

Proposed

Landon State Office Building
900 SW Jackson Street, Room 1031
Topeka, KS 66612-1228



Phone: 785-296-7296
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Dennis Allin, M.D., Chair
Steven Sutton, Executive Director

Sam Brownback, Governor

**STATE OF KANSAS
BOARD OF EMERGENCY MEDICAL SERVICES
NOTICE OF HEARING ON PROPOSED ADMINISTRATIVE REGULATIONS**

A public hearing will be conducted from 3:00 p.m. to 5:00 p.m., Wednesday, November 30, 2011 in Room 106 of the Landon State Office Building, 900 S.W. Jackson, Topeka, Kansas 66612 to consider the adoption of proposed new administrative 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 Joseph House, Deputy Director, Kansas Board of EMS, 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 or other specified amount of time.

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. The Board of EMS does not have a TTY phone number or device. Hearing impaired individuals may contact the Kansas Relay Center at 1-800-766-3777 for further assistance. Van accessible handicapped parking is located on Jackson Street, just south of Ninth Street directly across the street from the building's north/public entrance. The north entrance to the building is accessible to individuals with disabilities.

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

K.A.R. 109-3-3. Emergency medical responder; authorized activities. This regulation further clarifies the authorized activities and medications of the Emergency Medical Responder as specified in K.S.A. 65-6144.

K.A.R. 109-3-4. Emergency medical technician; authorized activities. This regulation further clarifies the authorized activities and medications of the Emergency Medical Technician as specified in K.S.A. 65-6121.

K.A.R. 109-3-5. Advanced emergency medical technician; authorized activities. This regulation further clarifies the authorized activities and medications of the Advanced Emergency Medical Technician as specified in K.S.A. 65-6120.

Copies of the proposed regulations and the economic impact statements may be obtained from the Kansas Board of Emergency Medical Services, Room 1031, Landon State Office Building, 900 SW Jackson, Topeka, Kansas 66612, (785) 296-7296.



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109-3-3. Emergency medical responder; authorized activities. Each emergency medical responder shall be authorized to perform any intervention specified in K.S.A. 65-6144, and amendments thereto, and as further specified in this regulation:

(a) Emergency vehicle operations:

(1) Operating each ambulance in a safe manner in nonemergency and emergency situations. "Emergency vehicle" shall mean ambulance, as defined in K.S.A. 65-6112 and amendments thereto; and

(2) stocking an ambulance with supplies in accordance with regulations adopted by the board and the ambulance service's approved equipment list to support local medical protocols;

(b) initial scene management:

(1) Assessing the scene, determining the need for additional resources, and requesting these resources;

(2) identifying a multiple-casualty incident and implementing the local multiple-casualty incident management system;

(3) recognizing and preserving a crime scene;

(4) triaging patients, utilizing local triage protocols;

(5) providing safety for self, each patient, other emergency personnel, and bystanders;

(6) utilizing methods to reduce stress for each patient, other emergency personnel, and bystanders;



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- (7) communicating with public safety dispatchers and medical control facilities;
 - (8) providing a verbal report to receiving personnel;
 - (9) providing a written report to receiving personnel;
 - (10) completing a prehospital care report;
 - (11) setting up and providing patient and equipment decontamination;
 - (12) using personal protection equipment;
 - (13) practicing infection control precautions;
 - (14) moving patients without a carrying device; and
 - (15) moving patients with a carrying device;
- (c) patient assessment and stabilization:
- (1) Obtaining consent for providing care;
 - (2) communicating with bystanders, other health care providers, and patient family members while providing patient care;
 - (3) communicating with each patient while providing care; and
 - (4) assessing the following: blood pressure manually by auscultation or palpation or automatically by noninvasive methods; heart rate; level of consciousness; temperature; pupil size and responsiveness to light; absence or presence of respirations; respiration rate; and skin color, temperature, and condition;
- (d) cardiopulmonary resuscitation and airway management:
- (1) Applying cardiac monitoring electrodes;
 - (2) performing any of the following:

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(A) Manual cardiopulmonary resuscitation for an adult, child, or infant, using one or two attendants;

(B) cardiopulmonary resuscitation using a mechanical device;

(C) postresuscitative care to a cardiac arrest patient;

(D) cricoid pressure by utilizing the sellick maneuver;

(E) head-tilt maneuver or chin-lift maneuver, or both;

(F) jaw thrust maneuver;

(G) modified jaw thrust maneuver for injured patients;

(H) modified chin-lift maneuver;

(I) mouth-to-barrier ventilation;

(J) mouth-to-mask ventilation;

(K) mouth-to-mouth ventilation;

(L) mouth-to-nose ventilation;

(M) mouth-to-stoma ventilation;

(N) manual airway maneuvers; or

(O) manual upper-airway obstruction maneuvers, including patient positioning,

finger sweeps, chest thrusts, and abdominal thrusts; and

(3) suctioning the oral and nasal cavities with a soft or rigid device;

(e) control of bleeding, by means of any of the following:

(1) Elevating the extremity;

(2) applying direct pressure;

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- (3) utilizing a pressure point;
- (4) applying a tourniquet;
- (5) utilizing the trendelenberg position; or
- (6) applying a pressure bandage;
- (f) extremity splinting, by means of any of the following:
 - (1) Soft splints;
 - (2) anatomical extremity splinting without return to position of function;
 - (3) manual support and stabilization; or
 - (4) vacuum splints;
- (g) spinal immobilization, by means of any of the following:
 - (1) Cervical collar;
 - (2) full-body immobilization device;
 - (3) manual stabilization;
 - (4) assisting an EMT, AEMT, or paramedic with application of an upper-body spinal immobilization device;
 - (5) helmet removal; or
 - (6) rapid extrication;
- (h) oxygen therapy by means of any of the following:
 - (1) Humidifier;
 - (2) nasal cannula;
 - (3) non-rebreather mask;



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(4) partial rebreather mask;

(5) regulators;

(6) simple face mask;

(7) blow-by;

(8) using a bag-valve-mask with or without supplemental oxygen; or

(9) ventilating an inserted supraglottic or subglottic airway;

(i) administration of patient-assisted and non-patient-assisted medications

according to the board's "emergency medical responder medication list," dated April 1, 2011, which is hereby adopted by reference;

(j) recognizing and complying with advanced directives by making decisions based upon a do-not-resuscitate order, living will, or durable power of attorney for medical reasons; and

(k) providing the following techniques for preliminary care:

(1) Cutting of the umbilical cord;

(2) irrigating the eyes of foreign or caustic materials;

(3) bandaging the eyes;

(4) positioning the patient based on situational need;

(5) securing the patient on transport devices;

(6) restraining a violent patient, if technician or patient safety is threatened;

(7) disinfecting the equipment and ambulance;



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- (8) disposing of contaminated equipment, including sharps and personal protective equipment, and material;
- (9) decontaminating self, equipment, material, and ambulance;
- (10) following medical protocols for declared or potential organ retrieval;
- (11) participating in the quality improvement process;
- (12) providing EMS education to the public; and
- (13) providing education on injury prevention to the public. (Authorized by K.S.A. 2010 Supp. 65-6111; implementing K.S.A. 2010 Supp. 65-6144, as amended by L. 2011, ch. 114, sec. 91; effective P- _____.)

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	Medication	Method	Application
1	Antidote - Any	Auto injector	Self or peer care
2	Aspirin	Oral	Chest pain of suspected ischemic origin only
3	Atropine/Pralidoxime chloride	Auto injector	Cholinergic/nerve gas poisoning
4	Epinephrine	Auto injector	Anaphylactic reactions
5	Glucose	Oral	Acute hypoglycemia
6	Medicated inhaler - Pt. assisted only	Nebulized or metered dose	Acute asthmatic attacks, bronchospasm

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**Economic Impact Statement
K.A.R. 109-3-3**

I. Summary of Proposed Regulation, Including its purpose.

K.A.R. 109-3-3. Emergency Medical Responder; authorized activities is a new regulation. This regulation further defines the authorized activities of the Emergency Medical Responder. This regulation is proposed as a permanent regulation.

