

K.A.R. 109 Emergency Medical Services



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Article 1.--DEFINITIONS

109-1-1 Definitions.

Each of the following terms, as used in the board's regulations, shall have the meaning specified in this regulation:

- (a) "AEMT" means advanced emergency medical technician.
- (b) "Advanced life support" and "ALS" mean the statutorily authorized activities and interventions that may be performed by an emergency medical technician intermediate, emergency medical technician-defibrillator, emergency medical technician-intermediate/defibrillator, advanced emergency medical technician, or paramedic.
- (c) "Air ambulance" means a fixed-wing or rotor-wing aircraft that is specially designed, constructed or modified, maintained, and equipped to provide air medical transportation or emergency care of patients.
- (d) "Air medical director" means a physician as defined by K.S.A. 65-6112, and amendments thereto, who meets the following requirements:
 - (1) Is trained and experienced in care consistent with the air ambulance service's mission statement; and
 - (2) is knowledgeable in altitude physiology and the complications that can arise due to air medical transport.
- (e) "Air medical personnel" means the attendants listed on the attendant roster, health care personnel identified on the service health care personnel roster of the air ambulance service, specialty patient care providers specific to the mission, and the pilot or pilots necessary for the operation of the aircraft.
- (f) "Airway maintenance," as used in K.S.A. 65-6121 and amendments thereto and as applied to the authorized activities of an advanced emergency medical technician, means the use of any invasive oral equipment and procedures necessary to ensure the adequacy and quality of ventilation and oxygenation.
- (g) "Basic life support" and "BLS" mean the statutorily authorized activities and interventions that may be performed by a first responder, emergency medical responder, or emergency medical technician.
- (h) "CAPCE" means the commission on accreditation for pre-hospital continuing education.
- (i) "Certified mechanic," as used in K.A.R. 109-2-2, means an individual employed or contracted by the ambulance service, city or county, qualified to perform maintenance on licensed ambulances and inspect these vehicles and validate, by signature, that the vehicles meet both mechanical and safety considerations for use.
- (j) "Class," as used in these regulations, means the period during which a group of students meets.
- (k) "Clinical preceptor" means an individual who is responsible for the supervision and evaluation of students in clinical training in a health care facility.
- (l) "Continuing education" means a formally organized learning experience that has education as its explicit principal intent and is oriented towards the enhancement of emergency medical services practice, values, skills, and knowledge.
- (m) "Contrived experience," as used in K.A.R. 109-11-3a, means a simulated ambulance call

and shall include dispatch communications, responding to the scene, assessment and management of the scene and patient or patients, biomedical communications with medical control, ongoing assessment, care, and transportation of the patient or patients, transference of the patient or patients to the staff of the receiving facility, completion of records, and preparation of the ambulance for return to service.

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

(o) "Course of instruction" means a body of prescribed EMS studies approved by the board.

(p) "Critical care transport" means the transport by an ambulance of a critically ill or injured patient who receives care commensurate with the care rendered by health care personnel as defined in this regulation or a paramedic with specialized training as approved by service protocols and the medical director.

(q) "Educator" means instructor-coordinator, as defined in K.S.A. 65-6112 and amendments thereto.

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

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

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

- (1) Place the patient's health in serious jeopardy;
- (2) seriously impair bodily functions; or
- (3) result in serious dysfunction of any bodily organ or part.

(u) "EMS" means emergency medical services.

(v) "EMR" means emergency medical responder.

(w) "EMT" means emergency medical technician.

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

(y) "Ground ambulance" means a ground-based vehicle that is specially designed and equipped for emergency medical care and transport of sick and injured persons and meets the requirements K.A.R. 109-2-8.

(z) "Health care personnel" and "health care provider" as used in these regulations, means a physician, physician assistant, licensed professional nurse, advanced practice registered nurse, or respiratory therapist.

(aa) "Incompetence," as applied to attendants and as used in K.S.A. 65-6133 and amendments thereto, means a demonstrated lack of ability, knowledge, or fitness to perform patient care according to applicable medical protocols or as defined by the authorized activities of the attendant's level of certification.

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

(cc) “Incompetence,” as applied to an operator and as used in K.S.A. 65- 6132 and amendments thereto, means either of the following:

- (1) The operator’s inability or failure to provide the level of service required for the type of permit held; or
- (2) the failure of the operator or an agent or employee of the operator to comply with a statute or regulation pertaining to the operation of a licensed ambulance service.

(dd) “Instructor-coordinator” and “I-C” mean any of the following individuals who are certified to instruct and coordinate attendant training programs:

- (1) Emergency medical technician;
- (2) physician;
- (3) physician’s assistant;
- (4) advanced practice registered nurse;
- (5) licensed professional nurse;
- (6) advanced emergency medical technician; or
- (7) paramedic.

(ee) “Interoperable” means that one system has the ability to communicate or work with another.

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

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

(hh) “Mentoring educator” means an instructor-coordinator, as defined in K.S.A. 65-6112 and amendments thereto, who has obtained additional credentials prescribed by the board.

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

(jj) “Primary instructor” means an instructor-coordinator who is listed by the sponsoring organization as the individual responsible for the competent delivery of cognitive, psychomotor, and affective objectives of an approved initial course of instruction or continuing education program and who is the person primarily responsible for evaluating student performance and developing student competency.

(kk) “Prior-approved continuing education” means material submitted by a sponsoring organization, to the board, that is reviewed and subsequently approved by the executive director, in accordance with criteria established by regulations, and that is assigned a course identification number.

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

- (1) A ground ambulance service;
- (2) the Kansas highway patrol or any law enforcement officer who is at the scene of an accident or medical emergency;
- (3) a physician, as defined by K.S.A. 65-6112 and amendments thereto, who is at the scene of an accident or medical emergency; or
- (4) an attendant who has been dispatched to provide emergency first response and who is at the scene of an accident or medical emergency.

(mm) “Retroactively approved continuing education” means credit issued to an attendant after attending a program workshop, conference, seminar, or other offering that is reviewed and

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

(nn) "Roster" means a document whose purpose is to validate attendance at an educational offering and that includes the following information:

- (1) Name of the sponsoring organization;
- (2) location where the educational offering occurred;
- (3) signature, time of arrival, and time of departure of each attendee;
- (4) course identification number issued by the board;
- (5) title of the educational offering;
- (6) date of the educational offering; and
- (7) printed name and signature of the program manager.

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

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

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

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

(ss) "Syllabus" means a summary of the content of a course of instruction that includes the following:

- (1) A summary of the course goals and objectives;
- (2) student prerequisites, if any, for admission into the course;
- (3) instructional and any other materials required to be purchased by the student;
- (5) student requirements for successful course completion;
- (6) a description of the clinical and field training requirements, if applicable;
- (7) student discipline policies; and
- (8) instructor, educator, or mentoring educator information, which shall include the following:

- (A) The name of the instructor, educator, or mentoring educator;
- (B) the office hours of the instructor, educator, or mentoring educator or the hours during which the instructor, educator, or mentoring educator is available for consultation; and
- (C) the electronic mail address of the instructor, educator, or mentoring educator.

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

(uu) "Teach" means instruct or coordinate training, or both.

(vv) "Unprofessional conduct," as applied to attendants and as used in K.S.A. 65-6133 and amendments thereto, means conduct that violates those standards of professional behavior that through professional experience have become established by the consensus of the expert opinion of the members of the emergency medical services profession as reasonably necessary for the protection of the public. This term shall include any of the following:

- (1) Failing to take appropriate action to safeguard the patient;
- (2) performing acts beyond the activities authorized for the level at which the individual is certified;
- (3) falsifying a patient's or an ambulance service's records;
- (4) verbally, sexually, or physically abusing a patient;
- (5) violating statutes or regulations concerning the confidentiality of medical records or patient information obtained in the course of professional work;
- (6) diverting drugs or any property belonging to a patient or an agency;
- (7) making a false or misleading statement on an application for certification renewal or any agency record;
- (8) engaging in any fraudulent or dishonest act that is related to the qualifications, functions, or duties of an attendant; or
- (9) failing to cooperate with the board and its agents in the investigation of complaints or possible violations of the emergency medical services statutes or board regulations, including failing to furnish any documents or information legally requested by the board. Attendants who fail to respond to requests for documents or requests for information within 30 days from the date of request shall have the burden of demonstrating that they have acted in a timely manner.

(ww) "Unprofessional conduct," as applied to instructor-coordinators and as used in K.S.A. 65-6129b and K.S.A. 65-6129c and amendments thereto, means any of the following:

- (1) Engaging in behavior that demeans a student. This behavior shall include ridiculing a student in front of other students or engaging in any inhumane or discriminatory treatment of any student or group of students;
- (2) verbally or physically abusing a student;
- (3) failing to take appropriate action to safeguard a student;
- (4) falsifying any document relating to a student or the sponsoring organization;
- (5) violating any statutes or regulations concerning the confidentiality of student records;
- (6) obtaining or seeking to obtain any benefit, including a sexual favor, from a student through duress, coercion, fraud, or misrepresentation, or creating an environment that subjects a student to unwelcome sexual advances, which shall include physical touching or verbal expressions;
- (7) an inability to instruct because of alcoholism, excessive use of drugs, controlled substances, or any physical or mental condition;
- (8) reproducing or duplicating a state examination for certification without board authority;
- (9) engaging in any fraudulent or dishonest act that is related to the qualifications, functions, or duties of an instructor-coordinator or training officer;
- (10) willfully failing to adhere to the course syllabus; or
- (11) failing to cooperate with the board and its agents in the investigation of complaints or possible violations of the board's statutes or regulations, including failing to furnish any documents or information legally requested by the board. Instructor-coordinators and training officers who fail to respond to requests for documents or requests for information within 30 days of the request shall have the burden of demonstrating that they have acted in a timely manner.

(Authorized by K.S.A. 2016 Supp. 65-6110, 65-6111, and 65-6133; implementing K.S.A. 2016 Supp. 65-6110, 65-6111, 65-6129b, 65-6129c, 65-6132, and 65-6133; effective May 1, 1985; amended May 1, 1986; amended, T-88-12, May 18, 1987; amended, T-88-24, July 15, 1987; amended May 1, 1988; amended July 17, 1989; amended March 16, 1992; amended Jan. 31, 1994; amended Jan. 30, 1995; amended Jan. 31, 1997; amended Nov. 12, 1999; amended Jan. 27, 2012; amended March 15, 2013; amended April 29, 2016; amended December 29, 2017.)

109-1-1a Revoked

(Authorized by K.S.A. 65-6110 and K.S.A. 2009 Supp. 65-6111, as amended by L. 2010, ch. 119, sec. 1; implementing K.S.A. 65-6110 and K.S.A. 2009 Supp. 65-6111, as amended by L. 2010, ch. 119, sec. 1; effective, T-109-2-7-11, Feb. 7, 2011; effective June 3, 2011; revoked March 15, 2013.)

109-1-2 Medical Director.

Each air ambulance service shall have an air medical director who is responsible for advising the air ambulance service on policies and procedures that ensure that the appropriate aircraft, medical personnel, and equipment are provided during air ambulance transport. When necessary, the air medical director may designate another licensed physician to perform the air medical director's duties.

(Authorized by K.S.A. 65-6110, as amended by L. 2011, ch. 114, sec. 81; implementing K.S.A. 65-6126, as amended by L. 2011, ch. 114, sec. 87; effective Jan. 31, 1997; amended Jan. 27, 2012.)

Article 2.--AMBULANCE SERVICES; PERMITS AND REGULATIONS

109-2-1 Ambulance Service Operator

- (a) Each operator of an ambulance service shall perform the following:
 - (1) Notify the board of any change in the service director within seven days of the change; and
 - (2) designate a person as the ambulance service director to serve as an agent of the operator.
- (b) The ambulance service director shall meet the following requirements:
 - (1) Be responsible for the operation of the ambulance service;
 - (2) be available to the board regarding permit, regulatory, and emergency matters;
 - (3) be responsible for maintaining a current list of the ambulance service's attendants;
 - (4) be responsible for maintaining a current copy of each attendant's Kansas certification or renewal card;;
 - (5) notify the board of each addition or removal of an attendant from the attendant roster within 90 days of the addition or removal;
 - (6) notify the board of any known resignation, termination, incapacity, or death of a medical adviser once known and the plans for securing a new medical director; and
 - (7) submit written notification of each change in the medical director within 30 days of the change.

(Authorized by K.S.A.2015 Supp. 65-6110, 65-6111, 65-6132; implementing K.S.A. 2015 Supp. 65-6110 and K.S.A. 65-6130; effective May 1, 1985; amended July 17, 1989; amended Jan 31, 1997; amended Jan 27, 2012;amended April 29, 2016.)

109-2-2 Application for ambulance service permit and ambulance vehicle license; permit renewal and license renewal.

- (a)
 - (1) An applicant may apply for only one ambulance service permit for each ambulance service that the applicant seeks to operate. Each applicant shall indicate the class of service for the permit requested as ground ambulance service or air ambulance service.
 - (2) An applicant may apply for only one ambulance license for each ambulance that the applicant seeks to operate.
 - (3) Any operator may apply for a temporary license for an ambulance. Each temporary license shall be valid for 60 days. Any temporary license may be extended by the executive director.
- (b) All ambulance service permit and ambulance license application and renewal forms shall be submitted in a format required by the executive director.
- (c)
 - (1) Each initial and each renewal applicant for a ground ambulance service permit and ambulance license shall meet one of the following requirements:
 - (A) Obtain a mechanical and safety inspection from a person doing business as or employed by a vehicle maintenance service or a city county, or township or from

a certified mechanic as defined in K.A.R. 109-1-1, for each ambulance within 180 days before the date of ambulance service application renewal; or

(B) have a long-term vehicle maintenance program with requirements equivalent to or exceeding the requirements of the mechanical and safety inspection form.

(2) In order for an ambulance license to be renewed, the mechanical safety inspection forms shall not contain any deficiencies identified that would compromise the safe transport of patients.

(d) Each initial and each renewal application for an air ambulance shall include a valid standard airworthiness certificate for each aircraft, evidence of an air safety training program, and an informational publication.

(e)

(1) Each new ground ambulance shall meet one of the following requirements:

(A) Be required to have a mechanical or safety inspection submitted on forms required by the board or shall require documentation from the manufacturer indicating that the vehicle has undergone a predelivery inspection without deficiencies; or

(B) have a long-term vehicle maintenance program with requirements equivalent to or exceeding the requirements of the mechanical and safety inspection form.

