Proposed

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Kansas
Board of
Emergency Medical Services

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## NOTICE OF HEARING ON PROPOSED ADMINISTRATIVE REGULATIONS

**K.A.R. 109-1-1, K.A.R. 109-1-2, K.A.R. 109-2-1, K.A.R. 109-2-2, K.A.R. 109-2-4, K.A.R. 109-2-5, K.A.R. 109-2-6, K.A.R. 109-2-7, K.A.R. 109-2-8, K.A.R. 109-2-10, K.A.R. 109-2-11, K.A.R. 109-2-12, K.A.R. 109-2-13.**

A public hearing will be conducted at 1:00 p.m., Wednesday, October 19, 2011, in Room 106, of the Landon State Office Building, 900 SW Jackson, to consider the adoption of proposed changes in existing rules and regulations.

This 60-day notice of the public hearing shall constitute a public comment period for the purpose of receiving written public comments on the proposed rules and regulations. All interested parties may submit written comments prior to the hearing, to the EMS Services Manager, Room 1031, 900 SW Jackson, Topeka, Kansas 66612. All interested parties will be given a reasonable opportunity to present their views orally on the adoption of the proposed regulations during the hearing. In order to give all parties an opportunity to present their views, it may be necessary to request that each participant limit any oral presentations to five minutes.

Any individual with a disability may request accommodation in order to participate in the public hearing and may request the proposed regulations and economic impact statements in an accessible format. Requests for accommodation to participate in the hearing should be made at least five working days in advance of the hearing by contacting Ann Stevenson, at (785) 296-7296. Handicapped parking is located in front of and to the north of the Landon State Office Building.

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Summaries of the proposed regulations and their economic impact follow. (Note: Statements indicating that ~~a regulation is~~ "The regulation is not anticipated to have any

economic impact" are intended to indicate that no economic impact on the Board of Emergency Medical Services, other state agencies, state employees, owner/operators of the services or the general public has been identified.)

These regulations are proposed for adoption on a permanent basis. A summary of proposed regulations and their economic impact follows.

**KA.R. 109-1-1 – Definitions.** This regulation was amended to support new language in ~~other~~ all other EMS regulations and statutes and is consistent with the changes as a result of the scope of practice. Since this regulation clarifies current language, the regulation is not anticipated to have any economic impact.

**KA.R. 109-1-2 – Medical Adviser.** This regulation is being amended to maintain consistency in the spelling in regulations and mirrors the language in the statutes. The regulation simply changes the spelling of "Medical Advisor" to "Medical Adviser". This is not a change to current policy. The regulation is not anticipated to have any economic impact.

**K.A.R. 109-2-1 – Ambulance Service operator.** This regulation is being revised to assign the operator as the primary responsible party as opposed to the service director and authorizes them to delegate a person to serve as the service director and delineates their responsibilities. The operator is also responsible to notify the Board, within seven days, if the service director leaves the service or a new service director is appointed. The regulation also requires the service director to notify the Board of Emergency Medical Services of each attendant from their attendant roster within 90 days of the addition or removal of any attendants and any change of the medical director within thirty days. The regulation is not anticipated to have any economic impact.



**K.A.R. 109-2-2 – Application for ambulance service permit and ambulance license; permit renewal and license renewal.** This regulatory change adds a new type of permit; Type IIA. This addition demarcates type II services that can provide advance life support as opposed to the type II that provides basic life support. The regulation also requires

service operators to utilize a certified mechanic to do annual inspections and insures a qualified mechanic services the ambulances. The regulation insures that applications are submitted for renewal in a timely fashion and provides direction for the Board in the event the service fails to comply. The regulation defines specific data required on the renewal forms and submission of the service's protocol and supply list of items carried on the ambulance. Some services may incur expense to retain or contract with a certified mechanic.

**K.A.R. 109-2-4 – Display of permits, licenses, and certificates.** This regulation is being revoked and the language has been moved to other regulations specific to their requirements.

**K.A.R. 109-2-5 – Ambulance service operational standards.** This regulation clarifies the operational standards for an ambulance service. The regulation eliminates the service's responsibility to participate in the operation and maintenance of the communication system and insures they have a two-way interoperable communication system. The regulation eliminates language referring specific individuals, law enforcement and correction officers, to Board the ambulance with a firearm and requires individual service's to include an operational policy for dealing with firearms in a safe manner. Three additional operational policies have been added: mutual aid, patient confidentiality, and extrication of persons from entrapment. The regulation insures the vehicle is kept clean and in good working order and that linen is changed after every patient whether disposable or not. The regulation stipulates a service has to provide an alternate plan to cover their respective service area that is approved by the executive director, if for some reason their unit is out of service for more than twenty four hours. An extension may be approved if the service makes a good faith effort in restoring service. The regulation requires services to retain service records for three years. The regulation clarifies language requiring quality assurance and documented participation by the service's medical director. The regulation provides a sixty day time frame for a self-reportable incident after completion of internal reviews. The regulation removes the standards for type V

air ambulances and places them in their specific regulation ie; 109-2-10a, 109-2-11, 109-2-12, and 109-2-13. There could be cost in developing and implementing new required policies.

**K.A.R. 109-2-6 – Classes of ambulance services.** This regulation adds a new service type ie; Type IIA. This new type of service allows a service to provide ALS or BLS depending on the staffing described in 109-2-7. The regulation is not anticipated to have any economic impact.

**K.A.R. 109-2-7 – Ground ambulance staffing.** This regulation includes staffing consistent with the scope of practice. The regulation also moves type V air ambulance staffing to 109-2-13. The regulation is not anticipated to have any economic impact.

**K.A.R. 109-2-8 – Standards for type I, type II, type IIA, and type V ground ambulances and equipment.** Language was revised to clarify current requirements of ground ambulances. Display of licenses was also moved to this regulation from 109-2-4 which was revoked. The regulation also allows the service to secure fire extinguishers for easy accessibility for the driver and attendant. The regulation also decreases the storage capacity for oxygen. The regulation is not anticipated to have any economic impact.

**K.A.R. 109-2-10a – Air safety program and informational publication.** This is a new regulation and the language was moved to this regulation from 109-2-5 to keep all regulations pertaining to air ambulance in type V air ambulance regulations. The regulation is not anticipated to have any economic impact.

**K.A.R. 109-2-11 – Standards for type V air ambulances and equipment.** A considerable amount of the regulation was removed because of redundancy with the Federal Aviation Administration requirements. Air medical services operate predominately under two specific parts of the Code of Federal regulation (CFR): part 91 specific to air space and part 135. Part 135 provides specific regulations for air carriers, including air ambulances. The CFR's ~~are more~~ have more stringent constraints. The regulation is not anticipated to have any economic impact.

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**K.A.R. 109-2-12 – Standards for rotor-wing ambulance aircraft and equipment.** A considerable amount of the regulation was removed because the Federal Aviation Administration requires more stringent constraints. The regulation does dictate the staffing for rotor wing aircrafts and is relatively consistent with old language from 109-2-7. Three optional training courses have been added; International Trauma Life Support-Advanced, Critical Care Emergency Medical Technician Paramedic, and Flight Paramedic Certification. The regulation is not anticipated to have any economic impact.

**K.A.R. 109-2-13 – Standards for fixed-wing ambulance aircraft and equipment.** A considerable amount of the regulation was removed because the Federal Aviation Administration requires more stringent constraints. The regulation is not anticipated to have any economic impact.

Copies of the regulations and the economic impact statements may be obtained from the Kansas Board of Emergency Medical Services, 10th Floor, Landon State Office Building, 900 SW Jackson, Topeka, Kansas 66612, (785) 296-7296 or can be accessed at www.ksbems.org

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**109-1-1. Definitions.** The following ~~words and phrases~~ terms, as used in the board's regulations, shall have the ~~following~~ meanings ~~as used in this agency's regulations~~ specified in this regulation.

(a) ~~"Administrator" means the executive director of the emergency medical services board.~~ "AEMT" means advanced emergency medical technician.

(b) "Advanced life support" means the statutorily authorized activities and interventions that may be performed by an emergency medical technician-intermediate, emergency medical technician-defibrillator, emergency medical technician-intermediate/defibrillator, advanced emergency medical technician, mobile intensive care technician, or paramedic.

(c) "Air ambulance" means a fixed-wing or ~~rotorwing~~ rotor-wing aircraft that is specially designed, constructed or modified, maintained, and equipped to provide air medical transportation or emergency care of patients.

~~(c)~~ (d) "Air medical ~~advisor~~ adviser" means a physician as defined by K.S.A. 65-6112, and amendments thereto, who meets ~~these~~ the following requirements:

(1) Is trained and experienced in care consistent with the air ambulance service's mission statement; and

(2) is knowledgeable in altitude physiology and the complications that ~~may~~ can arise due to air medical transport.

~~(d)~~(e) "Air medical personnel" means the attendants listed ~~with~~ on the attendant roster, health care personnel identified on the service health care personnel roster of the air ambulance service, specialty patient care providers specific to the mission, and the pilot or pilots necessary for the operation of the aircraft.

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~~(e)~~ (f) "Airway maintenance," as used in K.S.A. 65-6121 and amendments thereto~~,~~ and as applied to the authorized activities of an emergency medical technician-intermediate, ~~is~~ means the use of any invasive oral equipment and procedures necessary to ~~assure~~ ensure the adequacy and quality of ventilation and oxygenation.

(g) "ALS" means advanced life support, as defined in subsection (b).

(h) "Basic life support" means the statutorily authorized activities and interventions that may be performed by a first responder, emergency medical responder, or emergency medical technician.

(i)"BLS" means basic life support, as defined in subsection (h).

~~(f)~~ (j) "CECBEMS" means the national continuing education coordinating board for emergency medical services.

(k) "Certified mechanic," as used in K.A.R. 109-2-2, means an individual employed or contracted by the ambulance service, city or county, qualified to perform maintenance on licensed ambulances and inspect these vehicles and validate, by signature, that the vehicles meet both mechanical and safety considerations for use.

~~(g)~~ (l) "Class," as used in these regulations, means the period during which a group of students meets.

~~(h)~~ (m) "Clinical preceptor" means an individual who is responsible for the supervision and evaluation of students in clinical training in a health care facility.

~~(i)~~ (n) "Continuing education" means a formally organized learning experience

that has education as its explicit principal intent and is oriented towards the enhancement of emergency medical services practice, values, skills, and knowledge.

~~(j)~~ (o) "Contrived experience," as used in K.A.R. 109-11-3, means a simulated ambulance call ~~to~~ and shall include dispatch communications, responding to the scene, assessment and management of the scene and patient or patients, biomedical communications with medical control, ongoing assessment, care, and transportation of the patient or patients, transference of the patient or patients to the staff of the receiving facility, completion of records, and preparation of the ambulance for return to service.

(p) "Coordination" means the submission of an application for approval of initial or continuing education courses and the oversight responsibility of those same courses and instructors once the courses are approved.

~~(k)~~ (q) "Course of instruction" means a body of prescribed EMS studies ~~constituting a curriculum~~ approved by the board.

~~(l)~~ (r) "Critical care transport" means the transport by ~~a type V~~ an ambulance of a critically ill or injured patient who receives care commensurate with the ~~scope of practice of a physician or a licensed professional nurse~~ care rendered by health care personnel as defined in subsection (cc) and either an MICT or a paramedic with specialized training as approved by service protocols and the medical adviser.

(s) "Emergency" means a serious medical or traumatic situation or occurrence that demands immediate action.

(t) "Emergency call" means an immediate response by an ambulance service to a medical or trauma incident that happens unexpectedly.

~~(m)~~ (u) "Emergency care" means the services provided after the onset of a medical condition of sufficient severity that the absence of immediate medical attention could reasonably be expected to cause any of the following:

(1) Place the patient's health in serious jeopardy;

(2) seriously impair bodily functions; or

(3) result in serious dysfunction of any bodily organ or part.

~~(n)~~ (v) "EMS" means emergency medical services.

(w) "EMR" means emergency medical responder.

~~(o)~~ (x) "EMT" means emergency medical technician.

~~(p)~~ (y) "EMT-D" means emergency medical technician-defibrillator.

~~(q)~~ (z) "EMT-I" means emergency medical technician-intermediate.

(aa) "EMT-I/D" means emergency medical technician-intermediate/defibrillator.

~~(r)~~ (bb) "Field internship preceptor" means an individual who is responsible for the supervision and evaluation of students in field training with an ambulance service.

(cc) "Health care personnel," as used in these regulations, means a physician, physician assistant, licensed professional nurse, advanced registered nurse practitioner, or respiratory therapist.

~~(s)~~ (dd) "Incompetence," as applied to attendants and as used in K.S.A. 65-6133 and amendments thereto, means a demonstrated lack of ability, knowledge, or fitness to

perform patient care according to applicable medical protocols or as defined by the authorized activities of the attendant's level of certification.

~~(t)~~ (ee) "Incompetence," as applied to instructor-coordinators and training officers and as used in K.S.A. 65-6133 and K.S.A. 65-6129c and amendments thereto, means a pattern of practice or other behavior that demonstrates a manifest incapacity, ~~or~~ inability, or failure to coordinate or to instruct attendant training programs.

~~(u)~~ (ff) "Incompetence," as applied to an operator and as used in K.S.A. 65-6132 and amendments thereto, means either of the following:

(1) ~~An~~ The operator's inability or failure to provide the level of service required for the ~~class~~ type of permit held; or

(2) the failure of the operator or an agent or employee of the operator to comply with a statute or regulation pertaining to the operation of a licensed ambulance service.

~~(v)~~ (gg) "Instructor-coordinator (I-C)" means any of the following individuals who are certified to instruct and coordinate attendant training programs:

(1) Emergency medical technician;

(2) emergency medical technician-intermediate;

(3) emergency medical technician-defibrillator;

(4) mobile intensive care technician;

(5) physician; ~~or~~

(6) ~~registered professional nurse~~ physician's assistant;

(7) advanced registered nurse practitioner;

(8) licensed professional nurse;

(9) advanced emergency medical technician; or

(10) paramedic.

(hh) "Interoperable" means that one system has the ability to communicate or work with another.