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

This regulatory change is necessary to support the changes to K.S.A. 65-6144 and amendments thereto which take effect upon a certified First Responder completing the board prescribed transition course, validation of cognitive and psychomotor competency and completing the application for certification as an Emergency Medical Responder. This is one of three attendant levels that are changing in Kansas to coincide with the new scopes of practice. These changes are not mandated by federal law.

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

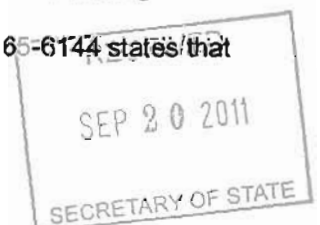
There will be no anticipated overall costs to the Kansas Board of Emergency Medical Services associated with implementation of this regulation.

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

The Board does not anticipate an economic impact on other governmental agencies, private business or individuals. The continuing education hours required to complete the transition are the same as the existing continuing education hours required to maintain a First Responder certification.

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

There will be no anticipated economic impact on EMS attendants, services or other EMS related entities. The Kansas Board of Emergency Medical Services does not currently assess a cost to attain continuing education and this policy will not change with the implementation of this regulation. K.S.A. 65-6144 states that



the individual shall not be required to file an original application for certification for Emergency Medical Responder and consequently will not be required to pay an initial certification fee.

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

There are no costs or intrusive methods associated with implementation of this regulation.

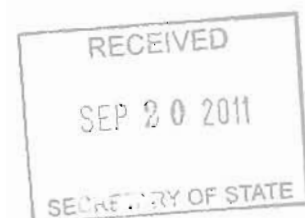


Emergency Medical Technician Medication List

Kansas Board of EMS

April 1, 2011

	Medication	Method	Application
1	Activated charcoal	Oral	Non-caustic overdoses
2	Antidote - Any	Auto injector	Self or peer care
3	Aspirin	Oral	Chest pain of suspected ischemic origin only
4	Atropine/Pralidoxime chloride	Auto injector	Cholinergic/nerve gas poisoning
5	Atrovent (Ipratropium) - Pt. assisted only	Nebulized, metered dose inhaler	Dyspnea and wheezing
6	Beta agonist	Determined by protocol or direct contact with a physician.	Dyspnea and wheezing
7	Epinephrine	Auto injector	Anaphylactic reactions
8	Glucagon	Auto injector	Diabetic intervention
9	Glucose	Oral	Acute hypoglycemia
10	IV fluids without medications or nutrients; not initiate; monitor, maintain and shut off	Gravity feed or pump	Established by medical protocols
11	Medicated inhaler - Pt. assisted only	Nebulized, metered dose inhaler	Not specified
12	Nitroglycerine	Sublingual, oral spray	Chest pain of suspected ischemic origin only
13	Over the counter oral medications	Oral	Not specified



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109-3-4. Emergency medical technician; authorized activities. Each emergency medical technician shall be authorized to perform any intervention specified in the following:

(a) K.S.A. 65-6144, and amendments thereto, and as further specified in K.A.R. 109-3-3; and

(b) K.S.A. 65-6121, and amendments thereto, and as further specified in the following paragraphs:

(1) Airway maintenance by means of any of the following:

(A) Blind insertion of a supraglottic airway, with the exception of the laryngeal mask airway;

(B) oxygen venturi mask;

(C) gastric decompression by orogastric or nasogastric tube with any authorized airway device providing that capability;

(D) auscultating the quality of breath sounds;

(E) pulse oximetry;

(F) automatic transport ventilator;

(G) manually triggered ventilator;