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

(f) Each ambulance service permit and ambulance license shall expire on April 30 of each year. Any such permit or license may be renewed annually in accordance with this regulation. If the board receives a complete application for renewal of an ambulance service permit or an ambulance license on or before April 30, the existing permit or license shall not expire until the board has taken final action upon the renewal application or, if the board's action is unfavorable, until the last day for seeking judicial review.

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

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

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

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

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

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

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

- (1) The number of emergency and nonemergency ambulance responses and the number of patients transported for the previous calendar year;
 - (2) the operating budget and, if any, the tax subsidy;
 - (3) the charge for emergency and nonemergency patient transports, including mileage fees; and
 - (4) the number of full-time, part-time, and volunteer staff.
- (j) Each private operator shall provide the following statistical information to the board with the application for renewal of a permit:
- (1) The number of emergency and nonemergency ambulance responses and the number of patients transported for the previous calendar year;
 - (2) the charge for emergency and nonemergency patient transports, including mileage fees; and
 - (3) the number of full-time, part-time, and volunteer staff.
- (k) As a condition of issuance of an initial ambulance service permit, each ambulance service operator shall provide with the application the ambulance service's operational policies and approved medical protocols pursuant to K.A.R. 109-2-5.
- (l) The operator of each ground ambulance service or air ambulance service shall develop a list of supplies and equipment that is carried on each ambulance. This list shall include the supplies and equipment required by the board for the license type and any additional supplies or equipment necessary to carry out the patient care activities as indicated in the services medical protocols in accordance with K.S.A. 65-6112 and amendments thereto.

(Authorized by K.S.A. 2012 Supp. 65-6110 and 65-6111; implementing K.S.A. 2012 Supp. 65-6110, K.S.A. 65-6127, and K.S.A. 65-6128; effective May 1, 1985; amended July 17, 1989; amended Jan. 31, 1997; amended Dec. 29, 2000; amended Jan. 27, 2012; amended Jan. 3, 2014; amended April 29, 2016.)

109-2-3 Revoked

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

109-2-4 Revoked

(Authorized by K.S.A. 2015 Supp. 65-6110 and 65-6111; implementing K.S.A. 2015 Supp. 65-6110, K.S.A. 65-6127, and K.S.A. 65-6128; effective May 1, 1985; amended July 17, 1989; amended Jan. 31, 1997; amended Dec. 29, 2000; amended Jan. 27, 2012; amended Jan. 3, 2014; amended April 29, 2016; revoked December 31, 2017)

109-2-5 Ambulance service operational standards.

- (a) Each ground ambulance shall have a two-way, interoperable communications systems to allow contact with the ambulance service's primary communication center and with the medical

facility, as defined by K.S.A. 65-411 and amendments thereto, to which the ambulance service most commonly transports patients.

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

(c) Each operator shall ensure that the interior and exterior of the ambulance are maintained in a clean manner and that all medications, medical supplies, and equipment within the ambulance are maintained in good working order and according to applicable expiration dates.

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

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

(f) Each operator shall ensure that all items and equipment in the patient compartment are placed in cabinets or properly secured.

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

(h) Each licensed ambulance shall meet all regulatory requirements for the ambulance license type, except when the ambulance is out of service.

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

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

(k) Each operator shall produce the ambulance service permit and service records upon request of the board.

(l) Each operator shall maintain service records for three years.

(m) 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 furnish a completed copy or copies of each patient care report form upon request of the board.

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

(o) Each operator shall maintain a copy of the patient care documentation for at least three years.
(p) Each operator shall ensure that a copy of the patient care documentation for initial transport of emergency patients is made available to the receiving medical facility, within 24 hours of the patient's arrival.

(q) 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.

(r) 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 to determine whether the ambulance service's attendants are providing patient care commensurate with the attendant's scope of practice and local protocols.

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

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

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

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

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

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

(s) 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) interfacility 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.

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

(u) 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.

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

- (1) Diabetic emergencies;
- (2) shock;
- (3) environmental emergencies;
- (4) chest pain;
- (5) abdominal pain;
- (6) respiratory distress;
- (7) obstetrical emergencies and care of the newborn;
- (8) poisoning and overdoses;
- (9) seizures;
- (10) cardiac arrest;
- (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.

(w) 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.

(Authorized by K.S.A. 2011 Supp. 65-6110 and K.S.A. 2011 Supp. 65-6111; implementing K.S.A. 2011 Supp. 65-6110, K.S.A. 2011 Supp. 65-6112, K.S.A. 2011 Supp. 65-6126, K.S.A. 65-6130, and K.S.A. 2011 Supp. 65-6135; effective May 1, 1985; amended, T-88-24, July 15, 1987; amended May 1, 1988; amended Aug. 27, 1990; amended Aug. 16, 1993; amended Jan. 31, 1997; amended Jan. 27, 2012; amended July 5, 2013.)

109-2-6 Classes of ambulance services.

- (a) Permits shall be issued for two types of ambulance service. These types shall be known as air ambulance and ground ambulance.
- (b) Each air ambulance service shall meet the following requirements:
- (1) Provide advanced life support as defined in K.A.R. 109-1-1;
 - (2) have at least one licensed air ambulance; and
 - (3) not be subject to public call as defined in K.A.R. 109-1-1.
- (c)
- (1) Each ground ambulance service shall meet the following requirements:
 - (A) Provide basic life support at a minimum as defined in K.A.R. 109-1-1
 - (B) have at least one licensed ambulance that meets all requirements of K.A.R. 109-2-8;
 - (C) staff each ambulance with, at a minimum, either two attendants or one attendant and a health care provider, as defined in K.A.R.109-1-1, and ensure that an attendant certified pursuant to K.S.A. 65-6119, 65-6120, or 65-6121, and amendments thereto, or a health care provider is in the patient compartment during patient transport; and
 - (D) have a method of receiving calls and dispatching ambulances that ensures that an ambulance leaves the station within an annual average of five minutes from the time an emergency call is received by the ambulance service.
 - (2) Any ground ambulance service operator may provide advanced life support or critical care transport as defined in K.A.R. 109-1-1 and described in K.S.A. 65-6123, 65-6120, and 65-6119, and amendments thereto, if all of the following conditions are met:
 - (A) At a minimum, an attendant certified pursuant to K.S.A. 65-6119, 65-6120, or 65-6123, and amendments thereto, or a health care provider is in the patient compartment during patient transport.
 - (B) The ambulance or personnel, or both, are adequately equipped.
 - (C) The treatment is approved by medical protocols or medical control pursuant to K.S.A. 65-6119, 65-6120, and 65-6123, and amendments thereto.

(Authorized by K.S.A. 2015 Supp. 65-6110; implementing K.S.A. 2015 Supp. 65-6110, K.S.A. 65-6128, and K.S.A. 2015 Supp. 65-6135; effective May 1, 1985; amended May 1, 1987; amended, T-88-24, July 15, 1987; amended May 1, 1988; amended July 17, 1989; amended Jan. 31, 1997; amended Jan. 27, 2012; amended April 29, 2016.)

109-2-7 Revoked

(Authorized by K.S.A. 2013 Supp. 65-6110; implementing K.S.A. 2013 Supp. 65-6110, K.S.A. 65-6128, and K.S.A. 2013 Supp. 65-6135; effective May 1, 1985; amended May 1, 1987; amended, T-88-24, July 15, 1987; amended May 1, 1988; amended Aug. 27, 1990; amended Feb. 3, 1992; amended Jan. 31, 1997; amended July 7, 2014; revoked April 29, 2016.)

109-2-8 Standards for ground ambulances and equipment.

- (a) Each ground ambulance shall meet the vehicle and equipment standards that are applicable to that type of ambulance.
- (b) Each ambulance shall have the ambulance license prominently displayed in the patient compartment.
- (c) The patient compartment size shall meet or exceed the following specifications:
 - (1) Headroom: 60 inches; and
 - (2) length: 116 inches.
- (d) Each ambulance shall have a heating and cooling system that is controlled separately for the patient and the driver compartments. The air conditioners for each compartment shall have separate evaporators.
- (e) Each ambulance shall have separate ventilation systems for the driver and patient compartments. These systems shall be separately controlled within each compartment. Fresh air intakes shall be located in the most practical, contaminant-free air space on the ambulance. The patient compartment shall be ventilated through the heating and cooling systems.
- (f) The patient compartment in each ambulance shall have adequate lighting so that patient care can be given and the patient's status monitored without the need for portable or hand-held lighting. A reduced lighting level shall also be provided. A patient compartment light and step-well light shall be automatically activated by opening the entrance doors. Interior light fixtures shall be recessed and shall not protrude more than 1 1/2 inches.
- (g) Each ambulance shall have an electrical system to meet maximum demand of the electrical specifications of the vehicle. All conversion equipment shall have individual fusing that is separate from the chassis fuse system.
- (h) Each ground ambulance shall have lights and sirens as required by K.S.A. 8-1720 and K.S.A. 8-1738, and amendments thereto.
- (i) Each ground ambulance shall have an exterior patient loading light over the rear door, which shall be activated both manually by an inside switch and automatically when the door is opened.
- (j) The operator shall mark each ambulance licensed by the board as follows:
 - (1) The name of the ambulance service shall be in block letters, not less than four inches in height, and in a color that contrasts with the background color. The service name shall be located on both sides of the ambulance and shall be placed in such a manner that is readily identifiable to other motor vehicle operators.
 - (2) Any operator may use a decal or logo that identifies the ambulance service in place of lettering. The decal or logo shall be at least 10 inches in height and shall be in a color that contrasts with the background color. The decal or logo shall be located on both sides of the ambulance and shall be placed in such a manner that the decal or logo is readily identifiable to other motor vehicle operators.
 - (3) Each ambulance initially licensed by the board before January 1, 1995 that is identified either by letters or a logo on both sides of the ambulance shall be exempt from the minimum size requirements in paragraphs (1) and (2) of this subsection.
- (k) Each ground ambulance shall have a communications system that is readily accessible to both the attendant and the driver and is in compliance with K.A.R 109-2-5(a).
- (l) An operator shall equip each ground ambulance as follows:
 - (1) At least two annually inspected ABC fire extinguishers or comparable fire extinguishers, which shall be secured;

- (2) either two portable, functional flashlights or one flashlight and one spotlight; (3) one four-wheeled or six-wheeled, all-purpose, multilevel cot with an elevating head and at least two safety straps with locking mechanisms;
 - (4) one urinal;
 - (5) one bedpan;
 - (6) one emesis basin or convenience bag;
 - (7) one complete change of linen;
 - (8) two blankets;
 - (9) one waterproof cot cover;
 - (10) one pillow;
 - (11) a “no-smoking” sign posted in the patient compartment and the driver compartment; and
- (m) The operator shall equip each ground ambulance with the following internal medical systems:
- (1) An oxygen system with at least two outlets located within the patient compartment and at least 2,000 liters of storage capacity, with a minimum oxygen level of 200 psi. The cylinder shall be in a compartment that is vented to the outside. The pressure gauge and regulator control valve shall be readily accessible to the attendant from inside the patient compartment; and
 - (2) a functioning, on-board, electrically powered suction aspirator system with a vacuum of at least 300 millimeters of mercury at the catheter tip. The unit shall be easily accessible with large-bore, nonkinking suction tubing and a large-bore, semi-rigid, non-metallic oropharyngeal suction tip.
- (n) The operator shall equip each ground ambulance with the following medical equipment:
- (1) A portable oxygen unit of at least 300-liter storage capacity, complete with pressure gauge and flowmeter and with a minimum oxygen level of 200 psi. The unit shall be readily accessible from inside the patient compartment;
 - (2) a functioning, portable, self-contained battery or manual suction aspirator with a vacuum of at least 300 millimeters of mercury at the catheter tip and a transparent or translucent collection bottle or bag. The unit shall be fitted with large-bore, non-kinking suction tubing and a large-bore, semi-rigid, non-metallic oropharyngeal suction tip, unless the unit is self-contained;
 - (3) currently dated supplies, medications, and equipment as authorized by the scope of practice and protocols, in accordance with applicable list of supplies, medications, and equipment approved by the medical director.
- (o) The operator shall equip each ground ambulance with the following blood-borne and body fluid pathogen protection equipment in a quantity sufficient for crew members:
- (1) Surgical or medical protective gloves;
 - (2) protective goggles, glasses or chin-length clear face shields;
 - (3) filtering masks that cover the mouth and nose;
 - (4) non-permeable, full-length, long-sleeve protective gowns;
 - (5) a leakproof, rigid container clearly marked as “Biohazard” for the disposal of sharp objects; and
 - (6) a leakproof, closeable container for soiled linen and supplies.
- (p) 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. Equipment and supplies obtained on a trial basis or for temporary use by the operator shall not be required to be reported to the board by an operator.

(Authorized by K.S.A. 2015 Supp. 65-6110; implementing K.S.A. 2015 Supp. 65-6110 and K.S.A. 65-6128; effective May 1, 1985; amended, T-88-24, July 15, 1987; amended May 1, 1988; amended July 17, 1989; amended Aug. 16, 1993; amended Jan. 31, 1997; amended Jan. 27, 2012; amended Feb. 13, 2015; amended April 29, 2016; amended June, 2017.)

109-2-9 Variances.

(a) A temporary variance from any or all portions of an identified regulation may be granted for a time period determined by the board to an applicant, based upon the nature of the variance requested and the needs of the applicant.

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

- (1) The name, address, and certificate level or license type of the applicant;
- (2) a statement of the reason for the variance request;
- (3) the specific portion or portions of an identified regulation from which a variance is requested;
- (4) the period of time for which a variance is requested;
- (5) the number of units or persons involved;
- (6) an explanation of how adherence to each portion or portions of the regulation from which the variance is requested would result in a serious hardship to the applicant; and
- (7) an explanation and, if applicable, supportive documents indicating how a variance would not result in an unreasonable risk to the public interest, safety, or welfare.

(c) In addition to meeting the requirements in subsection (b), each sponsoring organization who requests a variance shall describe how granting a variance will not jeopardize the quality of instruction.

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

(e) Conditions may be imposed by the board on any variance granted as necessary to protect the public interest, safety, or welfare, including conditions to safeguard the quality of the instruction provided by the sponsoring organization.

(Authorized by and implementing K.S.A. 2016 Supp. 65-6111; effective May 1, 1985; amended July 17, 1989; amended Jan. 31, 1997; amended July 10, 2009; amended December 29, 2017.)

109-2-10 Revoked

(Authorized by and implementing K.S.A. 1988 Supp. 65-6110; effective May 1, 1987; revoked July 17, 1989.)