~~(w)~~ (ii) "Lab assistant" means an individual who is assisting a primary instructor in the instruction and evaluation of students in classroom laboratory training sessions.

~~(x)~~ (jj) "Long-term provider approval" means that the ~~provider has been approved by the administrator or the administrator's designee to provide any continuing education program. Long-term provider approval may be granted for a one-year probationary period to new applicants. After completion of the probationary year, long-term providers may reapply for approval every five years~~ sponsoring organization has been approved by the executive director to provide any continuing education program as prescribed in K.A.R. 109-5-3.

~~(y)~~ (kk) "MICT" means mobile intensive care technician.

(ll) "Out of service," as used in K.A.R. 109-2-5, means that a licensed ambulance is not immediately available for use for patient care or transport.

~~(z)~~ (mm) "Primary instructor" means an instructor-coordinator or training officer ~~II~~ who is listed by the ~~provider of training~~ sponsoring organization as the individual responsible for the ~~effective~~ competent delivery of cognitive, psychomotor, and affective objectives of an approved initial course of instruction or continuing education program

and who is the person primarily responsible for evaluating student performance and developing student competency.

~~(aa)~~ (nn) "Prior-approved continuing education" means material submitted by a ~~provider~~ sponsoring organization, to the board, that is reviewed and subsequently approved by the ~~administrator or the administrator's designee~~ executive director, in accordance with criteria established by regulations, and that is assigned a course identification number.

~~(bb) "Providers of continuing education" means professional associations, accredited postsecondary educational institutions, permitted ambulance services, fire departments, other officially organized public safety agencies, hospital, corporations, or emergency medical services regional councils, approved by the administrator to offer continuing education programs on either a long-term provider basis or a single-program provider basis.~~

~~(cc)~~ (oo) "Public call" means the request for an ambulance to respond to the scene of a medical emergency or accident by an individual or agency other than any of the following:

(1) A type I ambulance service, ~~or~~ type II ambulance service, or type IIA ambulance service;

(2) the Kansas highway patrol or any law enforcement officer ~~certified as an attendant~~ who is at the scene of an accident or medical emergency;

(3) a physician, as defined by K.S.A. 65-6112 and amendments thereto, who is at the scene of an accident or medical emergency; or

(4) an attendant who has been dispatched to provide emergency first response and who is at the scene of an accident or medical emergency.

~~(dd)~~ (pp) "Retroactively approved continuing education" means credit issued to ~~the~~ an attendant after attending ~~the~~ a program workshop, conference, seminar, or other offering that is reviewed and subsequently approved by the ~~administrator or the administrator's designee~~ executive director, in accordance with criteria established by the board.

(qq) " Service director" means an individual who has been appointed, employed, or designated by the operator of an ambulance service to handle daily operations and to ensure that the ambulance service is in conformance with local, state, and federal laws and ensure that quality patient care is provided by the service attendants.

(rr) "Service records" means the documents required to be maintained by state regulations and statutes pertaining to the operation and education within a licensed ambulance service.

~~(ee)~~ (ss) "Single-program provider approval" means that the ~~provider~~ sponsoring organization has been granted approval to offer a specific continuing education program.

~~(ff)~~ (tt) "Site coordinator" means a person supervising, facilitating, or monitoring students, facilities, faculty, or equipment at a training site.

(uu) "Sponsoring organization" means any professional association, accredited postsecondary educational institution, permitted ambulance service, fire department, other officially organized public safety agency, hospital, corporation, or emergency medical services regional council approved by the executive director to offer initial courses of instruction and continuing education programs as either a long-term provider or a single-program provider.

~~(gg)~~ (vv) "Sufficient application" means that the information requested on the application form is provided in full, any applicable fee has been paid, all information required by statute or regulation has been submitted to the board, and no additional information is required to complete the processing of the application~~, and any applicable fee has been paid~~.

~~(hh) "Training officer I" means a person who has been certified by the board to coordinate attendant continuing education training programs for accredited postsecondary educational institutions, permitted ambulance services, fire departments, other officially organized public safety agencies, hospitals, corporations, professional associations, or emergency medical services regional councils.~~

~~(ii) "Training officer II" means a person who is certified by the board to function as a continuing education training program coordinator and as a primary instructor of first responder initial courses of instruction.~~

~~(jj)~~ (ww) "Training program accreditation" means the approval granted by the executive director to any of the following, to conduct EMS initial courses of instruction

on a long-term basis: accredited postsecondary educational institutions, permitted ambulance services, fire departments, other officially organized public safety agencies, hospitals, or corporations ~~approved by the administrator or the administrator's designee to conduct EMS initial courses of instruction on a long-term provider basis~~.

~~(kk)~~ (xx) "Type I ambulance service" means a ground-based ambulance service that provides emergency response and advanced life support, as described in the authorized activities ~~of~~ and scope of practice of emergency medical technician-intermediate, emergency medical technician-defibrillator, emergency medical technician-intermediate/defibrillator, advanced emergency medical technician, mobile intensive care ~~technicians~~ technician, or paramedic as specified in K.S.A. 65-6119, K.S.A. 65-6120, and K.S.A. 65-6123, and amendments thereto. The ambulance service may provide critical care transport when staffed in accordance with subsection (r).

~~(ll)~~ (yy) "Type II ambulance service" means a ground-based ambulance service that provides emergency response and basic life support, as described in the authorized activities or scope of practice of emergency medical ~~technicians~~ technician, first responder, and emergency medical responder in K.S.A. 65-6121 and K.S.A. 65-6144, and amendments thereto. ~~A type II ambulance service may provide advanced life support when staffed with any of these individuals:~~

(zz) "Type IIA ambulance service" means a basic life support ambulance service that may provide advanced life support when staffed with one attendant and any of the

following individuals functioning under ALS protocols or guidance as authorized by the applicable licensing authority:

(1) Emergency medical ~~technicians-intermediate~~ technician-intermediate;

(2) emergency medical ~~technicians-defibrillator~~ technician-defibrillator;

(3) emergency medical technician-intermediate/defibrillator;

(4) advanced emergency medical technician;

(5) mobile intensive care ~~technicians~~ technician;

(6) paramedic;

~~(4)~~ (7) ~~registered~~ licensed professional ~~nurses~~ nurse;

~~(5)~~ (8) ~~registered~~ physician's ~~assistants~~ assistant; ~~or~~

(9) advanced registered nurse practitioner;

(10) respiratory therapist; or

~~(6)~~ (11) ~~physicians~~ physician.

~~(mm)~~(aaa) "Type V ambulance service" means an air or ground-based ALS ambulance service that provides critical care transport, as defined in ~~K.A.R. 109-1-1~~ this regulation, and is not subject to public call. This type of ambulance service uses a "type V air ambulance" or "type V ground ambulance," or both.

~~(nn)~~ (bbb) "Unprofessional conduct," as applied to attendants and as used in K.S.A. 65-6133~~,~~ and amendments thereto, means conduct that violates those standards

of professional behavior that through professional experience have become established by the consensus of the expert opinion of the members of the emergency medical services profession as reasonably necessary for the protection of the public. This ~~conduct~~ term shall include any of the following:

(1) Failing to take appropriate action to safeguard the patient;

(2) performing acts beyond the activities authorized for the level at which the individual is certified;

(3) falsifying a patient's or an ambulance service's records;

(4) verbally, sexually, or physically abusing a patient;

(5) violating statutes or regulations concerning the confidentiality of medical records or patient information obtained in the course of professional work;

(6) diverting drugs or any property belonging to a patient or an agency;

(7) making a false or misleading statement on an application for certification renewal or any agency record;

(8) engaging in any fraudulent or dishonest act that is related to the qualifications, functions, or duties of an attendant; or

(9) failing to cooperate with the board and its agents in the investigation of complaints or possible violations of the emergency medical services statutes or board regulations, including failing to furnish any documents or information legally requested by the board. Attendants who fail to respond to requests for documents or requests for

information within 30 days from the date of request shall have the burden of demonstrating that they have acted in a timely manner.

~~(oo)~~ (ccc) "Unprofessional conduct," as applied to instructor-coordinators and training officers and as used in K.S.A. 65-6133 and K.S.A. 65-6129c~~,~~ and amendments thereto, means any of the following:

(1) Engaging in behavior that demeans a student. This behavior shall include ridiculing a student in front of other students or engaging in any inhumane or discriminatory treatment of any student or group of students;

(2) verbally or physically abusing a student;

(3) failing to take appropriate action to safeguard a student;

(4) falsifying any document relating to a student or the emergency medical ~~services~~ service agency;

(5) violating any statutes or regulations concerning the confidentiality of student records;

(6) obtaining or seeking to obtain any benefit, including a sexual favor, from a student through duress, coercion, fraud, or misrepresentation, or creating an environment that subjects a student to unwelcome sexual advances, which ~~includes~~ shall include physical touching or verbal expressions;

(7) an inability to instruct because of alcoholism, excessive use of drugs, controlled substances, or any physical or mental condition;

(8) reproducing or duplicating a state examination for certification without board authority;

(9) engaging in any fraudulent or dishonest act that is related to the qualifications, functions, or duties of an instructor-coordinator or training officer;

(10) willfully failing to adhere to the course syllabus; or

(11) failing to cooperate with the board and its agents in the investigation of complaints or possible violations of the ~~emergency medical services~~ board's statutes or ~~board~~ regulations, including failing to furnish any documents or information legally requested by the board. Instructor-coordinators and training officers who fail to respond to requests for documents or requests for information within 30 days of the request shall have the burden of demonstrating that they have acted in a timely manner. (Authorized by K.S.A. ~~1998 Supp.~~ 65-6110, as amended by L. 2011, ch. 114, sec. 81, K.S.A. 2010 Supp. 65-6111; implementing K.S.A. ~~1998 Supp.~~ 65-6110, as amended by L. 2011, ch. 114, sec. 81, K.S.A. 2010 Supp. 65-6111, K.S.A. 2010 Supp. 65-6121, as amended by L. 2011, ch. 114, sec. 84, K.S.A. 2010 Supp. 65-6129, as amended by L. 2011, ch. 114, sec. 88, K.S.A. 65-6129b, ~~and~~ K.S.A. 2010 Supp. 65-6129c, as amended by L. 2011, ch. 114, sec. 65, K.S.A. 65-6132, as amended by L. 2011, ch. 114, sec. 89, and K.S.A ~~1998 Supp.~~ 65-6133 , as amended by L. 2011, ch. 114, sec. 90; effective May 1, 1985; amended May 1, 1986; amended, T-88-12, May 18, 1987; amended, T-88-24, July 15, 1987; amended May 1, 1988; amended July 17, 1989; amended March 16, 1992;

amended Jan. 31, 1994; amended Jan. 30, 1995; amended Jan. 31, 1997; amended Nov. 12, 1999; amended P-_____.)

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**109-1-2. Medical ~~advisor~~ adviser.** Each air ambulance service shall have an air medical ~~advisor~~ adviser who is responsible for advising the air ambulance service on policies and procedures ~~which assure~~ that ensure that the appropriate aircraft, medical personnel, and equipment are provided during air ambulance transport. When necessary, the air medical ~~advisor~~ adviser may designate another licensed physician to perform the air medical ~~advisor's~~ adviser's duties. (Authorized by K.S.A. ~~1995 Supp.~~ 65-6110, as amended by L. 2011, ch. 114, sec. 81; implementing K.S.A. 65-6126; effective Jan. 31, 1997; amended P-_____.)

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**109-2-1. Ambulance service ~~director~~ operator.** (a) Each operator of an ambulance service shall perform the following:

(1) Notify the board of any change in the service director within seven days of the change; and

(2) designate a person as the ambulance service director to serve as an agent of the operator.

(b) The ambulance service director shall meet the following requirements:

(1) Be responsible for the operation of the ambulance service~~, and shall~~;

(2) be available to the board regarding permit, ~~and~~ regulatory, and emergency matters;

(3) be responsible for maintaining a current list of the ambulance service's attendants;

(4) be responsible for maintaining a current copy of each attendant's Kansas certification or renewal card;

(5) notify the board of each addition or removal of an attendant from the attendant roster within 90 days of the addition or removal;

(6) notify the board of any known resignation, termination, incapacity, or death of a medical adviser once known and the plans for securing a new medical adviser; and

(7) submit written notification of each change in the medical adviser within 30 days of the change. (Authorized by K.S.A. ~~1995 Supp.~~ 65-6110, as amended by L. 2011, ch. 114, sec. 81, K.S.A. 2010 Supp. 65-6111, and K.S.A. 65-6132, as amended by L. 2011, ch. 114, sec. 89; implementing K.S.A. ~~65-6127~~ 65-6110, as amended by L. 2011, ch. 114, sec. 81, K.S.A. 2010 Supp. 65-6112 (v), as amended by L. 2011, ch.



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114, sec. 82, and K.S.A. 65-6130; effective May 1, 1985; amended July 17, 1989; amended Jan. 31, 1997; amended P-_____.)

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**109-2-2. Application for ambulance service permit and ambulance ~~vehicle~~ license; permit renewal and license renewal.** (a)(1) An applicant may apply for only one ambulance service permit for each ambulance service that the applicant seeks to operate. Each applicant shall indicate the class of service for the permit requested as type I ambulance service, type II ambulance service, type IIA ambulance service, or type V ambulance service.

(2) An applicant may apply for only one ambulance ~~vehicle~~ license for each ambulance that the applicant seeks to operate. Each applicant shall indicate the ~~type~~ class of ambulance for ~~the~~ each license requested.

(b) All ambulance service permit and ambulance ~~vehicle~~ license application and renewal forms shall be submitted ~~on the original forms provided~~ in a format required by the ~~administrator~~ executive director. ~~Copies, facsimiles, electronic filings, and other reproductions of the application or renewal forms shall not be accepted.~~

(c) ~~(1) Except as provided in paragraph (c) (2),~~ Each initial and each renewal applicant for a ground ambulance service permit and ambulance ~~vehicle~~ license shall ~~expire on April 30 of each year and may be renewed annually in accordance with this regulation.~~ obtain a mechanical and safety inspection from a person doing business as or employed by a vehicle maintenance service or political jurisdiction or from a certified mechanic as defined in K.A.R. 109-1-1, for each ambulance within 180 days before the date of ambulance service application renewal. In order for an ambulance license to be renewed, the mechanical safety inspection forms shall not contain any deficiencies identified that would compromise the safe transport of patients.

