

NOTICES OF PROPOSED RULEMAKING

Unless exempted by A.R.S. § 41-1005, each agency shall begin the rulemaking process by first submitting to the Secretary of State's Office a Notice of Rulemaking Docket Opening followed by a Notice of Proposed Rulemaking that contains the preamble and the full text of the rules. The Secretary of State's Office publishes each Notice in the next available issue of the *Register* according to the schedule of deadlines for *Register* publication. Under the Administrative Procedure Act (A.R.S. § 41-1001 et seq.), an agency must allow at least 30 days to elapse after the publication of the Notice of Proposed Rulemaking in the *Register* before beginning any proceedings for making, amending, or repealing any rule. (A.R.S. §§ 41-1013 and 41-1022)

NOTICE OF PROPOSED RULEMAKING

TITLE 9. HEALTH SERVICES

CHAPTER 25. DEPARTMENT OF HEALTH SERVICES EMERGENCY MEDICAL SERVICES

[R07-96]

PREAMBLE

1. Sections Affected

R9-25-205
R9-25-305
R9-25-306
R9-25-307
R9-25-308
R9-25-309
Exhibit C

Rulemaking Action

Amend
Amend
Amend
Amend
Amend
Amend
Amend

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

Authorizing statutes: A.R.S. §§ 36-2202(A)(4) and 36-2209(A)(2)

Implementing statutes: A.R.S. §§ 36-2202(A)(3); 36-2204(1), (3) through (7), and 36-2204.01

3. A list of all previous notices appearing in the *Register* addressing the proposed rules:

Notice of Rulemaking Docket Opening: 13 A.A.R. 488, February 16, 2007

4. The name and address of agency personnel with whom persons may communicate regarding the rulemaking:

Name: Terry Mullins, Bureau Chief

Address: Arizona Department of Health Services
Bureau of Emergency Medical Services and Trauma System
150 N. 18th Ave., Ste. 540
Phoenix, AZ 85007

Telephone: (602) 364-3150

Fax: (602) 364-3568

E-mail: mullint@azdhs.gov

or

Name: Kathleen Phillips, Rules Administrator and Administrative Counsel

Address: Arizona Department of Health Services
Office of Administrative Rules and Counsel
1740 W. Adams St., Ste. 200
Phoenix, AZ 85007

Telephone: (602) 542-1264

Fax: (602) 364-1150

E-mail: phillik@azdhs.gov

5. An explanation of the rulemaking, including the agency's reasons for initiating the rulemaking:

The purpose of this rulemaking is to:

1. Clarify whom an on-line medical director may allow to relay on-line medical direction;
2. Require training on epinephrine auto-injector administration in the Arizona EMT-B Course and the Arizona EMT-B Refresher;
3. Require Arizona EMT-P Course students to complete, during clinical training and field training, the competencies identified in 9 A.A.C. 25, Article 3, Exhibit C; and
4. Correct the URLs for the U.S. Department of Transportation, National Highway Traffic Safety Administration (NHTSA) National Standard Curricula incorporated by reference in Article 3.

The change described in item 1 above will make the language in R9-25-205(D) consistent with the language recently adopted in R9-25-204(C)(2). This is a nonsubstantive change to clarify the rule. The change in item 4 is also technical rather than substantive in nature.

The changes described in items 2 and 3 were recommended by the Education Committee, an advisory committee to the Emergency Medical Services (EMS) Council, and by the EMS Council. The change in item 2 was also recommended by the Medical Direction Commission (MDC). MDC was not asked to consider the change described in item 3.

This rulemaking also updates the name of the Bureau of Emergency Medical Services and Trauma System in the Sections in which it is included.

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

ADHS did not review any studies related to this rulemaking.

7. A showing of good cause why the rules are necessary to promote a statewide interest if the rules will diminish a previous grant of authority of a political subdivision of this state:

Not applicable

8. The preliminary summary of the economic, small business, and consumer impact:

As used in this summary, "minimal" means less than \$1,000; "moderate" means \$1,000 to \$9,999; "substantial" means \$10,000 or more; and "significant" means meaningful or important, but not readily subject to quantification.

ADHS will incur minimal-to-moderate costs resulting from the rulemaking process and will receive a significant benefit from the added training for EMT-Bs and the clinical training and field training competency requirements for EMT-Ps because the changes will result in more knowledgeable and better trained EMT-Bs and may also result in better trained EMT-Ps, which should result in improved public health.

Certified training programs and advanced life support (ALS) base hospitals that provide the Arizona EMT-B Course or the Arizona EMT-B Refresher will incur minimal-to-moderate costs from the changes in those courses. The costs will result from the time necessary to adapt existing training materials and schedules to incorporate the new training, the cost of producing any new course materials required to provide the training, and the cost to purchase sufficient epinephrine auto-injector training devices to allow for hands-on training and the required practical skills demonstration. ADHS anticipates that the cost for a certified training program to modify training course materials and schedules will not exceed \$1160, based on 40 hours of work for an individual with an annual salary of \$60,000. ADHS believes that this cost should actually be much lower because ADHS adopted a guidance document that provides virtually all of the information required to be included in the training in June 2005, when administration of epinephrine by auto-injector was made an optional skill for EMT-Bs, acquired through completing additional training consistent with the training being added to the Arizona EMT-B Course and the Arizona EMT-B Refresher by this rulemaking. The cost to copy additional course materials should be minimal for each training program that provides EMT-B training, as will the cost to purchase epinephrine auto-injector training devices. The EpiPen Trainer, an epinephrine auto-injector training device that can be used over and over again, and that is available without a prescription, costs approximately \$5 each.

Certified training programs and ALS base hospitals that provide the Arizona EMT-P Course may also incur minimal-to-moderate costs as a result of the clinical training and field training competency requirements being added for that course. Although ADHS believes that most certified training programs have been monitoring and requiring completion of the competencies recommended in the NHTSA EMT-Paramedic: National Standard Curriculum (1998) (EMT-P NSC), incorporated by reference as the Arizona EMT-P Course in R9-25-308, any training program that has not been monitoring and requiring completion of those competencies will need to begin monitoring and requiring completion of the competencies included in Exhibit C to Article 3. The competencies in Exhibit C to Article 3 are a reduced version of the competencies recommended in the EMT-P NSC, so a training program that has been monitoring and requiring completion of the competencies in the EMT-P NSC will need to make only very minor adjustments to comply with this change. A training program that has not been monitoring and requiring completion of the compe-

tencies in the EMT-P NSC will need to create a system to monitor and document students' completion of the competencies in Exhibit C. ADHS believes that this should result in a minimal-to-moderate initial cost from the time spent creating the new system and a minimal cost per course session from the additional time needed to implement the new system.

ADHS does not anticipate that any other persons will incur costs as a result of this rulemaking. This rulemaking will benefit emergency medical services (EMS) providers because the changes will result in more knowledgeable and better trained EMT-Bs and may also result in better trained EMT-Ps. This may result in better patient outcomes.

Students in the Arizona EMT-B Course or Arizona EMT-B Refresher will receive a significant benefit because they will be more knowledgeable and better trained than EMT-Bs who have not completed training on administration of epinephrine by auto-injector. Likewise, students in the Arizona EMT-P Course who are required to comply with the new clinical training and field training competency requirements added by this rulemaking, and who would not have been required to complete the EMT-P NSC competencies, will receive a significant benefit because they will be better trained than their counterparts who were not required to complete such competencies. The general public should also receive a significant benefit from the new training and competency requirements because EMT-Bs and EMT-Ps required to complete the additional training or to comply with those new competency requirements will be more knowledgeable and better trained, which should enhance the public health. The new requirement for the Arizona EMT-B Course and the Arizona EMT-B Refresher to include training on administration of epinephrine auto-injectors will especially benefit the estimated 4% of the population afflicted by severe food allergies and the numerous other individuals with severe allergies to insect stings, latex, medications, and other allergens. These individuals are the most likely to experience anaphylaxis and thus to require administration of epinephrine by auto-injector from EMS provider personnel.

9. The name and address of agency personnel with whom persons may communicate regarding the accuracy of the economic, small business, and consumer impact statement:

Name: Terry Mullins, Bureau Chief
Address: Arizona Department of Health Services
Bureau of Emergency Medical Services and Trauma System
150 N. 18th Ave., Ste. 540
Phoenix, AZ 85007
Telephone: (602) 364-3150
Fax: (602) 364-3568
E-mail: mullint@azdhs.gov

or

Name: Kathleen Phillips, Rules Administrator and Administrative Counsel
Address: Arizona Department of Health Services
Office of Administrative Rules and Counsel
1740 W. Adams St., Ste. 200
Phoenix, AZ 85007
Telephone: (602) 542-1264
Fax: (602) 364-1150
E-mail: phillik@azdhs.gov

10. The time, place, and nature of the proceedings for the making, amendment, or repeal of the rules or, if no proceeding is scheduled, where, when, and how persons may request an oral proceeding on the proposed rules:

ADHS has scheduled the following oral proceeding:

Date: May 14, 2007
Time: 10:00 a.m.
Location: Arizona Department of Health Services
150 N. 18th Ave., Rm. 540A
Phoenix, AZ 85007
Nature: Oral proceeding

Individuals with a disability may request a reasonable accommodation by contacting Sarah Harpring at harpris@azdhs.gov or (602) 542-1513. A request should be made as early as possible to allow sufficient time to arrange for the accommodation.

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Written comments on the proposed rulemaking or the preliminary economic, small business, and consumer impact summary may be submitted to either individual listed in items #4 and #9 until the close of record at 5:00 p.m. on May 14, 2007.

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

Not applicable

12. Incorporations by reference and their location in the rules:

R9-25-305 through R9-25-309 contain incorporations by reference. None of the incorporations by reference are being changed by this rulemaking. This rulemaking merely corrects the URLs provided for them.

13. The full text of the rules follows:

TITLE 9. HEALTH SERVICES

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

ARTICLE 2. MEDICAL DIRECTION; ALS BASE HOSPITAL CERTIFICATION

Section

R9-25-205. On-line Medical Director Qualifications and Responsibilities (A.R.S. §§ 36-2202(A)(3) and (A)(4), 36-2204(5), (6), and (7), and 36-2204.01)

ARTICLE 3. TRAINING PROGRAMS

Section

R9-25-305. Arizona EMT-B Course (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))
R9-25-306. Arizona EMT-B Refresher, Arizona EMT-B Refresher Challenge Examination (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))
R9-25-307. Arizona EMT-I Course (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))
R9-25-308. Arizona EMT-P Course (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))
R9-25-309. Arizona ALS Refresher; Arizona ALS Refresher Challenge Examination (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))
Exhibit C. Arizona EMT-P Course and Arizona EMT-I(99)-to-EMT-P Transition Course Clinical Training and Field Training Competencies

ARTICLE 2. MEDICAL DIRECTION; ALS BASE HOSPITAL CERTIFICATION

R9-25-205. On-line Medical Director Qualifications and Responsibilities (A.R.S. §§ 36-2202(A)(3) and (A)(4), 36-2204(5), (6), and (7), and 36-2204.01)

- A.** An individual shall not act as an on-line physician unless the individual:
1. Is a physician; and
 2. Meets one of the following:
 - a. Has emergency medicine certification from a specialty board recognized by the Arizona Medical Board or the Arizona Board of Osteopathic Examiners in Medicine and Surgery;
 - b. Has completed an emergency medicine residency training program accredited by the Accreditation Council for Graduate Medical Education or approved by the American Osteopathic Association; or
 - c. Is practicing emergency medicine and has:
 - i. Proficiency in advanced emergency cardiac life support,
 - ii. Proficiency in advanced trauma life support, and
 - iii. Proficiency in pediatric emergency care.
- B.** An individual shall act as an on-line physician only on behalf of:
1. An emergency medical services provider,
 2. An ambulance service,
 3. An ALS base hospital certified under this Article, or
 4. A centralized medical direction communications center.
- C.** An on-line physician shall give on-line medical direction to an EMT:
1. As required under A.R.S. Title 36, Chapter 21.1 and 9 A.A.C. 25;
 2. Consistent with the EMT's scope of practice as identified under Article 5 of this Chapter;
 3. Consistent with treatment protocols, triage protocols, and communication protocols approved by the EMT's adminis-

- trative medical director; and
4. Consistent with medical recordkeeping, medical reporting, and prehospital incident history report requirements approved by the EMT's administrative medical director.
- D. An on-line physician may allow an individual acting under the supervision of the on-line physician to relay on-line medical direction, if the individual is:
1. A physician;
 2. ~~Licensed under A.R.S. Title 32, Chapter 15 or Chapter 25;~~ or A physician assistant.
 3. A registered nurse practitioner.
 4. A registered nurse.
 5. A practical nurse, or
 - 3-6. ~~An EMT-I or EMT-P.~~

ARTICLE 3. TRAINING PROGRAMS

R9-25-305. Arizona EMT-B Course (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))

- A. "Arizona EMT-B course" means the United States Department of Transportation, National Highway Traffic Safety Administration, Emergency Medical Technician-Basic: National Standard Curriculum (1994):
1. Incorporated by reference and on file with the Department and the Office of the Secretary of State, including no future editions or amendments; and available from the National Highway Traffic Safety Administration, 400 Seventh Street St., SW, Washington, DC 20590; from the Department's Bureau of Emergency Medical Services and Trauma System; and on the internet at ~~http://www.nhtsa.dot.gov/people/injury/ems/nsc.htm~~ http://www.nhtsa.gov by going to the Quick Link for Emergency Medical Services Program;
 2. Modified in subsection (B); and
 3. Provided by a training program certified under this Article or by an ALS base hospital authorized under R9-25-210(C).
- B. The Arizona EMT-B course is modified as follows:
1. No more than 24 students shall be enrolled in each session of the course;
 2. The following prerequisites are required:
 - a. Prerequisites identified in the course introductory materials under the heading "Prerequisites"; and
 - b. Prerequisites listed for lessons 1-1, 1-2, 1-3, 1-4, 1-5, 1-6, 1-7, 2-1, 2-2, 2-3, 3-1, 3-2, 3-3, 3-4, 3-5, 3-6, 3-7, 3-8, 3-9, 3-10, 4-1, 4-2, 4-3, 4-4, 4-5, 4-6, 4-7, 4-8, 4-9, 4-10, 4-11, 5-1, 5-2, 5-3, 5-4, 5-5, 5-6, 6-1, 6-2, 6-3, 7-1, 7-2, 7-3, and 7-4;
 3. The minimum course length is 110 contact hours;
 4. Modules 1 through 7 are required;
 5. Module 8 is deleted;
 6. EMS equipment listed for lessons 1-2, 1-3, 1-4, 1-5, 1-6, 1-7, 2-1, 2-2, 2-3, 3-1, 3-2, 3-3, 3-4, 3-5, 3-6, 3-8, 3-9, 3-10, 4-1, 4-2, 4-3, 4-4, 4-5, 4-6, 4-7, 4-8, 4-9, 4-10, 4-11, 5-1, 5-2, 5-3, 5-4, 5-5, 5-6, 6-1, 6-2, 6-3, 7-1, 7-2, 7-3, and 7-4 is required and shall be available before the start of each course session and during the course session as needed to meet the needs of each student enrolled in the course session;
 7. Facility recommendations identified in the course introductory materials under the headings "Environment" and "Facilities" are requirements;
 8. In addition to modules 1 through 7, the course shall also contain additional instruction and skills training in:
 - a. Blood glucose monitoring that provides information and hands-on training on the equipment and procedures necessary to evaluate blood sugar levels; ~~and;~~
 - b. Intravenous monitoring that provides information and hands-on training on transporting a patient with an established intravenous or patient controlled analgesic pump; ~~and~~
 - c. Administration of epinephrine by auto-injector, including:
 - i. The epidemiology and physiology of anaphylaxis and allergic reaction;
 - ii. Common methods of entry of substances into the body;
 - iii. Common antigens most frequently associated with anaphylaxis;
 - iv. Physical examination of patients with complaints associated with anaphylaxis or allergic reaction;
 - v. Signs and symptoms of anaphylaxis, allergic reaction, and respiratory distress associated with anaphylaxis;
 - vi. Differentiating between anaphylaxis and other medical conditions that may mimic anaphylaxis;
 - vii. The following information about epinephrine by auto-injector:
 - (1) Class.
 - (2) Mechanism of action.
 - (3) Indications and field use.
 - (4) Contraindications.
 - (5) Adverse reactions.

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- (6) Incompatibilities and drug reactions.
 - (7) Adult and pediatric dosages.
 - (8) Route and method of administration.
 - (9) Onset of action.
 - (10) Peak effects.
 - (11) Duration of action.
 - (12) Dosage forms and packaging.
 - (13) Minimum supply requirements under R9-25-503.
 - (14) Special considerations, and
 - (15) Proper storage conditions; and
 - viii. A practical skills demonstration of competency in administering epinephrine by auto-injector:
9. A final closed book written course examination is required and shall:
- a. Include 150 multiple-choice questions with one absolutely correct answer, one incorrect answer, and two distractors, neither of which is “all of the above” or “none of the above”;
 - b. Cover the learning objectives of the course with representation from each of the course modules; and
 - c. Require a passing score of 75% or better in no more than three attempts; and
10. A final comprehensive practical skills examination is required and shall:
- a. Evaluate a student’s technical proficiency in skills identified in Appendix H; and
 - b. Enable a student to meet NREMT-Basic registration requirements.
- C. A training program certified under this Article or an ALS base hospital providing a course as authorized under R9-25-210(C) may combine the students from more than one Arizona EMT-B course session for didactic instruction.
- R9-25-306. Arizona EMT-B Refresher, Arizona EMT-B Refresher Challenge Examination (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))**
- A. “Arizona EMT-B refresher” means the United States Department of Transportation, National Highway Traffic Safety Administration, Emergency Medical Technician: Basic Refresher Curriculum Instructor Course Guide, (1996);
- 1. Incorporated by reference and on file with the Department, including no future editions or amendments; and available from the National Highway Traffic Safety Administration, 400 Seventh ~~Street St.~~, SW, Washington, DC 20590; from the Department’s Bureau of Emergency Medical Services and Trauma System; and ~~on the internet at <http://www.nhtsa.dot.gov/people/injury/ems/nse.htm>~~ <http://www.nhtsa.gov> by going to the Quick Link for Emergency Medical Services Program;
 - 2. As modified in subsection (B); and
 - 3. Provided by a training program certified under this Article or by an ALS base hospital authorized under R9-25-210(C).
- B. The Arizona EMT-B refresher is modified as follows:
- 1. No more than 32 students shall be enrolled in each session of the course;
 - 2. The minimum admission requirements are:
 - a. One of the following:
 - i. Current EMT-B or higher level certification in this state or certification, recertification, or licensure at the basic emergency medical technician level or higher level in any other state or jurisdiction;
 - ii. Current NREMT-Basic or higher level registration; or
 - iii. Being required by NREMT to complete the Arizona EMT-B refresher to become eligible to seek NREMT-Basic registration; and
 - b. Proficiency in cardiopulmonary resuscitation;
 - 3. The minimum course length is 24 contact hours;
 - 4. Modules 1 through 6 are required;
 - 5. EMS equipment listed for Modules II, III, IV, V, and VI is required and shall be available before the start of each course session and during the course session as needed to meet the needs of each student enrolled in the course session;
 - 6. Facility recommendations identified for the Arizona EMT-B course are requirements;
 - 7. The course shall include instruction on administration of epinephrine by auto-injector that meets the requirements described in R9-25-305(B)(8)(c).
 - ~~7-8.~~ For a student who has not completed the Arizona EMT-B course, the course shall contain additional instruction and skills training in:
 - a. Blood glucose monitoring that provides information and hands-on training on the equipment and procedures necessary to evaluate blood sugar levels, and
 - b. Intravenous monitoring that provides information and hands-on training on transporting a patient with an established intravenous or patient controlled analgesic pump;
 - ~~8-9.~~ A final closed book written course examination is required and shall:

- a. Include 150 multiple-choice questions with one absolutely correct answer, one incorrect answer, and two distractors, neither of which is “all of the above” or “none of the above”;
 - b. Cover the learning objectives of the course with representation from each of the course modules; and
 - c. Require a passing score of 75% or better in no more than three attempts; and
- 9-10.A final comprehensive practical skills examination is required and shall:
- a. Evaluate a student’s technical proficiency in skills identified as psychomotor objectives in modules 1 through 6; and
 - b. Enable a student to meet NREMT-Basic registration or reregistration requirements.
- C. “Arizona EMT-B refresher challenge examination” means competency testing prescribed in the Arizona EMT-B refresher that is administered by a training program certified under this Article or by an ALS base hospital authorized under R9-25-210(C).
- D. The Arizona EMT-B refresher challenge examination shall consist of:
1. The EMT-B refresher final written course examination, required in subsection ~~(B)(8)~~ (B)(9); and
 2. The EMT-B refresher final comprehensive practical skills examination, required in subsection ~~(B)(9)~~ (B)(10).
- E. A training program certified under this Article or an ALS base hospital providing a course as authorized under R9-25-210(C) may combine the students from more than one Arizona EMT-B refresher session for didactic instruction.

R9-25-307. Arizona EMT-I Course (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))

- A. “Arizona EMT-I course” means the United States Department of Transportation, National Highway Traffic Safety Administration, EMT-Intermediate: National Standard Curriculum (1999);
1. Incorporated by reference and on file with the Department, including no future editions or amendments; and available from the National Highway Traffic Safety Administration, 400 Seventh ~~Street St.~~, SW, Washington, DC 20590; from the Department’s Bureau of Emergency Medical Services and Trauma System; and on ~~the internet at http://www.nhtsa.dot.gov/people/injury/ems/nse.htm~~ http://www.nhtsa.gov by going to the Quick Link for Emergency Medical Services Program;
 2. As modified in subsection (B); and
 3. Provided by a training program certified under this Article or by an ALS base hospital authorized under R9-25-210(C).
- B. The Arizona EMT-I course is modified as follows:
1. No more than 24 students shall be enrolled in each session of the course;
 2. Prerequisites identified in the course introductory materials under the headings “The EMT-Intermediate: National Standard Curriculum” and “Prerequisites” are required;
 3. The minimum course length is 400 contact hours, including:
 - a. A minimum of 280 contact hours of didactic instruction and practical laboratory, and
 - b. A minimum of 120 contact hours of clinical training and field training;
 4. Modules 1 through 7 are required;
 5. EMS equipment required for the course is listed in Exhibit A of this Article and shall be available before the start of each course session and during the course session as needed to meet the needs of each student enrolled in the course session;
 6. Facility recommendations identified in the course introductory materials under the headings “EMT-Intermediate Education,” “Program Evaluation,” and “Facilities” are requirements;
 7. A final closed book written course examination is required and shall:
 - a. Include 150 multiple-choice questions with one absolutely correct answer, one incorrect answer, and two distractors, neither of which is “all of the above” or “none of the above”;
 - b. Cover the learning objectives of the course with representation from each of the course modules; and
 - c. Require a passing score of 75% or better in no more than three attempts; and
 8. A final comprehensive practical skills examination is required and shall:
 - a. Evaluate a student’s technical proficiency in skills identified as psychomotor objectives in modules 1 through 7; and
 - b. Enable a student to meet NREMT-Intermediate registration requirements.
- C. A training program certified under this Article or an ALS base hospital providing a course as authorized under R9-25-210(C) may combine the students from more than one Arizona EMT-I course session for didactic instruction.

R9-25-308. Arizona EMT-P Course (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))

- A. “Arizona EMT-P course” means the United States Department of Transportation, National Highway Traffic Safety Administration, EMT-Paramedic: National Standard Curriculum (1998);
1. Incorporated by reference and on file with the Department, including no future editions or amendments; and available from the National Highway Traffic Safety Administration, 400 Seventh ~~Street St.~~, SW, Washington, DC 20590; from the Department’s Bureau of Emergency Medical Services and Trauma System; and on ~~the internet at http://~~

www.nhtsa.dot.gov/people/injury/ems/nsc.htm <http://www.nhtsa.gov> by going to the Quick Link for Emergency Medical Services Program;

2. As modified in subsection (B); and
 3. Provided by a training program certified under this Article or by an ALS base hospital authorized under R9-25-210(C).
- B.** The Arizona EMT-P course is modified as follows:
1. No more than 24 students shall be enrolled in each session of the course;
 2. The following course prerequisites are required:
 - a. Prerequisites identified in the course introductory materials under the heading “The EMT-Paramedic: National Standard Curriculum, Prerequisites”; and
 - b. Completion of a minimum of 24 clock hours of hazardous materials training that meets the requirements of the National Fire Protection Association’s, NFPA 472: Standard for Professional Competence of Responders to Hazardous Materials Incidents, 2002 Edition; Competencies for First Responders at the Operational Level; incorporated by reference and on file with the Department, including no future editions or amendments; and available from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02169-747 and from the Department’s Bureau of Emergency Medical Services and Trauma System;
 3. The minimum course length is 1000 contact hours, including:
 - a. A minimum of 500 contact hours of didactic instruction and practical laboratory, and
 - b. A minimum of 500 contact hours of clinical training and field training.
 4. Modules 1 through 8 are required;
 5. Equipment required for the course is listed in Exhibit A and shall be available before the start of each course session and during the course session as needed to meet the needs of each student enrolled in the course session;
 6. Facility recommendations on page 32 of the introductory material are requirements;
 7. Each student shall complete the competencies in Exhibit C during clinical training and field training;
 - 7-8. A final closed book written course examination is required and shall:
 - a. Include 150 multiple-choice questions with one absolutely correct answer, one incorrect answer, and two distractors, neither of which is “all of the above” or “none of the above”;
 - b. Cover the learning objectives of the course with representation from each of the course modules; and
 - c. Require a passing score of 75% or better in no more than three attempts; and
 - 8-9. A final comprehensive practical skills examination is required and shall:
 - a. Evaluate a student’s technical proficiency in skills identified as psychomotor objectives in modules 1 through 8; and
 - b. Enable a student to meet NREMT-Paramedic registration requirements.
- C.** A training program certified under this Article or an ALS base hospital providing a course as authorized under R9-25-210(C) may combine the students from more than one Arizona EMT-P course session for didactic instruction.

