EPINEPHRINE HCl 1:1,000 solution	1 mg/1 mL 30 mL multidose vial	1 - 2
EPINEPHRINE HCl 1:10,000 solution	1 mg/10 mL prefilled syringes	6 - 8
FUROSEMIDE  <u>or</u> If FUROSEMIDE is not available, BUMETANIDE	<del>40 mg/4 mL</del> <del>20mg/2mL</del> <del>40mg/4mL</del> <del>100mg/10mL</del>  0.25mg/1mL	<del>2-4</del> <del>4</del> <del>4</del> <del>2</del>  4 - 8
GLUCAGON	1 mg with 1 mL diluting solution dose pack	1 - 2
IPRATROPIUM BROMIDE * 0.02%	2.5 mL Unit dose	2 - 4
LIDOCAINE HCl IV	100 mg/5 mL prefilled syringes	3 - 4
LIDOCAINE HCl IV	1 g/25 mL or 2 g/500 mL dextrose 5% in water (D <sub>5</sub> W)	1 - 2  1 - 2
MAGNESIUM SULFATE	1 g/2 mL	4 -10
METHYLPREDNISOLONE SODIUM SUCCINATE	125 mg	1 - 2
<u>MIDAZOLAM (Versed®)</u> (optional)	<u>5mg/5ml</u>	<u>4</u>
MORPHINE SULFATE	10 mg/1 mL	2

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NALOXONE HCl  or If NALOXONE HCl is not available, NALMEFENE HCl	0.4 mg/1 mL or 1 mg/1 mL or 10 mg/10 mL  2 mg/2 mL	10 mg     1 - 2
NITROGLYCERIN TABLETS or NITROGLYCERIN SUBLINGUAL SPRAY	0.4 mg tablets /25 in bottle  0.4 mg/metered dose 200 metered doses/bottle	1 - 2 bottles  1 - 2 bottles
OXYTOCIN (optional)	10 units/1 mL	1 - 2
PHENYLEPHRINE NASAL SPRAY 0.5%	15 mL	1 - 2
SODIUM BICARBONATE 8.4%	50 mEq/50 mL	2 - 3
THIAMINE HCl	100 mg/1 mL	1 - 2
VERAPAMIL HCl	5 mg/2 mL	2 - 3
NITROUS OXIDE (optional)	Nitrous Oxide 50% / Oxygen 50% fixed ratio setup with O <sub>2</sub> fail-safe device and self-administration mask	1 setup
SYRINGES	1 mL tuberculin 3 mL 10 - 12 mL 20 mL 50 - 60 mL	2 4 4 2 2
FILTER NEEDLES	5 micron	3
NON - FILTER NEEDLES		assorted sizes
INTRAVENOUS SOLUTIONS: (Bulk restricts inclusions of all fluids in drug box) DEXTROSE, 5% in water LACTATED RINGER'S NORMAL SALINE NORMAL SALINE NORMAL SALINE	250 mL bag 1 L bag 1 L bag 250 mL bag 50 mL bag	  1 4 - 8 4 - 8 3 2

\* Administer by nebulizer

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

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**EMT-I DRUG LIST**

<b>AGENT</b>	<b>CONCENTRATION</b>	<b>SUPPLY RANGE</b>
ALBUTEROL SULFATE * (sulfite free)	2.5 mg/3 mL normal saline Unit dose or 2.5 mg/0.5 mL solution in 20 mL dropper bottle and 3 mL normal saline bullets	2 - 6  1 bottle  2 - 6 bullets
ASPIRIN, CHILDREN'S CHEWABLE	<del>81 mg</del> <u>81 - 325 mg</u>	<del>4 - 36</del> <u>50 - 100</u>
ATROPINE SULFATE	8 mg/20 mL	1 - 2
CHARCOAL, ACTIVATED (with or without sorbitol)	25 g	2 - 4
DEXTROSE	25 g /50 mL	2 - 4
DIAZEPAM (required) and DIAZEPAM RECTAL DELIVERY GEL (optional)	10 mg/2 mL  10 mg twin pack pediatric (Total 20 mg)	2  1
DIPHENHYDRAMINE HCl	50 mg/1 mL	1 - 2
EPINEPHRINE HCl 1:1,000 solution	1 mg/1 mL ampules or prefilled syringes	1 - 2
EPINEPHRINE HCl 1:10,000 solution	1 mg/10 mL prefilled syringes	3 - 6
FUROSEMIDE  <u>or</u> <u>If FUROSEMIDE is not available,</u> <u>BUMETANIDE</u>	<del>40 mg/4 mL</del> <del>20mg/2mL</del> <del>40mg/4mL</del> <del>100mg/10mL</del>  <u>0.25mg/1mL</u>	<del>2 - 4</del> <u>4</u> <u>4</u> <u>2</u>  4 - 8
GLUCAGON	1mg with 1 mL diluting solution dose pack	1 - 2
IPRATROPIUM BROMIDE * 0.02%	2.5 mL Unit dose	2 - 4
METHYLPREDNISOLONE SODIUM SUCCINATE	125 mg	1 - 2
MIDAZOLAM (Versed®) (optional)	<u>5mg/5ml</u>	<u>4</u>
MORPHINE SULFATE	10 mg/1 mL	2