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~~(2) If the board receives an application for renewal of an ambulance service permit on or before April 30, the existing ambulance service permit shall not expire until the board has taken final action upon the renewal application or, if the board's action is unfavorable, until the last day for seeking judicial review of the board's action or a later date fixed by the reviewing court.~~

(d) Each initial and each renewal application ~~for renewal of an ambulance service permit and for renewal of an ambulance vehicle license~~ for an air ambulance shall ~~be provided to the administrator no later than 30 days before expiration of the permit and license~~ include a valid standard airworthiness certificate for each aircraft, evidence of an air safety training program, and an informational publication.

(e) ~~If the board receives an insufficient application or renewal, the applicant or operator shall be notified by the board of any errors or omissions. If the applicant or operator fails to correct the deficiencies and submit a sufficient application within 30 days from the date of written notification, the application may be considered by the board as withdrawn.~~ (1) Each new ground ambulance shall be required to have a mechanical or safety inspection submitted on forms required by the board or shall require documentation from the manufacturer indicating that the vehicle has undergone a predelivery inspection without deficiencies.

(2) Each used or retrofitted ground ambulance shall be required to have a mechanical and safety inspection.

(f) ~~An application for ambulance service permit or permit renewal shall be deemed sufficient when both of the following conditions are met:~~ Each ambulance service permit and ambulance license shall expire on April 30 of each year and may be renewed annually in accordance with this regulation.

~~(1) The applicant or operator completes all forms provided with the application for ambulance service permit or permit renewal, and no additional information is required by the board to complete the processing of the application.~~ If the board receives a complete application for renewal of an ambulance service permit or an ambulance license on or before April 30, the existing permit or license shall not expire until the board has taken final action upon the renewal application or, if the board's action is unfavorable, until the last day for seeking judicial review.

~~(2) The applicant or operator submits payment of the fee in the correct amount for the ambulance service permit or permit renewal.~~

(g) ~~An application for ambulance vehicle license or license renewal shall be deemed sufficient when both of the following conditions are met:~~

~~(1) The applicant or operator completes all forms provided with the application for an ambulance vehicle license or license renewal, and no additional information is required by the board to complete the processing of the application.~~

~~(2) The applicant or operator submits payment of the fee in the correct amount for each ambulance vehicle.~~ If the board receives an insufficient initial application or renewal application for an ambulance service permit or ambulance license, the

applicant or operator shall be notified by the board of any errors or omissions. If the applicant or operator fails to correct the deficiencies and submit a sufficient application within 30 days from the date of written notification, the application may be considered by the board as withdrawn.

(h) An application for ambulance service permit or permit renewal shall be deemed sufficient if all of the following conditions are met:

(1) The applicant or operator either completes all forms provided with the application for ambulance service permit or permit renewal or provides all requested information online. No additional information is required by the board to complete the processing of the application.

(2) Each operator submits the list of supplies and equipment carried on each ambulance validated by the signature of the ambulance service's medical director to the board each year with the operator's application for an ambulance service permit.

(3) The applicant or operator submits payment of the fee in the correct amount for the ambulance service permit or permit renewal and ambulance license fees.

(4) Each operator provides the inspection results to the board on forms provided by the executive director with the application for renewal.

(i) Each publicly subsidized operator shall provide the following statistical information to the board with the application for renewal of a permit:

(1) The number of emergency and nonemergency ambulance responses and the number of patients transported for the previous calendar year;

(2) the operating budget and, if any, the tax subsidy;

(3) the charge for emergency and nonemergency patient transports, including mileage fees; and

(4) the number of full-time, part-time, and volunteer staff.

(j) Each private operator shall provide the following statistical information to the board with the application for renewal of a permit:

(1) The number of emergency and nonemergency ambulance responses and the number of patients transported for the previous calendar year;

(2) the charge for emergency and nonemergency patient transports, including mileage fees; and

(3) the number of full-time, part-time, and volunteer staff.

(k) As a condition of issuance of an initial ambulance service permit, each ambulance service operator shall provide with the application the ambulance service's operational policies and approved medical protocols pursuant to K.A.R. 109-2-5.

(l) The operator of each type I, type II, type IIA, and type V ground ambulance service shall develop a list of supplies and equipment that is carried on each ambulance. This list shall include the supplies and equipment required by the board for the license type and any additional supplies or equipment necessary to carry out the patient care activities as indicated in the services medical protocols in accordance with K.S.A. 65-6112 and amendments thereto. (Authorized by K.S.A. ~~1999 Supp.~~ 65-6110, as amended by L. 2011, ch. 114, sec. 81, and K.S.A. ~~1999~~ 2010 Supp. 65-6111;

implementing K.S.A. 65-6110, as amended by L. 2011, ch. 114, sec. 81, 65-6127, and 65-6128~~, as amended by L. 2000, Ch. 117, § 1~~; effective May 1, 1985; amended July 17, 1989; amended Jan. 31, 1997; amended Dec. 29, 2000; amended P-_____.)

Proposed

**109-2-4.** (Authorized by and implementing K.S.A. 1995 Supp. 65-6110, 65-6111, K.S.A. 65-6127 and 65-6128; effective May 1, 1985; amended July 17, 1989; amended Jan. 31, 1997; revoked P-_____ .)

Proposed

**109-2-5. Ambulance service operational standards.** (a) Each ground ambulance ~~service in a county which has been assigned to the emergency medical services communications system by the board and which operates ambulances that are required to~~ shall have ~~direct,~~ a two-way ~~radio,~~ interoperable communications system ~~shall fully participate in the operation and maintenance of that communications system~~ to allow contact with the ambulance service's primary communication center and with the medical facility, as defined by K.S.A. 65-411 and amendments thereto, to which the ambulance service most commonly transports patients.

(b) ~~No person who boards an ambulance shall carry on board or wear any firearm, whether concealed or visible while the ambulance is operating in any patient transport function within the state. However, the prohibition shall not apply to law enforcement officers as defined in K.S.A. 74-5602 or corrections officers as defined in K.S.A. 75-5202.~~

~~(c)~~ Smoking shall be prohibited in the patient and driver compartments of each ambulance at all times.

~~(d)~~(c) Each operator shall ~~clean and maintain in good working order~~ ensure that the interior and exterior of the ambulance are maintained in a clean manner and ~~any~~ that all medications, medical supplies, and equipment within the ambulance~~, except when the vehicle has been placed "out of service."~~ are maintained in good working order and according to applicable expiration dates.

~~(e)~~ (d) Each operator shall ~~use~~ ensure that freshly laundered linen or disposable linen is on cots and pillows~~,~~ and ~~the linen shall be~~ ensure that the linen is changed after each patient is transported.

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~~(f)~~ (e) When an ambulance has been utilized to transport a patient known or suspected to have an infectious disease, the operator shall ~~disinfect~~ ensure that the interior of the ambulance, any equipment used, and all contact surfaces are disinfected according to the ambulance service's infectious disease ~~exposure plan~~ control policies and procedures. The operator shall place the ambulance "out of service" until a thorough ~~cleansing is conducted~~ disinfection according to the ambulance service's infection control policies and procedures has been completed.

~~(g)~~ (f) Each operator shall ~~place~~ ensure that all items and equipment in the patient compartment are placed in cabinets or properly ~~secure all equipment in the patient compartment while the vehicle is in motion~~ secured.

~~(h) Each ground ambulance shall receive a mechanical and safety inspection prior to December 1st of each year. Each operator shall provide a report of the inspection results to the board on forms provided by the administrator. An operator shall correct all deficiencies determined by the inspection prior to submitting the inspection form.~~

~~(i) Each operator shall submit the mechanical and safety inspection forms to the board with the application for ambulance vehicle licensure or renewal.~~

~~(j)~~ (g) Each operator shall park all ground ambulances in a completely enclosed building with a solid concrete floor. Each operator shall maintain the interior heat of the enclosed building at no less than 50 degrees Fahrenheit. Each operator shall ensure

that the interior of the building is kept clean and has adequate lighting. Each operator shall store all supplies and equipment in a clean and safe manner.

~~(k)~~ (h) Each licensed ambulance shall meet all regulatory requirements for the ambulance license type, except when ~~the operator has notified the administrator that~~ the ambulance is out of service.

~~(l) An operator may apply for a temporary license for an ambulance. Each temporary license shall be valid for 60 days and may be approved for additional time by the administrator.~~

~~(m)~~ (i) If an operator ~~has only one licensed ambulance, and this ambulance is out of service~~ is unable to provide service for more than 24 hours ~~due to mechanical failure, maintenance, or repair~~, the operator or agent shall notify the ~~administrator~~ executive director and submit an alternative plan, in writing and within 72 hours, for providing ambulance service for the operator's primary territory of coverage. The alternative plan shall be subject to approval by the ~~administrator~~ executive director and shall remain in effect no more than ~~15~~ 30 days from the date of approval. Approval by the executive director shall be based on whether the alternate plan will provide sufficient coverage to transport and provide emergency care for persons within the operator's primary territory. A written request for one or more extensions of the alternative plan for no more than 30 days each may be approved by the executive director if the operator has made a good faith effort but, due to circumstances beyond the operator's control, has been unable to completely remedy the problem.

~~(n)~~ (j) Each operator subject to public call shall have a telephone with an advertised emergency number ~~which~~ that is answered by an attendant or other person designated by the operator 24 hours a day. Answering machines shall not be permitted.

~~(o)~~ (k) Each operator shall ~~maintain a place of business at an identified street address where~~ produce the ambulance service permit ~~is posted and service records are kept~~ and service records upon request of the board.

~~(p)~~(l) Each operator shall maintain ~~a current call schedule or duty roster which demonstrates compliance with K.S.A. 65-6135. The duty roster shall reflect appropriate staffing for the service and ambulance type as defined in K.A.R. 109-2-6 and 109-2-7~~ service records for three years.

~~(q)~~ (m) ~~A patient care report form shall be~~ Each operator shall ensure that documentation is completed for each request for service and for each patient receiving ~~pre-hospital~~ patient assessment, care, or transportation ~~either to or from a medical facility~~. Each operator shall furnish a completed copy or copies of each patient care report form ~~to the board on request~~ upon request of the board.

~~(r)~~ (n) Each operator shall maintain a daily record of each request for ambulance response. This record shall include the date, time of call, scene location, vehicle number, trip number, ~~patient's name, agency or person calling~~ caller, nature of call, and disposition of each patient.

~~(s)~~ (o) Each operator shall maintain a copy of the patient care ~~record~~ documentation for ~~a period of not less than~~ at least three years.

~~(t) An attendant shall leave a copy of the patient care report form for each patient transported by ambulance at the hospital receiving the patient.~~

~~(u)~~ (p) ~~In the event that an attendant is unable to complete a patient care report form before leaving the receiving hospital, an attendant~~ Each operator shall ~~provide~~ ensure that a copy of the patient care ~~report form~~ documentation for initial transport of emergency patients is made available to the receiving ~~hospital~~ medical facility, within 24 hours of the patient's arrival.

~~(v)~~ (q) Each publicly subsidized operator shall provide the following statistical information to the board before March ~~1st of~~ 1 each calendar year:

(1) The number of emergency and ~~non-emergency~~ nonemergency ambulance responses and the number of patients transported for the previous calendar year;

(2) the operating budget and tax subsidy;

(3) the charge for emergency and ~~non-emergency~~ nonemergency patient transports, including mileage fees; and

(4) the number of full-time, part-time, and volunteer staff.

~~(w)~~ (r) Each operator shall provide a quality improvement or assurance program ~~which~~ that establishes medical review procedures for monitoring patient care activities. This program shall include policies and procedures for reviewing patient care ~~report forms~~ documentation. Each operator shall review patient care activities ~~on~~ at least ~~a quarterly basis~~ once each quarter of each calendar year to determine whether

the ambulance service's attendants are providing ~~appropriate~~ patient care commensurate with the attendant's scope of practice and local protocols.

(1) Review of patient care activities shall include quarterly participation by the ambulance service's medical ~~advisor~~ adviser in a manner that ~~assures~~ ensures that the medical ~~advisor~~ adviser is meeting the requirements of K.S.A. 65-6126, and amendments thereto.

(2) Each operator shall, upon request, provide documentation to the ~~administrator or the administrator's designee~~ executive director demonstrating that the operator is performing patient care reviews and that the medical adviser is reviewing, monitoring, and verifying the activities of the attendants pursuant to K.S.A. 65-6126, and amendments thereto, as indicated by the medical adviser's electronic or handwritten signature.

(3) Each operator shall ~~maintain~~ ensure that documentation of all medical reviews of patient care activities is maintained for at least ~~two~~ three years.

(4) Within 60 days after completion of the internal review processes of an incident, each operator shall ~~have the duty to~~ report to the board on forms required by the board any ~~finding~~ incident indicating that an attendant or other health care provider functioning for the operator met either of the following conditions:

(A) Acted below the applicable standard of care~~,~~ and, because of this action, had a reasonable probability of causing injury to a patient; or

(B) acted in a manner ~~which may~~ that could be grounds for disciplinary action by the board or ~~appropriate~~ other applicable licensing agency.

~~(x)~~ (s) Each ambulance service operator shall develop and implement operational ~~protocols which shall~~ policies or guidelines, or both, that have a table of contents and address policies and procedures for each of the following topics:

(1) Radio and telephone communications;

(2) ~~inter-hospital~~ interfacility transfers;

(3) emergency driving and vehicle operations;

(4) do not resuscitate (DNR) orders ~~(DNR)~~, durable powers of attorney for health care decisions, and living wills;

(5) multiple-victim and mass-casualty incidents;

(6) hazardous material incidents;

(7) infectious disease ~~exposure~~ control;

(8) crime scene management;

(9) documentation of patient reports;

(10) consent and refusal of treatment; ~~and~~

(11) management of firearms and other weapons;

(12) mutual aid, which means a plan for requesting assistance from another resource;

(13) patient confidentiality;

(14) extrication of persons from entrapment; and

(15) any other procedures deemed necessary by the operator for the efficient operation of the ambulance service.