(H) oxygen-demand valve;

(I) flow-restricted oxygen-powered ventilation device;

(J) bag valve mask with in-line small-volume nebulizer;

(K) carbon dioxide colormetric detection;



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(L) capnometry; or

(M) suctioning a stoma;

(2) application of a pneumatic antishock garment only for use as a pelvic splint;

and

(3) administration of patient-assisted and non-patient-assisted medications according to the board's "emergency medical technician medication list," dated April 1, 2011, which is hereby adopted by reference. (Authorized by K.S.A. 2010 Supp. 65-6111; implementing K.S.A. 2010 Supp. 65-6121, as amended by L. 2011, ch. 114, sec. 84; effective P-_____.)

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**Economic Impact Statement
K.A.R. 109-3-4**

I. Summary of Proposed Regulation, including its purpose.

K.A.R. 109-3-4. Emergency Medical Technician; authorized activities is a new regulation. This regulation further defines the authorized activities of the Emergency Medical Technician. This regulation is proposed as a permanent regulation.

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

This regulatory change is necessary to support the changes to K.S.A. 65-6121 and amendments thereto which take effect upon a certified basic level Emergency Medical Technician completing the board prescribed transition course, validation of cognitive and psychomotor competency and completing the application for certification renewal as an Emergency Medical Technician. This is one of three attendant levels that are changing in Kansas to coincide with the new scopes of practice. These changes are not mandated by federal law.

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

There will be no anticipated 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 not anticipate an economic impact on other governmental agencies, private business or individuals. The continuing education hours required to complete the transition are the same as the existing continuing education hours required to maintain an Emergency Medical Technician certification.

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

There will be no anticipated economic impact on EMS attendants, services or other EMS related entities. The Kansas Board of Emergency Medical Services does not currently assess a cost to attain continuing education and this policy will not change with the implementation of this regulation. K.S.A. 65-6121 states that



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the individual shall not be required to file an original application for certification for Emergency Medical Technician and consequently will not be required to pay an initial certification fee.

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

There are no costs or intrusive methods associated with implementation of this regulation.

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109-3-5. Advanced emergency medical technician; authorized activities. Each advanced emergency medical technician shall be authorized to perform any intervention specified in the following:

(a) K.S.A. 65-6144, and amendments thereto, and as further specified in K.A.R. 109-3-3;

(b) K.S.A. 65-6121, and amendments thereto, and as further specified in K.A.R. 109-3-4; and

(c) K.S.A. 65-6120, and amendments thereto, and as further specified in the following paragraphs:

(1) Advanced airway management, except for endotracheal intubation; and
(2) administration of patient-assisted and non-patient-assisted medications according to the board's "advanced EMT medication list," dated April 1, 2011, which is hereby adopted by reference. (Authorized by K.S.A. 2010 Supp. 65-6111; implementing K.S.A. 2010 Supp. 65-6120, as amended by L. 2011, ch. 114, sec. 83; effective P-_____.)