109-2-10a Air safety program and informational publication.

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

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

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

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

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

(Authorized by and implementing K.S.A. 65-6110, as amended by L. 2011, ch. 114, sec. 81, and K.S.A. 2010 Supp. 65-6111; effective Jan. 27, 2012.)

109-2-11 Standards for air ambulances and equipment.

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

(b) Each air ambulance operator shall have a policy that addresses climate control of the aircraft for the comfort and safety of both the patient and air medical personnel. The air medical crew

shall take precautions to prevent temperature extremes that could adversely affect patient care.

(c) The operator shall equip each air ambulance with the following:

- (1) Either two portable functioning flashlights or a flashlight and one spotlight;
- (2) a cot with an elevating head and at least three safety straps with locking mechanisms or an isolette;
- (3) one emesis basin or convenience bag;
- (4) one complete change of linen;
- (5) one blanket;
- (6) one waterproof cot cover; and
- (7) a “no smoking” sign posted in the aircraft.

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

- (1) Allows communication between the aircraft and air traffic control systems; and
- (2) allows air medical personnel to communicate at all times with medical control, exclusive of the air traffic control system.

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

(f) The operator shall equip each air ambulance with an internal medical system that includes the following:

- (1) An internal oxygen system with at least one outlet per patient located inside the patient compartment and with at least 2,500 liters of storage capacity with a minimum of 200 psi. The pressure gauge, regulator control valve, and humidifying accessories shall be readily accessible to attendants and medical personnel from inside the patient compartment during in-flight operations;
- (2) an electrically powered suction aspirator system with an airflow of at least 30 liters per minute and a vacuum of at least 300 millimeters of mercury. The unit shall be equipped with large-bore, non-kinking suction tubing and a semi-rigid, non-metallic oropharyngeal suction tip; and
- (3) oxygen flowmeters and outlets that are padded, flush-mounted, or located to prevent injury to air medical personnel, unless helmets are worn by all crew members during all phases of flight operations.

(g) The operator shall equip each air ambulance with the following:

- (1) A portable oxygen unit of at least 300-liter storage capacity complete with pressure gauge and flowmeter with a minimum of 200 psi. The unit shall be readily accessible from inside the patient compartment;
- (2) a portable, self-contained battery or manual suction aspirator with an airflow of at least 28 liters per minute and a vacuum of at least 300 millimeters of mercury. The unit shall be fitted with large-bore, non-kinking suction tubing and semi-rigid, non-metallic, oropharyngeal suction tip;
- (3) medical supplies and equipment that include the following:
 - (A) Airway management equipment, including tracheal intubation equipment, adult, pediatric, and infant bag-valve masks, and ventilatory support equipment;
 - (B) a cardiac monitor capable of defibrillating and an extra battery or power source;
 - (C) cardiac advanced life support drugs and therapeutic modalities, as indicated by the ambulance service’s medical protocols;

(D) neonate specialty equipment and supplies for neonatal missions and as indicated by the ambulance service's medical protocols; (E) trauma advanced life support supplies and treatment modalities, as indicated in the ambulance service's medical protocols; and

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

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

(h) If an operator's medical protocols are amended, the operator shall submit these changes to the board with a letter of approval pursuant to K.S.A. 65-6112 (r), and amendments thereto, within 15 days of implementation of the change.

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

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

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

or a reduced lighting level is also provided for the pilot and air ambulance personnel.

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

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

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

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

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

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

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

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

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

(q)

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

- (A) At least two of the following: physician, physician assistant, advanced practice registered nurse, or professional nurse; or;
- (B) one of the individuals listed in paragraph (q)(1)(A) and one of the following:
 - (i) A paramedic; or
 - (ii) an optional staff member commensurate with the patient's care needs, as determined by the ambulance service's medical director or as described in the ambulance service's medical protocols, who shall be health care personnel as defined in K.A.R. 109-1-1. The medical personnel shall remain in the patient compartment during patient transport.

(2)

- (A) When providing critical care transports as defined in K.A.R. 109-1-1, at least one of the medical personnel specified in paragraphs (q)(1)(A) and (B) shall be currently certified in advanced cardiac life support by a certifying entity approved by the board.
- (B) When performing neonatal or pediatric missions, at least one of the medical personnel specified in paragraphs (q)(1)(A) and (B) shall be currently certified in advanced life support for neonatal and pediatric patients by a certifying entity approved by the board.
- (C) When responding to the scene of an accident or medical emergency, not including transports between medical facilities, at least one of the medical personnel specified in paragraphs (q)(1)(A) and (B) shall be certified in one of the following areas by a certifying entity approved by the board:
 - (i) International trauma life support-advanced (ITLS-A);
 - (ii) transport professional advanced trauma course (TPATC);
 - (iii) trauma nurse core course (TNCC); (iv) certified flight registered nurse (CFRN);
 - (v) certified transport registered nurse (CTRN);
 - (vi) pre-hospital trauma life support (PHTLS);
 - (vii) advanced care and trauma transport (ACTT);
 - (viii) critical care emergency medical technician paramedic (CCEMTP);or
 - (ix) flight paramedic-certification (FP-C).

(Authorized by and implementing K.S.A. 2015 Supp. 65-6110; effective May 1, 1987; amended July 17, 1989; amended Jan. 31, 1997; amended Jan. 27, 2012; amended July 7, 2014; amended April 29, 2016.)

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

- (a) Each operator of an air ambulance service shall comply with the requirements in K.A.R. 109-2-11.
- (b) The aircraft configuration shall not compromise patient stability during any part of flight operations. The aircraft shall have an entry that allows loading and unloading of the patient

without maneuvering the patient more than 45 degrees about the lateral axis and 30 degrees about the longitudinal axis and does not compromise the functioning of monitoring systems, intravenous lines, or manual or mechanical ventilation.

- (c) The aircraft shall have an external search light, which shall meet the following requirements:
 - (1) Provide at least 400,000-candlepower illumination at 200 feet;
 - (2) be separate from the aircraft landing lights;
 - (3) be moveable 90 degrees longitudinally and 180 degrees laterally; and
 - (4) be capable of being controlled from inside the aircraft.
- (d) Each rotor-wing aircraft shall have a two-way interoperable communications system that is readily accessible to both the attendants and the pilot and meets the following requirements:
 - (1) Allows communications between the aircraft and a hospital for medical control, exclusive of the air traffic control system; and
 - (2) allows communications between the aircraft and ground-based ambulance services, exclusive of the air traffic control system.

(Authorized by and implementing K.S.A. 65-6110, as amended by L. 2011, ch. 114, sec. 81; effective May 1, 1987; amended July 17, 1989; amended Jan. 31, 1997; amended Jan. 27, 2012.)

109-2-13 Standards for fixed-wing ambulance aircraft and equipment.

- (a) Each operator shall ensure that each fixed-wing air ambulance is pressurized during patient transports according to the ambulance service's medical protocols and operational policies.
- (b) The pilot or pilots shall be sufficiently isolated from the patient care area to minimize in-flight distractions and interference.
- (c) Each fixed-wing air ambulance shall have a two way, interoperable communications system that is readily accessible to both the attendants and the pilot and that meets the following requirements:
 - (1) Allows communications between the aircraft and a hospital; and
 - (2) allows an attendant to communicate at all times with medical control, exclusive of the air traffic control system.
- (d) Fixed-wing ambulance aircraft shall have on board patient comfort equipment including the following:
 - (1) One urinal; and
 - (2) one bedpan.

(Authorized by and implementing K.S.A. 65-6110; effective Jan. 31, 1997; amended Jan. 27, 2012; amended July 7, 2014.)

109-2-14 Temporarily certified attendants.

No operator shall be allowed more than one temporarily certified attendant for every 10 currently certified attendants who are listed on the service roster.

(Authorized by and implementing K.S.A. 65-6129; effective Jan. 31, 1997.)

109-2-15 Ambulances based outside of Kansas.

(a) Any ambulance licensed by a state other than Kansas may respond to an emergency request for care and transportation of a patient within Kansas when this care and transportation is being provided at the request of an operator as defined in K.S.A. 65-6112, and amendments thereto, or the operator's designee.

(b) Each operator shall report to the board, on a monthly basis, all emergency requests for care and transportation from any ambulance not licensed in Kansas. Each operator shall report each month's requests within fifteen days of the end of that month.

(c) Each operator shall report the following information concerning each emergency request for care and transportation from any ambulance not licensed in Kansas, on a form approved by the administrator:

- (1) the date and time of the request;
- (2) the name of the ambulance service requested;
- (3) the nature of the accident or medical emergency;
- (4) the reason for the request; and
- (5) a copy of any quality improvement reports as described by K.A.R. 109-2-5.

(Authorized by K.S.A. 65-6136; implementing K.S.A. 65-6136; effective Jan. 9, 1998.)

Article 3.--STANDARDS FOR AMBULANCE ATTENDANTS, FIRST RESPONDERS, AND DRIVERS

109-3-1 Standards for ambulance attendants.

Each attendant shall be at least 17 years of age.

(Authorized by and implementing K.S.A. 65-6110; effective July 17, 1989; amended Jan. 31, 1997; amended July 10, 2009.)

109-3-2 Outpatient medical emergencies.

(a) If the requirements specified in subsections (b) and (c) are met, any emergency medical technician may manage an outpatient medical emergency by providing the following patient care:

- (1) Administering aspirin for chest pain;
- (2) monitoring the saturation level of arterial oxygen in the blood by using a pulse oximeter;
- (3) administering a bronchodilator by nebulization; and
- (4) monitoring blood glucose levels.

(b) Each emergency medical technician shall successfully complete a course of instruction on outpatient medical emergencies approved by the board.

(c) When providing any of the services listed in subsection (a), each emergency medical technician shall act pursuant to medical protocols.

(Authorized by K.S.A. 65-6110 and 65-6111; implementing K.S.A. 65-6110 and 65-6121; effective March 5, 2004.)

109-3-3. Emergency medical responder; authorized activities.

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

(a) Emergency vehicle operations:

- (1) Operating each ambulance in a safe manner in nonemergency and emergency situations. "Emergency vehicle" shall mean ambulance, as defined in K.S.A. 65-6112 and amendments thereto; and
- (2) stocking an ambulance with supplies in accordance with regulations adopted by the board and the ambulance service's approved equipment list to support local medical protocols;

(b) initial scene management:

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

- (2) identifying a multiple-casualty incident and implementing the local multiple-casualty incident management system;
 - (3) recognizing and preserving a crime scene;
 - (4) triaging patients, utilizing local triage protocols;
 - (5) providing safety for self, each patient, other emergency personnel, and bystanders;
 - (6) utilizing methods to reduce stress for each patient, other emergency personnel, and bystanders;
 - (7) communicating with public safety dispatchers and medical control facilities;
 - (8) providing a verbal report to receiving personnel;
 - (9) providing a written report to receiving personnel;
 - (10) completing a prehospital care report;
 - (11) setting up and providing patient and equipment decontamination;
 - (12) using personal protection equipment;
 - (13) practicing infection control precautions;
 - (14) moving patients without a carrying device; and
 - (15) moving patients with a carrying device;
- (c) patient assessment and stabilization:
- (1) Obtaining consent for providing care;
 - (2) communicating with bystanders, other health care providers, and patient family members while providing patient care;
 - (3) communicating with each patient while providing care; and
 - (4) assessing the following: blood pressure manually by auscultation or palpation or automatically by noninvasive methods; heart rate; level of consciousness; temperature; pupil size and responsiveness to light; absence or presence of respirations; respiration rate; and skin color, temperature, and condition;
- (d) cardiopulmonary resuscitation and airway management:
- (1) Applying cardiac monitoring electrodes;
 - (2) performing any of the following:
 - (A) Manual cardiopulmonary resuscitation for an adult, child, or infant, using one or two attendants;
 - (B) cardiopulmonary resuscitation using a mechanical device;
 - (C) postresuscitative care to a cardiac arrest patient;
 - (D) cricoid pressure by utilizing the sellick maneuver;
 - (E) head-tilt maneuver or chin-lift maneuver, or both;
 - (F) jaw thrust maneuver;
 - (G) modified jaw thrust maneuver for injured patients;
 - (H) modified chin-lift maneuver;
 - (I) mouth-to-barrier ventilation;
 - (J) mouth-to-mask ventilation;
 - (K) mouth-to-mouth ventilation;
 - (L) mouth-to-nose ventilation;
 - (M) mouth-to-stoma ventilation;
 - (N) manual airway maneuvers; or
 - (O) manual upper-airway obstruction maneuvers, including patient positioning, finger sweeps, chest thrusts, and abdominal thrusts; and

- (3) suctioning the oral and nasal cavities with a soft or rigid device;
- (e) control of bleeding, by means of any of the following:
 - (1) Elevating the extremity;
 - (2) applying direct pressure;
 - (3) utilizing a pressure point;
 - (4) applying a tourniquet;
 - (5) utilizing the trendelenberg position; or
 - (6) applying a pressure bandage;
- (f) extremity splinting, by means of any of the following:
 - (1) Soft splints;
 - (2) anatomical extremity splinting without return to position of function;
 - (3) manual support and stabilization; or
 - (4) vacuum splints;
- (g) spinal immobilization, by means of any of the following:
 - (1) Cervical collar;
 - (2) full-body immobilization device;
 - (3) manual stabilization;
 - (4) assisting an EMT, an AEMT, or a paramedic with application of an upper-body spinal immobilization device;
 - (5) helmet removal; or
 - (6) rapid extrication;
- (h) oxygen therapy by means of any of the following:
 - (1) Humidifier;
 - (2) nasal cannula;
 - (3) non-rebreather mask;
 - (4) partial rebreather mask;
 - (5) regulators;
 - (6) simple face mask;
 - (7) blow-by;
 - (8) using a bag-valve-mask with or without supplemental oxygen; or
 - (9) ventilating an inserted supraglottic or subglottic airway;
- (i) administration of medications according to the board's "approved medication list," dated April 5, 2019, which is hereby adopted by reference;
- (j) recognizing and complying with advanced directives by making decisions based upon a do-not-resuscitate order, living will, or durable power of attorney for health care decisions; and
- (k) providing the following techniques for preliminary care:
 - (1) Cutting of the umbilical cord;
 - (2) irrigating the eyes of foreign or caustic materials;
 - (3) bandaging the eyes;
 - (4) positioning the patient based on situational need;
 - (5) securing the patient on transport devices;
 - (6) restraining a violent patient, if technician or patient safety is threatened;
 - (7) disinfecting the equipment and ambulance;
 - (8) disposing of contaminated equipment, including sharps and personal protective equipment, and material;
 - (9) decontaminating self, equipment, material, and ambulance;

- (10) following medical protocols for declared or potential organ retrieval;(11) participating in the quality improvement process;
- (12) providing EMS education to the public; and
- (13) providing education on injury prevention to the public.

(Authorized by K.S.A. 65-6111; implementing K.S.A. 65-6144; effective March 9, 2012; amended May 5, 2017; amended Jan 24, 2020.)

109-3-4. Emergency medical technician; authorized activities.

Each emergency medical technician shall be authorized to perform any intervention specified in the following:

- (a) K.S.A. 65-6144, and amendments thereto, and as further specified in K.A.R. 109-3-3; and
- (b) K.S.A. 65-6121, and amendments thereto, and as further specified in the following paragraphs:

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

- (A) Blind insertion of a supraglottic airway, with the exception of the laryngeal mask airway;
- (B) oxygen venturi mask;
- (C) gastric decompression by orogastric or nasogastric tube with any authorized airway device providing that capability;
- (D) auscultating the quality of breath sounds;
- (E) pulse oximetry;
- (F) automatic transport ventilator;
- (G) manually triggered ventilator;
- (H) flow-restricted oxygen-powered ventilation device;
- (I) bag-valve-mask with in-line small-volume nebulizer;
- (J) carbon dioxide colorimetric detection;
- (K) capnometry; or
- (L) suctioning a stoma; and

- (2) administration of patient-assisted and non-patient-assisted medications according to the board's "approved medication list," which is adopted by reference in K.A.R. 109-3-3.

(Authorized by K.S.A. 65-6111; implementing K.S.A. 65-6121; effective March 9, 2012; amended May 5, 2017; amended Jan. 24, 2020.)

109-3-5 Advanced emergency medical technician; authorized activities.

Each advanced emergency medical technician shall be authorized to perform any intervention specified in the following:

- (a) K.S.A. 65-6144, and amendments thereto, and as further specified in K.A.R. 109-3-3;
- (b) K.S.A. 65-6121, and amendments thereto, and as further specified in K.A.R. 109-3-4; and
- (c) K.S.A. 65-6120, and amendments thereto, and as further specified in the following paragraphs:

- (1) Advanced airway management, except for endotracheal intubation; and
- (2) administration of patient-assisted and non-patient-assisted medications according to the board's "advanced EMT medication list," dated November 6, 2013, which is hereby adopted by reference.

(Authorized by K.S.A. 2013 Supp. 65-6111; implementing K.S.A. 2013 Supp. 65-6120, effective March 9, 2012; amended Nov. 2, 2012; amended Aug. 29, 2014.)

Article 4.--AIR AMBULANCE SERVICE

109-4-1 (Authorized by and implementing K.S.A. 1988 Supp. 65-6110; effective May 1, 1986; amended July 17, 1989; revoked Jan. 31, 1997.)

109-4-2 (Authorized by and implementing K.S.A. 1988 Supp. 65-6110; effective May 1, 1986; amended July 17, 1989; revoked Jan. 31, 1997.)

109-4-3 (Authorized by and implementing K.S.A. 1988 Supp. 65-6110; effective May 1, 1986; amended, T-87-7, May 1, 1986; amended May 1, 1987; amended July 17, 1989; revoked Jan. 31, 1997.)

Article 5.--CONTINUING EDUCATION

109-5-1 Continuing education.

(a) Continuing education credit shall be awarded in quarter-hour increments for instruction for which an individual meets the requirements in subsection (b) and shall not be issued for more than one hour of credit for a 60-minute period.

(b) Each individual seeking continuing education credit for a course shall submit either of the following:

- (1) The individual's certificate of attendance; or
- (2) the individual's certificate of completion.

(c) Each acceptable certificate of attendance or certificate of completion shall include the following:

- (1) The name of the provider of the continuing education course;

- (2) the name of the attendant being issued the certificate;
 - (3) the title of the course;
 - (4) the date or dates on which the course was conducted;
 - (5) the location where the course was conducted;
 - (6) the amount of approved continuing education credit issued to the individual for attending the course;
 - (7) the course identification number issued by the board, by CAPCE, or by another state's emergency medical services regulatory or accrediting body; and
 - (8) the name of the person or entity authorized by the provider to issue the certificate.
- (d)(1) Acceptable continuing education programs shall include the following:
- (A) Initial courses of instruction and continuing education provided by a sponsoring organization and approved by the board;
 - (B) programs approved or accredited by CAPCE, which shall be presumptively accepted by the board unless the board determines that a particular program does not meet board requirement; and
 - (C) programs or courses approved by another state's emergency medical services regulatory or accrediting body, which shall be presumptively accepted by the board unless the board determines that a particular program does not meet board requirements.
- (2) Any program not addressed in this subsection may be submitted for approval by the attendant as specified in K.A.R. 109-5-5.
- (e) The number of clock-hours received for continuing education credit during one calendar day shall not exceed 12.
- (f) Each attendant and sponsoring organization shall keep documentation of completion of approved continuing education for at least three years and shall provide this documentation to the board upon request by the executive director. (Authorized by K.S.A. 65-6110 and 65-6111; implementing K.S.A. 65-6129; effective T-88-122, May 18, 1987; amended T-88-24, July 15, 1987; amended May 1, 1988; amended July 17, 1989; amended Feb. 3, 1992; amended Aug. 16, 1993; amended Dec. 19, 1994; amended Nov. 1, 1996; amended Nov. 12, 1999; amended T-109-8-8-00, Aug. 8, 2000; amended Nov. 13, 2000; amended Aug. 30, 2002; amended Sept. 10, 2010; amended, T-109-2-7-11, Feb. 7, 2011; amended June 3, 2011; amended Jan. 4, 2016; amended Dec. 29, 2017; amended March 1, 2019.)

109-5-1a. Emergency medical responder (EMR) continuing education.

Each applicant for certification renewal as an EMR shall meet one of the following requirements:

- (a) Have earned at least 16 clock-hours of board-approved continuing education during the initial certification period and during each biennial period thereafter to meet the requirements for the EMR specified in the "Kansas continuing education plan," as adopted by the board in February 2019, which is hereby adopted by reference; or
- (b) have met both of the following requirements within the 11 months before the expiration of certification:
 - (1) Passed the board-approved EMR cognitive assessment; and
 - (2) either passed a board-approved psychomotor skills assessment or received

validation of the applicant's psychomotor skills by a medical director affiliated with an ambulance service or a sponsoring organization.

(Authorized by K.S.A. 65-6110 and 65-6111; implementing K.S.A. 65-6129 and 65-6144; effective T-109-2-7-11, Feb. 7, 2011; effective, June 3, 2011; amended Jan. 4, 2016; amended Nov. 14, 2016; amended Dec. 29, 2017; amended Jan. 24, 2020.)

109-5-1b Emergency medical technician (EMT) continuing education.

Each applicant for certification renewal as an EMT shall meet one of the following requirements:

(a) Have earned at least 28 clock-hours of board-approved continuing education during the initial certification period and during each biennial period thereafter to meet the requirements for the EMT specified in the "Kansas continuing education plan," which is adopted by reference in K.A.R. 109-5-1a; or

(b) have met both of the following requirements within the 11 months before the expiration of certification:

(1) Passed the board-approved EMT cognitive assessment; and

(2) either passed a board-approved psychomotor skills assessment or received validation of the applicant's psychomotor skills by a medical director affiliated with an ambulance service or a sponsoring organization.

(Authorized by K.S.A. 2016 Supp. 65-6110 and 65-6111; implementing K.S.A. 2016 Supp. 65-6129; effective, T-109-2-7-11, Feb. 7, 2011; effective June 3, 2011; amended Jan. 4, 2016; amended Nov. 14, 2016; amended December 29, 2017.)

109-5-1c Advanced Emergency Medical Technician (AEMT); continuing education.

Each applicant for certification renewal as an AEMT shall meet one of the following requirements:

(a) Have earned at least 44 clock-hours of board-approved continuing education during the initial certification period and during each biennial period thereafter to meet the requirements for the AEMT specified in the "Kansas continuing education plan," which is adopted by reference in K.A.R. 109-5-1a; or

(b) Have met both of the following requirements within the 11 months before the expiration of certification:

(1) Passed the board-approved AEMT cognitive assessment; and

(2) either passed a board-approved psychomotor skills assessment or received validation of the applicant's psychomotor skills by a medical director affiliated with an ambulance service or a sponsoring organization.

(Authorized by K.S.A. 2016 Supp. 65-6110, 65-6111, and 65-6123; implementing K.S.A. 2016 Supp. 65-6120, 65-6123, and 65-6129; effective March 9, 2012; amended Jan. 4, 2016; amended Nov. 14, 2016; amended December 29, 2017.)

109-5-1d Paramedic continuing education.

Each applicant for certification renewal as a paramedic shall meet one of the following requirements:

- (a) Have earned at least 60 clock-hours of board-approved continuing education during the initial certification period and during each biennial period thereafter to meet the requirements for the paramedic as specified in the "Kansas continuing education plan," which is adopted by reference in K.A.R. 109-5-1a; or
- (b) have met both of the following requirements within the 11 months before the expiration of certification:
 - (1) Passed the board-approved paramedic cognitive assessment; and
 - (2) either passed a board-approved psychomotor skills assessment or received validation of the applicant's psychomotor skills by a medical director affiliated with an ambulance service or a sponsoring organization.

(Authorized by K.S.A. 2016 Supp. 65-6110, 65-6111, and 65-6119; implementing K.S.A. 2016 Supp. 65-6119 and 65-6129; effective, T-109-2-7-11, Feb. 7, 2011; effective June 3, 2011; amended Jan. 4, 2016; amended December 29, 2017.)

109-5-1e Instructor-coordinator (I-C) continuing education.

Each applicant for certification renewal as an I-C shall provide documentation of both of the following:

- (a) The applicant is certified as an attendant at or above the level of EMT or is licensed as a physician or professional nurse, as defined by K.S.A. 65-1113 and amendments thereto.
- (b) The applicant attended, during the biennial period immediately preceding the date of application for renewal, an educator conference approved by the board.

(Authorized by K.S.A. 2009 Supp. 65-6111, as amended by L. 2010, ch. 119, sec. 1; implementing K.S.A. 65-6129b; effective, T-109-2-7-11, Feb. 7, 2011; effective June 3, 2011.)

109-5-1f Revoked

(Authorized by K.S.A. 2009 Supp. 65-6111, as amended by L. 2010, ch. 119, sec. 1; implementing K.S.A. 65-6129c, as amended by L. 2010, ch. 119, sec. 9; effective, T-109-2-11, Feb. 7, 2011; effective June 3, 2011; revoked Dec. 29, 2017.)

109-5-2 Revoked

(Authorized by K.S.A. 65-6111, as amended by L. 2008, ch. 47, sec.1; implementing K.S.A. 65-6129, as amended by L. 2008, ch. 78, sec. 2, K.S.A. 65-6129b, and K.S.A. 65-6129c; effective, T-88-12, July 15, 1987; amended May 1, 1988; amended July 17, 1989; amended Nov. 12, 1999; amended May 15, 2009; Revoked January 4, 2016)

109-5-3 Continuing education approval for long-term providers.

(a) Any sponsoring organization may submit an application to the board requesting approval as a long-term provider of continuing education.

(b) Each sponsoring organization desiring long-term provider approval for continuing education courses shall meet the following requirements:

(1) Submit a complete application packet to the executive director at least 30 calendar days before the first initial course to be offered as part of the long-term provider of continuing education training program. A complete application packet shall include the following:

(A) A complete application form provided by the executive director that includes the signatures of the training program manager and the medical director; and

(B) a long-term continuing education training program management plan that describes how the applicant shall meet the requirements of subsection (b);

(2) appoint a training program manager who will serve as the liaison to the board concerning continuing education training.

(3) appoint a physician who will serve as the medical director for the training program;

(4) provide a sufficient number of lab instructors to maintain a student-to-instructor ratio of 6:1 during laboratory training sessions;

(5) provide a sufficient quantity of EMS training equipment to maintain a student-to-equipment ratio of 6:1 during laboratory training sessions;

(6) provide to each student, upon request, the following:

(A) A course schedule that includes the following:

(i) The date and time of each class lesson;

(ii) the title of each lesson; and

(iii) the name of the qualified instructor and that individual's qualifications, as specified in K.A.R. 109-11-9, to teach each lesson;

and

(B) a certificate of attendance that includes the following:

(i) The name of the training program;

(ii) a statement that the training program has been approved by the board as a long-term provider of continuing education training;

(iii) the title of the continuing education offering;

(iv) the date and location of the continuing education offering;

(v) the amount of continuing education credit awarded to each participant for the offering;

(vi) the course identification number issued by the board; and

(vii) the printed name and signature of the program manager;

(7) maintain training program records and continuing education course records for at least three years. The following records shall be maintained:

- (A) A copy of the application form and all documents required to be submitted with the application for training program approval;
 - (B) student attendance rosters;
 - (C) course educational objectives; and
 - (D) master copies and completed copies of each student's evaluations of the educational offerings;
- (8) establish a continuing education program quality management plan that includes the following:
- (A) A description of the training needs assessment used to determine the continuing education courses to be conducted;
 - (B) a description of the training program evaluations to be conducted and a description of how a review and analysis of the completed evaluations by the training program's medical director and the training program manager shall be conducted;
 - (C) equipment use, maintenance, and cleaning policies; and
 - (D) training program infection-control policies; and
- (9) submit quarterly reports to the executive director that include the following:
- (A) The date, title, and location of each EMS continuing education course offered;
 - (B) the amount of EMS continuing education credit issued for each EMS course offered; and
 - (C) the printed name and signature of the training program manager; and
- (10) a description of how the program will ensure that all education offered under the auspices of the long-term provider approval meets the definition of continuing education as specified in K.A.R. 109-1-1.
- (c) Each approved long-term provider desiring to offer continuing education in a distance learning format shall incorporate the following items into the provider's long-term continuing education training program management plan:
- (1) A definition of the process by which students can access the qualified instructor, as specified in K.A.R. 109-11-9, during any distance learning offerings;
 - (2) a definition of the procedures used to ensure student participation in course offerings; and
 - (3) specification of each learning management system that will be used and how each system is to be used in the course.
- (d) Each long-term provider of continuing education courses shall submit any change of program manager or medical director and any change to the long-term continuing education program management plan to the board office no later than 30 calendar days after the change has occurred. Failure to submit any of these changes may result in suspension of approval as a long-term provider of continuing education.
- (e) Each approved long-term provider of continuing education training shall provide the executive director with a copy of all training program records and continuing education course records upon the executive director's request.

