

Summary of EMS Rules

20 CAR § 81-102. Definitions

- (17) **Removed** EEP acronym per BLR.
- (19) (B) (vi) **Removed** EMSP acronym
- (28) (C) **Removed** *etc.* per BLR
- (30) **Removed** the *and/or* per BLR
- (32) **Amended** the committee's name per Act 863
- (50) **Removed** the *and/or* per BLR
- Specialty mission-* **Removed** due to outdated term
- Training site representative-* **Removed** due to it being an unreferenced term per BLR
- (56) **Added** *EMT* per BLR

Grammatical Errors

Legislation

Act 384

Act 863

Amended Rule

Added additional language to the existing rule.

General Update

Removed due to outdated terms, revised language for clarification or BLR suggestion, moved subtopic to the appropriate section of rules

20 CAR § 81-103. Licensure of ambulance services

- (11) **Added** *Ground to Service area* to reflect the referenced term in definitions.
- (12) **Removed** the *and/or* per BLR
- (17) (E) **Added** *Intercepts must be at an equal or higher level of care.* BLR suggested using the term if it was defined.

20 CAR § 81-104. Ground ambulance service licensure classification and general standards.

Corrected grammatical errors (capitalization, punctuation, and typographical errors)

- (c) (1) (B) **Added** 2019 revision date to referenced document.

20 CAR § 81-105. Permitting of ground emergency vehicles

- (b) (1) (G) **Removed** *EMT* and *EMT-S* for correct licensure level title

(b) (1) (H) **Removed** *Stretcher*- outdated

20 CAR § 81-107. Permitting of air ambulance vehicles

Corrected grammatical errors (capitalization, punctuation, and typographical errors)

BLR APA corrections

(e) (1) **Added** *Appendix B* reference

(h) (3)(i)(17) (B) **Removed** reference to subsection

20 CAR § 81-108. Approved emergency medical services provider skills

(b) (1) **Added** 2019 revision date to the referenced document

20 CAR § 81-109. Education, testing, and licensure of EMS providers

BLR APA corrections

(a) (2) **Added** *or a Compact privilege to practice*. Act 384

(a) (7) **Revised** language to meet Compact background requirements Act 384

(3)(A)(i) **Removed** reference (page 63)

(e) (3) (A) **Removed** reference

(e) (3) (C) (4) **Removed** reference

20 CAR § 81-111. General training site and EMS education requirements

BLR APA corrections

(a) (2) **Added** *Appendix B* reference

(a) (3) **Added** and *comply with all requirements set forth by the Department*. This language was taken from a section that was deleted due to redundancy.

(a) (9) **Added** 2021 date to referenced document

(a) (11) **Deleted** *Paramedic programs must keep active accreditation from the Commission on Accreditation of Allied Health Education Programs (CAAHEP) and the Committee on Accreditation of Educational Programs...* due to redundancy.

(c) (2) (A) **Added** *EMR* for clarification.

(c) (2) (A) **Added** *Appendix B* reference

20 CAR 20 § 81-112. EMS education program requirements by level

BLR APA corrections

(a) (3) **Revised** language to mirror EMT requirements.

(a) (5) **Added** *EMR educational programs must follow the 2021 National Highway Traffic Safety Administration's National EMS Education Standards* to mirror EMT requirements.

(b) (6) **Added** *All training sites must complete the Department-required self-study and pass a training site inspection at their level* to clarify requirements.

(b) (7) (A) **Added** 2021 date to referenced document.

(b)(7) (B) **Added** *Appendix B* reference.

(b) (7)(F) **Added** *supervised* for clarification.

(c) (1) (C) **Added** *Appendix B* reference

(c)(1) (C) (6) **Added** 2021 date to referenced document.

(g)(1)(C) Added 2021 date to referenced document.

CAR 20 § 81-113. EMSP education program prerequisites

BLR APA corrections

CAR 20 § 81-114. Drugs and pharmaceuticals

BLR APA corrections

CAR 20 § 81-116. Violations

BLR APA corrections

Violations were grouped in classifications. They were deleted from the document to be moved.

(a) (2) (C) Added *Video records* for a more robust investigation process.

(c) (29) Added *Failure to report the suspension or termination of a privilege to practice in a Compact state.*

(c) (66) Added *Conduct or actions by the student, instructor, or preceptor that is unethical or results in harm to the health and safety of the public or training site.*

PARAMEDIC EQUIPMENT REQUIREMENTS

Revised *fire extinguishers* are plural. The requirement is to have two.

AEMT EQUIPMENT REQUIREMENTS

Revised *fire extinguishers* are plural.

EMT EQUIPMENT REQUIREMENTS (EMT, EMT-VOLUNTEER, AND SPECIAL PURPOSE)

Removed *Magil Forceps* (adult and pediatric)

Revised *fire extinguishers* are plural. The requirement is to have two.

ADVANCED RESPONSE EQUIPMENT REQUIREMENTS

Removed *Pediatric Restraint System and Spine Board with straps*- non-transporting vehicles

Revised *fire extinguishers* are plural. The requirement is to have two.

Legislation

Act 384- To adopt the EMS Personnel licensure Interstate Compact in Arkansas.

Act 863-To abolish EMS Advisory Council and to create the EMS Advisory Committee.

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BLR
23 July 2026

Proposed Rulemaking

Rules for Emergency Medical Services

Promulgated by:
Department of Health

Title 20. Public Health and Welfare

Chapter I. Department of Health, State Board of Health, Generally

Subchapter C. Medical Trauma and Emergencies

Part 81. Rules for Emergency Medical Services

Subpart 1. Generally

20 CAR § 81-101. Purpose.

The purpose of this part is to provide a framework to enhance the care provided to ill or injured persons by emergency medical services personnel.

20 CAR § 81-102. Definitions.

For the purpose of this part, the following terms are defined:

- (1) "Advanced emergency medical technician (AEMT)" means a provider certified by the National Registry of Emergency Medical Technicians who is licensed in Arkansas at the advanced EMT level;
- (2) "Advanced response service" means a licensed nontransporting service that is requested to respond to the scene of an emergency;
- (3) "Air ambulance" means a fixed-wing or rotor-wing aircraft:
 - (A) Utilized for responses or transports deemed necessary by a physician;
 - and
 - (B) Licensed by the Department of Health;

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(4) "Air ambulance communication specialist" means personnel assigned to receive and coordinate all requests for the air ambulance service;

(5) "Air ambulance service" means a service 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;

(6) "Air ambulance service medical director" means an Arkansas-licensed medical doctor or doctor of osteopathy who:

(A) Provides medical oversight for any licensed air ambulance service;

(B) Is either American Board of Emergency Medicine-certified or American Board of Emergency Medicine or General Surgery-eligible; and

(C) Is on file with the Department of Health as the medical director;

(7)(A) "Air ambulance service medical director (specialty)" means an Arkansas-licensed medical doctor or doctor of osteopathy who provides medical oversight for any licensed air ambulance service that solely provides specialty air transport services (for example, pediatrics, neonatal, or high-risk obstetrics), rotor-wing or fixed-wing aircraft.

(B) The individual requires licensure or board eligibility in the specialty designation of the air ambulance service for which they have medical oversight;

(8) "Air medical personnel" means personnel responsible for patient care on an air ambulance;

(9)(A) "Ambulance (ground)" means vehicles used for transporting any person by stretcher or gurney upon the streets or highways of Arkansas, excluding vehicles intended solely for personal use.

(B) All ambulances shall be issued a permit by the Department of Health;

(10) "Ambulance service" means services authorized and licensed by the Department of Health to provide care and transportation of patients upon the streets and highways of Arkansas;

(11) "Community paramedic" means a paramedic who:

(A) Is licensed by the Department of Health;

(B) Provides care or services, or both, to patients:

- (i) Not qualified for home health services; or
 - (ii) Who are qualified but have rejected home health services; and
- (C) Meets all additional licensure requirements;

(12) "Compact" means the Emergency Medical Services Personnel Licensure Interstate Compact, as enacted by Acts 2025, No. 384.

~~(1213)~~ "Controlled drugs" means drugs identified as Schedule II – V as designated by federal law;

~~(1314)~~ "Coordination point" means a fixed location or locations where:

- (A) Information about an air ambulance service may be obtained; and
- (B) Activities such as dispatch, resource allocation, and flight operations are conducted;

~~(1415)~~ "Emergency medical responder (EMR)" means a provider certified by the National Registry of Emergency Medical Technicians who is licensed in Arkansas at the EMR level;

~~(1516)~~ "Emergency medical services (EMS)" means the:

(A) Transportation and medical care provided to the ill or injured prior to arrival at a medical facility by licensed emergency medical services personnel or other healthcare providers and continuation of the initial emergency care within a medical facility subject to the approval of the medical staff and governing board of that facility; and

(B) Comprehensive integrated medical care in emergency and nonurgent settings with the oversight of a physician;

~~(1617) "Emergency medical services advisory council"~~Emergency Medical Services Advisory Committee means the individuals appointed by the ~~Governor~~State Board of Health to assist and advise the Department of Health concerning matters dealing with emergency medical services;

~~(1718)~~ "Emergency medical services education program ~~(EEP)~~" means those organizations authorized and accredited by the Department of Health and the Committee on Accreditation of Educational Programs for the EMS Professions (CoAEMSP) to provide EMS education in Arkansas;

(1819) "Emergency medical services education program training site authorization and accreditation" means authorization and accreditation issued by the Department of Health or the Committee on Accreditation of Educational Programs for the EMS Professions (CoAEMSP) to an organization for the purpose of engaging in EMS education in the State of Arkansas;

(1920)(A) "Emergency medical services provider (EMSP)" means an individual licensed by the Department of Health at any level established by the rules adopted by the State Board of Health and authorized to perform those services set forth in the rules.

(B) These shall include without limitation:

- (i) EMR;
- (ii) EMT;
- (iii) AEMT;
- (iv) Paramedic;
- (v) Community paramedic; and
- (vi) ~~EMSP~~ Emergency medical services provider instructor;

(2021) "Emergency medical services provider instructor" means a person who has been licensed to teach an emergency medical services provider course after completing a Department of Health-approved emergency medical services provider instructor ~~EMSP—Instructor~~ course and completion of all the instructor requirements;

(2122) "Emergency medical technician (EMT)" means a provider certified by the National Registry of Emergency Medical Technicians who is licensed in Arkansas at the EMT level;

(2223) "Emergency request" means a request for assistance to an incident that is perceived to have created an actual threat to human life or wellbeing where immediate medical intervention by any EMSP or other health professional is needed;

(2324) "Emergency vehicle operator (EVO)" means a person who:

- (A) Is certified by the Department of Health; and

(B) Has successfully completed a nationally recognized first responder course with a minimum of forty (40) hours of training and an emergency vehicle operator course;

(~~2425~~)(A) "Encounter form" means a patient care report (PCR) that:
~~(i) includes~~ Includes all state-required data elements; ~~and~~
~~(ii) has~~ Has been approved by the Department of Health;
~~(iii) that describes~~ Describes the EMS encounter; ~~and~~
~~(iv) is~~ Is submitted to the destination facility at time of service or within twenty-four (24) hours after transfer of care.

(B) This form:

- (i) May be electronic or a printed copy; and
- (ii) Must include a patient narrative;

(~~2526~~) "Federal Aviation Administration FAR Part 135" means Federal Aviation Administration regulations governing air taxi operations and commercial operations of fixed-wing and rotor-wing aircraft;

(~~2627~~) "Fixed-wing aircraft" means a fixed-wing air ambulance licensed by the Department of Health that is:

- (A) Specially constructed and equipped; and
- (B) Intended to be used for transportation of patients;

(~~2728~~)(A) "Flight nurse" means a registered nurse (RN) licensed to practice in Arkansas who holds a current Arkansas EMSP license.

(B) An RN that solely provides air ambulance specialty services (for example, pediatrics, neonatal, or high-risk obstetrics), or fixed-wing transports the flight nurse shall not:

- (i) Be required to be an Arkansas-licensed EMSP; and
- (ii) Participate in air ambulance service prehospital transports;

(~~2829~~)(A) "Flight physician" means a physician assigned to flight duty.

(B) The physician must be a postgraduate year 3 or above, with a current and valid license to practice medicine as a medical doctor or doctor of osteopathy in Arkansas or in the state of primary operation of the air ambulance service.

(C) This physician must be American Board of Emergency Medicine or General Surgery-certified or eligible in emergency medicine or general surgery or certified in a specialty, ~~(for example, including, but not limited to~~ neonatal, pediatrics, ~~or~~ high-risk obstetrics, ~~etc.)~~, served by the transport service.

(D) This physician must be certified in at least one (1) of the following, Advanced Cardiac Life Support (ACLS), Pediatric Advanced Life Support (PALS), Neonatal Resuscitation Program (NRP), or their equivalents for the patient population served;

~~(2930)~~(A) "Ground ambulance service area" means 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 providing all emergency medical services requested.

(B) Service area maps shall be kept on file and renewed annually with the service's license renewal;

~~(3031)~~ "Intercept" means instances where a transporting service requests assistance from an ambulance service that provides an equal or higher level of medical care, ~~and/or~~ transport, ~~or both~~;

~~(3132)~~ "Legend drug" means any drug that requires a prescription by a licensed physician as required by federal law;

~~(3233)~~ "Licensure" means official acknowledgment by the Department of Health that an individual has demonstrated competence to perform the emergency medical services required for licensure under the rules and standards adopted by the State Board of Health upon the recommendation of the Emergency Medical Services Advisory ~~Council~~Committee;

~~(3334)~~(A) "Mass casualty incident" means an event involving a number of people who are suddenly injured or become ill that overwhelms the local ambulance services, where the number of casualties vastly exceeds the local resources and capabilities in a short period of time.

(B) If two (2) or more additional ambulance services are required to respond to the same event and/or assistance from the Department of Health is needed

to assist in the coordination of medical resources, then the Department of Health shall be notified;

(3435) "Medical director (community paramedic service)" means an Arkansas-licensed medical doctor or doctor of osteopathy who is either American Board of Emergency Medicine-certified or eligible in a specialty that is involved in direct patient contact;

(3536) "Medical director (EMT or AEMT)" means an Arkansas-licensed medical doctor or doctor of osteopathy who is either an emergency department physician or a physician who is either American Board of Emergency Medicine-certified or eligible in their specialty;

(3637)(A) "Medical director (paramedic)" means an Arkansas-licensed medical doctor or doctor of osteopathy who shall be registered with the Department of Health who is familiar with the design and operation of EMS systems and experienced in prehospital emergency care and emergency management of ill and injured patients.

(B) The medical director shall:

(i) Be American Board of Emergency Medicine-certified or eligible in emergency medicine; or

(ii) Have current experience in emergency medicine.

(C) For paramedic services that currently have a medical director that is not American Board of Emergency Medicine-certified but holds a current Advanced Cardiac Life Support certification, they shall be authorized to utilize that medical director until such time as they change or replace medical directors;

(3738) "Medical facility" means any:

(A) Hospital;

(B) Medical clinic;

(C) Physician's office;

(D) Nursing home; or

(E) Other healthcare facility;

(3839)(A) "Mutual aid" means an agreement between services to lend assistance across jurisdictional boundaries.

(B) This may occur due to an emergency response that exceeds local resources;

(~~3940~~)(A) "National Registry of Emergency Medical Technicians (NREMT)" means a not-for-profit, independent, nongovernmental agency that functions as a registration agency that issues certificates of competency verified by the achievement of minimal competencies of EMRs, EMTs, AEMTs, and paramedics.

(B) The NREMT provides a valid, uniform process to assess the knowledge and skills required for competent practice required by licensed EMSPs;

(~~4041~~)(A) "Of unsound mind" means and includes the inability to perceive all relevant facts related to one's condition and proposed treatment, 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:

- (i) A natural state;
- (ii) Age;
- (iii) Shock or anxiety;
- (iv) Illness;
- (v) Injury;
- (vi) Drugs or sedation;
- (vii) Intoxication; or
- (viii) Other cause of whatever nature.

(B) See Arkansas Code § 20-9-601;

(~~4142~~) "Operational base" means a facility within the service area of the ground or air ambulance service or services designated to house the:

- (A) Ground or air ambulances;
- (B) Crew members;
- (C) Supplies; and
- (D) Communication equipment;

(~~4243~~) "Paramedic" means a provider certified by the National Registry of Emergency Medical Technicians who is licensed in Arkansas at the paramedic level;

(4344) "Probation" means an administrative action imposed on an EMS service, any EMSP license, or Department of Health-authorized and Department of Health-accredited training site for violations of this part;

(4445)(A) "Program director" means an individual responsible for oversight of a Department of Health-approved EMS education program.

(B) Program directors are authorized to verify the successful completion of EMS education;

(4546) "Protocols" means written standing orders authorized by ambulance services, approved and signed by the ambulance service medical director of the licensed ambulance service;

(4647)(A) "Reaction time" means the time from when the emergency call is received by the ambulance services' dispatch and adequate information is made available that identifies the location and nature of the call, until the ambulance is en route.

(B) This time shall be two (2) minutes or less for ground ambulances and ten (10) minutes or less for rotor-wing (excluding specialty rotor-wing and fixed-wing);

(4748) "Receiving facility" means a hospital emergency department, hospital, or medical facility capable of receiving and treating patients;

(4849) "Revocation" means an administrative action imposed by the Department of Health that terminates any EMS service license, EMSP license, or Department of Health-authorized training site for violating this part;

(4950) "Rotor-wing aircraft" means a rotor-winged air ambulance permitted by the Department of Health that is:

(A) Specially constructed and equipped; and

(B) Intended to be used for the transportation of emergency medical patients;

(5051) "Service license" means a license issued by the Department of Health to a person, firm, corporation, association, county, municipality, or other legal entity for the purpose of engaging in care, ~~and/or~~ transport of patients, or both, in the State of Arkansas;

(5152) "Short form" means an abbreviated, Department of Health-approved patient care report that is left at the medical facility at time of transfer of care when a completed encounter form is not available;

~~(52) "Specialty mission" means an assignment for an air ambulance where the specified needs of a particular patient may require the substitution of particular:~~

~~(A) Medical care providers;~~

~~(B) Medical direction; and/or~~

~~(C) Equipment;~~

(5353) "Specialty purpose service" means a licensed service that:

(A) Provides a specific medical service to a limited population group and emergency evacuation services only; and

(B) Does not participate in the business of providing continuous general population response for emergency medical services;

(5454)(A) "Stretcher" means any apparatus that is used to transport individuals in the supine or Fowler's position.

(B) This includes all devices that can be transformed from wheelchair to stretcher;

(5555) "Suspension" means an administrative action imposed by the Department of Health that temporarily removes an EMS service license, any EMSP license, or training site authorization and accreditation for violating this part; and

~~(56) "Training site representative" means an individual responsible for the organization, coordination, and day-to-day operations of the EMS education programs designated by the program director; and~~

(5756) "EMT-Volunteer ambulance service" means an ambulance service operating an EMT — Volunteer permitted ambulance that is staffed by personnel who perform and give services without expectation of compensation.

20 CAR § 81-103. Licensure of ambulance services.

(a)(1) 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.

(2) This section shall not operate to alter the application of the act under Arkansas Code § 17-95-101.

(b) General standards.

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

(B) All documentation and fees must be submitted to the Department of Health before an EMS service or vehicle permit is issued.

(C) No license shall be issued until all licensure requirements have been met.

(2) Patient's choice of the nearest appropriate medical facility.

(A) A patient who is diagnosed with a specific health condition that is listed as rare by the National Institutes of Health and that could be fatal, for which a patient seeks specialized care, may request to be transported to an alternative destination facility that is farther away than the nearest facility as set forth in Arkansas Code § 20-13-218.

(B) 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.

(C) 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.

(D) 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.

(3) Reports to medical facilities.

(A) Each ground and air ambulance service shall notify the receiving medical facility by radio or by a means agreed upon by the receiving facility.

(B) The notification shall include, at minimum:

- (i) Impending arrival;
- (ii) Patient condition; and
- (iii) Care rendered to the patient.

(C) The ambulance service shall, at the time of transfer of care, leave a completed encounter form or a completed Department of Health-approved short form.

(D) If a short form is left with the medical facility, the ambulance service shall submit a completed encounter form to the medical facility within twenty-four (24) hours from the transfer of care.

(E) Ambulance services shall comply with all official requests for patient care records from medical facilities for patients that were transported to that medical facility.

(F) The Department of Health may inspect the patient encounter forms of any service covered by this part.

(4) Reports to the Department of Health.

(A) Each licensee shall report EMS data as required by the Department of Health for every request that results in the dispatch of a vehicle.

(B) All submissions shall:

- (i) Be complete;
- (ii) Reflect accurate information; and
- (iii) Be submitted to the Department of Health within seven (7) days

of the dispatch of the call.

(C) All services shall have a quality assurance process to ensure that:

- (i) Each run has been submitted; and
- (ii) The ~~data being~~ submitted are data is complete and accurate.

(5) Insurance requirements.

(A) 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.

(B) All policies shall be issued by an insurance company licensed to do business in the State of Arkansas.

(C) Proof of current general liability insurance and coverage for each vehicle shall be submitted to the Department of Health on initial application and renewal of the service license.

(D) 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 Federal Aviation Administration.

(E) The service shall maintain evidence of proof of current liability insurance coverage for each aircraft.

(F) A license holder shall immediately notify the Department of Health and cease operations if the coverage required by this section is canceled or suspended.

(6) Service license.

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

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

(C) Each service shall always display a copy of the ambulance service license in a prominent location on the premises of the ambulance service's operational base at all times.

(7) Issuance of licenses.

(A) EMS agencies must have a software system in place that maintains compatibility with the Department of Health's software vendor to submit data to the Department of Health as required by this part.

(B) All documentation and applicable fees must be submitted to the Department of Health prior to any license being issued.

(C) No license shall be issued until all licensure requirements have been met.

(8) **Transferability of license.** Service licenses shall only be transferable if all initial licensure paperwork and fees are submitted to the Department of Health prior to operation, unless otherwise approved by the Department of Health.

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

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

(11) **Ground Service area.**

(A) The service area of each licensed ambulance service shall be:

(i) Clearly identified on a map provided by the Department of Health;

and

(ii) Submitted annually to the Department of Health.

(B) A licensed service may cross county lines to serve a portion of an adjoining county:

(i) With an agreement with the licensed service or services in the adjoining county; and

(ii) In accordance with written contracts or agreements between the ambulance service and city or county governments as they may exist.

(C) This agreement shall be submitted to the Department of Health annually with the service area map.

(D) This excludes air ambulance services.

(12) **Securing patients.** An ambulance service shall only transport patients who are properly secured based upon the ambulance manufacturer's recommendations, ~~and/or~~ federal requirements, or both.

(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 that may be suggested, recommended, prescribed, or directed by a licensed physician:

(i) Any adult, for himself or herself;

(ii) 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;

(iii) Any married person, whether an adult or a minor, for self;

(iv) Any female, regardless of age or marital status, for herself when given in connection with pregnancy or childbirth, except the unnatural interruption of pregnancy;

(v) Any person standing in loco parentis, whether formally serving or not, and any guardian, conservator, or custodian, for his or her ward or other charge under disability;

(vi) Any emancipated minor, for himself or herself;

(vii) Any unemancipated minor of sufficient intelligence to understand and appreciate the consequences of the proposed surgical or medical treatment or procedures, for himself or herself;

(viii) Any adult, for his or her minor sibling or his or her adult sibling of unsound mind;

(ix) 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 or her adult grandchild of unsound mind;

(x) Any married person, for a spouse of unsound mind;

(xi) Any adult child, for his or her mother or father of unsound mind;
and

(xii) Any minor incarcerated in the Department of Corrections or the Division of Community Correction, for himself or herself.

(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:

(i) Where an emergency exists and there is no one immediately available who is authorized, empowered to, or capable of consent, an emergency is defined as a situation wherein, in competent medical judgment, the proposed surgical or medical treatment or procedures are immediately or imminently necessary and any delay occasioned by an attempt to obtain a consent would reasonably be expected to:

(a) Jeopardize the life, health, or safety of the person affected;
or

(b) Result in disfigurement or impaired faculties; and

(ii) 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 service level and EMSP's scope of practice.

(15) **Out-of-state ambulance contracts for disaster assistance.**

(A) Ambulance services shall contact the Department of Health prior to deploying or sending any current Arkansas permitted ambulances to another state or states to fulfill obligations of a state~~/,~~ federal~~/,~~ or private contract or agreement for a disaster.

(B) The ambulance service shall contact the Department of Health during regular business hours or the Emergency Communication Center of the Department of Health after hours.

(16) Mutual aid.

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

(B) Mutual aid agreements must be updated annually.

(17) Primary responder or responders.

(A) Ground ambulance services are the primary prehospital emergency responder for each emergency scene request within their service area.

(B) Air ambulance services are considered secondary emergency responders when requested by a patient, bystander, or responders at the scene.

(C) In the event of a mass casualty incident or an extenuating circumstance, an air ambulance service may be considered a primary responder if access to patients is delayed or inaccessible by ground ambulances.

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

(E) Intercepts must be at an equal or higher level of care.

(18) Transportation of nonpatient care equipment.

(A) Items not related to patient care may only be transported in an ambulance that is considered out of service.

(B) This excludes service ~~/~~ or guide dogs as defined by Arkansas Code § 20-14-308.

20 CAR § 81-104. Ground ambulance service licensure classification and general standards.

(a) Ambulance service classifications.

(1)(A) Licensed community paramedic services shall have vehicles permitted at the community paramedic level.

(B) Only licensed paramedic services may operate a community paramedic program or vehicles.

(C) Ambulances may not be permitted or utilized as a community paramedic vehicle.

(2)(A) Licensed paramedic services shall have fifty percent (50%) or more ambulances permitted at the paramedic level.

(B) Only licensed paramedic services may operate paramedic ambulances.

(3)(A) Licensed advanced emergency medical technician (AEMT) services shall have fifty percent (50%) or more ambulances permitted at the AEMT level.

(B) Only AEMT and paramedic services may operate AEMT ambulances.

(4)(A) Licensed emergency medical services technician (EMT) services shall have ambulances permitted only at the EMT level.

(B) Paramedic and AEMT services may also operate EMT ambulances.

(5) Licensed advanced response services shall only have vehicles permitted at the advanced response level.

(6) Licensed special purpose services shall only have ambulances permitted at the EMT specialty level.

(7) Licensed emergency medical technician volunteer services shall only have ambulances permitted at the EMT volunteer level.

(8) A licensed ambulance service with multiple levels of permitted vehicles, if not meeting the requirement for tiered response, shall respond to each emergency request with the highest permitted vehicle at the time of the request until those resources are depleted or are not available.

(9) **Tiered response.**

(A) A licensed ambulance service that has either its own dispatch center or utilizes an outsourced or commercial dispatch service.

(B) The dispatch service must use a dispatch process that is:

(i) Approved by the Department of Health; and

(ii) Reliably able to:

(a) Differentiate and categorize the severity of the emergency call; and

(b) Assign the appropriate level of ambulance to that call.

(b) **Medical direction.**

(1) Each licensed EMS service shall have a medical director.

(2) This medical director must provide the Drug Enforcement Administration license for the service.

(3) The medical director shall:

(A)(i) Delegate other physicians or qualified healthcare professionals designated by the medical director to monitor and supervise the medical field performance of each Arkansas EMS agency's EMSPs.

(ii) However, the medical director shall retain ultimate authority and responsibility for:

(a) The monitoring and supervision;

(b) Establishing protocols and standing orders; and

(c) The competency of the performance of authorized medical acts;

(B)(i) Annually review all service protocols and ensure that they are appropriate for the licensure level of each EMSP to whom the performance of medical acts is delegated and authorized, compliant with accepted standards of medical practice and in line with the Department of Health's minimum patient care guidelines.

(ii) The medical director shall be familiar with the knowledge, training, and competence of each of the EMSPs to whom the performance of such acts is delegated;

(C) Notify the Department of Health within fourteen (14) business days prior to his or her cessation of duties as medical director;

(D) Ensure the licensed ambulance services for which direction is provided are in compliance with this part;

(E)(i) Have the authorization to limit the scope of practice or remove their affiliation with any EMSP under their direction.

(ii) Medical directors who limit or remove their affiliation from an EMSP shall immediately notify the Department of Health in writing outlining why these steps were taken;

(F) Physicians acting as medical directors for EMS education programs recognized by the Department of Health 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; and

(G) Have knowledge and oversight of their EMS service that is participating in EMSP field and clinical times and ensure that students are always under the direct supervision of an Arkansas-licensed EMSP at or above the level of the EMSP's course of training.

(c) Quality assurance and service records.

(1)(A) Each licensed EMS agency shall conduct a quality assurance program.

(B) The quality assurance program shall evaluate patient care and personnel performance for compliance with the ~~current~~ 2019 standards of practice as set forth in the:

(i) Service's medical protocols; and

(ii) Current standards of the National Highway Traffic Safety Administration's National EMS Scope of Practice Model.

(C) Reviews should be conducted at least quarterly to assess, monitor, and evaluate the quality of patient care provided.

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

(i) The criteria used to select audited runs;

(ii) Ambulance encounter form review;

(iii) Problem identification and resolution;

(iv) Investigation of complaints or incident reports;

- (v) Date of review;
- (vi) Attendance at the review; and
- (vii) A summary of the review discussion.

(2)(A) Any authorized representative of the Department of Health shall have the right to enter the premises of any service or permitted ambulance at any time in order to make whatever inspection necessary in accordance with the minimum standards and rules prescribed herein.

(B) Each service shall maintain and make available during normal business hours to the Department of Health for inspection records including, but not limited to:

- (i) Patient care records;
- (ii) Equipment checks;
- (iii) Personnel certifications, continuing education, and credentialing;
- (iv) Policies and procedures;
- (v) Controlled substance wastage and reconciliation documentation;

and

- (vi) Any documents related to service licensure.

(d) **Specific standards.**

(1) Licensed paramedic services shall:

(A)(i) Provide twenty-four-hour emergency ambulance service coverage.

(ii) All services shall always have a documented plan ensuring coverage within the service's service area at all times;

(B) Meet the two-minute reaction time;

(C) Maintain a register of legend drugs to include:

- (i) Type;
- (ii) Quantity;
- (iii) Date received;
- (iv) Date of expiration; and
- (v) Physician authorizing purchase and usage;

(D) Maintain a copy of the Department of Health-approved medication policy and procedure that meets the requirements of the Division of Pharmacy Services and Drug Control;

(E) Have an Arkansas-licensed medical director as defined in 20 CAR § 81-102(42); and

(F) Maintain a copy of the physician Drug Enforcement Administration registration to be utilized in acquiring controlled drugs.

(2) Licensed community paramedic services may provide care~~/~~ and services to:

(A) Discharged patients who have been screened for home health or hospice and:

(i) Do not qualify for home health or hospice services; or

(ii) Are documented as having declined home health or hospice services;

(B) Discharged emergency department patients and prehospital patients;

(C) A community paramedic may only participate in care of a patient under the care of a home health agency with the following conditions:

(i) Have a formal request from the home health agency;

(ii) Have clear communications between the community paramedic service and the home health agency; and

(iii) Only act:

(a) Within the request of the home health agency; and

(b) Under the scope of practice of the community paramedic;

(D) Discharged emergency department patients and prehospital patients;

(E) Community paramedic care~~/~~ and services are limited to:

(i)(a) Coordination of community services.

(b) Community paramedic services shall have a resource management manual;

(ii) Chronic disease care, monitoring, and education;

(iii) Health assessment;

(iv) Hospital discharge follow-up care;

(v) Laboratory specimen collection; and

(vi) Medication compliance; and

(F)(i) Each licensed community paramedic service shall have a medical director.

(ii) This medical director must provide the Drug Enforcement Administration license for the service.

(iii) The medical director shall:

(a) Have an active Arkansas state license and must always maintain their license;

(b)(1) Be either American Board of Emergency Medicine-certified or American Board of Emergency Medicine-eligible in a specialty that is involved in direct patient contact.

(2) Each medical director shall be approved by the Department of Health;

(c) Provide monitoring and supervision of the medical field performance of each community paramedic and be actively involved in all aspects of the program, including but not limited to:

(1) Training;

(2) Provider selection;

(3) Quality assurance; and

(4) Evaluation of the program's goals and objectives;

(d) Retain ultimate authority and responsibility for:

(1) The monitoring and supervision;

(2) Establishing protocols and standing orders; and

(3) The competency of the performance of authorized

medical acts;

(e) Ensure that all protocols are appropriate for community paramedics to whom the performance of medical acts is delegated and authorized, and compliant with accepted standards of medical practice;

(f) Be familiar with the training, knowledge, and competence of each of the EMS personnel to whom the performance of such acts is delegated;

(g) Notify the Department of Health immediately upon his or her cessation of duties as medical director; and

(h) Ensure the licensed service for which direction is provided is in compliance with this part.

(3) Licensed AEMT services shall:

(A)(i) Provide twenty-four-hour emergency ambulance service coverage.

(ii) All services shall have a documented plan ensuring AEMT coverage within the service's service area;

(B) Meet the two-minute reaction time;

(C) Have a medical director as defined in 20 CAR § 81-102(35); and

(D) Maintain on file with the Department of Health a copy of the medication policy and procedures that meets the requirements of the Division of Pharmacy Services and Drug Control if medications or the expanded skills are in the AEMT service's protocols.

(4) Licensed EMT services shall:

(A)(i) Provide twenty-four-hour ambulance service coverage.

(ii) All services shall have a documented plan always ensuring EMT coverage within the service's service;

(B) Meet a two-minute reaction time;

(C) Have a medical director as defined in 20 CAR § 81-102 if medications or expanded skills are in the EMT service's protocols; and

(D) Maintain on file with the Department of Health a copy of the medication policy and procedure that meets the requirements of the Division of Pharmacy Services and Drug Control if medications or the expanded skills are in the EMT service's protocols.

(5) Licensed advance response services shall:

(A) Provide emergency care to critically ill or injured patients prior to the arrival of a licensed transporting ambulance service;

(B) Be a government entity or a licensed ambulance service for a service area in which they are currently licensed;

(C) Meet a two-minute reaction time;

(D) Only be permitted at the paramedic level;

(E) 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)(i) Have a medical director as defined in 20 CAR § 81-102(42).

(ii) Advanced response services shall have coordinated and agreed upon the agency's service area guidelines by all transporting agency medical directors within the advanced response service area;

(G) Maintain a copy of the Department of Health-approved Medication Policy and Procedures that meets the requirements of the Division of Pharmacy Services and Drug Control if narcotics are carried;

(H) Staff each vehicle with at least one (1) licensed paramedic;

(I) Only transfer care to a licensed paramedic transporting service or maintain advanced level of care throughout transport if care is rendered to a basic life support transporting ambulance service;

(J)(i) Agencies not operating on a twenty-four-hour, seven-day-a-week basis shall provide all the licensed transporting ambulance services within their service area a schedule of operation that clearly indicates the levels of coverage and times of availability.

(ii) Agencies are required to immediately notify the licensed transporting ambulance services of any changes to the schedule in real time.

(iii) It is the responsibility of the advanced response agency to notify the local licensed transporting ambulance services of dispatched advanced response vehicles; and

(K) Follow service data reporting to the Department of Health as referenced in 20 CAR § 81-103(b)(3).

(6) Licensed special purpose services.

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(A) A Special Purpose license shall be issued to an applicant who:

(i) Provides a specific medical service to a limited population group and emergency evacuation services only;

(ii) Does not participate in the business of providing continuous general population response for emergency medical services; and

(iii) Is limited to pediatrics, neonatal, high-risk obstetrics, or the industrial settings.

(B) A special purpose service shall have a medical director as defined in 20 CAR § 81-102 according to the service's level of care.

(C) A special purpose service shall maintain on file with the Department of Health a copy of the medication policy and procedure that meets the requirements of the Division of Pharmacy Services and Drug Control if medications or the expanded skills are in the EMT service's protocols.

(7) Licensed EMT volunteer services.

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

(B) An EMT volunteer service shall have a medical director as defined in 20 CAR § 81-102 if medications or expanded skills are in the EMT service's protocols.

(C) An EMT volunteer service shall maintain on file with the Department of Health a copy of the medication policy and procedure that meets the requirements of the Division of Pharmacy Services and Drug Control if medications or the expanded skills are in the EMT service's protocols.

20 CAR § 81-105. 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 of Health.

(b) Ground vehicle general standards.

(1) Each vehicle of a licensed ground ambulance service shall be issued a permit in one (1) of the classifications set forth below:

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- (A) Paramedic;
- (B) Community Paramedic;
- (C) AEMT;
- (D) EMT;
- (E) Advanced Response;
- (F) EMT — Volunteer (EMT-V); and
- (G) ~~EMT~~ — Special Purpose (~~EMT-S~~); and.
- ~~(H) Stretcher.~~

(2) A vehicle may not be permitted by the Department of Health or operated as an ambulance prior to the submission and approval of:

- (A) All required documentation and fees; and
- (B) A Department of Health inspection.

(3) Vehicles must meet applicable requirements set forth in this part 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)(A) Any medical equipment carried on an ambulance outside the approved equipment list shall have prior written approval by the Department of Health.

(B) No equipment or supplies shall be carried on an ambulance that would permit an EMSP to render care beyond the scope of practice and/or violate this part, excluding community paramedic vehicles.

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

(8)(A) Ambulances shall be equipped with fasteners of the quick-release type to secure the cot to the floor or side walls that meet Ambulance Manufacturers Division (AMD) Standard 004.

(B) Stretcher mounts must be capable of fastening the stretcher to the vehicle to prevent any movement of the stretcher when in its fastened position.

(9) Only ambulances of a paramedic or AEMT service shall be equipped with ALS equipment as defined by their level of care unless a prior request for an upgrade has been made and approved by the Department of Health.

(10)(A) Temporary upgrades and downgrades of permitted ambulances:

- (i) Are for mechanical and staffing purposes; and
- (ii) Must be for a temporary period.

(B) Notice shall be made in writing on approved forms to the Department of Health prior to any changes in equipment or staffing of permitted ambulances.

(C) Permanent upgrades and downgrades shall follow the same guidelines as a new vehicle permit.

(D) Advanced life support equipment and medications shall not be stored on a licensed EMT ambulance.

(11)(A) Each permitted ambulance must have the ambulance service name clearly displayed in a contrasting color or colors on each side and rear of the ambulance such that it is easily identifiable by the general public.

(B) The following identifiers shall also be displayed in a contrasting color or colors:

(i) The Star of Life emblem must be displayed on the top of the new ambulance; and

(ii) The new permit sticker issued by the Department of Health will be displayed on the rear lower-left corner of the ambulance vehicle.

(C) The following identifiers may also be displayed in contrasting colors:

(i) The permitted level of the ambulance may be displayed on the front two (2) fenders of the ambulance; and

(ii) The word "Ambulance" is labeled in a mirror image located on the front of the ambulance hood and the word "Ambulance" on the rear of the ambulance.

(12)(A) Each ambulance shall be equipped with a siren capable of emitting sound audible under normal conditions from not less than five hundred feet (500').

(B) The warning device shall not be used except when the ambulance is operated in response to an emergency call, reference Arkansas Code § 27-37-202.

(C) Community paramedic vehicles may not be equipped with audible warning devices.

(13)(A) Each ambulance shall be equipped with an emergency lighting system that shall provide three hundred sixty degrees (360°) of conspicuity for safety during all missions.

(B) This includes, at a minimum:

(i) A flashing emergency light bar or equivalent; and

(ii) Two (2) alternating flashing red lights located at the same level on

the:

(a) Front;

(b) Sides; and

(c) Rear.

(C) These lights shall have sufficient intensity to be visible at five hundred feet (500') in normal sunlight.

(D) Community paramedic vehicles 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 two (2) fire extinguishers.

(17)(A) Each ambulance shall be equipped with a:

(i) Backup alert alarm (audible warning device) that is activated when the vehicle is shifted into reverse; and

(ii) Load management system to ensure power to essential patient care equipment is protected.

(B) Community paramedic vehicles do not need to be equipped with a backup alert alarm.

(18)(A) All designated seating positions in the patient compartment shall be:

(i) Equipped with safety restraint systems appropriate for each type of seating configuration; and

(ii) Fully operational.

(B) There shall be no less than forty-three inches (43”) of seat-to-ceiling space for all personnel sitting positions.

(19)(A) All oxygen tanks shall be secured, with the main oxygen tank’s regulator indicating the cylinder pressure visible from within the patient compartment.

(B) The oxygen tank retention system shall meet AMD Standard 003.

(C) Oxygen must be medical-grade and the tank must always contain at least five hundred pounds per square inch (500 psi).

(20)(A) Each permitted ambulance shall have two-way direct communication with dispatch centers, base stations, other emergency medical service vehicles, and receiving hospitals.

(B) The following frequencies are mandated:

(i) 155.280 MHz;

(ii) 155.235 MHz; and

(iii) 155.340 MHz.

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

(21)(A) All ambulances permitted by the Department of Health shall carry the minimum approved supplies and equipment for the level of licensure of the ambulance.

(B) All equipment and supplies shall be:

(i) In date;

(ii) Clean;

(iii) Sanitary; and

(iv) In good working order.

(22) Each ambulance shall have no structural or functional defects that may adversely affect the patient, EMSPs, or the safe operation of the vehicle, including:

- (A) Steering systems;
- (B) Brakes; and
- (C) Seatbelts.

(23) Tires:

- (A) Shall be appropriate for the gross vehicle weight of the vehicle; and
- (B) Shall not be damaged or have excessive tread wear.

(24) The ambulance exhaust system, as well as the gaskets surrounding the vehicle's 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:

- (A) Heated;
- (B) Air-conditioned; and
- (C) Ventilated.

(26) The interior of the ambulance and all storage areas shall be maintained in a manner that is safe, clean, and in good working order always.

(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)(A) The Department of Health may, at its sole discretion, inspect each permitted ambulance subject to the requirements of this part.

(B) The Department of Health 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 this part.

(31) If an ambulance service does not provide extrication services, an extrication agreement with a rescue department or team shall be submitted to the Department of Health with the ambulance service's initial and annual renewal application.

(32) Each permitted vehicle shall keep a current copy, either in print or electronic, of the service's medical director-approved protocols in the ambulance always.

(33) EMSPs shall perform only those skills at the level of the permitted vehicle.

(c) Ambulance staffing requirements.

(1) Paramedic-permitted ambulances.

(A) Each paramedic-permitted ambulance shall be always staffed by a minimum of two (2) licensed and certified individuals, one (1) of whom shall be a licensed paramedic.

(B) The remaining individual may be a:

- (i) Paramedic;
- (ii) AEMT;
- (iii) EMT;
- (iv) EMR; or
- (v) EVO.

(C) The paramedic shall always staff the patient compartment during patient transport.

(D) Only licensed EMRs may participate in the 911 primary system on a permitted paramedic ambulance.

(E) Certified EVOs may not participate in the 911 primary system on a permitted paramedic ambulance.

(2) AEMT-permitted ambulances.

(A) Each AEMT-permitted ambulance always shall be staffed by a minimum of two (2) licensed and certified individuals, one (1) of whom shall be a licensed paramedic or AEMT.

(B) The remaining individual may be a:

- (i) Paramedic;
- (ii) AEMT;
- (iii) EMT;
- (iv) EMR; or
- (v) EVO.

(C) The AEMT or paramedic shall always staff the patient compartment at all times during patient transport.

(D) Only licensed EMRs may participate in the 911 primary system on a permitted AEMT ambulance.

(E) Certified EVOs may not participate in the 911 primary system on a permitted AEMT ambulance.

(3) EMT-permitted ambulances.

(A) Each permitted ambulance shall be staffed by two (2) licensed and certified individuals.

(B) Each EMT-permitted ambulance shall always be staffed by a licensed:

- (i) Paramedic;
- (ii) AEMT; or
- (iii) EMT.

(C) The remaining individual may be a licensed EMR or certified EVO.

(D) The paramedic, AEMT, or EMT shall always staff the patient compartment during patient transport.