R9-25-309. Arizona ALS Refresher; Arizona ALS Refresher Challenge Examination (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))

- A.** “Arizona ALS refresher” means the U.S. Department of Transportation, National Highway Traffic Safety Administration, EMT-Paramedic: NSC Refresher Curriculum (2001):
1. Incorporated by reference and on file with the Department, including no future editions or amendments; and available from the National Highway Traffic Safety Administration, 400 Seventh ~~Street St.~~, SW, Washington, DC 20590; from the Department’s Bureau of Emergency Medical Services and Trauma System; and on ~~the internet at~~ <http://www.nhtsa.dot.gov/people/injury/ems/nsc.htm> <http://www.nhtsa.gov> by going to the Quick Link for Emergency Medical Services Program;
 2. As modified in subsection (B); and
 3. Provided by a training program certified under this Article or by an ALS base hospital authorized under R9-25-210(C).
- B.** The Arizona ALS refresher is modified as follows:
1. No more than 32 students shall be enrolled in each session of the course;
 2. The minimum admission requirements are:
 - a. One of the following:
 - i. Current certification as an EMT-I(99) or EMT-P in this state or certification, recertification, or licensure at the intermediate emergency medical technician level or paramedic level in any other state or jurisdiction;
 - ii. Current NREMT-Intermediate or NREMT-Paramedic registration; or
 - iii. Being required by NREMT to complete the Arizona ALS refresher to become eligible to seek NREMT-Intermediate or NREMT-Paramedic registration; and
 - b. Proficiency in cardiopulmonary resuscitation and proficiency in advanced emergency cardiac life support;
 3. The minimum course length is 48 contact hours;

4. Modules 1 through 6 are required;
 5. For a student at the intermediate emergency medical technician level, lessons, tasks, and objectives shall not exceed the intermediate emergency medical technician skill level;
 6. Equipment required for the course is listed in Exhibit A and shall be available before the start of each course session and during the course session as needed to meet the needs of each student enrolled in the course session;
 7. Facility recommendations identified for the Arizona EMT-P course are requirements;
 8. A final closed book written course examination is required and shall:
 - a. Include 150 multiple-choice questions with one absolutely correct answer, one incorrect answer, and two distractors, neither of which is "all of the above" or "none of the above";
 - b. Cover the learning objectives of the course with representation from each of the course modules; and
 - c. Require a passing score of 75% or better in no more than three attempts; and
 9. A final comprehensive practical skills examination is required and shall:
 - a. Evaluate a student's technical proficiency in skills identified as psychomotor objectives in modules 1, 2, 4, 5, and 6; and
 - b. Enable a student to meet NREMT-Intermediate or NREMT-Paramedic registration or reregistration requirements.
- C. "Arizona ALS refresher challenge examination" means competency testing prescribed in the Arizona ALS refresher that is administered by a training program certified under this Article or by an ALS base hospital authorized under R9-25-210(C).
- D. The Arizona ALS refresher challenge examination shall consist of:
 1. The ALS refresher final written course examination, required in subsection (B)(8); and
 2. The ALS refresher final comprehensive practical skills examination, required in subsection (B)(9).
- E. A training program certified under this Article or an ALS base hospital providing a course as authorized under R9-25-210(C) may combine the students from more than one Arizona ALS refresher session for didactic instruction.

Exhibit C. Arizona EMT-P Course and Arizona EMT-I(99)-to-EMT-P Transition Course Clinical Training and Field Training Competencies

A. PSYCHOMOTOR SKILLS

1. **The student shall demonstrate the ability to safely administer agents:** The student shall safely, and while performing all steps of each procedure, properly administer agents at least 10 times to live patients.
2. **The student shall demonstrate the ability to safely perform endotracheal intubation:** The student shall safely, and while performing all steps of each procedure, successfully intubate at least one live patient or cadaver.
3. **The student shall demonstrate the ability to safely gain venous access in all age group patients:** The student shall safely, and while performing all steps of each procedure, successfully access the venous circulation at least 17 times on live patients of various age groups.
4. **The student shall demonstrate the ability to effectively ventilate unintubated patients of all age groups:** The student shall effectively, and while performing all steps of each procedure, ventilate at least 12 unintubated live patients.

