

Checklist - Ambulance Service Inspection

Number:
Inspector:
Date:

Kansas Board of Emergency Medical Services

900 S.W Jackson, LSOB, Room 1031

Topeka, KS 66612

785-296-7296

Ambulance Service Inspection

Expiration Date:

Vehicle Call Sign:

Vehicle Unit Number:

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Section 1

No.	Item				
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1	Each operator shall produce the ambulance service permit and service records upon request of the board.	NC-C	C	NC	N/A
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2	The ambulance service director shall be responsible for maintaining a current list of the ambulance service's attendants.	NC-C	C	NC	N/A
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3	Each operator must notify the board of each addition or removal of an attendant from the attendant roster within 90 days of the addition or removal.				
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4

Each operator shall maintain a current duty roster that demonstrates compliance with K.S.A. 65-6135, and amendments thereto. The duty roster shall reflect appropriate staffing for the service and ambulance type as specified in K.A.R. 109-2-6 and 109-2-7.

***Radio and Telephone Communication**

yes no

***Inter-Facility Transfers**

yes no

***Emergency Driving and Vehicle Operations**

yes no

***DNR, power of attorney, and living wills**

yes no

***Multiple Victim and Mass Casualty Incident**

yes no

***Hazardous Material Incident**

yes no

***Infectious Disease Control**

yes no

***Crime Scene Management**

yes no

***Documentation of Patient Reports**

yes no

***Consent and Refusal of Treatment**

yes no

***Management of Firearms and Other Weapons**

yes no

***Mutual Aid**

yes no

***Patient Confidentiality**

yes no

***Extrication**

yes no

5

Each ambulance service operator shall develop and implement operational policies or guidelines, or both, that have a table of contents and address policies and procedures for each of the following topics: (1) Radio and telephone communications; (2) inter-facility transfers; (3) emergency driving and vehicle operations; (4) do not resuscitate (DNR) orders, durable powers of attorney for health care decisions, and living wills; (5) multiple-victim and mass-casualty incidents; (6) hazardous material incidents; (7) infectious disease control; (8) crime scene management; (9) documentation of patient reports; (10) consent and refusal of treatment; (11) management of firearms and other weapons; (12) mutual aid, which means a plan for requesting assistance from another resource; (13) patient confidentiality; (14) extrication of persons from entrapment; and (15) any other procedures deemed necessary by the operator for the efficient operation of the ambulance service.