(E) Licensed EMRs and certified EVOs may participate in the primary 911 system on a permitted EMT ambulance.

(4) Advanced response-permitted vehicles.

(A) Vehicles shall:

- (i) Be permitted at the paramedic level only; and
- (ii) Always be staffed by a minimum of one (1) licensed paramedic.

(B)(i) Patient care must be transferred to a licensed transporting service.

(ii) Paramedic level of care must be maintained throughout transport if paramedic level of care is initiated.

(5) EMT — Volunteer permitted ambulances.

(A) Each EMT — Volunteer-permitted ambulance shall always be staffed by a minimum of two (2) individuals, one (1) of whom shall be a licensed physician, paramedic, AEMT, RN, or EMT, with any of the above in the patient compartment always during patient transport.

(B) The second individual must at minimum be certified in cardiopulmonary resuscitation (CPR) (basic life support).

(6) Special purpose ambulances.

(A) Each special purpose-permitted ambulance shall always be staffed by a minimum of two (2) individuals, one (1) of whom shall be a licensed:

- (i) Physician;
- (ii) Paramedic;
- (iii) AEMT;
- (iv) RN; or
- (v) EMT.

(B) The patient compartment must always be staffed by the highest licensed level of care during patient transport.

(C) The second individual must at minimum be certified in CPR (basic life support).

20 CAR § 81-106. Air ambulance service licensure classification standards.

(a) **Air ambulance service classifications standards.** Each vehicle of a licensed air ambulance service shall be issued a permit in one (1) of the classifications set forth below:

- (1) Air medical rotor-wing;
- (2) Air medical rotor-wing specialty; or
- (3) Air medical fixed-wing.

(b) General standards.

(1) A vehicle may not be operated as an air ambulance prior to the:

- (A) Application;
 - (B) Required documentation;
 - (C) Payment of fees; and
 - (D) Receipt of a permit issued by the Department of Health.
- (2) Permits shall be for a period not to exceed one (1) year.
- (3) Each licensee shall have a current Federal Aviation Administration FAR Part 135 Air Carrier Certificate.
- (4) Refueling of an aircraft shall follow the Federal Aviation Administration standards outlined in the certificate holder's operation manual.
- (5) Air ambulance services based outside of Arkansas that do hospital-to-hospital transports, including emergency scene flights and hospital-to-hospital transfers within the State of Arkansas, shall be subject to the requirements of this part in conjunction with other states' applicable rules when appropriate.
- (6) Each air ambulance service shall have and maintain a coordination point twenty-four (24) hours a day, seven (7) days a week.
- (7)(A) Each air ambulance shall contact the referring and receiving medical facilities or ground scene personnel once within radio range, giving them:
- (i) The estimated time of arrival; and
 - (ii) When on final approach.
- (B) Otherwise, the coordination point shall have this responsibility.
- (8) 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 the party requesting the flight with verification telephone number; and
 - (E) Pertinent medical and logistical support information.
- (9)(A) Each air ambulance operator must maintain a patient encounter record from each patient flight for seven (7) years.
- (B) This record may be electronic or printed copy.

(10) All air ambulance services must coordinate aircraft departures and arrivals with required surface transportation to avoid delays.

(11)(A) Each air ambulance service shall have a medical director.

(B) This medical director shall provide the Drug Enforcement Administration registration for the service.

(C) The medical director shall ensure:

(A) That all EMSPs for which direction is provided are properly educated and licensed pursuant to this part, including skills verification;

(B) That each EMSP for which direction is provided follows service protocols.

(C) The licensed services for which direction is provided are following this part.

(D) The service's written protocols are reviewed annually and prior to the implementation of any changes and review of the duty readiness policy.

(12) Each service shall maintain a register of legend drugs as outlined in 20 CAR § 81-114.

(13) Each service shall maintain a copy of the Department of Health-approved medication policy and procedures that meets the requirements of the Division of Pharmacy Services and Drug Control.

(14)(A) Each permitted aircraft shall always keep a current copy of the service's approved offline medical control protocols in the aircraft.

(B) These can be printed or electronic.

(15) **Quality assurance program for licensed ambulance services.**

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

(A) The criteria used to select audited runs;

(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; and
- (G) A summary of the review discussion.

(16)(A) Any authorized representative of the Department of Health shall have the right to enter the premises of any service or permitted ambulance at any time to make whatever inspection necessary in accordance with the minimum standards and rules prescribed herein.

(B) Each service shall maintain and make available to the Department of Health for inspection all patient encounter forms.

(c) Specific air medical service standards.

(1) Each air medical rotor-wing and air medical rotor-wing specialty ambulance shall:

(A) Provide twenty-four-hour emergency ambulance service coverage;

(B) Meet the ten-minute reaction time with the exception of hazardous weather conditions that would preclude response;

(C) Have a minimum of one (1) incoming telephone line dedicated to emergency requests for the air ambulance service;

(D) Have an air ambulance communication specialist that is an EMT licensed and certified by the state where the communications center is located and:

(i) Present in the communication center; and

(ii) Actively involved in the communications process;

(E) A communication center with the following:

(i)(a) A system to record all communications pertaining to flight requests.

(b) The system must have time-encoding and playback capabilities.

(c) Recordings shall be kept for a minimum of sixty (60) days; and

(ii)(a) Maps of all areas where the service responds to scene flights.

(b) Maps:

- (1) Shall be a Department of Transportation General Highway Map for Counties or the equivalent; and
 - (2) Can be electronic or a printed copy;
- (F) Have personnel capable of plotting scene coordinates and directing the helicopter to a scene location twenty-four (24) hours a day;
- (G) Each air rotor-wing aircraft must have:
 - (i) Radio capability to communicate air-to-ground; and
 - (ii) The ability to communicate with:
 - (a) Physicians who are responsible for directing patient care in transit; and
 - (b) Ground personnel who coordinate the transfer of the patient;
- (H) Have a policy addressing post-accident or incident plan; and
- (I)(i) Arrange for flight following at least every fifteen (15) minutes.
 - (ii) Documentation of such flight following must be maintained during all phases of flight.
- (2) Each air medical fixed-wing ambulance shall have:
 - (A) A minimum of one (1) incoming telephone line dedicated to requests for the air ambulance service; and
 - (B) An air ambulance communication specialist assigned to receive all dispatch and flight request information on behalf of the air ambulance service.

20 CAR § 81-107. Permitting of air ambulance vehicles.

(a) **Application.** An application for the issuance or renewal of an air ambulance vehicle permit shall be made to the Department of Health with required documentation and payment of fees.

(b) Air ambulance vehicle general standards.

- (1) Air ambulance vehicles shall:
 - (A) Be configured to allow the air medical personnel to treat the patient, including advanced life support procedures;

(B) Ensure that all outdated, misbranded, adulterated, or deteriorated fluids, supplies, and medications are removed from the aircraft immediately;

(C)(i) Carry the minimum approved supplies and equipment for the level of licensure of the air ambulance.

(ii) All equipment and supplies shall be:

(a) Clean;

(b) Sanitary; and

(c) In good working order; and

(D) Be properly climate controlled at a temperature range of fifty degrees to eighty-five degrees Fahrenheit (50°F – 85°F).

(2) All pharmaceuticals shall be kept within the recommended temperature range as established by the manufacturer.

(3)(A) Each air ambulance service shall have in force and effect malpractice insurance coverage in the amount of no less than one million dollars (\$1,000,000) per occurrence and no less than three million dollars (\$3,000,000) aggregate for all air medical personnel.

(B) The service shall maintain proof of the current insurance policy.

(c) Air ambulance vehicle specific standards.

(1) Rotor-wing and rotor-wing specialty vehicles shall:

(A) Have communication capabilities for 123.05 MHz, 155.340 MHz, 155.235 MHz, and 155.280 MHz radio frequencies; and

(B) Have a two-way radio with the ability to communicate:

(i) Between the pilot and air medical personnel;

(ii) With:

(a) Physicians who are responsible for directing patient care in transit; and

(b) Ground personnel who coordinate the transfer of the patient;

(iii) Air-to-air and air-to-ground; and

(iv) In the trauma system utilizing a trauma Arkansas Wireless Information Network (AWIN) radio or another suitable medium capable of real-time, direct communication with the Arkansas Trauma Communications Center (ATCC).

(2) Fixed-wing vehicles:

(A) Shall have communication capabilities for 123.05 MHz and other nationwide frequencies; and

(B) Can communicate:

(i) Between the pilot and air medical personnel;

(ii) With:

(a) Physicians who are responsible for directing patient care in transit; and

(b) Ground personnel who coordinate the transfer of the patient;

(iii) Air-to-air and air-to-ground; and

(iv) Capable of real-time, direct communication with the ATCC when transporting trauma patients.

(d) **Air ambulance staffing requirements.**

(1) **Air medical rotor-wing.**

(A) All flights shall be staffed by a minimum of two (2) air medical personnel, one (1) of whom must be a flight nurse or physician.

(B) The physician may be the medical director or their designee who meets the appropriate air medical training requirement.

(C) The air ambulance service medical director may select other crew members at their discretion from the following — paramedic, respiratory therapist, RN, or physician — if the personnel meet the minimum training requirements.

(2) **Air medical rotor-wing specialty.**

(A) All flights shall be staffed by a minimum of two (2) air medical personnel, one of whom must be a flight nurse or physician.

(B) The physician may be the medical director or their designee who meets the appropriate air medical training requirement.

(C) The air ambulance service medical director may select other crew members at their discretion from the following — paramedic, respiratory therapist, RN, or physician — if the personnel meet the minimum training requirements.

(3) Air medical fixed-wing.

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

(B) If a physician is on the flight, the minimum crew members shall be a flight nurse or paramedic.

(e) Air medical personnel training requirements — Prehospital air medical rotor-wing, nonphysician crew. Minimum orientation and recurrent training in the following areas:

(1) **Prehospital environment.** Will be covered by EMT licensure requirement as referenced in the Department of Health’s Emergency Medical Services Accreditation Manual [\(Appendix B\)](#);

(2) Air medical environment.

(A) Aircraft safety issues to include, as required by the Federal Aviation Administration, annual recurrent training, including crew resource management.

(B) Air medical patient transport considerations (preparation, handling, and equipment).

(C) Altitude physiology and stressors of flight, one (1) hour initially and annually.

(D) Day and night flying protocols, to be included in the Federal Aviation Administration annual safety inspection.

(E) EMS communications (radios) and familiarization with EMS system, one (1) hour initially.

(F) Invasive procedures, or manikin equivalent, for competency maintenance, four (4) intubations ~~/~~ [per](#) year, recommended one (1) successful intubation ~~/~~ [per](#) quarter.

(G) Quality management, one (1) hour yearly;

(3) Preparatory, mandatory for both the flight nurse and paramedic.

Minimum experience for flight nurses and paramedics:

(A) Minimum of three (3) years of current registered nursing experience in critical care, emergency nursing, or both (for example, ICU, CVICU, ER, or CCU).

(i) If an RN has two (2) years of critical care, emergency nursing experience, or both, and three (3) years of EMS experience at the paramedic level, they may be considered eligible for flight nurse status.

(ii) A paramedic with three (3) years of flight experience may be allowed to transition into the flight nurse role if they successfully complete a program-specific flight nurse orientation; and

(B) Minimum experience for paramedics conducting air ambulance transport, minimum of three (3) years' current paramedic experience with a paramedic ambulance service;

(4) Trauma.

(1) Disaster and triage, two (2) hours initially and annually.

(2) Thermal, chemical, and electrical, two (2) hours initially and annually;

and

(5) Certifications required.

(A) Neonatal Resuscitation Program (NRP) or equivalent course;

(B) Pediatric Advanced Life Support (PALS) course or Pediatric Education for Prehospital Providers (PEPP) course or equivalent course;

(C) Advanced Cardiac Life Support (ACLS) or equivalent course;

(D) Prehospital Trauma Life Support (PHTLS), International Trauma Life Support (ITLS), Trauma Nurse Core Course (TNCC), or equivalent course; and

(E) FEMA ICS 100, 200, 700, and 800.

(f) Air medical personnel training requirements — Prehospital air medical rotor-wing conducting specialty flights (high-risk obstetrics and neonatal transports).

(1) High-risk obstetrical.

(A) Basic fetal monitoring class, four (4) hours initially and one (1) hour annually.

(B) The following didactic topics shall be covered annually:

- (i) Fetal assessment;
- (ii) Triage and assessment of the pregnant patient;
- (iii) Conditions warranting transport and stabilization;
- (iv) Emergency childbirth and complications of delivery;
- (v) Placenta previa and placental abruption;
- (vi) Prolapsed cord;
- (vii) Preeclampsia;
- (viii) Postpartum hemorrhage;
- (ix) OB trauma; and
- (x) Medications.

(C) Certifications required:

- (i) Advanced Cardiac Life Support (ACLS) or equivalent; and
- (ii) Neonatal Resuscitation Program (NRP) or equivalent.

(2) Neonatal transport.

(A) The following didactic topics shall be covered annually:

(i) Maternal physiologic and pharmacologic factors affecting the neonate;

(ii) Physical examination;

(iii) Gestational age assessment;

(iv) Interpretation of clinical, laboratory, radiographic, and other diagnostic data;

- (v) Thermoregulation;
- (vi) Oxygen monitoring;
- (vii) Fluid and electrolyte therapy; and
- (viii) Pharmacology, including drug dose calculations.

(B) Anatomy, pathophysiology, assessment, and treatment of:

- (i) Acute and chronic respiratory diseases;

- (ii) Cardiovascular abnormalities;
- (iii) Surgical emergencies;
- (iv) Infectious diseases;
- (v) Musculoskeletal abnormalities;
- (vi) Neurological and spinal cord injuries;
- (vii) Prematurity and postmaturity;
- (viii) Hematologic disorders;
- (ix) Metabolic and endocrine disorders;
- (x) Disorders of the:
 - (a) Head;
 - (b) Eyes;
 - (c) Nose; and
 - (d) Throat;
- (xi) Genetic disorders, congenital heart disease;
- (xii) Psychosocial and bereavement support; and
- (xiii) Mechanical ventilation techniques during transport.

(C) The following clinical areas shall be covered:

- (i) Oxygen administration;
- (ii) Anesthesia bag and mask ventilation;
- (iii) Application of Nasal Continuous Positive Airway Pressure (CPAP);
- (iv) Endotracheal intubation;
- (v) Ventilation;
- (vi) Inhaled;
- (vii) Nitric oxide, if indicated;
- (viii) IV and intraarterial access;
- (ix) Intraosseous access;
- (x) Venipuncture for lab specimen collection;
- (xi) Cardiopulmonary resuscitation (CPR);
- (xii) Hemorrhage control; and
- (xiii) Radiographic interpretation.

(D) Certifications required, Neonatal Resuscitation Program (NRP) or equivalent.

(g) **Air medical personnel training requirements — Air medical rotor-wing specialty.** Minimum orientation and recurrent training in the following areas:

(1) Air medical environment:

(A) Aircraft safety issues, to include as required by the Federal Aviation Administration, annual recurrent training to include crew resource management;

(B) Air medical patient transport considerations:

(i) Preparation;

(ii) Handling; and

(iii) Equipment;

(C) Altitude physiology and stressors of flight, one (1) hour initially and annually;

(D) Day and night flying protocols, to be included in the Federal Aviation Administration annual safety inspection;

(E) EMS communications (radios) and familiarization with EMS system, one (1) hour initially;

(F) Invasive procedures, or manikin equivalent, for competency maintenance, four (4) intubations ~~/per~~ year recommended, one (1) successful intubation ~~/per~~ quarter;

(G) Quality management, one (1) hour yearly; and

(H) Stress recognition and management; and

(2) **Preparatory, mandatory for both the flight nurse and paramedic.**

(A) **Minimum experience for flight nurses.** Minimum of three (3) years' current registered nursing experience in specialty care, ~~for example including, but not limited to,~~ NICU, PICU, ICU, ~~or~~ labor and delivery, ~~etc.~~, emergency nursing, or other as appropriate to the mission of the air ambulance service.

(B) **Minimum experience for paramedics.** Minimum of three (3) years' current paramedic experience with a paramedic ambulance service.

(C) Minimum training requirements for specialty care air medical personnel.

(i) Specialty care air medical personnel must have state licensure or certification requirements by appropriate agencies or governing bodies and have relevant specialty experience as described by program policy.

(ii) At a minimum, these personnel must have the following training as noted in air medical environment.

(h) Air medical personnel training requirements — Air medical fixed-wing.

Minimum orientation and recurrent training in the following areas:

(1) Air medical environment.

(A) Aircraft safety issues as required by the Federal Aviation Administration annual recurrent training, including crew resource management.

(B) Air medical patient transport considerations:

(i) Preparation;

(ii) Handling; and

(iii) Equipment.

(C) Altitude physiology and stressors of flight, one (1) hour initially and annually.

(2) Preparatory, mandatory for all fixed-wing medical personnel.

(A) Minimum experience for RN and paramedic on a fixed-wing.

Minimum of two (2) years' current RN experience in critical care, emergency nursing, or both, for example, ICU, CVICU, ER, or CCU.

(B) Minimum experience for EMTs or paramedics conducting fixed-wing transport. Minimum of two (2) years' current EMT or paramedic experience with a paramedic ambulance service.

(C) Minimum experience for specialty care fixed-wing personnel.

(i)(a) Specialty care fixed-wing personnel must have an appropriate state license or certification requirements by appropriate agencies or governing bodies and have relevant specialty experience as described by program policy.

(b) At a minimum, this personnel must have the following training as noted in air medical environment.

(ii) For specialty transports, an RN must have a minimum of two (2) years of current registered nursing experience in the specialty of the patient being transported.

(3) Required certifications.

(i) Advanced Cardiac Life Support (ACLS) or equivalent course.

(ii) Pediatric Advanced Life Support (PALS) or Pediatric Education for Prehospital Providers (PEPP) course or equivalent course if transporting pediatric patients.

(iii) Neonatal Resuscitation Program (NRP) or equivalent course if transporting neonatal patients.

(i) Air medical personnel training requirements for air medical rotor-wing air ambulance communication specialists. Minimum initial and recurrent training in the following areas:

- (1) Medical terminology;
- (2) Knowledge of EMS;
- (3) Familiarization with equipment used in the field setting;
- (4) FARs pertinent to the medical transport service;
- (5) Federal Communications Commission regulations pertinent to the medical transport service;
- (6) General safety rules and emergency procedures pertinent to air medical transport service;
- (7) Map skills, including the ability to locate an aircraft utilizing coordinates;
- (8) Ability to articulate weather radar information to pilots;
- (9) Types of radio frequency bands used in air medical EMS;
- (10) Assistance with hazardous materials response and recognition procedure using appropriate reference materials;
- (11) Stress recognition and management;
- (12) Customer service~~/,~~ public relations~~/,~~ and phone etiquette;

- (13) Quality management;
- (14) Crew resource management pertinent to communications;
- (15) Computer literacy and software training;
- (16) Post-Accident Incident Plan (PAIP); and
- (17)(A) Documentation for recurrent training.

(B) Documentation showing completion of all recurrent training ~~as outlined in subsection (e) of this section~~ shall be submitted to the department annually with the air ambulance service license renewal for all licensed EMSPs and communication specialists.

20 CAR § 81-108. Approved emergency medical services provider skills.

(a)(1) Paramedics and AEMTs may function within their scope of practice while off-duty or while not staffing a permitted ambulance within the licensed ambulance service's area with whom the EMSP is employed provided.

(2)(A) The following must be submitted to the Department of Health for review and approval prior to implementation of this practice:

- (i) Written approval from the ambulance service medical director;
- (ii) Written approval from the ambulance service director;
- (iii) Verification that the individual or individuals are licensed by the department to perform the skills requested; and
- (iv) Medical director-approved treatment protocols addressing this specific practice and any equipment carried by the EMSP.

(B) In all cases, paramedic and AEMT level of care must be maintained throughout transport if paramedic care is initiated.

(3) A paramedic or AEMT who is solely employed in the industry and serves on the facility's emergency response team or an emergency response team affiliated with or sponsored by a governmental entity may, while on duty, perform any skill that is listed in their approved protocols if they meet all of the following requirements:

(A) Written approval from the team's medical director, submitted to the department for review;

(B) Written approval is received from the team's medical director and shall be submitted to the department for review and approval;

(C) The submission of medical director-approved protocols specific to this practice to the department prior to implementation of the response team;

(D) Verification that the EMSPs are licensed by the department to perform the skills;

(E) EMSPs' performance is not tied to a licensed ambulance service at the time they are performing skills for the response team; and

(F) In all cases, paramedic and AEMT level of care must be maintained throughout transport if advanced care is initiated.

(b)(1) EMSPs are permitted to perform only those skills and administer only those medications outlined in the ~~current~~ 2019 National Highway Traffic Safety Administration's National EMS Scope of Practice Model once they are:

(A) Licensed at that provider level; and

(B) Credentialed by the EMS service's medical director.

(2) To provide patient care in Arkansas, all EMSPs must hold a current Arkansas EMSP license.

(3)(A) Paramedic services approved to provide rapid sequence intubation (RSI) must first apply for approval and meet all department RSI requirements.

(B) Approval must be granted by the department before implementation of the skill or utilization of protocol.

(C) Paramedics are allowed to use paralytics to maintain the paralysis of an already intubated patient if approved by medical direction.

(4) EMSPs may transport a police dog injured during a law enforcement or correctional agency's work to a veterinary hospital or clinic if there is not a person requiring immediate medical attention or transport at the time as set forth by Arkansas Code § 20-13-217.

(5)(A) EMSPs may administer prescription medications to patients with a health condition that is listed as rare by the National Institutes of Health and a

condition that could be fatal for which a patient seeks specialized healthcare as set forth in Arkansas Code § 20-13-218.

(B) Prescription medications administered shall be:

- (i) Carried by a patient;
- (ii) Administered via routes of delivery that are within the scope of practice for the EMSP;
- (iii) Intended to treat specific health conditions; and
- (iv) Not listed on the drug formulary set out by the department.

20 CAR § 81-109. Education, testing, and licensure of EMS providers.

(a)(1) The Department of Health shall license or certify individuals for the provision of emergency medical services, or grant a privilege to practice under the Compact.

(2) EMSPs may not provide patient care without a current Arkansas EMSP license or a Compact privilege to practice.

(3) The Department of Health shall issue the following types of licenses:

- (A) Emergency Medical Responder;
- (B) Emergency Medical Technician;
- (C) Advanced Emergency Medical Technician (AEMT);
- (D) Paramedic;
- (E) Community Paramedic; and
- (F) ~~EMSP—Instructor~~ Emergency Medical Services Provider Instructor.

(4) The Department of Health shall issue ~~the following types of~~ certifications, for Emergency Vehicle Operators.

(5) **Applicable fees.**

(A)(i) An application for the initial issuance of a license shall be:

- (a) Submitted to the Department of Health; and
- (b) Accompanied by the fee set forth by Arkansas Code § 20-13-

211.

(ii) An application for the community paramedic licensure shall be submitted to the Department of Health with the application fee waived.

(B)(i) Pursuant to Acts 2021, No. 725, an applicant may receive a waiver of the initial licensure fee, if eligible.

(ii) Eligible applicants are applicants who:

(a) Are receiving assistance through the:

(1) Arkansas, or current state of residence equivalent, Medicaid Program;

(2) Supplemental Nutrition Assistance Program (SNAP);

(3) Special Supplemental Nutrition Program for Women, Infants, and Children (WIC);

(4) Temporary Assistance for Needy Families Program (TEA);

or

(5) Lifeline Assistance Program (LAP);

(b) Were approved for unemployment within the last twelve (12) months; or

(c) Have an income that does not exceed two hundred percent (200%) of the federal poverty income guidelines.

(C) Applicants shall provide documentation showing their receipt of benefits from the appropriate state agency:

(i) For Medicaid, SNAP, WIC, TEA, or LAP, documentation from the Department of Human Services or current state of residence equivalent agency;

(ii) For unemployment benefits approval in the last twelve (12) months, the Division of Workforce Services or current state of residence equivalent agency; or

(iii) For proof of income, copies of all Internal Revenue Service forms indicating the applicant's total personal income for the most recent tax year, for example, ~~7~~:

(a) W-2, or

(b) 1099, etc.

(D) Applicants shall attest that the documentation provided under subdivision (a)(5)(C) of this section is a true and correct copy, and fraudulent or

fraudulently obtained documentation shall be grounds for denial or revocation of license.

(6) Proof of certification and licensure cards.

(A) Each EMSP shall have:

(i) Proof of Arkansas EMSP licensure or certification, issued by the Department of Health, on their person while on duty; or

(ii) The ability to contact their EMS service for licensure or certification verification.

(B)(i) All licensure levels shall maintain a Department of Health-approved cardiopulmonary resuscitation (CPR) certification.

(ii) Paramedics are also required to maintain a Department of Health-approved advanced cardiovascular life support (ACLS) certification during their license period.

(C) The Department of Health-approved CPR and ACLS certifications must:

(i) Follow current American Heart Association guidelines; and

(ii) Require a hands-on skills component designed specifically for healthcare providers.

(D) Each service shall have a copy of all current licensure and certification cards readily available for all employees.

(7) Criminal history form. Any applicant applying for initial EMR, EMT, AEMT, or paramedic licensure ~~or EVO certification~~ shall complete state, and federal, ~~or both~~ criminal history checks, depending on residency status.

(8) Licensure level requirements — Emergency medical responder.

(A) Successful completion of a Department of Health-accredited EMR program.

(B) Successful completion of the NREMT certification process.

(C) Department of Health-approved CPR certification must:

(i) Follow current American Heart Association guidelines; and

(ii) Require a hands-on skills component designed specifically for healthcare providers.

(9) Emergency Medical Technician.

(A) Successful completion of a Department of Health-accredited EMT program, including all didactic, clinical, and field internship requirements.

(B) Successful completion of both the Arkansas practical skills examination, or documented verification of skills proficiency, and the NREMT certification process.

(C) Department of Health-approved CPR certification must:

(i) Follow current American Heart Association guidelines; and

(ii) Require a hands-on skills component designed specifically for healthcare providers.

(10) Advanced Emergency Medical Technician.

(A) Successful completion of a Department of Health-accredited AEMT program, including all didactic, clinical, and field internship requirements.

(B) Successful completion of the NREMT certification process.

(C) Department of Health-approved CPR certification must:

(i) Follow current American Heart Association guidelines; and

(ii) Require a hands-on skills component designed specifically for healthcare providers.

(11) Paramedic.

(A) Successful completion of a Department of Health and Committee on Accreditation of Educational Programs for the EMS Professions (CoAEMSP) and Committee on Allied Health Education and Accreditation (CAHEA) accredited paramedic program, including all didactic, clinical, and field internship requirements.

(B) Successful completion of the NREMT certification process.

(C) Department of Health-approved CPR and ACLS certifications must:

(i) Follow current American Heart Association guidelines; and

(ii) Require a hands-on skills component designed specifically for healthcare providers.

(12) **Community Paramedic.**

(A) Community paramedic licensure will run concurrent with the current Arkansas paramedic license expiration date.

(B)(i) Successful completion of a Department of Health-approved community paramedic curriculum, including all didactic and clinical hour requirements.

(ii) Education hours for initial licensure are valid for two (2) years from course completion.

(C) Hold NREMT certification as a paramedic and be in good standing with the NREMT.

(D) Must hold and maintain an Arkansas license as a paramedic and be in good standing with the Department of Health.

(E)(i) Have two (2) years of full-time service as a paramedic and be actively employed by a licensed paramedic service.

(ii) Potential licensees shall submit a letter from a licensed paramedic service:

(a) Indicating a minimum of one thousand (1,000) hours worked per year for two (2) years; and

(b) Confirming that they are actively employed by that service.

(F) Department of Health-approved CPR and ACLS certifications must:

(i) Follow American Heart Association guidelines; and

(ii) Require a hands-on skills component designed specifically for healthcare providers.

(G) May only practice as a community paramedic performing community paramedic skills through a licensed community paramedic service.

(13) ~~EMSP—Instructor~~ **Emergency Medical Services Provider Instructor.**

(A) Emergency Medical Services Provider Instructor ~~EMSP—Instructor~~ licensure will run concurrent with Arkansas EMSP license expiration date.

(B) Hold an Arkansas EMSP license and be in good standing with the Department of Health.

(C) Licensed as an EMSP continuously at the level of instruction from any state, national status, or military for a minimum of two (2) years.

(D) Successful completion of a Department of Health-approved forty-hour Emergency Medical Services Provider Instructor EMSP—Instructor course following National Association of EMS Educators (NAEMSE) standards.

(E) Emergency Medical Services Provider Instructors EMSP-instructors must maintain either a Department of Health-approved CPR ~~and/or~~ ACLS instructor certification, or both, and must:

- (i) Follow current American Heart Association guidelines; and
- (ii) Require a hands-on skills component designed for healthcare providers.

(14) Emergency Vehicle Operator certification.

(A) Successful completion of a nationally recognized first responder course of a minimum of forty (40) hours of training that includes an emergency vehicle operator driving skills component.

(B) Department of Health-approved CPR certification, must:

- (i) Follow current American Heart Association guidelines; and
- (ii) Require a hands-on skills component designed specifically for healthcare providers.

(15) Uniformed service members. As used in this part:

(A) "Automatic licensure" means granting the occupational licensure without an individual having met occupational licensure requirements provided:

- (i) Under the Arkansas Code; or
- (ii) By other provisions in this part.

(B) "Uniformed service member" means an:

- (i) Active or reserve component member of the:
 - (a) United States Air Force;
 - (b) United States Army;
 - (c) United States Coast Guard;
 - (d) United States Marine Corps;

- (e) United States Navy;
- (f) United States Space Force; and
- (g) National Guard;

(ii) Active component member of the National Oceanic and Atmospheric Administration Commissioned Officer Corps; or

(iii) Active or reserve component member of the United States Commissioned Corps of the Public Health Service.

(C) "Uniformed service veteran" means a former member of the United States uniformed services discharged under conditions other than dishonorable.

(D) Applicability applies to a:

(i) Uniformed service member stationed in the State of Arkansas;

(ii) Uniformed service veteran who resides in or establishes residency in the State of Arkansas; or

(iii) The spouse of subdivision (a)(15)(D)(i) or (a)(15)(D)(ii) of this section, including a uniformed service member who is:

(a) Assigned a tour of duty that excludes the spouse from accompanying the uniformed service member and the spouse relocates to Arkansas;

(b) Killed or succumbs to his or her injuries or illness in the line of duty if the spouse establishes residency in Arkansas.

(16) Temporary and provisional license for uniformed service members.

(A) The Department of Health shall issue a temporary and provisional license immediately upon receipt of the application, the required fee, and the documentation required under this section.

(B) The temporary and provisional license shall be effective for at least ninety (90) days or until the Department of Health decides on the application unless the Department of Health determines that the applicant does not meet the requirements in this section, in which case the temporary and provisional license shall be immediately revoked.

(C) An applicant may provide the rest of the documentation required above to receive a license, or the applicant may only provide the information necessary for the issuance of a temporary and provisional license.

(D) The Department of Health shall require an applicant to hold a current NREMT certification if the applicant is licensed in another state that does not offer reciprocity to Arkansas residents that is like reciprocity to out-of-state applicants in Arkansas Code § 17-1-108.

(E) Reciprocity in another state will be considered like reciprocity under Arkansas Code § 17-1-108 if the reciprocity provisions in the other state:

(i) Provide the least restrictive path to licensure for Arkansas applicants;

(ii) Do not require Arkansas applicants to participate in the apprenticeship, education, or training required as a prerequisite to licensure of a new professional in that state, except that the state may require Arkansas applicants to participate in continuing education or training that is required for all professionals in that state to maintain licensure; and

(iii) Do not require Arkansas applicants to take a state-specified education unless required under the same conditions described in Arkansas Code § 17-1-108.

(F) Automatic licensure shall be granted to persons listed in subdivision (a)(15)(D) of this section if the person:

(i) Is a holder in good standing of occupational licensure with similar scope of practice issued by another state, territory, or district of the United States;

(ii) Holds an NREMT certification; and

(iii) Pays the criminal history background fees.

(G) **Credit toward initial licensure.** Relevant and applicable uniformed service education, training, or service-issued credential shall be accepted toward initial licensure for a uniformed service member or a uniformed service veteran who makes an application within one (1) year of his or her discharge from uniformed service.

(H) **Expiration dates and continuing education.**

(i) A license expiration date shall be extended for a deployed uniformed service member or spouse for one hundred eighty (180) days following the date of the uniformed service member's return from deployment.

(ii) A uniformed service member or spouse shall be exempt from continuing education requirements in subsection (d) of this section for one hundred eighty (180) days following the date of the uniformed service member's return from deployment.

(iii) Any uniformed service member or spouse exercising the exemption shall provide evidence of completion of continuing education before renewal or grant of a subsequent license.

(b) General licensure renewal standards.

(1) One (1) continuing education unit (CEU) is defined as every fifty (50) minutes of approved classroom or skills laboratory activities.

(2) Continuing education courses or activities shall not be approved or accepted for less than one-half (1/2) hour unit of credit.

(3) CEUs shall not be awarded until:

(A) All requirements have been met; and

(B) The EMSP attended the complete training.

(4) 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.

(5) The following cannot be applied towards the National Continued Competency Program (NCCP):

(A) Performance of duty or volunteer time with agencies;

(B) Clinical rotations;

(C) Instructor methodology courses;

(D) Management ~~/or~~ leadership courses;

(E) Preceptor hours; and

(F) Disciplinary or remediation hours ordered by the Department of

Health.

(c) Recertification audits.

(1)(A) Renewal applications may be randomly selected for audit.

(B) If a licensed EMSP's application is randomly selected, the EMSP must provide documentation for all hours submitted for their renewal within fifteen (15) business days from notification.

(2) Documentation may consist of course completion certificates, written verification from the training officer, or other proof as approved by the Department of Health.

(d) Renewal standards.

(1) All individuals applying for renewal of a license or emergency vehicle operator certification shall submit the following to the Department of Health:

(A) Completed renewal application;

(B)(i) Payment of application fee set forth by current EMS statute payable to the Department of Health.

(ii) An application fee is not applicable for community paramedic licensure;

(C) Department of Health-approved CPR certification, must:

(i) Follow current American Heart Association guidelines; and

(ii) Require a hands-on skills component designed specifically for healthcare providers;

(D) Paramedics must have a Department of Health-approved ACLS certification:

(i) Following current American Heart Association guidelines; and

(ii) Requiring a hands-on skills component specifically designed for healthcare providers;

(E)(i) Document completion of all education requirements for your level of licensure or certification.

(ii) It is the responsibility of the EMSP to maintain copies of all rosters, certificates, proof of attendance, or both, to all continuing education used for renewal.

(iii) These documents will be required should the EMSP be audited;
and

(F) If employed by a licensed service, the EMSP must be verified by the service and medical directors.

(2) Specific renewal requirements by EMS license and certification level.

(A) Emergency Medical Responder.

(i) Continuing education hours needed to meet the renewal requirements are outlined below:

(a) Eight (8) hours following the topics required for NREMT certification;

(b) Four (4) hours to include the following Arkansas-specific topic areas:

(1) Arkansas Trauma System, two (2) hours; and

(2) Ethics and professionalism, two (2) hours; and

(c) Four (4) hours for individual required continuing education in any EMS-related topic areas.

(ii) Renewal of NREMT certification is required.

(B) Emergency Medical Technician.

(i) Continuing education hours needed to meet the renewal requirements are outlined below:

(a) Twenty (20) hours following the topics required for NREMT certification;

(b) Ten (10) hours in the following Arkansas-specific topic areas:

(1) Arkansas Trauma System, two (2) hours;

(2) Pediatrics, two (2) hours;

(3) Stroke, two (2) hours;

(4) Cardiology, two (2) hours;

(5) Documentation, one (1) hour; and

(6) Ethics and professionalism, one (1) hour; and

(c) Ten (10) hours for individual required continuing education in any EMS-related topic areas.

(ii)(a) Renewal of NREMT certification is required.

(b) EMTs who have never held national certification shall document completion of all education requirements prior to their state license expiration date to renew their state EMT license.

(C) Advanced Emergency Medical Technician.

(i) Continuing education hours needed to meet the renewal requirements are outlined below:

(a) Twenty-five (25) hours following the topics required for NREMT certification.

(b) Twelve and one-half (12 1/2) hours in the following Arkansas-specific topic areas:

(1) Arkansas Trauma System, two (2) hours;

(2) Pediatrics, two and one-half (2 1/2) hours;

(3) Stroke, two (2) hours;

(4) Cardiology, two (2) hours;

(5) Documentation, two (2) hours; and

(6) Ethics and professionalism, two (2) hours; and

(c) Twelve and one-half (12 1/2) hours for individual required continuing education in any EMS-related topic areas.

(ii)(a) Renewal of NREMT certification is required.

(b) AEMTs who have never held national certification shall document completion of all education requirements prior to their state license expiration date to renew their state AEMT license.

(D) Paramedic.

(i) Continuing education hours needed to meet the renewal requirements are outlined below:

(a) Thirty (30) hours following the topics required for NREMT certification;

(b) Fifteen (15) hours in the following Arkansas-specific topic areas:

(1) Arkansas Trauma System, two (2) hours;

(2) Pediatric, three (3) hours;

(3) Stroke, four (4) hours;

(4) Cardiology, two (2) hours;

(5) Documentation, two (2) hours; and

(6) Ethics and professionalism, two (2) hours; and

(c) Fifteen (15) hours for individual required continuing education in any EMS-related topic areas.

(ii)(a) Renewal of NREMT certification is required.

(b) Paramedics who have never held national certification shall document completion of all education requirements prior to their state license expiration date to renew state paramedic license.

(E) Community Paramedic.

(i) Community Paramedic licensure is for a two-year period to run concurrently with the primary paramedic licensure.

(ii)(a) Submit a copy of renewed NREMT certification card prior to your license expiration date.

(b) No license shall be issued until NREMT certification is verified.

(iii) Complete an additional fifteen (15) hours of community paramedic practice-focused training beyond the renewal requirements.

(F) Emergency Medical Services Provider Instructor ~~EMSP—~~ Instructor.

(i) Emergency Medical Services Provider Instructor ~~EMSP—~~ Instructor is for a two-year period to run concurrently with the EMSP's primary license.

(ii) The following must be completed and submitted for all instructors:

(a) Instructor renewal may only be completed after the EMSP's primary license has been renewed;

(b) Department of Health-approved CPR instructor certification:

(1) Following current American Heart Association guidelines;
and

(2) Requiring a hands-on skills component designed specifically for healthcare providers;

(c) Paramedic Emergency Medical Services Provider Instructors ~~EMSP instructors~~ shall maintain a Department of Health-approved ACLS instructor certification:

(1) Following current American Heart Association guidelines;
and

(2) Requiring a hands-on skills component designed specifically for healthcare providers;

(d)(1) Complete twelve (12) hours of continuing education at the Emergency Medical Services Provider Instructor ~~EMSP — Instructor~~ level.

(2) This education must include professional development or instructor-specific education; and

(e) Submit a signed affiliation letter of good standing from a Department of Health-approved EMS training site, to include documentation courses taught during the renewal cycle.

(G) **Emergency Vehicle Operator certification.** Continuing education hours needed to meet the renewal requirements are outlined below:

(i) Six (6) hours of EMS-related education; and

(ii) Four (4) hours in the following Arkansas-specific topic areas:

(a) Arkansas Trauma System, two (2) hours; and

(b) Ethics and professionalism, two (2) hours.

(3) EMSP late license renewal applications.

(A) Late renewal will be allowed for those who submit their documentation after the expiration date, if:

(i) All required educational hours, ~~as outlined in subsection (d)(2) of this section,~~ for their appropriate license level were completed prior to their current expiration date;

(ii) Renewal application fees and all documentation is submitted no later than two (2) years after their current expiration date; and

(iii) NREMT certification must be renewed before an Arkansas EMSP license renewal will be issued.

(B) EMSPs submitting their renewal material after the expiration date, but who have completed all requirements prior to their current EMSP's expiration date, will be relicensed to their previous expected expiration date matching the NREMT expiration date.

(C) Request for extension to complete EMSP license renewal requirements:

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

(b) The letter must include the reason for the extension and supporting documentation; and

(ii) If the Department of Health receives the request, the EMSP's documentation, or both after the expiration date or the extension request is denied, the EMSP will be considered lapsed.

(e) Lapsed Arkansas EMSPs.

(1) Individuals who do not complete their education and training requirements for renewal prior to their expiration date will:

(A) Be considered lapsed; and

(B) Have to complete the following requirements for their licensure level prior to renewing their Arkansas license.

(2) NREMT certification renewal is required before an Arkansas EMSP license may be issued.

(3) Lapsed two (2) years or less:

(A) Documentation of the successful completion of required educational hours within your renewal cycle, ~~as outlined in subsection (d)(2) of this section,~~ for the appropriate license level; or

(B) If educational requirements are not completed within the renewal cycle, then documentation of required hours; and

(C) Additional documentation of continuing education hours as follows for their EMSP licensure level:

(i) EMR, six (6) hours;

(ii) EMT, twelve (12) hours;

(iii) AEMT, eighteen (18) hours;

(iv) Paramedic, twenty-four (24) hours;

(v) Community paramedic, eight (8) hours;

(vi) Emergency Medical Services Provider Instructor ~~EMSP—~~

~~Instructor, twelve (12)~~ ~~twenty-four (24)~~ hours; and

(vii) EVO, six (6) hours.

(4) **All EMSP levels — Lapsed more than two (2) years.** All expired EMSPs shall complete all initial licensure requirements ~~as outlined in subsection (d)(2) of this section.~~

(f) **Reciprocity.**

(1)(A) An applicant applying for reciprocal licensure shall meet the following requirements:

(i) The applicant shall hold a substantially similar EMSP license in another United States jurisdiction if the other state's licensure qualifications require:

(a) Current ACLS certification, if applicable; and

(b) NREMT certification, CPR certification, and ACLS certification, if applicable;

(ii)(a) Evidence of current and active licensure in a similar jurisdiction.

(b) The Department of Health may verify this information online if the issuing jurisdiction provides primary source verification on its website, or by telephone call from another state's licensing board; and

(iii) Provide proof of licensure for all states in which the applicant is currently licensed or has been previously licensed as an EMSP.

(B) The applicant's EMSP license shall be current and in good standing.

(C) The applicant shall not have had a license revoked for:

- (i) An act of bad faith; or
- (ii) A violation of law, rule, or ethics.

(D) The applicant's license shall not be suspended, on probation, or revoked due to disciplinary action in a United States jurisdiction.

(2)(A) An applicant shall submit:

- (i) A completed application;
- (ii) The required fee; and
- (iii) ~~An Arkansas~~ criminal history background check and payment of the applicable fee, to include both state and federal checks.

(B) All EMSPs shall have a Department of Health-approved CPR certification and must:

- (i) Follow current American Heart Association guidelines; and
- (ii) Require a hands-on skills component designed specifically for healthcare providers.

(C) Paramedics must have a Department of Health-approved ACLS certification:

- (i) Following current American Heart Association guidelines; and
- (ii) Requiring a hands-on skills component designed specifically for healthcare providers.

(3) Provisional licenses are not eligible for reciprocity.

(4) The applicant shall hold a current NREMT certification.

20 CAR § 81-110. Hospital staffing.

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:

(1)(A) The medical staff must approve the privileges granted to the individual EMSP with the concurrence of the hospital's governing body.

(B) Specific policies governing the supervision and the procedures to be performed by the EMSP must be:

- (i) Developed by the hospital medical staff; and
- (ii) Approved by the hospital's governing body.

(C) EMSPs may not perform a procedure on a patient in a hospital that is outside of the scope of practice for his or her licensure level;

(2) Approved EMSPs in a hospital setting must function:

(A) In accordance with the supervising physician's orders; and

(B) Under the direct supervision of either the physician or the registered nurse responsible for emergency services within a hospital;

(3) In addition, with hospital concurrence, students in Department of Health-approved EMSP training programs must be trained by qualified personnel within the hospital under guidelines:

(A) Established by the medical staff; and

(B) Approved by the hospital's governing body; and

(4) A roster with the delineation of privileges shall be maintained and readily available to the department.

20 CAR § 81-111. General training site and EMS education requirements.

(a)(1) The following section pertains to all EMSP training sites.

(2) All Arkansas EMSP training sites must be accredited by the Department of Health following the department's Emergency Medical Services Accreditation Manual.

(Appendix B)

(3) Paramedic training sites shall:

(A) be-Be accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) and the Committee on Accreditation of Educational Programs for the EMS Professions (CoAEMSP) using current accreditation standards: and

(B) Comply with all requirements set forth by the Department.

(4) The department shall review all ~~Arkansas-EMS~~approved emergency medical services education programs ~~and EMSP courses (EEP)~~ prior to the beginning of any period of instruction.

(5) ~~EMS-Emergency medical services~~ education programs are required to submit all applicable paperwork in the timeframe specified by the department.

(6) Emergency medical services ~~EMS~~ education programs must ensure students meet minimum educational requirements for eligibility to sit for the NREMT exam.

(7) Classes shall be conducted in an environment conducive to learning.

(8) Trainees must be in uniform with a standard means of identification when engaged in patient care.

(9) Education courses must follow the ~~current-2021~~ National Highway Traffic Safety Administration's National EMS Education Standards.

(10) EMT instructors must be either an Arkansas-licensed physician or an Arkansas-licensed ~~EMSP-emergency medical services provider~~ instructor at the EMT level or above.

~~————(11) Paramedic programs must:~~

~~————(A) Keep active accreditation from the Commission on Accreditation of Allied Health Education Programs (CAAHEP) and the Committee on Accreditation of Educational Programs for the EMS Professions (CoAEMSP); and~~

~~————(B) Comply with all requirements set forth by the department.~~

~~(1211)~~(A) The emergency medical services ~~EMS~~ education program's medical director shall meet all requirements detailed in 20 CAR § 81-102.

(B) The medical director shall hold a current Advanced Cardiac Life Support (ACLS) certification or be American Board of Emergency Medicine-certified or eligible by the American Board of Emergency Medicine or by the American Osteopathic Board of Internal Medicine.

~~(1312)~~ Physicians acting as medical directors for emergency medical services ~~EMS~~ education programs recognized by the department that require clinical and field internship performance by students may delegate authority to a student in training:

(A) During their performance of the emergency medical services EMS education program-required medical acts; and

(B) Only while under the control of the department-approved education program.

(1413) Off-site satellite and hybrid courses must be affiliated with a department-approved education program and must meet the following:

(A) All EMT and AEMT instructor requirements remain the same as if the course is conducted at the emergency medical services EMS education program;

(B) The off-site facility where the class is located must receive the written approval of both the sponsoring institution and the department;

(C) Written documentation shall verify all equipment needed for the course as required by the department is available at the course location and is not removed from any permitted ambulance; and

(D)(i) The department must inspect the location and equipment prior to:

(a) Approval of application for a new Arkansas training site; and

(b) The start of any course.

(ii) The department staff may inspect the course location at any time during the course.

(b) **Sponsorship of multiple courses.** Any department-approved emergency medical services EMS education program (~~EEP~~) may offer concurrent courses if there is:

(1) Adequate equipment available for each course offered to ensure that each student has appropriate access to each needed item; and

(2) Adequate number of Arkansas EMSP-emergency medical services provider instructors for all proposed courses.

(c) **Psychomotor testing — Skills verification.**

(1)(A) AEMT and paramedic psychomotor testing will follow the guidelines outlined in the National Registry of Emergency Medical Technicians.

(B) Any deviation from these requirements must be approved by the National Registry of Emergency Medical Technicians in writing prior to the exam.

(2)(A) EMT and EMR skills verification will follow all guidelines outlined in the department's Emergency Medical Services Accreditation Manual. (Appendix B)

(B) Any deviation from these requirements must be approved by the department in writing prior to the final skills verification.

20 CAR § 81-112. EMS education program requirements by level.

(a) Emergency Medical Responder education programs.

(1) The Department of Health shall approve all EMR courses prior to the beginning of any period of instruction.

(2)(A) EMR training may only be sponsored by a Department of Health-approved EMS education program.

(B) Any Arkansas-licensed ambulance service applying for accreditation and approval by the Department of Health must be a licensed EMT service ~~or~~ and hold a Department of Higher Education Private Career Education license.

(3) Primary lead EMR instructors must be an Arkansas-licensed physician or an Arkansas licensed emergency medical services provider instructor ~~EMSP—Instructors~~.

(4) Only those students from a Department of Health-approved EMS education program that have successfully completed all course requirements as documented by the instructor will be allowed to challenge the NREMT certification exam.

(5) EMR educational programs must follow the 2021 National Highway Traffic Safety Administration's National EMS Education Standards.

(b) Emergency Medical Technician education programs.

(1) The Department of Health shall approve all EMT courses and training sites prior to the beginning of any period of instruction.

(2)(A) EMT training may be sponsored only by a Department of Health-approved EMS education program.

(B) Any Arkansas-licensed ambulance service applying for accreditation and approval by the Department of Health for an EMS education program must:

(i) Be a licensed EMT service; and

(ii) Hold a Department of Higher Education Private Career Education license.

(3) Primary EMT instructors must be either Arkansas-licensed physicians or Arkansas-licensed emergency medical services provider instructors ~~EMSP instructors~~ at the EMT level or higher.

(4) EMT educational programs must follow the current National Highway Traffic Safety Administration's National EMS Education Standards.

(5) Only those students from a Department of Health-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.

(6) All training sites must complete the Department of Health required self-study and pass a training site inspection at their level.

(67) Clinical and field training.

(A) Clinical and field training hours must meet or exceed the ~~current-2021~~ National Highway Traffic Safety Administration's National EMS Education Standards.

(B) Clinical phases of training are recommended and should be conducted within a medical facility with hospital concurrence following the Department of Health's Emergency Medical Services Accreditation Manual (Appendix B).

(C) During clinicals, 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.

(D)(i) If using a medical facility for clinicals, there shall be an academic as well as a clinical atmosphere.

(ii) Trainees must be in uniform with a standard means of identification when engaged in the patient care and clinical portions of the program.

(E) Field training must be completed with an Arkansas-licensed ambulance service approved by the Department of Health with which there is an affiliation agreement allowing students to actively participate in patient care.

(F) The student must be supervised in the patient compartment during transport.

(c) Advanced EMT education programs.

(1) AEMT curriculum, evaluations, and clinical and field internships will:

(A) Be developed and approved by the Department of Health's Emergency Medical Services Accreditation Manual for initial training sites; and

(B) Follow AEMT policies set forth by the Department of Health.

(2) All training sites must:

(A) Complete the Department of Health-required self-study; and

(B) Pass a training site inspection at their level.

(3) The Department of Health shall approve all AEMT courses and training sites prior to the beginning of any periods of instruction.

(4)(A) AEMT training shall be sponsored only by a Department of Health-approved EMS program.

(B) Any Arkansas-licensed ambulance service applying for accreditation and approval for an AEMT education program by the Department of Health must:

(i) Be an Arkansas-licensed AEMT or paramedic service; and

(ii) Hold a current Department of Higher Education Private Career Education License.

(C) The training site will follow all Department of Health requirements for new training sites according to the Department of Health's Emergency Medical Services Accreditation Manual. (Appendix B)

(5) Primary AEMT instructors must be either Arkansas-licensed physicians or Arkansas-licensed EMSP instructors at the AEMT level or higher.

(6) AEMT courses must follow the current-2021 National Highway Traffic Safety Administration's National EMS Education Standards.

(7) There shall be an academic as well as a clinical atmosphere.

(8) Only those students from a Department of Health-accredited EMS educational facility that have successfully completed all course requirements as

documented by their instructor and medical director will be allowed to challenge the NREMT certification examination.

(9) All AEMT students must be an Arkansas-licensed EMT prior to any clinical or field training that involves patient care.

(10) Medical facility training.

(A) Clinical phases of training will be conducted within a medical facility with hospital concurrence with signed affiliation agreements.

(B) AEMT students will be trained within the hospital or medical facility by qualified personnel under guidelines and requirements stated in the curriculum and approved by the medical staff and the facility's governing body during clinical phases of training with appropriate oversight and written affiliation agreement.

(C) Students must be in uniform with a standard means of identification when engaged in the patient care and clinical portions of the program.

(11) Field internship.

(A) Internship must be completed with an Arkansas-licensed paramedic or AEMT-licensed ambulance service approved by the Department of Health with which there is an affiliation agreement allowing students to actively participate in patient care.

(B) The student must:

(i) Be in the patient compartment during transport; and

(ii) Always have direct supervision by a licensed AEMT or paramedic.

(d) Paramedic education programs.

(1) All current Arkansas paramedic and community paramedic education programs must complete one (1) of the following prior to starting a paramedic or community paramedic education program:

(A) Achieved accreditation by the Committee on Accreditation of Educational Programs for the EMS Professions (CoAEMSP) and have submitted all Department of Health-required paperwork, including the self-study; or

(B) Have submitted all Department of Health-required paperwork, including the self-study, and be awaiting the Committee on Accreditation of Educational

Programs for the EMS Professions (CoAEMSP) site visit or hold a CoAEMSP official letter of review.

(2) Any potential qualifying institution wishing to apply to be a paramedic or community paramedic education program must:

(A) Meet Arkansas requirements as listed in the Department of Health's Emergency Medical Services Accreditation Manual for initial Arkansas EMSP courses;

(B) Submit their application and site review to the Committee on Accreditation of Educational Programs for the EMS Professions (CoAEMSP); and

(C) Be scheduled for the Committee on Accreditation of Educational Programs for the EMS Professions (CoAEMSP) site visit.

(3) Full accreditation by the Committee on Accreditation of Educational Programs for the EMS Professions (CoAEMSP) and the Committee on Allied Health Education and Accreditation (CAHEA) shall be attained as documented by a letter from CoAEMSP prior to Department of Health approval.

(e) **Paramedic training.**

(1) **Medical facility training.**

(A) Clinical phases of training will be conducted within a medical facility as approved by the educational program's medical director.

(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 facility's governing body during clinical phases of training with appropriate oversight and written affiliation agreement.

(2) **Field internship.**

(A) Internship must be completed with an Arkansas-licensed paramedic ambulance service approved by the Department of Health.

(B) There shall be a written agreement allowing students to actively participate in patient care.

(C) The student must:

(i) Be in the patient compartment during transport; and

(ii) Always have direct supervision by a licensed paramedic.

(3) Only those students from CoAEMSP-accredited Department of Health-approved programs who are recommended by their instructor and medical director will be allowed to:

- (A) Challenge the NREMT certification examination; and
- (B) Obtain an Arkansas paramedic license.

(f) Community paramedic.

(1)(A) Community paramedic evaluations and clinical and field internships will:
(i) Follow the Department of Health-approved community paramedic curriculum; and

(ii) Consist of a minimum of one hundred sixty (160) hours of didactic clinical education hours.

(B) Twenty percent (20%) of the patient contacts in each subtopic outlined below may be made within a Department of Health-licensed community paramedic service.

(C) The curriculum shall include the following minimum patient contacts:

(i) Public Health and Collaboration (public health clinic).

(a) Must observe six (6) immunizations in the following age categories:

(1) Adult; and

(2) Pediatrics.

(b) Must observe reporting of communicable diseases;

(ii) Public Health and Collaboration (home health).

(a) All experiences within the home health setting must be completed with a home health registered nurse or other designated provider as outlined below.

(b) Six (6) home safety evaluations and inspections, must observe and participate.

(c) Twenty (20) patient contacts, to include:

(1) Home health patient assessments, observe and participate;

(2) Patient documentation ~~and~~ charting at home visits; and
(3) Medication reconciliation with patient, observe and participate.

(d) Ten (10) contacts with patients in each of the following categories:

(1) CHF assessment and management plan, observe and participate;

(2) COPD assessment and management plan, observe and participate;

(3) Diabetic-related illness issues, participate;

(4) Neurological conditions, ~~(including but not limited to~~ CVA, TBI, ~~or MS, etc.)~~, observe and participate; and

(5) Wound care;

(iii) Social determinants;

(iv) **Hospice.**

(a) Ten (10) home visits to include the following:

(1) Nursing services;

(2) Social services; and

(3) Chaplain services.

(b) Ten (10) patient contacts addressing palliative care and/or pain management.

(c) Review three (3) hospice criteria for the patient referrals.

(d) Two (2) in-depth instructional trainings on in-home medication pump operations;

(v) **Clinic (any medical facility setting).**

(a) Five (5) urine specimen collections.

(b) Five (5) wound, throat, nasal, sputum, or related cultures.

(c) Five (5) health promotion studies education ~~including but not limited to~~ HAIC, cholesterol, ~~or colonoscopy; and, etc.~~

(d) Ten (10) otoscope, observe and use;

(vi) **Hospital.** Twenty-four (24) hours of hospital case management to include but not limited to:

- (a) Discharge planning;
- (b) Utilization review; and
- (c) Case management;

(vii) **Public health clinic.** Individuals must observe a minimum of eight (8) hours in the public health setting; and

(viii) **General settings.**

(a) The following may take place in any care setting, to include but not limited to:

- (1) An emergency department;
- (2) Physical therapy;
- (3) Home health; or
- (4) Public health clinic.

(b) Ten (10) patient contacts involving instruction and use of:

- (1) Crutches;
- (2) Wheelchairs;
- (3) Walkers;
- (4) Canes;
- (5) Hospital beds;
- (6) Hoyer lifts; and
- (7) Slide boards.

(c) Ten (10) uses in the access of:

- (1) Central lines;
- (2) Ports;
- (3) Ileostomies;
- (4) Foley catheters;
- (5) PEG tubes; and
- (6) Wound management.

(2) The Department of Health shall approve all community paramedic courses and EMS education program locations prior to the beginning of any period of instruction.

(3) Community paramedic programs must obtain and maintain active paramedic training site accreditation by the Committee on Accreditation of Educational Programs for the EMS Professions (CoAEMSP).

(4) Primary instructors must be either Arkansas-licensed physicians, registered nurses, ~~or an~~ Arkansas-licensed paramedic, or an Arkansas licensed emergency medical services provider instructor ~~EMSP instructors~~.

(5)(A) There shall be an academic as well as a clinical atmosphere.

(B) Community paramedic students must have a standard means of identification when engaged in the patient care and clinical portions of the community paramedic program.

(6) Community paramedic clinical internship.

(A) Clinical experience shall be provided under the supervision of a community paramedic service medical director, advanced practice registered nurse, physician assistant, or home health nurse.

(B) Community paramedics 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 facility's governing body during clinical phases of training with appropriate oversight and written affiliation agreements.

(C) Areas of clinical experience shall include at a minimum:

- (i) Social determinants;
- (ii) Home health services;
- (iii) Hospital case management; and
- (iv) Public health agencies services.

(g) Emergency medical services provider instructor ~~EMSP—Instructor~~ education program.

(1) Requirements to conduct an emergency medical services provider instructor ~~EMS—Instructor~~ course are as follows:

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(A) Must be a Department of Health-approved forty-hour course, National Association of EMS Educators, or International Fire Service Accreditation Congress course, sponsored by an Arkansas-approved EMS education program in affiliation with an educational program;

(B) All courses must be approved by the Department of Health prior to the beginning of instruction;

(C) All courses must follow the ~~current~~ 2021 National Highway Traffic Safety Administration's National EMS Education Standards instructor guidelines for their level; and

(D) An individual who holds a bachelor's degree or higher must assist with the course.

(2) EVO certification programs.

(A) The Department of Health shall approve all EVO courses prior to the beginning of any periods of instruction.

(B) EVO training must follow a nationally recognized first responder course with a minimum of forty (40) hours of training that includes an emergency vehicle operator driving skills component.

(C) Primary EVO instructors must be Arkansas-licensed emergency medical services provider instructors~~EMSP instructors~~.

20 CAR § 81-113. EMSP education program prerequisites.

(a) No person is eligible to provide care, as defined in this part, without a current Arkansas EMSP license.

(b) Requirements for licensure include:

(1) AEMT prerequisites for education program.

(A)(i) Hold a current state EMT license.

(ii) Those that do not hold an Arkansas license must obtain Arkansas licensure with NREMT certification prior to beginning any field or clinical internship.

(B) Department of Health-approved CPR certification (must follow current American Heart Association guidelines and require a hands-on skills component) prior to beginning any field or clinical internship;

(2)(A) Paramedic prerequisites for an education program:

(i)(a) Hold a current state EMT license or AEMT licensure.

(b) Military must hold a current NREMT, EMT, or AEMT license.

(c) Those who do not hold an Arkansas license must obtain Arkansas licensure with NREMT certification prior to beginning any field or clinical internship; and

(ii) Department-approved CPR certification (must follow current American Heart Association guidelines and require a hands-on skills component) prior to beginning any field or clinical internship.

(B) **Prerequisites for field and clinical participation.** Candidate must be an Arkansas-licensed EMT or an Arkansas-licensed AEMT prior to starting any field or clinical participation and maintain licensure throughout the field and clinical training;

(3) Community paramedic prerequisites for an education program:

(A) Hold a current Arkansas paramedic license;

(B) Hold a current department-approved CPR certification (must follow current American Heart Association guidelines and require a hands-on skills component) prior to beginning any field or clinical internship; and

(C) Hold a current department-approved ACLS certification;

(4) **Emergency medical services provider instructorEMSP—
Instructor.**

(A) Instructor licensure will run concurrent with the current EMSP expiration date.

(B) Instructor candidate education requirements:

(i) Currently licensed EMSP for a minimum of two (2) years at level of sought instructor;

(ii) Licensed as an EMSP continuously from any state, national status, or military for a minimum of two (2) years and currently licensed as an Arkansas EMSP;

(iii) Department-approved CPR instructor certification (must follow current American Heart Association guidelines and require a hands-on skills component);

(iv)(a) Successfully complete a department-approved forty-hour emergency medical services provider instructor~~EMSP—Instructor~~ course or hold a minimum of a bachelor's degree in education.

(b) For successful completion of the forty-hour emergency medical services provider instructor~~EMSP—Instructor~~ course, students must:

(1) Complete the end-of-course didactic examination with a minimum score of eighty percent (80%); and

(2) Meet all other course requirements;

(v) All courses taught must be sponsored by a department-approved EMS education program;

(vi)(a) All courses must be approved by the department prior to starting.

(b) Instructor/program director must receive approval notification from the department prior to starting the course;

(vii) Submit a letter of affiliation by the program director of an accredited EMS education program with the application; and

(viii)(a) Current Basic Life Support CPR instructor card.

(b) Must follow current American Heart Association guidelines and require a hands-on skills component;

(5) Emergency medical services provider instructor ~~EMSP—Instructor~~ for AEMTs and paramedics.

(A) Emergency medical services provider instructors ~~EMSP-instructors~~ who apply to teach an AEMT course must meet the following:

(i) Emergency medical services provider instructors ~~EMSP—Instructors~~ shall hold a current BLS Instructor certification; and

(ii) Licensed as an AEMT or paramedic for a minimum of two (2) years.

(B) Emergency medical services provider instructors ~~EMSP instructors~~ who apply to teach a paramedic course must meet the following:

(i) Emergency Medical Services Provider Instructor ~~EMSP—Instructor~~ license;

(ii) Licensed as a paramedic for a minimum of two (2) years;

(iii) Hold a current BLS Instructor certification; and

(iv) Hold a current ACLS Instructor certification; and

(6) Emergency Medical Services Provider Instructor ~~EMSP—Instructor~~ **Trainer**. All the following eligibility requirements must be met for EMSP — Instructors to become Emergency Medical Services Provider Instructor ~~EMSP—Instructor~~ Trainers:

(A) Arkansas-licensed Emergency Medical Services Provider ~~EMSP~~;

(B) Licensed continuously for two (2) years as an Emergency Medical Services Provider Instructor ~~EMSP—Instructor~~;

(C) Sponsored by an Arkansas-approved EMS educational program; and

(D) A minimum of an associate degree.

20 CAR § 81-114. Drugs and pharmaceuticals.

(a) **Notice of inspection.** Investigators and inspectors for the Division of Pharmacy Services and Drug Control and the 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:

(1) Licensed ambulance services have violated the laws of the State of Arkansas respecting prescribing and using of narcotics and other drugs; and

(2) Services have violated the provisions of the law.

(b) **Registration.**

(1) A separate registration in the name of the medical director (physician) is required for each service's licensed place of business at one (1) general physical

location where controlled substances are maintained or distributed to ambulances specifically licensed to maintain drugs.

(2) Each registration must contain the:

(A) Physician's name;

(B) Ambulance service name; and

(C) Physical address at which the controlled substances are maintained or distributed.

(c) **Security.**

(1) The controlled substances storage area at the ambulance service's physical location shall be accessible only to specifically authorized employees.

(2)(A) The licensee shall provide adequate security for all legend (prescription) drugs onboard all registered vehicles.

(B) Schedule II drugs have a separate requirement for security that also must be complied with by the licensee.

(3)(A) All controlled substances shall be stored under a mounted double-lock security.

(B) All other prescription drugs shall be stored under a single-lock security.

(d) **Procedure in case of loss of controlled substances.**

(1)(A) Each licensed ambulance service or medical director shall notify the Division of Pharmacy Services and Drug Control and the department immediately upon discovery of any suspected loss, theft, ~~and~~/or other diversion of any controlled substance under their supervision.

(B) Additionally, 21 C.F.R. § 1301.74 (c) requires notification of the Field Division Office of the Drug Enforcement Administration in writing within one (1) business day of discovery of the theft or loss.

(2) The original and one (1) copy of the Drug Enforcement Administration Form 106 shall be sent to the Drug Enforcement Administration Resident Office, and one (1) copy shall be sent to the Division of Pharmacy Services and Drug Control within seven (7) days.

(e) Records of controlled substances.

(1)(A) 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.

(B) Hospital-based ambulance services follow the hospital's Drug Enforcement Administration registration that 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) Patient medical records (encounter forms) and the controlled drug procurement and disposition records are the basic records of controlled drugs.

(3) The record shall in every case show the:

(A) Date of receipt;

(B) Name and address of the person or business from whom received;

and

(C) Kind and quantity of drugs received.

(4) The record shall show the:

(A) Drugs administered;

(B) Date of administration;

(C) Name and address of the person to whom the drugs were administered; and

(D) Kind and quantity of drugs.

(5) Patient medication records shall consist of the following:

(A) Physician's order authorizing the dispensing and administration of medications (standing orders);

(B) Medication administration record indicating the date, time, and signature of the paramedic or other licensed healthcare provider administering controlled drugs to the patient; and

(C) The paramedic or other licensed healthcare provider notes indicating the:

(i) Date, time, and method of administration;

(ii) Condition of the patient before and after the controlled drugs were administered; and

(iii) Signature of the paramedic or other licensed healthcare provider administering the drug.

(6)(A) The disposition record must reflect the:

(i) Actual dosage administered to the patient;

(ii) Patient's name;

(iii) Date;

(iv) Time; and

(v) Signature of the paramedic administering the controlled drug.

(B) Any error of entry on the disposition and procurement record shall follow a policy of correction of errors and accurate accountability.

(C) If the person who procures the controlled drug is not the person who administers the drug, then both persons must sign the disposition record.

(7) 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 nurse, nurse practitioner, physician's assistant, physician, or licensed paramedic who witnessed the wastage and how it was wasted at the receiving facility.

(8)(A) Adequate accountability does not require the use of a specific system or form.

(B) The system employed must be designed so that all requirements listed are met.

(9)(A) Each licensed ambulance service shall maintain inventory records in one (1) consolidated record system.

(B) Records of Schedule II substances shall be maintained separately from all other records.

(C) Inventories of Schedule III, IV, and V substances 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.

(10) 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 Division of Pharmacy Services and Drug Control or the Division of Emergency Medical Services.

(f) **Surrender of unwanted controlled substances.** Must be in accordance with the Drug Enforcement Administration's regulations regarding all controlled substances:

- (1) No longer usable due to deterioration or expired dating; or
- (2) That are no longer used by the service.

(g) **Policies and procedures manual.**

(1) A policies and procedures manual pertaining to drug handling shall be developed and submitted to the Division of Pharmacy Services and Drug Control for approval.

(2) This manual shall also be submitted to the department.

(3) The manual shall include at a minimum the following:

(A) Detailed job descriptions, duties, and responsibilities of each employee handling drugs;

(B)(i) Procedures for:

- (a) Registration of the ambulance service medical director;
- (b) Security of drugs;
- (c) Complete recordkeeping of drugs; and
- (d) Availability of records for inspection.

(ii) Access should be limited to one (1) person responsible for the accountability during shift;

(C) Procedures in case of:

- (i) Loss of drugs;
- (ii) Diversion;
- (iii) Surrender of unwanted drugs; and
- (iv) Wastage;

(D)(i) Services shall have a quality assurance process for all controlled substances that includes a routine audit process.

(ii) Any discrepancies shall be immediately reported to the Emergency Medical Services Section of the department and the Drug Enforcement Administration; and

(E) Policy and procedure manuals must be updated with the department annually at the time of ambulance service license renewal.

(h) Storage of pharmaceuticals by licensed ambulance services.

(1)(A) All pharmaceuticals shall be stored in accordance with the instructions included in the package inserts of each drug.

(B) Factors ~~such as~~including but not limited to heat, freezing, and susceptibility to light, ~~etc.~~, are described in the insert, and all services will provide suitable storage to comply with the instructions.

(2)(A) Freezing is defined as storage at temperatures at or below thirty-two degrees Fahrenheit (32° F).

(B) Excessive heat is defined as temperatures at or above one hundred four degrees Fahrenheit (104° F).

(C) The licensee will provide protection of fluids and pharmaceuticals on units.

(i) **Additions to the required and optional drug lists.** All additions to the optional drug list will be approved by the medical director and approved by the department prior to implementing the drug and writing into service protocols.

(j) Purchasing drugs from hospitals.

(1) The policy of purchasing small quantities of legend drugs from hospital pharmacies by the medical director of non-hospital-based ambulance services or EMS systems is acceptable.

(2) There is no requirement for hospitals to participate in this sale.

20 CAR § 81-115. Guidelines for traumatically injured patients.

(a) Triage of traumatically injured patients.

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(1) Licensed ambulance services shall appropriately triage all traumatically injured patients using the Field Triage Decision Scheme: The Arkansas Trauma Triage Protocol.

(2) The Lead EMSP will make the destination decision considering the:

- (A) Arkansas Trauma Communication Center (ATCC) recommendation;
- (B) Patient's condition;
- (C) Distance of travel;
- (D) Patient preference; and
- (E) System status.

(b) Urgent trauma transfers.

(1)(A) The process for interfacility trauma transfers applies to those services participating in the state's trauma system.

(B) Services not participating shall have written protocols addressing procedures for the timely interfacility transfer of urgent trauma patients as defined below to appropriate adult or pediatric trauma centers based on the patient's medical needs.

(C) Any deviation from the service's protocol shall be reviewed by the service's medical director.

(2) The need for an urgent trauma transfer exists when, in the opinion of the treating physician, two (2) conditions are met:

(A) The immediate needs of the patient cannot be met in the sending facility due to lack of capability or capacity; and

(B) The patient's condition is such that failure to meet the immediate needs will likely result in loss of life, limb, or fertility or permanent impairment that transfer to a higher level of care could potentially ameliorate.

(3)(A) The hospital seeking the urgent trauma transfer shall contact the ATCC to:

- (i) Provide patient condition information; and
- (ii) Obtain concurrence with the urgent trauma transfer classification.

(B) All urgent trauma transfers shall prompt involvement of the medical director of ATCC in real time.

(4)(A) The medical director shall:

- (i) Verify the urgent nature of the transfer; and
- (ii) Concur there is reasonable evidence the two conditions of an urgent trauma transfer are met.

(B) If the above conditions are met and concurrence from ATCC is obtained, this transfer qualifies as an urgent trauma transfer.

(5)(A) 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 pickup.

(B) The ATCC shall:

- (i) Confirm with the transferring hospital the time the patient will be ready for pickup; and
- (ii) Communicate that to the EMS service.

(C) 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.

(6)(A) 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.

(B) Service area coverage is considered in place at the time the backfill agreement request is accepted.

(C) If the service is unable to secure a backfill agreement acceptance, the ATCC shall be available to assist with the backfill, but not to assume responsibility.

(D) The EMS service shall:

- (i) Have ten (10) minutes to accept the transfer request; and
- (ii) Arrive at the hospital at the time agreed upon between the transferring hospital and the EMS service.

(E) The patient and paperwork should be ready for transfer at that time.

(7)(A) All urgent trauma transfer requests shall prompt a review at the local Trauma Regional Advisory Council Performance Improvement (TRAC/PI) subcommittee to ensure that:

(i) The system is being used appropriately;

(ii) The urgent trauma transfer is accomplished in a timely manner;

and

(iii) Each segment of the system is performing its responsibilities.

(B) Potential abuses of the system shall be elevated to the state TRAC/PI subcommittee of the Trauma Advisory Council for adjudication and recommendation of action steps to the Department of Health in order to prevent future abuses.

(c) Nonurgent trauma transfers.

(1) If the transfer request does not meet the two (2) 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.

(2) The transferring hospital shall:

(A) Notify its EMS service; and

(B) Coordinate an appropriate time for patient pickup.

(3) The EMS service shall have no less than one (1) hour to arrive at the transferring facility.

(4) The transferring hospital shall have the patient ready for pickup by the agreed-upon time.

20 CAR § 81-116. Violations.

(a) Regulatory administration.

(1) Any authorized representative of the Department of Health shall have the right to enter the premises of any ambulance service, permitted ambulance, or EMS education program at any time in order to make whatever inspection necessary in accordance with the minimum standards prescribed herein.

(2) Each service shall maintain and make available during normal business hours to the department for inspection records including, but not limited to:

(A) Patient records;

(B) Equipment checks;

(C) Video records;

(ED) EMSP certifications, continuing education, and credentialing;

(DE) Policies and procedures; and

(EF) Any document related to service licensure or EMS education program.

(b) Penalty.

(1) The department may impose one (1) or more penalties for any offense committed hereunder including revocation, suspension, or probation of a license or any other discipline that is appropriate under the circumstances, including but not limited to requiring completion of education requirements or fines.

(2)(A) As to ambulance service licenses, pursuant to Arkansas Code § 20-13-1005, three (3) formal citations during the license term for failure to comply with Arkansas Code § 20-13-1001, et seq., and any rules promulgated by the department and the State Board of Health regarding ambulance services shall result in revocation of the ambulance service license.

(B) However, the board and department are not limited in disciplinary action up to and including revocation of licensure in the event of fewer than three (3) formal citations.

(3)(A) Any nonlicensed person found violating this part may be prohibited from obtaining Arkansas state licensure for one (1) year.

(B) If such person does obtain Arkansas state licensure after one (1) year, they will be placed on probation for their first two-year licensure period.

(c) Offenses.

(1) Conviction or pleading guilty or nolo contendere to any criminal offense listed in Arkansas Code § 20-13-1106.

(32) Violation of any local, state, or federal law or rules affecting the practice of EMS.

(43) Any conduct that is in violation of any criminal, civil, or administrative code or statute.

~~(204)~~ Failure to notify the department of being convicted or pleading guilty or nolo contendere to a criminal offense within ten (10) business days of the conviction or plea, other than any Class C misdemeanor not related to EMS.

~~(215)~~ Failure to notify the department within five (5) business days of his or her being arrested, charged, or indicted for any criminal offense other than any Class C misdemeanor not directly related to EMS.

~~(306)~~ Engagement in acts of dishonesty that relate to the EMS profession.

(27) Demonstration of incompetence, knowingly or willfully violating this part, or other inability to provide adequate service.

~~(3) Violation of any local, state, or federal law or rules affecting the practice of EMS.~~

~~(4) Any conduct that is in violation of any criminal, civil, or administrative code or statute.~~

(58) Falsifying, destroying, failing to make accurate, complete, or clearly written or oral patient care reports documenting a patient's condition upon arrival at the scene, the prehospital care provided, and the patient's status during transport, including signs, symptoms, and responses during duration of transport per EMSP's approved protocol.

~~(469)~~ Failure to provide patient information to a hospital or other healthcare facility in response to an authorized request.

~~(1910)~~ Failure or refusal to give the department full and complete information requested by the department in a timely manner.

(611) Disclosing confidential information or knowledge concerning a patient by any means of communication, except where required or allowed by law.

(712) Causing or permitting physical or emotional abuse, injury to a patient or the public, or failing to report such abuse or injury to the EMSP's employer, the department, and appropriate legal authority within twenty-four (24) hours after the event occurs, or the next business day within twenty-four (24) hours after the event, if earlier disclosure is not possible.

~~(2213)~~ Engagement in any conduct that jeopardizes or has the potential to jeopardize the health or safety of any person.

~~(3314)~~ Acting negligently, neglectfully, or with intent to cause harm toward a patient or other person.

~~(815)~~ Failure to follow their medical director's protocol, performing advanced-level or invasive treatment without medical direction or supervision, or practicing beyond the scope of certification or licensure while on duty or off-duty.

~~(2616)~~ Delegation of medical functions to other personnel without approval from the medical director per approved protocols.

~~(2717)~~ Disruptive behavior or exhibition of unprofessional conduct toward:

~~(A) Other EMS personnel;~~

~~(B) Law enforcement officers;~~

~~(C) Firefighters;~~

~~(D) Hospital personnel;~~

~~(E) Other medical personnel;~~

~~(F) Patients;~~

~~(G) Family members; or~~

~~(H) Others on the scene.~~

~~(3118)~~(A) Behavior that exploits the EMSP patient relationship in a sexual way.

~~(B) This behavior is nondiagnostic or nontherapeutic, may be verbal or physical, and may include expressions or gestures that have sexual connotations or that a reasonable person would construe as such.~~

~~(919)~~ Failure to respond to a call while on duty or leaving duty assignment without proper authority.

~~(1020)~~ Abandoning a patient.

~~(3921)~~ Failure to follow accepted standards of care in the management of a patient or in response to a medical emergency.

~~(1122)~~ Failing to comply with the terms of a department-approved:

(A) Consent agreement;

(B) Ordered probation; or

(C) Suspension.

(~~1223~~) Misrepresenting the level of any certification or licensure.

(~~1324~~) Misappropriating, or failure to take precautions to prevent misappropriation of, medications, supplies, equipment, personal items, or money belonging to:

(A) The patient;

(B) The employer; or

(C) Any other person or entity.

(~~1425~~) Falsifying or altering, or assisting another in falsifying or altering, any department application or EMS certificate or license, or using or possessing any such falsified or altered certificate or license.

~~(15) Cheating or assisting another to cheat on any examination, written or psychomotor, by any EMSP licensed by the department or any institution or entity conducting EMS education or training or providing an EMS examination leading to obtaining licensure or renewing licensure.~~

(~~1626~~) Obtaining or attempting to obtain, or assisting another in obtaining or attempting to obtain, any advantage, benefit, favor, or gain by:

(A) Fraud;

(B) Forgery;

(C) Deception;

(D) Misrepresentation;

(E) Untruth; or

(F) Subterfuge.

(~~1727~~) Illegally possessing, dispensing, administering, distributing, or attempting to illegally dispense, administer, or distribute controlled substances as defined by federal or state laws or rules, including but not limited to the Controlled Substances List, 5 CAR pt. 22 ~~promulgated by the board~~.

(~~1828~~) Receiving disciplinary action relating to any healthcare provider certification or licensure issued in Arkansas or another state or territory.

~~===== (19) Failure or refusal to give the department full and complete information requested by the department in a timely manner.~~

~~===== (20) Failure to notify the department of being convicted or pleading guilty or nolo contendere to a criminal offense within ten (10) business days of the conviction or plea, other than any Class C misdemeanor not related to EMS.~~

~~===== (21) Failure to notify the department within five (5) business days of his or her being arrested, charged, or indicted for any criminal offense other than any Class C misdemeanor not directly related to EMS.~~

~~===== (22) Engagement in any conduct that jeopardizes or has the potential to jeopardize the health or safety of any person.~~

===== (29) Failure to report the suspension or termination of a privilege to practice in a compact state.

(2330) Failure of any drug screening test administered during an EMS work or volunteer shift, or within twelve (12) hours of the beginning or end of any such shift.

(2431) Resigning employment or refusing by the employee of an employer drug screening test right before, after, or during an assigned EMS work or volunteer shift.

~~===== (3432) Reporting to duty or rendering patient care while under the influence of alcohol according to current Arkansas Code, illegal drugs, or illegally obtained drugs concurrent with state law.~~

~~===== (3533) Use of alcohol or any intoxicating substance while on duty.~~

~~===== (3734) Conviction of driving under the influence of alcohol or any intoxicating substance while on duty, on emergency response, or during patient transport.~~

(2535) Failure to maintain the requisite skill, knowledge, and/or academic acuity to timely and/or accurately perform the duties or meet the responsibilities required of a licensed EMSP at appropriate licensure level that endangers the safety or welfare of patients and/or EMSPs.

~~===== (3836) Failure to report substance abuse of an on duty EMSP to the department.~~

~~===== (26) Delegation of medical functions to other personnel without approval from the medical director per approved protocols.~~

~~===== (27) Disruptive behavior or exhibition of unprofessional conduct toward:~~

~~===== (A) Other EMS personnel;~~

~~===== (B) Law enforcement officers;~~

~~===== (C) Firefighters;~~

~~===== (D) Hospital personnel;~~

~~===== (E) Other medical personnel;~~

~~===== (F) Patients;~~

~~===== (G) Family members; or~~

~~===== (H) Others on the scene.~~

~~===== (28) Falsification or alteration of clinical or internship documents for EMS students.~~

~~===== (29) Falsification or failure to complete daily readiness checks on EMS vehicles, medical supplies, or equipment as required by EMS employers.~~

~~===== (30) Engagement in acts of dishonesty that relate to the EMS profession.~~

~~===== (31)(A) Behavior that exploits the EMSP patient relationship in a sexual way.~~

~~===== (B) This behavior is nondiagnostic or nontherapeutic, may be verbal or physical, and may include expressions or gestures that have sexual connotations or that a reasonable person would construe as such.~~

(3237) Falsification of, or making any false statements in, any information provided to or by the department, to include misrepresentation, fraud, or concealment including but not limited to applications for licensure, certification, or renewal of licensure or certification and continuing education requirements.

~~===== (33) Acting negligently, neglectfully, or with intent to cause harm toward a patient or other person.~~

~~===== (34) Reporting to duty or rendering patient care while under the influence of alcohol according to current Arkansas Code, illegal drugs, or illegally obtained drugs concurrent with state law.~~

~~===== (35) Use of alcohol or any intoxicating substance while on duty.~~

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~~===== (36) Providing false information to regulatory officials or willfully concealing known deficiencies during an inspection.~~

~~===== (37) Conviction of driving under the influence of alcohol or any intoxicating substance while on duty, on emergency response, or during patient transport.~~

~~===== (38) Failure to report substance abuse of an on-duty EMSP to the department.~~

~~===== (39) Failure to follow accepted standards of care in the management of a patient or in response to a medical emergency.~~

(4038) Use of equipment or performance of procedures beyond the EMSP's licensure level, scope of practice, or the level of licensure of the ambulance service.

(4139) Unauthorized release or divulgence of confidential information to an unauthorized person or use of confidential patient information by any means of communication for personal or financial benefit.

(4240) Providing care as an Arkansas EMSP, independently or with a licensed EMS service, while having a lapsed or expired Arkansas EMSP license.

~~===== (4941) Engagement in the delivery of emergency medical services on a revoked, suspended, expired, or inactive Arkansas EMS license.~~

(4342) Failure to accept or respond to official departmental correspondence sent by certified mail.

(4443) Misappropriation, theft, stealing, or embezzlement of EMS grants or equipment purchased under such grants.

(4544) Falsification of records related to ambulance service operations.

~~===== (46) Failure to provide patient information to a hospital or other healthcare facility in response to an authorized request.~~

~~===== (3645) Providing false information to regulatory officials or willfully concealing known deficiencies during an inspection.~~

~~===== (5046) Alteration or transfer of a vehicle permit from one vehicle to another.~~

~~===== (5147) Operation of an ambulance or EMS vehicle that is not:~~

~~===== (A) Licensed;~~

~~===== (B) Permitted; or~~

~~===== (C) Insured.~~

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(5248) Failure to follow all requirements concerning drugs and pharmaceuticals.

(5349) Carrying or using equipment not approved by the department for licensure level by a licensed ambulance service or EMSP.

(5450) Use of an EMSP who has a lapsed Arkansas license or is not Arkansas-licensed to meet ambulance staffing requirements.

(5551) Failure to have all necessary equipment and nonexpired supplies in licensed ambulances at the level of licensure.

(5652) Failure to follow the manufacturer's recommendations for the use of medical equipment in a manner that causes harm to the patient.

(2953) Falsification or failure to complete daily readiness checks on EMS vehicles, medical supplies, or equipment as required by EMS employers.

(4754) Failure to report to the department actions regarding incompetent, unethical, or illegal practice by any EMSP.

(4855) Enactment of a requirement or coercion of EMSPs to violate any of this part or Arkansas law related to EMS.

~~===== (49) Engagement in the delivery of emergency medical services on a revoked, suspended, expired, or inactive Arkansas EMS license.~~

~~===== (50) Alteration or transfer of a vehicle permit from one vehicle to another.~~

~~===== (51) Operation of an ambulance or EMS vehicle that is not:~~

~~===== (A) Licensed;~~

~~===== (B) Permitted; or~~

~~===== (C) Insured.~~

~~===== (52) Failure to follow all requirements concerning drugs and pharmaceuticals.~~

~~===== (53) Carrying or using equipment not approved by the department for licensure level by a licensed ambulance service or EMSP.~~

~~===== (54) Use of an EMSP who has a lapsed Arkansas license or is not Arkansas-licensed to meet ambulance staffing requirements.~~

~~===== (55) Failure to have all necessary equipment and nonexpired supplies in licensed ambulances at the level of licensure.~~

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~~(56) Failure to follow the manufacturer's recommendations for the use of medical equipment in a manner that causes harm to the patient.~~

(5756) Conviction of a violation of Federal Communications Commission concurrent with federal laws.

(5857) Falsification by the instructor of facts on student paperwork or applications.

(5958) Teaching an EMS-related course that requires preapproval from the department without having that approval.

(6059) Abandonment of an approved EMSP course.

(6160) Failure to complete and submit required documentation for all EMS students.

(6261) Failure to teach courses by the ~~current~~ 2021 National Highway Traffic Safety Administration's National EMS Education Standards curriculum.

(6362) Failure to observe recognized professional teaching standards.

(6463) Falsification of continuing education documentation.

(6564) Falsification by the training site of records related to courses or training.

(6665) Conduct or actions by the training site that result in harm to the health and safety of the student.

(66) Conduct or actions by the student, instructor, or preceptor that is unethical or results in harm to the health and safety of the public or training site.

(67) Failure to meet and maintain the criteria for EMS program approval as set by the department or accrediting body.

(68) Failure to allow the department to inspect, observe, or evaluate EMS programs, including program personnel, facilities, classes, and clinical practice sessions.

(69) Use of training personnel not competent for the type of training offered.

(70) Failure to observe recognized professional standards in the course content and operation of the training program.

(71) Failure to keep accurate and adequate records of the names and addresses and type of training completed by all attendees and graduates for a minimum of two (2) years.

(72) Allowing an AEMT or paramedic student to participate in medical facility or field internship without being an Arkansas-licensed EMT.

(73) Failure to offer training consistent with the approved EMS education or ambulance service application.

~~(1574)~~ Cheating or assisting another to cheat on any examination, written or psychomotor, by any EMSP licensed by the department or any institution or entity conducting EMS education or training or providing an EMS examination leading to obtaining licensure or renewing licensure.

~~(2875)~~ Falsification or alteration of clinical or internship documents for EMS students.

(d) **Criteria for denial of EMSP licensure.** An EMSP certification ~~/~~ or license may be denied for the following reasons:

(1) Failure to meet any requirements set forth in this part or other applicable law.

(2) Previous conduct of the applicant during the performance of duties that are like those required of EMSPs, whether performed as a volunteer or for compensation, that is contrary to:

(A) Acceptable standards of care or conduct for an EMSP; or

(B) Accepted standards of conduct as described or required in this part.

(3) Submission of false information, failure to disclose material facts, or failure to disclose disciplinary action against any certification or license or in conjunction with any Arkansas initial or renewal application for certification or licensure.

(4) Staffing a licensed EMS vehicle with an EMSP holding an expired, suspended, or revoked license or certification.

(5) Any other fact, condition, or circumstance which in the judgment of the department renders the applicant or renewal applicant unfit to practice as an EMSP.

(e) **Department of Health hearing and procedures.**

(1) It shall be the department's 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 received in writing and filed with the department stating the:

(A) Nature of the alleged violation;

(B) Date; and

(C) 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 board following the current administrative rules process adopted by the State of Arkansas.

(4) In informal department hearings, a person may:

(A) Appear in person and represent himself; or

(B) 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; and

(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 comply is willful, the department may temporarily suspend the license of a service or the licensure or certification of an EMSP until the matter is decided by the department.

(7) In all administrative enforcement and appeal procedures thereunder, it shall be in accordance with the Arkansas Administrative Procedure Act, Arkansas Code § 25-15-201 et seq., and amendments thereto.

(8) **Probation.** The department may place an EMSP license or certification on probation, and as a probationary condition may require the licensee to:

(A) Report regularly to the department on matters that are the basis of the probation;

(B) Limit practice to the areas prescribed by the department;

(C) Continue or review professional education until the person attains a degree of skill satisfactory to the department in those areas that are the basis of the probation; and/or

(D) Complete or continue to meet certain requirements or conditions related to the circumstances surrounding the certificant's or licensee's rule violations or background to ensure that he or she will continue to meet and maintain general EMS standards.

(9) Any person whose EMSP license has been revoked by the department and who later regains certification or license under this part shall be:

(A) Placed on probation for one (1) year; and

(B) Required to meet certain conditions to ensure that he or she will meet and maintain general EMS standards.

(10) **Reapplication.**

(A)(i) Two (2) years after denial of initial certification or license, revocation of a certification or license, or the voluntary surrender of a certification or license, an individual may petition the department in writing for reapplication for certification or licensure.

(ii) Expiration of a certificate or license during the suspension period shall not affect the two-year waiting period required before a petition can be submitted.

(B) The petitioner bears the burden of proving fitness for certification or licensure.

(C) The department may allow the petitioner to submit an application for certification or licensure to the board if there is proof that the health, safety, and confidence of the public will be protected.

(D) The board may deny any petitioner if, in the judgment of the board or upon recommendation of the department, the reason for the original action continues

to exist or if the petitioner has failed to offer sufficient proof that there is no longer a threat to public health, or safety, ~~and/or confidence~~.

(11) **Notification of disposition.** A copy of the order of final disposition of proposed disciplinary action shall be sent to the licensed EMSP, first responder organization, medical director, institution, or facility with which the certificant or licensee is known to be associated at the address shown in the current records of the department.

(f) **Clinical investigations.**

(1) Clinical investigations may be:

(A) Recommended by the EMS Advisory ~~Council~~Committee; and

(B) Approved by the department and the board.

(2) Test periods will be temporary in nature and will be determined on an individual basis for each procedure and technique tested.

(3) A written request to enroll in a clinical investigation must be:

(A) Submitted to the EMS Advisory ~~Council~~Committee; and

(B) Approved by the department.

(4) Clinical investigations beyond the scope of this part are to be evaluated in a carefully controlled study under appropriate medical control.

(5) At the completion of the evaluation period, the test results will be forwarded to the board for review.

(6) Permission for clinical investigations:

(A) Will be granted only to determine if the procedure or technique should be added to this part; and

(B) Must follow the clinical investigations guidelines recommended by the EMS Advisory ~~Council~~Committee and approved by the department.

20 CAR § 81-117. Apprenticeship.

(a) Pursuant to Acts 2021, No. 811, an applicant shall receive an EMSP license if they meet the criteria set forth below.

(b) As used in this part, “apprenticeship” means a program that meets the federal guidelines set out in 29 C.F.R. pt. 29, as existing on March 1, 2021, and approved by the Office of Apprenticeship as meeting the requirements of an apprenticeship.

(c)(1) An applicant for licensure under this part shall provide satisfactory proof of completion of apprenticeship via official documentation from the apprenticeship program.

(2) This documentation may be in the form of a certificate, diploma, or similar official credential, or letter on official program letterhead.

(d) An applicant for licensure under this part shall provide satisfactory documentation that the completed apprenticeship program meets the federal guidelines set out in 29 C.F.R. pt. 29, as existing on March 1, 2021, and that the program has been approved by the Office of Apprenticeship or the Division of Workforce Services.

(e) An applicant for licensure under this part shall meet all the other noneducational requirements for licensure under this part.

(f) If an applicant is denied a license for failing to meet the criteria in subsections (c) – (e) of this section, the applicant shall be provided with the reason for denial in writing.

20 CAR § 81-118. Data collection and evaluation system.

(a) Purpose.

(1) The Department of Health shall develop a process to review nonhospital emergency medical care and time-critical diagnoses and procedures conducted by licensed emergency medical services personnel through a system as set forth in Arkansas Code § 20-13-216.

(2) The Department of Health may collect data and information regarding patients treated and transported from the field and admitted to a facility:

(A) Through the emergency department;

(B) Through a trauma center; or

(C) Directly to a special care unit or post-hospitalization facility.

(b) Data collection, submission, and analysis.

DRAFT

(1) Data and information shall be collected in a manner that protects and maintains the confidential nature of patient records.

(2) Records and reports made under this section shall be held confidential within the:

- (A) Hospital;
- (B) Service provider; and
- (C) Department of Health.

(3) Not available to the public.

(4) All data, records, reports, and documents collected are for the purpose of quality or system assessment and improvement and are not subject to disclosure to the extent that they identify or could be used to identify any individual:

- (A) Patient;
- (B) Provider;
- (C) Institution; or
- (D) Health plan.

(5) Data, records, reports, and documents collected shall not be admissible in any legal proceeding and are exempt from discovery and disclosure to the same extent that records of and testimony before committees evaluating the quality of medical or hospital care are exempt under Arkansas Code § 16-46-105(a)(1).

(6) A healthcare provider's use of the information in its internal operations shall not operate as a waiver of these protections.

(7) All information shall be treated in a manner that is consistent with all state and federal privacy requirements.

(8) The Department of Health or other entity authorized to provide services may use any data, records, reports, or documents generated or acquired in its internal operations without waiving any protections under this section.

Appendix A. Protocols and Equipment Requirements

Link:

<https://CodeOfARRules.arkansas.gov/docs/CARCodeAppendices/Appendices/361/20CARpt.81Appendix.pdf>

Appendix B. Department of Health Accreditation Manual

Link:

**Rules for Emergency Medical Services, 20 CAR Pt. 81
APPENDIX A**

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<u>Paramedic Equipment Requirements</u>	
Soft Supplies and Other Equipment	
4X4 Pads ABD Pads Trauma Dressing Isolation Kits Roller Gauze Triangular Bandages OB Kit w/Blub Syringe Sterile Saline Betadine Shears Stethoscope Hemostat Scalpel Blood Pressure Cuffs Large Adult Adult Child Infant Alcohol Prep Pads	Band Aids Antiseptic Hand Cleaner Exam Gloves (various sizes) Emesis Basin/Bag Commercial Tourniquet Linens Tape Occlusive Dressing Thermometer Sharps Container Glucometer w/strips Time Critical Bands (Trauma/Stroke) Triage Tag/Tape Protocols Biohazard Bags N95 Respirator Pediatric Dosage Guide (Pedi-Wheel, Tape) Disinfectant Solution
Airway, Oxygen, and Suction	
Main O2 Portable O2 OPA set NPA set Lubricating Jelly Nasal Cannula – Adult Nasal Cannula – Pediatric NRB – Adult NRB – Pediatric NRB – Infant BVM – Adult BVM – Pediatric BVM – Infant Nebulizer Kit Suction – On-Board Suction – Portable Suction Tubing Rigid Suction Tip	Suction Catheters 8fr. or 10fr. 12fr. 14fr. or 18fr. Magill Forceps – Adult Magill Forceps – Pediatric ETCO2 Detector Cric Kit or 10/12ga Needle Laryngoscope Handle – Adult Laryngoscope Handle – Pediatric Laryngoscope Blades (1-4 or 0-3) ET Tubes 2.5mm – 7.5mm ET Tube Holder – Adult ET Tube Holder – Pediatric Stylette – Adult Stylette – Pediatric Secondary Advanced Airway – Adult Secondary Advanced Airway – Pediatric
Monitor	
Cardiac Monitor Cardiac Monitor Cables 4 Lead 12 Lead Defibrillator Pacer ECG Paper	Defibrillator Pads/Paddles – Adult Defibrillator Pads/Paddles – Pediatric Electrodes – Adult Electrodes – Pediatric Pulse Oximetry – Adult Pulse Oximetry – Pediatric

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IV Supplies		
Micro Drip set Adjustable Drip set (this can replace micro and macro sets) IV Start sets/tourniquet IV Catheters 14-24 gauge Syringes 1cc-60cc Needles 18-25 gauge 10-, 12-, or 14-gauge catheter (3.25 inches in length) or a commercial chest decompression needle	Macro Drip set IO Access Device IO Needle – Adult IO Needle - Pediatric	
Medications		
<u>**All medications must adhere to the current AHA ACLS Guidelines**</u>		
Atropine Adenosine Antiarrhythmic (Bolus and Infusion) Antiemetic Aspirin IV Dextrose Pressor Epinephrine 1:10,000 Epinephrine 1:1,000 Crystalloid Solution	H1 Antagonist Inhaled Beta Agonist Magnesium Sulfate Narcotic Antagonist Nitroglycerin (Drip/Oral/Transdermal) Sodium Bicarbonate Narcotic Analgesic Benzodiazepine	
<u>**Additional controlled substances and medications may be allowed at the medical director's discretion**</u>		
Mechanical and Transport		
Fire Extinguishers Haz-Mat Reference Guide Reflective Safety Wear Flashlight KED Pediatric Restraint System Spine Board w/straps Window Punch	Traction Splint Various Adjustable Splints Elevating Stretcher Folding Stretcher, Scoop Stretcher, or Stair Chair Cervical Collars – Adult Cervical Collars – Pediatric	
Radio Frequencies		
Enroute to Scene: 155.235 MHz	At Scene: 155.280 MHz	Depart Scene: 155.340 MHz
<u>Services must have all equipment and medications listed as a part of the service’s written protocols and must not exceed the EMSP’s scope of practice.</u>		

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<u>Advanced EMT Equipment Requirements</u>	
Soft Supplies and Other Equipment	
4X4 Pads ABD Pads Trauma Dressing Isolation Kits Roller Gauze Triangular Bandages OB Kit w/Blub Syringe Sterile Saline Betadine Shears Stethoscope Hemostat Scalpel Blood Pressure Cuffs Large Adult Adult Child Infant Alcohol Prep Pads	Band Aids Antiseptic Hand Cleaner Exam Gloves (various sizes) Emesis Basin/Bag Commercial Tourniquet Linens Tape Occlusive Dressing Thermometer Sharps Container Glucometer w/strips Time Critical Bands (Trauma/Stroke) Triage Tag/Tape Protocols Biohazard Bags N95 Respirator Pediatric Dosage Guide (Pedi-Wheel, Tape) Disinfectant Solution
Airway, Oxygen, and Suction	
Main O2 Portable O2 OPA set NPA set Lubricating Jelly Nasal Cannula – Adult Nasal Cannula – Pediatric Suction – On-Board Suction – Portable Suction-Tubing Rigid Suction Tip Suction Catheters 8fr. or 10fr. 12fr. 14fr. or 18fr.	NRB – Adult NRB – Pediatric NRB – Infant BVM – Adult BVM – Pediatric BVM – Infant Nebulizer Kit Magill Forceps – Adult Magill Forceps – Pediatric Secondary Advanced Airway – Adult Secondary Advanced Airway – Pediatric
Monitor	
Cardiac Monitor Cardiac Monitor Cables 4 Lead Defibrillator Pads/Paddles – Adult Defibrillator Pads/Paddles – Pediatric	Electrodes – Adult Electrodes – Pediatric Pulse Oximetry – Adult Pulse Oximetry – Pediatric

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IV Supplies		
Micro Drip set Adjustable Drip set (this can replace micro and macro sets) IV Start sets/tourniquet IV Catheters 14-24 gauge Syringes 1cc-60cc Needles 18-25 gauge	Macro Drip set IO Access Device IO Needle – Adult IO Needle - Pediatric	
Medications		
Aspirin IV Dextrose Epinephrine (Auto-Injector or 1:1,000) Narcotic Antagonist	Nitroglycerin Inhaled Beta Antagonist Crystalloid Solution	
<u>**Additional medications may be allowed at the medical director's discretion**</u>		
Mechanical and Transport		
Fire Extinguishers Haz-Mat Reference Guide Reflective Safety Wear Flashlight KED Pediatric Restraint System Spine Board w/straps Window Punch	Traction Splint Various Adjustable Splints Elevating Stretcher Folding Stretcher, Scoop Stretcher, or Stair Chair Cervical Collars – Adult Cervical Collars – Pediatric	
Radio Frequencies		
Enroute to Scene: 155.235 MHz	At Scene: 155.280 MHz	Depart Scene: 155.340 MHz
<u>Services must have all equipment and medications listed as a part of the service’s written protocols and must not exceed the EMSP’s scope of practice.</u>		

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EMT Equipment Requirements
(EMT, EMT-Volunteer, and Special Purpose)

Soft Supplies and Other Equipment

4X4 Pads
ABD Pads
Trauma Dressing
Isolation Kits
Roller Gauze
Triangular Bandages
OB Kit w/Blub Syringe
Sterile Saline
Betadine
Shears
Stethoscope
Hemostat
Scalpel
Blood Pressure Cuffs
 Large Adult
 Adult
 Child
 Infant

Alcohol Prep Pads
Antiseptic Hand Cleaner
Exam Gloves (various sizes)
Emesis Basin/Bag
Commercial Tourniquet
Linens
Tape
Occlusive Dressing
Thermometer
Sharps Container
Band aids
Time Critical Bands (Trauma/Stroke)
Triage Tag/Tape
Protocols
Biohazard Bags
N95 Respirator
Pediatric Dosage Guide (Pedi-Wheel, Tape)
Disinfectant Solution

Airway, Oxygen, and Suction

Main O2
Portable O2
OPA set
NPA set
Lubricating Jelly
Nasal Cannula – Adult
Nasal Cannula – Pediatric
NRB – Adult
NRB – Pediatric
NRB – Infant
BVM – Adult

BVM – Pediatric
BVM – Infant

Suction – On-Board
Suction – Portable
Suction-Tubing
Rigid Suction Tip
Suction Catheters
 8fr. or 10fr.
 12fr.
 14fr. or 18fr.

Monitor

AED

Defibrillator Pads/Paddles – Adult
Defibrillator Pads/Paddles – Pediatric

Mechanical and Transport

Window Punch
Fire Extinguishers
Haz-Mat Reference Guide
Flashlight
Traction Splint
Various Adjustable Splints
Elevating Stretcher

Reflective Safety Wear
KED
Pediatric Restraint System
Spine Board w/straps
Folding Stretcher, Scoop Stretcher, or Stair Chair
Cervical Collars – Adult
Cervical Collars – Pediatric

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Optional Equipment and Medication		
CPAP Nebulizer Pulse Oximetry Pulse Oximetry Probes – Adult Pulse Oximetry Probes – Pediatric	Glucometer w/strips Narcotic Antagonist Aspirin Oral Glucose Epinephrine Auto Injector Inhaled Beta Antagonist	
Radio Frequencies		
Enroute to Scene: 155.235 MHz	At Scene: 155.280 MHz	Depart Scene: 155.340 MHz
<u>Services must have all equipment and medications listed as a part of the service’s written protocols and must not exceed the EMSP’s scope of practice.</u>		

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<u>Advanced Response Equipment Requirements</u>	
Soft Supplies and Other Equipment	
4X4 Pads ABD Pads Trauma Dressing Isolation Kits Roller Gauze Triangular Bandages OB Kit w/Blub Syringe Sterile Saline Betadine Shears Stethoscope Hemostat Scalpel Blood Pressure Cuffs Large Adult Adult Child Infant Alcohol Prep Pads	Band Aids Antiseptic Hand Cleaner Exam Gloves (various sizes) Emesis Basin/Bag Commercial Tourniquet Linens Tape Occlusive Dressing Thermometer Sharps Container Glucometer w/strips Time Critical Bands (Trauma/Stroke) Triage Tag/Tape Protocols Biohazard Bags N95 Respirator Pediatric Dosage Guide (Pedi-Wheel, Tape) Disinfectant Solution
Airway, Oxygen, and Suction	
Portable O2 OPA set NPA set Lubricating Jelly Nasal Cannula – Adult Nasal Cannula – Pediatric NRB – Adult NRB – Pediatric NRB – Infant BVM – Adult BVM – Pediatric BVM – Infant Nebulizer Kit Magill Forceps – Adult Magill Forceps – Pediatric ETCO2 Detector Cric Kit or 10/12ga Needle	Laryngoscope Handle – Adult Laryngoscope Handle – Pediatric Laryngoscope Blades (1-4 or 0-3) ET Tubes 2.5mm – 7.5mm ET Tube Holder – Adult ET Tube Holder – Pediatric Stylette – Adult Stylette – Pediatric Secondary Advanced Airway – Adult Secondary Advanced Airway – Pediatric Suction – Portable Suction-Tubing Rigid Suction Tip Suction Catheters 8fr. or 10fr. 12fr. 14fr. or 18fr.
Monitor	
Cardiac Monitor Cardiac Monitor Cables 4 Lead 12 Lead Defibrillator Defibrillator Pads/Paddles – Adult Defibrillator Pads/Paddles – Pediatric	Electrodes – Adult Electrodes – Pediatric Pulse Oximetry – Adult Pulse Oximetry – Pediatric ECG Paper

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IV Supplies		
Micro Drip set Adjustable Drip set (this can replace micro and macro sets) IV Start sets/tourniquet IV Catheters 14-24 gauge Syringes 1cc-60cc Needles 18-25 gauge 10-, 12-, or 14-gauge catheter (3.25 inches in length) or a commercial chest decompression needle	Macro Drip set IO Access Device IO Needle – Adult IO Needle - Pediatric	
Medications		
<u>**All medications must adhere to the current AHA ACLS Guidelines**</u>		
Atropine Adenosine Antiarrhythmic (Bolus and Infusion) Antiemetic Aspirin IV Dextrose Pressor Epinephrine 1:10,000 Crystalloid Solution	Epinephrine 1:1,000 H1 Antagonist Inhaled Beta Agonist Magnesium Sulfate Narcotic Antagonist Nitroglycerin (Drip/Oral/Transdermal) Sodium Bicarbonate Narcotic Analgesic	
<u>**Additional controlled substances and medications may be allowed at the medical director's discretion**</u>		
Mechanical and Transport		
Fire Extinguisher Haz-Mat Reference Guide Reflective Safety Wear Flashlight KED Window Punch	Traction Splint Various Adjustable Splints Cervical Collars – Adult Cervical Collars – Pediatric	
Radio Frequencies		
Enroute to Scene: 155.235 MHz	At Scene: 155.280 MHz	Depart Scene: 155.340 MHz
<u>Services must have all equipment and medications listed as a part of the service’s written protocols and must not exceed the EMSP’s scope of practice.</u>		

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<u>Air Ambulance - Rotor Wing Equipment Requirements</u>	
Soft Supplies and Other Equipment	
4X4 Pads ABD Pads Trauma Dressing Isolation Kits Roller Gauze Triangular Bandages OB Kit w/Blub Syringe Sterile Saline Betadine Shears Stethoscope Hemostat Scalpel Blood Pressure Cuffs Large Adult Adult Child Infant Alcohol Prep Pads	Band Aids Antiseptic Hand Cleaner Exam Gloves (various sizes) Emesis Basin/Bag Commercial Tourniquet Linens Tape Occlusive Dressing Thermometer Sharps Container Glucometer w/strips Time Critical Bands (Trauma/Stroke) Triage Tag/Tape Protocols Biohazard Bags N95 Respirator Pediatric Dosage Guide (Pedi-Wheel, Tape) Disinfectant Solution Survival Kit
Airway, Oxygen, and Suction	
Main O2 Portable O2 OPA set NPA set Lubricating Jelly Nasal Cannula – Adult Nasal Cannula – Pediatric NRB – Adult NRB – Pediatric NRB – Infant BVM – Adult BVM – Pediatric BVM – Infant Nebulizer Kit Suction – On-Board Suction – Portable Suction Tubing Rigid Suction Tip	Suction Catheters 8fr. or 10fr. 12fr. 14fr. or 18fr. Magill Forceps – Adult Magill Forceps – Pediatric ETCO2 Detector Cric Kit or 10/12ga Needle Laryngoscope Handle – Adult Laryngoscope Handle – Pediatric Laryngoscope Blades (1-4 or 0-3) ET Tubes 2.5mm – 7.5mm ET Tube Holder – Adult ET Tube Holder – Pediatric Stylette – Adult Stylette – Pediatric Secondary Advanced Airway – Adult Secondary Advanced Airway – Pediatric
Monitor	
Cardiac Monitor Cardiac Monitor Cables 4 Lead 12 Lead Defibrillator Pacer ECG Paper	Defibrillator Pads/Paddles – Adult Defibrillator Pads/Paddles – Pediatric Electrodes – Adult Electrodes – Pediatric Pulse Oximetry – Adult Pulse Oximetry – Pediatric

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IV Supplies		
Micro Drip set Adjustable Drip set (this can replace micro and macro sets) IV Start sets/tourniquet IV Catheters 14-24 gauge Syringes 1cc-60cc Needles 18-25 gauge 10-, 12-, or 14-gauge catheter (3.25 inches in length) or a commercial chest decompression needle	Macro Drip set IO Access Device IO Needle – Adult IO Needle - Pediatric	
Medications		
<u>**All medications must adhere to the current AHA ACLS Guidelines**</u>		
Atropine Adenosine Antiarrhythmic (Bolus and Infusion) Antiemetic Aspirin IV Dextrose Pressor Epinephrine 1:10,000 Epinephrine 1:1,000 Crystalloid Solution	H1 Antagonist Inhaled Beta Agonist Magnesium Sulfate Narcotic Antagonist Nitroglycerin (Drip/Oral/Transdermal) Sodium Bicarbonate Narcotic Analgesic Benzodiazepine	
<u>**Additional controlled substances and medications may be allowed at the medical director's discretion**</u>		
Mechanical and Transport		
Fire Extinguisher Haz-Mat Reference Guide Reflective Safety Wear Flashlight KED Window Punch Helmet	Pediatric Restraint System Traction Splint Various Adjustable Splints FAA Approved Stretcher Cervical Collars – Adult Cervical Collars – Pediatric	
Radio Frequencies		
Enroute to Scene: 155.235 MHz	At Scene: 155.280 MHz	Depart Scene: 155.340 MHz
<u>Services must have all equipment and medications listed as a part of the service's written protocols and must not exceed the EMSP's scope of practice.</u>		

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<u>Air Ambulance - Fixed Wing Equipment Requirements</u>	
Soft Supplies and Other Equipment	
4X4 Pads ABD Pads Trauma Dressing Isolation Kits Roller Gauze Triangular Bandages OB Kit w/Blub Syringe Sterile Saline Betadine Shears Stethoscope Hemostat Scalpel Blood Pressure Cuffs Large Adult Adult Child Infant Alcohol Prep Pads	Band Aids Antiseptic Hand Cleaner Exam Gloves (various sizes) Emesis Basin/Bag Survival Kit Linens Tape Occlusive Dressing Thermometer Sharps Container Glucometer w/strips Time Critical Bands (Trauma/Stroke) Triage Tag/Tape Protocols Biohazard Bags N95 Respirator Pediatric Dosage Guide (Pedi-Wheel, Tape) Disinfectant Solution
Airway, Oxygen, and Suction	
Portable O2 OPA set NPA set Lubricating Jelly Nasal Cannula – Adult Nasal Cannula – Pediatric NRB – Adult NRB – Pediatric NRB – Infant BVM – Adult BVM – Pediatric BVM – Infant Nebulizer Kit Magill Forceps – Adult Magill Forceps – Pediatric ETCO2 Detector Cric Kit or 10/12ga Needle Laryngoscope Handle – Adult	Laryngoscope Handle – Pediatric Laryngoscope Blades (1-4 or 0-3) ET Tubes 2.5mm – 7.5mm ET Tube Holder – Adult ET Tube Holder – Pediatric Stylette – Adult Stylette – Pediatric Secondary Advanced Airway – Adult Secondary Advanced Airway – Pediatric Suction – Portable Suction Tubing Rigid Suction Tip Suction Catheters 8fr. or 10fr. 12fr. 14fr. or 18fr.
Monitor	
Cardiac Monitor Cardiac Monitor Cables 4 Lead 12 Lead Defibrillator Pulse Oximetry – Adult ECG Paper	Pacer Defibrillator Pads/Paddles – Adult Defibrillator Pads/Paddles – Pediatric Electrodes – Adult Electrodes – Pediatric Pulse Oximetry – Pediatric

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IV Supplies		
Micro Drip set Adjustable Drip set (this can replace micro and macro sets) IV Start sets/tourniquet IV Catheters 14-24 gauge Syringes 1cc-60cc Needles 18-25 gauge 10-, 12-, or 14-gauge catheter (3.25 inches in length) or a commercial chest decompression needle	Macro Drip set IO Access Device IO Needle – Adult IO Needle - Pediatric	
Medications		
<u>**All medications must adhere to the current AHA ACLS Guidelines**</u>		
Atropine Adenosine Antiarrhythmic (Bolus and Infusion) Antiemetic Aspirin IV Dextrose Pressor Crystalloid Solution Narcotic Analgesic	Epinephrine 1:10,000 Epinephrine 1:1,000 H1 Antagonist Inhaled Beta Agonist Magnesium Sulfate Narcotic Antagonist Nitroglycerin (Drip/Oral/Transdermal) Sodium Bicarbonate	
<u>**Additional controlled substances and medications may be allowed at the medical director's discretion**</u>		
Mechanical and Transport		
Fire Extinguisher Haz-Mat Reference Guide FAA Approved Stretcher	Reflective Safety Wear Flashlight	
Radio Frequencies		
Enroute to Scene: 155.235 MHz	At Scene: 155.280 MHz	Depart Scene: 155.340 MHz
<u>Services must have all equipment and medications listed as a part of the service’s written protocols and must not exceed the EMSP’s scope of practice.</u>		

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Field Triage Decision Scheme: The Arkansas Trauma Triage Protocol

National Guideline for the Field Triage of Injured Patients

Arkansas Trauma Triage

MAJOR CRITERIA

High Risk for Serious Injury

Injury Patterns	Mental Status & Vital Signs																				
- Penetrating injuries to head, neck, torso, and proximal extremities - Skull deformity, suspected skull fracture - Suspected spinal injury with new motor or sensory loss. - Chest wall instability, deformity, or suspected flail chest - Suspected pelvic fracture. - Suspected fracture of two or more proximal long bones - Crushed, degloved, mangled, or pulseless extremity. - Amputation proximal to wrist or ankle - Active bleeding requiring a tourniquet or wound packing with continuous pressure.	All Patients - Unable to follow commands (motor GCS < 6) - RR < 10 or > 29 breaths/min - Respiratory distress or need for respiratory support. - Room-air pulse oximetry < 90% Age 0–9 years - SBP < 70mm Hg + (2 x age in years) Age 10–64 years - SBP < 90 mmHg - HR > SBP (+ Shock Index) Age ≥ 65 years - SBP < 110 mmHg - HR > SBP (+ Shock Index) <table><tr><td>9 y/o</td><td>88</td></tr><tr><td>8 y/o</td><td>86</td></tr><tr><td>7 y/o</td><td>84</td></tr><tr><td>6 y/o</td><td>82</td></tr><tr><td>5 y/o</td><td>80</td></tr><tr><td>4 y/o</td><td>78</td></tr><tr><td>3 y/o</td><td>76</td></tr><tr><td>2 y/o</td><td>74</td></tr><tr><td>1 y/o</td><td>72</td></tr><tr><td><1</td><td>70</td></tr></table>	9 y/o	88	8 y/o	86	7 y/o	84	6 y/o	82	5 y/o	80	4 y/o	78	3 y/o	76	2 y/o	74	1 y/o	72	<1	70
9 y/o	88																				
8 y/o	86																				
7 y/o	84																				
6 y/o	82																				
5 y/o	80																				
4 y/o	78																				
3 y/o	76																				
2 y/o	74																				
1 y/o	72																				
<1	70																				

Patients meeting any one of the above MAJOR / RED criteria should be transported to the highest-level trauma center available within the geographic constraints of the regional trauma system.

MODERATE CRITERIA

Moderate Risk for Serious Injury

Mechanism of Injury	EMS Judgment
- High-Risk Auto Crash - Partial or complete ejection - Significant intrusion (including roof) >12 inches occupant site OR >18 inches any site OR - Need for extrication for entrapped patient. - Death in passenger compartment - Child (age 0–9 years) unrestrained or in unsecured child safety seat - Rider separated from transport vehicle with significant impact (e.g., motorcycle, ATV, horse, etc.) - Pedestrian/bicycle rider thrown, run over, or with significant impact. - Fall from height > 10 feet (all ages)	Consider risk factors, including: Low-level falls in young children (age ≤ 5 years) or older adults (age ≥ 65 years) with significant head impact or high velocity or high impact event. - Anticoagulant / antiplatelet use - Suspicion of child abuse - Special, high-resource healthcare needs - Pregnancy > 20 weeks - Burns in conjunction with trauma. - Children should be triaged preferentially to pediatric capable centers. If concerned, take to a designated trauma center.

Patients meeting any one of the MODERATE / YELLOW CRITERIA WHO DO NOT MEET MAJOR / RED CRITERIA should be preferentially transported to a trauma center, as available within the geographic constraints of the regional trauma system (need not be the highest-level trauma center) (v3: September 1, 2023)

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15 May 2026



Department of Health
Emergency Medical Services Accreditation Manual

EMR

EMT

AEMT

PARAMEDIC

COMMUNITY PARAMEDIC

HEALTHCARE PROVIDER EMT BRIDGE COURSE

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DEFINITIONS

AR EMASC: Arkansas Emergency Medical Services Advisory Committee

CAAHEP: Commission on Accreditation of Allied Health Education Programs

CoAEMSP: Committee on Accreditation for the EMS Professions

Department: Arkansas Department of Health.

EMSP: Emergency Medical Services Provider

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

NHTSA: National Highway Traffic and Safety Administration

NREMT: National Registry of Emergency Medical Technicians

Training Site: A business accredited by the Department to conduct EMSP provider classes

SECTION I. COURSE APPROVAL AND REQUIRED PAPERWORK

- A. An accredited training site must sponsor all courses. A request to conduct a course must be submitted to the Department at least ten (10) days before the course start date. This is done through the state ImageTrend system for authorized users only.
- ImageTrend Portal:
- <https://aremslicense.adh.arkansas.gov/lms/public/portal#/login>
- B. The course will be an “Initial Course”. Enter all pertinent instructor(s) attached to the course into ImageTrend. You must upload a course schedule and syllabus to ImageTrend.
- C. You should not begin a course without approval from the Department of Health. (Initiating a course approval on the ImageTrend website is not the same as a course approval.)
- D. All paperwork and materials must be submitted promptly per the Department’s requirements.

SECTION II. EDUCATIONAL, CLINICAL, AND INTERNSHIP REQUIREMENTS

- A. Educational Facilities
1. Appropriate facility as defined by the educational institution, so long as they comfortably meet or exceed the program's 2021 NHTSA EMS Educational Standards. Classes shall be instructed in a controlled environment. It should be conducive for learning with sufficient space for the class size.
 2. Equipment/Supplies- Must meet the current equipment list required by the Department. Adequate instructional support material and equipment must also be available: audio, visual, and kinematic aids, copiers, computers, etc.
- B. Training Site Representative
1. The Training Site shall designate a representative responsible for the educational program and who contributes sufficient time to ensure the program's success.
 2. The Representative shall be responsible for the organization, administration, periodic review, and the continued development and effectiveness of the educational program.
- C. Instructional Faculty
1. Each EMS course shall be taught by an EMS provider who is licensed at the level of the course being taught and licensed by the Department as an EMSP-Instructor (can include a physician, or by a person who is knowledgeable in the subject matter being instructed).
 2. Arkansas requires instructors teaching EMS courses that result in licensure to be licensed. To become an EMSP Instructor, providers must adhere to the requirements outlined in the Arkansas Board of Health's Rules for Emergency Medical Services.

D. Medical Director

1. Programs that result in licensure shall have an appointed medical director to provide medical oversight for all medical aspects of instruction.
2. The Medical Director must be credentialed according to the Arkansas Board of Health EMS Rules, approved by the Arkansas Department of Health, and on record as such.

E. Clinical Observation and Instruction Sites

1. Clinical affiliations

- a. Written affiliation agreements shall be established and confirmed between institutions and agencies that provide clinical experience under appropriate medical direction and clinical supervision that allows students to observe the delivery of emergency medical care in a licensed Emergency Department or appropriate, approved healthcare facility.

2. Identification

- a. Students and preceptors shall be identified by name, student status, credentials, or both during clinical and field internship using nameplate, uniform, or any other apparent means to distinguish them from other personnel.

3. Clinical Rotation

- a. Students should have access to patients who present common problems encountered in the delivery of emergency care. This should be integrated with an adequate number of patients appropriately distributed by sex and age.
- b. Students shall be assigned to clinical settings where experiences are educationally sufficient and adequate to achieve the program's objectives.
- c. Students will be trained within the hospital or medical facility by qualified personnel under guidelines and requirements stated in the 2021 NHTSA EMS Education Standards and approved by the facility's governing body during clinical training phases.

4. Clinical Requirement

- a. EMT students must document a minimum of twenty-four (24) hours of clinical experience.
- b. AEMT and Paramedic level students will follow CoAEMSP guidelines.

5. Recordkeeping

- a. Records of all students' clinical experiences and time logs will be maintained for no less than five (5) years. This will include a variety of illnesses and injuries the student has encountered and/or participated in during this phase of their education.

F. Field Internship

1. Internship is required for EMT, AEMT, and Paramedic level education. Students shall have access to patients who present common problems encountered in the delivery of emergency care, and the appropriate distribution by age, gender, etc.
2. Internship must be done with an Arkansas-licensed ambulance service.
3. Written affiliation agreements should be established, allowing students to ride third on a permitted ambulance for field internship experience. The affiliation agreements shall be kept on file for no less than five (5) years.
4. The student must be allowed to participate in patient care, document patient contact under the supervision of an EMSP at the same licensure level or above, and ride supervised in the patient compartment during transport.
5. Internship Requirements
 - a. EMT level students must complete a minimum of five (5) EMS calls.
 - b. Records of all students' Field Internship experiences and time logs will be maintained for no less than five (5) years

SECTION III. GENERAL EDUCATIONAL STANDARDS FOR ALL LEVELS

- A. Course material can be delivered in multiple formats, including but not limited to:
1. Independent student preparation
 2. Synchronous/asynchronous distributive education
 3. Face-to-face instructions
 4. Pre or co-requisites

- B. Curriculum must meet or exceed the 2021 NHTSA EMS Education Standards. The following integrated phases (1 & 2 for EMR and all 4 for EMT) of education are required:
1. Didactic
 2. Laboratory skills and assessments (It is recommended that no more than six (6) students be utilized by one lab instructor for lab instruction.)
 3. Clinical Instruction and Observation. The Arkansas Department of Health must approve clinical instruction outside a licensed medical facility. This documentation must be kept on file. If emergency department clinical placements are not readily available due to site limitations or scheduling conflicts, the Department may make exceptions to doing emergency department time.
 4. Field internship
- C. The curriculum shall be organized to provide the student with knowledge of the acute, critical changes in physiology, psychological, and clinical symptoms of injury and illness as they pertain to pre-hospital emergency medical care. In addition, students should also understand the ethical and legal responsibilities they assume as students and that they will accept as graduates.
- D. The program shall maintain a portfolio to remain on file for a minimum of five (5) years for each student. Documentation kept in the file should include:
1. Proof of student competency in all skills outlined in the 2019 NHSTA National Scope of Practice.
 2. Student competency examinations
 3. Scenario-based psychomotor examinations
 4. Completed and signed clinical forms
 5. Completed and signed field internship forms
 6. Full curriculum outline, including contact hours, minimum patient contact, student portfolio of skill competency, etc.
 7. Textbooks and other references required for students
 8. An organizational chart for the training program and sponsoring institution(s). The chain of command and responsibilities should be identified.
 9. Program policies and procedures, including student grievances and policies on pass/fail.
 10. Documentation showing students have performed knowledge, skill, and professional behavior evaluation based on educational standards and program objectives.

E. It is recommended that students observe a clinical setting for a period sufficient to gain an appreciation for the continuum of care. The purpose is to provide a variety of medical settings to be used if budgets and resources are available. These may be performed in an emergency department, ambulance, clinic, nursing home, doctor's office, etc., or on standardized patients if unavailable clinical settings. Using live or simulated patients, students must demonstrate the assessments and skills.

F. Site Reaccreditation

1. The following shall be made available upon request or at a minimum at your site reaccreditation site visit:
 - a. Full curriculum outline, including contact hours, minimum patient contact, student portfolio of skill competency, etc.
 - b. Textbooks and other references required for students.
 - c. An organizational chart for the training program and sponsoring institution(s). The chain of command and responsibilities should be identified.
 - d. Program policies and procedures, including student grievances and policies on pass/fail.
 - e. Documentation showing performed knowledge, skill, and professional behavior evaluation based on educational standards and course objectives.
 - f. Provide several methods of assessing achievement.
 - g. Provide an assessment that measures, at a minimum, entry-level competency in all domains.

SECTION IV. COURSE INFORMATION & EDUCATIONAL INFRASTRUCTURE

A. EMR

1. Students must have a high school diploma or equivalency before the start of the course or may be currently enrolled as a high school student in good standing.
2. To become Arkansas state licensed at the EMR level, a student must meet all department requirements. Upon completing the Department's requirements, students under 18 can take the National Registry Assessment exam.
3. The minimum course length will be forty-eight (48) clock hours, and it will be based on competency. The estimated time for EMR level courses is approximately 48 -72 clock hours.

B. EMT

1. Students must have a high school diploma or equivalency before the start of the course or may be currently enrolled as a high school student in good standing.
2. To become Arkansas state licensed at the EMT level, a student must meet all department requirements. Upon completing the Department's requirements, students under 18 can take the National Registry Assessment exam.
3. The minimum course length will be one hundred fifty (150) clock hours, and it will be based on competency. The estimated time for EMT-level courses is approximately 150 - 190 clock hours.
4. It is required that students shall observe a clinical setting for a minimum of 24 hours.
 - a. Students must perform ten (10) patient assessments. These can be performed in an emergency department, ambulance, clinic, nursing home, doctor's office, etc., or on standardized patients if unavailable clinical settings.

C. Advanced EMT

1. Students must hold a current EMT license for the state of Arkansas before beginning the course and must maintain it throughout the program.
2. Course length shall be followed as outlined in the 2021 NHTSA National EMS standards.
3. Documentation of minimum Patient Contacts:

Pediatric (Birth to 18y/o) 5 minimum

Adult (19-65 y/o) 30 minimum

Geriatric (65 y/o and older) 15 minimum

Total 50 minimum

D. Healthcare Provider EMT Bridge Course

1. Students must:
 - a. Current licensure or registry in good standing that under normal circumstances requires a minimum of two (2) years of education/training (ex., Registered Respiratory Therapist, Registered Nurse- other healthcare providers may be considered if approved by the Department).
 - b. Two (2) years of critical care experience (Emergency Department, Intensive Care Unit, Flight Nurse, etc.). Other specialties may be considered if the Department approves.

- c. Current Basic Life Support (BLS) training following the American Heart Association guidelines as approved by the Department.
- d. Advanced Cardiac Life Support certification.

2. Preferred Requirements

- a. Pediatric Advanced Life Support or equivalent certification.
- b. Prehospital Trauma Life Support
- c. International Trauma Life Support
- d. Advanced Medical Life Support.

3. All courses must meet the minimum required 110 hours.

4. Course material can be delivered in multiple formats, including but not limited to:

- a. Independent student preparation
- b. Synchronous/asynchronous
- c. Distributive education
- d. Face-to-face instruction
- e. Pre or co-required

5. 2021 NHTSA Emergency Medical Services Education Standards must be adhered to when didactic learning is required for specific core topics. A validation test must be given for topics learned in other training. (See Appendix A)

6. The following integrated phases of education are required:

<u>Didactic:</u>	<u>94 hours</u>
<u>Clinical:</u>	<u>8 hours</u>
<u>Field Internship:</u>	<u>8 hours and at minimum three (3) transports or patient encounters</u>

7. Clinical Emergency Room hours may be documented while on duty. Clinical hours may be waived with an employment verification letter of at a minimum of three hundred twenty (320) hours worked in a critical care setting within six (6) months of the start of the course and signed by the student's supervisor. (See Appendix B)

8. Field Internship may be waived if the student is a current healthcare provider on an active flight status or critical care ground transport provider in another state with an employee verification letter of at least three hundred twenty (320) worked as a healthcare provider within six (6) months of the start of course and signed by the student's supervisor. If the Field Internship is not waived. The student shall meet the Field Internship requirements as outlined above. (See Appendix C)

E. Paramedic

1. Before beginning the course, students must hold a current EMT or Advanced EMT license for the state of Arkansas.
2. Must follow the current CoAEMSP guidelines and interpretations.
3. Upon site visit, the program must show competencies in course completion and psychomotor skills, with valid out-of-hospital examinations, at least two of which include trauma and medical.
4. A current letter from CAAHEP of accreditation status.

F. Community Paramedic

1. Students must:
 - a. Hold a current Arkansas paramedic license
 - b. Department approved CPR certification
 - c. Department approved ACLS certification
 - d. Be actively employed by a licensed paramedic service.
2. Potential licensees shall submit a letter from a licensed paramedic service indicating a minimum of one thousand (1,000) hours worked per year for two (2) years and confirming that the service actively employs them.
3. All courses must meet the minimum required 160 didactic clinical hours.
4. Community paramedic evaluations, clinicals, and field internships will follow the Department's approved community paramedic curriculum, as outlined in the Arkansas Board of Health's Rules for Emergency Medical Services.

SECTION V. SPONSORSHIP

A. The sponsoring institution of an **EMT or AEMT** program may be:

1. An accredited postsecondary educational institution such as a vocational technical school, technical college, community college, or university.
2. An advanced life support (ALS) licensed ambulance service with an Arkansas Department of Higher Education Private Career Education license approved by the Department of Health.

- a. The institution must be affiliated with an accredited medical center or hospital with the appropriate facilities and patient census to provide adequate clinical experiences for students. This must include a licensed emergency department interacting with pre-hospital patient care providers. (Affiliation Agreement required)
- b. Conversely, the sponsoring institution may be a hospital or medical center affiliated with an accredited postsecondary school, as defined above.

3. Offsite Courses

The following sections pertain to training at the EMR, EMT, or Advanced EMT licensure level:

- a. All instructor requirements remain the same.
- b. The facility where the class is held shall be approved by the sponsoring institution and the Department.
- c. Off-site courses can be sponsored only in areas where a need exists. Any off-site course will be inspected each time unless an agreement is filed between the off-site location and the sponsoring institution.
- d. Written documentation should verify one of the following concerning equipment:
 - (i) All equipment needed for the course is available for student use at the course location without removing any equipment from a licensed ambulance. The Department can inspect the course site at any time during the course.

-OR-

- (ii) The training site sponsor provides all equipment for all off-site courses. However, due to loading/transport/use time, that set of equipment cannot be considered available for any other courses unless a specific policy requires the return of the equipment within a certain period.

-OR-

- (iii) The training site and the location of the course may provide the equipment used for the course as a combined effort. Such an agreement must be signed before submitting the course request form and must be submitted with it.

4. Multiple Courses

- a. Any training site may offer concurrent courses, provided the following criteria have been met.
 - (i) Adequate equipment and instructors must be available for each course to ensure that each student has appropriate access to each needed item.
 - (ii) In the case of concurrent courses, a training site must demonstrate that no conflict in equipment availability exists for each student.

SECTION VI. ACCREDITATION SELF-STUDY

- A. The Self-Study Assessment allows each basic and/or advanced education program to assess its objectives and degree of compliance with program standards outlined in the Arkansas EMS Rules and Arkansas Basic Accreditation Standards.
- B. Except for Paramedic level Training sites, accredited by the Commission on Accreditation of Educational Programs for the Emergency Medical Services (CoAEMSP), each education program is expected to complete the Self-Study Assessment document accurately and thoroughly every five (5) years (Appendix D). Once the Department reviews the self-study and the site team members assigned to your agency, a site visit date will be set.
- C. Programs teaching EMR, EMT, and Advanced EMT must become state EMS-accredited to teach these courses for National Registry Certification. A self-study must be submitted for approval to teach at any level.
- D. If a school elects to become CoAEMSP-accredited to teach Advanced EMT, it will fall under the same guidelines as the Paramedic, using the CoAEMSP guidelines for its accreditation. It must submit its credentials from CoAEMSP to the Arkansas Department of Health.
- E. Paramedic Training Sites will need all necessary paperwork during the State Site team's visit but will not have to do a self-study for the state.
- F. A portfolio of the current and last class taught will be submitted with your self-study for review.

SECTION VII. MAINTAINING ACCREDITATION

- A. Training Sites will be accredited for five (5) years.
- B. Training Sites must maintain a minimum pass rate of 70% for each student on the NREMT Board exam. This is calculated using a three-year average of the program's third (3rd) time pass rates. (Out-of-state programs with multiple training sites – only Arkansas students will be assessed on the 70% pass rate.)

- C. Programs with annual or three-year combined pass rates for students falling below a 70% pass rate must submit an action plan to the Department. This report must include the information in Appendix D. Annual pass rates for each training site may be published by the Department on their website, allowing students to view program results.
- D. For three-year averages below 70%, the Education Committee and Department must approve your action plan to improve the pass rates before any further courses can be approved.
- E. If, after one year of your next course, the pass rate remains below the three-year average of a 70% pass rate, your training site will be suspended for one year, and you will not be able to teach courses under the specific level for which you are on probation. For example, if your EMT pass rate falls below the 70% average, but Advanced EMT and Paramedic remain above the 70% average, then only the EMT level of your training site would be suspended for one year.
- F. Site Visits will occur every five years. During the site visit, the training site paperwork/portfolio will be reviewed for all courses conducted during the past three years.
- G. Significant deficiencies, as determined by the Department in paperwork, will result in suspending the training site for one year. The Education Committee will vote on this action at its next meeting and send it to the AR EMSAC for final approval. The Department official conducting the site visit must also agree with this action.
- H. Retention/Attrition: Courses must maintain a three-year average of 70% of the students enrolled in the program. If the attrition rate exceeds 30%, a remediation plan must be submitted to the Department.

SECTION VIII. REQUIRED ACCREDITATION PAPERWORK

- A. All pertinent paperwork must be kept on file, either electronically or in hard copy, for each student for five (5) years. The site visit team will review this paperwork upon your renewal process.
- B. Paperwork on file must include:
 - 1. Affiliation Agreements with EMS agencies and healthcare facilities where clinical or field internship rotations are performed.
 - 2. End of Course paperwork shall include:
 - a. Summative practical exams, which must include:
 - (i) Medical and trauma patient practical exam.
 - (ii) Exams during the course, including the required areas listed in this manual.

3. All quizzes and exams given to students during the course.
4. All scenario/skills testing documentation.
5. Attendance records
6. Documentation of student disciplinary actions or issues with students, to include any grievances
7. Clinical paperwork for each student documenting hospital experiences.
 - a. This paperwork shall include, but not be limited to, encounter forms and student preceptor evaluations.
8. Field internship paperwork for each student, documenting their EMS ride time.
 - b. This paperwork shall include, but not be limited to, preceptor evaluations of the student.

SECTION IX. SITE VISITS

- A. The site visit team shall include one or more Department personnel. The Department may elect to add a Program Director from a different geographical area as an advisor.
- B. Visits will be conducted on the scheduled day. Training Sites should plan for 8 hours per visit.
- C. The assigned site team will review the self-study before the visit.
- D. Deficiencies found in the self-study portfolio will be sent to the training site for further clarification and/or remediation before the visit.
- E. Findings:
 1. The site team will review any deficiencies with the training site, but this review is unofficial. The Arkansas Department of Health will prepare and send the official report to the training site within two (2) weeks after the site visit.
 2. Department representative(s) will review the training site's response and make additional recommendations, including their recommendations and the training site's response to the site visit report of deficiencies.
 3. The site team's response, the training site's response, and any other recommendations will be sent to the entire Education Committee and the Department for review and action.
 4. Depending on the egregiousness of the deficiencies in paperwork and/or documentation, it may result in:

(a) Remediation/mentoring with other training site directors.

(b) Probation for one year.

(c) Probation for two years.

(d) Suspension of the training site for one year.

(e) Suspension of the training site for two years.

(f) Revocation of training site license.

5. The Education Committee will vote on and/or amend any action at its next scheduled meeting, or a meeting called for that purpose, and send it to the AR EMSAC for final approval. The Department official conducting the site visit must also agree with this action and have final input on the outcome.

SECTION X. APPEALS

- A. The training site will have two (2) weeks after receiving the official report to send in an appeal of the findings and any formal documentation to the Department.
- B. The following individuals will conduct appeals made due to findings during a site visit:
1. The site team that did the site visit.
 2. Two additional members of the Education Committee.
 - (a) One member from the training site will be present who is appealing.
 - (b) One member appointed by the Chair of the Education Committee.
 - (c) Two (2) Department members assigned by the Section Chief of EMS.
- C. The appeal must include all required information and paperwork as outlined in Appendix H.
-

APPENDIX A – HEALTHCARE PROVIDER BRIDGE COURSE REQUIREMENTS

NOTE: This section outlines the core requirements that must be taught and which requirements a student can take a validation test of previous knowledge gained from other classes/courses. Instructors may teach whatever portions are necessary for the student's success beyond the core requirements.

<u>Emergency Medical Service Systems, Research, & Public Health</u>	<u>Teach</u>
<u>Workforce Safety & Wellness of the EMT</u>	<u>Teach</u>
<u>Medical, Legal, & Ethical Issues</u>	<u>Teach</u>
<u>Documentation</u>	<u>Teach</u>
<u>Communication</u>	<u>Teach</u>
<u>Lifting & Moving Patients</u>	<u>Teach</u>
<u>Scene Size-Up</u>	<u>Teach</u>
<u>Patient Assessment</u>	<u>Teach</u>
<u>Ambulance Operations & Air Medical Response</u>	<u>Teach</u>
<u>Gaining Access & Patient Extrication</u>	<u>Teach</u>
<u>Hazardous Materials</u>	<u>Teach</u>
<u>Multiple-Casualty Incidents & Incident Management</u>	<u>Teach</u>
<u>EMS Response to Terrorist Incidents & High Threat & Active Shooter Incidents</u>	<u>Teach</u>
<u>Vital Signs, Monitoring Devices, & History Taking</u> ** Must teach SAMPLE & OPQRST either in didactic or skills	<u>Validation Test</u>
<u>Anatomy, Physiology, & Medical Terminology</u>	<u>Validation Test</u>
<u>Pathophysiology</u>	<u>Validation Test</u>
<u>Life Span Development</u>	<u>Validation Test</u>
<u>Airway Management, Respiration, Ventilation, & Oxygenation</u>	<u>Validation Test</u>
<u>General Pharmacology & Medication Administration</u>	<u>Validation Test</u>
<u>Shock & Resuscitation</u>	<u>Validation Test</u>
<u>Respiratory Emergencies</u>	<u>Validation Test</u>
<u>Cardiovascular Emergencies</u>	<u>Validation Test</u>
<u>Altered Mental Status, Stroke, & Headache</u>	<u>Validation Test</u>
<u>Seizures & Syncope</u>	<u>Validation Test</u>
<u>Acute Diabetic Emergencies</u>	<u>Validation Test</u>
<u>Allergic & Anaphylactic Reactions</u>	<u>Validation Test</u>
<u>Toxicologic Emergencies & Infectious Diseases</u>	<u>Validation Test</u>
<u>Abdominal, Hematologic, Gynecologic, Genitourinary, & Renal Emergencies</u>	<u>Validation Test</u>
<u>Environmental Emergencies</u>	<u>Validation Test</u>
<u>Submersion Incidents: Drowning & Diving Emergencies</u>	<u>Validation Test</u>
<u>Vulnerable Populations: Psychiatric Emergencies & Psychosocial Issues</u>	<u>Validation Test</u>
<u>Trauma Overview: The Trauma Patient & the Trauma System</u>	<u>Validation Test</u>
<u>Bleeding & Soft Tissue Trauma</u>	<u>Validation Test</u>
<u>Burns</u>	<u>Validation Test</u>
<u>Musculoskeletal Trauma & Nontraumatic Fractures</u>	<u>Validation Test</u>
<u>Head Trauma</u>	<u>Validation Test</u>
<u>Spinal Injury & Spine Motion Restriction</u>	<u>Validation Test</u>
<u>Eye, Face, & Neck Trauma</u>	<u>Validation Test</u>
<u>Chest Trauma</u>	<u>Validation Test</u>
<u>Abdominal & Genitourinary Trauma</u>	<u>Validation Test</u>
<u>Multisystem Trauma & Trauma in Special Patient Populations</u>	<u>Validation Test</u>
<u>Obstetrics & Neonatal Care</u>	<u>Validation Test</u>
<u>Patients with Special Challenges</u>	<u>Validation Test</u>
<u>The Combat Veteran</u>	<u>Validation Test</u>

APPENDIX B – HEALTHCARE PROVIDER EMT BRIDGE COURSE

(EMPLOYMENT VERIFICATION LETTER SAMPLE)

Certification of Clinical Time

By signing below, I certify that _____ (student) has worked
approximately _____ hours (minimum of 80 hours) as a Registered (RN) Nurse or
Respiratory Therapist (RT) or other licensed healthcare provider
(Please Specify: _____)
in the last 6 - 8 months, in the _____ (department - i.e. Emergency,
ICU/CCU, Transport) at _____ (hospital or service
name).

Student Signature Date

Supervisor/Director Signature Date

Supervisor/Director Title

Facility or Service Name

E-Mail Address

Telephone Number

APPENDIX C – HEALTHCARE PROVIDER EMT BRIDGE COURSE
(CERTIFICATION OF AMBULANCE RIDE TIME FORM SAMPLE)

Certification of Ambulance Time

By signing below, I certify that _____ (*student*), has transport by
either air or ground approximately _____ patient calls as a Registered (RN) Nurse or
Respiratory Therapist (RT) or other licensed healthcare provider
(Please Specify: _____) in the last 6 - 8 months, with an Arkansas
licensed ambulance service, _____ (*hospital or service*
name).

Student Signature _____ Date

Supervisor/Director Signature _____ Date

Supervisor/Director Title

Facility or Service Name

E-Mail Address

Telephone Number

APPENDIX D



Arkansas Department of Health Emergency Medical Services

Site Inspection Self-Study

Application for EMT and/or Advanced EMT Accreditation

Application Date: _____

_____ ☐ Initial Accreditation – EMT Program

_____ ☐ Reaccreditation – EMT Program

_____ ☐ Initial Accreditation – Advanced EMT Program

_____ ☐ Reaccreditation – Advanced EMT Program

Institutional Data

Official Name of Institution: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Website Address: _____

Physical Address (if different from above): _____

City: _____ State: _____ Zip: _____

On-site Administrator's Contact (this individual will receive all related correspondence from the Department):

E-mail Address: _____

Name & Title of Program Director: _____

Name & Title of Medical Director: _____

Program Credentials (check all that apply):

**** For post-secondary institutions only**

☐ Certificate ☐ Diploma

☐ Associate's degree ☐ Bachelor's Degree

☐ Other: _____

Alternative Site Information

☐ Yes ☐ No Does the institution intend to operate this program at any other locations other than the one specified above?

If yes, list address, phone number, and administrator (if applicable) of each location (attach a separate sheet, if necessary).

Address of Additional Site: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Name & Title of On-site Administrator: _____

What is the relationship of this site to the one listed above of this application?

Personnel (list each person in only one category)

Number of administrative staff: _____ FT _____ PT _____

Number of faculty members for this program: _____ FT _____ PT _____

Students

Anticipated Number of regularly enrolled students: _____ FT _____ PT _____ Total _____

Signatures

Program Director _____ Date _____

Medical Director _____ Date _____

Accreditation Self-Study Assessment

Self-Study Assessment

The Self-Study Assessment document provides each basic and/or advanced education program with an opportunity to assess its objectives and degree of compliance with the program standards outlined in the Arkansas EMS Rules and Regulations and Arkansas Basic Accreditation standards. This comprehensive evaluation should clearly identify the program's strengths and limitations.

Each education program must complete the Self-Study Assessment document accurately and thoroughly.

Completing the Self-Study Assessment document should involve the entire program staff. This includes, but is not limited to, the program medical director, administrator/coordinator, administrative staff, faculty, EMT/Advanced EMT students, and others in the health care delivery system involved in the educational program.

The Department will review the Self-Study Assessment document and attachments. If the program is in compliance with the standards, a site visit will be scheduled.

-

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EMT/Advanced EMT Initial and Re-accreditation Self-Study Assessment

1. Begin with an overview of basic and/or advanced education programs. Please include a brief statement regarding the development of the program, target students, and communities of interest served by the providers. Also addressed should be any special considerations impacting program delivery, such as financial constraints, availability of clinical facilities, etc. This portion should not exceed two (2) pages in length.
2. Identify agencies/institutions responsible for overseeing the education program.
3. Each program shall have a written statement of its goals, consistent with the sponsoring agency/institution's mission statement and the community's needs. The goals shall serve as a guide for developing, implementing, and evaluating the educational program. The self-study assessment document should include a copy of the program's objectives.
4. The program shall have defined educational goals and competencies. These goals shall be clearly stated, measurable, and attainable. They should serve as the foundation for developing, implementing, and evaluating the educational program, and shall identify the expected competencies of students at completion of the program.
5. Education is delivered using a variety of schedules to best meet the needs of the student population served and the agency/institution—a copy of the course syllabus for each different program/class, e.g., EMT and Adv. EMT should be attached to the self-assessment study document.
6. Resource availability is a crucial part of any education program. These resources include administrative personnel, financial support, faculty/staff, teaching facilities, and available clinical and field experiences. Medical guidance is an essential component of the program. Do you feel these items are present in your program? Please explain your response.
7. Has this institution received a departmental inspection in the past two years? If so, please report the date and time.

Please include the following information/attachments for the program's resources.

1. Organization of Personnel
 - a. Attach a copy of the organizational chart showing the relationship among students, faculty, medical director, program coordinator, and other personnel for each course (which shall demonstrate the program's relationship and its staff to the sponsoring agency/organization). The lines of authority, responsibility, and communication should be indicated.
 - b. A list of all program job titles- full-time, part-time, and volunteer- should be submitted. Please include a description of each position and the name of the person(s) fulfilling those positions. Include a resume for all full-time faculty.
2. Medical Director

Each program should have a Medical Director overseeing educational content and field internship experiences. The medical director will ensure that the information's content and quality meet program standards.

- a. Attach the medical director's job description, duties, responsibilities, and resume to the education program.
- b. Include a copy of the medical director and program agreement letter.

3. Program Director

Each basic and/or advanced education program should have a program director to manage the overall aspects of the educational program.

- a. The program director ensures the program's success. This individual is responsible for the program's organization, administration, evaluation, continued development, and effectiveness. Additionally, this is the only person who can announce program courses to the Department.
- b. Attach a copy of the program director's curriculum vitae, substantiating that the individual is certified as an EMT Instructor, ALS Coordinator, or EMS Education Coordinator. The program director should have experience instructing and evaluating EMS students, as well as with the administration of educational programs. The director must demonstrate knowledge of the EMS Rules and Regulations.

4. Instructors

Each EMS course should be taught by an EMS provider certified at the EMT level or higher (preferred), licensed by the Department as an EMS instructor, a Physician, or by a person knowledgeable in the subject matter being instructed. The instructor will work with the program director to prepare and deliver the course content. Please attach a list of instructors affiliated with the school.

5. Clinical/Field Coordinator

- a. The program may designate a Clinical/Field Coordinator. They are responsible for oversight and coordination of the clinical/field components of the EMT course. In smaller programs, this function may be met by the program director. Please specify clinical/field requirements and who oversees this duty.
- b. Please identify all clinical/field sites and attach agreements.

6. Preceptors

Preceptors for clinical and/or field rotations will be designated by the program and approved by the program's medical director. The preceptor must be certified at or above the level of the certification being sought by the student. Please list preceptors and attach a preceptor evaluation form for each.

7. Instructional Facilities

Each program should maintain facilities adequate for the presentation of didactic, skill instruction, and practice sessions. Medical sharps and drugs must be stored in a secure area. A secure record storage area must be used for student and program files. The application shall:

- a. Indicate the maximum number of students that can be accepted into the program. If a minimum number of students is required to conduct the program, report that number in this section as well.

- b. Describe the classrooms utilized for instruction. Please include location, student capacity, labs, instructional materials, and equipment. Describe how the skills laboratory is employed in the curriculum.

8. Students

Students' success in the program depends upon many factors, some of which are not always under the students' control. Each student deserves a fair opportunity to succeed.

- a. Describe the criteria for student selection.
- b. Attach a copy of the information packet provided to students accepted into the program.
- c. Describe any resources available to assist students with problems encountered during the program. These problems may be related to educational difficulties, skill performance problems, or behavioral problems. If resources are unavailable, explain how these problems are managed.
- d. Describe all measures used to promote student progress and success. Examples include tutoring capabilities, remedial training, self-study computer programs, etc.
- e. Describe how the program measures student progress during the course. Include which evaluation tools are used and how they are weighted.
- f. What methods are employed to provide students with performance feedback? Include the forms used for student action plans and student counseling.
- g. Describe or attach the policies and procedures that define conditions and the process used to dismiss students from the program.
- h. Describe or attach the appeal process students may use to request a review of evaluations or disciplinary actions.
- i. Describe how the student records are maintained and how record confidentiality is ensured.
- j. Describe how students are identified in the field internship areas.
- k. List which programs the institution uses to evaluate student readiness for the National Registry exam (i.e. Fisdap, Platinum, Navigation, etc.)
- l. What is the "cut-off" score of the above evaluation, if applicable?

9. Program Evaluation

In an effort to continuously improve educational quality, each program should have a written policy and procedure for evaluation. Evaluation should be done annually and provide qualitative as well as quantitative evidence that the program is meeting its objectives and the changing needs of EMS care. Input should be gathered from students and faculty members.

- a. Attach copies of program evaluation tools used by student and faculty members to provide feedback about the program.
- b. Include a report analyzing the evaluation results data on the effectiveness of:
 - i. Program
 - ii. Resources
 - iii. Responsiveness to recommendations of change
 - iv. Faculty
 - v. Students' ability to function as entry-level providers upon successful completion of the course.
- c. Describe methods developed to improve weak areas identified and indicate if changes were initiated.

10. Satellite Education Program Provisions

There may be instances where education is conducted by an approved program but at a different location and/or for another agency/institution.

- a. The parent education program must have received full accreditation.
- b. The satellite program must operate under the parent program's approval.
- c. The program should be conducted in the same manner as the parent program.
- d. Faculty of the satellite program must have their credentials on file with the parent education program. Additionally, faculty members must meet the same education, experience, and preparation requirements.
- e. Classroom and lab facilities utilized for didactic and clinical instruction at the satellite program will meet the same requirements as listed in Section G.



APPENDIX E

EMT PROGRAM EMS RUN EVALUATION

Shift Evaluation Form- One form is filled out each shift the student works regardless if any calls were made during that shift.

Student Instructions: Complete all shaded areas, prior to submission to preceptor.

Preceptor Instructions: Thank you for precepting our student! Please complete one form for each shift worked by the student EMT regardless of number of calls.

Please rate the student in the following categories at the end of the shift.


1 Unsatisfactory
Requires Assistance
Needs more training
 2 Tentative
Needs Guidance
 3 Competent
Minimal Prompting
Entry Level EMT
 4 Good
No prompting
 5 Excellent
Experienced
level EMT
 

	Student Rating	Preceptor Rating	Area of Performance- Done once per shift
A			Professionalism/Attitude: The student's behavior demonstrated integrity, empathy, self-motivation, self-confidence, team work, diplomacy, respect, patient advocacy, careful delivery of service, appropriate time management, appropriate appearance and personal hygiene. Reported to work on time and in full uniform. Preceptor comment:
B			Phase/Shift Objectives: Reviews current objectives and performs the tasks to the standard outlined. Requests and accepts constructive criticism, takes personal responsibility for self-improvement. Preceptor comment:
C			Psychomotor Skills: Student can thoroughly describe all elements of applicable procedures and accomplishes psychomotor skills independently and proficiently. Preceptor comment:

This section is per call				Student Name:			
Ambulance Serv. + Unit	Date	Time In	Time Out	Total Hrs.	Service Run #	RATING ON CALLS (See Above #) Preceptor fills out	INTL

I verify these skills were performed.

Student Strengths:

Arkansas Department of Health, Section of EMS
5800 W. 10th Street, Suite 800 · Little Rock, AR 72204

Student Weaknesses / Plan for Improvement: 501-661-2262 Fax 501-280-4901

Preceptor Printed Name:

HEALTHY.ARKANSAS.GOV

Preceptor Signature:

APPENDIX F

Psychomotor Skills Examination Guide

This manual specifies suggested aspects of coordinating the EMR, EMT, and Advanced EMT psychomotor examination. This material consists of skills presented in a scenario-based format to approximate the abilities of the Arkansas EMR, EMT, and Advanced EMT to function in the out-of-hospital setting. All skills have been developed in accordance with the 2021 NHSTA EMS Education Standards and Instructional Guidelines for the EMR, EMT, and Advanced EMT; the National Trauma Triage Protocol published by the U.S. Department of Health and Human Services Centers for Disease Control and Prevention; and current American Heart Association guidelines for Basic Life Support for Healthcare Providers (BLS) that are updated as necessary.

Two sections:

- (1) Formative evaluation (psychomotor skills performed to develop proficiency)
- (2) Summative (skills evaluated at the end of a section or course to show knowledge and skill on a given skill set)

The Summative psychomotor examination consists of two skills scenarios (Trauma and Medical). In lieu of the scenario-based exam, an Instructor Assessment Exam may be conducted on specific National Registry Skills.

The skill scenarios (Trauma and Medical) are designed to approximate the out-of-hospital setting by presenting realistic situations that the EMR can expect to see.

Each candidate is tested individually in each skill and is responsible for communicating with the patients or bystanders. The candidate should pass or fail based solely on his/her actions and decisions.

Documentation of each student's Formative and Summative skills examinations must be kept on file for review during your training site reaccreditation site visit.

Section 1: EMR

1) Personnel Required for Scenario-based EMR Exam

Evaluating personnel required for scenario-based exams:

- Knowledgeable or have expertise in the subject matter
- Two (2) experienced, competent, and unbiased providers or one (1) licensed EMS Instructor are required to evaluate the scenario-based exam
- One (1) person must be selected to serve as the EMT Assistant for the Integrated Scenario. These selected individuals must be licensed EMTs at a minimum and will serve as the trained partners for all candidates who are testing.

2) Skills Required for EMR:

a. Mandatory Formative Skills

- Patient Assessment – Medical
- Patient Assessment – Trauma
- Spinal Restriction – Supine
- Long Bone Immobilization
- Joint Immobilization
- Cardiac Arrest and AED
- Oxygen Administration
- BVM and Ventilation

b. Mandatory Summative Skills - EMR

- Patient Assessment Medical with integrated skills
- Patient Assessment Trauma with integrated skills

3) Sample EMR Skill Sheets:

Emergency Medical Responder Psychomotor Examination

CARDIAC ARREST MANAGEMENT / AED

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Actual Time Started: _____	Possible Points	Points Awarded
Takes or verbalizes appropriate PPE precautions	1	
Determines the scene/situation is safe	1	
Checks patient responsiveness	1	
Direct assistant to retrieve AED	1	
Requests additional EMS assistance	1	
Checks breathing and pulse simultaneously	1	
NOTE: After checking responsiveness, then checking breathing and pulse for no more than 10 seconds, examiner informs candidate, "The patient is unresponsive, apneic and pulseless."		
Immediately begins chest compressions [adequate depth and rate; allows the chest to recoil completely]	1	
Performs 2 minutes of high-quality, 1-rescuer adult CPR -Adequate depth and rate (1 point) -Correct compression-to-ventilation ratio (1 point) -Allows the chest to recoil completely (1 point) -Adequate volumes for each breath (1 point) -Minimal interruptions of no more than 10 seconds throughout (1 point)	5	
NOTE: After 2 minutes (5 cycles), candidate assesses patient and second rescuer resumes compressions while candidate operates AED.		
Turns on power to AED	1	
Follows prompts and correctly attaches AED to patient	1	
Stops CPR and ensures all individuals are clear of the patient during rhythm analysis	1	
Ensures that all individuals are clear of the patient and delivers shock from AED	1	
Immediately directs rescuer to resume chest compressions	1	
Actual Time Ended: _____	TOTAL	17

Critical Criteria

- ____ Failure to take or verbalize appropriate PPE precautions
- ____ Failure to check responsiveness, then check breathing and pulse simultaneously for no more than 10 seconds
- ____ Failure to immediately begin chest compressions as soon as pulselessness is confirmed
- ____ Failure to demonstrate acceptable high-quality, 1-rescuer adult CPR
- ____ Interrupts CPR for more than 10 seconds at any point
- ____ Failure to correctly attach the AED to the patient
- ____ Failure to operate the AED properly
- ____ Failure to deliver shock in a timely manner
- ____ Failure to ensure that all individuals are clear of patient during rhythm analysis and before delivering shock [verbalizes "All clear" and observes]
- ____ Failure to immediately resume compressions after shock delivered
- ____ Failure to manage the patient as a competent EMR
- ____ Exhibits unacceptable affect with patient or other personnel
- ____ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on the reverse side of this form.

Emergency Medical Responder Psychomotor Examination

PATIENT ASSESSMENT/MANAGEMENT – MEDICAL

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Scenario # _____

Actual Time Started: _____	Possible Points	Points Awarded
Takes or verbalizes appropriate PPE precautions	1	
SCENE SIZE-UP		
Determines the scene/situation is safe	1	
Determines the mechanism of injury/nature of illness	1	
Requests additional EMS assistance if necessary	1	
Considers stabilization of the spine	1	
PRIMARY SURVEY/RESUSCITATION		
Determines responsiveness/level of consciousness (AVPU)	1	
Determines chief complaint/apparent life-threats	1	
Assesses airway and breathing		
-Assessment (1 point) -Assures adequate ventilation (1 point) -Initiates appropriate oxygen therapy (1 point)	3	
Assesses circulation		
-Assesses/controls major bleeding (1 point) -Checks pulse (1 point)	3	
-Assesses skin [either skin color, temperature or condition] (1 point)		
Identifies patient priority and makes treatment/transport decision	1	
HISTORY TAKING		
History of the present illness		
-Onset (1 point) -Quality (1 point) -Severity (1 point)	8	
-Provocation (1 point) -Radiation (1 point) -Time (1 point)		
-Clarifying questions of associated signs and symptoms related to OPQRST (2 points)		
Past medical history		
-Allergies (1 point) -Past pertinent history (1 point) -Events leading to present illness (1 point)	5	
-Medications (1 point) -Last oral intake (1 point)		
SECONDARY ASSESSMENT		
Assesses affected body part/system		
-Cardiovascular -Neurological -Integumentary -Reproductive	5	
-Pulmonary -Musculoskeletal -GI/GU -Psychological/Social		
VITAL SIGNS		
-Blood pressure (1 point) -Pulse (1 point) -Respiratory rate and quality (1 point each)	4	
States field impression of patient	1	
Interventions [verbalizes proper interventions/treatment]	1	
REASSESSMENT		
Demonstrates how and when to reassess the patient to determine changes in condition	1	
Provides accurate verbal report to arriving EMS unit	1	
Actual Time Ended: _____	TOTAL	40

CRITICAL CRITERIA

- ____ Failure to initiate or call for transport of the patient within 15 minute time limit
- ____ Failure to take or verbalize appropriate PPE precautions
- ____ Failure to determine scene safety before approaching patient
- ____ Failure to voice and ultimately provide appropriate oxygen therapy
- ____ Failure to assess/provide adequate ventilation
- ____ Failure to find or appropriately manage problems associated with airway, breathing, hemorrhage or shock
- ____ Failure to differentiate patient's need for immediate transportation versus continued assessment or treatment at the scene
- ____ Performs secondary examination before assessing and treating threats to airway, breathing and circulation
- ____ Orders a dangerous or inappropriate intervention
- ____ Failure to provide accurate report to arriving EMS unit
- ____ Failure to manage the patient as a competent EMR
- ____ Exhibits unacceptable affect with patient or other personnel
- ____ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on the reverse side of this form.

Emergency Medical Responder Psychomotor Examination

OXYGEN ADMINISTRATION BY NON-REBREATHER MASK

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Actual Time Started: _____	Possible Points	Points Awarded
Takes or verbalizes appropriate PPE precautions	1	
Gathers appropriate equipment	1	
Cracks valve on the oxygen tank	1	
Assembles the regulator to the oxygen tank	1	
Opens the oxygen tank valve	1	
Checks oxygen tank pressure	1	
Checks for leaks	1	
Attaches non-rebreather mask to correct port of regulator	1	
Turns on oxygen flow to prefill reservoir bag	1	
Adjusts regulator to assure oxygen flow rate of at least 10 L/minute	1	
Attaches mask to patient's face and adjusts to fit snugly	1	
Actual Time Ended: _____	TOTAL 11	

CRITICAL CRITERIA

- ____ Failure to take or verbalize appropriate PPE precautions
- ____ Failure to assemble the oxygen tank and regulator without leaks
- ____ Failure to prefill the reservoir bag
- ____ Failure to adjust the oxygen flow rate to the non-rebreather mask of at least 10 L/minute
- ____ Failure to ensure a tight mask seal to patient's face
- ____ Failure to manage the patient as a competent EMR
- ____ Exhibits unacceptable affect with patient or other personnel
- ____ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on the reverse side of this form.

Emergency Medical Responder Psychomotor Examination

PATIENT ASSESSMENT/MANAGEMENT – TRAUMA

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Scenario # _____

Actual Time Started: _____	Note: Areas denoted by “***” may be integrated within sequence of Primary Survey/Resuscitation	Possible Points	Points Awarded
Takes or verbalizes appropriate PPE precautions		1	
SCENE SIZE-UP			
Determines the scene/situation is safe		1	
Determines the mechanism of injury/nature of illness		1	
Requests additional EMS assistance if necessary		1	
Considers stabilization of the spine		1	
PRIMARY SURVEY/RESUSCITATION			
Determines responsiveness/level of consciousness		1	
Determines chief complaint/apparent life-threats		1	
Airway -Opens and assesses airway (1 point) -Inserts adjunct as indicated (1 point)		2	
Breathing -Assess breathing (1 point) -Assures adequate ventilation (1 point) -Initiates appropriate oxygen therapy (1 point) -Manages any injury which may compromise breathing/ventilation (1 point)		4	
Circulation -Checks pulse (1 point) -Assess skin [either skin color, temperature or condition] (1 point) -Assesses for and controls major bleeding if present (1 point) -Initiates shock management [positions patient properly, conserves body heat] (1 point)		4	
Identifies patient priority and makes treatment/transport decision (based upon calculated GCS)		1	
HISTORY TAKING			
Obtains baseline vital signs [must include BP, P and R] (1 point)		1	
Attempts to obtain SAMPLE history		1	
SECONDARY ASSESSMENT			
Head -Inspects and palpates scalp and ears (1 point) ** -Assesses eyes (1 point) -Inspects mouth**, nose** and assesses facial area (1 point)		3	
Neck** -Checks position of trachea (1 point) -Checks jugular veins (1 point) -Palpates cervical spine (1 point)		3	
Chest** -Inspects chest (1 point) -Palpates chest (1 point) -Auscultates chest (1 point)		3	
Abdomen/pelvis** -Inspects and palpates abdomen (1 point) -Assesses pelvis (1 point) -Verbalizes assessment of genitalia/perineum as needed (1 point)		3	
Lower extremities** -Inspects, palpates and assesses motor, sensory and distal circulatory functions (1 point/leg)		2	
Upper extremities -Inspects, palpates and assesses motor, sensory and distal circulatory functions (1 point/arm)		2	
Posterior thorax, lumbar and buttocks** -Inspects and palpates posterior thorax (1 point) -Inspects and palpates lumbar and buttocks areas (1 point)		2	
Manages secondary injuries and wounds appropriately		1	
REASSESSMENT			
Demonstrates how and when to reassess the patient		1	
Actual Time Ended: _____		TOTAL 40	

CRITICAL CRITERIA

- ____ Failure to initiate or call for transport of the patient within 10 minute time limit
- ____ Failure to take or verbalize appropriate PPE precautions
- ____ Failure to determine scene safety
- ____ Failure to assess for and provide spinal protection when indicated
- ____ Failure to voice and ultimately provide high concentration oxygen
- ____ Failure to assess/provide adequate ventilation
- ____ Failure to find or appropriately manage problems associated with airway, breathing, hemorrhage or shock
- ____ Failure to differentiate patient's need for immediate transportation versus continued assessment/treatment at the scene
- ____ Performs other assessment before assessing/treating threats to airway, breathing and circulation
- ____ Failure to manage the patient as a competent EMR
- ____ Exhibits unacceptable affect with patient or other personnel
- ____ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on the reverse side of this form.

Section 2: EMT

1) Personnel Required for Scenario-based EMT Exam

Evaluating personnel required for scenario-based exams:

- Knowledgeable or have expertise in the subject matter
- Two (2) experienced, competent, and unbiased providers or one (1) licensed EMS Instructor are required to evaluate the scenario-based exam
- One (1) person must be selected to serve as the EMT Assistant for the Integrated Scenario. These selected individuals must be licensed EMTs at a minimum and will serve as the trained partners for all candidates who are testing

2) Skills Required for EMT:

a. Mandatory Formative Skills

- Patient Assessment – Medical
- Patient Assessment – Trauma
- Spinal Restriction – Supine
- Long Bone Immobilization
- Joint Immobilization
- Cardiac Arrest and AED
- Oxygen Administration
- BVM and Ventilation

b. Mandatory Summative Skills

- Patient Assessment Medical with integrated skills
- Patient Assessment Trauma with integrated skills

3) Out-of-Hospital Scenario – Medical

The Integrated Out-Of-Hospital Scenario (IOOH) will utilize an adult, pediatric, or geriatric patient. The candidate will have twenty (20) minutes to complete this scenario-based exam successfully. We recommend that scenarios be developed and utilized for the following types of medical presentations:

- Neurological (to include stroke, altered mental status, and syncope)
- Allergic Reaction
- Poisoning/Overdose
- Environmental Emergency
- Obstetrics
- Abdominal pain

All candidates will be evaluated over one (1) or more of the following EMT skills chosen at random:

- Proper Medical Assessment
- Shock Management

- BVM Ventilation of an Apneic Adult Patient
- Cardiac Arrest Management/AED
- Medication Assistance

4) Out-of-Hospital Scenario – Trauma

The Integrated Out-Of-Hospital Scenario (IOOH) will utilize either an adult, pediatric, or geriatric patient. In this skill, the candidate will have twenty (20) minutes to successfully complete this scenario-based exam. All candidates will be evaluated on one (1) or more of the following EMT skills chosen at random, along with the Trauma Assessment skill.

- Spinal Immobilization (Seated Patient)
- Bleeding Control/Shock Management
- Long Bone Immobilization
- Joint Immobilization
- BVM Ventilation of an Apneic Adult Patient
- Cardiac Arrest Management/AED
- Traction Splint
- Medication Assistance

5) Skill Lab – Basic EMT Skills Assessed or Prerequisite Skill Competency (must document reasonable evidence or motor skill competency, such as a current EMT license)

-
- Insert Nasopharyngeal Airway
 - Insert Oropharyngeal Airway
 - Perform oral suctioning
 - Perform Foreign Body Airway Obstruction (FBAO) – Adult
 - Perform FBAO – Infant
 - Administer oxygen by nasal cannula
 - Administer oxygen by face mask
 - Ventilate an adult patient with a Bag-Valve Mask (BVM)
 - Ventilate a pediatric patient with a BVM
 - Ventilate a neonate patient with a BVM
 - Continuous Positive Airway Pressure (CPAP)
 - Apply a tourniquet/hemorrhage control
 - Apply a cervical collar
 - Perform spine motion restriction
 - Lift and transfer a patient to the stretcher
 - Mechanical patient restraint
 - Splint a suspected long bone injury
 - Splint a suspected joint injury
 - Stabilize an impaled object
 - Eye irrigation
 - Dress and bandage a soft tissue injury
 - Apply an occlusive dressing to an open wound to the thorax
 - Perform complicated / uncomplicated delivery
 - Assess vital signs

- Perform a comprehensive physical assessment
 - Vital signs
 - Pulse oximetry
 - Blood glucose monitoring

- Medication administration
 - Aerosolized/nebulized
 - Inhaled
 - Intramuscular (IM), auto-injector
 - Intranasal, premeasured
 - Sublingual/mucosal
 - Oral
- Perform Cardiopulmonary Resuscitation (CPR)
 - Adult
 - Pediatric
 - Neonate
- Defibrillation: Automated and semi-automated
- Cardiac monitoring: 12-lead Electrocardiogram (ECG) acquisition and
transmission / Telemetric monitoring devices, and
transmission of clinical data, including video data

6) Sample EMT Skill Sheets:

Emergency Medical Technician Psychomotor Examination

BLEEDING CONTROL/SHOCK MANAGEMENT

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Actual Time Started: _____	Possible Points	Points Awarded
Takes or verbalizes appropriate PPE precautions	1	
Applies direct pressure to the wound	1	
NOTE: The examiner must now inform candidate that the wound continues to bleed.		
Applies tourniquet	1	
NOTE: The examiner must now inform candidate that the patient is exhibiting signs and symptoms of hypoperfusion.		
Properly positions the patient	1	
Administers high concentration oxygen	1	
Initiates steps to prevent heat loss from the patient	1	
Indicates the need for immediate transportation	1	
Actual Time Ended: _____	TOTAL	7

CRITICAL CRITERIA

- _____ Failure to take or verbalize appropriate PPE precautions
- _____ Failure to administer high concentration oxygen
- _____ Failure to control hemorrhage using correct procedures in a timely manner
- _____ Failure to indicate the need for immediate transportation
- _____ Failure to manage the patient as a competent EMT
- _____ Exhibits unacceptable affect with patient or other personnel
- _____ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on the reverse side of this form.

Emergency Medical Technician Psychomotor Examination

BVM VENTILATION OF AN APNEIC ADULT PATIENT

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Actual Time Started: _____	Possible Points	Points Awarded
Takes or verbalizes appropriate PPE precautions	1	
Checks responsiveness	1	
Requests additional EMS assistance	1	
Checks breathing and pulse simultaneously	1	
NOTE: After checking responsiveness, then checking breathing and pulse for no more than 10 seconds, examiner informs candidate, "The patient is unresponsive, apneic and has a weak pulse of 60."		
Opens airway properly	1	
NOTE: The examiner must now inform the candidate, "The mouth is full of secretions and vomitus."		
Prepares rigid suction catheter	1	
Turns on power to suction device or retrieves manual suction device	1	
Inserts rigid suction catheter without applying suction	1	
Suctions the mouth and oropharynx	1	
NOTE: The examiner must now inform the candidate, "The mouth and oropharynx are clear."		
Opens the airway manually	1	
Inserts oropharyngeal airway	1	
NOTE: The examiner must now inform the candidate, "No gag reflex is present and the patient accepts the airway adjunct."		
Ventilates the patient immediately using a BVM device unattached to oxygen [Award this point if candidate elects to ventilate initially with BVM attached to reservoir and oxygen so long as first ventilation is delivered within 30 seconds.]	1	
NOTE: The examiner must now inform the candidate that ventilation is being properly performed without difficulty.		
Re-checks pulse for no more than 10 seconds	1	
Attaches the BVM assembly [mask, bag, reservoir] to oxygen [15 L/minute]	1	
Ventilates the patient adequately -Proper volume to cause visible chest rise (1 point) -Proper rate [10 – 12/minute (1 ventilation every 5 – 6 seconds)] (1 point)	2	
Note: The examiner must now ask the candidate, "How would you know if you are delivering appropriate volumes with each ventilation?"		
Actual Time Ended: _____	TOTAL 16	

CRITICAL CRITERIA

- ____ After suctioning the patient, failure to initiate ventilations within 30 seconds or interrupts ventilations for greater than 30 seconds at any time
- ____ Failure to take or verbalize appropriate PPE precautions
- ____ Failure to suction airway **before** ventilating the patient
- ____ Suctions the patient for an excessive and prolonged time
- ____ Failure to check responsiveness, then check breathing and pulse simultaneously for no more than 10 seconds
- ____ Failure to voice and ultimately provide high oxygen concentration [at least 85%]
- ____ Failure to ventilate the patient at a rate of 10 – 12/minute (1 ventilation every 5 – 6 seconds)
- ____ Failure to provide adequate volumes per breath [maximum 2 errors/minute permissible]
- ____ Insertion or use of any adjunct in a manner dangerous to the patient
- ____ Failure to manage the patient as a competent EMT
- ____ Exhibits unacceptable affect with patient or other personnel
- ____ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on the reverse side of this form.

Emergency Medical Technician Psychomotor Examination

CARDIAC ARREST MANAGEMENT / AED

Candidate: _____ Examiner: _____
 Date: _____ Signature: _____

Actual Time Started: _____	Possible Points	Points Awarded
Takes or verbalizes appropriate PPE precautions	1	
Determines the scene/situation is safe	1	
Checks patient responsiveness	1	
Direct assistant to retrieve AED	1	
Requests additional EMS assistance	1	
Checks breathing and pulse simultaneously	1	
NOTE: After checking responsiveness, then checking breathing and pulse for no more than 10 seconds, examiner informs candidate, "The patient is unresponsive, apneic and pulseless."		
Immediately begins chest compressions [adequate depth and rate; allows the chest to recoil completely]	1	
Performs 2 minutes of high-quality, 1-rescuer adult CPR -Adequate depth and rate (1 point) -Correct compression-to-ventilation ratio (1 point) -Allows the chest to recoil completely (1 point) -Adequate volumes for each breath (1 point) -Minimal interruptions of no more than 10 seconds throughout (1 point)	5	
NOTE: After 2 minutes (5 cycles), candidate assesses patient and second rescuer resumes compressions while candidate operates AED.		
Turns on power to AED	1	
Follows prompts and correctly attaches AED to patient	1	
Stops CPR and ensures all individuals are clear of the patient during rhythm analysis	1	
Ensures that all individuals are clear of the patient and delivers shock from AED	1	
Immediately directs rescuer to resume chest compressions	1	
Actual Time Ended: _____	TOTAL	17

Critical Criteria

- ____ Failure to take or verbalize appropriate PPE precautions
- ____ Failure to check responsiveness, then check breathing and pulse simultaneously for no more than 10 seconds
- ____ Failure to immediately begin chest compressions as soon as pulselessness is confirmed
- ____ Failure to demonstrate acceptable high-quality, 1-rescuer adult CPR
- ____ Interrupts CPR for more than 10 seconds at any point
- ____ Failure to correctly attach the AED to the patient
- ____ Failure to operate the AED properly
- ____ Failure to deliver shock in a timely manner
- ____ Failure to ensure that all individuals are clear of patient during rhythm analysis and before delivering shock [verbalizes "All clear" and observes]
- ____ Failure to immediately resume compressions after shock delivered
- ____ Failure to manage the patient as a competent EMT
- ____ Exhibits unacceptable affect with patient or other personnel
- ____ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on the reverse side of this form.