~~(y) Each air ambulance service operator shall develop an air safety training program for all regularly scheduled air medical personnel by July 1, 1997. The program shall be tailored to the air ambulance service's specific needs and approved by the service's air medical advisor. The program shall include the following:~~

~~(1) air medical and altitude physiology;~~

~~(2) aircraft orientation, including specific capabilities, limitations, and safety measures for each aircraft used;~~

~~(3) depressurization procedures for fixed-wing aircraft;~~

~~(4) safety in and around the aircraft, including FAA rules and regulations pertinent to safety for all air medical personnel, patients, and lay individuals;~~

~~(5) rescue and survival techniques appropriate to the terrain and the conditions under which the air ambulance service operates;~~

~~(6) hazardous scene recognition and response for rotorwing aircraft;~~

~~(7) aircraft evacuation procedures, including rapid loading and unloading of patients;~~

~~(8) refueling procedures for normal and emergency situations; and~~

~~(9) in-flight emergencies and emergency landing procedures.~~

~~(z) Each air ambulance service operator shall maintain documentation demonstrating the initial completion and annual review of the air safety training program~~

~~for all regularly scheduled air medical personnel, and shall provide this documentation to the board on request.~~

~~(aa) Each air ambulance service operator shall, by July 1, 1997, provide an informational publication which promotes the proper use of air medical transport. This publication shall be provided, on request, to all ground-based ambulance services, law enforcement agencies, and hospitals which use the air ambulance service. Each manual shall address the following topics:~~

~~(1) availability, accessibility, and scope of care of the air ambulance service;~~

~~(2) capabilities of air medical personnel and patient care modalities afforded by the air ambulance service;~~

~~(3) patient preparation before air medical transport;~~

~~(4) landing zone designation and preparation;~~

~~(5) communication and coordination between air and ground medical personnel; and~~

~~(6) safe approach and conduct around the aircraft.~~

(t) Each ambulance service operator shall provide the operational policies to the executive director, upon request.

~~(bb)~~ (u) Each ambulance service operator shall ~~develop~~ adopt and implement medical protocols developed and approved in accordance with K.S.A. 65-6112, and amendments thereto.

~~(1) Each operator's medical protocols shall receive annual written approval by the emergency committee of the county medical society.~~

~~(2) In those counties where there is no emergency committee of the county medical society, medical protocols shall be approved by the medical staff of the hospital to which the ambulance service primarily transports patients.~~

~~(cc)~~(v) Each operator's medical protocols shall include a table of contents and treatment procedures at a minimum for the following medical and trauma-related conditions for pediatric and adult patients:

(1) Diabetic emergencies;

(2) shock;

(3) environmental emergencies;

(4) chest pain;

(5) abdominal pain;

(6) respiratory distress;

(7) obstetrical emergencies and care of the newborn;

(8) poisoning and overdoses;

(9) seizures;

(10) cardiac arrest ~~(code blue)~~;

(11) burns;

(12) stroke ~~(CVA)~~ or cerebral-vascular accident;

(13) chest injuries;

(14) abdominal injuries;

(15) head injuries;

(16) spinal injuries;

(17) multiple-systems trauma;

(18) orthopedic injuries;

(19) drowning; and

(20) anaphylaxis.

~~(dd)~~ (w) Each ~~service~~ operator shall make available a current copy of the ambulance service's operational ~~protocols~~ policies or guidelines and medical protocols to any person listed as an attendant and any other health care provider on the ambulance service's attendant roster. (Authorized by ~~and implementing~~ K.S.A. ~~1995 Supp.~~ 65-6110, as amended by L. 2011, ch. 114, sec. 81, and K.S.A. 2010 Supp. 65-6111; implementing K.S.A. ~~65-6113, 65-6128 and~~ 65-6110, as amended by L. 2011, ch. 114, sec. 81, K.S.A. 2010 Supp. 65-6112, as amended by L. 2011, ch. 114, sec. 82, K.S.A. 65-6126, as amended by L. 2011, ch. 114, sec. 87, K.S.A. 65-6130, and K.S.A. 2010 Supp. 65-6135, as amended by L. 2011, ch. 114, sec. 66; effective May 1, 1985; amended, T-88-24, July 15, 1987; amended May 1, 1988; amended Aug. 27, 1990; amended Aug. 16, 1993; amended Jan. 31, 1997; amended P-_____.)

Proposed

**109-2-6. Classes of ambulance services**. (a) Permits shall be issued for ~~three~~ four classes of ambulance service. These classes shall be known as type I ambulance service, type IIA ambulance service, type II ambulance service, and type V ambulance service.

~~(a)~~(b) Each type I ambulance service ~~operator~~ shall meet the following requirements:

(1) Provide advanced life support as ~~described~~ defined in K.A.R. 109-1-1;

(2) have at least one ALS licensed ambulance ~~which~~ that meets all requirements of K.A.R. 109-2-8. Each type I ambulance service ~~operator~~ may also operate ~~type II~~ BLS licensed ambulances and may provide critical care transport if staffed by an MICT or paramedic with specialized training;

(3) maintain a staff of currently certified ~~mobile intensive care technicians and emergency medical technicians which~~ attendants and health care personnel as defined in K.A.R. 109-1-1 that is adequate to meet all applicable requirements of K.A.R. 109-2-7; and

(4) have a method of receiving calls and dispatching ambulances ~~which~~ that ensures that an ambulance leaves the station within an annual average of five minutes ~~of~~ from the time an emergency call is received by the ambulance service.

~~(b)~~ (c) Each type II ambulance service ~~operator~~ shall meet the following requirements:

(1) Provide basic life support as defined in K.A.R. 109-1-1;

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(2) have at least one licensed ambulance ~~which~~ that meets all requirements of K.A.R. 109-2-8;

(3) maintain a staff of currently certified ~~emergency medical technicians which~~ attendants and health care personnel that is adequate to meet all requirements of K.A.R. 109-2-7; and

(4) have a method of receiving calls and dispatching ambulances ~~which~~ that ensures that an ambulance leaves the station within an annual average of five minutes ~~of~~ from the time an emergency call is received by the ambulance service.

~~(c)~~ (d)(1) ~~Each~~ Any type ~~II~~ IIA ambulance service operator may provide advanced life support as defined in K.A.R. 109-1-1 and described in K.S.A. 65-6123, 65-6120, and 65-6119, and amendments thereto, when appropriate personnel are on board according to K.A.R. 109-2-7 and are adequately equipped and when the treatment is approved by medical protocols or ~~when~~ the attendants are in direct voice contact with a physician, physician assistant, advanced registered nurse practitioner, or a licensed professional nurse who is authorized by a physician.

(2) Each operator of a type IIA ambulance service shall meet the following requirements:

(A) Provide basic life support or advanced life support, as defined in K.A.R. 109-1-1;

(B) have at least one licensed ambulance that meets all requirements of K.A.R. 109-2-8;

(C) maintain a staff of currently certified attendants and health care personnel adequate to meet all requirements of K.A.R. 109-2-7; and

(D) have a method of receiving calls and dispatching ambulances that ensures that an ambulance leaves the station within an annual average of five minutes from the time an emergency call is received by the ambulance service.

~~(d)~~ (e) Each type V ambulance service ~~operator~~ shall shall meet the following requirements:

(1) Provide "critical care transport" as defined in K.A.R. 109-1-1;

(2) not be subject to public call, as defined in K.A.R. 109-1-1~~(b)~~;

(3) have ~~at least one~~ a ground or air ambulance ~~which~~ that meets all requirements of ~~either~~ K.A.R. 109-2-8, K.A.R. 109-2-11, K.A.R. 109-2-12, or K.A.R. 109-2-13, as applicable;

(4) license only type V ambulances;

(5) license ~~rotorwing~~ rotor-wing aircraft, fixed-wing aircraft, or ground-based vehicles as ambulances;

(6) have a staff ~~which~~ that is adequate to provide the level of care described in paragraph ~~(l) of this subsection~~ (e)(1) and as described in K.A.R. 109-2-7; and

(7) have a method of receiving and relaying calls that ensures that any request for emergency response is immediately and properly relayed to the nearest type I ambulance service, ~~or~~ type II ambulance service, or type IIA ambulance service~~; and~~

~~(8) have all air and ground ambulance interfacility transports reviewed and approved by the service's medical advisor prior to transport, or conducted in accordance with the service's medical and operational protocols~~. (Authorized by K.S.A. ~~1995 Supp.~~ 65-6110, as amended by L. 2011, ch. 114, sec. 81; implementing K.S.A. ~~1995 Supp.~~ 65-6110, as amended by L. 2011, ch. 114, sec. 81, K.S.A. 65-6128, and K.S.A. 2010 Supp. 65-6135, as amended by L. 2011, ch. 114, sec. 66; effective May 1, 1985; amended May 1, 1987; amended, T-88-24, July 15, 1987; amended May 1, 1988; amended July 17, 1989; amended Jan. 31, 1997; amended P-_____.)

Proposed

**109-2-7. Ground ~~and air~~ ambulance staffing.** ~~Licenses shall be issued for three types of ambulance vehicles and aircraft. These ambulances shall be known as type I, type II and type V.~~ Each operator shall staff each licensed ground ambulance ~~shall be staffed~~ in accordance with these regulations.

(a) Each operator of a type I ambulance service ~~operator~~ shall staff each type I ambulance with at least two attendants, as defined in K.S.A. 65-6112 and amendments thereto. During patient transport~~.~~, one of the following shall provide care to the patient in the patient compartment:

(1) ~~At least one attendant shall be one of the following medical personnel:~~ An emergency medical technician-intermediate, EMT-defibrillator, or advanced EMT;

~~(A)~~ (2) a mobile intensive care technician;

(3) a paramedic;

~~(B)~~ (4) a physician;

~~(C)~~ (5) a ~~registered~~ physician's assistant; ~~or~~

~~(D)~~ (6) a licensed professional nurse; or

(7) an advanced registered nurse practitioner.

~~(2) The second attendant may be any of the following:~~

~~(A) an emergency medical technician;~~

~~(B) an emergency medical technician intermediate;~~

~~(C) an emergency medical technician defibrillator;~~

~~(D) a mobile intensive care technician;~~

~~(E) a physician;~~

~~(F) a registered physician's assistant; or~~

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~~(G) a licensed professional nurse.~~

(b) Each ~~type I and~~ operator of a type II ambulance service ~~operator~~ shall staff each type II ambulance with at least two attendants. During patient transport~~.~~ , one of the following shall provide care to the patient in the patient compartment:

(1) ~~At least one attendant shall be an emergency medical technician.~~

~~(2) One of the following shall be in the patient compartment during patient transport:~~

~~(A)~~ An emergency medical technician;

~~(B)~~(2) an emergency medical technician-intermediate;

~~(C)~~(3) an emergency medical technician-defibrillator;

(4) an advanced emergency medical technician;

~~(D)~~ (5) a mobile intensive care technician;

(6) a paramedic;

~~(E)~~(7) a physician;

~~(F)~~ (8) a ~~registered~~ physician's assistant; ~~or~~

~~(G)~~ (9) a licensed professional nurse; or

(10) an advanced registered nurse practitioner.

(c) Each operator of a type IIA ambulance service shall staff each ambulance with at least two attendants. In addition, when appropriate staffing is available, ALS may be provided with the appropriate equipment and protocols. One of the following

shall provide patient care appropriate to the patient condition in the patient compartment during patient transport:

(1)(A) For BLS, emergency medical technician; and

(B) for ALS, emergency medical technician-intermediate, emergency medical technician-defibrillator, or advanced emergency medical technician;

(2) mobile intensive care technician;

(3) paramedic;

(4) physician;

(5) physician's assistant;

(6) licensed professional nurse; or

(7) advanced registered nurse practitioner.

(d) Each operator of a type V ambulance service ~~operator~~ shall staff each type V ground ambulance with a driver ~~or pilot~~ and at least two ~~medically trained persons~~ attendants, one of which shall be an MICT or a paramedic with specific training, or two health care personnel, as defined in K.A.R. 109-1-1 (r) and (cc), one of whom shall be a physician or a licensed professional nurse. Additional staffing shall be commensurate with the patient's care needs as determined by the service's medical ~~advisor~~ adviser or as described in the ambulance service's medical protocols. The medical personnel shall remain in the patient compartment during patient transport.

~~(d)~~(e) ~~At least one of the medical personnel on each type V ambulance shall~~ Each ambulance service providing critical care transports shall have personnel that

have completed ~~and be current in~~ the course in the provider manual titled "advanced ~~cardiac~~ cardiovascular life support ~~(ACLS)~~," ~~as in effect on January 1, 1997~~ including the appendices and accompanying compact disc, published by the American heart association and dated 2006, which is adopted ~~herein~~ by reference, or the equivalent, as approved by the board. Each attendant shall have current certification in advance cardiovascular life support.

~~(e)~~ (f) When performing neonatal or pediatric missions, at least one of the ~~medical~~ personnel ~~on each type V ambulance~~ shall have completed ~~and be current~~ the course in the provider manual titled "pediatric advanced life support ~~(PALS)~~," ~~as in effect on January 1, 1996~~ published by the American heart association and dated 2006, which is adopted ~~herein~~ by reference, or the equivalent as approved by the board. Each attendant shall have current certification in pediatric advanced life support.

~~(f)~~ (g) When responding to the scene of an accident or medical emergency, not including transports between medical facilities, at least one of the medical personnel ~~on each type V ambulance shall have completed and~~ shall be ~~current~~ certified in one of the following ~~programs as in effect on January 1, 1996, which are adopted herein by reference~~ areas:

(1) ~~"~~Advanced trauma life support (ATLS)~~"~~;

(2) ~~"~~flight nurse advanced trauma course (FNATC)~~"~~;

(3) ~~"~~trauma nurse core course (TNCC)~~"~~;

(4) critical care emergency medical transport program (CCEMTP);

(5) ~~"~~pre-hospital trauma life support (PHTLS)~~"~~; or

(6) an equivalent course as approved by the board. (Authorized by K.S.A. ~~1995 Supp.~~ 65-6110, as amended by L. 2011, ch. 114, sec. 81; implementing K.S.A. ~~1995 Supp.~~ 65-6110, as amended by L. 2011, ch. 114, sec. 81, K.S.A. 61-6128, and K.S.A. 2010 Supp. 65-6135; effective May 1, 1985; amended May 1, 1987; amended, T-88-24, July 15, 1987; amended May 1, 1988; amended Aug. 27, 1990; amended Feb. 3, 1992; amended Jan. 31, 1997; amended P_____.)