(Authorized by and implementing K.S.A. 2016 Supp. 65-6111; effective, T-88-12, May 18, 1987; amended, T-88-24, July 15, 1987; amended May 1, 1988; amended July 17, 1989; amended Nov. 12, 1999; amended May 15, 2009; amended Sept. 10, 2010; amended March 15, 2013; amended December 29, 2017.)

109-5-4 Revoked

(Authorized by K.S.A. 65-6110, 65-6111, and 65-6129; implementing K.S.A. 65-6129, 65-6129b, and 65-6129c; effective Feb. 3, 1992; amended Nov. 12, 1999; amended, T-109-8-8-00, Aug. 8, 2000; amended Nov. 13, 2000; amended Oct. 31, 2003; revoked Feb. 12, 2010.)

109-5-5 Retroactive approval of continuing education course.

- (a) Any attendant may submit a request to the board for retroactive approval of a course for continuing education credit that was completed not more than 180 days before the request is received in the board office.
- (b) Each request shall be submitted on a form provided by the board.
- (c) In order for retroactive approval of a continuing education course to be granted, the attendant shall provide the following, in addition to the request form:
 - (1)
 - (A) A certificate of attendance that meets the requirements of K.A.R. 109-5-1 or,
 - (B) an official college transcript showing the number of credit hours awarded for the course;
 - (2) documentation of the course objectives; and
 - (3) one of the following:
 - (A) The signature of the emergency medical services medical director for the ambulance service serving the emergency medical service response area in which the attendant lives or the emergency medical services medical director for the ambulance service, educational institution, or advisory board for which the attendant is currently employed or a member, on the form provided by the board; or
 - (B) verification that the objectives of the course meet or exceed the objectives of the Kansas education standards for EMR as adopted by reference in K.A.R. 109-10-1a, the Kansas education standards for the EMT as adopted by reference in K.A.R. 109-10-1b, the Kansas education standards for the AEMT as adopted by reference in K.A.R. 109-10-1c, or the Kansas education standards for paramedic as adopted by reference in K.A.R. 109-10-1d, whichever is applicable for the level of certification that the attendant is renewing.
- (d) The amount of continuing education credit awarded shall be determined by one of the following:
 - (1) The number of hours listed on the certificate of attendance or certificate of completion; or
 - (2) for each college credit hour earned, 15 hours of continuing education credit.
- (e) The applicant shall be notified in writing by the board of any errors or omissions in the request for approval. Failure to correct any deficiency cited in the written notice of error or omission within 15 calendar days shall constitute withdrawal of the request.

(Authorized by K.S.A. 2011 Supp. 65-6111; implementing K.S.A. 2011 Supp. 65-6129; effective Oct. 31, 2008; amended Sept. 2, 2011; amended March 15, 2013; amended July 1, 2016.)

109-5-6 Single-program approval for providers of continuing education.

- (a) Any entity specified in K.A.R. 109-1-1(bb) may submit an application to the executive director to conduct single-program continuing education.
- (b) Each provider of single-program continuing education shall meet the following requirements:
 - (1) Submit a complete application for single-program approval to the executive director at least 30 days before the requested offering. A complete application shall include the following:
 - (A) The signatures of the program manager and the program medical advisor; and
 - (B) a course schedule that includes the date and time of each continuing education program, the title of each continuing education topic in the program, and the instructor;
 - (2) provide each student with a certificate of attendance that includes the following:
 - (A) The name of the continuing education program;
 - (B) a statement that the continuing education program has been approved by the board;
 - (C) the title of the continuing education program;
 - (D) the date and location of the continuing education program;
 - (E) the amount of continuing education credit completed by the attendant for the continuing education program;
 - (F) the board-assigned course identification number; and
 - (G) the printed name and signature of the program coordinator; and
 - (3) maintain the following records for at least three years:
 - (A) A copy of all documents required to be submitted with the application for single-program approval;
 - (B) a copy of the curriculum vitae or other documentation of the credentials for each instructor and lab instructor;
 - (C) student attendance records;
 - (D) course educational objectives; and
 - (E) completed copies of student evaluations of the educational offering.
- (c) Upon request by the executive director, each provider of single-program continuing education shall provide a copy of all continuing education program records and continuing education course records.

(Authorized by and implementing K.S.A. 65-6111, as amended by L. 2008, ch. 47, sec. 1; effective May 15, 2009.)

109-5-7a Revoked

(Authorized by K.S.A. 65-6110, K.S.A. 2009 Supp. 65-6111, as amended by L. 2010, ch. 119, sec. 1; implementing K.S.A. 65-6110, K.S.A. 2009 Supp. 65-6111, as amended by L. 2010, ch.

119, sec. 1, and K.S.A. 65-6144, as amended by L. 2010, ch. 119, sec. 11; effective, T-109-2-7-11, Feb. 7, 2011; effective June 3, 2011; revoked Dec. 29, 2017.)

109-5-7b Revoked

(Authorized by K.S.A. 65-6110, K.S.A. 2009 Supp. 65-6111, as amended by L. 2010, ch. 119, sec. 1; implementing K.S.A. 65-6110, K.S.A. 2009 Supp. 65-6111, as amended by L. 2010, ch. 119, sec. 1; effective, T-109-2-7-11, Feb. 7, 2011; effective June 3, 2011; revoked Dec. 29, 2017.)

109-5-7c Revoked

(Authorized by K.S.A. 65-6110, as amended by L. 2011, ch. 114, sec. 81, and K.S.A. 2010 Supp. 65-6111; implementing K.S.A. 65-6110, as amended by L. 2011, ch. 114, sec. 81, K.S.A. 2010 Supp. 65-6111, and K.S.A. 2010 Supp. 65-6120, as amended by L. 2011, ch. 114, sec. 83; effective, T-109-2-10-12, Feb. 10, 2012; effective May 4, 2012; revoked Dec. 29, 2017.)

109-5-7d Revoked

(Authorized by K.S.A. 65-6110, K.S.A. 2009 Supp. 65-6111, as amended by L. 2010, ch. 119, sec. 1; implementing K.S.A. 65-6110 and K.S.A. 2009 Supp. 65-6111, as amended by L. 2010, ch. 119, sec. 1; effective, T-109-2-7-11, Feb. 7, 2011; effective June 3, 2011; revoked Dec. 29, 2017.)

Article 6--TEMPORARY CERTIFICATION

109-6-1 Requirements for temporary certification for applicant with non-Kansas credentials.

(a) An applicant for temporary certification who is certified or licensed as an attendant in another jurisdiction but whose coursework is not substantially equivalent to that required in Kansas may be granted one-year temporary certification by meeting the following requirements:

- (1) Providing verification of current attendant certification or licensure issued by that jurisdiction that is comparable to the certification level sought in Kansas; and
- (2) providing either the name, address, and telephone number of or a signed statement from the physician, physician assistant, professional nurse, or attendant who is certified at the same or higher level as that of the applicant and who will directly supervise the applicant during the year of temporary certification.

(b) Within one year from the date on which the temporary certificate is issued, if the applicant provides verification of successful completion of the required coursework, attendant's certification shall be granted. If the applicant does not provide this verification within one year from the date on which the temporary certificate is issued, the temporary certificate shall expire and the application for an attendant's certificate shall be denied.

(Authorized by K.S.A. 2008 Supp. 65-6111; implementing K.S.A. 2008 Supp. 65-6129; effective, T-88-24, July 15, 1987; amended May 1, 1988; amended Jan. 22, 1990; amended Nov. 1, 1996; amended Feb. 12, 2010.)

109-6-2 Renewal of attendant and instructor-coordinator certificates.

- (a) Each attendant certificate shall expire on December 31 of the second complete calendar year following the date of issuance.
- (b) An attendant and an instructor-coordinator who is also an attendant may renew that person's certificate for each biennial period in accordance with this regulation and with K.A.R. 109-5-1e.
- (c) Each application for certification renewal shall be submitted on a form provided by the executive director or through the online renewal process. Copies, facsimiles, and other reproductions of the certification renewal form shall not be accepted.
- (d) Each application for renewal shall be deemed sufficient when the following conditions are met:
 - (1) The applicant provides in full the information requested on the form, and no additional information is required by the board to complete the processing of the application.
 - (2) The applicant submits a renewal fee in the applicable amount specified in K.A.R. 109-7-1.
- (e) The date of receipt of a document shall mean the date stamped on the document when the document is received in the board office.

(Authorized by K.S.A. 2016 Supp. 65-6111; implementing K.S.A. 2016 Supp. 65-6129 and 65-6129b; effective Nov. 1, 1996; amended Oct. 31, 1997; amended Nov. 12, 1999; amended, T-109-8-8-00, Aug. 8, 2000; amended Nov. 13, 2000; amended Feb. 12, 2010; amended December 29, 2017.)

109-6-3 Revoked

(Authorized by K.S.A. 2001 Supp. 65-6110, 65-6111; implementing K.S.A. 2001 Supp. 65-6129; effective, T-109-8-8-00, Aug. 8, 2000; effective Nov. 13, 2000; amended Aug. 30, 2002; revoked May 15, 2009.)

Article 7—FEES

109-7-1 Schedule of fees.

- (a) Attendant, I-C, and ambulance service application fees shall be nonrefundable.
- (b) Emergency medical responder fees:

- (1) Application for certification fee\$15.00
- (2) certification renewal application fee for a renewal that expires on a biennial basis if received before certificate expiration\$20.00

- (3) certification renewal application fee if received within 31 calendar days after certificate expiration\$40.00
- (4) certification renewal application fee if received on or after the 32nd calendar day after certificate expiration.....\$80.00
- (c) Paramedic fees:
 - (1) Application for certification fee\$65.00
 - (2) certification renewal application fee if received before certificate expiration ...\$50.00
 - (3) certification renewal application fee if received within 31 calendar days after certificate expiration\$100.00
 - (4) certification renewal application fee if received on or after the 32nd calendar day after certificate expiration\$200.00
- (d) EMT and AEMT fees:
 - (1) Application for certification fee\$50.00
 - (2) certification renewal application fee if received before certificate expiration ...\$30.00
 - (3) certification renewal application fee if received within 31 calendar days after certificate expiration\$60.00
 - (4) certification renewal application fee if received on or after the 32nd calendar day after certificate expiration\$120.00
- (e) Instructor-coordinator fees:
 - (1) Application for certification fee\$65.00
 - (2) certification renewal application fee if received before certificate expiration ..\$30.00
 - (3) certification renewal application fee if received within 31 calendar days after certificate expiration\$60.00
 - (4) certification renewal application fee if received on or after the 32nd calendar day after certificate expiration\$120.00
- (f) Ambulance service fees:
 - (1) Service permit application fee\$100.00
 - (2) service permit renewal fee if received on or before permit expiration\$100.00
 - (3) service permit renewal fee if received after permit expiration\$200.00
 - (4) vehicle license application fee\$40.00
 - (5) Temporary license for an ambulance\$10.00
- (g) Each application for certification shall include payment of the prescribed application for certification fee to the board.
- (h) Payment of fees may be made by either of the following:
 - (1) An individual using a personal, certified, or cashier's check, a money order, a credit card, or a debit card; or
 - (2) an ambulance service, fire department, or municipality using warrants, payment vouchers, purchase orders, credit cards, or debit cards.
- (i) Payment submitted to the board for application for certification fee or renewal fee for more than one attendant or I-C shall not be accepted, unless the fee amount is correct.

(Authorized by K.S.A. 2016 Supp. 65-6110, K.S.A. 2016 Supp. 65-6111, K.S.A. 65-6127, K.S.A. 2016 Supp. 65-6129, and K.S.A. 2016 Supp. 65-6129b; implementing K.S.A. 2016 Supp. 65-6111, K.S.A. 65-6127, K.S.A. 65-6128, K.S.A. 2016 Supp. 65-6129, and K.S.A. 2016 Supp. 65-6129b; effective July 1, 1990; amended Feb. 3, 1992; amended Nov. 1, 1996; amended, T-

109-8-8-00, Aug. 8, 2000; amended Nov. 13, 2000; amended Oct. 31, 2003; amended March 9, 2012; amended April 29, 2016; amended December 29, 2017.)

Article 8—EXAMINATIONS

109-8-1 Examination.

(a) The cognitive certification examination for emergency medical responders, emergency medical technicians, advanced emergency medical technicians, and paramedics shall be the national registry of emergency medical technicians' cognitive examination.

(b) The cognitive certification examination for instructor-coordinator shall be the final cognitive examination developed by the sponsoring organization and approved by the board.

(c) Any instructor-coordinator who fails the examination may retake it a maximum of three times. An applicant who has failed the examination three times shall not submit a new application for examination until documentation of successful completion of a new initial course has been received and reviewed by the executive director.

(d) Each emergency medical responder or emergency medical technician applicant shall be required to successfully complete the national registry of emergency medical technicians' cognitive examination and shall be required to demonstrate competency in psychomotor skills as evaluated by the psychomotor skills examination prescribed by the board.

(e) Each advanced emergency medical technician or paramedic applicant shall successfully complete the national registry of emergency medical technicians' cognitive examination and psychomotor skills evaluation.

(f) Any emergency medical responder or emergency medical technician applicant who is tested in psychomotor skills and who fails any psychomotor skill station may retest each failed station a maximum of three times.

(g) Each emergency medical responder, emergency medical technician, advanced emergency medical technician and paramedic shall successfully complete both the cognitive examination and the psychomotor skills examination no later than 24 months after the last date of that individual's initial course of instruction.

Each individual specified in this subsection shall be required to successfully complete both the cognitive examination and the psychomotor skills examination within a 12-month period.

(h) Any examination for certification may be modified by the board as a pilot project to evaluate proposed changes to the psychomotor skills examination. (Authorized by K.S.A. 65-6110 and 65-6111; implementing K.S.A. 65-6111, 65-6129, 65-6129b; effective T-109-1-19-89, Jan. 19, 1989; effective July 17, 1989; amended Aug. 27, 1990; amended Feb. 3, 1992; amended Dec. 19, 1994; amended Jan. 5, 1996; amended Nov. 8, 1996; amended May 16, 1997; amended, T-109-2-7-11, Feb. 7, 2011; amended June 3, 2011; amended Jan. 4, 2016; amended Dec. 29, 2017; amended March 1, 2019.)

109-8-2 Scheduling examinations for certification.

(a) Each provider of initial courses of instruction for attendants shall ensure the provision of certification examinations for those students successfully completing the course.