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	Advanced EMT Medication List	Kansas Board of EMS	April 1, 2011
	Medication	Method	Application
1	Activated charcoal	Oral	Non-caustic overdoses
2	Albuterol inhaler	Aerosolized, inhaled, nebulized	Acute asthmatic attacks, bronchospasm
3	Albuterol and Ipratropium - premix combined	Aerosolized, nebulized	Acute asthmatic attacks, bronchospasm
4	Amlodarone	IO bolus or IV bolus only; either bolus may be repeated. Continuous infusion not allowed.	Refractory ventricular fibrillation only and interfacility transfers only.
5	Antidote - Any	Auto injector	Self or peer care
6	Aspirin	Oral	Chest pain of suspected ischemic origin only
7	Atropine/Pralidoxime chloride	Auto injector	Cholinergic/nerve gas poisoning
8	Atrovent (Ipratropium) - Pt. assisted only	Nebulized, metered dose inhaler	Dyspnea and wheezing
9	Benzodiazepine - Diazepam	IO, IV, intranasal, rectal	Status epilepticus only
10	Benzodiazepine - Lorazepam	IM, IO, IV, intranasal, rectal	Status epilepticus only
11	Benzodiazepine - Midazolam	IM, IO, IV, intranasal, rectal	Status epilepticus only
12	Beta agonist	Determined by protocol or direct contact with a physician.	Dyspnea and wheezing
13	Dextrose Solutions - (D10, D25, D50)	IO, IV	Acute hypoglycemia
14	Diphenhydramine hydrochloride	IM, IV, oral	Acute allergic reactions
15	Dopamine hydrochloride	IV with pump only	Maintenance during interfacility transfer only
16	Epinephrine	Auto injector	Anaphylactic reactions
17	Epinephrine 1:10,000	IO, IV	Cardiac arrest only
18	Fentanyl	IO, IV, intranasal	Noncardiac pain relief only
19	Glucagon	IM	Acute hypoglycemia where oral glucose or IO/IV medications cannot be given
20	Glucose	Oral	Acute hypoglycemia
21	Ipratropium	Nebulized, inhalation	Acute asthmatic attacks, bronchospasm
22	IV electrolytes/antibiotic additives	IV with pump only	Maintenance during interfacility transfer only
23	IV fluids without medications or nutrients; monitor, maintain and shut off	IV gravity or pump	Established by medical protocols
24	IV solutions - Any combination of fluids	IO, IV	Medication administration, volume expansion
25	Lidocaine	IO bolus or IV bolus only; either bolus may be repeated. Continuous infusion not allowed.	Refractory ventricular fibrillation only and interfacility transfers only.
26	Medicated inhaler - Pt. assisted only	Nebulized or metered dose	Acute asthmatic attacks, bronchospasm
27	Morphine	IO, IV	Noncardiac pain relief only
28	Naloxone	IM, IO, IV, SQ, intranasal	Reversal of narcotic overdose
29	Nitroglycerine/nitro preparation	Dermal, oral, oral spray sublingual	Anginal pain relief
30	Nitrous oxide	Inhalation	Pain relief
31	Over the counter oral medications	Oral	Not specified

Legend: IM = Intramuscular, IO = Intraosseous, IV = Intravenous, Pt. = Patient, SQ = Subcutaneous



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Economic Impact Statement K.A.R. 109-3-5

I. Summary of Proposed Regulation, including its purpose.

K.A.R. 109-3-5. Advanced Emergency Medical Technician; authorized activities is a new regulation. This regulation further defines the authorized activities of the Advanced Emergency Medical Technician. This regulation is proposed as a permanent regulation.

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

This regulatory change is necessary to support the changes to K.S.A. 65-6120 and amendments thereto which take effect upon a certified Emergency Medical Technician Intermediate or an individual who holds both an Emergency Medical Technician Intermediate and Emergency Medical Technician Defibrillator certifications completing the board prescribed transition course, validation of cognitive and psychomotor competency and completing the application for certification renewal as an Advanced Emergency Medical Technician. This is one of three attendant levels that are changing in Kansas to coincide with the new scopes of practice. These changes are not mandated by federal law.

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

There will be no anticipated 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 not anticipate an economic impact on other governmental agencies, private business or individuals. The continuing education hours required to complete the transition course are approximately double the number of hours of continuing education hours required to renew Emergency Medical Technician Intermediate and Defibrillator certifications. The economic impact has been addressed in another proposed regulation economic impact statement.

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



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There will be no anticipated economic impact on EMS attendants, services or other EMS related entities.

The Kansas Board of Emergency Medical Services does not currently assess a cost to attain continuing education and this policy will not change with the implementation of this regulation. K.S.A. 65-6120 states that the individual shall not be required to file an original application for certification for an Advanced Emergency Medical Technician and consequently will not be required to pay an initial certification fee.

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

There are no costs or intrusive methods associated with implementation of this regulation.

