

OPERATIONAL REGULATIONS

109-1-1. Definitions. The following words and phrases shall have the following meanings as used in this agency's regulations.

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

(b) "Advanced Life Support" is a level of care that may be performed by an emergency medical technician-intermediate, emergency medical technician-defibrillator, advanced emergency medical technician, mobile intensive care technician, or paramedic functioning under their authorized activities or scope of practice as defined in statute.

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

~~(c)~~ (d) "Air medical advisor" means a physician as defined by K.S.A. 65-6112, and amendments thereto, who meets these 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 arise due to air medical transport.

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

~~(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, and advanced emergency medical technician is the use of any invasive oral equipment and procedures necessary to assure the adequacy and quality of ventilation and oxygenation.

(g) "Allied health care personnel" means physician, physician assistant, registered professional nurse, advanced registered nurse practitioner, or respiratory therapist.

(h) "ALS" means advanced life support.

(i) "BLS" means basic life support.

~~(f)~~ (j) "CECBEMS" means the national Continuing Education Coordinating Board for Emergency Medical Services.

32 (k) “Certified mechanic” as used in KAR 109-2-2 means an individual employed by the
33 service, city or county, qualified to perform maintenance on licensed EMS vehicles and/or
34 inspect the same vehicles and validate by signature, the vehicle meets both mechanical and
35 safety considerations for use.

36 ~~(g)~~ (l) “Class” as used in KAR 109-5-2, 109-10-1, 109-10-2, 109-10-3, 109-11-1, 109-
37 11-6, and 10-11-8 means the period during which a group of students meets. As used in KAR
38 109-2-8 means a level of service provided by the EMS service.

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

41 ~~(i)~~ (n) “Continuing education” means a formally organized learning experience that has
42 education as its explicit principal intent and is oriented towards the enhancement of emergency
43 medical services practice, values, skills, and knowledge.

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

50 ~~(k)~~ (p) “Course of instruction” means a body of prescribed EMS studies approved by
51 the board.

52 ~~(l)~~ (q) “Critical care transport” means transport by a type V ambulance of a patient who
53 receives care commensurate with the scope of practice of a physician or a licensed
54 professional nurse.

55 (r) “Emergency” means a serious unforeseen situation or occurrence that happens
56 unexpectedly and demands immediate action.

57 (s) “Emergency Call” means an immediate response by EMS services to a serious
58 medical or trauma incident that happens unexpectedly.

59 ~~(m)~~ (t) “Emergency care” means the services provided after the onset of a medical
60 condition of sufficient severity that the absence of immediate medical attention could
61 reasonably be expected to cause any of the following:

- 62 (1) Place the patient’s health in serious jeopardy;
63 (2) seriously impair bodily functions; or

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

65 ~~(n)~~ (u) “EMS” means emergency medical services.

66 ~~(u)~~ (v) “EMR” means emergency medical responder.

67 ~~(o)~~ (w) “EMT” means emergency medical technician.

68 ~~(p)~~ (x) “EMT-D” means emergency medical technician-defibrillator.

69 ~~(q)~~ (y) “EMT-I” means emergency medical technician-intermediate.

70 (z) “EMT-I/D” means emergency medical technician-intermediate/defibrillator.

71 ~~(r)~~ (aa) “Field internship preceptor” means an individual who is responsible for
72 supervision and evaluation of students in field training with an ambulance service.

73 ~~(s)~~ (bb) “Incompetence,” as applied to attendants and as used in K.S.A. 65-6133 and
74 amendments thereto, means a demonstrated lack of ability, knowledge, or fitness to perform
75 patient care according to applicable medical protocols or as defined by the authorized activities
76 of the attendant’s level of certification.

77 ~~(t)~~ (cc) “Incompetence,” as applied to instructor-coordinators and training officers and
78 as used in K.S.A. 65-6133 and K.S.A. 65-6129c and amendments thereto, means a pattern of
79 practice or other behavior that demonstrates a manifest incapacity or inability to instruct.

80 ~~(u)~~ (dd) “Incompetence,” as applied to an operator and as used in K.S.A. 65-6132 and
81 amendments thereto, means an inability to provide the level of service required for the class of
82 permit held.

83 ~~(v)~~ (ee) “Instructor-coordinator (I-C)” means any of the following individuals who are
84 certified to instruct and coordinate attendant training programs:

85 (1) Emergency medical technician;

86 (2) emergency medical technician-intermediate;

87 (3) emergency medical technician-defibrillator ;

88 (4) mobile intensive care technician;

89 (5) physician;

90 (6) ~~register professional nurse~~ physician’s assistant;

91 (7) advanced registered nurse practitioner;

92 (8) registered professional nurse

93 (9) advanced emergency medical technician; or

94 (10) paramedic.

95 ~~(w)~~ (ff) “Lab assistant” means an individual who is assisting a primary instructor in the
 96 instruction and evaluation of students in classroom laboratory training sessions.

97 ~~(x)~~ (gg) “Long-term provider approval” means that the sponsoring organization has
 98 been approved by the executive director to provide continuing education programs as
 99 prescribed in K.A.R. 109-5-3.

100 ~~(y)~~ (hh) “MICT” means mobile intensive care technician.

101 (ii) “Out of Service” means a licensed ambulance is not immediately available for
 102 use for patient care or transport.

103 ~~(z)~~ (jj) “Primary instructor” means an instructor-coordinator or training officer II who is
 104 listed by the ~~provider of training~~ sponsoring organization of training as the individual
 105 responsible for the effective delivery of cognitive, psychomotor, and affective objectives of an
 106 approved initial course of instruction and who is the person primarily responsible for evaluating
 107 student performance and developing student competency.

108 ~~(aa)~~ (kk) “Prior-approved continuing education” means material submitted by a
 109 ~~provider,~~ sponsoring organization, to the board, that is reviewed and subsequently approved
 110 by the ~~administrator or the administrator’s designee,~~ executive director, in accordance with
 111 criteria established by regulations, and that is assigned a course identification number.

112 ~~(aa) “Provider of continuing education” means professional associations, accredited~~
 113 ~~postsecondary educational institutions, permitted ambulance services, fire departments, other~~
 114 ~~regional councils, approved by the administrator to offer continuing education programs on~~
 115 ~~either a long-term provider basis or a single-program provider service;~~

116 ~~(ee)~~ (ll) “Public call” means the request for an ambulance to respond to the scene of a
 117 medical emergency or accident by an individual or agency other than any of the following:

- 118 (1) A type I, ~~or~~ type II, or type II A ambulance service;
- 119 (2) the Kansas highway patrol or any law enforcement officer certified as an attendant
 120 who is at the scene of an accident or medical emergency;
- 121 (3) a physician who is at the scene of an accident or medical emergency; or
- 122 (4) an attendant who has been dispatched to provide emergency first response and
 123 who is at the scene of an accident or medical emergency.

124 ~~(dd)~~ (mm) “Retroactively approved continuing education” means credit issued to the
 125 attendant after attending the workshop, conference, seminar, or other offering that is reviewed

126 and subsequently approved by the executive director , in accordance with criteria established
127 by the board.

128 (nn) "Service Records" means documents required to be maintained by state
129 regulations and statutes pertaining to the operation and education within a licensed ambulance
130 service.

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

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

135 (qq) Sponsoring organization" means professional associations, accredited
136 postsecondary educational institutions, permitted ambulance services, fire departments, other
137 officially organized public safety agencies, hospitals, corporations, or emergency medical
138 services regional councils, approved by the executive director to offer initial courses of
139 instruction and continuing education programs as either a long-term provider or a single-
140 program provider.

141 ~~(gg)~~ (rr) "Sufficient application" means that the information requested on the
142 application form is provided in full, no additional information is required to complete the
143 processing of the application, and any applicable fee has been paid.

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

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

152 ~~(jj)~~ (uu) "Training program accreditation" means accredited postsecondary educational
153 institutions, permitted ambulance services, fire departments, other officially organized public
154 safety agencies; hospitals, or corporations approved by the executive director to conduct
155 EMS initial courses of instruction on a long-term provider basis.

156 ~~(kk)~~ (vv) "Type I ambulance service" means a ground-based service that provides
157 emergency response and advanced life support, as described in the authorized activities and

158 scope of practice of emergency medical technician-intermediate, emergency medical
 159 technician-defibrillator, emergency medical technician-intermediate/defibrillator, advanced
 160 emergency medical technician, mobile intensive care technicians or paramedic as described in
 161 K.S.A. 65-6119, K.S.A. 65-6120, or K.S.A. 65-6123 and amendments thereto.

162 ~~(H)~~ (ww) “Type II ambulance service” means a ground-based service that provides
 163 emergency response and basic life support, as described in authorized activities or scope of
 164 practice of emergency medical technicians, first responder and emergency medical responder
 165 as defined in K.S.A. 65-6121, K.S.A. 65-6144 respectively and amendments thereto.

166 (xx) “Type II A ambulance service” means a basic life support service that may provide
 167 advanced life support when staffed with any of these individuals functioning under ALS
 168 protocols:

- 169 (1) Emergency medical technician-intermediate
- 170 (2) emergency medical technician-defibrillator;
- 171 (3) mobile intensive care technician;
- 172 (4) registered professional nurse;
- 173 (5) registered physician’s assistant;
- 174 (6) physician;
- 175 (7) advanced registered nurse practitioner;
- 176 (8) emergency medical technician-intermediate/defibrillator;
- 177 (9) advanced emergency medical technician; or
- 178 (10) paramedic.

179 ~~(mm)~~ (yy) “Type V ambulance service” means an air or ground-based ambulance
 180 service that provides, critical care transport, as defined in K.A.R. 109-1-1, and is not subject to
 181 public call.

182 ~~(nn)~~ (zz) “Unprofessional conduct,” as applied to attendants and as used in K.S.A. 65-
 183 6133, and amendments thereto, means conduct that violates those standards of professional
 184 behavior that through professional experience have become established by the consensus of
 185 the expert opinion of the members of the emergency medical services profession as
 186 reasonably necessary for the protection of the public. This conduct shall include any of the
 187 following:

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

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

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

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

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

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

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

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

200 (9) failing to cooperate with the board and its agents in the investigation of complaints
201 or possible violations of the emergency medical services statutes or board regulations,
202 including failing to furnish any documents or information legally requested by the board.

203 Attendants who fail to respond to requests for documents or requests for information within 30
204 days from the date of request shall have the burden of demonstrating that they have acted in a
205 timely manner.

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

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

212 (2) verbally or physically abusing a student;

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

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

216 (5) violating any statutes or regulations concerning the confidentiality of student
217 records:

218 (6) obtaining or seeking to obtain any benefit, including a sexual favor, from a student
219 through duress, coercion, fraud, or misrepresentation, or creating an environment that subjects

220 a student to unwelcome sexual advances, which includes physical touching or verbal
221 expressions;

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

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

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

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

229 (11) failing to cooperate with the board and its agents in the investigation of complaints
230 or possible violations of the emergency medical services statutes or board regulations,
231 including failing to furnish any documents or information legally requested by the board.

232 Instructor-coordinators and training officers who fail to respond to requests for documents or
233 requests for information within 30 days of the request shall have the burden of demonstrating
234 that they have acted in a timely manner. (Authorized by K.S.A. 1998 Supp. 65-6110, 65-111;
235 implementing K.S.A. 1998 Supp. 65-6110, 65-6111, 65-6121, 65-6129, 65-6129b, and 65-
236 6129c, K.S.A.65-6132, and K.S.A 1998 Supp. 65-6133; as amended by L.2010, ch. 119, sec. 2
237 effective May 1, 1985; amended May 1, 1986; amended T-88-12, May 18, 1987; amended, T-
238 88-24, July 15, 1987; amended May 1, 1988; amended July 17, 1989; amended March 16,
239 1992; amended Jan. 31, 1994; amended Jan. 30, 1995; amended Jan. 31, 1997; amended
240 Nov. 12, 1999: P-_____.

241 **109-2-1. Service director.** (a) Each operator shall designate a person as the service director.
242 The service director shall be responsible for the operation of the ambulance service, and The
243 service director or designee shall be available to the board by telephone twenty four hours a
244 day regarding permit, and regulatory, and emergency matters.

245 (b) Each service director shall maintain a current list of the service's attendants, and
246 shall maintain a current copy of each attendant's Kansas certification or renewal card.

247 (c) Each service director shall notify the board of the addition or the removal of an
248 attendant from the attendant roster within 90 days of such addition or deletion.

249 (d) Each operator shall notify the board of any change in the service director within 7
250 days of the change.

251 (e) Each operator shall notify the board of any known resignation of a medical adviser
252 once known and plans for securing a new medical adviser. Service will be responsible for
253 submitting written notification of change in the medical adviser within thirty days of the change.

254 (Authorized by K.S.A. ~~1995-Supp.~~ 65-6110 and 65-6111; implementing K.S.A. 65-6110, 65-
255 6112 (f) and 65-6130 ~~65-6127~~; as amended by L.2010, ch. 119, sec. 2 effective May 1, 1985;
256 amended July 17, 1989; amended Jan. 31, 1997; amended P-_____.)

257 **109-2-2. Application for ambulance service permit and ambulance vehicle license;**
258 **permit renewal and license renewal.** (a) (1) An applicant may apply for only one ambulance
259 service permit for each ambulance service that the applicant seeks to operate. Each applicant
260 shall indicate the class of service for the permit requested as type I, type II, type II A, or type V.
261 (2) An applicant may apply for only one ambulance ~~vehicle~~ license for each ambulance
262 that the applicant seeks to operate. Each applicant shall indicate the type class of ambulance
263 for ~~the~~ each license requested.

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

268 (c) (1) ~~Except as provided in paragraph (c) (2), each~~ Each applicant for an ambulance service
269 permit and ambulance vehicle license shall expire on April 30 of each year and may be
270 renewed annually in accordance with this regulation. obtain a mechanical and safety
271 inspection from a person doing business as or employed by a vehicle maintenance service or
272 political jurisdiction or from a certified mechanic for each ambulance within 90 days prior to the
273 date of original application or renewal application unless otherwise approved by the board.
274 Each operator shall provide the inspection results to the board on forms provided by the
275 executive director or designee with the application for renewal. In order for an ambulance
276 license to be granted or renewed, the mechanical safety
277 inspection forms shall not contain any deficiencies that would compromise the safe transport of
278 patients.

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

284 (d) Each application for renewal of an ambulance service permit and for renewal of an
285 ambulance vehicle license shall be provided to the administrator no later than 30 days before
286 expiration of the permit and license. include the mechanical and safety inspection forms to the
287 board with the application for a permit to operate an ambulance service and for an ambulance
288 license or renewal of an ambulance service permit or ambulance license.

289 (1) A new ambulance shall not be required to have a mechanical or safety inspection
290 but will require documentation from the manufacturer indicating the vehicle has undergone a
291 pre-delivery inspection without deficiencies.

292 (2) A used or retro-fitted ambulance shall be required to have a mechanical inspection,
293 a safety inspection, and a medical equipment inspection based on the service's equipment list
294 and medical protocols.

295 ~~(e) If the board receives an insufficient application or renewal, the applicant or operator shall~~
296 ~~be notified by the board of any errors or omissions. If the applicant or operator fails to correct~~
297 ~~the deficiencies and submit a sufficient application within 30 days from the date of written~~
298 ~~notification, the application may be considered by the board as withdrawn. (1) Except as~~
299 ~~provided in paragraph (c) (e) (2), e~~ Each ambulance service permit and ambulance vehicle
300 license shall expire on April 30 of each year and may be renewed annually in accordance with
301 this regulation.

302 ~~(2) If the board receives an insufficient~~ a complete ~~application or for renewal the~~
303 ~~applicant or operator shall be notified by the board of any errors or omissions. If the applicant~~
304 ~~or operator fails to correct the deficiencies and submit a sufficient application within 30 days~~
305 ~~from the date of written notification, the application may be considered by the board as~~
306 ~~withdrawn.~~ of an ambulance service permit or an ambulance license on or before April 30, the
307 existing ambulance service permit or license shall not expire until the board has taken final
308 action upon the renewal application or, if the board's action is unfavorable, until the last day for
309 seeking judicial review.

310 (f) Each application for renewal of an ambulance service permit and for renewal of an
311 ambulance vehicle license shall be provided to the administrator no later than 30 days before
312 expiration of the permit and license.

313 ~~(e)~~ (g) If the board receives an insufficient initial application or renewal application for an
314 ambulance service permit or ambulance license, the applicant or operator shall be notified by
315 the board of any errors or omissions. If the applicant or operator fails to correct the deficiencies
316 and submit a sufficient application within 30 days from the date of written notification, the
317 application may be considered by the board as withdrawn.

318 (1) The applicant or operator completes all forms provided with the application for
319 ambulance service permit or permit renewal, and no additional information is required by the
320 board to complete the processing of the application.

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

323 (h) Each publicly subsidized operator shall provide the following statistical information to the
324 board before March 1st of each calendar year with the application for renewal of a permit:

325 (1) the number of emergency and non-emergency ambulance responses and the
326 number of patients transported for the previous calendar year;

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

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

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

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

333 (1) the number of emergency and non-emergency ambulance responses and the
334 number of patients transported for the previous calendar year;

335 (2) the charge for emergency and non-emergency patient transports, including
336 mileage fees; and

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

338 (j) As a condition of issuance of an ambulance service permit, each ambulance service
339 operator shall provide with the application documentation of operational policies and medical
340 protocol that are in compliance with 109-2-5 which shall have a table of contents and address
341 policies and procedures.

342 (k) Each type I, and type II, and type IIA ground ambulance service operator shall develop a
343 list of supplies and equipment which is carried on each ambulance. This list shall include the
344 supplies and equipment required by the board for the vehicle license type, and any additional
345 supplies or equipment necessary to carry out the patient care activities as indicated in the
346 services medical protocols in accordance with K.S.A. 65- 6112 and amendments thereto.

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

349 Authorized by K.S.A. 1999 Supp. 65-6110 and K.S.A. 1999 Supp. 65-6111; implementing
350 K.S.A. 65-6110, 65-6127 and 65-6128, as amended by L. 2000, Ch. 117, § 1; effective May 1,
351 1985; amended July 17, 1989; amended Jan. 31, 1997; amended Dec. 29, 2000; amended P-
352 _____.)

353 **109-2-3 (Authorized by and implementing K.S.A. 1984 Supp. 65-4318; effective May 1,**
354 **1985; revoked Jan. 31, 1997.)**

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355 **109-2-4.** (Authorized by and implementing K.S.A. 1995 Supp. 65-6110, 65-6111, K.S.A. 65-
356 6127 and 65-6128; effective May 1, 1985; amended July 17, 1989; amended Jan. 31, 1997;
357 revoked P-_____ .)

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358 **109-2-5. Ambulance service operational standards.** (a) Each ground ambulance service in
 359 a county which has been assigned to the emergency medical services communications system
 360 by the board and which operates ambulances that are required to shall have direct, two-way
 361 radio (refine language) ~~communications shall fully participate in the operation and~~
 362 ~~maintenance of that communications system~~ with the medical facility, as defined by K.S.A. 65-
 363 411, and amendments thereto, to which the service most commonly transports patients and to
 364 the service's primary communication center.

365 (b) ~~No person who boards an ambulance shall carry on board or wear any firearm, whether~~
 366 ~~concealed or visible while the ambulance is operating in any patient transport function within~~
 367 ~~the state. However, the prohibition shall not apply to law enforcement officers as defined in~~
 368 ~~K.S.A. 74-5602 or corrections officers as defined in K.S.A. 75-5202.~~ (c) Smoking shall be
 369 prohibited in the patient and driver compartments at all times.

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

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

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

384 (g) (f) Each operator shall ensure all items and equipment in the patient compartment that may
 385 be potentially harmful to the patient or attendant are place placed in cabinets or properly
 386 secure secured all equipment in the patient compartment while the vehicle is in motion.

387 (h) ~~Each ground ambulance shall receive a mechanical and safety inspection prior to~~
 388 ~~December 1st of each year. Each operator shall provide a report of the inspection results to~~

389 ~~the board on forms provided by the administrator. An operator shall correct all deficiencies~~
390 ~~determined by the inspection prior to submitting the inspection form.~~

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

393 ~~(j) (g)~~ Each operator shall park all ground ambulances in a completely enclosed building with a
394 solid concrete floor. Each operator shall maintain the interior heat of the enclosed building at
395 no less than 50 degrees Fahrenheit. Each operator shall ensure that the interior of the building
396 is kept clean and has adequate lighting. Each operator shall store all supplies and equipment
397 in a clean, secure, and safe manner.

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

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

403 ~~(m) (i)~~ If an operator has only one licensed ambulance, and this ambulance is out of service is
404 unable to provide service for more than 24 hours due to mechanical failure, maintenance, or
405 repair, the operator shall notify the administrator executive director or designee and submit an
406 alternative plan, in writing, for providing ambulance service for the operator's primary territory
407 of coverage. The alternative plan shall be subject to approval by the administrator executive
408 director or designee and shall remain in effect no more than ~~45~~ 30 days from the date of
409 approval. Approval by the executive director or designee will be based on whether the
410 alternate plan will provide sufficient coverage to transport and provide
411 emergency care for persons within the operator's primary territory. The executive director or
412 designee may approve a written request for one or more extensions of the alternative plan for
413 no more than thirty days each if the operator has made a good faith effort but due to
414 circumstances beyond the operators control has been unable to completely remedy the
415 problem.

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

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

422 ~~(p) (l)~~ Each operator shall produce documentation ~~maintain a current call schedule or duty~~
 423 ~~roster for two years~~ which demonstrates compliance with K.S.A. 65-6135, and amendments
 424 thereto, and produce those records upon request during an inspection or investigation. The
 425 ~~duty roster~~ documentation shall reflect appropriate staffing for the service and ambulance type
 426 ~~class as defined in compliance with~~ K.A.R. 109-2-6 and 109-2-7.

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

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

434 ~~(s) (o)~~ Each operator shall maintain a copy of each patient care ~~record~~ documentation for a
 435 period of not less than ~~three~~ two years.

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

438 ~~(u) (p)~~ ~~In the event that An attendant is unable to complete a patient care report form before~~
 439 ~~leaving the receiving hospital, an attendant shall provide~~ make available or grant access to a
 440 ~~copy of the patient care report form~~ documentation to the receiving hospital facility except for
 441 adult care homes within 24 hours of the patient's arrival.

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

444 ~~1) the number of emergency and non-emergency ambulance responses and the number of~~
 445 ~~patients transported for the previous calendar year;~~

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

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

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

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

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

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

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

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

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

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

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

476 (1) radio and telephone communications;

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

478 (3) emergency driving and vehicle operations;

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

481 (5) multiple victim and mass casualty incidents;

- 482 (6) hazardous material incidents;
 483 (7) infectious disease exposure;
 484 (8) crime scene management;
 485 (9) documentation of patient reports;
 486 (10) consent and refusal of treatment; and
 487 (11) firearms;
 488 (12) mutual aid;
 489 (13) patient confidentiality;
 490 (14) extrication of persons from entrapment; and
 491 ~~(14)~~ (15) any other procedures deemed necessary by the operator for the efficient
 492 operation of the ambulance service.

493 (u) During an inspection or investigation upon request an ambulance service operator shall
 494 provide the operational policies to the Executive Director or designee for review.

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

- 499 ~~———— (1) air medical and altitude physiology;~~
 500 ~~———— (2) aircraft orientation, including specific capabilities, limitations, and safety measures~~
 501 ~~for each aircraft used;~~
 502 ~~(3) depressurization procedures for fixed-wing aircraft;~~
 503 ~~(4) safety in and around the aircraft, including FAA rules and regulations pertinent to~~
 504 ~~safety for all air medical personnel, patients, and lay~~
 505 ~~individuals;~~
 506 ~~(5) rescue and survival techniques appropriate to the terrain and the conditions under~~
 507 ~~which the air ambulance service operates;~~
 508 ~~(6) hazardous scene recognition and response for rotorwing aircraft;~~
 509 ~~(7) aircraft evacuation procedures, including rapid loading and unloading of patients;~~
 510 ~~(8) refueling procedures for normal and emergency situations; and~~
 511 ~~(9) in-flight emergencies and emergency landing procedures.~~

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

514 ~~scheduled air medical personnel, and shall provide this documentation to the board on~~
 515 ~~request.~~

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

- 521 ~~(1) availability, accessibility, and scope of care of the air ambulance service;~~
 522 ~~(2) capabilities of air medical personnel and patient care modalities~~
 523 ~~afforded by the air ambulance service;~~
 524 ~~(3) patient preparation before air medical transport;~~
 525 ~~(4) landing zone designation and preparation;~~
 526 ~~(5) communication and coordination between air and ground medical personnel; and~~
 527 ~~(6) safe approach and conduct around the aircraft.~~

528 ~~(bb) (v) Each ambulance service operator shall ~~develop~~ adopt and implement medical~~
 529 ~~protocols as developed and approved in accordance with K.S. A. 65-6112 and amendments~~
 530 ~~thereto. (1) Each operator's medical protocols shall receive annual written approval by the~~
 531 ~~emergency committee of the county medical society.~~

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

535 ~~(w) Each operator's medical protocols shall include a table of contents and treatment~~
 536 ~~procedures for the following medical and trauma-related conditions for pediatric and adult~~
 537 ~~patients:~~

- 538 ~~(1) diabetic emergencies;~~
 539 ~~(2) shock;~~
 540 ~~(3) environmental emergencies;~~
 541 ~~(4) chest pain;~~
 542 ~~(5) abdominal pain;~~
 543 ~~(6) respiratory distress;~~
 544 ~~(7) obstetrical emergencies (adult protocol only);~~
 545 ~~(8) poisoning and overdoses;~~

- 546 (9) seizures;
- 547 (10) cardiac arrest (~~code blue~~);
- 548 (11) burns;
- 549 (12) stroke or cardio-vascular accident (CVA);
- 550 (13) chest injuries;
- 551 (14) abdominal injuries;
- 552 (15) head injuries;
- 553 (16) spinal injuries;
- 554 (17) multiple systems trauma;
- 555 (18) orthopedic injuries;
- 556 (19) drowning; and
- 557 (20) anaphylaxis

558 ~~(x)~~ (w) Each service operator shall make available a current copy of the service's operational
 559 ~~protocols~~ policies and medical protocols to any person listed as an attendant and any other
 560 allied health care provider on the service's attendant roster. (Authorized by ~~and implementing~~
 561 ~~K.S.A. 1995 Supp. 65-6110, and 65-6111, ; implementing K.S.A. 65-6113, 65-6128~~ 65-1110,
 562 65-6112, 65-6126 and 65-6130, 65-6132 and 65-6135; as amended by L.2010, ch. 119, sec. 7
 563 effective May 1, 1985; amended, T-88-24, July 15, 1987; amended May 1, 1988; amended
 564 Aug. 27, 1990; amended Aug. 16, 1993; amended Jan. 31, 1997; amended P-
 565 _____.)

566 **109-2-6 Classes of ambulance services.** Permits shall be issued for ~~three~~ four classes of
 567 ambulance service. These classes shall be known as type I Advance Life Support Service
 568 (ALS), type IIA, Basic Life Support Service with ALS capabilities when appropriate staffing is
 569 on board, Type II Basic Life Support Service (BLS), and type V ALS, not subject to public call.

570 (a) Each type I ALS service ~~operator~~ shall:

571 (1) provide advanced life support as defined in K.A.R. 109-1-1

572 (2) have at least one ALS licensed ambulance which meets all requirements of K.A.R. 109-
 573 2-8. Each type I ALS service ~~operator~~ may also operate ~~type II~~ BLS licensed ambulances;

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

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

580 (b) Each type II BLS service ~~operator~~ shall:

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

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

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

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

588 (c) Each type IIA ~~service-operator~~ may provide advanced life support as described in K.S.A.
 589 65- 6123, 65-6120 and 65-6119 when approved by medical protocols and equipment, when
 590 appropriate personnel are on board or when in direct voice contact with a physician or a
 591 licensed professional nurse who is authorized by a physician shall:

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

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

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

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

599 (d) Each type V service operator shall:

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

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

602 (3) have ~~at least one~~ ground or air ambulance which meets all requirements of either K.A.R.
603 109-2-8, K.A.R. 109-2-11, K.A.R. 109-2-12 or K.A.R. 109-2-13 as applicable;

604 (4) licensed only type V ambulances;

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

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

608 (7) have a method of receiving and relaying calls that ensures that any request for
609 emergency response is immediately and properly relayed to the nearest type I or type II
610 ambulance service; (Authorized by K.S.A. ~~1995 Supp.~~ 65-6110; implementing K.S.A. ~~1995~~
611 ~~Supp.~~ 65-6110, K.S.A. 65-6128, and 65-6135; as amended by L.2010, ch. 119, sec. 10
612 effective May 1, 1985; amended May 1, 1987; amended, T-88-24, July 15, 1987; amended
613 May 1, 1988; amended July 17, 1989; amended Jan. 31, 1997.)

614 **109-2-7 Ground ambulance staffing and air ambulance staffing.** Licenses shall be issued
 615 for three types of ambulance vehicles and aircraft. These ambulances shall be known as type
 616 I ALS, type II. Each service operator shall staff each licensed ground ambulance shall be
 617 staffed in accordance with these regulations.

618 (a) Each type I ALS service operator shall staff each type I ALS ambulance with at least ~~two~~
 619 one attendants attendant. In addition, one of the following medically trained personnel shall
 620 provide patient care in the patient compartment during patient transport.;

621 (1) ~~At least one attendant shall be an~~ emergency medical technician – intermediate or
 622 above.

623 (1) ~~At least one attendant shall be one of the following medical personnel:~~

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

625 (B) ~~(3)~~ a physician;

626 (C) ~~(4)~~ a registered physician's assistant; or

627 (D) ~~(5)~~ a licensed professional nurse.

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

629 (A) ~~a first responder~~

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

631 (C) ~~an emergency medical technician intermediate;~~

632 (D) ~~an emergency medical technician defibrillator;~~

633 (E) ~~a mobile intensive care technician;~~

634 (F) ~~a physician;~~

635 (G) ~~a registered physician's assistant; or~~

636 (H) ~~a licensed professional nurse.~~

637 (b) Each type I and type II BLS service operator shall staff each type II BLS ambulance with at
 638 least ~~two~~ one attendant. In addition, one of the following medically trained personnel shall
 639 provide patient care in the patient compartment during patient transport.;

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

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

642 (A) ~~(1)~~ an emergency medical technician;

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

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

645 ~~(D)~~(4) a mobile intensive care technician;

646 ~~(E)~~(5) a physician;

647 ~~(F)~~(6) a registered physicians assistant; or

648 ~~(G)~~(7) a licensed professional nurse.

649 (c) Each Type IIA service operator shall staff each ambulance with at least one attendant.
 650 In addition, when staffing is available ALS can be provided with the appropriate equipment and
 651 protocols to support ALS one of the following medically trained personnel shall provide patient
 652 care appropriate to the patient condition in the patient compartment during patient transport;

653 (1) emergency medical technician for BLS or emergency medical technician
 654 intermediate for ALS;

655 (2) a mobile intensive care technician;

656 (3) a physician;

657 (4) a registered physician's assistant; or

658 (5) a licensed professional nurse.

659 ~~Each type V service operator shall staff each type V ambulance with a driver or pilot and at~~
 660 ~~least two medically trained persons, one of whom shall be a physician, or a licensed~~
 661 ~~professional nurse. Additional staffing shall be commensurate with the patients care needs as~~
 662 ~~determined by the services medical advisor or as described in the services medical protocols.~~
 663 ~~The medical personnel shall remain in the patient compartment during patient transport.~~

664 ~~(d) At least one of the medical personnel on each type V ambulance shall have completed~~
 665 ~~and be current in Advanced Cardiac Life Support (ACLS) as in effect on January 1, 1997 which~~
 666 ~~is adopted herein by reference, or the equivalent, as approved by the board.~~

667 ~~—(e) When performing neonatal or pediatric missions, at least one of the medical personnel~~
 668 ~~on each type V ambulance shall have completed and be current in Pediatric Advanced Life~~
 669 ~~Support (PALS) as in effect on~~
 670 ~~January 1, 1996 which is adopted herein by reference, or the equivalent as approved by the~~
 671 ~~board.~~

672 ~~—(f) When responding to the scene of an accident or medical emergency, not including~~
 673 ~~transports between medical facilities, at least one of the medical personnel on each type V~~

674 ~~ambulance shall have completed and be current in one of the following programs as in effect~~
675 ~~on~~
676 ~~—(1) Advanced Trauma Life Support (ATLS)~~
677 ~~—(2) Flight Nurse Advanced Trauma Course (FNATC)~~
678 ~~—(3) Trauma Nurse Core Course (TNCC)~~
679 ~~—(4) Pre-Hospital Trauma Life Support (PHTLS) or~~
680 ~~(5) an equivalent course as approved by the board.~~ (Authorized by K.S.A. 1995 Supp. 65-
681 6110; implementing K.S.A. 1995 Supp. 65-6110, 61-6128 and K.S.A. 65-6135; effective May
682 1, 1985; amended May 1, 1987; amended, T-88-24, July 15, 1987; amended May 1, 1988;
683 amended Aug. 27, 1990; amended Feb. 3, 1992; amended Jan. 31, 1997.)

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684 **109-2-8 Standards for type I, type IIA and type II ambulance vehicles and equipment. (a)**

685 Each ambulance shall meet the vehicle and equipment standards that are applicable to that
686 class of ambulance.

687 ~~(e)~~ (b) Each ambulance shall have the ambulance license prominently displayed in the patient
688 compartment.

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

690 (1) headroom: 60 inches; and

691 (2) length: 116 inches.

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

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

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

704

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

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

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

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

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

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

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

727 (j) (k) All EMS vehicles licensed to transport patients (other than air) shall display a
728 distinctive vehicle identification number as described below:

729 (1) Lettering shall be placed on the side and rear panels of the exterior
730 patient compartment as high on the panel as possible.

731 (2) Lettering shall be a minimum of 4" in height, in block letters that are reflective and in a
732 contrasting color to the background.

733 (3) Lettering shall identify the county in which the service is licensed using the two letter
734 county designation in capital letters followed by a dash and a unique vehicle identification
735 number.

736 (4) Each service shall provide the executive director with a distinctive unit identification
737 number for each unit during renewal or as a result of redesignation. Services should insure
738 that the unique vehicle identification number is not duplicated on another ambulance in the
739 county.

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

744 (k) (m) An operator shall equip each ambulance as follows:

- 745 (1) a ~~an Halon or~~ annually inspected ABC fire extinguisher with at least five pounds of dry
 746 chemical, which shall be placed in the driver compartment, and shall be easily accessible from
 747 an outside door;
- 748 (2) a second annually inspected ~~fire extinguisher which is either a Halon fire extinguisher with~~
 749 ~~at least five pounds of contents, or an~~ ABC fire extinguisher with a minimum of five pounds of
 750 dry chemical. ~~The~~ This fire extinguisher shall be placed in the patient compartment ~~or in an~~
 751 ~~outside compartment and shall be easily accessible to an attendant;~~
- 752 (3) ~~one functional battery-operated hand lantern with a power source of at least six volts or two~~
 753 portable functional flashlights or one spotlight, ~~each having a minimum of two C or D cell~~
 754 ~~battery capacity;~~
- 755 (4) one four or six-wheeled, all purpose, multi-level cot with an elevating head and at least
 756 two safety straps with locking mechanisms;
- 757 (5) one urinal;
- 758 (6) one bedpan;
- 759 (7) one emesis basin or convenience bag;
- 760 (8) one complete change of linen;
- 761 (9) two blankets;
- 762 (10) one waterproof cot cover;
- 763 (11) one pillow; and
- 764 (12) a “no-smoking” sign posted in the patient and the driver compartment.
- 765 (4) (n) The operator shall equip each ~~type I and type II~~ ground ambulance with the following
 766 internal medical systems:
- 767 (1) an oxygen system with at least two outlets located within the patient compartment and
 768 a minimum of 3,000 liters of storage capacity with a minimum of 200 psi. The system shall
 769 have a minimum flow rate of 100 liters per minute at the outlet. The cylinder shall be in a
 770 compartment which is vented to the outside. The pressure gauge and regulator control valve
 771 shall be readily accessible to the attendant from inside the patient compartment; and
- 772 (2) ~~an~~ a functioning on-board electrically-powered suction aspirator system with an airflow
 773 of at least ~~28-30~~ 30 liters per minute at the catheter tip ~~and a vacuum of at least 300 millimeters of~~
 774 ~~mercury.~~ The unit shall be easily accessible ~~equipped~~ with large bore, non-kinking suction
 775 tubing and a large bore semi-rigid, non-metallic oropharyngeal suction tip;

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

778 (1) a portable oxygen unit of at least 300 liter storage capacity, complete with yoke,
779 pressure gauge, and flow meter and have a minimum of 200 pounds psi of pressure. The unit
780 shall be readily accessible from inside the patient compartment;

781 (2) a functioning portable, self-contained battery or manual suction aspirator with an airflow
782 of at least ~~28-30~~ 30 liters per minute at the catheter tip and a non-breakable and transparent
783 collection bottle or bag with a minimum of 1,000 milliliter capacity, ~~and a vacuum of at least~~
784 ~~300 millimeters of mercury~~. The unit shall be fitted with large bore, non-kinking suction tubing
785 and a large bore semi-rigid, non-metallic oropharyngeal suction tip unless not required by the
786 device.