Proposed

**109-2-8. Standards for type I ~~and~~, type II, type IIA, and type V ground ~~ambulance vehicles~~ ambulances and equipment.** (a) Each ambulance shall meet the vehicle and equipment standards that are applicable to that class of ambulance.

(b) Each ambulance shall have the ambulance license prominently displayed in the patient compartment.

(c) The patient compartment size shall meet or exceed the following specifications:

(1) Headroom: 60 inches; and

(2) length: 116 inches.

~~(c)~~ (d) Each ambulance shall have a heating and cooling system ~~which~~ that is controlled separately for the patient and the driver compartments. The air conditioners for each compartment shall have separate evaporators.

~~(d)~~ (e) Each ambulance shall have separate ventilation systems for the driver and patient compartments. These systems shall be separately controlled within each compartment. Fresh air intakes shall be located in the most practical, contaminant-free air space on the ambulance. The patient compartment shall be ventilated through the heating and cooling systems.

~~(e)~~ (f) The patient compartment in each ambulance shall have adequate lighting so that patient care can be given and the patient's status monitored without the need for portable or hand-held lighting. A reduced lighting level shall also be provided. A patient compartment light and step-well light shall be automatically activated by opening the entrance doors. Interior light fixtures shall be recessed and shall not protrude more than 1 1/2 inches.

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~~(f)~~ (g) Each ambulance shall have ~~at least two 80 amp/hr batteries and a 165 amp alternator~~ an electrical system to meet maximum demand of the electrical specifications of the vehicle. All conversion equipment shall have individual fusing ~~which~~ that is separate from the chassis fuse system.

~~(g)~~ (h) Each ambulance shall have lights and sirens as required by K.S.A. 8-1720 and K.S.A. 8-1738, and amendments thereto.

~~(h)~~ (i) Each ambulance shall have an exterior patient loading light over the rear door, which shall be activated both manually by an inside switch and automatically when the door is opened.

~~(i)~~ (j) The operator shall mark each ambulance licensed by the board as follows:

(1) The name of the ambulance service shall be in block letters, not less than four inches in height, and in a color that contrasts with the background color. The service name shall be located on both sides of the ambulance~~,~~ and shall be placed in such a manner that it is readily identifiable to other motor vehicle operators.

(2) Any operator may use a decal or logo ~~which~~ that identifies the ambulance service in place of lettering. The decal or logo shall ~~not~~ be ~~less than~~ at least 10 inches in height~~,~~ and shall be in a color that contrasts with the background color. The decal or logo shall be located on both sides of the ambulance and shall be placed in such a manner that ~~it~~ the decal or logo is readily identifiable to other motor vehicle operators.

(3) ~~Any~~ Each ambulance initially licensed by the board before January 1, 1995 ~~which~~ that is identified either by letters or a logo on both sides of the ambulance shall be

exempt from the minimum size requirements ~~as indicated~~ in paragraphs (1) and (2) of this subsection.

~~(j)~~(k) Each type I, ~~and~~ type II, type IIA, and type V ambulance shall have a ~~two-way radio~~ communications system ~~which~~ that is readily accessible to both the attendant and the driver and is in compliance with K.A.R 109-2-5(a). ~~This system shall be capable of providing direct communications between dispatch and medical control at a hospital.~~

~~(k)~~ (l) An operator shall equip each ambulance as follows:

(1) ~~a Halon or ABC fire extinguisher with at least five pounds of dry chemical, which shall be placed in the driver compartment, and shall be easily accessible from an outside door;~~ At least two annually inspected ABC fire extinguishers or comparable fire extinguishers with at least five pounds of dry chemical, which shall be secured. One fire extinguisher shall be easily accessible by the driver, and the other shall be easily accessible by the attendant;

(2) ~~a second fire extinguisher which is either a Halon fire extinguisher with at least five pounds of contents, or an ABC fire extinguisher with a minimum of five pounds of dry chemical. The fire extinguisher shall be placed in the patient compartment or in an outside compartment and shall be easily accessible to an attendant;~~

~~(3) one battery-operated hand lantern with a power source of at least six volts~~ ~~or~~ either two portable, functional flashlights~~, each having a minimum of two "C or D-cell battery" capacity~~ or one flashlight and one spotlight;

~~(4)~~ (3) one four-wheeled or six-wheeled, all-purpose, multilevel cot with an elevating head and at least two safety straps with locking mechanisms;

~~(5)~~ (4) one urinal;

~~(6)~~ (5) one bedpan;

~~(7)~~ (6) one emesis basin or convenience bag;

~~(8)~~ (7) one complete change of linen;

~~(9)~~ (8) two blankets;

~~(10)~~ (9) one waterproof cot cover;

~~(11)~~ (10) one pillow; and

~~(12)~~ (11) a "no-smoking" sign posted in the patient compartment and the driver ~~compartments~~ compartment.

~~(l)~~ (m) The operator shall equip each ~~type I and type II~~ ground ambulance with the following internal medical systems:

(1) An oxygen system with at least two outlets located within the patient compartment and ~~a minimum of 3,000~~ at least 2,000 liters of storage capacity, with a minimum oxygen level of 200 psi. The cylinder shall be in a compartment ~~which~~ that is vented to the outside. The pressure gauge and regulator control valve shall be readily accessible to the attendant from inside the patient compartment; and

(2) ~~an electrically-powered~~ a functioning, on-board, electrically powered suction aspirator system with an airflow of at least 28 liters per minute ~~and a vacuum of at least 300 millimeters of mercury~~ at the catheter tip. The unit shall be ~~equipped~~ easily

accessible with large-bore, ~~non-kinking~~ nonkinking suction tubing and a large-bore, ~~semi-rigid~~ semirigid, ~~non-metallic~~ nonmetalic oropharyngeal suction tip~~;~~.

~~(m)~~ (n) The operator shall equip each ~~type I and type II~~ ground ambulance with the following medical equipment:

(1) A portable oxygen unit of at least 300-liter storage capacity, complete with yoke, pressure gauge, and flowmeter and with a minimum oxygen level of 200 psi. The unit shall be readily accessible from inside the patient compartment;

(2) a functioning, portable, self-contained battery or manual suction aspirator with an airflow of at least 28 liters per minute ~~and a vacuum of at least 300 millimeters of mercury~~ at the catheter tip and a transparent or translucent collection bottle or bag. The unit shall be fitted with large-bore, ~~non-kinking~~ nonkinking suction tubing and a large-bore, ~~semi-rigid~~ semirigid, ~~non-metallic~~ nonmetallic oropharyngeal suction tip, unless the unit is self-contained;

(3) a hand-operated, adult bag-mask ventilation unit, which shall be capable of use with the oxygen supply;

(4) a hand-operated, pediatric bag-mask ventilation unit, which shall be capable of use with oxygen supply;

(5) oxygen masks in adult and pediatric sizes;

(6) nasal cannulas in adult and pediatric sizes;

(7) oropharyngeal airways in adult, pediatric, and infant sizes;

(8) a blood pressure manometer with extra large, adult, and pediatric cuffs and a stethoscope;

(9) an obstetric kit with contents as described in the ambulance service's medical protocol;

(10) sterile burn sheets;

(11) sterile large trauma dressings;

(12) assorted sterile gauze pads;

(13) occlusive gauze pads;

(14) ~~soft roller~~ rolled, self-adhering ~~type~~ bandages;

(15) adhesive tape at least one inch wide;

(16) bandage shears;

(17) one liter of sterile water, currently dated~~;~~ or

~~(18)~~ one liter of sterile saline, currently dated; and

~~(19) a bite stick; and~~

~~(20)~~ (18) ~~oral glucose or an equivalent high sugar substance~~ currently dated medications, as authorized by the scope of practice and protocols.

~~(n)~~ (o) The operator shall equip each ~~type I and type II~~ ground ambulance with the following patient-handling and splinting equipment:

(1) A long ~~spine board~~ spinal-immobilization device, complete with accessories to immobilize a patient;

(2) a short ~~spine board~~ spinal immobilization device, complete with accessories to immobilize a patient;

(3) a set of extremity splints including one arm and one leg splint, in adult and pediatric sizes;

(4) a set of rigid cervical collars in ~~small, medium, and large~~ assorted adult and pediatric sizes;

(5) foam wedges or other devices ~~which~~ that serve to stabilize the head, neck, and back as one unit; and

(6) patient disaster tags.

~~(o) Each operator shall demonstrate to the satisfaction of the administrator that the ambulance service either provides vehicle extrication and rescue services or that a fully equipped rescue vehicle or rescue service which provides the same services is immediately available to the operator.~~

(p) The operator shall equip each type I, ~~and~~ type IIA, type II, and type V ground ambulance with the following blood-borne and body fluid pathogen protection equipment in a quantity sufficient for crew members:

(1) ~~latex or vinyl~~ Surgical or medical protective gloves;

(2) ~~two sets of~~ protective goggles, glasses or ~~two~~ chin-length clear face shields;

(3) filtering masks ~~which~~ that cover the mouth and nose;

(4) ~~two non-permeable~~ nonpermeable, full-length, long-sleeve protective gowns;

(5) a ~~leak-proof~~ leakproof, rigid container clearly marked as "contaminated products" for the disposal of sharp objects; and

(6) a ~~leak-proof~~ leakproof, closeable container for soiled linen and supplies.

(q) The operator shall equip each type I ambulance, type IIA ambulance, and type V ambulance with the following ~~equipment~~:

(1) A ~~monitor/defibrillator~~ monitor-defibrillator;

(2) a drug supply as listed in the ambulance service's medical protocols;

(3) ~~macro-drip and micro-drip~~ intravenous administration sets according to medical protocol;

(4) ~~IV~~ intravenous solutions in plastic bags or plastic bottles as listed in the ambulance service's medical protocols;

(5) assorted syringes and ~~14-22 gauge~~ needles necessary to meet the requirements of the medical protocols; and

(6) if authorized by protocols, endotracheal tubes and laryngoscope blades in adult, child, and infant sizes~~; and~~

~~(7) a laryngoscope with adult and pediatric blades~~.

~~(r) Each type I and type II ambulance service operator shall develop a list of supplies and equipment which is carried on each ambulance. This list shall include the supplies and equipment required by the board for the vehicle license type, and any additional supplies or equipment necessary to carry out the patient care activities as indicated in the service's medical protocols.~~

~~(1) Each operator shall receive annual written approval by the emergency committee of the county medical society for the list of supplies and equipment carried on each ambulance.~~

~~(2) In those counties where there is no emergency committee of the medical society, the operator shall receive annual written approval for the list of supplies and equipment carried on each ambulance by the medical staff of the hospital to which the ambulance service primarily transports patients.~~

~~(3) Each operator shall submit the list of supplies and equipment carried on each ambulance to the board each year with the operator's application for an ambulance service permit.~~

~~(s)~~ (r) If an operator's medical protocols or equipment list ~~are~~ is amended, a copy of these changes shall be submitted to the board by the ambulance service operator ~~with a letter of approval as indicated in subsection (r) of this regulation~~ within 15 days of implementation of the change. Equipment and supplies obtained on a trial basis or for temporary use by the operator ~~need~~ shall not be required to be reported to the board by an operator. (Authorized by ~~and implementing~~ K.S.A. ~~1995 Supp.~~ 65-6110, as amended by L. 2011, ch. 114, sec. 81; implementing K.S.A. 65-6110, as amended by L. 2011, ch. 114, sec. 81, K.S.A. 2010 Supp. 65-6112, as amended by L. 2011, ch. 114, sec. 82, and K.S.A. 65-6128; effective May 1, 1985; amended, T-88-24, July 15, 1987; amended May 1, 1988; amended July 17, 1989; amended Aug. 16, 1993; amended Jan. 31, 1997; amended P-_____.)

**109-2-10a. Air safety program and informational publication.** (a) Each operator of an air ambulance service shall have an air safety training program for all air medical personnel. The program shall include the following:

(1) Air medical and altitude physiology;

(2) aircraft orientation, including specific capabilities, limitations, and safety measures for each aircraft used;

(3) depressurization procedures for fixed-wing aircraft;

(4) safety in and around the aircraft, including federal aviation administration rules and regulations found in 14 CFR Part 110 pertinent to safety for all air medical personnel, patients, and lay individuals;

(5) rescue and survival techniques appropriate to the terrain and the conditions under which the air ambulance service operates;

(6) hazardous scene recognition and response for rotor-wing aircraft;

(7) aircraft evacuation procedures, including the rapid loading and unloading of patients;

(8) refueling procedures for normal and emergency situations; and

(9) in-flight emergencies and emergency landing procedures.

(b) Each operator of an air ambulance service shall maintain documentation demonstrating the initial completion and annual review of the air safety training program for all air medical personnel and shall provide this documentation to the board on request.

(c) Each operator of an air ambulance service shall provide an informational publication that promotes the proper use of air medical transport, upon request, to all ground-based ambulance services, law enforcement agencies, and hospitals that use the air ambulance service. Each publication shall address the following topics:

(1) Availability, accessibility, and scope of care of the air ambulance service;

(2) capabilities of air medical personnel and patient care modalities afforded by the air ambulance service;

(3) patient preparation before air medical transport;

(4) landing zone designation and preparation;

(5) communication and coordination between air and ground medical personnel; and

(6) safe approach and conduct around the aircraft. (Authorized by and implementing K.S.A. 65-6110, as amended by L. 2011, ch. 114, sec. 81, and K.S.A. 2010 Supp. 65-6111; effective P-_____.)

