

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 two types of direct, two-way radio communications, both shall be capable of communicating shall fully participate in the operation and maintenance of that communications system with the service's primary communication center, and to the medical facility, as defined by K.S.A. 65-411, and amendments thereto, to which the service most commonly transports patients. The second type of communication will be with local and state emergency services for coordination purposes in an emergency situation.

(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-~~

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

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

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

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

~~(g)~~ ~~(f)~~ Each operator shall ensure all items and equipment in the patient compartment that may be potentially harmful to the patient or attendant are ~~place~~ placed in cabinets or properly ~~secure~~ secured when not in use. ~~all equipment in the patient compartment while the vehicle is in motion.~~

~~(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 shall notify the administrator executive director and submit an alternative plan, in writing, for providing ambulance service for the operator's primary territory of coverage within 72 hours. 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

will 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. The executive director may approve a written request for one or more extensions of the alternative plan for no more than thirty days each if the operator has made a good faith effort but due to circumstances beyond the operators control has been unable to completely remedy the problem.

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

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

~~(p)~~ (l) Each operator shall maintain service records ~~a current call schedule or duty roster for three years, 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.~~

~~(q)~~ (m) ~~A patient care report form shall be~~ Each operator shall ensure that documentation is completed 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.

~~(f)~~ (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, 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 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 insure, or provide make available or grant access to a copy of the patient care report form documentation for initial transport of emergency patients to the receiving hospital medical facility, long term care facility, within 24 hours of the patient's arrival.

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

~~(1) the number of emergency and non-emergency 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 patient transports, including mileage fees; and~~

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

~~(w)~~ (g) Each operator shall provide a quality improvement or assurance program which establishes medical review procedures for monitoring patient care activities. This program shall include policies and procedures for reviewing patient care report forms. Each operator shall review patient care activities ~~on~~ at least a ~~quarterly basis~~ one time during each quarter of each calendar year to determine whether the service's attendants are providing appropriate patient care.

(1) Review of patient care activities shall include quarterly participation by the service's medical adviser in a manner that assures the medical 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~~ executive director ~~or the administrator's designee~~ 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 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 years.

(4) Within 45 days of discovery of an incident each operator shall ~~have the duty to~~ report to the board on forms approved by the board any ~~finding~~ incident indicating that an attendant or other health care provider functioning for the operator:

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

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

~~(x)~~ (r) Each ambulance service operator shall developed and implemented operational ~~protocols~~ policies which shall have a table of contents and address policies and procedures for each of the following topics:

(1) radio and telephone communications;

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

(3) emergency driving and vehicle operations;

(4) do not resuscitate 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;

(8) crime scene management;

(9) documentation of patient reports;

(10) consent and refusal of treatment; and

~~(11) any other procedures deemed necessary by the operator for the efficient operation of the ambulance service.~~ management of firearms or other weapons;

(12) mutual aid;

(13) patient confidentiality;

(14) extrication of persons from entrapment; and

~~(11)~~ (15) any other procedures deemed necessary by the operator for the efficient operation of the ambulance service.

(s) Upon request an ambulance service operator shall provide the operational policies to the Executive Director for review.

~~(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.~~

~~(bb)~~ (t) Each ambulance service operator shall ~~develop~~ adopt and implement medical protocols as 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)~~

~~(ee)~~(u) 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 (adult protocol only);

- (8) poisoning and overdoses;
- (9) seizures;
- (10) cardiac arrest (~~code blue~~);
- (11) burns;
- (12) stroke or cardio-vascular accident (CVA);
- (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)~~ (v) Each service operator shall make available a current copy of the service's operational ~~protocols~~ policies and medical protocols to any person listed as an attendant and any other health care provider on the service's attendant roster.

(Authorized by ~~and implementing~~ K.S.A. ~~1995 Supp.~~ 65-6110, and K.S.A. 2009 Supp. 65-6111 as amended by L. 2010, Ch 119, sec 1, ; implementing K.S.A. 65-6113, 65-6128 65-1110, K.S.A. 65-6112 as amended by L. 2010, Ch 119 sec 2, 65-6126 and 65-6130, 65-6132 and K.S.A. 65-6135, as amended by L. 2010, Ch. 119, sec 10; as

amended by L.2010, ch. 119, sec. 7 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-_____.)