- (b) This subsection shall apply to the cognitive knowledge examination.
- (1) For emergency medical responder, emergency medical technician, advanced emergency medical technician, and paramedic, the following requirements shall apply:
- (A) Each candidate shall register with the national registry of emergency medical technicians.
- (B) Each candidate shall schedule examinations with the computer-adaptive testing vendor specified by the national registry of emergency medical technicians.
- (2) Each sponsoring organization shall validate each candidate's successful course completion.
- (c) The following scheduling requirements shall apply to the psychomotor skills examination:
- (1) Each sponsoring organization shall schedule the examination for emergency medical responder and emergency medical technician with the board at least 60 days in advance of the desired examination date.
- (2) Each sponsoring organization shall schedule the examination for advanced emergency medical technician and paramedic with the national registry of emergency medical technicians by performing the following:
- (A) Negotiating a contractual agreement with a national registry representative to serve as facilitator;
- (B) completing the examination host approval process and submitting the request for new examination with the national registry of emergency medical technicians;
- (C) negotiating contractual agreements with examiners, as prescribed by the national registry representative, who have attained board approval following a review to ensure current certification, have no disciplinary actions taken or pending against their Kansas emergency medical services certification or certifications, and have held the current certification level for at least two years;
- (D) negotiating contractual agreements with currently certified attendant assistants in numbers prescribed by the national registry representative;
- (E) ensuring availability of a sufficient number of rooms to be used for examination stations, national registry representative room, candidate waiting area, and other facilities as prescribed by the national registry representative; and
- (F) providing sufficient quantities of equipment and supplies as prescribed by the national registry representative.
- (d) Each candidate not successfully completing the examinations during the initial examination attempts shall schedule reexamination as follows:
- (1) Cognitive knowledge examination reexaminations. For emergency medical responder, emergency medical technician, advanced emergency medical technician, and paramedic, the candidate shall schedule the examination with the national registry of emergency medical technicians.
- (2) Psychomotor skills examination reexaminations.
- (A) For emergency medical responder and emergency medical technician, the candidate shall schedule the examination by completing the board-approved application for examination.
- (B) For the psychomotor skills examination for advanced emergency medical technician or paramedic, the candidate shall schedule the examination with the national registry of emergency medical technicians.

(Authorized by and implementing K.S.A. 65-6111; effective March 2, 2012; amended Dec. 29, 2017; amended March 1, 2019.)

Article 9--INSTRUCTOR-COORDINATOR

109-9-1 Instructor-coordinator certification.

- (a) Each applicant for certification as an I-C shall apply to the executive director using forms approved by the board and shall meet the following requirements:

- (1) Validate current certification as an attendant or licensure as a physician or professional nurse;
 - (2) complete an approved I-C initial course of instruction, except as specified in subsection (b);
 - (3) attain a score of 70% or higher on the final cognitive examination developed by the educational program and approved by the board; and
 - (4) complete, with a satisfactory evaluation, an assistant teaching experience in one EMT initial course of instruction applied for, approved, and taught in its entirety within one year after the completion of the instructor-coordinator course. The assistant teaching experience shall include evaluation of the candidate's ability to organize, schedule, implement, and evaluate educational experiences in the classroom, laboratory, clinical, and field environments and shall have been directly supervised by a certified I-C approved by either the executive director or any person so authorized by any state or United States territory and shall be verified on forms approved by the board.
- (b) An applicant shall not be required to complete the department of transportation national highway traffic safety administration "emergency medical services instructor training program: national standard curriculum" or modules 2 through 23 of the national guidelines for educating EMS instructors, as specified in K.A.R. 109-10-1e, if the applicant establishes one of the following:
- (1) Successful completion of a United States department of transportation EMS instructor training program national standard curriculum or a program that included the content from module 2 through 23 of the national guidelines for educating EMS instructors, as specified in K.A.R. 109-10-1;
 - (2) successful completion of a fire service instructor course approved by the national board on fire service professional qualifications or the international fire service accreditation;
 - (3) successful completion of any United States military instructor trainer course that is substantially equivalent to the United States department of transportation national highway traffic safety administration "emergency medical services instructor training program: national standard curriculum," or modules 2 through 23 of the national guidelines for educating EMS instructors as specified in K.A.R. 109-10-1; or
 - (4) attainment of a bachelor's, master's, or doctoral degree that focuses on the philosophy, scope, and nature of educating adults. This degree shall have been conferred by an accredited postsecondary education institution.
- (c) If within two years following the date of expiration of an I-C's certificate, this person applies for renewal of the certificate, the certificate may be granted by the board if the applicant completes 40 contact hours in education theory and methodology approved by the board and successfully completes an educator conference approved by the board.

(Authorized by K.S.A. 65-6110, K.S.A. 2010 Supp. 65-6111 ; implementing K.S.A. 65-6129b; effective, T-109-1-19-89, Jan. 19, 1989; effective July 17, 1989; amended Aug. 27, 1990; amended Feb. 3, 1992; amended Nov. 12, 1999; amended Nov. 9, 2001; amended Sept. 2, 2011.)

109-9-2 Revoked

(Authorized by and implementing K.S.A. 1988 Supp. 65-6110; effective, T-109-1-19-89, Jan. 19, 1989 ; effective July 17, 1989; revoked Nov. 12, 1999.)

109-9-3 Reserved.

109-9-4 Requirements for acceptance into an instructor-coordinator initial course of instruction.

- (a) Each applicant shall successfully complete an evaluation of knowledge and skills as follows:
 - (1) The board-approved EMT cognitive assessment; and
 - (2) the board-approved psychomotor skills assessment at the EMT level.
- (b) To be considered for acceptance into an instructor-coordinator initial course of instruction, each applicant shall achieve at least the following:
 - (1) A passing score in each area of the board-approved EMT cognitive assessment; and
 - (2) a passing score in each board-approved psychomotor skills assessment station described in paragraph (a)(2).

(Authorized by K.S.A. 2016 Supp. 65-6110 and 65-6111; implementing K.S.A. 2016 Supp. 65-6110, 65-6111, and 65-6129b; effective, T-109-1-19-89, Jan. 19, 1989; effective July 17, 1989; amended Feb. 3, 1992; amended Jan. 31, 1994; amended Nov. 12, 1999; amended Nov. 9, 2001; amended Sept. 2, 2011; amended December 29, 2017.)

109-9-5 Revoked

(Authorized by and implementing K.S.A. 65-6110 as amended by L. 1993, Chap. 71, Sec. 1; effective March 16, 1992; amended Jan. 31, 1994; revoked Nov. 12, 1999.)

Article 10.--CURRICULA

109-10-1 Revoked

(Authorized by and implementing K.S.A. 1999 Supp. 65-6110 and 65-6111; effective, T-109-1-19-89, Jan. 19, 1989; effective July 17, 1989; amended Aug. 27, 1990; amended April 10, 1995;

amended Sept. 22, 1995; amended Nov. 1, 1996; amended Nov. 12, 1999; amended Nov. 13, 2000; amended Nov. 9, 2001; revoked May 1, 2015.)

109-10-1a Approved emergency medical responder education standards.

(a) The document titled “Kansas emergency medical services education standards: emergency medical responder,” dated July 2010, is hereby adopted by reference pursuant to K.S.A. 65-6144, and amendments thereto, for emergency medical responder initial courses of instruction.

(b) Proposed curricula or proposed curricular revisions may be approved by the board to be taught as a pilot project, for a maximum of three initial courses of instruction, so that the board can evaluate the proposed curricula or proposed curricular revisions and consider permanent adoption of the proposed curricula or proposed curricular revisions. Students of each approved pilot project course shall, upon successful completion of the approved pilot project course, be eligible to take the board-approved examination for certification at the attendant level for the approved pilot project course. All examination regulations shall be applicable to students successfully completing an approved pilot project course.

(Authorized by K.S.A. 2016 Supp. 65-6110 and 65-6111; implementing K.S.A. 2016 Supp. 65-6144; effective, T-109-2-7-11, Feb. 7, 2011; effective June 3, 2011; amended December 29, 2017.)

109-10-1b Approved emergency medical technician education standards.

(a) The document titled “Kansas emergency medical services education standards: emergency medical technician,” dated July 2010, is hereby adopted by reference pursuant to K.S.A. 65-6121, and amendments thereto, for emergency medical technician initial courses of instruction.

(b) Proposed curricula or proposed curricular revisions may be approved by the board to be taught as a pilot project, for a maximum of three initial courses of instruction, so that the board can evaluate the proposed curricula or proposed curricular revisions and consider permanent adoption of the proposed curricula or proposed curricular revisions. Students of each approved pilot project course shall, upon successful completion of the approved pilot project course, be eligible to take the board-approved examination for certification at the attendant level for the approved pilot project course. All examination regulations shall be applicable to students successfully completing an approved pilot project course.

(Authorized by K.S.A. 2016 Supp. 65-6110 and 65-6111; implementing K.S.A. 2016 Supp. 65-6121; effective, T-109-2-7-11, Feb. 7, 2011; effective June 3, 2011; amended December 29, 2017.)

109-10-1c Approved advanced emergency medical technician education standards.

(a) The board’s document titled “Kansas emergency medical services education standards: advanced emergency medical technician,” dated October 2014, is hereby adopted by reference pursuant to K.S.A. 65-6120, and amendments thereto, for advanced emergency medical technician initial courses of instruction.

(b) Proposed curricula or proposed curricular revisions may be approved by the board to be taught as a pilot project, for a maximum of three initial courses of instruction, so that the board can evaluate the proposed curricula or proposed curricular revisions and consider permanent adoption of the proposed curricula or proposed curricular revisions. Students of each approved pilot project course shall, upon successful completion of the approved pilot project course, be eligible to take the board-approved examination for certification at the attendant level for the approved pilot project course. All examination regulations shall be applicable to students successfully completing an approved pilot project course.

(Authorized by K.S.A. 2016 Supp. 65-6110 and 65-6111; implementing K.S.A. 2016 Supp. 65-6111; effective March 2, 2012; amended May 1, 2015; amended December 29, 2017)

109-10-1d Approved paramedic education standards.

(a) The document titled “Kansas emergency medical services education standards: paramedic,” dated July 2010, is hereby adopted by reference pursuant to K.S.A. 65-6119, and amendments thereto, for paramedic initial courses of instruction.

(b) Proposed curricula or proposed curricular revisions may be approved by the board to be taught as a pilot project, for a maximum of three initial courses of instruction, so that the board can evaluate the proposed curricula or proposed curricular revisions and consider permanent adoption of the proposed curricula or proposed curricular revisions. Students of each approved pilot project course shall, upon successful completion of the approved pilot project course, be eligible to take the board-approved examination for certification at the attendant level for the approved pilot project course. All examination regulations shall be applicable to students successfully completing an approved pilot project course.

(Authorized by K.S.A. 2016 Supp. 65-6110 and 65-6111; implementing K.S.A. 2016 Supp. 65-6119; effective, T-109-2-7-11, Feb. 7, 2011; effective June 3, 2011; amended December 29, 2017.))

109-10-1e Approved instructor-coordinator standards.

(a) Each instructor-coordinator initial course of instruction shall teach modules 2 through 23 in the “2002 national guidelines for educating EMS instructors,” dated August 2002 and published by the United States department of transportation, United States department of health and human services, and national association of EMS educators, excluding bibliographical references, which are hereby adopted by reference for instructor-coordinator (IC) initial courses of instruction.

(b) Each instructor-coordinator initial course of instruction shall include an evaluated assistant teaching experience for each student as specified in K.A.R.109-9-1.

(c) Each instructor-coordinator initial course of instruction shall teach and require the student to demonstrate competency in the psychomotor skills examined for certification as EMR and EMT.

(d) Proposed curricula or proposed curricular revisions may be approved by the board to be taught as a pilot project, for a maximum of three initial courses of instruction, so that the board can evaluate the proposed curricula or proposed curricular revisions and consider permanent adoption of the proposed curricula or proposed curricular revisions. Students of each approved

pilot project course shall, upon successful completion of the approved pilot project course, be eligible to take the board-approved examination for certification at the attendant level for the approved pilot project course. All examination regulations shall be applicable to students successfully completing an approved pilot project course.

(Authorized by and implementing K.S.A. 2014 Supp. 65-6110 and 65-6111; effective, T-109-2-7-11, Feb. 7, 2011; effective June 3, 2011; amended May 1, 2015.)

109-10-1f Revoked.

(Authorized by K.S.A. 65-6110 and K.S.A. 2009 Supp. 65-6111, as amended by L. 2010, ch. 119, sec. 1; implementing K.S.A. 65-6129c, as amended by L. 2010, ch. 119, sec. 9; effective, T-109-2-7-11, Feb. 7, 2011; effective June 3, 2011; revoked December 29, 2017.)

109-10-1g Revoked.

(Authorized by K.S.A. 65-6110 and K.S.A. 2009 Supp. 65-6111, as amended by L. 2010, ch. 119, sec. 1; implementing K.S.A. 65-6129c, as amended by L. 2010, ch. 119, sec. 9; effective, T-109-2-7-11, Feb. 7, 2011; effective June 3, 2011; revoked December 29, 2017.)

109-10-2 Revoked

(Authorized by and implementing K.S.A. 1998 Supp. 65-6110 and 65-6111; effective Aug. 30, 1993; amended Nov. 12, 1999; revoked May 1, 2015.)

109-10-3 Late enrollment.

(a) Sponsoring organizations may allow students to enroll late in an initial course of instruction if the first 10 percent of the didactic and laboratory training sessions in the course as described in the course syllabus has not yet been completed. Once the first 10 percent of the didactic and laboratory training sessions of the course as described in the course syllabus has been completed, an individual shall not be allowed to enroll for the purpose of obtaining state certification.

(b) Sponsoring organizations that admit late enrollees into initial courses of instruction shall submit to the executive director, within 20 days of the student's enrollment, a make-up schedule for each late enrollee. The make-up schedule shall include all classes that the late enrollee missed.

(c) The sponsoring organization shall also submit to the executive director, within 20 days after enrollment, an application for certification and an application fee for each late enrollee.

(Authorized by and implementing K.S.A. 2016 Supp. 65-6111; effective Jan. 31, 1994; amended Sept. 2, 2011; amended December 29, 2017.)

109-10-4 Student transfers.

(a) To transfer from one initial course of instruction to another initial course of instruction of the same certification level, the student shall provide the instructor-coordinator of the course of instruction into which the student desires to transfer with:

- (1) A signed and dated document which outlines reasons why the student was unable to complete the original course of instruction in which the student was enrolled; and
- (2) a summary of the portion of the original course of instruction which the student successfully completed, signed by the instructor-coordinator of the original course of instruction in which the student was enrolled.

(b) For a student to transfer into an initial course of instruction from another initial course of instruction the instructor-coordinator shall submit to the board:

- (1) Documentation from the instructor-coordinator of the original course of instruction in which the student was enrolled, summarizing the portion of the original course of instruction in which the student was enrolled;
- (2) a statement from the instructor-coordinator of the course into which the student desires to transfer, certifying that the instructor-coordinator will provide the remaining required material to the student and the student will be given a final evaluation of competencies of the required material of the total course; and
- (3) a student form adding the student to the course.

(c) A student may transfer from one course of instruction to another if the student has been enrolled in the original course of instruction within the past 1 year and the instructor-coordinator agrees to accept this student and the requirements of subsections (a) and (b) of this regulation are met.

(Authorized by and implementing K.S.A. 65-6110, as amended by L. 1993, Chap. 71, Sec. 1; effective Jan. 31, 1994.)

109-10-5 Revoked

(Authorized by K.S.A. 1993 Supp. 65-6110; implementing K.S.A. 65-6129; effective Dec. 19, 1994. Revoked Sep. 2, 2011.)

109-10-6 Required training equipment and supplies.

Each sponsoring organization approved to conduct initial courses of instruction shall ensure that EMS training equipment and supplies necessary to facilitate the teaching of all psychomotor skills for the level of course being provided are available for use with that course. The training equipment and supplies provided shall be functional, clean, serviceable, and in sufficient quantity to maintain a ratio of no more than six students practicing together on one piece of equipment. The pharmaceuticals necessary for training shall be either simulation models or actual empty pharmaceutical packages or containers, or both. Training equipment and supplies that are for the purpose of protecting the student from exposure to bloodborne and airborne pathogens shall be functional and clean and shall be provided in sufficient quantity to ensure that students have their own.

(Authorized by and implementing K.S.A. 65-6110 and K.S.A. 2009 Supp. 65-6111, as amended

by L. 2010, ch. 119, sec. 1; effective Nov. 12, 1999; amended, T-109-2-7, Feb. 7, 2011; amended June 3, 2011.)

109-10-7 Distance learning.

(a) Any EMS educational program accredited by the committee on accreditation of educational programs for the emergency medical services professions or offered by an accredited postsecondary institution may be granted approval to provide an initial course of instruction or continuing education programs in a distance learning format.

(b) Any sponsoring organization not affiliated with a program accredited by the committee on accreditation of educational programs for the emergency medical services professions or with an accredited postsecondary institution may be granted approval to offer an initial course of instruction or continuing education programs in a distance learning format if the course or program meets the requirements of this regulation.

(c) Each sponsoring organization not affiliated with a program specified in subsection (a) shall submit a request for initial course approval or an application for single-program provider to the executive director or the executive director's designee. The request or application shall include the following, in addition to meeting the requirements of K.A.R. 109-5-3, 109-5-6, 109-10-6, 109-11-1a, 109-11-3a, 109-11-4a, 109-11-6a, and 109-11-7:

(1) The procedures to be used for conducting progress counseling sessions for all students, including at those sites where distance learning is provided;

(2) the process by which students can access the instructor for an initial course of instruction or continuing education program;

(3) the procedures to be used for ensuring timely delivery of and feedback on written materials at all sites

(4) the procedures to be followed for ensuring that students are participating in the course;

(5) the procedures to be used to ensure the competency of those completing didactic and psychomotor skills training;

(6) identification of the learning management system to be used during the course; and

(7) identification of each program's quality assurance plan that at a minimum shall include the following:

(A) An advisory committee that includes the program coordinator, program medical adviser, and representatives of the following:

(i) Current students;

(ii) former students;

(iii) graduates;

(iv) employees;

(v) faculty;

(vi) all communities of interest; and

(vii) local ambulance service;

(B) an advisory committee meeting schedule; and

(C) a copy of the evaluation tools to be completed by the students, employees, staff, faculty, medical adviser, and program coordinator.

(d) Any approved class may be monitored by the executive director or the executive director's designee.

(Authorized by and implementing K.S.A. 2016 Supp. 65-6110 and 65-6111; effective Feb. 12, 2010; amended May 1, 2015; amended December 29, 2017.)

Article 11--COURSE APPROVALS

109-11-1 Revoked

(Authorized by K.S.A. 65-6110, K.S.A. 2009 Supp. 65-6111; implementing K.S.A. 65-6110, K.S.A. 2009 Supp. 65-6111, K.S.A. 2009 Supp. 65-6129; effective, T-109-1-19-89, Jan. 19, 1989; effective July 17, 1989; amended Jan. 31, 1994; amended Nov. 12, 1999; amended Sept. 10, 2010; revoked March 15, 2013.)

109-11-1a. Emergency medical responder course approval.

(a) Emergency medical responder initial courses of instruction pursuant to K.S.A. 65-6144, and amendments thereto, may be approved by the executive director and shall be conducted only by sponsoring organizations.

(b) Each sponsoring organization requesting approval to conduct initial courses of instruction shall submit a complete application packet to the executive director, including all required signatures, and the following documents:

- (1) A course syllabus that includes at least the following information:
 - (A) A summary of the course goals and objectives;
 - (B) instructional and any other materials required to be purchased by the student;
 - (C) student attendance policies;
 - (D) student requirements for successful course completion;
 - (E) a description of the clinical and field training requirements, if applicable;
 - (F) student discipline policies; and
 - (G) instructor information, which shall include the following:
 - (i) Instructor name;
 - (ii) office hours or hours available for consultation; and
 - (iii) instructor electronic-mail address;
- (2) course policies that include at least the following information:
 - (A) Student evaluation of program policies;
 - (B) student and participant safety policies;
 - (C) Kansas requirements for certification;
 - (D) student dress and hygiene policies;
 - (E) student progress conferences; and
 - (F) equipment use policies;
- (3) a course schedule that identifies the following:
 - (A) The date and time of each class session, unless stated in the syllabus;
 - (B) the title of the subject matter of each class session;
 - (C) the instructor of each class session; and

- (D) the number of psychomotor skills laboratory hours for each session; and
- (4) letters or contracts from the ambulance service director of the ambulance service that will provide field training to the students, if applicable, and the administrator of the medical facility in which the clinical rotation is provided, if applicable, indicating their commitment to provide the support as defined in the curriculum.
- (c) Each application shall be received in the board office not later than 30 calendar days before the first scheduled course session.
- (d) Each approved initial course shall meet the following conditions:
 - (1) Meet or exceed the course requirements described in the board's regulations;
 - (2) be approved by the sponsoring organization's medical director; and
 - (3) maintain course records for at least three years. The following records shall be maintained:
 - (A) A copy of all documents required to be submitted with the application for course approval;
 - (B) student attendance;
 - (C) student grades;
 - (D) student conferences;
 - (E) course curriculum;
 - (F) lesson plans for all lessons;
 - (G) clinical training objectives; if applicable;
 - (H) field training objectives; if applicable;
 - (I) completed clinical and field training preceptor evaluations for each student;
 - (J) master copies and completed copies of the outcome assessment and outcome analyses tools used for the course that address at least the following:
 - (i) Each student's ability to perform competently in a simulated or actual field situation, or both; and
 - (ii) each student's ability to integrate cognitive and psychomotor skills to appropriately care for sick and injured patients;
 - (K) a copy of each student's psychomotor skills evaluations as specified in the course syllabus;
 - (L) completed copies of each student's evaluations of each course, all instructors for the course, and all lab instructors for the course; and
 - (M) a copy of the course syllabus.
- (e) Each primary instructor shall provide the executive director with a student registration form from each student within 20 days of the date of the first class session.
- (f) Each sponsoring organization shall provide any course documentation requested by the executive director.
- (g) Any approved course may be monitored by the executive director.
- (h) Program approval may be withdrawn by the board if the sponsoring organization fails to comply with or violates any regulation or statute that governs sponsoring organizations.

(Authorized by K.S.A. 65-6110, 65-6111; implementing K.S.A. 65-6110, 65-6111, 65-6129, and 65-6144; effective, T-109-2-7-11, Feb. 7, 2011; effective June 3, 2011; amended Dec. 29, 2017; amended Jan. 24, 2020.)

109-11-2 Revoked

(Authorized by K.S.A. 1990 Supp. 65-6110; implementing K.S.A. 1990 Supp. 65-6129; effective, T-109-1-19-89, Jan. 19, 1989; effective July 17, 1989; amended Feb. 3, 1992; revoked Nov. 12, 1999.)

109-11-3 Revoked

(Authorized by K.S.A. 65-6110, K.S.A. 2008 Supp. 65-6111; implementing K.S.A. 2008 Supp. 65-6111, K.S.A. 2008 Supp. 65-6129; effective, T-109-1-19-89, Jan. 19, 1989; effective July 17, 1989; amended Nov. 12, 1999; amended Sept. 10, 2010; revoked March 15, 2013.)

109-11-3a Emergency medical technician (EMT) course approval.

(a) Emergency medical technician (EMT) initial courses of instruction pursuant to K.S.A. 65-6121 and amendments thereto, may be approved by the executive director and shall be conducted only by sponsoring organizations.

(b) Each sponsoring organization requesting approval to conduct initial courses of instruction shall meet the following requirements:

(1) Meet the course requirements specified in K.A.R. 109-11-1a (b)-(e); and

(2) in each initial course of instruction, include hospital clinical training and ambulance field training that provide the following:

(A) An orientation to the hospital and to the ambulance service; and

(B) supervised participation in patient care and assessment, including the performance of a complete patient assessment on at least one patient in compliance with K.S.A. 65-6129a and amendments thereto. In the absence of participatory clinical or field training, contrived experiences may be substituted.

(c) Each sponsoring organization shall ensure that the instructor-coordinator provides any course documentation requested by the executive director.

(d) Any approved course may be monitored by the executive director.

(e) Program approval may be withdrawn by the board if the sponsoring organization fails to comply with or violates any regulation or statute that governs sponsoring organizations.

(Authorized by K.S.A. 2014 Supp. 65-6110 and 65-6111; implementing K.S.A. 2014 Supp. 65-6110, 65-6111, and 65-6121; effective, T-109-2-7-11, Feb. 7, 2011; effective June 3, 2011; amended May 1, 2015.)

109-11-4 Revoked

(Authorized by K.S.A. 65-6110, K.S.A. 2008 Supp. 65-6111; implementing K.S.A. 2008 Supp. 65-6111, K.S.A. 2008 Supp. 65-6129; effective, T-109-1-19-89, Jan. 19, 1989; effective July 17, 1989; amended Aug. 16, 1993; amended Nov. 12, 1999; amended Sept. 10, 2010; revoked March 15, 2013.)

109-11-4a Advanced emergency medical technician (AEMT) course approval.

- (a) AEMT initial courses of instruction pursuant to K.S.A. 65-6120, and amendments thereto, may be approved by the executive director to be conducted only by sponsoring organizations.
- (b) Each sponsoring organization requesting approval to conduct AEMT initial courses of instruction shall meet the course requirements in K.A.R. 109-11-1a (b)-(e).
- (c) Each approved AEMT course shall ensure, and shall establish in writing, how each student is provided with experiences, which shall include at a minimum the following:
- (1) Successfully perform 20 venipunctures, of which 10 shall be for the purpose of initiating intravenous infusions;
 - (2) administer one nebulized breathing treatment during clinical training;
 - (3) successfully perform five intraosseous infusions;
 - (4) perform a complete patient assessment on each of 15 patients, of which at least 10 shall be accomplished during field internship training;
 - (5) while directly supervised by an AEMT, a paramedic, a physician, an advanced practice registered nurse, or a professional nurse, respond to 10 ambulance calls;
 - (6) perform 10 intramuscular or subcutaneous injection procedures;
 - (7) complete 10 patient charts or patient care reports, or both; and
 - (8) perform the application and interpretation of the electrocardiogram on eight patients during clinical training and field internship training.
- (d) Any approved course may be monitored by the executive director.
- (e) Each sponsoring organization shall ensure that the instructor-coordinator provides any course documentation requested by the executive director.
- (f) Program approval may be withdrawn by the board if the sponsoring organization fails to comply with or violates any regulation or statute that governs sponsoring organizations.

(Authorized by K.S.A. 2014 Supp. 65-6110 and 65-6111; implementing K.S.A. 2014 Supp. 65-6110 and 65-6111 and K.S.A. 65-6129a; effective March 2, 2012; amended May 1, 2015.)

109-11-5 Revoked

109-11-6 Revoked

(Authorized by K.S.A. 65-6110 and K.S.A. 2008 Supp. 65-6111; implementing K.S.A. 2008 Supp. 65-6111 and K.S.A. 2008 Supp. 65-6129; effective, T-109-1-19-89, Jan. 19, 1989; effective July 17, 1989; amended Feb. 3, 1992; amended Nov. 12, 1999; amended Nov. 13, 2000; amended Sept. 10, 2010; revoked March 15, 2013.)

109-11-6a Paramedic course approval.

- (a) Paramedic initial courses of instruction may be approved by the executive director and shall be conducted only by sponsoring organizations that are accredited postsecondary educational institutions.

(b) Each sponsoring organization requesting approval to conduct paramedic initial courses of instruction shall meet the following requirements:

(1) Meet the requirements in K.A.R. 109-11-1a (b)-(h);

(2)(A) Ensure, and establish in writing, how each student is provided with hospital clinical and field internship experiences; and

(B) provide evidence of agreement to participate in the paramedic education process as follows:

(i) Ambulance service provision of field training for students during the field internship component of the paramedic educational process; and

(ii) health facility provision of clinical training for students during the clinical component of the paramedical educational process;

(3) require that, on or before completion of the required paramedic course, each student provide confirmation of eligibility to be conferred, at a minimum, an associate degree in applied science by the postsecondary institution; and

(4)(A) Provide evidence that the sponsoring organization has completed the letter-of-review process with the committee on accreditation of educational programs for emergency medical services professions; or

(B) provide evidence of accreditation from the committee on accreditation of allied health education programs before the commencement of the third course.

(c) Each approved paramedic course shall meet the following requirements:

(1) Meet or exceed the curriculum requirements in K.A.R. 109-10-1d; and

(2) require completion of both clinical and field internship components that provide the students with experiences for integration of assessment findings to formulate a field impression and implement a comprehensive treatment or disposition plan for real patients presenting with any medical or traumatic ailment.