Emergency Medical Technician Psychomotor Examination

JOINT IMMOBILIZATION

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Actual Time Started: _____	Possible Points	Points Awarded
Takes or verbalizes appropriate PPE precautions	1	
Directs application of manual stabilization of the injury	1	
Assesses distal motor, sensory and circulatory functions in the injured extremity	1	
NOTE: The examiner acknowledges, "Motor, sensory and circulatory functions are present and normal."		
Selects the proper splinting material	1	
Immobilizes the site of the injury	1	
Immobilizes the bone above the injury site	1	
Immobilizes the bone below the injury site	1	
Secures the entire injured extremity	1	
Reassesses distal motor, sensory and circulatory functions in the injured extremity	1	
NOTE: The examiner acknowledges, "Motor, sensory and circulatory functions are present and normal."		
Actual Time Ended: _____	TOTAL	9

Critical Criteria

- _____ Failure to immediately stabilize the extremity manually
- _____ Grossly moves the injured extremity
- _____ Failure to immobilize the bone above and below the injury site
- _____ Failure to reassess distal motor, sensory and circulatory functions in the injured extremity before and after splinting
- _____ Failure to manage the patient as a competent EMT
- _____ Exhibits unacceptable affect with patient or other personnel
- _____ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on the reverse side of this form.

Emergency Medical Technician Psychomotor Examination

LONG BONE IMMOBILIZATION

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Actual Time Started: _____

	Possible Points	Points Awarded
Takes or verbalizes appropriate PPE precautions	1	
Directs application of manual stabilization of the injury	1	
Assesses distal motor, sensory and circulatory functions in the injured extremity	1	
NOTE: The examiner acknowledges, "Motor, sensory and circulatory functions are present and normal."		
Measures the splint	1	
Applies the splint	1	
Immobilizes the joint above the injury site	1	
Immobilizes the joint below the injury site	1	
Secures the entire injured extremity	1	
Immobilizes the hand/foot in the position of function	1	
Reassesses distal motor, sensory and circulatory functions in the injured extremity	1	
NOTE: The examiner acknowledges, "Motor, sensory and circulatory functions are present and normal."		
Actual Time Ended: _____	TOTAL	10

Critical Criteria

- ____ Failure to immediately stabilize the extremity manually
- ____ Grossly moves the injured extremity
- ____ Failure to immobilize the joint above and the joint below the injury site
- ____ Failure to immobilize the hand or foot in a position of function
- ____ Failure to reassess distal motor, sensory and circulatory functions in the injured extremity before and after splinting
- ____ Failure to manage the patient as a competent EMT
- ____ Exhibits unacceptable affect with patient or other personnel
- ____ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on the reverse side of this form.

Emergency Medical Technician Psychomotor Examination

PATIENT ASSESSMENT/MANAGEMENT – MEDICAL

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Scenario # _____

Actual Time Started: _____	Possible Points	Points Awarded
Takes or verbalizes appropriate PPE precautions	1	
SCENE SIZE-UP		
Determines the scene/situation is safe	1	
Determines the mechanism of injury/nature of illness	1	
Determines the number of patients	1	
Requests additional EMS assistance if necessary	1	
Considers stabilization of the spine	1	
PRIMARY SURVEY/RESUSCITATION		
Verbalizes the general impression of the patient	1	
Determines responsiveness/level of consciousness (AVPU)	1	
Determines chief complaint/apparent life-threats	1	
Assesses airway and breathing		
-Assessment (1 point) -Assures adequate ventilation (1 point) -Initiates appropriate oxygen therapy (1 point)	3	
Assesses circulation		
-Assesses/controls major bleeding (1 point) -Checks pulse (1 point)	3	
-Assesses skin [either skin color, temperature or condition] (1 point)		
Identifies patient priority and makes treatment/transport decision	1	
HISTORY TAKING		
History of the present illness		
-Onset (1 point) -Quality (1 point) -Severity (1 point)		
-Provocation (1 point) -Radiation (1 point) -Time (1 point)	8	
-Clarifying questions of associated signs and symptoms related to OPQRST (2 points)		
Past medical history		
-Allergies (1 point) -Past pertinent history (1 point) -Events leading to present illness (1 point)	5	
-Medications (1 point) -Last oral intake (1 point)		
SECONDARY ASSESSMENT		
Assesses affected body part/system		
-Cardiovascular -Neurological -Integumentary -Reproductive	5	
-Pulmonary -Musculoskeletal -GI/GU -Psychological/Social		
VITAL SIGNS		
-Blood pressure (1 point) -Pulse (1 point) -Respiratory rate and quality (1 point each)	4	
States field impression of patient	1	
Interventions [verbalizes proper interventions/treatment]	1	
REASSESSMENT		
Demonstrates how and when to reassess the patient to determine changes in condition	1	
Provides accurate verbal report to arriving EMS unit	1	
Actual Time Ended: _____	TOTAL	42

CRITICAL CRITERIA

- ____ Failure to initiate or call for transport of the patient within 15 minute time limit
- ____ Failure to take or verbalize appropriate PPE precautions
- ____ Failure to determine scene safety before approaching patient
- ____ Failure to voice and ultimately provide appropriate oxygen therapy
- ____ Failure to assess/provide adequate ventilation
- ____ Failure to find or appropriately manage problems associated with airway, breathing, hemorrhage or shock
- ____ Failure to differentiate patient's need for immediate transportation versus continued assessment or treatment at the scene
- ____ Performs secondary examination before assessing and treating threats to airway, breathing and circulation
- ____ Orders a dangerous or inappropriate intervention
- ____ Failure to provide accurate report to arriving EMS unit
- ____ Failure to manage the patient as a competent EMT
- ____ Exhibits unacceptable affect with patient or other personnel
- ____ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on the reverse side of this form.

Emergency Medical Technician Psychomotor Examination

OXYGEN ADMINISTRATION BY NON-REBREATHER MASK

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Actual Time Started: _____	Possible Points	Points Awarded
Takes or verbalizes appropriate PPE precautions	1	
Gathers appropriate equipment	1	
Cracks valve on the oxygen tank	1	
Assembles the regulator to the oxygen tank	1	
Opens the oxygen tank valve	1	
Checks oxygen tank pressure	1	
Checks for leaks	1	
Attaches non-rebreather mask to correct port of regulator	1	
Turns on oxygen flow to prefill reservoir bag	1	
Adjusts regulator to assure oxygen flow rate of at least 10 L/minute	1	
Attaches mask to patient's face and adjusts to fit snugly	1	
Actual Time Ended: _____	TOTAL	11

CRITICAL CRITERIA

- ____ Failure to take or verbalize appropriate PPE precautions
- ____ Failure to assemble the oxygen tank and regulator without leaks
- ____ Failure to prefill the reservoir bag
- ____ Failure to adjust the oxygen flow rate to the non-rebreather mask of at least 10 L/minute
- ____ Failure to ensure a tight mask seal to patient's face
- ____ Failure to manage the patient as a competent EMT
- ____ Exhibits unacceptable affect with patient or other personnel
- ____ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on the reverse side of this form.

Emergency Medical Technician Psychomotor Examination

SPINAL IMMOBILIZATION (SEATED PATIENT)

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Actual Time Started: _____

	Possible Points	Points Awarded
Takes or verbalizes appropriate PPE precautions	1	
Directs assistant to place/maintain head in the neutral, in-line position	1	
Directs assistant to maintain manual stabilization of the head	1	
Reassesses motor, sensory and circulatory functions in each extremity	1	
Applies appropriately sized extrication collar	1	
Positions the immobilization device behind the patient	1	
Secures the device to the patient's torso	1	
Evaluates torso fixation and adjusts as necessary	1	
Evaluates and pads behind the patient's head as necessary	1	
Secures the patient's head to the device	1	
Verbalizes moving the patient to a long backboard	1	
Reassesses motor, sensory and circulatory function in each extremity	1	
Actual Time Ended: _____	TOTAL	12

CRITICAL CRITERIA

- ____ Failure to immediately direct or take manual stabilization of the head
- ____ Failure to properly apply appropriately sized cervical collar before ordering release of manual stabilization
- ____ Released or ordered release of manual stabilization before it was maintained mechanically
- ____ Manipulated or moved patient excessively causing potential spinal compromise
- ____ Head immobilized to the device **before** device sufficiently secured to the torso
- ____ Device moves excessively up, down, left or right on the patient's torso
- ____ Head immobilization allows for excessive movement
- ____ Torso fixation inhibits chest rise, resulting in respiratory compromise
- ____ Upon completion of immobilization, head is not in a neutral, in-line position
- ____ Failure to reassess motor, sensory and circulatory functions in each extremity after voicing immobilization to the long backboard
- ____ Failure to manage the patient as a competent EMT
- ____ Exhibits unacceptable affect with patient or other personnel
- ____ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on the reverse side of this form.

Emergency Medical Technician Psychomotor Examination

SPINAL IMMOBILIZATION (SUPINE PATIENT)

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Actual Time Started: _____	Possible Points	Points Awarded
Takes or verbalizes appropriate PPE precautions	1	
Directs assistant to place/maintain head in the neutral, in-line position	1	
Directs assistant to maintain manual stabilization of the head	1	
Reassesses motor, sensory and circulatory function in each extremity	1	
Applies appropriately sized extrication collar	1	
Positions the immobilization device appropriately	1	
Directs movement of the patient onto the device without compromising the integrity of the spine	1	
Applies padding to void between the torso and the device as necessary	1	
Immobilizes the patient's torso to the device	1	
Evaluates and pads behind the patient's head as necessary	1	
Immobilizes the patient's head to the device	1	
Secures the patient's legs to the device	1	
Secures the patient's arms to the device	1	
Reassesses motor, sensory and circulatory function in each extremity	1	
Actual Time Ended: _____	TOTAL	14

CRITICAL CRITERIA

- ____ Failure to immediately direct or take manual stabilization of the head
- ____ Failure to properly apply appropriately sized cervical collar before ordering release of manual stabilization
- ____ Released or ordered release of manual stabilization before it was maintained mechanically
- ____ Manipulated or moved the patient excessively causing potential spinal compromise
- ____ Head immobilized to the device **before** device sufficiently secured to the torso
- ____ Patient moves excessively up, down, left or right on the device
- ____ Head immobilization allows for excessive movement
- ____ Upon completion of immobilization, head is not in a neutral, in-line position
- ____ Failure to reassess motor, sensory and circulatory functions in each extremity after immobilizing patient to the device
- ____ Failure to manage the patient as a competent EMT
- ____ Exhibits unacceptable affect with patient or other personnel
- ____ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on the reverse side of this form.

Emergency Medical Technician Psychomotor Examination

PATIENT ASSESSMENT/MANAGEMENT – TRAUMA

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Scenario # _____

Actual Time Started: _____ Note: Areas denoted by "****" may be integrated within sequence of Primary Survey/Resuscitation		Possible Points	Points Awarded
Takes or verbalizes appropriate PPE precautions		1	
SCENE SIZE-UP			
Determines the scene/situation is safe		1	
Determines the mechanism of injury/nature of illness		1	
Determines the number of patients		1	
Requests additional EMS assistance if necessary		1	
Considers stabilization of the spine		1	
PRIMARY SURVEY/RESUSCITATION			
Verbalizes general impression of the patient		1	
Determines responsiveness/level of consciousness		1	
Determines chief complaint/apparent life-threats		1	
Airway -Opens and assesses airway (1 point) -Inserts adjunct as indicated (1 point)		2	
Breathing -Assess breathing (1 point) -Assures adequate ventilation (1 point) -Initiates appropriate oxygen therapy (1 point) -Manages any injury which may compromise breathing/ventilation (1 point)		4	
Circulation -Checks pulse (1 point) -Assess skin [either skin color, temperature or condition] (1 point) -Assesses for and controls major bleeding if present (1 point) -Initiates shock management [positions patient properly, conserves body heat] (1 point)		4	
Identifies patient priority and makes treatment/transport decision (based upon calculated GCS)		1	
HISTORY TAKING			
Obtains baseline vital signs [must include BP, P and R] (1 point)		1	
Attempts to obtain SAMPLE history		1	
SECONDARY ASSESSMENT			
Head -Inspects and palpates scalp and ears (1 point) ** -Assesses eyes (1 point) -Inspects mouth**, nose** and assesses facial area (1 point)		3	
Neck** -Checks position of trachea (1 point) -Checks jugular veins (1 point) -Palpates cervical spine (1 point)		3	
Chest** -Inspects chest (1 point) -Palpates chest (1 point) -Auscultates chest (1 point)		3	
Abdomen/pelvis** -Inspects and palpates abdomen (1 point) -Assesses pelvis (1 point) -Verbalizes assessment of genitalia/perineum as needed (1 point)		3	
Lower extremities** -Inspects, palpates and assesses motor, sensory and distal circulatory functions (1 point/leg)		2	
Upper extremities -Inspects, palpates and assesses motor, sensory and distal circulatory functions (1 point/arm)		2	
Posterior thorax, lumbar and buttocks** -Inspects and palpates posterior thorax (1 point) -Inspects and palpates lumbar and buttocks areas (1 point)		2	
Manages secondary injuries and wounds appropriately		1	
REASSESSMENT			
Demonstrates how and when to reassess the patient		1	
Actual Time Ended: _____		TOTAL	42

CRITICAL CRITERIA

- ____ Failure to initiate or call for transport of the patient within 10 minute time limit
- ____ Failure to take or verbalize appropriate PPE precautions
- ____ Failure to determine scene safety
- ____ Failure to assess for and provide spinal protection when indicated
- ____ Failure to voice and ultimately provide high concentration oxygen
- ____ Failure to assess/provide adequate ventilation
- ____ Failure to find or appropriately manage problems associated with airway, breathing, hemorrhage or shock
- ____ Failure to differentiate patient's need for immediate transportation versus continued assessment/treatment at the scene
- ____ Performs other assessment before assessing/treating threats to airway, breathing and circulation
- ____ Failure to manage the patient as a competent EMT
- ____ Exhibits unacceptable affect with patient or other personnel
- ____ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on the reverse side of this form.

Section 5: Advanced EMT

1) Personnel Required for Scenario-based Advanced EMT Exam

Evaluating personnel required for scenario-based exams:

- Knowledgeable or have expertise in the subject matter
- Two (2) experienced, competent, and unbiased providers or one (1) licensed EMS Instructor are required to evaluate the scenario-based exam
- One (1) person must be selected to serve as the assistant for the Integrated Scenario. These selected individuals must be licensed EMTs at a minimum and will serve as the trained partners for all candidates who are testing

2) Skills Required for Advanced EMT:

a. Mandatory Formative Skills

- Bleeding Control/Shock Management
- Cardiac Arrest Management / AED
- Intravenous Therapy - Bolus
- Joint Immobilization
- Long Bone Immobilization
- Patient Assessment - Medical
- Pediatric Intraosseous Infusion
- Pediatric Respiratory Comprise
- Spinal Immobilization (Seated Patient)
- Spinal Immobilization (Supine Patient)
- Patient Assessment - Trauma

b. Mandatory Summative Skills - Advanced

- Patient Assessment Medical with integrated skills
- Patient Assessment Trauma with integrated skills

c. Out-of-Hospital Scenario – Medical

The Integrated Out-Of-Hospital Scenario (IOOH) will utilize an adult, pediatric, or geriatric patient. The candidate will have twenty (20) minutes to complete this scenario-based exam successfully. We recommend that scenarios be developed and utilized for the following types of medical presentations:

- Neurological (to include stroke, altered mental status, and syncope)
- Allergic Reaction
- Poisoning/Overdose
- Environmental Emergency
- Obstetrics
- Abdominal pain

All candidates will be evaluated over one (1) or more of the following EMT skills chosen at random:

- Proper Medical Assessment
- Shock Management
- BVM Ventilation of an Apneic Adult Patient
- Cardiac Arrest Management/AED
- Medication Assistance

d. Out-of-Hospital Scenario – Trauma

The Integrated Out-Of-Hospital Scenario (IOOH) will utilize either an adult, pediatric, or geriatric patient. In this skill, the candidate will have twenty (20) minutes to successfully complete this scenario-based exam. All candidates will be evaluated on one (1) or more of the following EMT skills chosen at random, along with the Trauma Assessment skill.

- Spinal Immobilization (Seated Patient)
- Bleeding Control/Shock Management
- Long Bone Immobilization
- Joint Immobilization
- BVM Ventilation of an Apneic Adult Patient
- Cardiac Arrest Management/AED
- Traction Splint
- Medication Assistance

e. Advanced EMT Summary Tracking Requirements

- Ages
 - Pediatric – Minimum of 5 (Newborn to 18)
 - Adult – Minimum of 15 (19 to 64)
 - Geriatric – Minimum of 15 (65 and older)
- Pathology/Complaint (Conditions) (* indicates simulation is permitted)
 - Trauma – Minimum of 5
 - Psychiatric/Behavioral – Minimum of 5
 - Uncomplicated and Complicated Obstetric Delivery – Minimum of 4*
 - Distressed Neonate – Minimum of 3*
 - Cardiac Pathologies or Complaints – Minimum of 5*
 - Cardiac Arrest – Minimum of 5*
 - Medical Neurological Pathologies or Complaints – Minimum of 5
 - Respiratory Pathologies or Complaints – Minimum of 5
 - Other Medical Conditions or Complaints – Minimum of 5*

(Must have a minimum total of fifty (50) or more)

- Motor Skill (* indicates simulation is permitted; all others must be on live patients)
 - Successful IV Attempts – Minimum of 20
 - Successful IV Bolus – Minimum of 10
 - Inserting Supraglottic Airway – Minimum of 10*
 - End-tidal CO2 – Minimum of 10*
 - Venous Blood Sampling – Minimum of 4*
 - Administer IM injection – Minimum of 2*
 - Intranasal Medication – Minimum of 2*
 - Establish Intraosseous Access – Minimum of 2*
 - Perform Positive Pressure Ventilation (PPV) with BVM–Minimum of 10*
 - Perform Endotracheal Suctioning – Minimum of 2*
 - Defibrillation: Automated and Semi-Automated – Minimum of 2*
 - Perform Chest Compressions – Minimum of 2*
- Field Experience
 - Minimum 50 exposures – conducting competent assessment and management of prehospital patients with assistance, while either the team leader or a team member
- Capstone Field Internship Team Leads (after all course content and all clinical is completed)
 - Successfully manages the scene, performs patient assessments, directs medical care, and transports as a team leader with minimal to no assistance – Minimum of 10

(6) Sample Advanced EMT Skill Sheets:

Advanced Level Psychomotor Examination
BLEEDING CONTROL/SHOCK MANAGEMENT

Candidate: _____ **Examiner:** _____

Date: _____ **Signature:** _____

Actual Time Started: _____	Possible Points	Points Awarded
Takes or verbalizes appropriate PPE precautions	1	
Applies direct pressure to the wound	1	
NOTE: The examiner must now inform the candidate that the wound continues to bleed.		
Applies tourniquet	1	
NOTE: The examiner must now inform the candidate that the patient is exhibiting signs and symptoms of hypoperfusion.		
Properly positions the patient	1	
Administers high concentration oxygen	1	
Initiates steps to prevent heat loss from the patient	1	
Indicates the need for immediate transportation	1	
Actual Time Ended: _____	TOTAL	7

CRITICAL CRITERIA

- _____ Did not take or verbalize appropriate PPE precautions
- _____ Did not apply high concentration of oxygen
- _____ Did not control hemorrhage using correct procedures in a timely manner
- _____ Did not indicate the need for immediate transportation
- _____ Failure to manage the patient as a competent EMT
- _____ Exhibits unacceptable affect with patient or other personnel
- _____ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on this form (below or turn sheet over).

Advanced Emergency Medical Technician Psychomotor Examination

CARDIAC ARREST MANAGEMENT / AED

Candidate: _____ Examiner: _____
Date: _____ Signature: _____

Actual Time Started: _____

	Possible Points	Points Awarded
Takes or verbalizes appropriate PPE precautions	1	
Determines the scene/situation is safe	1	
Attempts to question any bystanders about arrest events	1	
Checks patient responsiveness	1	
Assesses breathing and pulse simultaneously – Assesses patient for signs of breathing [observes the patient and determines the absence of breathing or abnormal breathing (gaspings or agonal respirations)] (1 point) – Checks carotid pulse [no more than 10 seconds] (1 point)	2	
Immediately begins chest compressions [adequate depth and rate; allows the chest to recoil completely]	1	
Requests additional EMS response	1	
Performs 2 minutes of high quality, 1-rescuer adult CPR – Adequate depth and rate (1 point) – Correct compression-to-ventilation ratio (1 point) – Allows the chest to recoil completely (1 point) – Adequate volumes for each breath (1 point) – Minimal interruptions of less than 10 seconds throughout (1 point)	5	
NOTE: After 2 minutes (5 cycles), patient is assessed and second rescuer resumes compressions while candidate operates AED.		
Turns-on power to AED	1	
Follows prompts and correctly attaches AED to patient	1	
Stops CPR and ensures all individuals are clear of the patient during rhythm analysis	1	
Ensures that all individuals are clear of the patient and delivers shock from AED	1	
Immediately directs rescuer to resume chest compressions	1	

Actual Time Ended: _____

TOTAL 18

Critical Criteria

- ___ Failure to take or verbalize appropriate PPE precautions
- ___ Failure to immediately begin chest compressions as soon as pulselessness is confirmed
- ___ Failure to deliver shock in a timely manner
- ___ Interrupts CPR for more than 10 seconds at any point
- ___ Failure to demonstrate acceptable high quality, 1-rescuer adult CPR
- ___ Failure to operate the AED properly
- ___ Failure to correctly attach the AED to the patient
- ___ Failure to assure that all individuals are clear of patient during rhythm analysis and before delivering shock(s) [verbalizes "All clear" and observes]
- ___ Failure to immediately resume compressions after shock delivered
- ___ Failure to manage the patient as a competent EMT
- ___ Exhibits unacceptable affect with patient or other personnel
- ___ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on the reverse side of this form.

Advanced Level Psychomotor Examination
INTRAVENOUS THERAPY

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Actual Time Started: _____

	Possible Points	Points Awarded
Checks selected IV fluid for: -Proper fluid (1 point) -Clarity (1 point) -Expiration date (1 point)	3	
Selects appropriate catheter	1	
Selects proper administration set	1	
Connects IV tubing to the IV bag	1	
Prepares administration set [fills drip chamber and flushes tubing]	1	
Cuts or tears tape [at any time before venipuncture]	1	
Takes or verbalizes appropriate PPE precautions [prior to venipuncture]	1	
Applies tourniquet	1	
Palpates suitable vein	1	
Cleanses site appropriately	1	
Performs venipuncture -Inserts stylette (1 point) -Notes or verbalizes flashback (1 point) -Occludes vein proximal to catheter (1 point) -Removes stylette (1 point) -Connects IV tubing to catheter (1 point)	5	
Disposes/verbalizes proper disposal of needle in proper container	1	
Releases tourniquet	1	
Runs IV for a brief period to assure patent line	1	
Secures catheter [tapes securely or verbalizes]	1	
Adjusts flow rate as appropriate	1	
Actual Time Ended: _____	TOTAL	22

Critical Criteria

- ___ Failure to establish a patent and properly adjusted IV within 3 attempts during the 6 minute time limit
- ___ Failure to take or verbalize appropriate PPE precautions prior to performing venipuncture
- ___ Contaminates equipment or site without appropriately correcting the situation
- ___ Performs any improper technique resulting in the potential for uncontrolled hemorrhage, catheter shear, or air embolism
- ___ Failure to dispose/verbalize disposal of blood-contaminated sharps immediately in proper container at the point of use
- ___ Failure to manage the patient as a competent EMT
- ___ Exhibits unacceptable affect with patient or other personnel
- ___ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on the reverse side of this form.

Advanced Level Psychomotor Examination

JOINT IMMOBILIZATION

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Actual Time Started: _____	Possible Points	Points Awarded
Takes or verbalizes appropriate PPE precautions	1	
Directs application of manual stabilization of the injury	1	
Assesses distal motor, sensory, and circulatory functions in the injured extremity	1	
NOTE: The examiner acknowledges, "Motor, sensory, and circulatory functions are present and normal."		
Selects the proper splinting material	1	
Immobilizes the site of the injury	1	
Immobilizes the bone above the injury site	1	
Immobilizes the bone below the injury site	1	
Secures the entire injured extremity	1	
Reassesses distal motor, sensory, and circulatory functions in the injured extremity	1	
NOTE: The examiner acknowledges, "Motor, sensory, and circulatory functions are present and normal."		
Actual Time Ended: _____	TOTAL	9

Critical Criteria

- ___ Did not immediately stabilize the extremity manually
- ___ Grossly moves the injured extremity
- ___ Did not immobilize the bone above and below the injury site
- ___ Did not reassess distal motor, sensory, and circulatory functions in the injured extremity before and after splinting
- ___ Failure to manage the patient as a competent EMT
- ___ Exhibits unacceptable affect with patient or other personnel
- ___ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on the reverse side of this form.

Advanced Level Psychomotor Examination

LONG BONE IMMOBILIZATION

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Actual Time Started: _____	Possible Points	Points Awarded
Takes or verbalizes appropriate PPE precautions	1	
Directs application of manual stabilization of the injury	1	
Assesses distal motor, sensory, and circulatory functions in the injured extremity	1	
NOTE: The examiner acknowledges, "Motor, sensory, and circulatory functions are present and normal."		
Measures the splint	1	
Applies the splint	1	
Immobilizes the joint above the injury site	1	
Immobilizes the joint below the injury site	1	
Secures the entire injured extremity	1	
Immobilizes the hand/foot in the position of function	1	
Reassesses distal motor, sensory, and circulatory functions in the injured extremity	1	
NOTE: The examiner acknowledges, "Motor, sensory, and circulatory functions are present and normal."		
Actual Time Ended: _____	TOTAL	10

Critical Criteria

- ___ Did not immediately stabilize the extremity manually
- ___ Grossly moves the injured extremity
- ___ Did not immobilize the joint above and the joint below the injury site
- ___ Did not immobilize the hand or foot in a position of function
- ___ Did not reassess distal motor, sensory, and circulatory functions in the injured extremity before and after splinting
- ___ Failure to manage the patient as a competent EMT
- ___ Exhibits unacceptable affect with patient or other personnel
- ___ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on the reverse side of this form.

Advanced Level Psychomotor Examination

PATIENT ASSESSMENT - MEDICAL

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Scenario: _____

Actual Time Started: _____	Possible Points	Points Awarded
Takes or verbalizes appropriate PPE precautions	1	
SCENE SIZE-UP		
Determines the scene/situation is safe	1	
Determines the mechanism of injury/nature of illness	1	
Determines the number of patients	1	
Requests additional help if necessary	1	
Considers stabilization of spine	1	
PRIMARY SURVEY		
Verbalizes general impression of the patient	1	
Determines responsiveness/level of consciousness	1	
Determines chief complaint/apparent life-threats	1	
Assesses airway and breathing -Assessment (1 point) -Assures adequate ventilation (1 point) -Initiates appropriate oxygen therapy (1 point)	3	
Assesses circulation -Assesses/controls major bleeding (1 point) -Assesses skin [either skin color, temperature, or condition] (1 point) -Assesses pulse (1 point)	3	
Identifies priority patients/makes transport decision	1	
HISTORY TAKING AND SECONDARY ASSESSMENT		
History of present illness -Onset (1 point) -Severity (1 point) -Provocation (1 point) -Time (1 point) -Quality (1 point) -Clarifying questions of associated signs and symptoms as related to OPQRST (2 points) -Radiation (1 point)	8	
Past medical history -Allergies (1 point) -Past pertinent history (1 point) -Events leading to present illness (1 point) -Medications (1 point) -Last oral intake (1 point)	5	
Performs secondary assessment [assess affected body part/system or, if indicated, completes rapid assessment] -Cardiovascular -Neurological -Integumentary -Reproductive -Pulmonary -Musculoskeletal -GI/GU -Psychological/Social	5	
Vital signs -Pulse (1 point) -Respiratory rate and quality (1 point each) -Blood pressure (1 point) -AVPU (1 point)	5	
Diagnostics [blood glucose test, pulse oximetry, etc] as indicated	2	
States field impression of patient	1	
Verbalizes treatment plan for patient and calls for appropriate intervention(s)	1	
Transport decision re-evaluated	1	
REASSESSMENT		
Repeats primary survey	1	
Repeats vital signs	1	
Evaluates response to treatments	1	
Repeats secondary assessment regarding patient complaint or injuries	1	
Actual Time Ended: _____		
CRITICAL CRITERIA		
☐ Failure to initiate or call for transport of the patient within 15 minute time limit ☐ Failure to take or verbalize appropriate PPE precautions ☐ Failure to determine scene safety before approaching patient ☐ Failure to voice and ultimately provide appropriate oxygen therapy ☐ Failure to assess/provide adequate ventilation ☐ Failure to find or appropriately manage problems associated with airway, breathing, hemorrhage or shock [hypoperfusion] ☐ Failure to differentiate patient's need for immediate transportation versus continued assessment and treatment at the scene ☐ Does other detailed history or physical examination before assessing and treating threats to airway, breathing, and circulation ☐ Failure to determine the patient's primary problem ☐ Orders a dangerous or inappropriate intervention ☐ Failure to provide for spinal protection when indicated		
TOTAL	48	

You must factually document your rationale for checking any of the above critical items on the reverse side of this form.

Advanced Level Psychomotor Examination

PEDIATRIC INTRAOSSEOUS INFUSION

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Actual Time Started: _____	Possible Points	Points Awarded
Checks selected IV fluid for: -Proper fluid (1 point) -Clarity (1 point) -Expiration date (1 point)	3	
Selects appropriate equipment to include: -IO needle (1 point) -Syringe (1 point) -Saline (1 point) -Extension set or 3-way stopcock (1 point)	4	
Selects proper administration set	1	
Connects administration set to bag	1	
Prepares administration set [fills drip chamber and flushes tubing]	1	
Prepares syringe and extension tubing or 3-way stopcock	1	
Cuts or tears tape [at any time before IO puncture]	1	
Takes or verbalizes appropriate PPE precautions [prior to IO puncture]	1	
Identifies proper anatomical site for IO puncture	1	
Cleanses site appropriately	1	
Performs IO puncture: -Stabilizes tibia without placing hand under puncture site and "cupping" leg (1 point) -Inserts needle at proper angle (1 point) -Advances needle with twisting motion until "pop" is felt or notices sudden lack of resistance (1 point) -Removes stylette (1 point)	4	
Disposes/verbalizes proper disposal of needle in proper container	1	
Attaches syringe and extension set to IO needle and aspirates; or attaches 3-way stopcock between administration set and IO needle and aspirates; or attaches extension set to IO needle [aspiration is not required for any of these as many IO sticks are "dry" sticks]	1	
Slowly injects saline to assure proper placement of needle	1	
Adjusts flow rate/bolus as appropriate	1	
Secures needle and supports with bulky dressing [tapes securely or verbalizes]	1	
Actual Time Ended: _____	TOTAL	24

Critical Criteria

- ___ Failure to establish a patent and properly adjusted IO line within 6 minute time limit
- ___ Failure to take or verbalize appropriate PPE precautions prior to performing IO puncture
- ___ Contaminates equipment or site without appropriately correcting the situation
- ___ Performs any improper technique resulting in the potential for air embolism
- ___ Failure to assure correct needle placement [must aspirate or watch closely for early signs of infiltration]
- ___ Failure to successfully establish IO infusion within 2 attempts during 6 minute time limit
- ___ Performs IO puncture in an unacceptable manner [improper site, incorrect needle angle, holds leg in palm and performs IO puncture directly above hand, etc.]
- ___ Failure to properly dispose/verbalize disposal of blood-contaminated sharps immediately in proper container at the point of use
- ___ Failure to manage the patient as a competent EMT
- ___ Exhibits unacceptable affect with patient or other personnel
- ___ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on the reverse side of this form.

Advanced Emergency Medical Technician Psychomotor Examination

PEDIATRIC RESPIRATORY COMPROMISE

Candidate: _____ Examiner: _____
Date: _____ Signature: _____

Actual Time Started: _____	Possible Points	Points Awarded
Takes or verbalizes appropriate PPE precautions	1	
Verbalizes general impression of patient from a distance before approaching or touching the patient	1	
Determines level of consciousness	1	
Assesses the airway [looks for secretions and signs of foreign body airway obstruction; listens for audible noises and voice sounds]	1	
Assesses breathing [checks rate, rhythm, chest excursion, audible noises]	1	
Attaches pulse oximeter and evaluates SpO ₂ reading	1	
NOTE: Examiner now informs candidate, "Pulse oximeter shows a saturation of 82%."		
Selects proper delivery device and attaches to oxygen	1	
Administers oxygen at proper flow rate [blow-by oxygen, non-rebreather mask]	1	
Checks pulse	1	
Evaluates perfusion [skin color, temperature, condition; capillary refill]	1	
Obtains baseline vital signs	1	
NOTE: Examiner now advises candidate that patient begins to develop decreasing SpO₂, decreasing pulse rate, see-saw respirations, head bobbing, drowsiness, etc.)		
Places patient supine and pads appropriately to maintain a sniffing position	1	
Manually opens airway	1	
Considers airway adjunct insertion based upon patient presentation [oropharyngeal or nasopharyngeal airway]	1	
NOTE: Examiner now informs candidate no gag reflex is present and patient accepts airway adjunct. The patient's respiratory rate is now 20/minute.		
Inserts airway adjunct properly and positions head and neck for ventilation	1	
Selects appropriate BVM and attaches reservoir to oxygen flowing at 12 – 15 L/minute	1	
Assures tight mask seal to face	1	
Assists ventilations at a rate of 12 – 20/minute (1 ventilation every 3 – 5 seconds) and with sufficient volume to cause visible chest rise	1	
Ventilates at proper rate and volume while observing changes in capnometry/capnography, pulse oximeter, pulse rate, level of responsiveness	1	
NOTE: The examiner must now ask the candidate, "How would you know if you are ventilating the patient properly?"		
Calls for immediate transport of patient	1	
Actual Time Ended: _____	TOTAL	20

Critical Criteria

- ___ Failure to initiate oxygenation within 30 seconds of identifying respiratory compromise
- ___ Interrupts ventilations for greater than 30 seconds at any time
- ___ Failure to take or verbalize appropriate PPE precautions within 30 seconds after identifying respiratory failure
- ___ Failure to voice and ultimately provide high oxygen concentration [at least 85%]
- ___ Failure to ventilate the patient at a rate of 12 – 20/minute (1 ventilation every 3 – 5 seconds)
- ___ Failure to provide adequate volumes per breath [maximum 2 errors/minute permissible]
- ___ Failure to recognize and treat respiratory failure in a timely manner
- ___ Insertion or use of any airway adjunct in a manner dangerous to the patient
- ___ Failure to manage the patient as a competent EMT
- ___ Exhibits unacceptable affect with patient or other personnel
- ___ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on the reverse side of this form.

Advanced Level Psychomotor Examination
SPINAL IMMOBILIZATION (SEATED PATIENT)

Candidate: _____ **Examiner:** _____

Date: _____ **Signature:** _____

Actual Time Started: _____	Possible Points	Points Awarded
Takes or verbalizes appropriate PPE precautions	1	
Directs assistant to place/maintain head in the neutral, in-line position	1	
Directs assistant to maintain manual immobilization of the head	1	
Assesses motor, sensory, and circulatory functions in each extremity	1	
Applies appropriately sized extrication collar	1	
Positions the immobilization device behind the patient	1	
Secures the device to the patient's torso	1	
Evaluates torso fixation and adjusts as necessary	1	
Evaluates and pads behind the patient's head as necessary	1	
Secures the patient's head to the device	1	
Verbalizes moving the patient to a long backboard	1	
Reassesses motor, sensory, and circulatory function in each extremity	1	
Actual Time Ended: _____	TOTAL 12	

CRITICAL CRITERIA

- _____ Did not immediately direct or take manual immobilization of the head
- _____ Did not properly apply appropriately sized cervical collar before ordering release of manual immobilization
- _____ Released or ordered release of manual immobilization before it was maintained mechanically
- _____ Manipulated or moved patient excessively causing potential spinal compromise
- _____ Head immobilized to the device before device sufficiently secured to torso
- _____ Device moves excessively up, down, left, or right on the patient's torso
- _____ Head immobilization allows for excessive movement
- _____ Torso fixation inhibits chest rise, resulting in respiratory compromise
- _____ Upon completion of immobilization, head is not in a neutral, in-line position
- _____ Did not reassess motor, sensory, and circulatory functions in each extremity after voicing immobilization to the long backboard
- _____ Failure to manage the patient as a competent EMT
- _____ Exhibits unacceptable affect with patient or other personnel
- _____ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on the reverse side of this form.

Advanced Level Psychomotor Examination

SPINAL IMMOBILIZATION (SUPINE PATIENT)

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Actual Time Started: _____	Possible Point	Points Awarded
Takes or verbalizes appropriate PPE precautions	1	
Directs assistant to place/maintain head in the neutral, in-line position	1	
Directs assistant to maintain manual immobilization of the head	1	
Assesses motor, sensory, and circulatory function in each extremity	1	
Applies appropriately sized extrication collar	1	
Positions the immobilization device appropriately	1	
Directs movement of the patient onto the device without compromising the integrity of the spine	1	
Applies padding to voids between the torso and the device as necessary	1	
Immobilizes the patient's torso to the device	1	
Evaluates and pads behind the patient's head as necessary	1	
Immobilizes the patient's head to the device	1	
Secures the patient's legs to the device	1	
Secures the patient's arms to the device	1	
Reassesses motor, sensory, and circulatory function in each extremity	1	
Actual Time Ended: _____	TOTAL	14

CRITICAL CRITERIA

- _____ Did not immediately direct or take manual immobilization of the head
- _____ Did not properly apply appropriately sized cervical collar before ordering release of manual immobilization
- _____ Released or ordered release of manual immobilization before it was maintained mechanically
- _____ Manipulated or moved patient excessively causing potential spinal compromise
- _____ Head immobilized to the device **before** device sufficiently secured to torso
- _____ Patient moves excessively up, down, left, or right on the device
- _____ Head immobilization allows for excessive movement
- _____ Upon completion of immobilization, head is not in a neutral, in-line position
- _____ Did not reassess motor, sensory, and circulatory functions in each extremity after immobilizing patient to the device
- _____ Failure to manage the patient as a competent EMT
- _____ Exhibits unacceptable affect with patient or other personnel
- _____ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on the reverse side of this form.

Advanced Level Psychomotor Examination

SUPRAGLOTTIC AIRWAY DEVICE

Candidate: _____ Examiner: _____
 Date: _____ Signature: _____
 Device: _____

NOTE: If candidate elects to initially ventilate with BVM attached to reservoir and oxygen, full credit must be awarded for steps denoted by "***" so long as first ventilation is delivered within 30 seconds.

Actual Time Started: _____	Possible Points	Points Awarded
Takes or verbalizes appropriate PPE precautions	1	
Opens the airway manually	1	
Elevates tongue, inserts simple adjunct [oropharyngeal or nasopharyngeal airway]	1	
NOTE: Examiner now informs candidate no gag reflex is present and patient accepts adjunct		
**Ventilates patient immediately with bag-valve-mask device unattached to oxygen	1	
**Ventilates patient with room air	1	
NOTE: Examiner now informs candidate that ventilation is being performed without difficulty and that pulse oximetry indicates the patient's blood oxygen saturation is 85%		
Attaches oxygen reservoir to bag-valve-mask device and connects to high-flow oxygen regulator [12 – 15 L/minute]	1	
Ventilates patient at a rate of 10 – 12/minute (1 ventilation every 5 – 6 seconds) with appropriate volumes	1	
NOTE: After 30 seconds, examiner auscultates and reports breath sounds are present and equal bilaterally and medical direction has ordered insertion of a supraglottic airway. The examiner must now take over ventilation.		
Checks/prepares supraglottic airway device	1	
Lubricates distal tip of the device [may be verbalized]	1	
NOTE: Examiner to remove OPA and move out of the way when candidate is prepared to insert device.		
Positions head properly	1	
Performs a tongue-jaw lift	1	
Inserts device to proper depth	1	
Secures device in patient [inflates cuffs with proper volumes and immediately removes syringe or secures strap]	1	
Ventilates patient and confirms proper ventilation [correct lumen and proper insertion depth] by auscultation bilaterally over lungs and over the epigastrium	1	
Adjusts ventilation as necessary [ventilates through additional lumen or slightly withdraws tube until ventilation is optimized]	1	
Verifies proper tube placement by secondary confirmation such as capnography, capnometry, EDD or colorimetric device	1	
NOTE: The examiner must now ask the candidate, "How would you know if you are delivering appropriate volumes with each ventilation?"		
Secures device or confirms that the device remains properly secured	1	
Ventilates patient at proper rate and volume while observing capnography/capnometry and pulse oximeter	1	
Actual Time Ended: _____	TOTAL	18

Critical Criteria

- ___ Failure to initiate ventilations within 30 seconds after taking body substance isolation precautions or interrupts ventilations for greater than 30 seconds at any time
- ___ Failure to take or verbalize appropriate PPE precautions
- ___ Failure to voice and ultimately provide high oxygen concentration [at least 85%]
- ___ Failure to ventilate the patient at a rate of 10 – 12/minute (1 ventilation every 5 – 6 seconds)
- ___ Failure to provide adequate volumes per breath [maximum 2 errors/minute permissible]
- ___ Failure to pre-oxygenate patient prior to insertion of the supraglottic airway device
- ___ Failure to insert the supraglottic airway device at a proper depth or location within 3 attempts
- ___ Failure to inflate cuffs properly and immediately remove the syringe
- ___ Failure to secure the strap (if present) prior to cuff inflation
- ___ Failure to confirm that patient is being ventilated properly (correct lumen and proper insertion depth) by auscultation bilaterally over lungs and over the epigastrium
- ___ Insertion or use of any adjunct in a manner dangerous to the patient
- ___ Failure to manage the patient as a competent EMT
- ___ Exhibits unacceptable affect with patient or other personnel
- ___ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on the reverse side of this form.