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

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

791 (5) oxygen masks in adult and pediatric sizes;

792 (6) nasal cannulas;

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

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

796 (9) an obstetric kit with contents as described in the services medical protocol;

797 (10) sterile burn sheets;

798 (11) sterile large trauma dressings;

799 (12) assorted sterile gauze pads;

800 (13) occlusive gauze pads;

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

802 (15) adhesive tape at least one inch wide;

803 (16) bandage shears;

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

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

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

807 ~~(20)~~ (18) oral glucose or an equivalent high sugar substance.

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

- 810 (1) a long ~~spine~~ spinal immobilization device ~~board~~, complete with accessories;
- 811 (2) a short ~~spine~~ spinal immobilization device ~~board~~, complete with accessories;
- 812 (3) a set of extremity splints including one arm and one leg splint in adult and pediatric
 813 sizes;
- 814 (4) ~~a set of rigid cervical collars in adult and pediatric small, medium, and large sizes~~;
- 815 (5) foam wedges or other devices which serve to stabilize the head, neck, and back as one
 816 unit; and
- 817 (6) patient disaster tags.

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

822 ~~(p)~~ (q) The operator shall equip each type I type IIA and type II ground ambulance with the
 823 following blood-borne and body fluid pathogen protection equipment:

- 824 (1) ~~latex or vinyl~~ non-latex gloves;
- 825 (2) two sets of protective goggles or two chin-length clear face shields;
- 826 (3) filtering masks which cover the mouth and nose that are at least 99.97% efficient in
 827 removing monodisperse particles of 0.3 micrometers in diameter;
- 828 (4) two non-permeable, full length, long sleeve protective gowns;
- 829 (5) a leak-proof, rigid container clearly marked as contaminated products for the disposal of
 830 sharp objects; and
- 831 (6) a leak-proof, closeable container for soiled linen and supplies.

832 ~~(q)~~ (r) The operator shall equip each type I ALS ambulance with the following equipment:

- 833 (1) a monitor/defibrillator;
- 834 (2) a drug supply as listed in the service's medical protocols;
- 835 (3) ~~macro-drip and micro-drip~~ intravenous administration sets according to medical protocol;
- 836 (4) IV solutions in plastic bags or plastic bottles as listed in the service's medical protocols;
- 837 (5) assorted syringes and ~~14-22 gauge~~ needles necessary to meet the requirements of
 838 medical protocols;
- 839 (6) endotracheal tubes in adult, child, and infant sizes; and

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

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

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

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

852 ~~(3) (t) Each operator shall submit the list of supplies and equipment carried on each~~
853 ~~ambulance to the board each year with the operator's application for an ambulance service~~
854 ~~permit.~~

855 ~~(s) (u) If an operators medical protocols or equipment list are is amended, a copy of these~~
856 ~~changes shall be submitted to the board by the service operator with a letter of approval as~~
857 ~~indicated in subsection (r) of this regulation within 15 days of implementation of the change.~~
858 ~~Equipment and supplies obtained on a trial basis or for temporary use by the operator need not~~
859 ~~be reported to the board by an operator.~~

860 ~~(u) An ambulance service shall provide verification that each new ambulance ordered after~~
861 ~~(date) complies with the KKK-1822 manufacturing standards. (Authorized by and implementing~~
862 ~~K.S.A. 4995-Supp. 65-6110; implementing K.S.A. 65-6110, 65-6112 and 65-6128; effective~~
863 ~~May 1, 1985; amended, T-88-24, July 15, 1987; amended May 1, 1988; amended July 17,~~
864 ~~1989; amended Aug. 16, 1993; amended Jan. 31, 1997; amended P-_____.)1987;~~
865 ~~amended May 1, 1988; amended July 17, 1989; amended Aug. 16, 1993; amended Jan. 31,~~
866 ~~1997.)~~

867 **109-2-9 Variances.**

868 (a) A temporary variance from any or all portions of an identified regulation may be granted by
869 the board to an applicant for no more than 30 days. For good cause shown, one extension of a
870 variance may be granted by the board for no more than an additional 30 days.

871 (b) Each applicant for a variance shall submit a written request, no later than 30 calendar days
872 before a regularly scheduled board meeting, that contains the following information:

873 (1) The name, address, and certificate level or license type of the applicant;

874 (2) a statement of the reason for the variance request;

875 (3) the specific portion or portions of an identified regulation from which a variance is
876 requested;

877 (4) the period of time for which a variance is requested;

878 (5) the number of units or persons involved;

879 (6) an explanation of how adherence to each portion or portions of the regulation from
880 which the variance is requested would result in a serious hardship to the applicant; and

881 (7) an explanation and, if applicable, supportive documents indicating how a variance would
882 not result in an unreasonable risk to the public interest, safety, or welfare.

883 (c) In addition to meeting the requirements in subsection (b), each instructor-coordinator or
884 training officer who requests a variance shall describe how granting a variance will not
885 jeopardize the quality of instruction.

886 (d) Periodic evaluations of the variance after it is granted may be conducted by the board.

887 (e) Conditions may be imposed by the board on any variance granted as necessary to protect
888 the public interest, safety, or welfare, including conditions to safeguard the quality of the
889 instruction provided by an instructor coordinator or training officer. (Authorized by and
890 implementing K.S.A. 2008 2009 Supp. 65-6111, as amended by L.2010, ch. 119, sec. 1;
891 effective May 1, 1985; amended July 17, 1989; amended Jan. 31, 1997; amended July 10,
892 2009; amended P-_____.)

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894 **109-2-10** (Authorized by and implementing K.S.A. 1988 Supp. 65-6110; effective May 1,
895 1987; revoked July 17, 1989.)
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897 **109-2-10a. Air safety program and informational publication**

898 (a) Each air ambulance service operator shall have an air safety training program for all
899 ~~regularly scheduled~~ air medical personnel. The program shall include the following:

- 900 (1) air medical and altitude physiology;
- 901 (2) aircraft orientation, including specific capabilities, limitations, and safety measures
902 for each aircraft used;
- 903 (3) depressurization procedures for fixed-wing aircraft;
- 904 (4) safety in and around the aircraft, including FAA rules and regulations pertinent to
905 safety for all air medical personnel, patients, and lay individuals;
- 906 (5) rescue and survival techniques appropriate to the terrain and the conditions under
907 which the air ambulance service operates;
- 908 (6) hazardous scene recognition and response for rotorwing aircraft;
- 909 (7) aircraft evacuation procedures, including rapid loading and unloading of patients;
- 910 (8) refueling procedures for normal and emergency situations; and
- 911 (9) in-flight emergencies and emergency landing procedures.

912 (b) Each air ambulance service operator shall maintain documentation demonstrating
913 the initial completion and annual review of the air safety training program for all ~~regularly~~
914 ~~scheduled~~ air medical personnel, and shall provide this documentation to the board on
915 request.

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

- 920 (1) availability, accessibility, and scope of care of the air ambulance service;
- 921 (2) capabilities of air medical personnel and patient care modalities afforded by the air
922 ambulance service;
- 923 (3) patient preparation before air medical transport;
- 924 (4) landing zone designation and preparation;
- 925 (5) communication and coordination between air and ground medical personnel; and
- 926 (6) safe approach and conduct around the aircraft. (Authorized by _____:
927 implementing K.S.A. _____; effective P-_____.)

928 **109-2-11 Standards for type V air ambulance vehicles and equipment.**

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

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

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

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

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

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

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

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

952 ~~(e) The patient compartment in each ambulance shall have adequate lighting so that~~
953 ~~patient care can be given and the patient's status monitored without the need for portable or~~
954 ~~hand-held lighting. A reduced lighting level shall also be provided. A patient compartment~~
955 ~~light and step-well light shall be automatically activated by opening the entrance doors. Interior~~
956 ~~light fixtures shall be recessed and shall not protrude more than 11.2 inches.~~

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

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

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

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

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

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

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

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

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

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

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

986 ~~(2) a second fire extinguisher which is either a halon, a CO2 or an ABC fire~~
987 ~~extinguisher with at least five pounds of dry chemical. The fire extinguisher shall be~~
988 ~~placed in the patient compartment or in an outside compartment and shall be easily~~
989 ~~accessible to an attendant;~~

990 ~~(3) Two portable functioning flashlights or one spotlight;~~

991 (2) ~~(4) one four or six-wheeled, all-purpose, multi-level cot with an elevating head~~
 992 and at least ~~two~~ three safety straps with locking mechanisms or an isolette;
 993 ~~(5) one urinal;~~
 994 ~~(6) one bedpan;~~
 995 ~~(3) (7) one emesis basin or convenience bag;~~
 996 ~~(4) (8) one complete change of linen;~~
 997 ~~(5) (9) two one blankets blanket;~~
 998 ~~(6) (10) one waterproof cot cover; and~~
 999 ~~(7) (11) a “no smoking” sign posted in the patient compartment and cockpit driver~~
 1000 ~~compartments; and~~
 1001 ~~(12) one pillow.~~

1002 ~~(d) (4)~~ The operator shall equip each type V-ground air ambulance with an internal
 1003 medical system which includes:

1004 (1) an internal oxygen system with at least two outlets located inside the patient
 1005 compartment and with at least 2,500 ~~3,000~~ liters of storage capacity with a minimum of
 1006 200 psi. ~~The cylinder shall be in a compartment which is vented to the outside.~~ The
 1007 pressure gauge and regulator control valve shall be readily accessible to the attendant
 1008 from inside the patient compartment; ~~and~~

1009 (2) The air ambulance operator shall ensure that the oxygen delivery system, all
 1010 necessary regulators, gauges and humidifying accessories are available to the air
 1011 medical personnel during in-flight operations.;

1012 ~~(2) (3)~~ (3) an electrically-powered suction aspirator system with an airflow of at least 28 30
 1013 liters per minute and a vacuum of at least 300 millimeters of mercury. The unit shall be
 1014 equipped with large bore, non-kinking suction tubing and a semi-rigid, non-metallic
 1015 oropharyngeal suction tip; ~~and~~

1016 (4) The air ambulance operator shall ensure that oxygen flow meters and outlets are
 1017 padded, flush mounted, or located to prevent injury to air medical personnel, unless
 1018 helmets are worn by all crew members during all phases of flight operations.

1019 ~~(e) (m)~~ The operator shall equip each type V-ground air ambulance with the following:

1020 (1) a portable oxygen unit of at least 300-liter storage capacity complete with yoke,
 1021 pressure gauge, and flowmeter with a minimum of 200 psi. The unit shall be readily
 1022 accessible from inside the patient compartment;

- 1023 (2) a portable, self-contained battery or manual suction aspirator with an airflow of at
1024 least 28 liters per minute and a vacuum of at least 300 millimeters of mercury. The unit
1025 shall be fitted with large bore, non-kinking suction tubing and semi-rigid, non-metallic,
1026 oropharyngeal suction tip;
- 1027 (3) medical supplies and equipment which includes:
- 1028 (A) airway management equipment, including tracheal intubation equipment, adult
1029 ~~and~~ pediatric and infant bag-valve mask, and ventilatory support equipment;
- 1030 (B) a cardiac monitor/defibrillator and an extra battery or power source;
- 1031 (C) advanced cardiac life support drugs and therapeutic modalities, as indicated by
1032 the service's medical protocols;
- 1033 (D) neonate specialty equipment and supplies for neonatal missions and as indicated
1034 by the service's medical protocols;
- 1035 (E) advanced trauma life support supplies and treatment modalities, as indicated in the
1036 service's medical protocols; and
- 1037 (F) a pulse oximeter and an intravenous infusion pump; and
- 1038 (4) blood borne and body fluid pathogen protection equipment as described in K.A.R.
1039 109-2-8.
- 1040 ~~(n) Each type V ground ambulance operator shall develop a list of supplies and~~
1041 ~~equipment which is either carried on the ambulance or immediately available for use as each~~
1042 ~~mission requires. This list shall include the supplies and equipment required by the board and~~
1043 ~~any additional supplies or equipment necessary to carry out the patient care activities as~~
1044 ~~indicated in the service's medical protocols.~~
- 1045 ~~(1) Each operator shall receive annual written approval from the emergency~~
1046 ~~committee of the county medical society for the list of supplies and equipment carried on each~~
1047 ~~ambulance.~~
- 1048 ~~(2) In those counties where there is no emergency committee of the county medical~~
1049 ~~society, the operator shall receive approval for the list~~
1050 ~~of supplies and equipment carried on each ambulance by the medical staff of the hospital to~~
1051 ~~which the ambulance service primarily transports patients.~~
- 1052 ~~(3) Each operator shall submit the list of supplies and equipment carried on each~~
1053 ~~ambulance to the board each year with the service's application for an ambulance service~~
1054 ~~permit.~~

1055 (o) If an operator's medical protocols ~~or equipment list~~ are amended, the operator
1056 shall submit these changes to the board with a letter of approval pursuant to K.S.A. 65-6112
1057 (n) and amendments to within 15 days of implementation of the change.

1058 (p) Equipment and supplies obtained on a trial basis or for temporary use by
1059 the operator need not be reported to the board by the operator. If the operator's medical
1060 equipment is amended, the operator shall submit these changes to the board within 15 days
1061 with a letter of approval from the service medical director.

1062 (q) Each air ambulance operator shall ensure that each air ambulance shall have on
1063 board, at all times, appropriate survival equipment for the mission and terrain of the service's
1064 geographic area of operations

1065 (r) Each air ambulance operator shall ensure the aircraft has an adequate interior
1066 lighting system so that patient care can be provided and the patient's status monitored without
1067 interfering with the pilot's vision. The air ambulance operator shall ensure the aircraft cockpit
1068 is capable of being shielded from light in the patient care area during night operations or red
1069 lighting or a reduced lighting level shall also be provided for the pilot and air ambulance
1070 personnel.

1071 (s) Each aircraft shall have at least one stretcher which meets the following
1072 requirements:

1073 (1) accommodates a patient who is six ft. tall, 212 pounds;

1074 (2) is capable of elevating the patient's head at least 30 degrees for patient care and
1075 comfort; and

1076 (3) (A) has three securing straps for adult patients; or

1077 (B) has been specifically designed for pediatric patients.

1078 (t) Each air ambulance operator shall ensure that all equipment, stretchers, and
1079 seating are so arranged as not to block rapid egress by air medical personnel or patients from
1080 the aircraft. The operator shall ensure that all equipment on board the aircraft is affixed or
1081 secured in either approved racks or compartments or by strap restraint while the aircraft is in
1082 operation.

1083 (u) The aircraft shall have an electric inverter or appropriate power source which is
1084 sufficient to power patient specific medical equipment without compromising the operation of
1085 any electrical aircraft equipment.

1086 (v) When an isolette is used during patient transport, the operator shall ensure that the
1087 isolette is able to be opened from its secured in-flight position in order to provide full access to
1088 the infant.

1089 (l) The aircraft shall have an external search light which shall be:

1090 (1) at least 400,000 candlepower illumination at 200 feet;

1091 (2) separate from the aircraft landing lights;

1092 (3) moveable 90 degrees longitudinally and 180 degrees laterally; and

1093 (4) capable of being controlled from inside the aircraft.

1094 (w) Each air ambulance operator shall ensure that each air ambulance has on board,
1095 at all times, appropriate survival equipment for the mission and terrain of the service's
1096 geographic area of operations.

1097 (x) Each air ambulance operator shall equip each rotorwing air ambulance with
1098 medical supplies and equipment which includes the following:

1099 (1) airway management equipment including tracheal intubation equipment, adult and
1100 pediatric bag-valve masks and ventilatory support equipment;

1101 (2) a cardiac monitor/defibrillator and an extra battery or power source;

1102 (3) advanced cardiac life support drugs and therapeutic modalities as indicated by the
1103 air ambulance operator's medical protocols;

1104 (4) neonate specialty equipment and supplies for neonatal missions as indicated in
1105 the service's medical protocols;

1106 (5) advanced trauma life support treatment modalities as indicated in the service's
1107 medical protocols;

1108 (6) a pulse oximeter and an intravenous infusion pump; and

1109 (7) blood borne and body fluid pathogen protection equipment as described in K.A.R.
1110 109-2-8.

1111 (y) Each air ambulance operator shall ensure that all medical equipment is maintained
1112 according to the manufacturer's recommendations and does not interfere with the aircraft's
1113 navigation or on-board systems.

1114 (z) Each type V service operator shall staff each type V ambulance with a driver or pilot,
1115 an attendant, or at least two allied health care personnel, one of whom shall be a physician, or
1116 a licensed professional nurse. Additional staffing shall be commensurate with the patients care
1117 needs as determined by the services medical advisor or as described in the services medical

1118 protocols. The medical personnel shall remain in the patient compartment during patient
1119 transport.

1120 (1) At least one of the medical personnel on each type V ambulance shall have completed
1121 and be current in Advanced Cardiac Life Support (ACLS) as in effect on January 1, 2011 which
1122 is adopted herein by reference, or the equivalent, as approved by the board.

1123 (2) When performing neonatal or pediatric missions, at least one of the medical personnel
1124 on each type V ambulance shall have completed and be current in Pediatric Advanced Life
1125 Support (PALS) as in effect on January 1, 2011 which is adopted herein by reference, or the
1126 equivalent as approved by the board.

1127 (3) When responding to the scene of an accident or medical emergency, not including
1128 transports between medical facilities, at least one of the medical personnel on each type V
1129 ambulance shall have completed and be current in one of the following programs as in effect
1130 on January 1, 2011;

1131 (1) Advanced Trauma Life Support (ATLS)

1132 (2) Flight Nurse Advanced Trauma Course (FNATC)

1133 (3) Trauma Nurse Core Course (TNCC)

1134 (4) Pre-Hospital Trauma Life Support (PHTLS) or

1135 (Authorized by and implementing K.S.A. 1995 Supp. 65-6110; effective May 1, 1987;
1136 amended July 17, 1989; amended Jan. 31, 1997.)

1137 **109-2-12 Standards for rotorwing ambulance aircraft and equipment.**

1138 (a) Each air ambulance operator shall comply with the requirements described in
1139 K.A.R. 109-2- 11 ~~Each air ambulance operator shall comply with all Federal Aviation~~
1140 ~~Regulations as contained in 14 C.F.R. Parts 91 and 135, as in effect on January 1, 1996,~~
1141 ~~which are adopted herein by reference.~~

1142 ~~(b) Each air ambulance operator shall obtain a valid standard airworthiness certificate~~
1143 ~~for each aircraft licensed by the board. The operator shall submit a copy of the airworthiness~~
1144 ~~certificate to the board when applying for the air ambulance license.~~

1145 ~~(c) Each air ambulance operator shall ensure that the aircraft's flight controls,~~
1146 ~~throttles, and radios are physically protected from any intended or accidental interference by~~
1147 ~~the patient, air medical personnel, or equipment and supplies.~~

1148 (b) ~~(d)~~ The aircraft design configuration shall not compromise patient stability during
1149 any part of flight operations. The aircraft shall have an entry that allows loading and unloading
1150 of the patient without maneuvering the patient more than 45 degrees about the lateral axis and
1151 30 degrees about the longitudinal axis, and does not compromise the functioning of monitoring
1152 systems, intravenous lines, or manual or mechanical ventilation.

1153 ~~(e) The operator shall ensure that the patient compartment is configured in such a way~~
1154 ~~that air medical personnel have adequate access to the patient in order to begin and maintain~~
1155 ~~both basic and advanced life support. The operator shall ensure that the air ambulance has~~
1156 ~~adequate access and necessary space to maintain the patient's airway and to provide~~
1157 ~~adequate ventilatory support by an attendant from the secured, seat-belted position within the~~
1158 ~~air ambulance.~~

1159 ~~(f) Each air ambulance operator shall ensure that the aircraft is climate controlled for~~
1160 ~~the comfort of both the patient and air medical personnel. The air medical crew shall take~~
1161 ~~precautions to prevent temperature extremes that could adversely affect patient care.~~

1162 ~~(g) Each aircraft shall have at least one stretcher installed and secured in the patient~~
1163 ~~compartment according to FAA part 135 guidelines, and which meets the following~~
1164 ~~requirements:~~

1165 ~~(1) accommodates a patient who is in the 95 percentile for an adult male, six ft. tall,~~
1166 ~~212 lbs. or 96.2 kg;~~

1167 ~~(2) is capable of elevating the patient's head at least 30 degrees for patient care and~~
1168 ~~comfort; and~~

1169 ~~(3) has two patient securing straps.~~

1170 ~~(d) Each air ambulance operator shall ensure that all equipment, stretchers, and~~
 1171 ~~seating are so arranged as not to block rapid egress by air medical personnel or patients from~~
 1172 ~~the aircraft. The operator shall ensure that all equipment on board the aircraft is affixed or~~
 1173 ~~secured in either approved racks or compartments or by strap restraint while the aircraft is in~~
 1174 ~~operation.~~

1175 ~~(e) The aircraft shall have an adequate interior lighting system so that patient care~~
 1176 ~~can be given and the patient's status monitored without interfering with the pilot's vision. Red~~
 1177 ~~lighting or a reduced level of lighting shall also be provided for the pilot and air ambulance~~
 1178 ~~personnel.~~

1179 ~~(j) The aircraft shall have an electric inverter or appropriate power source which is~~
 1180 ~~sufficient to meet the requirements of the complete specialized equipment package without~~
 1181 ~~compromising the operation of any electrical aircraft equipment.~~

1182 ~~(k) When an isolette is used during patient transport, the operator shall ensure that the~~
 1183 ~~isolette is able to be opened from its secured in-flight position in order to provide full access to~~
 1184 ~~the infant.~~

1185 ~~(l) The aircraft shall have an external search light which shall be:~~

1186 ~~(1) at least 400,000 candlepower illumination at 200 feet;~~

1187 ~~(2) separate from the aircraft landing lights;~~

1188 ~~(3) moveable 90 degrees longitudinally and 180 degrees laterally; and~~

1189 ~~(4) capable of being controlled from inside the aircraft.~~

1190 ~~(h) (m)~~ Each rotorwing aircraft shall have a two-way radio communications system
 1191 which is readily accessible to both the attendants and the pilot, and which meets the following
 1192 requirements:

1193 (1) allows communications between the aircraft and a hospital for medical control
 1194 exclusive of the air traffic control system; and

1195 (2) allows communications between the aircraft and ground-based ambulance
 1196 services exclusive of the air traffic control system;

1197 ~~(3) allows communications with air traffic control; and~~

1198 ~~(4) allows the attendant to communicate at all times with medical control exclusive of~~
 1199 ~~the air traffic control system.~~

1200 (n) ~~Each air ambulance operator shall ensure that the air ambulance shall have on~~
1201 ~~board, at all times, the following safety equipment:~~

1202 ~~(1) at least one 2-1-2 pound Halon fire extinguisher. The fire extinguisher shall be~~
1203 ~~accessible to both the pilot and air medical personnel in the patient compartment. The air~~
1204 ~~ambulance operator shall ensure that each fire extinguisher is fully charged with a valid~~
1205 ~~inspection certification;~~

1206 ~~(2) one battery-operated hand-held lantern with a power source of at least six volts or~~
1207 ~~two flashlights with a minimum of two "C or D-cell" battery capacity;~~

1208 ~~(3) appropriate survival equipment for the mission and terrain of the service's~~
1209 ~~geographic area of operations; and~~

1210 ~~(4) a "no smoking" sign posted in the patient and pilot compartments.~~

1211 ~~(2) Each rotorwing air ambulance shall have two suction apparatus, one of which~~
1212 ~~shall be electrically powered, with wide bore tubing, a large reservoir and various sizes of~~
1213 ~~suction catheters. One suction unit shall be portable. The second may be either portable or~~
1214 ~~built into the aircraft. Both suction units shall have an air flow of at least 28 liters per minute~~
1215 ~~and a vacuum of at least 300 millimeters of mercury.~~

1216 ~~(o) Each air ambulance operator shall ensure that each rotorwing air ambulance is~~
1217 ~~equipped with an internal medical system which includes the following equipment.~~

1218 ~~(1) Each rotorwing air ambulance shall have a gaseous or liquid medical oxygen~~
1219 ~~supply which is sufficient to provide the patient with up to 15 liters per minute flow for the~~
1220 ~~specific mission and duration of the flight, and is contained in at least two separate containers,~~
1221 ~~one of which shall be portable.~~

1222 ~~(A) The air ambulance operator shall ensure that the oxygen delivery system, all~~
1223 ~~necessary regulators, gauges and humidity accessories are available to the air medical~~
1224 ~~personnel during in-flight operations.~~

1225 ~~(B) The air ambulance operator shall ensure that oxygen flow meters and outlets are~~
1226 ~~padded, flush mounted, or located to prevent injury to air medical personnel.~~

1227 ~~(2) Each rotorwing air ambulance shall have two suction apparatus, one of which shall~~
1228 ~~be electrically powered, with wide bore tubing, a large reservoir and various sizes of suction~~
1229 ~~catheters. One suction unit shall be portable. The second may be either portable or built into~~
1230 ~~the aircraft. Both suction units shall have an air flow of at least 28 liters per minute and a~~
1231 ~~vacuum of at least 300 millimeters of mercury.~~

1232 ~~(p) Each air ambulance operator shall equip each rotorwing air ambulance with~~
1233 ~~medical supplies and equipment which includes the following:~~
1234 ~~(1) airway management equipment including tracheal intubation equipment, adult and~~
1235 ~~pediatric bag-valve masks and ventilatory support equipment;~~
1236 ~~(2) a cardiac monitor/defibrillator and an extra battery or power source;~~
1237 ~~(3) advanced cardiac life support drugs and therapeutic modalities as indicated by the~~
1238 ~~air ambulance operator's medical protocols;~~
1239 ~~(4) neonate specialty equipment and supplies for neonatal missions as indicated in~~
1240 ~~the service's medical protocols;~~
1241 ~~(5) advanced trauma life support treatment modalities as indicated in the service's~~
1242 ~~medical protocols;~~
1243 ~~(6) a pulse oximeter and an intravenous infusion pump; and~~
1244 ~~(7) blood borne and body fluid pathogen protection equipment as described in K.A.R.~~
1245 ~~109-2-8 (p).~~
1246 ~~(q) Each air ambulance operator shall comply with the requirements described in~~
1247 ~~K.A.R. 109-2-11 (n) and (o).~~
1248 ~~(r) Each air ambulance operator shall ensure that all medical equipment is maintained~~
1249 ~~according to the manufacturer's recommendations and does not interfere with the aircraft's~~
1250 ~~navigation or on-board systems. (Authorized by and implementing K.S.A. 1995 Supp. 65-~~
1251 ~~6110; effective May 1, 1987; amended July 17, 1989; amended Jan. 31, 1997.)~~
1252
1253

1254 **109-2-13 Standards for fixed-wing ambulance aircraft and equipment.** (a) ~~Each air~~
1255 ~~ambulance operator shall comply with all Federal Aviation Regulations as contained in 14~~
1256 ~~C.F.R. Parts 91 and 135, as in effect on January 1, 1996, which are adopted herein by~~
1257 ~~reference.~~

1258 ~~(b) Each air ambulance operator shall obtain a valid standard airworthiness certificate~~
1259 ~~for each aircraft licensed by the board. The operator shall submit a copy of the airworthiness~~
1260 ~~certificate to the board when applying for the air ambulance license.~~

1261 ~~(c) The operator shall ensure that each air fixed wing ambulance is multi-engined and~~
1262 ~~meets the following requirements:~~

1263 ~~(1) rated for instrument flight (IFR);~~

1264 ~~(2) equipped with an emergency locator transmitter (ELT);~~

1265 ~~(3) certified and equipped for known icing conditions; and~~

1266 ~~(4) pressurized during patient transports according to the service's medical protocols,~~
1267 ~~and operational protocols policies, or both.~~

1268 ~~(b) (d) Each air ambulance operator shall ensure that the aircraft's flight controls,~~
1269 ~~throttles, and radios are physically protected from any intended or accidental interference by~~
1270 ~~the patient, air medical personnel, or equipment and supplies. The pilot or pilots shall be~~
1271 ~~sufficiently isolated from the patient care area to minimize in-flight distractions or interference.~~

1272 ~~(e) The aircraft design shall not compromise patient stability during any part of flight~~
1273 ~~operations. The aircraft shall have an entry that allows loading and unloading of the patient~~
1274 ~~without maneuvering the patient more than 45 degrees about the lateral axis and 30 degrees~~
1275 ~~about the longitudinal axis of the patient, and does not compromise functioning of monitoring~~
1276 ~~systems, intravenous lines, or manual or mechanical ventilation.~~

1277 ~~(f) Each air ambulance operator shall ensure that the patient compartment is~~
1278 ~~configured in such a way that air medical personnel have adequate access to the patient in~~
1279 ~~order to begin and maintain both basic and advanced life support. The operator shall ensure~~
1280 ~~that the air ambulance has adequate access and necessary space to maintain the patient's~~
1281 ~~airway and to provide adequate ventilatory support by an attendant from the secured, seat-~~
1282 ~~belted position within the air ambulance.~~

1283 ~~(g) Each air ambulance operator shall ensure that the aircraft is climate controlled for~~
1284 ~~the comfort of both the patient and air medical personnel. The air medical crew shall take~~
1285 ~~precautions to prevent temperature extremes that could adversely affect patient care.~~

1286 ~~(h) Each aircraft shall have at least one stretcher installed and secured in the patient~~
1287 ~~compartment according to FAR part 135 guidelines, and which meets the following~~
1288 ~~requirements:~~

1289 ~~(1) accommodates a patient who is in the 95 percentile for an adult male, six ft. tall,~~
1290 ~~212 lbs. or 96.2 kg;~~

1291 ~~(2) is capable of elevating a patient's head at least 30 degrees for patient care and~~
1292 ~~comfort; and~~

1293 ~~(3) has two patient securing straps.~~

1294 ~~(i) Each air ambulance operator shall ensure that all equipment, stretchers, and~~
1295 ~~seating are arranged so as not to block rapid egress by air medical personnel or patients from~~
1296 ~~the aircraft. The operator shall ensure that all equipment on board the aircraft is affixed or~~
1297 ~~secured in either approved racks or compartments or by strap restraint while the aircraft is in~~
1298 ~~operation.~~

1299 ~~(j) Each air ambulance operator shall ensure the aircraft has an adequate interior~~
1300 ~~lighting system so that patient care can be provided and the patient's status monitored without~~
1301 ~~interfering with the pilot's vision. The air ambulance operator shall ensure the aircraft cockpit~~
1302 ~~is capable of being shielded from light in the patient care area during night operations. Red~~
1303 ~~lighting or a reduced lighting level shall also be provided for the pilot and air ambulance~~
1304 ~~personnel.~~

1305 ~~(k) The aircraft shall have an electric inverter or appropriate power source which is~~
1306 ~~sufficient to meet the requirements of the complete specialized equipment package without~~
1307 ~~compromising the operation of any electrical aircraft equipment.~~

1308 ~~(l) When an isolette is carried during patient transport, the air ambulance operator~~
1309 ~~shall ensure that the isolette is able to be opened from its secured in-flight position in order to~~
1310 ~~provide full access to the infant.~~

1311 ~~m) Each fixed-wing air ambulance shall have a two-way radio communications system~~
1312 ~~which is readily accessible to both the attendants and the pilot, and which shall meet the~~
1313 ~~following requirements:~~

1314 ~~(1) allows communications between the aircraft and a hospital;~~

1315 ~~(2) allows communications between the aircraft and ground based ambulance~~
1316 ~~services;~~

1317 ~~(3) allows communications with air traffic control; and~~

1318 ~~(2)(4)~~ allows an attendant to communicate at all times with medical control exclusive
1319 of the air traffic control system.

1320 ~~(n) Each air ambulance operator shall ensure that the air ambulance shall have on~~
1321 ~~board, at all times, the following safety equipment:~~

1322 ~~(1) at least one 2-1-2 pound Halon fire extinguisher. The fire extinguisher shall be~~
1323 ~~accessible to both the pilot and air medical personnel in the patient compartment. The air~~
1324 ~~ambulance operator shall ensure that each fire extinguisher is fully charged with a valid~~
1325 ~~inspection certification;~~

1326 ~~(2) one battery operated hand held lantern with a power source of at least six volts or~~
1327 ~~two flashlights with a minimum of two "C or D-cell" battery capacity;~~

1328 ~~(3) appropriate survival equipment for the mission and terrain of the service's~~
1329 ~~geographic area of operations; and~~

1330 ~~(4) a "no smoking" sign posted in the patient and pilot compartments.~~

1331 ~~(o) Fixed-wing ambulance aircraft shall have on board patient comfort equipment~~
1332 ~~including:~~

1333 ~~(1) one pillow;~~

1334 ~~(2) two complete sets of linen;~~

1335 ~~(3) two blankets;~~

1336 ~~(4) one waterproof cot cover;~~

1337 ~~(1)(5) one urinal; and~~

1338 ~~(2)(6) one bedpan;~~

1339 ~~(7) one emesis basin or convenience bag; and~~

1340 ~~(8) potable water.~~

1341 ~~(p) Each air ambulance operator shall ensure that each fixed-wing air ambulance is~~
1342 ~~equipped with an internal medical system which includes the following equipment.~~

1343 ~~(1) Each fixed-wing air ambulance shall have a gaseous or liquid medical oxygen~~
1344 ~~supply which is sufficient to provide the patient with up to 15 liters per minute flow for the~~
1345 ~~specific mission and duration of the flight, and is contained in at least two separate containers,~~
1346 ~~one of which shall be portable.~~

1347 ~~(A) The air ambulance operator shall ensure that the oxygen delivery system, all~~
1348 ~~necessary regulators, gauges, and humidity accessories are available to the air medical~~
1349 ~~personnel during in-flight operations.~~

1350 ~~(B) The air ambulance operator shall ensure that oxygen flow meters and outlets are~~
1351 ~~padded, flush mounted, or located to prevent injury to air medical personnel.~~

1352 ~~(2) Each fixed-wing air ambulance operator shall have two suction apparatus, one of~~
1353 ~~which shall be electrically powered, with wide bore tubing, a large reservoir and various sizes~~
1354 ~~of suction catheters. One suction unit shall be portable. The second may be either portable or~~
1355 ~~built into the aircraft. Both suction units shall have an air flow of at least 28 liters per minute~~
1356 ~~and a vacuum of at least 300 millimeters of mercury.~~

1357 ~~(q) Each air ambulance operator shall equip each fixed-wing air ambulance with~~
1358 ~~medical supplies and equipment which includes the following:~~

1359 ~~(1) airway management equipment including tracheal intubation equipment, adult and~~
1360 ~~pediatric bag-valve masks and ventilatory support equipment;~~

1361 ~~(2) a cardiac monitor/defibrillator and an extra battery or power source;~~

1362 ~~(3) advanced cardiac life support drugs and therapeutic modalities as indicated by the~~
1363 ~~operator's medical protocols;~~

1364 ~~(4) neonate specialty equipment and supplies for neonatal missions as indicated by~~
1365 ~~the service's medical protocols;~~

1366 ~~(5) a pulse oximeter and an intravenous infusion pump; and~~

1367 ~~(6) blood borne and body fluid pathogen protection equipment as described in K.A.R.~~
1368 ~~109-2-8 (p).~~

1369 ~~(r) Each fixed-wing air ambulance operator shall comply with the requirements~~
1370 ~~described in K.A.R. 109-2-11 (n) and (o).~~

1371 ~~(s) Each air fixed wing air ambulance operator shall ensure that all medical equipment~~
1372 ~~is maintained according to the manufacturer's recommendations and does not interfere with~~
1373 ~~the aircraft's navigational, radio communications or other on board systems. (Authorized by~~
1374 ~~and implementing K.S.A. 1995 Supp. 65-6110; effective Jan. 31, 1997.)~~