B. AGES

1. **The student shall demonstrate the ability to perform a comprehensive assessment on pediatric patients:** The student shall perform a comprehensive patient assessment on at least 20 pediatric patients, including newborns, infants, toddlers, and school-age.
2. **The student shall demonstrate the ability to perform a comprehensive assessment on adult patients:** The student shall perform a comprehensive patient assessment on at least 20 adult patients of various age groups, including young, middle, and older patients.

C. PATHOLOGIES

1. **The student shall demonstrate the ability to perform a comprehensive assessment on obstetric patients:** The student shall perform a comprehensive patient assessment on at least 5 obstetric patients.
2. **The student shall demonstrate the ability to perform a comprehensive assessment on trauma patients:** The student shall perform a comprehensive patient assessment on at least 20 trauma patients.
3. **The student shall demonstrate the ability to perform a comprehensive assessment on behavioral patients:** The student shall perform a comprehensive patient assessment on at least 10 behavioral patients.

D. CHIEF COMPLAINTS

1. **The student shall demonstrate the ability to perform a comprehensive assessment on and formulate and implement a treatment plan for patients with chest pain:** The student shall perform a comprehensive patient assessment on and formulate and implement a treatment plan for at least 20 patients with chest pain.
2. **The student shall demonstrate the ability to perform a comprehensive assessment on and formulate and implement a treatment plan for patients with dyspnea/respiratory distress:**
 - a. The student shall perform a comprehensive patient assessment on and formulate and implement a treatment plan

Notices of Proposed Rulemaking

- b. The student shall perform a comprehensive patient assessment on and formulate and implement a treatment plan for at least 5 pediatric patients, including infants, toddlers, and school-age, with dyspnea or respiratory distress.
- 3. **The student shall demonstrate the ability to perform a comprehensive assessment on and formulate and implement a treatment plan for patients with abdominal complaints:** The student shall perform a comprehensive patient assessment on and formulate and implement a treatment plan for at least 15 patients with abdominal complaints such as abdominal pain, nausea or vomiting, gastrointestinal bleeding, and gynecological complaints.
- 4. **The student shall demonstrate the ability to perform a comprehensive assessment on and formulate and implement a treatment plan for patients with altered mental status:** The student shall perform a comprehensive patient assessment on and formulate and implement a treatment plan for at least 15 patients with altered mental status.
- E. **TEAM LEADER SKILLS**
The student shall demonstrate the ability to serve as a team leader in a variety of prehospital emergency situations: The student shall serve as the team leader for at least 25 prehospital emergency responses.

NOTICE OF PROPOSED RULEMAKING

TITLE 12. NATURAL RESOURCES

CHAPTER 7. OIL AND GAS CONSERVATION COMMISSION

[R07-98]

PREAMBLE

- | | |
|------------------------------------|---------------------------------|
| 1. <u>Sections Affected</u> | <u>Rulemaking Action</u> |
| R12-7-115 | Amend |
| R12-7-121 | Amend |
- 2. The specific authority for the rulemaking, including both the authorizing statute (general) and the statutes the rules are implementing (specific):**
Authorizing statutes: A.R.S. §§ 27-516(A) and 27-656
Implementing statutes: A.R.S. §§ 27-516(A)(2) and (A)(12), 27-522, 27-653, and 27-661
- 3. A list of all previous notices concerning the rules:**
Notice of Rulemaking Docket Opening: 13 A.A.R. 43, January 5, 2007
- 4. The name and address of agency personnel with whom persons may communicate regarding the rules:**
Name: Steven L. Rauzi, Oil & Gas Administrator
Address: Arizona Geological Survey
416 West Congress, Ste. 100
Tucson, AZ 85701-1315
Telephone: (520) 770-3500
Fax: (520) 770-3505
- 5. An explanation of the rules, including the agency's reasons for initiating the rules:**
R12-7-115 specifies requirements for directional drilling and deviation surveys and R12-7-121 specifies completion and filing requirements for drilled wells. The agency is amending R12-7-115 to clarify what is meant by the normal vertical course of a well and require testing at reasonably frequent intervals to determine the deviation from vertical. The agency is amending R12-7-121 to improve understandability by adding language to make the rule consistent with governing statutes and state that the completion report is confidential in addition to all other well information.
- 6. A reference to any study that the agency proposes to rely on in its evaluation of or justification for the rules and where the public may obtain or review the study, all data underlying each study, any analysis of the study, and other supporting material:**
None
- 7. A showing of good cause why the rules are necessary to promote a statewide interest if the rules will diminish a previous grant of authority of a political subdivision of this state:**
Not applicable
- 8. The preliminary summary of the economic, small business, and consumer impact:**

Notices of Proposed Rulemaking

These rules directly impact companies drilling for oil, gas, and geothermal resources. The rules are mostly procedural in nature and will not significantly impact the economy or have a significant impact upon small businesses or consumers. The proposed rulemaking will benefit the regulated community by clarifying what is meant by the normal vertical course of a well and clearly stating that the completion report is confidential in addition to other well data.

9. The name and address of agency personnel with whom persons may communicate regarding the accuracy of the economic, small business, and consumer impact statement:

Name: Steven L. Rauzi, Oil & Gas Administrator
Address: Arizona Geological Survey
416 W. Congress, Ste. 100
Tucson, AZ 85701-1315
Telephone: (520) 770-3500
Fax: (520) 770-3505

10. The time, place, and nature of the proceedings for the making, amendment, or repeal of the rules or, if no proceeding is scheduled, where, when, and how persons may request an oral proceeding on the proposed rules:

Date: July 13, 2007
Time: 10:00 a.m.
Location: 1616 W. Adams, Rm. 321
Phoenix, AZ 85007
Nature: Oral proceeding to adopt amended rules

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

Not applicable

12. Incorporations by reference and their location in the rules:

None

13. The full text of the rules follows:

TITLE 12. NATURAL RESOURCES

CHAPTER 7. OIL AND GAS CONSERVATION COMMISSION

ARTICLE 1. OIL, GAS, HELIUM, AND GEOTHERMAL RESOURCES

Section

R12-7-115. Deviation of Hole and Directional Drilling
R12-7-121. Well Completion and Filing Requirements

ARTICLE 1. OIL, GAS, HELIUM, AND GEOTHERMAL RESOURCES

R12-7-115. Deviation of Hole and Directional Drilling

- A. ~~No~~ An operator drilling a well ~~may be~~ shall not intentionally ~~deviated~~ deviate from ~~its~~ the normal vertical course of the well unless the operator ~~shall first file~~ files an application and ~~obtain~~ obtains approval from the Commission after notice and hearing. The normal vertical course of a well is defined by a ~~tolerance wherein the maximum deviation of the well does not exceed a 100-foot radius from the surface location~~ an average deviation from vertical of not more than five degrees in any 500-foot interval. The operator shall test any vertical or deviated well that is drilled or deepened at least once each 500 feet or at the first bit change succeeding 500 feet. The operator shall tabulate all deviation tests run and file the tabulation with the Commission within 30 days after drilling is completed. Deviation from the vertical for short distances is permitted in the drilling of a well without special approval only to straighten the hole, sidetrack junk, or correct other mechanical difficulties.
- B. An application for directional drilling shall include
1. The name, address, and ~~phone~~ telephone number of the operator;
 2. The field name, lease name, well number, state permit number, reservoir name, and county where the proposed well is located;
 3. A plat or sketch showing the distance from the surface location to section and lease lines and to the target location within the intended producing interval;
 4. The reason for the intentional deviation; and
 5. The signature of the operator.

Notices of Proposed Rulemaking

- C. The operator of any well capable of production and whose producing interval or any portion thereof of the producing interval is located 330 feet or less in the case of an oil well or 1,660 feet or less in the case of a gas well from the boundary of any drilling unit shall run a directional survey before running the production casing.
- D. In order to ensure compliance with this Section, the Commission may require the operator to run a directional survey of any hole at the operator's expense. The Commission may require an operator to run a directional survey of any hole at the request of an offset operator at the expense and risk of the offset operator unless the survey shows that the well is completed at a point outside the drilling unit or at an unauthorized point.
- E. Within 30 days following the completion of drilling a directionally-drilled well, the operator shall file with the Commission a complete angular deviation and directional survey of the well, obtained by a well survey company.
- F. ~~Nothing in these rules shall be interpreted to permit the drilling of any~~ An operator shall not drill a well in such a manner that it crosses the results in the well crossing drilling unit lines, except by approval obtained from the Commission after notice and hearing.

R12-7-121. Well Completion and Filing Requirements

- A. An operator shall file a completion report with the Commission within 30 days after a well is completed. The completion report shall contain a description of the well and lease, the casing, tubing, liner, perforation, stimulation, and cement squeeze records, and data on the initial production. The operator shall submit other well data to the Commission within 30 days of the date the work is done, including any:
 - 1. Lithologic, mud, or wireline log;
 - 2. Directional survey;
 - 3. Core description and analysis;
 - 4. Stratigraphic or faunal determination;
 - 5. Formation or drill-stem test;
 - 6. Formation fluid analysis; or
 - 7. Other similar information or survey.
- B. An operator shall furnish samples of all drilled cuttings, at a maximum interval of 10 feet, to the Commission within 30 days after drilling is completed. The operator may furnish samples of continuous core in chips at 1-foot intervals. The operator shall:
 - 1. Wash and dry all samples;
 - 2. For each sample, place approximately 3 tablespoons of the sample in an envelope with the following identifying information: the well from which the sample originates, the location of the well, the Commission's permit number for the well, and the depth at which the sample is taken; and
 - 3. Package sample envelopes in protective boxes and ship prepaid to:
Oil and Gas Administrator
Arizona Geological Survey
416 West W. Congress, Suite Ste. 100
Tucson, AZ 85701
- C. Confidential records:
 - 1. The Commission shall keep the completion report and all well information required by this Section for any well drilled for oil and gas in unproven territory confidential for one year after the drilling is completed unless the operator gives written permission to release the information at an earlier date. The Commission shall provide notice to the operator 60 days before confidential records become subject to public inspection and, at the operator's request, extend the confidential period for six months to two years from the date of the request if the Commission finds that the operator has demonstrated that release would provide credible evidence that disclosure of the information is likely to cause harm to the operator's competitive position with respect to unleased land in the vicinity of the well.
 - 2. The Commission shall keep the completion report and all well information required by this Section for any well drilled in search of geothermal resources confidential for one year after drilling is completed upon operator request.