Advanced Level Psychomotor Examination

PATIENT ASSESSMENT - TRAUMA

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Scenario # _____

Actual Time Started: _____	NOTE: Areas denoted by "****" may be integrated within sequence of primary survey	Possible Points	Points Awarded
Takes or verbalizes appropriate PPE precautions		1	
SCENE SIZE-UP			
Determines the scene/situation is safe		1	
Determines the mechanism of injury/nature of illness		1	
Determines the number of patients		1	
Requests additional help if necessary		1	
Considers stabilization of spine		1	
PRIMARY SURVEY/RESUSCITATION			
Verbalizes general impression of the patient		1	
Determines responsiveness/level of consciousness		1	
Determines chief complaint/apparent life-threats		1	
Airway		2	
-Opens and assesses airway (1 point)	-Inserts adjunct as indicated (1 point)		
Breathing			
-Assess breathing (1 point)		4	
-Assures adequate ventilation (1 point)			
-Initiates appropriate oxygen therapy (1 point)			
-Manages any injury which may compromise breathing/ventilation (1 point)			
Circulation			
-Checks pulse (1 point)		4	
-Assess skin [either skin color, temperature, or condition] (1 point)			
-Assesses for and controls major bleeding if present (1 point)			
-Initiates shock management (1 point)			
Identifies priority patients/makes transport decision based upon calculated GCS		1	
HISTORY TAKING			
Obtains, or directs assistant to obtain, baseline vital signs		1	
Attempts to obtain SAMPLE history		1	
SECONDARY ASSESSMENT			
Head			
-Inspects mouth**, nose**, and assesses facial area (1 point)		3	
-Inspects and palpates scalp and ears (1 point)			
-Assesses eyes for PERRL** (1 point)			
Neck**			
-Checks position of trachea (1 point)		3	
-Checks jugular veins (1 point)			
-Palpates cervical spine (1 point)			
Chest**			
-Inspects chest (1 point)		3	
-Palpates chest (1 point)			
-Auscultates chest (1 point)			
Abdomen/pelvis**			
-Inspects and palpates abdomen (1 point)		3	
-Assesses pelvis (1 point)			
-Verbalizes assessment of genitalia/perineum as needed (1 point)			
Lower extremities**			
-Inspects, palpates, and assesses motor, sensory, and distal circulatory functions (1 point/leg)		2	
Upper extremities			
-Inspects, palpates, and assesses motor, sensory, and distal circulatory functions (1 point/arm)		2	
Posterior thorax, lumbar, and buttocks**			
-Inspects and palpates posterior thorax (1 point)		2	
-Inspects and palpates lumbar and buttocks area (1 point)			
Manages secondary injuries and wounds appropriately		1	
Reassesses patient		1	
Actual Time Ended: _____		TOTAL	42

CRITICAL CRITERIA

- ____ Failure to initiate or call for transport of the patient within 10 minute time limit
- ____ Failure to take or verbalize appropriate PPE precautions
- ____ Failure to determine scene safety
- ____ Failure to assess for and provide spinal protection when indicated
- ____ Failure to voice and ultimately provide high concentration of oxygen
- ____ Failure to assess/provide adequate ventilation
- ____ Failure to find or appropriately manage problems associated with airway, breathing, hemorrhage or shock [hypoperfusion]
- ____ Failure to differentiate patient's need for immediate transportation versus continued assessment/treatment at the scene
- ____ Does other detailed history or physical exam before assessing/treating threats to airway, breathing, and circulation
- ____ Failure to manage the patient as a competent EMT
- ____ Exhibits unacceptable affect with patient or other personnel
- ____ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on the reverse side of this form.

Section 6: Instructor Assessment Exam

- 1) In lieu of the scenario - based exam, an Instructor Assessment may suffice for the Arkansas Emergency Medical Technician Psychomotor Exam. Each of the skills listed in the above sections for each level must be evaluated by the instructor.

Section 7: Validity of Psychomotor Examination Results

- 1) New graduates seeking initial Arkansas licensure have no more than two (2) years from their date of course completion to successfully complete all components of the Arkansas licensure process (cognitive and psychomotor examinations). Grading of the psychomotor examination is on a Pass/Retest/Fail basis.
 - Examination results are valid for two (2) years from the date of the examination, provided all other “Entry Requirements” are met.
 - Candidates who fail the entire psychomotor examination must submit official documentation of remedial education to the Department before attempting the entire psychomotor examination (Both Scenarios) on their next full attempt of the psychomotor examination, provided all other “Entry Requirements” of are met. This official documentation must be signed by the Training Site Program Director or Instructor which verifies remedial training over all skills has occurred since the last unsuccessful attempt and the candidate has demonstrated competence in all skills.

Section 8: Reporting Psychomotor Examination Results

The Exam Coordinator should enter all results of the Psychomotor Examination, regardless of the method used to evaluate the student, on the roster as required by the Department. All applicable fields must be completed. The final pass/fail results for each participant will be uploaded by the Training Site Representative to the NREMT website under Practical Skills Verification.

If the Instructor Assessment is chosen, a letter indicating competency of students evaluated on all National Registry Skills is required by the Department. The letter must be signed by the Program Director and co-signed by the Medical Director. All official records of the psychomotor examination should be retained by the Exam Coordinator in accordance with the Department recommendations.

All documentation must be kept on file for five (5) years.

APPENDIX G

SITE VISIT CHECKLIST

<u>1</u>	<u>Full Curriculum outline following 2021 NHTSA EMS Education Standards</u>	<u>This may be from a publisher that follows the education guidelines, or other form of evidence Must include student contact hours for both didactic and lab</u>
<u>2</u>	<u>Skills sheet for each student taught with validation of both formative and summative. (minimum of one per skill for both formative and summative) This is for each class taught since last site visit. Site visitors will select which student/s data they want to review.</u>	<u>Can use skill sheets from accreditation manual, electronic skill sheets that contain same information, or use other material so long as it contains all of the information on the state skill sheets</u>
<u>3</u>	<u>Credentialing psychomotor skills exam for NREMT. Skills competencies exit exams (scenario type) for both Medical and Trauma scenario. These are for each student taught since your last site visit.</u>	<u>Can use the evaluations contained in the accreditation manual, electronic, or other material so long as it contains the same information.</u>
<u>4</u>	<u>Provide assessment that measures, as a minimum, entry-level competency in all domains. This must include several methods of assessing achievement.</u>	<u>Student must be evaluated in the psychomotor, cognitive, and affective (skill, knowledge, and professional behavior domain during the program. Evidence of this may include evaluations, student counseling forms etc.</u>
<u>5</u>	<u>Student Competency Exams for each student since last site visit.</u>	<u>Exams given to students to show progression in the program and competency upon completion of the program. Can be paper or electronic but must show questions student missed and succeeded at.</u>
<u>6</u>	<u>Textbooks and other reference required for students</u>	<u>Include all textbooks and other material that the student has available to make them successful</u>
<u>7</u>	<u>Completed Clinical Forms for each student. This should be the clinical time they spent in the hospital rotation. Must include minimum student contact hours</u>	<u>This is the hospital clinical form. May use the one provided in the Accreditation manual or of your own choosing so long as it contains the same information to be evaluated</u>
<u>8</u>	<u>Completed Field internship Forms: must include minimum EMS calls, criteria for what counts as a call, and who can fill out the evaluation sheet for the student.</u>	<u>May use the one provided in the Accreditation manual or of your own choosing so long as it contains the same information to be evaluated</u>

APPENDIX H

Program Accreditation Appeal Letter

[Your Name]
[Your Title]
[Program Name]
[Address]
[City, State ZIP]
[Phone Number]
[Email Address]

[Date]

[Recipient Name]
[Title]
[Accrediting Body]
[Address]
[City, State ZIP]

RE: Appeal to Maintain Accreditation for [Program Name] EMT Program

Dear [Recipient Name]:

I am writing to formally appeal the decision regarding the accreditation status of our Emergency Medical Technician program at [Program Name]. We acknowledge receipt of your notification dated [date of notification] citing concerns about our program's low pass rates on the National Registry of Emergency Medical Technicians (NREMT) examination.

We fully understand the importance of maintaining high standards in EMT education and take this matter very seriously. After careful review of the concerns raised, we have developed a comprehensive improvement plan that we believe will effectively address the pass rate issues while maintaining the integrity and quality of our program.

Analysis of Current Pass Rates

Our program's current NREMT examination pass rate stands at [specific percentage %], which falls below the required threshold of [required percentage %]. We have conducted a thorough analysis of our performance data over the past [timeframe, e.g., two years] and have identified several key factors contributing to this outcome:

1. **Curriculum alignment gaps:** Our review revealed some discrepancies between our curriculum content and the current NREMT examination focus areas.
2. **Testing preparation resources:** Student feedback indicated insufficient practice with computer-based testing formats similar to the NREMT exam.

3. **Clinical experience quality:** We identified opportunities to strengthen the connection between classroom learning and practical field experience.
4. **Student selection and support:** Our analysis showed that certain student demographics may benefit from additional academic support services.

Comprehensive Improvement Plan

In response to these findings, we have implemented the following corrective measures:

Immediate Actions (Already Implemented)

1. **Curriculum Enhancement**
 - Complete revision of course materials to align with the latest NREMT exam blueprints
 - Integration of additional scenario-based learning modules focusing on critical thinking skills
 - Implementation of weekly quizzes that mirror NREMT question styles and formats
2. **Faculty Development**
 - All instructors have completed refresher training on current NREMT standards and testing methodology
 - Established monthly faculty meetings to review student performance data and adjust teaching strategies
 - Partnered with high-performing EMT programs for best practice sharing and mentorship
3. **Student Support Services**
 - Implemented mandatory NREMT exam preparation workshops for all students
 - Created an early intervention program to identify and support struggling students
 - Established a peer tutoring program utilizing successful program graduates

Long-Term Strategies (In Progress)

1. **Enhanced Clinical Experiences**
 - Restructured clinical rotations to ensure broader exposure to diverse emergency scenarios
 - Implemented detailed clinical evaluation tools aligned with NREMT performance standards
 - Established additional partnerships with local EMS agencies to expand clinical opportunities
2. **Program Admission and Progression Policies**
 - Revised admission criteria to better identify candidates with strong potential for success
 - Implemented mid-program assessment points with remediation pathways
 - Created a comprehensive student success prediction model based on historical data
3. **Data-Driven Quality Improvement**

- Established a dedicated program assessment committee to review outcomes quarterly
- Developed a detailed dashboard to track key performance indicators
- Implemented graduate and employer surveys to gather feedback on program effectiveness

Initial Results and Projected Outcomes

Although our comprehensive improvement plan has only recently been implemented, we are already seeing promising indicators:

1. Internal assessment scores have improved by [percentage]% in the most recent cohort
2. Student satisfaction surveys show a [percentage]% increase in confidence regarding NREMT preparation
3. Preliminary data from our most recent graduates shows a [percentage]% improvement in first-attempt pass rates

Based on these early indicators and comparable interventions at similar institutions, we project reaching the required NREMT pass rate threshold of [required percentage% within [timeframe, e.g., two academic terms].

Request for Probationary Accreditation

We respectfully request that our program be granted probationary accreditation status while we implement our improvement plan and demonstrate its effectiveness. We are committed to:

1. Providing quarterly progress reports on our pass rates and quality improvement initiatives
2. Submitting detailed documentation of all implemented changes
3. Participating in any additional monitoring activities deemed necessary by the accrediting body
4. Hosting site visits to demonstrate our improvements in action

Conclusion

Our EMT program has a [number]-year history of serving our community and producing qualified emergency medical professionals. We remain deeply committed to educational excellence and continuous quality improvement. The outlined measures represent our unwavering dedication to addressing the identified deficiencies and exceeding accreditation standards.

We appreciate your consideration of this appeal and welcome any additional guidance you can provide as we work to strengthen our program. I can discuss our improvement plan in greater detail at your convenience.

Sincerely,

[Your Name]
[Your Title]
[Program Name]

Enclosures:

- Detailed Improvement Plan with Timeline
- Current Student Performance Data
- Faculty Qualification Documentation
- Student Support Resources
- Letters of Support from Clinical Partners

State of Arkansas *As Engrossed: H2/26/25 H3/3/25*

95th General Assembly

A Bill

Regular Session, 2025

HOUSE BILL 1253

By: Representative L. Johnson

By: Senator J. Boyd

For An Act To Be Entitled

AN ACT TO ADOPT THE EMERGENCY MEDICAL SERVICES
PERSONNEL LICENSURE INTERSTATE COMPACT IN ARKANSAS;
AND FOR OTHER PURPOSES.

Subtitle

TO ADOPT THE EMERGENCY MEDICAL SERVICES
PERSONNEL LICENSURE INTERSTATE COMPACT
IN ARKANSAS.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:

SECTION 1. Arkansas Code Title 20, Chapter 13, is amended to add an
additional subchapter to read as follows:

Subchapter 19 – Emergency Medical Services Personnel Licensure Interstate
Compact

20-13-1901. Text of compact.

The Emergency Medical Services Personnel Licensure Interstate Compact
is enacted into law and entered into by this state with all states legally
joining therein and in the form substantially as follows:

RECOGNITION OF EMERGENCY MEDICAL SERVICES PERSONNEL LICENSURE INTERSTATE
COMPACT (“REPLICA”)

EMS PERSONNEL LICENSURE INTERSTATE COMPACT

SECTION 1. PURPOSE



1
2 In order to protect the public through verification of competency and ensure
3 accountability for patient care related activities all states license
4 emergency medical services (EMS) personnel, such as emergency medical
5 technicians (EMTs), advanced EMTs and paramedics. This Compact is intended to
6 facilitate the day to day movement of EMS personnel across state boundaries
7 in the performance of their EMS duties as assigned by an appropriate
8 authority and authorize state EMS offices to afford immediate legal
9 recognition to EMS personnel licensed in a member state. This Compact
10 recognizes that states have a vested interest in protecting the public's
11 health and safety through their licensing and regulation of EMS personnel and
12 that such state regulation shared among the member states will best protect
13 public health and safety. This Compact is designed to achieve the following
14 purposes and objectives:

- 15 1. Increase public access to EMS personnel;
- 16 2. Enhance the states' ability to protect the public's health and
17 safety, especially patient safety;
- 18 3. Encourage the cooperation of member states in the areas of EMS
19 personnel licensure and regulation;
- 20 4. Support licensing of military members who are separating from an
21 active duty tour and their spouses;
- 22 5. Facilitate the exchange of information between member states
23 regarding EMS personnel licensure, adverse action and significant
24 investigatory information;
- 25 6. Promote compliance with the laws governing EMS personnel practice
26 in each member state; and
- 27 7. Invest all member states with the authority to hold EMS personnel
28 accountable through the mutual recognition of member state licenses.

29 30 SECTION 2. DEFINITIONS

31
32 In this compact:

33 A. "Advanced Emergency Medical Technician (AEMT)" means: an
34 individual licensed with cognitive knowledge and a scope of practice that
35 corresponds to that level in the National EMS Education Standards and
36 National EMS Scope of Practice Model.

1 B. “Adverse Action” means: any administrative, civil, equitable or
2 criminal action permitted by a state’s laws which may be imposed against
3 licensed EMS personnel by a state EMS authority or state court, including,
4 but not limited to, actions against an individual’s license such as
5 revocation, suspension, probation, consent agreement, monitoring or other
6 limitation or encumbrance on the individual’s practice, letters of reprimand
7 or admonition, fines, criminal convictions and state court judgments
8 enforcing adverse actions by the state EMS authority.

9 C. “Alternative program” means: a voluntary, non-disciplinary
10 substance abuse recovery program approved by a state EMS authority.

11 D. “Certification” means: the successful verification of entry-level
12 cognitive and psychomotor competency using a reliable, validated, and legally
13 defensible examination.

14 E. “Commission” means: the national administrative body of which all
15 states that have enacted the compact are members.

16 F. “Emergency Medical Technician (EMT)” means: an individual licensed
17 with cognitive knowledge and a scope of practice that corresponds to that
18 level in the National EMS Education Standards and National EMS Scope of
19 Practice Model.

20 G. “Home State” means: a member state where an individual is licensed
21 to practice emergency medical services.

22 H. “License” means: the authorization by a state for an individual to
23 practice as an EMT, AEMT, paramedic, or a level in between EMT and paramedic.

24 I. “Medical Director” means: a physician licensed in a member state
25 who is accountable for the care delivered by EMS personnel.

26 J. “Member State” means: a state that has enacted this compact.

27 K. “Privilege to Practice” means: an individual’s authority to
28 deliver emergency medical services in remote states as authorized under this
29 compact.

30 L. “Paramedic” means: an individual licensed with cognitive knowledge
31 and a scope of practice that corresponds to that level in the National EMS
32 Education Standards and National EMS Scope of Practice Model.

33 M. “Remote State” means: a member state in which an individual is not
34 licensed.

35 N. “Restricted” means: the outcome of an adverse action that limits a
36 license or the privilege to practice.

1 O. "Rule" means: a written statement by the interstate Commission
2 promulgated pursuant to Section 12 of this compact that is of general
3 applicability; implements, interprets, or prescribes a policy or provision of
4 the compact; or is an organizational, procedural, or practice requirement of
5 the Commission and has the force and effect of statutory law in a member
6 state and includes the amendment, repeal, or suspension of an existing rule.

7 P. "Scope of Practice" means: defined parameters of various duties or
8 services that may be provided by an individual with specific credentials.
9 Whether regulated by rule, statute, or court decision, it tends to represent
10 the limits of services an individual may perform.

11 Q. "Significant Investigatory Information" means:

12 1. .investigative information that a state EMS authority, after
13 a preliminary inquiry that includes notification and an opportunity to
14 respond if required by state law, has reason to believe, if proved true,
15 would result in the imposition of an adverse action on a license or privilege
16 to practice; or

17 2. investigative information that indicates that the individual
18 represents an immediate threat to public health and safety regardless of
19 whether the individual has been notified and had an opportunity to respond.

20 R. "State" means: means any state, commonwealth, district, or
21 territory of the United States.

22 S. "State EMS Authority" means: the board, office, or other agency
23 with the legislative mandate to license EMS personnel.

24 25 SECTION 3. HOME STATE LICENSURE

26
27 A. Any member state in which an individual holds a current license
28 shall be deemed a home state for purposes of this compact.

29 B. Any member state may require an individual to obtain and retain a
30 license to be authorized to practice in the member state under circumstances
31 not authorized by the privilege to practice under the terms of this compact.

32 C. A home state's license authorizes an individual to practice in a
33 remote state under the privilege to practice only if the home state:

34 1. Currently requires the use of the National Registry of
35 Emergency Medical Technicians (NREMT) examination as a condition of issuing
36 initial licenses at the EMT and paramedic levels;

1 2. Has a mechanism in place for receiving and investigating
2 complaints about individuals;

3 3. Notifies the Commission, in compliance with the terms herein,
4 of any adverse action or significant investigatory information regarding an
5 individual;

6 4. No later than five years after activation of the Compact,
7 requires a criminal background check of all applicants for initial licensure,
8 including the use of the results of fingerprint or other biometric data
9 checks compliant with the requirements of the Federal Bureau of Investigation
10 with the exception of federal employees who have suitability determination in
11 accordance with US CFR §731.202 and submit documentation of such as
12 promulgated in the rules of the Commission; and

13 5. Complies with the rules of the Commission.
14

15 SECTION 4. COMPACT PRIVILEGE TO PRACTICE
16

17 A. Member states shall recognize the privilege to practice of an
18 individual licensed in another member state that is in conformance with
19 Section 3.

20 B. To exercise the privilege to practice under the terms and
21 provisions of this compact, an individual must:

22 1. Be at least 18 years of age;

23 2. Possess a current unrestricted license in a member state as
24 an EMT, AEMT, paramedic, or state recognized and licensed level with a scope
25 of practice and authority between EMT and paramedic; and

26 3. Practice under the supervision of a medical director.

27 C. An individual providing patient care in a remote state under the
28 privilege to practice shall function within the scope of practice authorized
29 by the home state unless and until modified by an appropriate authority in
30 the remote state as may be defined in the rules of the commission.

31 D. Except as provided in Section 4 subsection C, an individual
32 practicing in a remote state will be subject to the remote state's authority
33 and laws. A remote state may, in accordance with due process and that state's
34 laws, restrict, suspend, or revoke an individual's privilege to practice in
35 the remote state and may take any other necessary actions to protect the
36 health and safety of its citizens. If a remote state takes action it shall

1 promptly notify the home state and the Commission.

2 E. If an individual's license in any home state is restricted or
3 suspended, the individual shall not be eligible to practice in a remote state
4 under the privilege to practice until the individual's home state license is
5 restored.

6 F. If an individual's privilege to practice in any remote state is
7 restricted, suspended, or revoked the individual shall not be eligible to
8 practice in any remote state until the individual's privilege to practice is
9 restored.

10
11 SECTION 5. CONDITIONS OF PRACTICE IN A REMOTE STATE

12
13 An individual may practice in a remote state under a privilege to practice
14 only in the performance of the individual's EMS duties as assigned by an
15 appropriate authority, as defined in the rules of the Commission, and under
16 the following circumstances:

17 1. The individual originates a patient transport in a home state and
18 transports the patient to a remote state;

19 2. The individual originates in the home state and enters a remote
20 state to pick up a patient and provide care and transport of the patient to
21 the home state;

22 3. The individual enters a remote state to provide patient care and/or
23 transport within that remote state;

24 4. The individual enters a remote state to pick up a patient and
25 provide care and transport to a third member state;

26 5. Other conditions as determined by rules promulgated by the
27 commission.

28
29 SECTION 6. RELATIONSHIP TO EMERGENCY MANAGEMENT ASSISTANCE COMPACT

30
31 Upon a member state's governor's declaration of a state of emergency or
32 disaster that activates the Emergency Management Assistance Compact (EMAC),
33 all relevant terms and provisions of EMAC shall apply and to the extent any
34 terms or provisions of this Compact conflicts with EMAC, the terms of EMAC
35 shall prevail with respect to any individual practicing in the remote state
36 in response to such declaration.

1
2 SECTION 7. VETERANS, SERVICE MEMBERS SEPARATING FROM ACTIVE DUTY MILITARY,
3 AND THEIR SPOUSES

4
5 A. Member states shall consider a veteran, active military service
6 member, and member of the National Guard and Reserves separating from an
7 active duty tour, and a spouse thereof, who holds a current valid and
8 unrestricted NREMT certification at or above the level of the state license
9 being sought as satisfying the minimum training and examination requirements
10 for such licensure.

11 B. Member states shall expedite the processing of licensure
12 applications submitted by veterans, active military service members, and
13 members of the National Guard and Reserves separating from an active duty
14 tour, and their spouses.

15 C. All individuals functioning with a privilege to practice under this
16 Section remain subject to the Adverse Actions provisions of Section VIII.

17
18 SECTION 8. ADVERSE ACTIONS

19
20 A. A home state shall have exclusive power to impose adverse action
21 against an individual's license issued by the home state.

22 B. If an individual's license in any home state is restricted or
23 suspended, the individual shall not be eligible to practice in a remote state
24 under the privilege to practice until the individual's home state license is
25 restored.

26 1. All home state adverse action orders shall include a
27 statement that the individual's compact privileges are inactive. The order
28 may allow the individual to practice in remote states with prior written
29 authorization from both the home state and remote state's EMS authority.

30 2. An individual currently subject to adverse action in the home
31 state shall not practice in any remote state without prior written
32 authorization from both the home state and remote state's EMS authority.

33 C. A member state shall report adverse actions and any occurrences
34 that the individual's compact privileges are restricted, suspended, or
35 revoked to the Commission in accordance with the rules of the Commission.

36 D. A remote state may take adverse action on an individual's privilege

1 to practice within that state.

2 E. Any member state may take adverse action against an individual's
3 privilege to practice in that state based on the factual findings of another
4 member state, so long as each state follows its own procedures for imposing
5 such adverse action.

6 F. A home state's EMS authority shall investigate and take appropriate
7 action with respect to reported conduct in a remote state as it would if such
8 conduct had occurred within the home state. In such cases, the home state's
9 law shall control in determining the appropriate adverse action.

10 G. Nothing in this Compact shall override a member state's decision
11 that participation in an alternative program may be used in lieu of adverse
12 action and that such participation shall remain non-public if required by the
13 member state's laws. Member states must require individuals who enter any
14 alternative programs to agree not to practice in any other member state
15 during the term of the alternative program without prior authorization from
16 such other member state.

17
18 SECTION 9. ADDITIONAL POWERS INVESTED IN A MEMBER STATE'S EMS AUTHORITY
19

20 A member state's EMS authority, in addition to any other powers granted under
21 state law, is authorized under this compact to:

22 1. Issue subpoenas for both hearings and investigations that require
23 the attendance and testimony of witnesses and the production of evidence.
24 Subpoenas issued by a member state's EMS authority for the attendance and
25 testimony of witnesses, and/or the production of evidence from another member
26 state, shall be enforced in the remote state by any court of competent
27 jurisdiction, according to that court's practice and procedure in considering
28 subpoenas issued in its own proceedings. The issuing state EMS authority
29 shall pay any witness fees, travel expenses, mileage, and other fees required
30 by the service statutes of the state where the witnesses and/or evidence are
31 located; and

32 2. Issue cease and desist orders to restrict, suspend, or revoke an
33 individual's privilege to practice in the state.
34

35 SECTION 10. ESTABLISHMENT OF THE INTERSTATE COMMISSION FOR EMS PERSONNEL
36 PRACTICE

1
2 A. The Compact states hereby create and establish a joint public
3 agency known as the Interstate Commission for EMS Personnel Practice.

4 1. The Commission is a body politic and an instrumentality of
5 the Compact states.

6 2. Venue is proper and judicial proceedings by or against the
7 Commission shall be brought solely and exclusively in a court of competent
8 jurisdiction where the principal office of the Commission is located. The
9 Commission may waive venue and jurisdictional defenses to the extent it
10 adopts or consents to participate in alternative dispute resolution
11 proceedings.

12 3. Nothing in this Compact shall be construed to be a waiver of
13 sovereign immunity.

14 B. Membership, Voting, and Meetings

15 1. Each member state shall have and be limited to one (1)
16 delegate. The responsible official of the state EMS authority or his designee
17 shall be the delegate to this Compact for each member state. Any delegate
18 may be removed or suspended from office as provided by the law of the state
19 from which the delegate is appointed. Any vacancy occurring in the
20 Commission shall be filled in accordance with the laws of the member state in
21 which the vacancy exists. In the event that more than one board, office, or
22 other agency with the legislative mandate to license EMS personnel at and
23 above the level of EMT exists, the Governor of the state will determine which
24 entity will be responsible for assigning the delegate.

25 2. Each delegate shall be entitled to one (1) vote with regard
26 to the promulgation of rules and creation of bylaws and shall otherwise have
27 an opportunity to participate in the business and affairs of the Commission.
28 A delegate shall vote in person or by such other means as provided in the
29 bylaws. The bylaws may provide for delegates' participation in meetings by
30 telephone or other means of communication.

31 3. The Commission shall meet at least once during each calendar
32 year. Additional meetings shall be held as set forth in the bylaws.

33 4. All meetings shall be open to the public, and public notice
34 of meetings shall be given in the same manner as required under the
35 rulemaking provisions in Section XII.

36 5. The Commission may convene in a closed, non-public meeting if

1 the Commission must discuss:

2 a. Non-compliance of a member state with its obligations
3 under the Compact;

4 b. The employment, compensation, discipline or other
5 personnel matters, practices or procedures related to specific employees or
6 other matters related to the Commission's internal personnel practices and
7 procedures;

8 c. Current, threatened, or reasonably anticipated
9 litigation;

10 d. Negotiation of contracts for the purchase or sale of
11 goods, services, or real estate;

12 e. Accusing any person of a crime or formally censuring
13 any person;

14 f. Disclosure of trade secrets or commercial or financial
15 information that is privileged or confidential;

16 g. Disclosure of information of a personal nature where
17 disclosure would constitute a clearly unwarranted invasion of personal
18 privacy;

19 h. Disclosure of investigatory records compiled for law
20 enforcement purposes;

21 i. Disclosure of information related to any investigatory
22 reports prepared by or on behalf of or for use of the Commission or other
23 committee charged with responsibility of investigation or determination of
24 compliance issues pursuant to the compact; or

25 j. Matters specifically exempted from disclosure by
26 federal or member state statute.

27 6. If a meeting, or portion of a meeting, is closed pursuant to
28 this provision, the Commission's legal counsel or designee shall certify that
29 the meeting may be closed and shall reference each relevant exempting
30 provision. The Commission shall keep minutes that fully and clearly describe
31 all matters discussed in a meeting and shall provide a full and accurate
32 summary of actions taken, and the reasons therefore, including a description
33 of the views expressed. All documents considered in connection with an action
34 shall be identified in such minutes. All minutes and documents of a closed
35 meeting shall remain under seal, subject to release by a majority vote of the
36 Commission or order of a court of competent jurisdiction.

1 C. The Commission shall, by a majority vote of the delegates,
2 prescribe bylaws and/or rules to govern its conduct as may be necessary or
3 appropriate to carry out the purposes and exercise the powers of the compact,
4 including but not limited to:

5 1. Establishing the fiscal year of the Commission;

6 2. Providing reasonable standards and procedures:

7 a. for the establishment and meetings of other committees;

8 and

9 b. governing any general or specific delegation of any
10 authority or function of the Commission;

11 3. Providing reasonable procedures for calling and conducting
12 meetings of the Commission, ensuring reasonable advance notice of all
13 meetings, and providing an opportunity for attendance of such meetings by
14 interested parties, with enumerated exceptions designed to protect the
15 public's interest, the privacy of individuals, and proprietary information,
16 including trade secrets. The Commission may meet in closed session only after
17 a majority of the membership votes to close a meeting in whole or in part. As
18 soon as practicable, the Commission must make public a copy of the vote to
19 close the meeting revealing the vote of each member with no proxy votes
20 allowed;

21 4. Establishing the titles, duties and authority, and reasonable
22 procedures for the election of the officers of the Commission;

23 5. Providing reasonable standards and procedures for the
24 establishment of the personnel policies and programs of the Commission.
25 Notwithstanding any civil service or other similar laws of any member state,
26 the bylaws shall exclusively govern the personnel policies and programs of
27 the Commission;

28 6. Promulgating a code of ethics to address permissible and
29 prohibited activities of Commission members and employees;

30 7. Providing a mechanism for winding up the operations of the
31 Commission and the equitable disposition of any surplus funds that may exist
32 after the termination of the Compact after the payment and/or reserving of
33 all of its debts and obligations;

34 8. The Commission shall publish its bylaws and file a copy
35 thereof, and a copy of any amendment thereto, with the appropriate agency or
36 officer in each of the member states, if any.

1 9. The Commission shall maintain its financial records in
2 accordance with the bylaws.

3 10. The Commission shall meet and take such actions as are
4 consistent with the provisions of this Compact and the bylaws.

5 D. The Commission shall have the following powers:

6 1. The authority to promulgate uniform rules to facilitate and
7 coordinate implementation and administration of this Compact. The rules shall
8 have the force and effect of law and shall be binding in all member states;

9 2. To bring and prosecute legal proceedings or actions in the
10 name of the Commission, provided that the standing of any state EMS authority
11 or other regulatory body responsible for EMS personnel licensure to sue or be
12 sued under applicable law shall not be affected;

13 3. To purchase and maintain insurance and bonds;

14 4. To borrow, accept, or contract for services of personnel,
15 including, but not limited to, employees of a member state;

16 5. To hire employees, elect or appoint officers, fix
17 compensation, define duties, grant such individuals appropriate authority to
18 carry out the purposes of the compact, and to establish the Commission's
19 personnel policies and programs relating to conflicts of interest,
20 qualifications of personnel, and other related personnel matters;

21 6. To accept any and all appropriate donations and grants of
22 money, equipment, supplies, materials and services, and to receive, utilize
23 and dispose of the same; provided that at all times the Commission shall
24 strive to avoid any appearance of impropriety and/or conflict of interest;

25 7. To lease, purchase, accept appropriate gifts or donations of,
26 or otherwise to own, hold, improve or use, any property, real, personal or
27 mixed; provided that at all times the Commission shall strive to avoid any
28 appearance of impropriety;

29 8. To sell convey, mortgage, pledge, lease, exchange, abandon,
30 or otherwise dispose of any property real, personal, or mixed;

31 9. To establish a budget and make expenditures;

32 10. To borrow money;

33 11. To appoint committees, including advisory committees
34 comprised of members, state regulators, state legislators or their
35 representatives, and consumer representatives, and such other interested
36 persons as may be designated in this compact and the bylaws;

1 12. To provide and receive information from, and to cooperate
2 with, law enforcement agencies;

3 13. To adopt and use an official seal; and

4 14. To perform such other functions as may be necessary or
5 appropriate to achieve the purposes of this Compact consistent with the state
6 regulation of EMS personnel licensure and practice.

7 E. Financing of the Commission

8 1. The Commission shall pay, or provide for the payment of, the
9 reasonable expenses of its establishment, organization, and ongoing
10 activities.

11 2. The Commission may accept any and all appropriate revenue
12 sources, donations, and grants of money, equipment, supplies, materials, and
13 services.

14 3. The Commission may levy on and collect an annual assessment
15 from each member state or impose fees on other parties to cover the cost of
16 the operations and activities of the Commission and its staff, which must be
17 in a total amount sufficient to cover its annual budget as approved each year
18 for which revenue is not provided by other sources. The aggregate annual
19 assessment amount shall be allocated based upon a formula to be determined by
20 the Commission, which shall promulgate a rule binding upon all member states.

21 4. The Commission shall not incur obligations of any kind prior
22 to securing the funds adequate to meet the same; nor shall the Commission
23 pledge the credit of any of the member states, except by and with the
24 authority of the member state.

25 5. The Commission shall keep accurate accounts of all receipts
26 and disbursements. The receipts and disbursements of the Commission shall be
27 subject to the audit and accounting procedures established under its bylaws.
28 However, all receipts and disbursements of funds handled by the Commission
29 shall be audited yearly by a certified or licensed public accountant, and the
30 report of the audit shall be included in and become part of the annual report
31 of the Commission.

32 F. Qualified Immunity, Defense, and Indemnification

33 1. The members, officers, executive director, employees and
34 representatives of the Commission shall be immune from suit and liability,
35 either personally or in their official capacity, for any claim for damage to
36 or loss of property or personal injury or other civil liability caused by or

1 arising out of any actual or alleged act, error or omission that occurred, or
2 that the person against whom the claim is made had a reasonable basis for
3 believing occurred within the scope of Commission employment, duties or
4 responsibilities; provided that nothing in this paragraph shall be construed
5 to protect any such person from suit and/or liability for any damage, loss,
6 injury, or liability caused by the intentional or willful or wanton
7 misconduct of that person.

8 2. The Commission shall defend any member, officer, executive
9 director, employee or representative of the Commission in any civil action
10 seeking to impose liability arising out of any actual or alleged act, error,
11 or omission that occurred within the scope of Commission employment, duties,
12 or responsibilities, or that the person against whom the claim is made had a
13 reasonable basis for believing occurred within the scope of Commission
14 employment, duties, or responsibilities; provided that nothing herein shall
15 be construed to prohibit that person from retaining his or her own counsel;
16 and provided further, that the actual or alleged act, error, or omission did
17 not result from that person's intentional or willful or wanton misconduct.

18 3. The Commission shall indemnify and hold harmless any member,
19 officer, executive director, employee, or representative of the Commission
20 for the amount of any settlement or judgment obtained against that person
21 arising out of any actual or alleged act, error or omission that occurred
22 within the scope of Commission employment, duties, or responsibilities, or
23 that such person had a reasonable basis for believing occurred within the
24 scope of Commission employment, duties, or responsibilities, provided that
25 the actual or alleged act, error, or omission did not result from the
26 intentional or willful or wanton misconduct of that person.

27
28 SECTION 11. COORDINATED DATABASE
29

30 A. The Commission shall provide for the development and maintenance of
31 a coordinated database and reporting system containing licensure, adverse
32 action, and significant investigatory information on all licensed individuals
33 in member states.

34 B. Notwithstanding any other provision of state law to the contrary, a
35 member state shall submit a uniform data set to the coordinated database on
36 all individuals to whom this compact is applicable as required by the rules

1 of the Commission, including:

- 2 1. Identifying information;
- 3 2. Licensure data;
- 4 3. Significant investigatory information;
- 5 4. Adverse actions against an individual's license;
- 6 5. An indicator that an individual's privilege to practice is
- 7 restricted, suspended or revoked;
- 8 6. Non-confidential information related to alternative program
- 9 participation;
- 10 7. Any denial of application for licensure, and the reason(s)
- 11 for such denial; and
- 12 8. Other information that may facilitate the administration of
- 13 this Compact, as determined by the rules of the Commission.

14 C. The coordinated database administrator shall promptly notify all

15 member states of any adverse action taken against, or significant

16 investigative information on, any individual in a member state.

17 D. Member states contributing information to the coordinated database

18 may designate information that may not be shared with the public without the

19 express permission of the contributing state.

20 E. Any information submitted to the coordinated database that is

21 subsequently required to be expunged by the laws of the member state

22 contributing the information shall be removed from the coordinated database.

23

24 SECTION 12. RULEMAKING

25

26 A. The Commission shall exercise its rulemaking powers pursuant to the

27 criteria set forth in this Section and the rules adopted thereunder. Rules

28 and amendments shall become binding as of the date specified in each rule or

29 amendment.

30 B. If a majority of the legislatures of the member states rejects a

31 rule, by enactment of a statute or resolution in the same manner used to

32 adopt the Compact, then such rule shall have no further force and effect in

33 any member state.

34 C. Rules or amendments to the rules shall be adopted at a regular or

35 special meeting of the Commission.

36 D. Prior to promulgation and adoption of a final rule or rules by the

1 Commission, and at least sixty (60) days in advance of the meeting at which
2 the rule will be considered and voted upon, the Commission shall file a
3 Notice of Proposed Rulemaking:

4 1. On the website of the Commission; and
5 2. On the website of each member state EMS authority or the
6 publication in which each state would otherwise publish proposed rules.

7 E. The Notice of Proposed Rulemaking shall include:

8 1. The proposed time, date, and location of the meeting in which
9 the rule will be considered and voted upon;

10 2. The text of the proposed rule or amendment and the reason for
11 the proposed rule;

12 3. A request for comments on the proposed rule from any
13 interested person; and

14 4. The manner in which interested persons may submit notice to
15 the Commission of their intention to attend the public hearing and any
16 written comments.

17 F. Prior to adoption of a proposed rule, the Commission shall allow
18 persons to submit written data, facts, opinions, and arguments, which shall
19 be made available to the public.

20 G. The Commission shall grant an opportunity for a public hearing
21 before it adopts a rule or amendment if a hearing is requested by:

22 1. At least twenty-five (25) persons;

23 2. A governmental subdivision or agency; or

24 3. An association having at least twenty-five (25) members.

25 H. If a hearing is held on the proposed rule or amendment, the
26 Commission shall publish the place, time, and date of the scheduled public
27 hearing.

28 1. All persons wishing to be heard at the hearing shall notify
29 the executive director of the Commission or other designated member in
30 writing of their desire to appear and testify at the hearing not less than
31 five (5) business days before the scheduled date of the hearing.

32 2. Hearings shall be conducted in a manner providing each person
33 who wishes to comment a fair and reasonable opportunity to comment orally or
34 in writing.

35 3. No transcript of the hearing is required, unless a written
36 request for a transcript is made, in which case the person requesting the

1 transcript shall bear the cost of producing the transcript. A recording may
2 be made in lieu of a transcript under the same terms and conditions as a
3 transcript. This subsection shall not preclude the Commission from making a
4 transcript or recording of the hearing if it so chooses.

5 4. Nothing in this section shall be construed as requiring a
6 separate hearing on each rule. Rules may be grouped for the convenience of
7 the Commission at hearings required by this section.

8 I. Following the scheduled hearing date, or by the close of business
9 on the scheduled hearing date if the hearing was not held, the Commission
10 shall consider all written and oral comments received.

11 J. The Commission shall, by majority vote of all members, take final
12 action on the proposed rule and shall determine the effective date of the
13 rule, if any, based on the rulemaking record and the full text of the rule.

14 K. If no written notice of intent to attend the public hearing by
15 interested parties is received, the Commission may proceed with promulgation
16 of the proposed rule without a public hearing.

17 L. Upon determination that an emergency exists, the Commission may
18 consider and adopt an emergency rule without prior notice, opportunity for
19 comment, or hearing, provided that the usual rulemaking procedures provided
20 in the Compact and in this section shall be retroactively applied to the rule
21 as soon as reasonably possible, in no event later than ninety (90) days after
22 the effective date of the rule. For the purposes of this provision, an
23 emergency rule is one that must be adopted immediately in order to:

- 24 1. Meet an imminent threat to public health, safety, or welfare;
25 2. Prevent a loss of Commission or member state funds;
26 3. Meet a deadline for the promulgation of an administrative
27 rule that is established by federal law or rule; or
28 4. Protect public health and safety.

29 M. The Commission or an authorized committee of the Commission may
30 direct revisions to a previously adopted rule or amendment for purposes of
31 correcting typographical errors, errors in format, errors in consistency, or
32 grammatical errors. Public notice of any revisions shall be posted on the
33 website of the Commission. The revision shall be subject to challenge by any
34 person for a period of thirty (30) days after posting. The revision may be
35 challenged only on grounds that the revision results in a material change to
36 a rule. A challenge shall be made in writing, and delivered to the chair of

1 the Commission prior to the end of the notice period. If no challenge is
2 made, the revision will take effect without further action. If the revision
3 is challenged, the revision may not take effect without the approval of the
4 Commission.

5
6 SECTION 13. OVERSIGHT, DISPUTE RESOLUTION, AND ENFORCEMENT

7
8 A. Oversight

9 1. The executive, legislative, and judicial branches of state
10 government in each member state shall enforce this compact and take all
11 actions necessary and appropriate to effectuate the compact's purposes and
12 intent. The provisions of this compact and the rules promulgated hereunder
13 shall have standing as statutory law.

14 2. All courts shall take judicial notice of the compact and the
15 rules in any judicial or administrative proceeding in a member state
16 pertaining to the subject matter of this compact which may affect the powers,
17 responsibilities or actions of the Commission.

18 3. The Commission shall be entitled to receive service of
19 process in any such proceeding, and shall have standing to intervene in such
20 a proceeding for all purposes. Failure to provide service of process to the
21 Commission shall render a judgment or order void as to the Commission, this
22 Compact, or promulgated rules.

23 B. Default, Technical Assistance, and Termination

24 1. If the Commission determines that a member state has
25 defaulted in the performance of its obligations or responsibilities under
26 this compact or the promulgated rules, the Commission shall:

27 a. Provide written notice to the defaulting state and
28 other member states of the nature of the default, the proposed means of
29 curing the default and/or any other action to be taken by the Commission; and

30 b. Provide remedial training and specific technical
31 assistance regarding the default.

32 2. If a state in default fails to cure the default, the
33 defaulting state may be terminated from the Compact upon an affirmative vote
34 of a majority of the member states, and all rights, privileges and benefits
35 conferred by this compact may be terminated on the effective date of
36 termination. A cure of the default does not relieve the offending state of

1 obligations or liabilities incurred during the period of default.

2 3. Termination of membership in the compact shall be imposed
3 only after all other means of securing compliance have been exhausted. Notice
4 of intent to suspend or terminate shall be given by the Commission to the
5 governor, the majority and minority leaders of the defaulting state's
6 legislature, and each of the member states.

7 4. A state that has been terminated is responsible for all
8 assessments, obligations, and liabilities incurred through the effective date
9 of termination, including obligations that extend beyond the effective date
10 of termination.

11 5. The Commission shall not bear any costs related to a state
12 that is found to be in default or that has been terminated from the compact,
13 unless agreed upon in writing between the Commission and the defaulting
14 state.

15 6. The defaulting state may appeal the action of the Commission
16 by petitioning the U.S. District Court for the District of Columbia or the
17 federal district where the Commission has its principal offices. The
18 prevailing member shall be awarded all costs of such litigation, including
19 reasonable attorney's fees.

20 C. Dispute Resolution

21 1. Upon request by a member state, the Commission shall attempt
22 to resolve disputes related to the compact that arise among member states and
23 between member and non-member states.

24 2. The Commission shall promulgate a rule providing for both
25 mediation and binding dispute resolution for disputes as appropriate.

26 D. Enforcement

27 1. The Commission, in the reasonable exercise of its discretion,
28 shall enforce the provisions and rules of this compact.