(d) Course approval may be withdrawn by the board if the sponsoring organization fails to comply with or violates any regulation or statute that governs sponsoring organizations.

(Authorized by K.S.A. 65-6110 and 65-6111; implementing K.S.A. 65-6110, 65-6111 and 65-6129a; effective, T-109-2-7-11, Feb. 7, 2011; effective June 3, 2011; amended May 1, 2015; amended March 1, 2019.)

109-11-7 Instructor-coordinator course approval.

(a) Each instructor-coordinator course shall be provided by the board or by an agency with which the board contracts.

(b) Each approved instructor-coordinator course shall:

(1) Meet or exceed the curriculum described in K.A.R. 109-10-1 (g);

(2) consist of a minimum of 90 hours of training; and

(3) use a text or texts approved by the board.

(Authorized by K.S.A. 1988 Supp. 65-6110; implementing K.S.A. 1988 Supp. 65-6110 and 65-6111; effective, T-109-1-19-89, Jan. 19, 1989; effective July 17, 1989.)

109-11-8 Successful completion of a course of instruction.

(a) To successfully complete a course of instruction as an attendant or instructor-coordinator, each student shall:

- (1) Attend at least 90% of the class sessions as described in the course syllabus;
- (2) maintain an average grade of at least 70% for all examinations given during the program; and
- (3) demonstrate all practical skills to the satisfaction of the course coordinator.

(b) The course coordinator shall provide written approval, within 15 days of the final class, that the requirements of subsection (a) of this regulation have been met. Evidence of a grade of C or better on a course of instruction given by an accredited post-secondary school shall substitute for written approval.

(Authorized by K.S.A. 65-6110, as amended by L. 1993, Chap. 71, Sec. 1; implementing K.S.A. 65-6111, as amended by L. 1993, Chap. 71, Sec. 2, K.S.A. 65-6129, as amended by L. 1993, Chap. 71, Sec. 5, and K.S.A. 65-6142; effective, T-109-1-19-89, Jan. 19, 1989 ; effective July 17, 1989 , amended Jan. 31, 1994 .)

109-11-9 Instructor qualifications.

(a) Each instructor-coordinator, sponsoring organization, and approved-program provider shall select qualified instructors as determined by training and subject matter as follows:

- (1) Each didactic instructor and each instructor for medical skills shall possess certification, registration, or licensure in the subject matter or medical skills being taught
- (2) Each instructor for nonmedical skills shall have technical training in and shall possess knowledge and expertise in the skill being taught.
- (3) Each instructor of clinical training being conducted in a clinical health care facility shall be a licensed physician or a licensed professional nurse.
- (4) Each instructor of field internship training being conducted with a prehospital emergency medical service shall be an attendant certified at or above the level of training being conducted.

(b) Each sponsoring organization shall maintain records of all instructors and lab assistants used to provide training. These records shall include the following:

- (1) the individual's name and qualifications;
- (2) the subject matter the individual taught, assisted in teaching or evaluated;
- (3) the dates the individual instructed, assisted, or evaluated; and
- (4) the students' evaluations of the instructors.

(Authorized by and implementing K.S.A. 2016 Supp. 65-6110 and 65-6111; effective Feb. 3, 1992; amended December 29, 2017.)

109-11-10 Revoked

(Authorized by K.S.A. 2000 Supp. 65-6110, 65-6111; implementing K.S.A. 2000 Supp. 65-6111; effective Nov. 9, 2001; revoked May 1, 2015.)

Article 12.--AUTOMATED DEFIBRILLATOR TRAINING PROGRAM

109-12-1 Revoked

(Authorized by and implementing K.S.A. 1989 Supp. 65-6149; effective July 17, 1989; amended Aug. 27, 1990; revoked Nov. 12, 1999.)

109-12-2 Revoked

(Authorized by and implementing K.S.A. 1988 Supp. 65-6149; effective July 17, 1989; revoked Nov. 12, 1999.)

Article 13.--TRAINING OFFICERS

109-13-1 Revoked

(Authorized by K.S.A. 65-6110, as amended by L. 2011, ch. 114, sec. 81, and K.S.A. 2010 Supp. 65-6111; implementing K.S.A. 2010 Supp. 65-6129c, as amended by L. 2011, ch. 114, sec. 65; effective Jan. 31, 1994; amended Nov. 12, 1999; amended Nov. 13, 2000; amended March 9, 2012; revoked December 29, 2017.)

109-13-2 Revoked

109-13-3 Revoked

(Authorized by and implementing K.S.A. 65-6111, as amended by L. 1993, Chap. 71, Sec. 2; effective Jan. 31, 1994; revoked Nov. 12, 1999.)

Article 14.--DO NOT RESUSCITATE IDENTIFIERS

109-14-1 Certification of entities which distribute DNR identifiers.

a) An organization that distributes “Do Not Resuscitate” identifiers, as defined by K.S.A. 65-4941 and amendments, may be certified by the board if the organization:

- (1) applies to the board for certification upon a form approved by the administrator;
- (2) has been in operation for at least five years as a distributor of DNR identifiers;
- (3) establishes exclusive title to the design or logo of the DNR identifier;
- (4) maintains a 24-hour, toll-free, staffed telephone line to verify the identity of a patient in possession of a DNR identifier;
- (5) agrees to distribute DNR identifiers that are inscribed with the letters “DNR” or “Do Not Resuscitate” the patient’s name, a patient identification number, and the toll-free telephone number of the organization issuing the DNR identifier; and
- (6) agrees to distribute the DNR identifier only upon receiving a copy of a properly executed DNR directive in substantially the same form as required by K.S.A. 65-4942 and amendments.

(Authorized by and implementing K.S.A. 1995 Supp. 65-4946; effective Jan. 31, 1997.)

Article 15--Certification

109-15-1 Reinstating attendant certificate after expiration.

(a) The certificate of a person who applies for attendant certification after the person's certificate has expired may be reinstated by the board if the person meets the following requirements:

- (1) Submits a completed application to the board on forms provided by the executive director;
- (2) pays the applicable fee specified in K.A.R. 109-7-1;
- (3) provides validation of completed education requirements; and
- (4) if the applicant is either currently certified or licensed in another jurisdiction or has been certified or licensed in another jurisdiction, provides information adequate for the board to determine the applicant's current status of certification or licensure for the level of certification being sought and confirm that the applicant is in good standing with that jurisdiction.

(b) For the purposes of this regulation, the date of expiration for the certificate shall be one of the following:

- (1) The expiration date of the person's Kansas attendant certificate;
- (2) 31 calendar days after the expiration date of the person's certificate or license, if the person is currently certified or licensed in another jurisdiction; or
- (3) the most recent expiration date of the person's certificate or license in another jurisdiction, if the person is not currently certified or licensed in another jurisdiction but previously held a certificate or license in that jurisdiction.

(c) Completion of education requirements shall be validated by submission of the following:

- (1) Documentation of continuing education for the three years before the date of application in sufficient quantity to meet or exceed the following:
 - (A) For applications submitted within 31 calendar days from the date of expiration, the number of clock-hours specified for renewal of a certificate in K.A.R. 109-5-1a for EMR, K.A.R. 109-5-1b for EMT, K.A.R. 109-5-1c for AEMT, or K.A.R. 109-5-1d for paramedic;
 - (B) for applications submitted more than 31 calendar days but less than two years from the date of expiration, two times the number of clock-hours specified for renewal of a certificate in K.A.R. 109-5-1a for EMR, K.A.R. 109-5-1b for EMT, K.A.R. 109-5-1c for AEMT, or K.A.R. 109-5-1d for paramedic;
 - (C) for applications submitted two or more years but less than four years from the date of expiration, three times the number of clock-hours specified for renewal of a certificate in K.A.R. 109-5-1a for EMR, K.A.R. 109-5-1b for EMT, K.A.R. 109-5-1c for AEMT, or K.A.R. 109-5-1d for paramedic;
 - (D) for applications submitted four or more years but less than six years from the date of expiration, four times the number of clock-hours specified for renewal of a certificate in K.A.R. 109-5-1a for EMR, K.A.R. 109-5-1b for EMT, K.A.R. 109-5-1c for AEMT, or K.A.R. 109-5-1d for paramedic;

(E) for applications submitted six or more years but less than eight years from the date of expiration, five times the number of clock-hours specified for renewal of a certificate in K.A.R. 109-5-1a for EMR, K.A.R. 109-5-1b for EMT, K.A.R. 109-5-1c for AEMT, or K.A.R. 109-5-1d for paramedic; and

(F) for applications submitted eight or more years from the date of expiration, six times the number of clock-hours specified for renewal of a certificate in K.A.R. 109-5-1a for EMR, K.A.R. 109-5-1b for EMT, K.A.R. 109-5-1c for AEMT, or K.A.R. 109-5-1d for paramedic;

(2) for applications submitted two or more years from the date of expiration, validation of cognitive and psychomotor competency by the following:

(A) Successful completion of a cognitive assessment for the level of certification being sought, within three attempts;

(B) successful completion of a psychomotor assessment for the level of certification being sought, within three attempts; and

(3) for applications submitted two or more years from the date of expiration, documentation of successful completion of a cardiopulmonary resuscitation course for healthcare providers.

(d) Each person who applies for reinstatement of certification two or more years after the date of expiration shall take an entire initial course of if the person is unable to provide validation of cognitive or psychomotor competency by one of the following, whichever occurs first:

(1) The person has exhausted the allowed attempts.

(2) One year has passed from the date of application.

(Authorized by K.S.A. 2011 Supp. 65-6111; implementing K.S.A. 2011 Supp. 65-6129; effective May 15, 2009; amended Sept. 2, 2011; amended March 15, 2013; amended January 2, 2015)

109-15-2 Recognition of non-Kansas credentials.

(a) Any individual who is currently licensed or certified as an attendant in another jurisdiction may apply for Kansas certification through recognition of non-Kansas credentials by submitting the following:

(1) A completed application for recognition of non-Kansas credentials on a form provided by the board;

(2) application for certification fee for the level of certification sought, as specified in K.A.R. 109-7-1;

(3) documentation from another state or jurisdiction verifying that the applicant is currently licensed or certified for the level of certification sought and is in good standing;

(4) documentation from another state or jurisdiction verifying that the applicant has successfully completed coursework that is substantially equivalent to the curriculum prescribed by the board for the level of certification sought, in accordance with subsection (b); and

(5) documentation from another state or jurisdiction verifying that the applicant has successfully completed an examination prescribed by the board for the level of certification sought, in accordance with subsection (b).

(b) Any applicant may validate successful completion of coursework in another state or jurisdiction that is substantially equivalent to the curriculum prescribed by the board for the level of certification sought by submitting one of the following:

(1) Documentation that the applicant is registered with the national registry of emergency medical technicians at the level for which certification is sought; or

(2) documentation that the applicant has successfully completed the following:

(A) The national registry of emergency medical technicians' cognitive assessment examination and the psychomotor skills examination prescribed by the national registry of emergency medical technicians or by the board; and

(B) (i) For emergency medical responder, coursework that included the United States department of transportation national highway traffic safety administration "emergency medical responder instructional guidelines," DOT HS 811 077B, dated January 2009, which is hereby adopted by reference;

(ii) for emergency medical technician, coursework that included the United States department of transportation national highway traffic safety administration "emergency medical technician instructional guidelines," DOT HS 811 077C, dated January 2009, which is hereby adopted by reference;

(iii) for advanced emergency medical technician, coursework that included the United States department of transportation national highway traffic safety administration "advanced emergency medical technician instructional guidelines," DOT HS 811 077D, dated January 2009, which is hereby adopted by reference; or

(iv) for paramedics, either coursework completed after December 31, 2008 that included the United States department of transportation national highway traffic safety administration "paramedic instructional guidelines," DOT HS 811 077E, dated January 2009, which is hereby adopted by reference, or coursework completed before January 1, 2009 that included the United States department of transportation national highway traffic safety administration "EMT-paramedic national standard curriculum," DOT HS 808 862, dated March 1999, which is hereby adopted by reference.

(Authorized by K.S.A. 2012 Supp. 65-6111; implementing K.S.A. 2012 Supp. 65-6129, as amended by L. 2013, ch. 95, sec. 4; effective May 15, 2009; amended Sept. 2, 2011; amended Jan. 17, 2014.)

Article 16—Graduated Sanctions

109-16-1 Graduated sanctions.

(a) The following documents of the Kansas board of emergency medical services, dated April 10, 2013, are hereby adopted by reference:

- (1) "Graduated sanctions for attendants";
 - (2) "graduated sanctions for I-Cs and T.O.s"; and
 - (3) "graduated sanctions for operators."
- (b) For purposes of applying the tables of graduated sanctions for attendants, instructor-coordinators, training officers, and operators, the following sanction levels shall apply:
- (1) "Sanction level 1" means that the local action taken by the operator of the ambulance service, or its designee, is approved and accepted by the board's investigations committee.
 - (2) "Sanction level 2" means the modification of a certificate or permit by the imposition of conditions.
 - (3) "Sanction level 3" means the limitation of a certificate or permit.
 - (4) "Sanction level 4" means the suspension of a certificate or permit for less than three months.
 - (5) "Sanction level 5" means the suspension of a certificate or permit for three months or more.
 - (6) "Sanction level 6" means the revocation of a certificate or permit.
- (c) When the investigations committee is determining the appropriate sanction level, the following mitigating and aggravating circumstances, if applicable, shall be taken into consideration:
- (1) The number of violations involved in the current situation;
 - (2) the degree of harm inflicted or the potential harm that could have been inflicted;
 - (3) any previous violations or the absence of previous violations;
 - (4) the degree of cooperation with the board's investigation;
 - (5) evidence that the violation was a minor or technical violation, or a serious or substantive violation;
 - (6) evidence that the conduct was intentional, knowing, or purposeful or was inadvertent or accidental;
 - (7) evidence that the conduct was the result of a dishonest, selfish, or criminal motive;
 - (8) evidence that the attendant, instructor-coordinator, training officer, or operator refused to acknowledge or was willing to acknowledge the wrongful nature of that person's conduct;
 - (9) the length of experience as an attendant, instructor-coordinator, training officer, or operator; and
 - (10) evidence that any personal or emotional problems contributed to the conduct.

(Authorized by K.S.A. 2012 Supp. 65-6110, 65-6111, and 65-6129, as amended by L. 2013, ch. 95, sec. 4; implementing K.S.A. 2012 Supp. 65-6129, as amended by L. 2013, ch. 95, sec. 4; effective Jan. 17, 2014.)