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NALOXONE HCl  or If NALOXONE HCl is not available, NALMEFENE HCl	0.4 mg/1 mL or 1 mg/1 mL or 10 mg/10 mL  2 mg/2 mL	10 mg     1 - 2
NITROGLYCERIN TABLETS or NITROGLYCERIN SUBLINGUAL SPRAY	0.4 mg tablets /25 in bottle  0.4 mg/metered dose 200 metered doses/bottle	1 - 2 bottles  1 - 2 bottles
OXYTOCIN (optional)	10 units/1 mL	1 - 2
PHENYLEPHRINE NASAL SPRAY 0.5%	15 mL	1 - 2
SODIUM BICARBONATE 8.4%	50 mEq/50 mL	2 - 3
THIAMINE HCl	100 mg/1 mL	1 - 2
NITROUS OXIDE (optional)	Nitrous oxide 50% / Oxygen 50% fixed ratio setup with O <sub>2</sub> fail-safe device and self-administration mask.	1 setup
SYRINGES	1 mL tuberculin 3 mL 10 - 12 mL 20 mL 50 - 60 mL	2 2 2 2 2
FILTER NEEDLES	5 micron	3
NON-FILTER NEEDLES		assorted sizes
INTRAVENOUS SOLUTIONS: (Bulk restricts inclusion of all fluids in drug box) DEXTROSE, 5% in water LACTATED RINGER'S NORMAL SALINE NORMAL SALINE	250 mL bag 1 L bag 1 L bag 250 mL bag	1 4 - 8 4 - 8 3

\* Administer by nebulizer

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

**EMT-B DRUG LIST**

<b><u>AGENT</u></b>	<b><u>CONCENTRATION</u></b>	<b><u>SUPPLY RANGE</u></b>
<u>ASPIRIN</u>	81 - 325 mg	50 - 100

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

<b>IV INFUSIONS</b>	<b>EMT-B</b>	<b>EMT-I</b>	<b><u>Qualified EMT-I and EMT-P</u></b>	<b>INFUSION PUMP</b>
<u>AMIODARONE</u>		<u>X</u>	<u>X</u>	<u>X</u>
ANTIBIOTICS		X	X	
ANTIARRHYTHMICS PROCAINAMIDE HCl			X	X
BRETYLIUM TOSYLATE			X	X
BLOOD			X	
CALCIUM CHLORIDE			X	X
COLLOIDS DEXTRAN HETASTARCH SERUM ALBUMIN MANNITOL PLASMANATE		X X X	X X X	X X X
CORTICOSTEROIDS		X	X	X
DILTIAZEM			X	X
DIURETICS			X	X
DOPAMINE HCl			X	X
EPINEPHRINE HCl			X	X
FOSPHENYTOIN Na			X	X
GLYCOPROTEIN IIb/IIIa Inhibitors ABCIXIMAB (Reopro ®) EPTIFIBATIDE (Integrelin ®) TIROFIBAN (Aggrastat ®)			X X X	X X X
HEPARIN Na			X	X
LIDOCAINE HCl			X	X
MAGNESIUM SULFATE			X	X
MORPHINE SULFATE		X	X	X
NITROGLYCERIN			X	X
OXYTOCIN			X	X
PHENOBARBITAL Na			X	X



POTASSIUM SALTS			X	X
SODIUM BICARBONATE		X	X	
THEOPHYLLINE			X	X
TOTAL PARENTERAL NUTRITION			X	X
VITAMINS		X	X	
WATER/ELECTROLYTES/ CRYSTALLOIDS (COMMERCIAL PREPARATIONS)	X	X	X	

Notes:

1. Only an EMT-P may monitor an intravenous infusion via a central line.

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

**NOTICE OF EXEMPT RULEMAKING**

**TITLE 9. HEALTH SERVICES**

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

**PREAMBLE**

**1. Sections Affected**

R9-25-807

**Rulemaking Action**

New Section

**2. The specific authority for rulemaking, including both the authorizing statute (general) and the statutes the rules are implementing (specific):**

Authorizing statutes: A.R.S. §§ 36-136(F), 36-2202(A), 36- 2205(C), and 36-2209(A)

Implementing statute: A.R.S. § 36-2205(A)

**3. The effective date of the rules:**

June 1, 2002

**4. A list of all previous notices appearing in the Register addressing the exempt rule:**

None

**5. The name and address of agency personnel by whom persons may communicate regarding the rulemaking:**

Name: Judi Crume, Bureau Chief

Address: Arizona Department of Health Services, Bureau of Emergency Medical Services  
1651 E. Morten, Suite 120  
Phoenix, AZ 85020

Telephone: (602) 861-0708

Fax: (602) 861-9812

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or

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**6. An explanation of the rule, including the agency's reason for initiating the rule, including the statutory citation to the exemption from the regular rulemaking procedures:**

The rulemaking adds A.A.C. Section R9-25-807 to expand an Arizona certified paramedic's scope of practice to allow the paramedic to perform a medical treatment, procedure, or technique or administer a drug when responding to a hazardous materials incident. The new Section establishes training and reporting requirements to ensure that the paramedic has the knowledge and skills necessary to respond to a hazardous materials incident.