29 2. By majority vote, the Commission may initiate legal action in
30 the United States District Court for the District of Columbia or the federal
31 district where the Commission has its principal offices against a member
32 state in default to enforce compliance with the provisions of the compact and
33 its promulgated rules and bylaws. The relief sought may include both
34 injunctive relief and damages. In the event judicial enforcement is
35 necessary, the prevailing member shall be awarded all costs of such
36 litigation, including reasonable attorney's fees.

1 3. The remedies herein shall not be the exclusive remedies of
2 the Commission. The Commission may pursue any other remedies available under
3 federal or state law.

4
5 SECTION 14. DATE OF IMPLEMENTATION OF THE INTERSTATE COMMISSION FOR EMS
6 PERSONNEL PRACTICE AND ASSOCIATED RULES, WITHDRAWAL, AND AMENDMENT

7
8 A. The compact shall come into effect on the date on which the compact
9 statute is enacted into law in the tenth member state. The provisions, which
10 become effective at that time, shall be limited to the powers granted to the
11 Commission relating to assembly and the promulgation of rules. Thereafter,
12 the Commission shall meet and exercise rulemaking powers necessary to the
13 implementation and administration of the compact.

14 B. Any state that joins the compact subsequent to the Commission's
15 initial adoption of the rules shall be subject to the rules as they exist on
16 the date on which the compact becomes law in that state. Any rule that has
17 been previously adopted by the Commission shall have the full force and
18 effect of law on the day the compact becomes law in that state.

19 C. Any member state may withdraw from this compact by enacting a
20 statute repealing the same.

21 1. A member state's withdrawal shall not take effect until six
22 (6) months after enactment of the repealing statute.

23 2. Withdrawal shall not affect the continuing requirement of the
24 withdrawing state's EMS authority to comply with the investigative and
25 adverse action reporting requirements of this act prior to the effective date
26 of withdrawal.

27 D. Nothing contained in this compact shall be construed to invalidate
28 or prevent any EMS personnel licensure agreement or other cooperative
29 arrangement between a member state and a non-member state that does not
30 conflict with the provisions of this compact.

31 E. This Compact may be amended by the member states. No amendment to
32 this Compact shall become effective and binding upon any member state until
33 it is enacted into the laws of all member states.

34
35 SECTION 15. CONSTRUCTION AND SEVERABILITY
36

This Compact shall be liberally construed so as to effectuate the purposes thereof. If this compact shall be held contrary to the constitution of any state member thereto, the compact shall remain in full force and effect as to the remaining member states. Nothing in this compact supersedes state law or rules related to licensure of EMS agencies.

20-13-1902. Administration of compact – Rules.

(a) The Department of Health is the Emergency Medical Services Personnel Licensure Interstate Compact administrator in this state.

(b) The department may adopt rules consistent with the compact that are necessary to implement this subchapter.

(c) The department is not required to adopt the rules of the Interstate Commission for EMS Personnel Practice for those rules to be effective in this state.

(d) For the purposes of the member state's ability to reject a rule under Section 12(B) of the Emergency Medical Services Personnel Licensure Interstate Compact, Arkansas delegates its authority in this provision to the General Assembly or the Legislative Council.

SECTION 2. Arkansas Code § 20-13-1102 is amended to read as follows:

20-13-1102. Mandatory criminal history checks for emergency medical services personnel.

(a)(1) Any applicant applying for initial licensure shall complete a criminal history check form and shall request the Identification Bureau of the Division of Arkansas State Police to conduct a state ~~or~~ and national criminal history check, ~~or both~~, on the applicant.

(2) The applicant shall pay all appropriate fees for the state ~~or~~ and national criminal history check, ~~or both~~, as set forth by the bureau.

(3) The applicant shall attach the criminal history check form to the Arkansas emergency medical services personnel licensure application.

(b) The Division of Emergency Medical Services ~~of the Department of Health~~ shall conduct a state ~~or~~ and national criminal history check, ~~or both~~, on the applicant and determine whether the applicant is disqualified from licensure based on the report of the applicant's criminal history and forward its determination to the applicant directly.

SECTION 3. Arkansas Code § 20-13-1104 is amended to read as follows:
20-13-1104. Form – State and national criminal history check.

(a) A request for a state ~~or~~ and national criminal history check, ~~or~~
~~both~~, on a person shall include a completed form as required by the
Identification Bureau of the Division of Arkansas State Police and by the
Federal Bureau of Investigation.

~~(b) If an applicant is requesting initial Arkansas emergency medical
services personnel licensure and can provide proof of continuous residency in
the State of Arkansas for the past five (5) years, then the applicant shall
be required to have only a state criminal history check completed.~~

~~(c) If an applicant is requesting initial Arkansas emergency medical
services personnel licensure and is from another state or if the applicant
cannot provide proof of continuous residency in the State of Arkansas for the
past five (5) years, the applicant shall be required to have both a state and
a national criminal history check completed.~~

(b) The criminal history check shall conform to the applicable federal
standards and shall include the taking of fingerprints.

(c) Upon completion of the criminal history check, the Identification
Bureau of the Division of Arkansas State Police shall forward to the
Department of Health all releasable information obtained concerning the
applicant.

(d)(1) Any information received by the department from the
Identification Bureau of the Division of Arkansas State Police under this
section shall not be available for examination except by:

(A) The affected applicant for licensure or his or her
authorized representative; or

(B) The person whose license is subject to revocation or
his or her authorized representative.

(2) A record, file, or document shall not be removed from the
custody of the Identification Bureau of the Division of Arkansas State
Police.

(e) Any information made available to the affected applicant for
licensure or the person whose license is subject to revocation shall be
information pertaining to that person only.

(f) Rights of privilege and confidentiality established in this
section shall not extend to a document created for purposes other than the

1 criminal history check.

2 (g) The department shall adopt the necessary rules to implement this
3 section.

4 (h)(1) The department may participate at the state and federal level
5 in programs that provide notification of an arrest subsequent to an initial
6 criminal history check that is conducted through available governmental
7 systems.

8 (2) The department may submit an applicant's fingerprints to the
9 federal Next Generation Identification system.

10 (3) The fingerprints may be searched against future submissions
11 to the federal Next Generation Identification system, including latent
12 fingerprint searches.

13 (4) An applicant enrolled in the federal Next Generation
14 Identification system is not required to re-fingerprint when a subsequent
15 request for a state or federal criminal history check is required if:

16 (A) A legible set of the applicant's fingerprints is
17 obtained when the applicant enrolls in the federal Next Generation
18 Identification system; and

19 (B) The applicant is subject to the Rap Back service of
20 the federal Next Generation Identification system.

21 (i) The Identification Bureau of the Division of Arkansas State Police
22 and the Federal Bureau of Investigation may maintain fingerprints in the
23 Integrated Automated Fingerprint Identification System.

24
25 /s/L. Johnson
26
27

28 **APPROVED: 3/20/25**
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36

State of Arkansas

As Engrossed: H3/19/25

95th General Assembly

A Bill

Regular Session, 2025

HOUSE BILL 1767

By: Representative L. Johnson

By: Senator Irvin

For An Act To Be Entitled

AN ACT TO ABOLISH THE EMERGENCY MEDICAL SERVICES
ADVISORY COUNCIL; TO CREATE THE EMERGENCY MEDICAL
SERVICES ADVISORY COMMITTEE; TO TRANSFER THE POWERS
AND DUTIES OF THE EMERGENCY MEDICAL SERVICES ADVISORY
COUNCIL TO THE EMERGENCY MEDICAL SERVICES ADVISORY
COMMITTEE AND THE STATE BOARD OF HEALTH; AND FOR
OTHER PURPOSES.

Subtitle

TO ABOLISH THE EMERGENCY MEDICAL
SERVICES ADVISORY COUNCIL; AND TO CREATE
THE EMERGENCY MEDICAL SERVICES ADVISORY
COMMITTEE.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:

SECTION 1. DO NOT CODIFY. Abolition of Emergency Medical Services
Advisory Council.

(a)(1) The Emergency Medical Services Advisory Council is abolished,
and its authority, duties, and functions are transferred to the Emergency
Medical Services Advisory Committee of the Department of Health.

(2) All administrative functions, including the functions of
budgeting or purchasing, records, contracts, personnel, property, and
unexpended balances of appropriations, allocations, and other funds shall
remain with the Department of Health.

(b)(1) The abolishment of the Emergency Medical Services Advisory
Council does not affect the orders, rules, directives, registration,



1 licensing, or standards made or promulgated by the Emergency Medical Services
2 Advisory Council and the State Board of Health or the Department of Health at
3 the recommendation of the Emergency Medical Services Advisory Council before
4 the effective date of this act.

5 (2) The orders, rules, directives, registration, licensing, or
6 standards of the Emergency Medical Services Advisory Council and the State
7 Board of Health or the Department of Health at the recommendation of the
8 Emergency Medical Services Advisory Council shall continue to be in effect
9 until they are amended or repealed under authority given by law.

10
11 SECTION 2. Arkansas Code § 14-43-601(b)(1), concerning municipal
12 affairs delineated, is amended to read as follows:

13 (b)(1) Matters of public health that concern emergency medical
14 services, emergency medical ~~technicians~~ services personnel, and ambulances,
15 as defined in ~~§§ 20-13-201—20-13-209 and 20-13-211~~ the Emergency Medical
16 Services Act, § 20-13-201 et seq., and ambulance companies, shall be included
17 in the term “municipal affairs”.

18
19 SECTION 3. Arkansas Code § 14-266-102(a)(2), concerning legislative
20 determination under the Ambulance Licensing Act, is amended to read as
21 follows:

22 (2) In addition, it is legislatively determined that, in order to
23 accomplish the purposes enumerated in this chapter, it may also be necessary
24 for the cities and counties, in addition to all other powers granted in this
25 chapter, to enact and establish standards, rules, and regulations that are
26 equal to, or greater than, the minimum standards and rules established by the
27 state, pursuant to ~~§§ 20-13-201—20-13-209 and 20-13-211~~ the Emergency
28 Medical Services Act, § 20-13-201 et seq., concerning emergency medical
29 services, emergency medical technicians, ambulances, ambulance companies,
30 their relative properties, facilities, equipment, personnel, and all aspects
31 attendant to providing emergency medical services and ambulance operations
32 within the boundaries of their respective cities or in respect to the
33 unincorporated areas of the county.

34
35 SECTION 4. Arkansas Code § 14-266-105(a)(1)(A), concerning the grant
36 of authority to cities of the first class, cities of the second class, and

counties under the Ambulance Licensing Act, is amended to read as follows:

(1)(A) Enact and establish standards, rules, and regulations that are equal to or greater than those established by the state concerning emergency medical services and emergency medical services personnel, emergency and nonemergency ambulances, and ambulance companies, as defined under ~~§§ 20-13-201—20-13-209 and 20-13-211~~ the Emergency Medical Services Act, § 20-13-201 et seq.

SECTION 5. Arkansas Code § 19-5-1078 is amended to read as follows:
19-5-1078. EMS Enhancement Revolving Fund.

(a)(1) There is created on the books of the Treasurer of State, the Auditor of State, and the Chief Fiscal Officer of the State a fund to be known as the “EMS Enhancement Revolving Fund”.

(2) The EMS Enhancement Revolving Fund shall consist of such revenue as may be provided by law.

(b) Any funds remaining in the EMS Enhancement Revolving Fund at the end of the fiscal year shall be made available for distribution as follows:

(1) Fifty percent (50%) of the funds shall be available for distribution to the eligible state-licensed emergency medical services through a grant program managed by the ~~Division of Emergency Medical Services of the~~ Department of Health pursuant to § 20-13-103;

(2) Ten percent (10%) of the funds shall be authorized for use by the ~~division~~ department for administering the grant program prescribed in § 20-13-103, as well as for training, education, equipment, and supplies as needed to maintain staff proficiency in emergency medical services and testing support;

(3)(A) Five percent (5%) of the funds shall be authorized for the purposes of upgrading or instituting educational training sites and the increased availability of emergency medical services training programs.

(B) The training sites must meet the certification standards of the ~~division~~ department;

(4)(A) Ten percent (10%) of the funds shall be authorized for the purpose of instituting special projects managed by the ~~division~~ department that are directed toward the improvement of emergency medical services and the presentation of specialized training programs.

(B) Such programs or projects shall meet the standards set

1 forth in the United States Department of Transportation's National Standard
2 Curriculum of 1998 for Emergency Medical Technician training and approved by
3 the ~~division~~ department;

4 (5) Twenty percent (20%) of the funds shall be authorized for
5 the purpose of instituting and maintaining a trauma system and trauma
6 registry; and

7 (6) Five percent (5%) of the funds shall be authorized for use
8 by the ~~division~~ department for:

9 (A) Maintaining quality emergency medical services; and

10 (B) Ensuring public safety and proper medical care by
11 inspecting and licensing ambulance services and registering emergency medical
12 services vehicles.

13
14 SECTION 6. Arkansas Code § 20-13-101(c), concerning the Emergency
15 Medical Services Revolving Fund Act, is amended to read as follows:

16 (c)(1) It shall be the responsibility of the ~~Division of Emergency~~
17 ~~Medical Services~~ Department of Health to promulgate all rules for making
18 application for the matching funds.

19 (2) It shall be the further responsibility of the ~~Department of~~
20 ~~Health~~ department to review all applications and approve those that shall be
21 eligible for moneys under the provisions of this section and as may otherwise
22 be provided by law.

23
24 SECTION 7. Arkansas Code § 20-13-101(e), concerning the Emergency
25 Medical Services Revolving Fund Act, is amended to read as follows:

26 (e) All moneys deposited into this fund pursuant to § 20-13-211 shall
27 be used by the department for the following purposes:

28 (1) ~~Certification~~ Licensure processing for emergency medical
29 technicians;

30 (2) Travel expenses related to the onsite administration of
31 practical and written examinations of emergency medical technicians;

32 (3) Maintenance of the emergency medical technician ~~certification~~
33 licensure software program;

34 (4) Educational programs for emergency medical technicians;

35 (5) Continuing maintenance of the required EMT-Instructor
36 certification for agency personnel; and

1 (6) Other purposes consistent with this section.

2
3 SECTION 8. Arkansas Code § 20-13-103 is amended to read as follows:

4 20-13-103. Grant requests – Division and use of funds.

5 (a) Grant requests for funds from the EMS Enhancement Revolving Fund
6 shall be reviewed by the ~~Emergency Medical Services Advisory Council~~
7 ~~specified in § 20-13-2015~~ Emergency Medical Services Advisory Committee and
8 recommendations for recipients of grant funds made to the ~~Division of~~
9 ~~Emergency Medical Services of the~~ Department of Health.

10 (b)(1) The grant funds shall be evenly divided between the public,
11 private, and volunteer sectors.

12 (2) For the purposes of this subsection, the public sector shall
13 include only those applicants having paid employees.

14 (c) The grant funds may be used to purchase or fund:

15 (1)(A) Ambulances for use in providing emergency medical
16 services to the residents of Arkansas.

17 (B) Ambulances purchased with these funds shall meet the
18 standards for and be registered at the ~~I-A level~~ advanced emergency medical
19 technician or a higher level by the ~~division~~ department;

20 (2)(A) Rescue vehicles for use in providing advanced life
21 support or basic life support emergency care.

22 (B) Any vehicle purchased for advanced life support shall
23 meet the standards for and be registered at the advanced rescue level by the
24 ~~division~~ department;

25 (3) Equipment required on ambulances or required to provide
26 advanced life support or basic life support rescue services;

27 (4)(A) Training that leads to Arkansas licensure as emergency
28 medical services personnel at the basic or advanced levels.

29 (B) Failure to obtain licensure shall result in the
30 repayment of funds by the grantee; or

31 (5) Emergency medical services-related training approved by the
32 ~~division~~ department.

33 (d)(1) The funds may only be used to improve services by increasing
34 the capability and skills of emergency medical services.

35 (2) Funds may not be used to maintain present status, pay
36 salaries or daily operating expenses, contract for services, or purchase real

1 property.

2 (e) The funds may not be used for new services at a lower level than
3 an existing licensed service which has been in operation for more than one
4 (1) year in the service area.

5 (f)(1) All property purchased with the funds shall be returned to the
6 ~~division~~ department if the licensed ambulance service ceases operations.

7 (2) The ~~division~~ department shall make every effort to
8 redistribute returned property and supplies to the replacement service or
9 other eligible existing services within the same county.

10 (3) Should no eligible service exist or another eligible service
11 not be established in the county within one (1) year, all purchases shall be
12 redistributed by the ~~division~~ department as needed.

13 (g)(1) Any vehicle or equipment purchased with these funds shall be
14 used for its intended purpose for at least three (3) years from its date of
15 purchase.

16 (2) Vehicles or equipment damaged or worn out within the three-
17 year period shall be replaced with a like or better item at the grantee's
18 expense.

19
20 SECTION 9. Arkansas Code § 20-13-202(10), concerning definitions
21 pertaining to emergency medical services, is amended to read as follows:

22 (10) "Licensure" means official acknowledgment by the department
23 that an individual has demonstrated competence to perform the emergency
24 medical services required for licensure under the rules and standards adopted
25 by the board ~~upon recommendation by the Emergency Medical Services Advisory~~
26 ~~Council;~~

27
28 SECTION 10. Arkansas Code § 20-13-205 is repealed.

29 ~~20-13-205. Emergency Medical Services Advisory Council — Creation~~
30 ~~—Members.~~

31 ~~(a) There is created the Emergency Medical Services Advisory Council,~~
32 ~~which shall consist of nineteen (19) members with a demonstrated interest in~~
33 ~~emergency medical services, to be appointed by the Governor as follows:~~

34 ~~(1) Four (4) members shall be licensed medical doctors of good~~
35 ~~professional standing. One (1) member shall be appointed representing each of~~
36 ~~the following areas:~~

1 ~~(A) The Arkansas Chapter of the American College of~~
2 ~~Emergency Physicians;~~

3 ~~(B) The Arkansas Academy of Family Physicians, Inc.;~~

4 ~~(C) The Arkansas Medical Society, Inc.; and~~

5 ~~(D) The medical director for a licensed paramedic~~
6 ~~ambulance service;~~

7 ~~(2) One (1) member recommended by the Arkansas Hospital~~
8 ~~Association, Inc.;~~

9 ~~(3) One (1) member who shall be a member of the Arkansas~~
10 ~~Emergency Nurses Association;~~

11 ~~(4) One (1) member who shall be a member of, and recommended by,~~
12 ~~the Arkansas Ambulance Association;~~

13 ~~(5) One (1) member who shall be a licensed paramedic;~~

14 ~~(6) One (1) member who shall be a licensed EMT;~~

15 ~~(7) One (1) member representing fire department-based ambulance~~
16 ~~services;~~

17 ~~(8) One (1) member representing emergency medical services~~
18 ~~personnel training sites who has had at least five (5) years' experience~~
19 ~~associated with emergency medical services personnel in this state;~~

20 ~~(9) One (1) member who shall be a consumer representative who~~
21 ~~has an interest in public health and emergency medical services. The member~~
22 ~~shall be appointed by the Governor from the state at large;~~

23 ~~(10) One (1) member who shall be sixty five (65) years of age or~~
24 ~~more. This member shall be appointed by the Governor from the state at large~~
25 ~~and shall not belong to any other group specifically addressed in this~~
26 ~~section, with the exception of the consumer representative;~~

27 ~~(11) One (1) member who shall represent city-based or county-~~
28 ~~based ambulance services;~~

29 ~~(12) One (1) member who shall represent the Arkansas Association~~
30 ~~of Chiefs of Police or the Arkansas Sheriffs' Association;~~

31 ~~(13) One (1) member representing fire service rescue operations~~
32 ~~which do not transport patients;~~

33 ~~(14) One (1) member licensed as an attorney at law in good~~
34 ~~professional standing within this state and having a knowledge of medical and~~
35 ~~legal issues;~~

36 ~~(15) One (1) member appointed from a list of two (2) nominees~~

1 ~~submitted by the Arkansas Emergency Medical Technicians Association; and~~
2 ~~(16) One (1) member who shall be a certified military emergency~~
3 ~~medical technician.~~

4 ~~(b) Members shall be appointed for terms of five (5) years.~~

5 ~~(c) Vacancies on the council due to death, resignation, or other~~
6 ~~causes shall be filled by appointment by the Governor for the unexpired~~
7 ~~portion of the term thereof in the same manner as is provided in this section~~
8 ~~for initial appointments.~~

9 ~~(d) Members except those employed by the state may receive expense~~
10 ~~reimbursement and stipends in accordance with § 25-16-901 et seq.~~

11 ~~(e) The members may be removed by the Governor for neglect of duty or~~
12 ~~malfeasance in office.~~

13
14 SECTION 11. Arkansas Code § 20-13-206 is repealed.

15 ~~20-13-206. Emergency Medical Services Advisory Council — Proceedings.~~

16 ~~(a) The Emergency Medical Services Advisory Council, within thirty~~
17 ~~(30) days after its appointment, shall organize as necessary to carry out its~~
18 ~~purposes as prescribed by this subchapter.~~

19 ~~(b) Procedures adopted, amended, or repealed by the council shall~~
20 ~~require a majority vote of all council members.~~

21 ~~(c)(1) At the initial organizational meeting of the council, the~~
22 ~~members shall elect from among their number a chair and a vice chair to serve~~
23 ~~for one (1) year.~~

24 ~~(2) Annually thereafter, an organizational meeting shall be held~~
25 ~~to elect the officers.~~

26 ~~(3) The Director of the Division of Emergency Medical Services~~
27 ~~shall serve as the Executive Secretary of the Emergency Medical Services~~
28 ~~Advisory Council.~~

29 ~~(4) Seven (7) council members shall constitute a quorum.~~

30 ~~(d) Quarterly meetings of the council may be held. Special meetings~~
31 ~~may be called as provided by the rules of the council.~~

32 ~~(e)(1) The Executive Secretary of the Emergency Medical Services~~
33 ~~Advisory Council shall keep full and true records of all council proceedings~~
34 ~~and preserve all books, documents, and papers relating to the business of the~~
35 ~~council.~~

36 ~~(2) The records of the council shall be open for inspection at~~

1 ~~all reasonable times.~~

2 ~~(f)(1) The council shall report in writing to the Secretary of the~~
3 ~~Department of Health on or about July 31 of each year.~~

4 ~~(2) The report shall contain a summary of the proceedings of the~~
5 ~~council during the preceding fiscal year, a detailed and itemized statement~~
6 ~~of all revenue and of all expenditures made by or in behalf of the council,~~
7 ~~other information deemed necessary or useful, and any additional information~~
8 ~~which may be requested by the Secretary of the Department of Health.~~

9
10 SECTION 12. Arkansas Code § 20-13-207 is repealed.

11 ~~20-13-207. Emergency Medical Services Advisory Council — Powers and~~
12 ~~duties.~~

13 ~~(a) The Emergency Medical Services Advisory Council shall recommend~~
14 ~~for adoption by the State Board of Health rules on all matters relating to~~
15 ~~emergency medical services, including without limitation:~~

16 ~~(1) Standards for licensure of ambulance and advanced life~~
17 ~~support rescue personnel;~~

18 ~~(2) Standards for equipment required on ambulance and advanced~~
19 ~~life support rescue vehicles;~~

20 ~~(3) Standards for vehicles used in patient transportation and~~
21 ~~advanced life support rescue response, including communications requirements;~~

22 ~~(4) A statewide communications system for emergency medical~~
23 ~~services;~~

24 ~~(5) Operational standards for providers of ambulance and~~
25 ~~advanced life support rescue services, including reporting requirements and~~
26 ~~standards for air ambulance and air ambulance services; and~~

27 ~~(6) Procedures for summoning and dispatching aid.~~

28 ~~(b) The Department of Health shall have evidence that the standards~~
29 ~~imposed are important to the quality of patient care.~~

30
31 SECTION 13. Arkansas Code § 20-13-208 is amended to read as follows:

32 20-13-208. State Board of Health — Powers and duties.

33 ~~(a)(1)~~ The State Board of Health shall have the responsibility and
34 authority to hold public hearings and promulgate and implement rules and
35 standards ~~which~~ that it deems necessary to carry out the provisions of this
36 subchapter upon recommendation by the Emergency Medical Services Advisory

1 Committee.

2 ~~(2) However, before implementing any rules or standards, the~~
3 ~~board shall submit and obtain the review of the House Committee on Public~~
4 ~~Health, Welfare, and Labor and the Senate Committee on Public Health,~~
5 ~~Welfare, and Labor or appropriate subcommittees.~~

6 (b) In addition, the board may establish appropriate rules and
7 standards defining or limiting the emergency medical procedures or services
8 that may be rendered by licensed emergency medical services personnel who are
9 authorized to legally perform these services under the conditions set forth
10 by the board, except that before implementing any rules and standards, the
11 board shall submit and obtain the review of the House Committee on Public
12 Health, Welfare, and Labor and the Senate Committee on Public Health,
13 Welfare, and Labor or appropriate subcommittees.

14 (c) All rules and standards promulgated under this section shall be
15 adopted in accordance with the Arkansas Administrative Procedure Act, § 25-
16 15-201 et seq.

17
18 SECTION 14. Arkansas Code § 20-13-210 is repealed.

19 ~~20-13-210. Rules and standards — Review required.~~

20 ~~(a)(1) All rules and standards relating to emergency medical services~~
21 ~~promulgated and adopted by the Emergency Medical Services Advisory Council~~
22 ~~and the State Board of Health or any other state agency or department~~
23 ~~authorized to promulgate and adopt rules to carry out this subchapter shall~~
24 ~~be submitted to the House Committee on Public Health, Welfare, and Labor and~~
25 ~~the Senate Committee on Public Health, Welfare, and Labor or appropriate~~
26 ~~subcommittees thereof for consideration before being placed in effect by the~~
27 ~~department or agency.~~

28 ~~(2) No rules or standards promulgated to carry out this~~
29 ~~subchapter shall be enforced by any state agency or department until they~~
30 ~~have been:~~

31 ~~(A) Submitted to and considered by the House Committee on~~
32 ~~Public Health, Welfare, and Labor and the Senate Committee on Public Health,~~
33 ~~Welfare, and Labor; and~~

34 ~~(B) Reviewed and approved by the Legislative Council under~~
35 ~~§ 10-3-309.~~

36 ~~(b) Rules promulgated by the Emergency Medical Services Advisory~~

1 ~~Council shall receive approval of the Governor after he or she receives the~~
2 ~~review and approval of the Legislative Council before effect and enforcement.~~

3
4 SECTION 15. Arkansas Code § 20-13-215(a), concerning the award of a
5 flag upon the death of a member of emergency medical services personnel, is
6 amended to read as follows:

7 (a) When a person licensed by the ~~Division of Emergency Medical~~
8 ~~Services Department of Health~~ dies in the course of employment, in
9 recognition of and appreciation for the service of the deceased person, the
10 ~~Department of Health department, upon recommendation by the Emergency Medical~~
11 ~~Services Advisory Committee,~~ may award one (1) United States flag to the
12 deceased person's spouse or family.

13
14 SECTION 16. The introductory language of Arkansas Code § 20-13-218(c),
15 concerning standards for communication between emergency medical services
16 personnel and patients regarding specific health conditions, is amended to
17 read as follows:

18 (c) The ~~Emergency Medical Services Advisory Council~~ Emergency Medical
19 Services Advisory Committee shall establish standards for:

20
21 SECTION 17. Arkansas Code Title 20, Chapter 13, Subchapter 2, is
22 amended to add additional sections to read as follows:

23 20-13-220. Emergency Medical Services Advisory Committee – Creation –
24 Members.

25 (a) There is created the Emergency Medical Services Advisory
26 Committee, which shall consist of eleven (11) with a demonstrated interest in
27 emergency medical services, to be appointed by the State Board of Health as
28 follows:

29 (1) One (1) member who is an emergency medical services medical
30 director of a ground ambulance service;

31 (2) One (1) member who is an emergency physician certified by
32 the Arkansas State Medical Board with emergency room or critical care
33 experience;

34 (3) One (1) member from the state at large who is a consumer
35 representative who has an interest in public health and emergency medical
36 services;

1 (4)(A) One (1) member who is an emergency medical services
2 paramedic from a ground transportation provider.

3 (B) The State Board of Health shall consult The Arkansas
4 Ambulance Association before making an appointment under subdivision
5 (a)(4)(A) of this section;

6 (5)(A) One (1) member from the state at large who is an
7 emergency medical services *clinician* working as an emergency medical
8 technician, an advanced emergency medical technician, a paramedic, or a
9 community paramedic.

10 (B) The State Board of Health shall consult the AEMTA Air
11 Medical Society before making an appointment under subdivision (a)(5)(A) of
12 this section;

13 (6)(A) One (1) member who is an air medical services paramedic.

14 (B) The State Board of Health shall consult the Air
15 Medical Society of the Arkansas Emergency Medical Technicians Association
16 before making an appointment under subdivision (a)(6)(A) of this section;

17 (7)(A) One (1) member who is a public or government licensed
18 ambulance service provider and a licensed emergency medical services
19 clinician.

20 (B) The State Board of Health shall consult The Arkansas
21 Ambulance Association before making an appointment under subdivision
22 (a)(7)(A) of this section;

23 (8)(A) One (1) member who is a private licensed ambulance
24 service provider and a licensed emergency medical services clinician.

25 (B) The State Board of Health shall consult The Arkansas
26 Ambulance Association before making an appointment under subdivision
27 (a)(8)(A) of this section; and

28 (9) One (1) member who is a certified military emergency medical
29 technician;

30 (10) One (1) member who is a fire-based ambulance service
31 provider; and

32 (11) One (1) member who is the Emergency Medical Services
33 Training Site Program Director.

34 (b)(1) Members shall be appointed for terms of two (2) years.

35 (2) Members shall not serve more than two (2) consecutive terms.

36 (c) When a member's term ends, the member shall hold office until his

1 or her successor is appointed and qualified.

2 (d) Vacancies on the committee due to death, resignation, or other
3 causes shall be filled by appointment by the State Board of Health for the
4 unexpired portion of the term in the same manner as is provided in this
5 section for initial appointments.

6 (e) The members of the committee shall serve without pay but may
7 receive expense reimbursement and stipends in accordance with § 25-16-901 et
8 seq.

9 (f) The members of the committee may be removed by the State Board of
10 Health for neglect of duty or malfeasance in office.

11 (g) Members who are appointed as employee members under subsection (a)
12 of this section shall be active employees in their represented field.

13
14 20-13-221. Emergency Medical Services Advisory Committee –
15 Proceedings.

16 (a) The Secretary of the Department of Health shall call the first
17 meeting of the Emergency Medical Services Advisory Committee, which shall
18 occur within thirty (30) days after the appointment of the committee to
19 organize as necessary to carry out the purposes of the committee as
20 prescribed by this subchapter.

21 (b) Procedures adopted, amended, or repealed by the committee shall
22 require a majority vote of a quorum.

23 (c)(1) At the initial organizational meeting of the committee, the
24 members shall elect from among their number a chair and a vice chair to serve
25 for one (1) year.

26 (2) Annually thereafter, an organizational meeting of the
27 committee shall be held to elect the committee officers.

28 (3) The Secretary of the Department of Health or his or her
29 designee shall serve as the Executive Secretary of the Emergency Medical
30 Services Advisory Committee.

31 (4) Six (6) committee members shall constitute a quorum.

32 (d)(1) Quarterly meetings of the committee shall be held.

33 (2) Special meetings shall be called as provided by the rules of
34 the committee.

35 (e)(1) The Executive Secretary of the Emergency Medical Services
36 Advisory Committee shall keep full and true records of all committee

1 proceedings and preserve all books, documents, and papers relating to the
2 business of the committee.

3 (2) The records of the committee shall be open for inspection at
4 all reasonable times.

5
6 20-13-222. Emergency Medical Services Advisory Committee – Powers and
7 duties.

8 (a) In addition to the other duties set forth in this chapter, the
9 Emergency Medical Services Advisory Committee shall:

10 (1) Make recommendations for rules to be adopted by the State
11 Board of Health on all matters relating to emergency medical services,
12 including without limitation:

13 (A) Standards for licensure of ambulance and advanced life
14 support rescue personnel;

15 (B) Standards for equipment required on ambulance and
16 advanced life support rescue vehicles;

17 (C) Standards for vehicles used in patient transportation
18 and advanced life support rescue response, including without limitation
19 communications requirements;

20 (D) A statewide communications system for emergency
21 medical services;

22 (E) Operational standards for providers of ambulance and
23 advanced life support rescue services, including without limitation reporting
24 requirements and standards for air ambulances and air ambulance services; and

25 (F) Procedures for summoning and dispatching aid;

26 (2) Assist area health planning in the establishment and
27 operation of local, municipal, county, or district emergency medical
28 services;

29 (3) Hold public administrative hearings for disciplinary action
30 against emergency medical services personnel or an emergency medical services
31 provider as defined under § 20-13-202;

32 (4) Hear appeals for the denial or renewal of licensure of
33 emergency medical services personnel or emergency medical services providers
34 as defined under § 20-13-202;

35 (5) Review requests for waiver of criminal background
36 disqualifying offenses under § 20-13-1106; and

1 (6)(A) Engage in the development of dispatching capabilities for
2 emergency medical services in the state.

3 (B) An emergency medical services provider shall make a
4 reasonable effort to see that a patient is taken to a physician or hospital
5 of the patient's choice, if within a reasonable distance.

6 (b) An appeal of an adverse action taken by the Emergency Medical
7 Services Advisory Committee under subdivisions (a)(3) and (4) of this section
8 may be made to the State Board of Health and then the appropriate circuit
9 court in accordance with the Arkansas Administrative Procedure Act, § 25-15-
10 201 et seq.

11
12 SECTION 18. Arkansas Code § 20-13-807(b)(5), concerning the membership
13 of the Trauma Advisory Council, is amended to read as follows:

14 (5) One (1) member appointed by the Governor after consulting
15 the ~~Emergency Medical Services Advisory Council~~ Emergency Medical Services
16 Advisory Committee;

17
18 SECTION 19. Arkansas Code § 20-13-901(4), concerning definitions
19 pertaining to the Arkansas Emergency Medical Services Do Not Resuscitate Act,
20 is amended to read as follows:

21 (4) "Emergency Medical Services Do Not Resuscitate Protocol"
22 means a standardized method of procedure, ~~approved~~ recommended by the ~~State~~
23 ~~Board of Health~~ Emergency Medical Services Advisory Committee and adopted in
24 the rules of the ~~department~~ State Board of Health, for the withholding of
25 emergency life-sustaining procedures by emergency medical services personnel;

26
27 SECTION 20. Arkansas Code § 20-13-906 is amended to read as follows:
28 20-13-906. Rulemaking authority.

29 (a) Upon the adoption of an Emergency Medical Services Do Not
30 Resuscitate Protocol by the State Board of Health at the recommendation of
31 the Emergency Medical Services Advisory Committee, the Department of Health
32 may adopt a standard form of Do Not Resuscitate Identification to be used
33 statewide.

34 (b) The ~~department~~ State Board of Health ~~shall~~ may adopt rules
35 recommended by the committee to administer the provisions of this subchapter.

SECTION 21. Arkansas Code § 20-13-1002 is amended to read as follows:

20-13-1002. License application and renewal.

(a)(1) An application for the issuance or renewal of an ambulance service license or a provisional ambulance service license shall be made on forms provided by the Department of Health and shall be accompanied by any fee as required by law or by rules promulgated by the ~~department~~ State Board of Health.

(2) Each license shall be renewed annually.

(b) Each licensee shall be issued a service license in one (1) of the classifications set forth by the department.

(c) The ~~department~~ board shall promulgate rules for the licensure and renewal of an ambulance service license.

SECTION 22. Arkansas Code § 20-13-1005 is amended to read as follows:

20-13-1005. Revocation of license.

Three (3) formal citations during the license term for failure to comply with this subchapter and any rules promulgated by the ~~Department of Health~~ State Board of Health in regard to ambulance services shall result in revocation of the ambulance service license.

SECTION 23. Arkansas Code § 20-13-1101(9), concerning definitions pertaining to criminal records checks for emergency medical services personnel, is amended to read as follows:

(9) "Licensure" means the official acknowledgment by the department that an individual has demonstrated competence to perform the emergency medical services required for licensure under the rules and standards adopted by the State Board of Health upon recommendation by the ~~Emergency Medical Services Advisory Council~~ Emergency Medical Services Advisory Committee;

SECTION 24. Arkansas Code § 20-13-1101(11), concerning definitions pertaining to criminal records checks for emergency medical services personnel, is amended to read as follows:

(11) "Relicensure" means the official acknowledgment by the ~~Division of Emergency Medical Services~~ department that an individual has demonstrated competence to perform the emergency medical services required

1 for relicensure under ~~Arkansas EMS Rules~~ Rules for Emergency Medical
2 Services, 20 CAR pt. 81;
3

4 SECTION 25. Arkansas Code § 20-13-1102(b), concerning mandatory
5 criminal history checks for emergency medical services personnel, is amended
6 to read as follows:

7 (b) The ~~Division of Emergency Medical Services of the~~ Department of
8 Health shall conduct a state or national criminal history check, or both, on
9 the applicant and determine whether the applicant is disqualified from
10 licensure based on the report of the applicant's criminal history and forward
11 its determination to the applicant directly.
12

13 SECTION 26. Arkansas Code § 20-13-1105 is amended to read as follows:

14 20-13-1105. Response – File copies.

15 The ~~Division of Emergency Medical Services of the~~ Department of Health
16 shall maintain on file for a period of three (3) years, subject to inspection
17 by the Arkansas Crime Information Center or the Identification Bureau of the
18 Division of Arkansas State Police, a copy of each criminal history check
19 completed by all applicants requesting state licensure.
20

21 SECTION 27. The introductory language of Arkansas Code § 20-13-
22 1106(a)(1), concerning disqualifying offenses for emergency medical services
23 certification, is amended to read as follows:

24 (a)(1) Except as provided in subdivision (d)(1) of this section, the
25 ~~Division of Emergency Medical Services~~ Department of Health shall issue a
26 determination that a person is disqualified from certification or
27 recertification if the person has been found guilty of or has pleaded guilty
28 or nolo contendere in a state court, inside or outside of this state, or a
29 federal court, to any of the following offenses or similar conduct under
30 another jurisdiction, including offenses for which the record has been
31 expunged:
32

33 SECTION 28. Arkansas Code § 20-13-1106(a)(2), concerning disqualifying
34 offenses for emergency medical services certification, is amended to read as
35 follows:

36 (2)(A) However, the ~~division~~ department shall forward a request

1 for a waiver to the ~~Secretary of the Department of Health~~ Emergency Medical
2 Services Advisory Committee for review on all applicants who have been
3 convicted of the crimes in subdivision (a)(1) of this section if five (5)
4 years have passed since the conviction, if five (5) years have passed since
5 release from custodial confinement, or if the applicants are currently
6 ~~certified~~ licensed emergency medical services personnel, prior to making the
7 final determination on certification or recertification.

8 (B) Individuals under subdivision (a)(2)(A) of this
9 section shall not be suspended prior to the ~~secretary's~~ committee's making
10 the final determination.

11
12 SECTION 29. Arkansas Code § 20-13-1106(b)(2), concerning disqualifying
13 offenses for emergency medical services certification, is amended to read as
14 follows:

15 (2) Was not committed while performing duties as a member of
16 emergency medical services personnel.

17
18 SECTION 30. Arkansas Code § 20-13-1106(c)(1) and (2), concerning
19 disqualifying offenses for emergency medical services certification, is
20 amended to read as follows:

21 (c)(1) The provisions of this section may be waived by the ~~Department~~
22 ~~of Health~~ committee upon written request by the person who is the subject of
23 the criminal history check.

24 (2) The written request for waiver shall be ~~mailed~~ delivered to
25 the ~~secretary~~ committee in care of the Department of Health within fifteen
26 (15) calendar days after receipt of the determination by the department.

27
28 SECTION 31. Arkansas Code § 20-13-1107(b), concerning the procedure to
29 challenge a criminal history check, is amended to read as follows:

30 (b) The ~~Division of Emergency Medical Services~~ Emergency Medical
31 Services Advisory Committee shall follow the established procedures for
32 applicants to challenge determinations in accordance with the Arkansas
33 Administrative Procedure Act, § 25-15-201 et seq., as stated in the ~~current~~
34 ~~EMS Rules~~ Rules for Emergency Medical Services, 20 CAR pt. 81.

35
36 SECTION 32. Arkansas Code § 20-13-1108 is amended to read as follows:

1 20-13-1108. Additional checks.

2 The ~~Division of Emergency Medical Services~~ Department of Health
3 maintains the right to conduct additional criminal history checks at the cost
4 of the ~~division~~ department on applicants or Arkansas-licensed emergency
5 medical services personnel under investigation for violation of current
6 emergency medical services laws or rules.

7
8 SECTION 33. Arkansas Code § 20-13-1109 is amended to read as follows:

9 20-13-1109. Report and index – Forms – Database.

10 (a) The Identification Bureau of the Division of Arkansas State Police
11 shall maintain an index of the results of each applicant's criminal history
12 check.

13 (b) The ~~Division of Emergency Medical Services~~ Department of Health
14 shall develop forms that are approved by the bureau to be used for criminal
15 history checks conducted under this subchapter.

16 (c) The ~~Division of Emergency Services~~ department shall develop and
17 maintain a database of determinations regarding applicants.

18
19 SECTION 34. Arkansas Code § 20-13-1111 is amended to read as follows:

20 20-13-1111. Notice of convictions.

21 Arkansas-licensed emergency medical services personnel shall notify the
22 ~~Division of Emergency Medical Services~~ Department of Health of any conviction
23 of or plea of guilty or nolo contendere to any offenses listed in § 20-13-
24 1106(a) within ten (10) calendar days after the conviction or guilty plea or
25 plea of nolo contendere.

26
27 SECTION 35. Arkansas Code § 20-13-1112 is amended to read as follows:

28 20-13-1112. Forms – Rules.

29 The Arkansas Crime Information Center, the Identification Bureau of the
30 Division of Arkansas State Police, and the ~~Division of Emergency Medical~~
31 ~~Services~~ Department of Health shall cooperate to prepare forms and promulgate
32 consistent rules as necessary to implement this subchapter.

33
34 SECTION 36. Arkansas Code § 20-13-1113 is amended to read as follows:

35 20-13-1113. Confidentiality.

36 (a) All criminal history checks obtained under this subchapter are

1 confidential and are restricted to the exclusive use of the Arkansas Crime
2 Information Center, the Identification Bureau of the Division of Arkansas
3 State Police, the ~~Division of Emergency Medical Services~~ Department of
4 Health, and the person who is the subject of the report.

5 (b) The information contained in criminal history checks shall not be
6 released or otherwise disclosed to any other person or agency except by court
7 order and is specifically exempt from disclosure under the Freedom of
8 Information Act of 1967, § 25-19-101 et seq., except that the ~~Division of~~
9 ~~Emergency Services~~ department shall furnish determinations to qualified
10 entities.

11
12 SECTION 37. The introductory language of Arkansas Code § 20-13-
13 1602(a), concerning community paramedic licensure, is amended to read as
14 follows:

15 (a) To be eligible for licensure by the Department of Health ~~under the~~
16 ~~Division of Emergency Medical Services~~ as a community paramedic, an
17 individual shall:

18
19 SECTION 38. Arkansas Code § 20-13-1603(a), concerning rules for the
20 community paramedic licensure program, is amended to read as follows:

21 (a) The ~~Emergency Medical Services Advisory Council~~ and the State
22 Board of Health shall adopt rules to implement this subchapter.

23
24 SECTION 39. Arkansas Code § 25-16-903(19), concerning stipend
25 authorizations for certain state boards, is amended to read as follows:

26 (19) ~~Emergency Medical Services Advisory Council~~ Emergency
27 Medical Services Advisory Committee;

28
29 SECTION 40. Arkansas Code § 25-43-802(a)(34), concerning the state
30 entities transferred to the Department of Health, is repealed:

31 ~~(34) The Emergency Medical Services Advisory Council, created~~
32 ~~under § 20-13-205,~~

33
34 /s/L. Johnson

35 **APPROVED: 4/17/25**