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

Kansas
Board of
Emergency Medical Services

phone: 785-296-7296
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www.ksbems.org

Dr. Joel E Hornung, Chair
Joseph House, Executive Director

Sam Brownback, Governor

Planning and Operations Committee

Shane Pearson - Chair

AGENDA

October 2, 2014

Landon State Office Building
900 SW Jackson, Room 509; Topeka, Kansas
9:30 am – 10:30 am

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1. Standing Items

1.1 KEMSIS Update Joe Moreland
Documents: No new information at this time

2. Old Business

2.1 KAR 109-2-8 **Dave Cromwell**
Hearing notice is scheduled for October 16, 2014 in room 560
Documents: Proposed KAR109-2-8……..……..Page 2-9
Notice of Hearing……..……Page 10-11

2.2 KAR 109-3-5 became law on August 29, 2014 **Dave Cromwell**
Documents:
Medication list……..…..Page 12

3. New Business

3.1 SCT discussion **Joe House**

4. Public Comments

5. Member Comments

6. Adjournment

NOTE:

- ***In accordance with the Board's directive of October 2002, the Chair requests that all cellular phones, pagers, computers, personal digital assistants and other similar electronic communication devices be turned to the "vibrate", "silent" or "off" position while the meeting is being conducted.***
- ***Reminder to all EMS regions, associations and organizations to submit documents for distribution.***

*****Denotes that this item requires Board action**

109-2-8. Standards for type I, type II, type IIA, and type V ground ambulances and equipment. (a) Each ambulance shall meet the vehicle and equipment standards that are applicable to that class 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 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 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 it 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 type I, type II, type IIA, and type V 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 ambulance as follows:

(1) At least two annually inspected ABC fire extinguishers or comparable fire extinguishers with at least five pounds of dry chemical, which shall be secured. One fire extinguisher shall be easily accessible by the driver, and the other shall be easily accessible by the attendant;

(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; and

(11) a ‘‘no-smoking’’ sign posted in the patient compartment and the driver compartment.

(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, semirigid, nonmetalic 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, nonkinking suction tubing and a large-bore, semirigid, nonmetallic oropharyngeal suction tip, unless the unit is self-contained;

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

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

(5) oxygen masks in adult and pediatric sizes;

(6) nasal cannulas in adult and pediatric sizes;

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

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

(9) an obstetric kit with contents as described in the ambulance service's medical protocol;

(10) sterile burn sheets;

(11) sterile large trauma dressings;

(12) assorted sterile gauze pads;

(13) occlusive gauze pads;

(14) rolled, self-adhering bandages;

(15) adhesive tape at least one inch wide;

(16) bandage shears;

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

(18) currently dated medications, as authorized by the scope of practice and protocols.

(o) The operator shall equip each ground ambulance with the following patient-handling and splinting equipment:

(1) A long spinal-immobilization device, complete with accessories to immobilize a patient;

(2) ~~a short spinal immobilization device, complete with accessories to immobilize a patient;~~

~~(3)~~ a set of extremity splints including one arm and one leg splint, in adult and pediatric sizes;

~~(4)~~ (3) a set of rigid cervical collars in assorted adult and pediatric sizes;

~~(5)~~ (4) foam wedges or other devices that serve to stabilize the head, neck, and back as one unit; and

~~(6)~~ (5) patient disaster tags.

(p) The operator shall equip each type I, type IIA, type II, and type V 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) nonpermeable, full-length, long-sleeve protective gowns;

(5) a leakproof, rigid container clearly marked as ~~"contaminated products"~~ "Biohazard" for the disposal of sharp objects; and

(6) a leakproof, closeable container for soiled linen and supplies.

(q) The operator shall equip each type I ambulance, type IIA ambulance, and type V ambulance with the following:

(1) A monitor-defibrillator;

(2) a drug supply as listed in the ambulance service's medical protocols;

(3) intravenous administration sets according to medical protocol;

(4) intravenous solutions in plastic bags or plastic bottles as listed in the ambulance service's medical protocols;

(5) assorted syringes and needles necessary to meet the requirements of the medical protocols; and

(6) if authorized by protocols, endotracheal tubes and laryngoscope blades in adult, child, and infant sizes.

(r) 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. 2013 Supp. 65-6110~~, as amended by L. 2011, ch. 114, sec. 81~~; implementing K.S.A. 2013 Supp. 65-6110, ~~as amended by L. 2011, ch. 114, sec. 81,~~ K.S.A. ~~2010~~ 2013 Supp. 65-6112, as amended by L. ~~2011~~ 2014,

ch. ~~114~~ 131, sec. ~~82~~ 51, 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 P-_____.)

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NOTICE OF HEARING ON PROPOSED ADMINISTRATIVE REGULATIONS

K.A.R. 109-2-8

A public hearing will be conducted at 09:00 a.m., Thursday, October 16, 2014, in Room 560, of the Landon State Office Building, 900 SW Jackson, Topeka, to consider the adoption of proposed changes in existing regulations.

This 60-day notice of the public hearing shall constitute a public comment period for the purpose of receiving written public comments on the proposed rules and regulations. All interested parties may submit written comments prior to the hearing to Dave Cromwell the EMS Operations Manager, Room 1031, 900 SW Jackson, Topeka, Kansas 66612 or by e-mail to dave.cromwell@ems.ks.gov. All interested parties will be given a reasonable opportunity to present their views orally on the adoption of the proposed regulation during the hearing, In order to give all parties an opportunity to present their views, it may be necessary to request that each participant limit any oral presentations to five minutes.

Any individual with a disability may request accommodation in order to participate in the public hearing and may request the proposed regulation and economic impact statement in an accessible format. Requests for accommodation to participate in the hearing should be made at least five working days in advance of the hearing by contacting Ann Stevenson, at (785) 296-7296, Handicapped parking is located in front of and to the north of the Landon State Office Building.

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

K.A.R. 109-2-8, Standards for type I, type II, type IIA, and type V ground ambulances and equipment. The proposed amendment revises required equipment to be carried on an ambulance.

The changes in this regulation are not mandated by federal law and there is no economic impact expected on the Board, other governmental agencies, private businesses, individuals, or consumers of the service.

Copies of these regulations and economic impact statements may be obtained from the Board of Emergency Medical Services at the contact information above or can be accessed at www.ksbems.org.

	Advanced EMT Medication List	Kansas Board of EMS	November 6, 2013
	Medication	**Method**	**Application**
1	Activated charcoal	Oral	Non-caustic overdoses
2	Albuterol and Ipratropium - premix combined	Aerosolized, nebulized	Acute asthmatic attacks, bronchospasm
3	Amiodarone	IO bolus or IV bolus only; either bolus may be repeated. Continuous infusion not allowed.	Pulseless ventricular tachycardia; Refractory ventricular fibrillation; and interfacility transfers only.
4	Antidote - Any	Auto injector	Self or peer care
5	Aspirin	Oral	Chest pain of suspected ischemic origin only
6	Atropine/Pralidoxime chloride	Auto injector	Cholinergic/nerve gas poisoning
7	Atrovent (Ipratropium) - Pt. assisted only	Nebulized, metered dose inhaler	Dyspnea and wheezing
8	Benzodiazepine	IM, IO, IV, intranasal, rectal	Status epilepticus only
9	Beta agonist	Determined by protocol or direct contact with a physician.	Dyspnea and wheezing
10	Corticosteroids	No limitation	Severe asthma
11	Dextrose Solutions - (D10, D25, D50)	IO, IV	Acute hypoglycemia
12	Diphenhydramine hydrochloride	IM, IV, oral	Acute allergic reactions
13	Epinephrine 1:1000	IM, SQ, Auto injector	Anaphylactic reactions
14	Epinephrine 1:10,000	IO, IV	Cardiac arrest only
15	Glucagon	IM	Acute hypoglycemia where oral glucose or IO/IV medications cannot be given
16	Glucose	Oral	Acute hypoglycemia
17	Ipratropium	Nebulized, inhalation	Acute asthmatic attacks, bronchospasm
18	IV electrolytes/antibiotic additives	IV with pump only	Maintenance during interfacility transfer only
19	IV fluids without medications or nutrients; monitor, maintain and shut off	IV gravity or pump	Established by medical protocols
20	IV solutions - Any combination of fluids	IO, IV	Medication administration, volume expansion
21	Lidocaine	IO bolus or IV bolus only; either bolus may be repeated. Continuous infusion not allowed.	Pulseless ventricular tachycardia; Refractory ventricular fibrillation; and interfacility transfers only.
22	Lidocaine	IO	Local anesthetic after IO initiation and prior to IO infusion.
23	Medicated inhaler - Pt. assisted only	Nebulized or metered dose	Acute asthmatic attacks, bronchospasm
24	Naloxone	IM, IO, IV, SQ, intranasal	Reversal of narcotic overdose
25	NG tube monitoring, either capped or connected to suction. Not insertion.		
26	Nitroglycerine/nitro preparation	Dermal, oral, oral spray sublingual	Anginal pain relief
27	Ondansetron	Oral, IV, IO, IM	Nausea/Vomiting
28	Opiods	Not specified	Pain relief
29	Over the counter oral medications	Oral	Not specified
	Legend: IM = Intramuscular, IO = Intraosseous, IV = Intravenous, Pt. = Patient, SQ = Subcutaneous		