The Department worked with representatives from emergency medical services providers, fire departments, ambulance services, academia, the public, and the Department's two citizen advisory groups, the Emergency Medical Services Council and the Medical Direction Commission on this rulemaking.

A.R.S. § 36-2205(C) exempts this protocol from the provisions of A.R.S. Title 41, Chapter 6.

**7. A reference to any study that the agency relied on in its evaluation of or justification for the rule and where the public may obtain or review the study, all data underlying each study, any analysis of the study and other supporting material:**

Not applicable

**8. A showing of good cause why the rule is necessary to promote a statewide interest if the rule will diminish a previous grant of authority of a political subdivision of this state:**

Not applicable

**9. The summary of the economic, small business and consumer impact:**

A.R.S. § 36-2205(C) provides exemption from the provisions of A.R.S. Title 41, Chapter 6.

**10. A description of the changes between the proposed rules, including supplemental notices, and final rules (if applicable):**

Not applicable

**11. A summary of the principle comments and the agency response to them:**

Not applicable

**12. Any other matters prescribed by statute that are applicable to the specific agency or to any specific rule or class of rules:**

Not applicable

**13. Incorporations by reference and their location in the rule:**

None

**14. Was this rule previously adopted as an emergency rule?**

No

**15. The full text of the rule follows:**

TITLE 9. HEALTH SERVICES

CHAPTER 25. DEPARTMENT OF HEALTH SERVICES  
EMERGENCY MEDICAL SERVICES

ARTICLE 8. MEDICAL DIRECTION PROTOCOLS FOR EMERGENCY MEDICAL TECHNICIANS

Section

R9-25-807. Protocol for a Paramedic to Practice Knowledge and Skills in a Hazardous Materials Incident

ARTICLE 8. MEDICAL DIRECTION PROTOCOLS FOR EMERGENCY MEDICAL TECHNICIANS

**R9-25-807. Protocol for a Paramedic to Practice Knowledge and Skills in a Hazardous Materials Incident**

**A. In this Section:**

1. "Hazardous materials" has the same meaning as in A.R.S. § 26-301.
2. "Hazardous materials incident" has the same meaning as in A.R.S. § 26-301.
3. "Drug" has the same meaning as in A.R.S. § 32-1901.

**B. A paramedic certified under 9 A.A.C. 25, Article 6 is authorized to perform a medical treatment or administer a drug when responding to a hazardous materials incident only after meeting the hazardous materials training requirements in subsection (C) or (D).**

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- C.** A paramedic shall complete hazardous materials training that:
1. Includes at least 16 clock hours covering the:
    - a. Principles of managing a hazardous materials incident;
    - b. Role of medical direction in the management of a hazardous materials incident;
    - c. Human and material resources necessary for the management of a hazardous materials incident;
    - d. Procedures and equipment necessary for personal protection in a hazardous materials incident;
    - e. Medical monitoring of emergency workers responding to a hazardous materials incident;
    - f. Types of hazardous materials to which an emergency medical patient may be exposed, including the toxicity and the signs and symptoms of each type;
    - g. Routes by which an emergency medical patient may be exposed to a hazardous material;
    - h. Decontamination of an emergency medical patient exposed to a hazardous material;
    - i. Assessment of an emergency medical patient exposed to a hazardous material, including a patient history and a physical examination of the patient;
    - j. Medical management of an emergency medical patient exposed to each type of hazardous material;
    - k. Possible contents of a hazardous materials drug box; and
    - l. Pharmacokinetics of drugs which may be included in a hazardous materials drug box;
  2. Requires the paramedic to demonstrate competency in the subject matter listed in subsection (C)(1); and
  3. Is approved by the paramedic's administrative medical director based upon a determination that the hazardous materials training meets the requirements in subsections (C)(1) and (C)(2).
- D.** Every 24 months after meeting the requirements in subsection (C), a paramedic shall complete hazardous materials training that:
1. Includes subject matter listed in subsection (C)(1).
  2. Requires the paramedic to demonstrate competency in the subject matter completed, and
  3. Is approved by the paramedic's administrative medical director based upon a determination that the hazardous materials training meets the requirements in subsections (D)(1) and (D)(2).
- E.** An administrative medical director of a paramedic who completes hazardous materials training required in subsection (C) or (D) shall:
1. Maintain for Department review and inspection written evidence that the paramedic has completed hazardous materials training required in subsection (C) or (D), including at least:
    - a. The name of the hazardous materials training.
    - b. The date the hazardous materials training was completed, and
    - c. A signed and dated attestation from the paramedic's administrative medical director that the hazardous materials training is approved; and
  2. Ensure that the paramedic submits to each emergency medical services provider for whom the paramedic is acting as a paramedic, the written evidence specified in subsections (E)(1)(a) and (E)(1)(b).
- F.** A paramedic authorized under this Section to perform a medical treatment or administer a drug when responding to a hazardous materials incident may carry and administer drugs, in addition to the drugs in R9-25-803, authorized under medical direction.