**109-2-11. Standards for type V ~~ambulance~~ air ambulances and equipment.**

~~(a) Each type V ground ambulance shall meet the vehicle and equipment standards which are applicable to that class of ambulance.~~

~~(b) The patient compartment size shall meet or exceed the following minimum specifications:~~

~~(1) headroom: 60 inches; and~~

~~(2) length: 116 inches.~~

~~(c) Each ambulance shall have a heating and cooling system which is controlled separately for the patient and the driver compartments. The air conditioners for each compartment shall have separate evaporators.~~

~~(d) Each ambulance shall have separate ventilation systems for the driver and patient compartments. These systems shall be separately controlled within each compartment. Fresh air intakes shall be located in the most practical, contaminant-free air space on the ambulance. The patient compartment shall be ventilated through the heating and cooling systems.~~

~~(e) The patient compartment in each ambulance shall have adequate lighting so that patient care can be given and the patient's status monitored without the need for portable or hand-held lighting. A reduced lighting level shall also be provided. A patient compartment light and step-well light shall be automatically activated by opening the entrance doors. Interior light fixtures shall be recessed and shall not protrude more than 11/2 inches.~~

~~(f) Each ambulance shall have a at least two 80-amp/hr batteries and a 165-amp alternator. All conversion equipment shall have individual fusing which is separate~~

~~from the chassis fuse system. Each ambulance shall have a 110-volt power source adequate to power all equipment which may be carried.~~

~~(g) Each ambulance shall have lights and sirens as required by K.S.A. 8-1720 and K.S.A. 8-1738.~~

~~(h) Each ambulance shall have an exterior patient loading light over the door which shall be activated both manually by an inside switch and automatically when the door is opened.~~

~~(i) The operator shall mark each ambulance licensed by the board as follows:~~

~~(1) The name of the ambulance service shall be in block letters, not less than four inches in height, and in a color that contrasts with the background color. The service name shall be located on both sides of the ambulance, and shall be placed in such a manner that it is readily identifiable to other motor vehicle operators.~~

~~(2) Any operator may use a decal or logo which identifies the ambulance service in place of lettering. A decal or logo shall not be less than 10 inches in height, and in a color that contrasts with the background color. The decal or logo shall be located on both sides of the ambulance and shall be placed in such a manner that it is readily identifiable to other motor vehicle operators.~~

~~(3) Any ambulance licensed by the board before January 1, 1995 which is identified either by letters or a logo on both sides of the ambulance shall be exempt from the minimum size requirements as indicated in paragraphs (1) and (2) of this subsection.~~

~~(j) The operator shall equip each type V ground ambulance with a direct, two-way radio communications system which is readily accessible to both the attendant and the driver. This system shall be capable of providing direct communications between dispatch and medical control at a hospital.~~

(a) The operator shall ensure that the patient compartment is configured in such a way that air medical personnel have adequate access to the patient in order to begin and maintain care commensurate with the patient's needs. The operator shall ensure that the air ambulance has adequate access and necessary space to maintain the patient's airway and to provide adequate ventilatory support by an attendant from the secured, seat-belted position within the air ambulance.

(b) Each air ambulance operator shall have a policy that addresses climate control of the aircraft for the comfort and safety of both the patient and air medical personnel. The air medical crew shall take precautions to prevent temperature extremes that could adversely affect patient care.

~~(k)~~ (c) The operator shall equip each type V ~~ground~~ air ambulance with the following:

(1) ~~a Halon or ABC fire extinguisher with at least five pounds of dry chemical, which shall be in the driver compartment and shall be easily accessible from an outside door;~~

~~(2) a second fire extinguisher which is either a halon, a $CO_2$ or an ABC fire extinguisher with at least five pounds of dry chemical. The fire extinguisher shall be~~

~~placed in the patient compartment or in an outside compartment and shall be easily accessible to an attendant;~~

~~(3) one battery operated hand lantern with a power source of at least six volts or two flashlights, each having a minimum of two "C or D-cell" battery capacity~~ Either two portable functioning flashlights or a flashlight and one spotlight;

~~(4)~~ (2) ~~one four or six-wheeled, all purpose,~~ multilevel cot with an elevating head and at least ~~two~~ three safety straps with locking mechanisms or an isolette;

~~(5) one urinal;~~

~~(6) one bedpan;~~

~~(7)~~ (3) one emesis basin or convenience bag;

~~(8)~~ (4) one complete change of linen;

~~(9)~~ (5) ~~two blankets~~ one blanket;

~~(10)~~ (6) one waterproof cot cover; and

~~(11)~~ (7) a "no smoking" sign posted in the ~~driver compartments; and~~

~~(12) one pillow~~ aircraft.

(d) Each fixed-wing air ambulance shall have a two-way communications system that is readily accessible to both the medical personnel and the pilot and that meets the following requirements:

(1) Allows communication between the aircraft and air traffic control systems; and

(2) allows air medical personnel to communicate at all times with medical control, exclusive of the air traffic control system.

(e) The pilot or pilots shall be sufficiently isolated from the patient care area to minimize in-flight distractions and interference.

~~(l)~~ (f) The operator shall equip each type V ~~ground~~ air ambulance with an internal medical system ~~which~~ that includes the following:

(1) An internal oxygen system with at least two outlets located inside the patient compartment and with at least ~~3,000~~ 2,500 liters of storage capacity with a minimum of 200 psi. ~~The cylinder shall be in a compartment which is vented to the outside.~~ The pressure gauge, ~~and~~ regulator control valve, ~~shall be readily accessible to the attendant from inside the patient compartment~~ and humidifying accessories shall be readily accessible to attendants and medical personnel from inside the patient compartment during in-flight operations; ~~and~~

(2) an ~~electrically-powered~~ electrically powered suction aspirator system with an airflow of at least ~~28~~ 30 liters per minute and a vacuum of at least 300 millimeters of mercury. The unit shall be equipped with large-bore, ~~non-kinking~~ nonkinking suction tubing and a ~~semi-rigid~~ semirigid, ~~non-metallic~~ nonmetallic oropharyngeal suction tip; and

(3) oxygen flowmeters and outlets that are padded, flush-mounted, or located to prevent injury to air medical personnel, unless helmets are worn by all crew members during all phases of flight operations.

~~(m)~~ (g) The operator shall equip each type V ~~ground~~ air ambulance with the following:

(1) A portable oxygen unit of at least 300-liter storage capacity complete with yoke, pressure gauge, and flowmeter with a minimum of 200 psi. The unit shall be readily accessible from inside the patient compartment;

(2) a portable, self-contained battery or manual suction aspirator with an airflow of at least 28 liters per minute and a vacuum of at least 300 millimeters of mercury. The unit shall be fitted with large-bore, ~~non-kinking~~ nonkinking suction tubing and ~~semi-rigid~~ semirigid, ~~non-metallic~~ nonmetallic, oropharyngeal suction tip;

(3) medical supplies and equipment ~~which includes~~ that include the following:

(A) Airway management equipment, including tracheal intubation equipment, adult ~~and~~, pediatric, and infant bag-valve ~~mask~~ masks, and ventilatory support equipment;

(B) a cardiac ~~monitor/defibrillator~~ monitor capable of defibrillating and an extra battery or power source;

(C) cardiac advanced ~~cardiac~~ life support drugs and therapeutic modalities, as indicated by the ambulance service's medical protocols;

(D) neonate specialty equipment and supplies for neonatal missions and as indicated by the ambulance service's medical protocols;

(E) trauma advanced ~~trauma~~ life support supplies and treatment modalities, as indicated in the ambulance service's medical protocols; and

(F) a pulse oximeter and an intravenous infusion pump; and

(4) blood-borne and body fluid pathogen protection equipment as described in K.A.R. 109-2-8.

~~(n) Each type V ground ambulance operator shall develop a list of supplies and equipment which is either carried on the ambulance or immediately available for use as each mission requires. This list shall include the supplies and equipment required by the board and any additional supplies or equipment necessary to carry out the patient care activities as indicated in the service's medical protocols.~~

~~(1) Each operator shall receive annual written approval from the emergency committee of the county medical society for the list of supplies and equipment carried on each ambulance.~~

~~(2) In those counties where there is no emergency committee of the county medical society, the operator shall receive approval for the list of supplies and equipment carried on each ambulance by the medical staff of the hospital to which the ambulance service primarily transports patients.~~

~~(3) Each operator shall submit the list of supplies and equipment carried on each ambulance to the board each year with the service's application for an ambulance service permit.~~

~~(o)~~ (h) If an operator's medical protocols ~~or equipment list~~ are amended, the operator shall submit these changes to the board with a letter of approval ~~as indicated in section (n) of this regulation~~ pursuant to K.S.A. 65-6112 (r), and amendments thereto, within 15 days of implementation of the change.

(i) Equipment and supplies obtained on a trial basis or for temporary use by the operator ~~need~~ shall not be required to be reported to the board by the operator. If the operator's medical equipment list is amended, the operator shall submit these changes to the board within 15 days with a letter of approval from the ambulance service's medical director.

(j) Each air ambulance operator shall ensure that each air ambulance has on board, at all times, appropriate survival equipment for the mission and terrain of the ambulance service's geographic area of operations.

(k) Each air ambulance operator shall ensure that the aircraft has an adequate interior lighting system so that patient care can be provided and the patient's status can be monitored without interfering with the pilot's vision. The air ambulance operator shall ensure that the aircraft cockpit is capable of being shielded from light in the patient care area during night operations or that red lighting or a reduced lighting level is also provided for the pilot and air ambulance personnel.

(l) Each aircraft shall have at least one stretcher that meets the following requirements:

(1) Accommodates a patient who is up to six feet tall and weighs 212 pounds;

(2) is capable of elevating the patient's head at least 30 degrees for patient care and comfort;

(3) has three securing straps for adult patients; and

(4) has a specifically designed mechanism for securing pediatric patients.

(m) Each air ambulance operator shall ensure that all equipment, stretchers, and seating are so arranged as not to block rapid egress by air medical personnel or patients from the aircraft. The operator shall ensure that all equipment on board the aircraft is affixed or secured in either approved racks or compartments or by strap restraint while the aircraft is in operation.

(n) The aircraft shall have an electric inverter or appropriate power source that is sufficient to power patient-specific medical equipment without compromising the operation of any electrical aircraft equipment.

(o) When an isolette is used during patient transport, the operator shall ensure that the isolette is able to be opened from its secured in-flight position in order to provide full access to the infant.

(p) Each air ambulance operator shall ensure that all medical equipment is maintained according to the manufacturer's recommendations and does not interfere with the aircraft's navigation or on-board systems. (Authorized by and implementing K.S.A. ~~1995 Supp.~~ 65-6110, as amended by L. 2011, ch. 114, sec. 81; effective May 1, 1987; amended July 17, 1989; amended Jan. 31, 1997; amended P-_____.)

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**109-2-12. Standards for ~~roterwing~~ rotor-wing ambulance aircraft and equipment.**

(a) ~~Each air ambulance operator shall comply with all Federal Aviation Regulations as contained in 14 C.F.R. Parts 91 and 135, as in effect on January 1, 1996 , which are adopted herein by reference~~ Each operator of an air ambulance service shall comply with the requirements in K.A.R. 109-2-11.

(b) ~~Each air ambulance operator shall obtain a valid standard airworthiness certificate for each aircraft licensed by the board. The operator shall submit a copy of the airworthiness certificate to the board when applying for the air ambulance license.~~

~~(c) Each air ambulance operator shall ensure that the aircraft's flight controls, throttles, and radios are physically protected from any intended or accidental interference by the patient, air medical personnel, or equipment and supplies.~~

~~(d)~~ The aircraft ~~design~~ configuration shall not compromise patient stability during any part of flight operations. The aircraft shall have an entry that allows loading and unloading of the patient without maneuvering the patient more than 45 degrees about the lateral axis and 30 degrees about the longitudinal axis~~,~~ and does not compromise the functioning of monitoring systems, intravenous lines, or manual or mechanical ventilation.

~~(e) The operator shall ensure that the patient compartment is configured in such a way that air medical personnel have adequate access to the patient in order to begin and maintain both basic and advanced life support. The operator shall ensure that the air ambulance has adequate access and necessary space to maintain the patient's airway and to provide adequate ventilatory support by an attendant from the secured, seat-belted position within the air ambulance.~~



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~~(f) Each air ambulance operator shall ensure that the aircraft is climate controlled for the comfort of both the patient and air medical personnel. The air medical crew shall take precautions to prevent temperature extremes that could adversely affect patient care.~~

~~(g) Each aircraft shall have at least one stretcher installed and secured in the patient compartment according to FAA part 135 guidelines, and which meets the following requirements:~~

~~(1) accommodates a patient who is in the 95 percentile for an adult male, six ft. tall, 212 lbs. or 96.2 kg;~~

~~(2) is capable of elevating the patient's head at least 30 degrees for patient care and comfort; and~~

~~(3) has two patient securing straps.~~

~~(h) Each air ambulance operator shall ensure that all equipment, stretchers, and seating are so arranged as not to block rapid egress by air medical personnel or patients from the aircraft. The operator shall ensure that all equipment on board the aircraft is affixed or secured in either approved racks or compartments or by strap restraint while the aircraft is in operation.~~

~~(i) The aircraft shall have an adequate interior lighting system so that patient care can be given and the patient's status monitored without interfering with the pilot's vision. Red lighting or a reduced level of lighting shall also be provided for the pilot and air ambulance personnel.~~

~~(j) The aircraft shall have an electric invertor or appropriate power source which is sufficient to meet the requirements of the complete specialized equipment package without compromising the operation of any electrical aircraft equipment.~~

~~(k) When an isolette is used during patient transport, the operator shall ensure that the isolette is able to be opened from its secured in-flight position in order to provide full access to the infant.~~

~~(l)~~ (c) The aircraft shall have an external search light, which shall ~~be~~ meet the following requirements:

(1) Provide at least 400,000-candlepower illumination at 200 feet;

(2) be separate from the aircraft landing lights;

(3) be moveable 90 degrees longitudinally and 180 degrees laterally; and

(4) be capable of being controlled from inside the aircraft.

~~(m)~~ (d) Each ~~rotorwing~~ rotor-wing aircraft shall have a two-way interoperable ~~radio~~ communications system ~~which~~ that is readily accessible to both the attendants and the pilot~~,~~ and ~~which~~ meets the following requirements:

(1) Allows communications between the aircraft and a hospital for medical control, exclusive of the air traffic control system; and

(2) allows communications between the aircraft and ground-based ambulance services~~;~~, exclusive of the air traffic control system

~~(3) allows communications with air traffic control; and~~



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~~(4) allows the attendant to communicate at all times with medical control exclusive of the air traffic control system.~~

~~(n) Each air ambulance operator shall ensure that each air ambulance shall have on board, at all times, the following safety equipment:~~

~~(1) at least one 2-1/2 pound Halon fire extinguisher. The fire extinguisher shall be accessible to both the pilot and air medical personnel in the patient compartment. The air ambulance operator shall ensure that each fire extinguisher is fully charged with a valid inspection certification;~~

~~(2) one battery-operated, hand-held lantern with a power source of at least six volts or two flashlights with a minimum of two "C or D-cell" battery capacity;~~

~~(3) appropriate survival equipment for the mission and terrain of the service's geographic area of operations; and~~

~~(4) a "no smoking" sign posted in the patient and pilot compartments.~~

~~(o) Each air ambulance operator shall ensure that each rotorwing air ambulance is equipped with an internal medical system which includes the following equipment.~~

~~(1) Each rotorwing air ambulance shall have a gaseous or liquid medical oxygen supply which is sufficient to provide the patient with up to 15 liters per minute flow for the specific mission and duration of the flight, and is contained in at least two separate containers, one of which shall be portable.~~

~~(A) The air ambulance operator shall ensure that the oxygen delivery system, all necessary regulators, gauges and humidity accessories are available to the air medical personnel during in-flight operations.~~

~~(B) The air ambulance operator shall ensure that oxygen flow meters and outlets are padded, flush mounted, or located to prevent injury to air medical personnel.~~

~~(2) Each rotorwing air ambulance shall have two suction apparatus, one of which shall be electrically powered, with wide bore tubing, a large reservoir and various sizes of suction catheters. One suction unit shall be portable. The second may be either portable or built into the aircraft. Both suction units shall have an air flow of at least 28 liters per minute and a vacuum of at least 300 millimeters of mercury.~~

~~(p) Each air ambulance operator shall equip each rotorwing air ambulance with medical supplies and equipment which includes the following:~~

~~(1) airway management equipment including tracheal intubation equipment, adult and pediatric bag-valve masks and ventilatory support equipment;~~

~~(2) a cardiac monitor/defibrillator and an extra battery or power source;~~

~~(3) advanced cardiac life support drugs and therapeutic modalities as indicated by the air ambulance operator's medical protocols;~~

~~(4) neonate specialty equipment and supplies for neonatal missions as indicated in the service's medical protocols;~~

~~(5) advanced trauma life support treatment modalities as indicated in the service's medical protocols;~~

~~(6) a pulse oximeter and an intravenous infusion pump; and~~

~~(7) blood borne and body fluid pathogen protection equipment as described in K.A.R. 109-2-8 (p).~~

~~(q) Each air ambulance operator shall comply with the requirements described in K.A.R. 109-2-11 (n) and (o).~~

~~(r) Each air ambulance operator shall ensure that all medical equipment is maintained according to the manufacturer's recommendations and does not interfere with the aircraft's navigation or on-board systems.~~ (Authorized by and implementing K.S.A. ~~1995 Supp.~~ 65-6110, as amended by L. 2011, ch. 114, sec. 81; effective May 1, 1987; amended July 17, 1989; amended Jan. 31, 1997; amended P-_____.)

Proposed

**109-2-13. Standards for fixed-wing ambulance aircraft and equipment**. (a) ~~Each air ambulance operator shall comply with all Federal Aviation Regulations as contained in 14 C.F.R. Parts 91 and 135, as in effect on January 1, 1996, which are adopted herein by reference.~~

~~(b) Each air ambulance operator shall obtain a valid standard airworthiness certificate for each aircraft licensed by the board. The operator shall submit a copy of the airworthiness certificate to the board when applying for the air ambulance license.~~

~~(c)~~ ~~The~~ Each operator shall ensure that each fixed-wing air ambulance is ~~multi-engined and meets the following requirements:~~

~~(1) rated for instrument flight (IFR);~~

~~(2) equipped with an emergency locator transmitter (ELT);~~

~~(3) certified and equipped for known icing conditions; and~~

~~(4)~~ pressurized during patient transports according to the ambulance service's medical protocols and operational ~~protocols~~ policies.

~~(d)~~ (b) ~~Each air ambulance operator shall ensure that the aircraft's flight controls, throttles, and radios are physically protected from any intended or accidental interference by the patient, air medical personnel, or equipment and supplies.~~ The pilot or pilots shall be sufficiently isolated from the patient care area to minimize in-flight distractions ~~or~~ and interference.

~~(e) The aircraft design shall not compromise patient stability during any part of flight operations. The aircraft shall have an entry that allows loading and unloading of the patient without maneuvering the patient more than 45 degrees about the lateral axis~~

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~~and 30 degrees about the longitudinal axis of the patient, and does not compromise functioning of monitoring systems, intravenous lines, or manual or mechanical ventilation.~~

~~(f) Each air ambulance operator shall ensure that the patient compartment is configured in such a way that air medical personnel have adequate access to the patient in order to begin and maintain both basic and advanced life support. The operator shall ensure that the air ambulance has adequate access and necessary space to maintain the patient's airway and to provide adequate ventilatory support by an attendant from the secured, seat-belted position within the air ambulance.~~

~~(g) Each air ambulance operator shall ensure that the aircraft is climate controlled for the comfort of both the patient and air medical personnel. The air medical crew shall take precautions to prevent temperature extremes that could adversely affect patient care.~~

~~(h) Each aircraft shall have at least one stretcher installed and secured in the patient compartment according to FAR part 135 guidelines, and which meets the following requirements:~~

~~(1) accommodates a patient who is in the 95 percentile for an adult male, six ft. tall, 212 lbs. or 96.2 kg;~~

~~(2) is capable of elevating a patient's head at least 30 degrees for patient care and comfort; and~~

~~(3) has two patient securing straps.~~

~~(i) Each air ambulance operator shall ensure that all equipment, stretchers, and seating are arranged so as not to block rapid egress by air medical personnel or patients from the aircraft. The operator shall ensure that all equipment on board the aircraft is affixed or secured in either approved racks or compartments or by strap restraint while the aircraft is in operation.~~

~~(j) Each air ambulance operator shall ensure the aircraft has an adequate interior lighting system so that patient care can be provided and the patient's status monitored without interfering with the pilot's vision. The air ambulance operator shall ensure the aircraft cockpit is capable of being shielded from light in the patient care area during night operations. Red lighting or a reduced lighting level shall also be provided for the pilot and air ambulance personnel.~~

~~(k) The aircraft shall have an electric invertor or appropriate power source which is sufficient to meet the requirements of the complete specialized equipment package without compromising the operation of any electrical aircraft equipment.~~

~~(l) When an isolette is carried during patient transport, the air ambulance operator shall ensure that the isolette is able to be opened from its secured in-flight position in order to provide full access to the infant.~~

~~(m)~~ (c) Each fixed-wing air ambulance shall have a two-way ~~radio~~, interoperable communications system ~~which~~ that is readily accessible to both the attendants and the pilot~~,~~ and ~~which shall meet~~ that meets the following requirements:

(1) Allows communications between the aircraft and a hospital; and

(2) ~~allows communications between the aircraft and ground based ambulance services;~~

~~(3) allows communications with air traffic control; and~~

~~(4)~~ allows an attendant to communicate at all times with medical control, exclusive of the air traffic control system.

~~(n) Each air ambulance operator shall ensure that the air ambulance shall have on board, at all times, the following safety equipment:~~

~~(1) at least one 2-1/2 pound Halon fire extinguisher. The fire extinguisher shall be accessible to both the pilot and air medical personnel in the patient compartment. The air ambulance operator shall ensure that each fire extinguisher is fully charged with a valid inspection certification;~~

~~(2) one battery-operated hand-held lantern with a power source of at least six volts or two flashlights with a minimum of two "C or D-cell" battery capacity;~~

~~(3) appropriate survival equipment for the mission and terrain of the service's geographic area of operations; and~~

~~(4) a "no smoking" sign posted in the patient and pilot compartments.~~

~~(c)~~ (d) Fixed-wing ambulance aircraft shall have on board patient comfort equipment including the following:

(1) ~~one pillow;~~

~~(2) two complete sets of linen;~~

~~(3) two blankets;~~

~~(4) one waterproof cot cover;~~

~~(5)~~ One urinal; and

~~(6)~~ (2) one bedpan~~;~~

~~(7) one emesis basin or convenience bag; and~~

~~(8) potable water~~.

~~(p) Each air ambulance operator shall ensure that each fixed-wing air ambulance is equipped with an internal medical system which includes the following equipment.~~

~~(1) Each fixed-wing air ambulance shall have a gaseous or liquid medical oxygen supply which is sufficient to provide the patient with up to 15 liters per minute flow for the specific mission and duration of the flight, and is contained in at least two separate containers, one of which shall be portable.~~

~~(A) The air ambulance operator shall ensure that the oxygen delivery system, all necessary regulators, gauges, and humidity accessories are available to the air medical personnel during in-flight operations.~~

~~(B) The air ambulance operator shall ensure that oxygen flow meters and outlets are padded, flush mounted, or located to prevent injury to air medical personnel.~~

~~(2) Each fixed-wing air ambulance operator shall have two suction apparatus, one of which shall be electrically powered, with wide bore tubing, a large reservoir and various sizes of suction catheters. One suction unit shall be portable. The second may be either portable or built into the aircraft. Both suction units shall have an air flow of at least 28 liters per minute and a vacuum of at least 300 millimeters of mercury.~~

~~(q) Each air ambulance operator shall equip each fixed-wing air ambulance with medical supplies and equipment which includes the following:~~

~~(1) airway management equipment including tracheal intubation equipment, adult and pediatric bag-valve masks and ventilatory support equipment;~~

~~(2) a cardiac monitor/defibrillator and an extra battery or power source;~~

~~(3) advanced cardiac life support drugs and therapeutic modalities as indicated by the operator's medical protocols;~~

~~(4) neonate specialty equipment and supplies for neonatal missions as indicated by the service's medical protocols;~~

~~(5) a pulse oximeter and an intravenous infusion pump; and~~

~~(6) blood borne and body fluid pathogen protection equipment as described in K.A.R. 109-2-8 (p).~~

~~(r) Each fixed-wing air ambulance operator shall comply with the requirements described in K.A.R. 109-2-11 (n) and (o).~~

~~(s) Each air fixed-wing air ambulance operator shall ensure that all medical equipment is maintained according to the manufacturer's recommendations and does not interfere with the aircraft's navigational, radio communications or other on board systems.~~

(e)(1) Each operator of a type V ambulance service shall staff each type V air ambulance with a pilot and one of the following groups of individuals, who shall remain in the patient compartment during patient transport:

(A) At least two of the following: physician, physician assistant, advanced registered nurse practioner, or professional nurse; or

(B) one of the individuals listed in paragraph (e)(1)(A) and one of the following:

(i) An MICT or paramedic; or

(ii) an optional staff member commensurate with the patient's care needs, as determined by the ambulance service's medical adviser or as described in the ambulance service's medical protocols, who shall be a health care provider as defined in K.A.R. 109-1-1 (cc). The medical personnel shall remain in the patient compartment during patient transport.

(2) Each of the individuals specified in paragraphs (e)(1)(A) and (B) shall meet the following requirements:

(A) Have current certification in advanced cardiac life support (ACLS), as adopted by reference in K.A.R. 109-2-7 (e), or in an equivalent area approved by the board; and

(B) have current certification in either pediatric advanced life support, as adopted by reference in K.A.R. 109-2-7 (f), or an equivalent area approved by the board and in one of the following:

(i) International trauma life support-advanced (ITLS-A);

(ii) transport nurse advanced trauma course (TNATC);

(iii) trauma nurse core course (TNCC);

(iv) certified flight registered nurse (CFRN);

(v) certified transport registered nurse (CTRN);

(vi) pre-hospital trauma life support (PHTLS);

(vii) critical care emergency medical technician paramedic (CCEMTP); or

(viii) flight paramedic-certification (FP-C). (Authorized by and implementing K.S.A. ~~1995 Supp.~~ 65-6110, as amended by L. 2011, ch. 114, sec. 81; effective Jan. 31, 1997; amended P-_____.)

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# Kansas Board of Emergency Medical Services
# Economic Impact Statement
# K.A.R. 109-1-1

## I. Summary of Proposed Regulation, Including its purpose.

Kansas Administrative Regulation 109-1-1 provides definitions related to emergency medical services. New terms were defined to allow for the transition of the scope of practice and new attendant certification levels. Other terms were revised to reflect current concepts.

## II. Reason or Reasons the Proposed Regulation Is Required, Including Whether or Not the Regulation Is Mandated by Federal Law.

Health care is constantly changing and requires definitions that are current. The last time this regulation was revised was 1999. The current changes reflect current concepts in emergency medical services.

## III. Anticipated Economic Impact upon the Kansas Board of Emergency Medical Services.

There will be no overall costs to the Kansas Board of Emergency Medical Services associated with implementation of this regulation.

## IV. Anticipated Economic Impact upon Other Governmental Agencies and upon Private Business or Individuals.

The Board anticipates no economic impact upon governmental agencies, private businesses or individuals.

## V. Anticipated Economic Impact upon Consumers of the Services Subject to the Regulation or its Enforcement.

The Board anticipates no economic impact upon consumers of the services subject to the regulation or its enforcement.

**VI. Less Costly or Intrusive Methods That Were Considered, but Rejected, and the Reason for Rejection.**

This regulation provides for definitions related to emergency medical services regulations and no less costly or intrusive methods were considered, no cost are applicable to revised definitions.

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# Kansas Board of Emergency Medical Services
# Economic Impact Statement
# K.A.R. 109-1-2

## I. Summary of Proposed Regulation, Including its purpose.

Kansas Administrative Regulation 109-1-2 defines "medical adviser". The only change in this regulation is to maintain consistency. Advisor was changed to adviser throughout this regulation and all other regulations applicable to emergency medical services.

## II. Reason or Reasons the Proposed Regulation Is Required, Including Whether or Not the Regulation Is Mandated by Federal Law.

Advisor was changed to adviser throughout this regulation and all other regulations applicable to emergency medical services.

## III. Anticipated Economic Impact upon the Kansas Board of Emergency Medical Services.

No anticipated economic impact is expected to the Kansas Board of Emergency Medical Services.

## IV. Anticipated Economic Impact upon Other Governmental Agencies and upon Private Business or Individuals.

No anticipated economic impact is expected to other governmental agencies, private businesses or individuals.

## V. Anticipated Economic Impact upon Consumers of the Services Subject to the Regulation or its Enforcement.

No anticipated economic impact is expected to consumers of the services subject to the regulation or its enforcement.

**VI. Less Costly or Intrusive Methods That Were Considered, but Rejected, and the Reason for Rejection.**

Less costly or intrusive methods has no applicability to the spelling changes in this regulation.

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# Kansas Board of Emergency Medical Services
# Economic Impact Statement
# K.A.R. 109-2-1

## I. Summary of Proposed Regulation, Including its purpose.

K.A.R. 109-2-1. The "service director" regulation has changed to shift responsibility to the "service operator" defined as the party or municipality that obtained the permit for the service. The service director is an agent, employed by the operator, whose primary purpose is to manage day to day operations. The regulation change also delineates the responsibilities of both the service operator and service director. The regulation has been changed to incorporate language previously referenced in 109-2-4, which is being revoked, regarding the requirement to have attendant's cards on file. A new change requires the operator to advise the Board of any employment changes of service director within 7 days. The service director is responsible to report any employment change of attendant's to the Board within 90 days, a change of the service director within 7 days and any change in the medical director within thirty days and a plan for securing a replacement of the medical director.

## II. Reason or Reasons the Proposed Regulation Is Required, Including Whether or Not the Regulation Is Mandated by Federal Law.

This regulatory change is to delineate responsibilities of the operator and the service director, to insure the Board is informed of changes in staffing in a timely matter and provide forwarding information on attendants, and allows the Board to insure the service remains compliant with state law.

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**III. Anticipated Economic Impact upon the Kansas Board of Emergency Medical Services.**

There will be no overall costs to the Kansas Board of Emergency Medical Services associated with implementation of this regulation.

**IV. Anticipated Economic Impact upon Other Governmental Agencies and upon Private Business or Individuals.**

The Board does anticipate a potential economic impact on services in the form of postage although this material may be provided electronically to insure the Board has up to date files regarding the attendants, service director and the medical director.

**V. Anticipated Economic Impact upon Consumers of the Services Subject to the Regulation or its Enforcement.**

There will be no economic impact on customers.

**VI. Less Costly or Intrusive Methods That Were Considered, but Rejected, and the Reason for Rejection.**

There are minimal costs that will be incurred by the service, however, these cost are for postage and will insure the service remains compliant.

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# Kansas Board of Emergency Medical Services
# Economic Impact Statement
# K.A.R. 109-2-2

## I. Summary of Proposed Regulation, Including its purpose.

K.A.R. 109-2-2. The regulation applies to application for ambulance service permit and ambulance vehicle license; permit renewal and license renewal.

## II. Reason or Reasons the Proposed Regulation Is Required, Including Whether or Not the Regulation Is Mandated by Federal Law.

This regulatory change is to place all regulation's applicable to licensing and relicensing in one regulation. No federal law mandates this change.

## III. Anticipated Economic Impact upon the Kansas Board of Emergency Medical Services.

There will be no overall costs to the Kansas Board of Emergency Medical Services associated with implementation of this regulation.

## IV. Anticipated Economic Impact upon Other Governmental Agencies and upon Private Business or Individuals.

There could be economic impact on other governmental agencies or private business to retain or contract with a certified mechanic but no economic impact will be anticipated to individuals.

## V. Anticipated Economic Impact upon Consumers of the Services Subject to the Regulation or its Enforcement.

There could be economic impact on other governmental agencies or private business to retain or contract with a certified mechanic but no economic impact will be anticipated to individuals.

**VI. Less Costly or Intrusive Methods That Were Considered, but Rejected, and the Reason for Rejection.**

Most of the changes in this regulation are content being removed from other regulations to keep all licensing requirements in the same regulation.

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# Kansas Board of Emergency Medical Services
# Economic Impact Statement
# K.A.R. 109-2-5

## I. Summary of Proposed Regulation, Including its purpose.

K.A.R. 109-2-5. The regulation applies to ambulance service operational standards.

## II. Reason or Reasons the Proposed Regulation Is Required, Including Whether or Not the Regulation Is Mandated by Federal Law.

These regulatory changes are to move the type V or air ambulance service regulations to a separate regulation pertaining to type V air ambulances. The regulation also clarifies some of the language and adds additional required policies and protocols. This regulation is also required by the US Department of Health and Human Services by Code of Federal Regulation (CFR) chapter C part 164 pertaining to the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

## III. Anticipated Economic Impact upon the Kansas Board of Emergency Medical Services.

There will be no overall cost to the Kansas Board of Emergency Medical Services associated with the implementation of this regulation.

## IV. Anticipated Economic Impact upon Other Governmental Agencies and upon Private Business or Individuals.

The Board does anticipate an economic impact on other governmental agencies, private businesses or individuals. Each service could incur additional cost in developing and implementing new required policies.

## V. Anticipated Economic Impact upon Consumers of the Services Subject to the Regulation or its Enforcement.

The Board does anticipate an economic impact on other governmental agencies, private businesses or individuals. Each service could incur additional cost in developing and implementing new required policies.

**VI. Less Costly or Intrusive Methods That Were Considered, but Rejected, and the Reason for Rejection.**

No less costly or intrusive methods were considered..

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# Kansas Board of Emergency Medical Services
# Economic Impact Statement
# K.A.R. 109-2-6

## I. Summary of Proposed Regulation, Including its purpose.

K.A.R. 109-2-6 applies to ambulance service classes. A new type of service was added: type IIa. This type delineates a type II and type IIA, the latter being able to provide advanced life support.

## II. Reason or Reasons the Proposed Regulation Is Required, Including Whether or Not the Regulation Is Mandated by Federal Law.

The regulation is being changed to delineate advanced life support from basic life support service licensure. There are no federal requirements, however, the changes do reflect the current national move to the "Scope of Practice".

## III. Anticipated Economic Impact upon the Kansas Board of Emergency Medical Services.

The will be no overall cost to the Kansas Board of Emergency Medical Services associated with implementation of this regulation.

## IV. Anticipated Economic Impact upon Other Governmental Agencies and upon Private Business or Individuals.

The Board does not anticipate an economic impact on other government agencies, private businesses, or individuals.

## V. Anticipated Economic Impact upon Consumers of the Services Subject to the Regulation or its Enforcement.

The Board does not anticipate an economic impact on other government agencies, private businesses, or individuals.

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**VI. Less Costly or Intrusive Methods That Were Considered, but Rejected, and the Reason for Rejection.**

No less costly or intrusive methods were considered.

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# Kansas Board of Emergency Medical Services
# Economic Impact Statement
# K.A.R. 109-2-7

## I. Summary of Proposed Regulation, Including its purpose.

K.A.R. 109-2-7 applies to ground ambulance staffing. The change has removed air ambulance staffing requirements and added staffing requirements for type IIA ambulances and services.

## II. Reason or Reasons the Proposed Regulation Is Required, Including Whether or Not the Regulation Is Mandated by Federal Law.

The regulation is not mandated by federal law. The regulation is to align with the national "Scope of Practice" and provide a higher level of care to rural areas of the state.

## III. Anticipated Economic Impact upon the Kansas Board of Emergency Medical Services.

There will be no overall cost to the Kansas Board of Emergency Medical Services associated with the implementation of this regulation.

## IV. Anticipated Economic Impact upon Other Governmental Agencies and upon Private Business or Individuals.

The Board does not anticipate an economic impact on other governmental agencies, private businesses, or individuals.

## V. Anticipated Economic Impact upon Consumers of the Services Subject to the Regulation or its Enforcement.

The Board does not anticipate an economic impact on other governmental agencies, private businesses, or individuals.

## VI. Less Costly or Intrusive Methods That Were Considered, but Rejected, and the Reason for Rejection.

Proposed

No less costly or intrusive methods were considered.

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# Kansas Board of Emergency Medical Services
# Economic Impact Statement
# K.A.R. 109-2-8

## I. Summary of Proposed Regulation, Including its purpose.

K. A. R. 109-2-8 discusses the standards for all ground ambulance vehicles. The regulation was revised to keep up with the current standard for ambulances and includes provisions for the type IIa.

## II. Reason or Reasons the Proposed Regulation Is Required, Including Whether or Not the Regulation Is Mandated by Federal Law.

The regulation does include changes applicable to Federal requirements. The regulation was revised to keep up with the current standard for ambulances.

## III. Anticipated Economic Impact upon the Kansas Board of Emergency Medical Services.

There is no anticipated economic impact upon the Kansas Board of Emergency Medical Services.

## IV. Anticipated Economic Impact upon Other Governmental Agencies and upon Private Business or Individuals.

There is no anticipated economic impact on governmental agencies, private businesses or individuals.

## V. Anticipated Economic Impact upon Consumers of the Services Subject to the Regulation or its Enforcement.

There is no anticipated economic impact on governmental agencies, private businesses or individuals.

**VI. Less Costly or Intrusive Methods That Were Considered, but Rejected, and the Reason for Rejection.**

No less costly or intrusive methods were considered. A lot of required equipment has been removed.

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# Kansas Board of Emergency Medical Services
# Economic Impact Statement
# K.A.R. 109-2-10a

## I. Summary of Proposed Regulation, Including its purpose.

Kansas Administrative Regulation 109-2-10a is a new regulation that requires the Type V air ambulances to have an air safety program and an informational publication available to anyone requesting the publication. This language was moved from 109-2-5 to keep air ambulanceregulations together.

## II. Reason or Reasons the Proposed Regulation Is Required, Including Whether or Not the Regulation Is Mandated by Federal Law.

The information in this regulation has been removed from 109-2-5 that was not specific to Type V air ambulance services. There is not a mandate by Federal law.

## III. Anticipated Economic Impact upon the Kansas Board of Emergency Medical Services.

There is no anticipated economic impact on The Kansas Board of Emergency Medical Services.

## IV. Anticipated Economic Impact upon Other Governmental Agencies and upon Private Business or Individuals.

There is no anticipated economic impact on governmental agencies, private businesses or individuals.

## V. Anticipated Economic Impact upon Consumers of the Services Subject to the Regulation or Its Enforcement.

There is no anticipated economic impact on governmental agencies, private businesses or individuals.

**VI. Less Costly or Intrusive Methods That Were Considered, but Rejected, and the Reason for Rejection.**

No less costly or intrusive methods were considered.

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# Kansas Board of Emergency Medical Services
# Economic Impact Statement
# K.A.R. 109-2-11

**I. Summary of Proposed Regulation, Including its purpose.** The purpose of the regulation is to ensure consistent medical standards and equipment for all Type V air ambulances.

**II. Reason or Reasons the Proposed Regulation Is Required, Including Whether or Not the Regulation Is Mandated by Federal Law.** A considerable amount of the regulation was removed because of redundancy with the Federal Aviation Administration requirements that are more stringent.

**III. Anticipated Economic Impact upon the Kansas Board of Emergency Medical Services.** There will be no anticipated economic impact on the Kansas Board of Emergency Medical Services.

**IV. Anticipated Economic Impact upon Other Governmental Agencies and upon Private Business or Individuals.** There will be no anticipated economic impact on other governmental agencies and upon private business or Individuals.

**V. Anticipated Economic Impact upon Consumers of the Services Subject to the Regulation or its Enforcement.** There will be no anticipated economic impact on other governmental agencies and upon private business or Individuals.

**VI. Less Costly or Intrusive Methods That Were Considered, but Rejected, and the Reason for Rejection.** No less costly or intrusive measures were considered.

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# Kansas Board of Emergency Medical Services
# Economic Impact Statement
# K.A.R. 109-2-12

**I. Summary of Proposed Regulation, Including its purpose.** The regulation requires specific standards and equipment for rotor-wing aircrafts.

**II. Reason or Reasons the Proposed Regulation Is Required, Including Whether or Not the Regulation Is Mandated by Federal Law.** A considerable amount of the regulation was removed because of redundancy with the Federal Aviation Administration requirements that are more stringent. Staffing requirements were removed as a result of statutory language changes in accordance with Kansas Statutes.

**III. Anticipated Economic Impact upon the Kansas Board of Emergency Medical Services.** There will be no economic impact upon the Kansas Board of Emergency Medical Services.

**IV. Anticipated Economic Impact upon Other Governmental Agencies and upon Private Business or Individuals.** There will be no economic impact on any other governmental agency, business, or individuals.

**V. Anticipated Economic Impact upon Consumers of the Services Subject to the Regulation or Its Enforcement.** There will be no economic impact on any other governmental agency, business, or individuals.

**VI. Less Costly or Intrusive Methods That Were Considered, but Rejected, and the Reason for Rejection.** No less costly or intrusive measures were considered.

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# Kansas Board of Emergency Medical Services
# Economic Impact Statement
# K.A.R. 109-2-13

**I. Summary of Proposed Regulation, Including its purpose.** The regulation requires specific medical standards and equipment for fixed-wing aircrafts. Staffing requirements were moved from 109-2-5 to keep all Type V fixed-wing aircrafts in the regulation pertaining to fixed-wing.

**II. Reason or Reasons the Proposed Regulation Is Required, Including Whether or Not the Regulation Is Mandated by Federal Law.** A considerable amount of the regulation was removed because of redundancy with the Federal Aviation Administration requirements that are more stringent.

**III. Anticipated Economic Impact upon the Kansas Board of Emergency Medical Services.**

There will be no economic impact upon the Kansas Board of Emergency Medical Services.

**IV. Anticipated Economic Impact upon Other Governmental Agencies and upon Private Business or Individuals.** There will be no economic impact on any other governmental agency, business, or individuals.

**V. Anticipated Economic Impact upon Consumers of the Services Subject to the Regulation or Its Enforcement.** There will be no economic impact on any other governmental agency, business, or individuals.

**VI. Less Costly or Intrusive Methods That Were Considered, but Rejected, and the Reason for Rejection.** No less costly or intrusive measures were considered.