NC-C C NC N/A

***Diabetic Emergencies, Pedi/Adult**

yes no

***Shock Pedi/Adult**

yes no

***Environmental Emergencies Pedi/Adult**

yes no

***Chest Pain Pedi/Adult**

yes no

***Abdominal Pain Pedi/Adult**

yes no

***Respiratory Distress Pedi/Adult**

yes no

***O.B Emergencies and Care of Newborn Pedi/Adult**

yes no

***Poisoning and Overdose Pedi/Adult**

yes no

***Seizures PediAdult**

yes no

***Cardiac Arrest Pedi/Adult**

yes no

***Burns Pedi/Adult**

yes no

***Stroke or CVA Pedi/Adult**

yes no

***Chest Injuries Pedi/Adult**

yes no

***Abdominal Injuries Pedi/Adult**

yes no

***Head Injuries Pedi/Adult**

yes no

***Spinal Injuries Pedi/Adult**

yes no

***Multiple-Systems Trauma Pedi/Adult**

yes no

***Orthopedic Injuries Pedi/Adult**

yes no

***Drowning Pedi/Adult**

yes no

***Anaphylaxis Pedi/Adult**

yes no

6

Each ambulance service operator shall adopt and implement medical protocols developed and approved in accordance with K.S.A. 65-6112, and amendments thereto. The medical protocols shall be approved annually. Each operator's medical protocols shall include a table of contents and treatment procedures at a minimum for the following medical and trauma-related conditions for pediatric and adult patients: (1) Diabetic emergencies; (2) shock; (3) environmental emergencies; (4) chest pain; (5) abdominal pain; (6) respiratory distress; (7) obstetrical emergencies and care of the newborn; (8) poisoning and overdoses; (9) seizures; (10) cardiac arrest; (11) burns; (12) stroke or cerebral-vascular accident; (13) chest injuries; (14) abdominal injuries; (15) head injuries; (16) spinal injuries; (17) multiple-systems trauma; (18) orthopedic injuries; (19) drowning; and (20) anaphylaxis. Each operator shall make available a current copy of the ambulance service's operational policies or guidelines and medical protocols to any person listed as an attendant and any other health care provider on the ambulance service's attendant roster.

NC-C C NC N/A

7

If an operator's medical protocols or equipment list is amended, a copy of these changes shall be submitted to the board by the ambulance service operator within 15 days of implementation of the change.

NC-C C NC N/A

8

Each operator shall maintain a daily record of each request for ambulance response. This record shall include the date, time of call, scene location, vehicle number, trip number, caller, nature of call, and disposition of each patient.
K.A.R 109-2-5(n)

NC-C C NC N/A

9

Each operator shall ensure that documentation is completed for each request for service and for each patient receiving patient assessment, care, or transportation. Each operator shall maintain a copy of the patient care

documentation for at least three years.

NC-C C NC N/A

10

Each operator shall provide a quality improvement or assurance program that establishes medical review procedures for monitoring patient care activities. This program shall include policies and procedures for reviewing patient care documentation. Each operator shall review patient care activities at least once each quarter of each calendar year

NC-C C NC N/A

11

Review of patient care activities shall include quarterly participation by the ambulance service's medical director.

NC-C C NC N/A

12

Each operator shall park all ground ambulances in a completely enclosed building with a solid concrete floor. Each operator shall maintain the interior heat of the enclosed building at no less than 50 degrees Fahrenheit. Each operator shall ensure that the interior of the building is kept clean and has adequate lighting. Each operator shall store all supplies and equipment in a clean and safe manner. K.A.R 109-2-5(g)

NC-C C NC N/A

13

Each operator of an air ambulance service shall have an air safety training program for all air medical personnel. K.A.R 109-2-10(a)

NC-C C NC N/A

14

Each operator of an air ambulance service shall provide an informational publication that promotes the proper use of air medical transport, upon request, to all ground-based ambulance services, law enforcement agencies, and hospitals that use the air ambulance service. Each publication shall address the following topics: (1) Availability, accessibility, and scope of care of the air ambulance service; (2) capabilities of air medical personnel and patient care modalities afforded by the air ambulance service; (3) patient preparation before air medical transport; (4) landing zone designation and preparation; (5) communication and coordination between air and ground medical personnel;

and (6) safe approach and conduct around the aircraft. K.A.R 109-2-10(c)

NC-C C NC N/A

***Are there deficiencies in vehicle inspections?**

yes no

***Is the service required to submit corrective documentation?**

yes no

***Does service have all required Clinical Laboratory Improvement Amendments (CLIA) waivers?**

yes no

***Was education plan reviewed with service?**

yes no

***Was License Management system reviewed with service?**

yes no

***Is Kraf Grant equipment available and maintained in working condition**

yes no n/a

KRAF Grant equipment

***Does service have destination protocol for stroke?**

yes no

***Does service have destination protocol for cardiac?**

yes no

***Does service have destination protocol for trauma?**

yes no

***Does service have destination protocol for burns?**

yes no

***Does service have destination protocol for sepsis?**

yes no

***Does service have destination protocol for pediatrics?**

yes no

***Does service have destination protocol for highly infectious contagious disease?**

yes no

***Does service have destination protocol for renal failure/dialysis?**

yes no

Incomplete

Total: 0 deficiencies of 14 items

Responsible Party Signoff

*

[Clear](#)

***First Name:**

***Last Name:**

Certification Number: