

Approved March 23, 1988
Date

MINUTES OF THE Senate COMMITTEE ON Local Government

The meeting was called to order by Senator Don Montgomery at
Chairperson

9:16 a.m./~~p.m.~~ on March 17, 1988 in room 531-N of the Capitol.

All members were present except:

Committee staff present: Mike Heim, Emalene Correll, Theresa Kiernan and Lila
McClaflin

Conferees appearing before the committee:

The Chairman opened the committee discussion on Substitute for H.B. 2639. Attention was called to a handout from Marlin Rein, University of Kansas (Attachment I). The University suggested two amendments to the bill, and the Chairman announced he had Staff draft these amendments and a copy of the proposed amendments were presented to the committee (Attachment II).

The Chairman called on Staff to review some technical amendments for consideration. Staff distributed copies of these amendments (Attachment III).

Senator Steineger asked to be recorded as having reservations concerning the language on page 4, section 4, which would remove all the responsibility for the E.M.S. program from K. U. Medical Center, conceptually he is troubled by this decision.

Senator Allen moved to adopt the conceptual amendment that makes the Board created by H.B. 2693, the successor to all powers and duties of the University of Kansas School of Medicine. Senator Salisbury seconded the motion. Motion carried.

Senator Ehrlich moved to adopt the conceptual language wherever appropriate, continuing all training program approvals and other approvals made by the University of Kansas School of Medicine that were in existence on the effective date of the act until changed by the Board. Senator Salisbury seconded the motion. Motion carried.

Senator Daniels moved to adopt the proposed language to transfer any funds or records that pertain to emergency medical services from the University of Kansas School of Medicine to the Board. Senator Bogina seconded the motion. Motion carried.

Page 14, Section 17, insert language similar to that found in Section 14, that continues in existence any existing ambulance district created prior to the effective date of the act. Senator Bogina moved to adopt this language. Senator Langworthy seconded the motion. Motion carried.

Senator Bogina moved to adopt the language on page 16, line 10, by striking "(a)" and inserting "(b)". Senator Langworthy seconded the motion. Motion carried.

Senator Allen moved to amend page 23, line 296, before "revoked", by inserting "denied". Senator Langworthy seconded the motion. Motion carried.

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CONTINUATION SHEET

MINUTES OF THE Senate COMMITTEE ON Local Government,

room 531-N Statehouse, at 9:16 a.m.~~p.m.~~ on March 17, 1988.

The committee discussed the rules and regulations governing E.M.S.; should the number of hours necessary for training be set by statutes or by the Rules and Regulation Committee. The rules and regulations adopted on October 29, 1987 were distributed and briefly reviewed by Staff

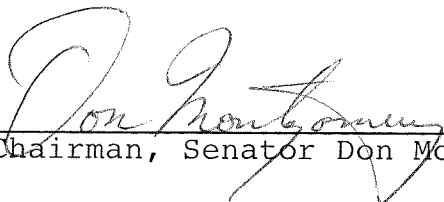
(Attachment IV).

Senator Bogina moved to strike out the number of hours set out in the statutes for all three categories of technicians. Senator Salisbury seconded the motion. Motion carried.

Senator Salisbury moved to adopt the proposed amendment on page 2, in line 64, by striking all after the period and by striking all in lines 65-67. Senator Langworthy seconded by motion. Motion carried.

Senator Bogina moved to adopt the proposed amendment on page 5, in line 185, following "benefits", by inserting "including the right to retain active participation in the retirement system the officer or employee belonged to on the effective date of this act". Senator Mulich seconded the motion. Motion carried.

The Chairman announced the committee discussion on H.B. 2639 would continue at 9:00 a.m., on March 18, 1988. He adjourned the meeting at 10:00 a.m.


Chairman, Senator Don Montgomery

The University of Kansas

Office of the Chancellor

March 15, 1988

MEMORANDUM

TO: Senator Don Montgomery
FROM: Marlin Rein
RE: Substitute for House Bill No. 2639.

After listening to the two days of testimony in your committee on Substitute for House Bill No. 2639, I believe it is obvious where the majority of persons interested in the bill stand with regards to the role of the University of Kansas Medical Center. I would only want to restate that we have not opposed the bill, nor have we in any way advocated a strengthening of the role of the University of Kansas Medical Center. Our suggested amendment was only that the legislation require the new Emergency Medical Services Board contract with the University for educational programming. We suggested that amendment only to insure that our current capability would remain in place come June. In the absence of any assurance that the University will have a role, the faculty to whom we gave separation notices a year ago will begin immediately to find other employment. As a consequence, I would presume that come June or July, the University will be in no position to offer that educational support even if the new Board would desire it.

Taking into account the current situation, I would like to offer two suggested amendments to the bill. I don't believe either would be controversial. I would ask that you strike the language beginning on line 0064 and the remainder of that sentence as extended through line 0067. This language was inserted by a member of the House Committee thinking they were reinforcing the current University role in EMS training. That is not the case and I think this language is superfluous to the bill. The new Board will have general authority for contracting any service necessary to carry out their responsibilities, and if they chose to contract with the University for any services they could do so.

The second amendment that I would ask this committee to consider is related to section five. This section of the act provides that all officers and employees who are engaged immediately prior to the effective date of this act, and who are necessary to perform the functions of the Board shall become employees of the new Board. This section also provides that any such employee shall retain all retirement benefits and rights of civil service which they have accrued or vested prior to the effective date of this act. It is

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Memorandum

Senator Don Montgomery

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Page Two

possible that some of our faculty whose function will be abolished with this act would choose to transfer to the new agency. This section provides that protection to those employees. However, our personnel who would be affected by this section are currently in the unclassified service, and secondly, are not members of KPERS but rather participate in the TIAA/CREF retirement system. If the rights of these individuals are to be adequately protected, it seems to me that this section of the act ought to be amended to make it explicit that such employees could retain their retirement rights and continued membership in whatever retirement system they currently participate. To force an employee to cease to continue active participation in a retirement system and force them to switch to a new system would be a disadvantage I don't believe intended by the lawmakers.

If you would like additional information regarding these two suggested amendments, I would be happy to provide same. If there is any other way we can assist your committee in its deliberations on this legislation, please advise.

MR:lo

cc: Chancellor Budig
Dr. Clawson
Dean James Cooney

Proposed Amendment to Substitute for HB 2639

On page 2, in line 64, by striking all after the period; by striking all in lines 65, 66 and 67;

On page 5, in line 185, following "benefits", by inserting "including the right to retain active participation in the retirement system the officer or employee belonged to on the effective date of this act";

(Attachment II) Local Go 3/17/88

March 17, 1988

2639

SUBSTITUTE FOR HOUSE BILL ~~2093~~

TECHNICAL AMENDMENTS FOR COMMITTEE CONSIDERATION

Page 4, Section 4 --Insert language in the section wherever appropriate that makes the Board created by H.B. ~~2093~~ the successor to all powers and duties of the University of Kansas School of Medicine relating to approval of emergency medical services training that were in existence on the effective date of the act.

Page 4, Section 4-- Wherever appropriate, insert language continuing all training program approvals and other approvals made by the University of Kansas School of Medicine that were in existence on the effective date of the act until changed by the Board.

Page 6, Section 7--Inquire as to whether there will be funds under the control of the University of Kansas that need to be transferred to the new Board and transfer any records that pertain to emergency medical services from the University of Kansas School of Medicine to the Board.

Page 14, Section 17--Is it desirable to insert language similiar to that found in Section 14 that continues in existence any existing ambulance district created pursuant to law prior to the effective date of the act.

Page 16, line 0010--Correct internal statutory reference to read "(b)".

Page 23, line 0296--Insert before the word "revoked" the word "denied".

POLICY CHANGE FOR COMMITTEE CONSIDERATION

Pages 8 and 9, Section 11--The definitions of crash injury management technician, emergency medical technician, and emergency medical technician-intermediate all contain a specific number of hours of training, ie., the number of hours of training is set by statute. Testimony has indicated that the actual number of hours of training required may be greater than that set out in the statute in order to conform to national standards. The Committee may want to consider inserting "not less than" before the number of hours set out in the statutory definitions or, as an alternative, deleting the number of hours from the definitions. If a decision is made to make changes in the existing statutory language in Section 11, corresponding changes would need to be made in Section 28 on pages 20 and 21.

*Policy
decisions*

(Attachment III) Local Go 3/17/88

AWI

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109-1-1. Definitions. ~~As used in these regulations~~ ^{the} ~~The~~ following words and phrases shall have the following meanings: as used in these regulations.

(a) "Emergency care" means the services provided after the onset of a medical condition ~~manifesting~~ manifested ~~itself~~ by acute symptoms of sufficient severity ~~such~~ that the absence of immediate medical attention could reasonably be expected to:

- (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.

(b) "Public call" means the request for first response service to the original scene of a medical emergency or accident by an individual or agency other than ~~the following~~:

- (1) A type I or type II ambulance service;
- (2) the Kansas highway patrol at the scene of an accident or medical emergency; or
- (3) persons licensed to practice medicine and surgery who are at the scene of an accident or medical emergency.

(c) "Director" means the director of the bureau of emergency medical services as defined in K.S.A. 1986 Supp. 65-4314, and amendments thereto.

(d) "Aeromedical physician" means a person licensed to practice medicine and surgery who is trained and experienced in emergency, trauma or sub-specialty critical care medicine and is knowledgeable in altitude physiology.

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ATTORNEY GENERAL
JLB 10/29/87

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(Attachment IV) Local Go 3/17/88

(e) "Supplemental instruction" means a formally organized learning experience which that has education as its explicit, principal intent, and which that is oriented towards the enhancement of emergency medical services practice, values, skills, and knowledge.

(f) "Prior-approved supplemental instruction" means:

(1) Single program material submitted by a provider to the director that is reviewed and subsequently approved by the director in accordance with criteria established by the council, and assigned a supplemental instruction number;

(2) any supplemental instruction offered by a provider with approved-provider status; or

(3) academic emergency medical services courses taken for credit or audited.

(g) "Retroactively-approved supplemental instruction" means material submitted for supplemental instruction credit by the attendant after attending the workshop, conference, seminar, or other offering that is reviewed and subsequently approved by the director in accordance with criteria established by the council.

(h) "Providers of supplemental instruction" means individuals, groups, professional associations, schools, institutions, organizations or agencies approved by the director to offer supplemental instruction programs on either approved-provider status or single program-provider status.

(i) "Approved-provider status" means ~~that~~ the provider has been approved by the council to provide any supplemental instruction program. Approved-provider status may be granted for a one-year probationary period to new applicants. After completion of the **DEPT. OF ADMINISTRATION** probationary year, approved-providers may re-apply for approval biennially.

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10/29/82
Dep.

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(j) "Single program-provider status" means ~~that~~ the provider has been granted approval to offer a specific supplemental instruction program.

(k) "Training officer" means a person who has been approved by the director as a single program provider. Training officer approval by the director shall be contingent upon successful annual completion of a training officer program approved by the council.

(1) "Unprofessional conduct," as used in K.S.A. 65-4324 (b) (8) means the following:

(1) Performing acts beyond the activities authorized for the level at which the individual is certified;

(2) failing to take appropriate action to safeguard the patient;

(3) inaccurately recording, falsifying or altering a patient's or agency's record;

(4) committing any act of verbally or physically abusing patients;

(5) violating the confidentiality of information or knowledge concerning the patient;

(6) diverting drugs, supplies or property of patients or the agency;

(7) violating K.S.A. 8-1566 or 8-1567; or

(8) providing patient care while under the influence of alcohol or other habit forming drugs. (Authorized by K.S.A. 65-4320; implementing K.S.A. 65-4320, 65-4322, K.S.A. 65-4324, as amended by L. 1987 Ch. 248 sec. 8; effective May 1, 1985; amended May 1, 1986; amended, T-88-12, May 18, 1987; amended, T-88-24, July 15, 1987; effective May 1, 1988.)

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109-2-5. Service permit. Each operator and attendant shall comply with the following requirements:

(a) Each service in a county which has been assigned to the emergency medical services communications system by the director and that operates vehicles which are required to have direct, two-way radio communications shall fully participate in the operation and maintenance of that communications system; and

(b) ~~Firearms~~ firearms shall not be worn or carried aboard an ambulance vehicle within the state while the ambulance vehicle is operating in any patient transport function. This prohibition shall apply whether the firearms are concealed or visible. However, the prohibition shall not apply to law enforcement officers as defined in K.S.A. 1986 Supp. 64-5602 (e).

(c) Sanitation requirements.

(1) Smoking shall be prohibited in the patient compartment at all times. During patient transport, smoking shall be prohibited in the driver's compartment.

(2) The interior of the ambulance and the equipment within the ambulance shall be sanitary and maintained in good working order at all times, except when the vehicle has been placed "out of service."

(3) The ambulance equipment shall be constructed of smooth and easily cleanable materials.

(4) Freshly laundered linen or disposable linen shall be used on cots and pillows and linen shall be changed after each patient is transported.

(5) Clean linen storage shall be provided on each ambulance.

(6) Pillows and mattresses shall be kept clean and in good repair.

(7) Closable containers shall be provided for soiled supplies.

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~~(8) The ambulance interior shall be cleaned after each use and disinfectant shall be applied to all contact surfaces.~~

(9) (8) The exterior of the ambulance shall be kept clean.

(10) (9) Blankets and hand towels used in the ambulance shall be clean.

(11) (10) Implements inserted into the patient's nose or mouth shall be properly stored and handled. Such implements shall be maintained in a sanitary condition.

(12) (11) When an ambulance has been utilized to transport a patient known to the operator to have an infectious disease, the ambulance shall be cleaned and all contact surfaces shall be washed with soap and water and disinfected. The mattresses, pillows and blankets shall be cleaned in the same manner. The ambulance shall be placed "out of service" until a thorough cleansing is conducted.

(d) All equipment in the patient compartment shall be placed in cabinets or securely restrained while the vehicle is in motion.

(e) All ground ambulances shall ~~be mechanically~~ receive a mechanical and safety ~~inspected~~ inspection annually prior to November 1. A report of the inspection results shall be made on forms provided by the ~~bureau of emergency medical services~~ director. All deficiencies determined by the inspection shall be corrected prior to submitting the inspection form.

(f) The mechanical and safety inspection form shall be submitted to the bureau of emergency medical services with the application for ambulance vehicle licensure or renewal thereof.

(g) All ground vehicles shall be parked in a completely enclosed building with interior heating to at least 50 degrees fahrenheit

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(h) When a vehicle is temporarily out of service, the service operator may apply to the director for a temporary license for a vehicle approved by the director. The vehicle shall meet all staffing and equipment requirements for the license type requested. This temporary license shall be valid for 30 days but may be renewed one time by the director. (Authorized by and implementing K.S.A. 65-4320 effective May 1, 1985; amended, T-88-24, July 15, 1987; effective May 1, 1988.)

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109-2-6. Classes of ambulance service. Permits shall be issued for ~~five~~ four classes of ambulance service. These classes shall be known as type I, type II-D, type II, ~~type III, type IV,~~ and type V. (a) Each type I service shall:

(1) Provide advanced life support capability as described in K.S.A. 65-4306;

(2) have at least one licensed vehicle which meets all requirements of K.A.R. 109-2-7 (a). Each type I service may also operate type II-D, II, III, and IV vehicles as described in K.A.R. 109-2-7 (b), (c), (d), and (e);

(3) maintain a staff of currently certified mobile intensive care technicians and emergency medical technicians which is adequate to meet all requirements of K.A.R. 109-2-7 (a); and

(4) have a method of receiving calls and dispatching vehicles which ensures that a vehicle leaves the station within an average of five minutes of the time the call is received.

(b) Each type II-D service shall:

(1) Provide the level of treatment that currently certified emergency medical technicians-defibrillator are authorized to perform;

(2) have at least one vehicle licensed which meets all requirements of K.A.R. 109-2-7 (b). Each type II-D service may also operate type II, type III and type IV vehicles as described in K.A.R. 109-2-7 (c), (d) and (e);

(3) maintain a staff of currently certified emergency medical technicians-defibrillator which is adequate to meet all requirements of K.A.R. 109-2-7 (b);

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(4) notify the medical advisor of each cardiac arrest event within 24 hours of the event;

(5) have each cardiac arrest event reviewed and critiqued by the medical advisor or a registered nurse designated by the medical advisor within 30 days of the event. The emergency medical technicians-defibrillator who were involved with the event shall participate in the critique; and

(6) submit a cardiac arrest report on forms provided by the director with a copy of the patient report form for each cardiac arrest event.

~~(b)~~ (c) Each type II service shall:

(1) Provide the level of treatment that currently certified emergency medical technicians are authorized to perform;

(2) Have at least one vehicle licensed which meets all requirements of K.A.R. 109-2-7 (c). Each type II service may also operate type III and type IV vehicles as described in K.A.R. 109-2-7

~~(e)~~ (d) and ~~(d)~~ (e);

(3) Maintain a staff of currently certified emergency medical technicians which is adequate to meet all requirements of K.A.R. 109-2-7 ~~(b)~~ (c); and

(4) Have a method of receiving calls and dispatching vehicles which ensures that a vehicle leaves the station within an average of five minutes of the time the call is received.

~~(d) Each type III service shall:~~

~~(1) Provide only pre-scheduled, non-emergency transportation to or from a place where medical treatment is provided. Each type III~~

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~~service shall be prohibited from responding to requests for emergency care or to requests which would require medical treatment during transport;~~

~~(2) Have at least one vehicle licensed which meets all requirements of K.A.R. 109-2-7 (d). Each type III service shall license only type III vehicles;~~

~~(3) Maintain a staff of persons with cardiopulmonary resuscitation and first aid training approved by the director; and~~

~~(4) Have a method of receiving and transferring calls which ensures that any emergency calls are immediately and properly relayed to the nearest emergency service and that the person making the call is so informed.~~

~~(e) Each type IV service shall:~~

~~(1) Provide the level of treatment that currently certified emergency medical technicians are authorized to perform as well as non-emergency transportation for the sick and injured. A type IV service shall be prohibited from responding to requests for emergency care;~~

~~(2) Have at least one vehicle licensed which meets all requirements of K.A.R. 109-2-7 (e) and 109-2-10. A type IV service shall license only type IV vehicles;~~

~~(3) Maintain a staff of currently certified emergency medical technicians adequate to meet all requirements of K.A.R. 109-2-7 (e); and~~

~~(4) Have a method of receiving and transferring calls which ensures that any emergency calls are immediately and properly relayed to the nearest emergency service and that the person making the call is so informed.~~

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~~(e)~~ (d) Each type V service shall:

(1) Provide advanced life support capability to critically ill or injured patients while under the care of a physician. Each type V service shall not be subject to public call as defined in K.A.R.

109-1-1 (b) ~~2~~:

(2) Have at least one vehicle licensed which meets all requirements of K.A.R. 109-2-7 ~~(e)~~ (f). Each type V service shall license only type V vehicles;

(3) Have a staff which is adequate to provide the level of care described in paragraph (1) of this subsection;

(4) Have a method of receiving and transferring calls ~~which~~ that ensures that any emergency calls are immediately and properly relayed to the nearest emergency service and that the person making the call is informed; and

(5) Be operated only by a licensed hospital. (Authorized by and implementing K.S.A. 65-4320; effective May 1, 1985; amended May 1, 1987; amended, T-88-24, July 15, 1987; effective May 1, 1988.)

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109-2-7. Classes of ambulance vehicles. Licenses shall be issued for six classes of ambulance vehicles in the state. These classes shall be known as type I, type II-D, type II, type III, type IV and type V. Each ambulance vehicle operated by a service that has been issued a permit shall be licensed in accordance with the provisions set forth in these regulations. (a) Each type I vehicle shall be:

(1) Equipped to provide emergency care as described in K.S.A. 65-4306;

(2) in compliance with all vehicle specifications and equipment requirements set forth in K.A.R. 109-2-8 (a), (b), (c), (d), and (f); and

(3) staffed with at least two attendants during patient transport, including at least one currently certified mobile intensive care technician. The second attendant may be either a currently certified emergency medical technician or currently certified mobile intensive care technician.

(b) Each type II-D vehicle shall be:

(1) In compliance with the vehicle specifications and equipment requirements set forth in K.A.R. 109-2-8 (a), (b), (c), (d), and (e); and

(2) staffed with at least one currently certified emergency medical technician-defibrillator and one other person trained in cardiopulmonary resuscitation and first aid course approved by the director. An emergency medical technician-defibrillator shall be in the patient compartment during patient transport.

~~(b)~~ (c) Each type II vehicle shall be:

(1) In compliance with the vehicle specifications and equipment requirements set forth in K.A.R. 109-2-8 (a), (b), (c), and (d); and

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(2) staffed with at least one currently certified emergency medical technician and one other person trained in cardiopulmonary resuscitation and first aid care approved by the director. An emergency medical technician shall be in the patient compartment during patient transport.

~~(c)~~ (d) Each type III vehicle shall be:

(1) In compliance with specifications and equipment requirements set forth in K.A.R. 109-2-8 (c);

(2) staffed at all times with at least two persons. A person trained in cardiopulmonary resuscitation and first aid care approved by the director shall be in the patient compartment during patient transport; and

(3) restricted to the level of use described in K.A.R. 109-2-6 (c) of these regulations unless the emergency medical services council grants a waiver to an operator of a type I or type II service to use a type III vehicle to provide a type II level of service if:

(A) The type III vehicle complies with all type II equipment requirements during the period the waiver is in effect;

(B) the type III vehicle is staffed in accordance with K.A.R. 109-2-7 ~~(b)~~ (c) during the period the waiver is in effect; and

(C) the type III vehicle is not used as an emergency vehicle for more than 25 percent of the service's emergency runs.

~~(d)~~ (e) Each type IV vehicle shall be:

(1) In compliance with the provisions of K.A.R. 109-2-10; and

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(2) Staffed with at least one currently certified emergency medical technician and one other person trained in cardiopulmonary resuscitation and first aid care approved by the director. The emergency medical technician shall be in the patient compartment during patient transport.

~~(e)~~ (f) Each type V vehicle shall be:

(1) Dedicated for ambulance use and in compliance with the provisions of K.A.R. 109-2-11 or 109-2-12; and

(2) staffed with a driver or pilot and at least two attendants, one of whom shall be a licensed physician, a registered nurse, or a certified mobile intensive care technician. The second attendant shall be a licensed physician, a registered nurse, a certified mobile intensive care technician or a registered respiratory therapist. All attendants shall be certified in advanced cardiac life support, or shall be eligible for board certification in their specialty.

(Authorized by K.S.A. 65-4320, implementing K.S.A. 65-4326; effective May 1, 1985; amended May 1, 1987; amended, T-88-24, July 15, 1987; effective May 1, 1988.)

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109-2-8 Standards for ambulance vehicles and equipment. Each licensed vehicle shall meet the vehicle and equipment standards which that are applicable to that class of vehicle. (a) Vehicle specifications for type I, type II-D and type II vehicles.

(1) The overall size of the vehicle shall not exceed the following specifications:

- (A) Height: 110 inches;
- (B) width: 96 inches; and
- (C) length: 22 feet.

(2) The patient compartment size shall meet the following specifications:

- (A) Headroom: 60 inches; and
- (B) length: 116 inches.

(3) The heating and cooling systems for the patient and the driver compartments shall be separate. The air conditioners for each compartment shall have separate evaporators.

(4) The ventilation systems of the driver and patient compartments shall provide a complete change of ambient air within each compartment every two minutes. Ventilation shall be separately controlled within each compartment. Fresh air intakes shall be located in the most practical, contaminant-free air space on the vehicle. The patient compartment shall be ventilated through the heating and cooling systems.

(5) The normal white illumination in all patient areas shall be at least 15-foot candle intensity as measured all along the center line of the clear floor with the doors open and all ambient light obliterated. The patient compartment lighting system shall also be capable of providing at least 40-foot candle intensity when measured at any point on top of the cots. A reduced lighting level shall be provided. Blue lights or lenses shall not be used in the patient

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compartment. 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 protrude not more than 1 1/2 inches.

(6) Each vehicle shall have dual 80 amp/hr batteries and a 105 amp alternator. All conversion equipment shall have individual fusing which is separate from the chassis fuse system.

(7) Each vehicle shall have lights and sirens as required by the Kansas department of transportation for authorized emergency vehicles.

(8) Each vehicle shall have an exterior patient loading light over the door which shall be activated both by an inside manual switch and automatically when the door is opened.

(9) Each vehicle shall have two pillar mounted spotlights with 75,000 candle power each or one hand held spotlight of 75,000 candle power.

(b) Each type I, type II-D, type II, type IV and type V vehicle shall be equipped with direct, two-way radio communications capability for dispatch and for patient condition reports to a hospital. This radio system shall conform to 47 CFR part 90, in effect as of October 3, 1980, and K.A.R. 109-2-5 (a).

(c) Each licensed vehicle shall be equipped with the following:

(1) An ABC fire extinguisher with a minimum of five pounds of dry chemical. The extinguisher shall be in the driver compartment, and shall be easily accessible from an outside door;

(2) a CO₂ (minimum of five pounds) or ABC fire extinguisher (minimum of five pounds dry chemical) in the patient compartment, or an ABC fire extinguisher (minimum of five pounds dry chemical) in an outside compartment. The fire extinguisher shall be easily accessible to an attendant;

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- (3) three self-standing triangular reflectors;
- (4) one battery-operated hand lantern with a power source of at least six volts;
- (5) one four-wheeled elevating head cot with two or more levels;
- (6) one urinal;
- (7) one bedpan;
- (8) one emesis basin;
- (9) one complete change of linen;
- (10) two blankets;
- (11) one waterproof cot cover; and
- (12) two plastic bags.

(d) Each licensed type I, type II-D and type II vehicle shall be equipped with the following:

(1) Internal medical systems which include:

(A) An internal oxygen system with at least one duplex outlet at the head of the patient litter, with a humidifier, and with a minimum of 3,000 liters of storage capacity. The cylinder shall be in a compartment which is vented to the outside. The pressure gauge and regulator shall be visible when sitting in the attendant's seat. The control valve shall be readily accessible to the attendant; and

(B) 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 semi-rigid, non-metallic, oropharyngeal suction tip. Any vehicle licensed prior to January 1, 1980 may use engine vacuum suction if the vehicle has been continuously licensed by the same operator.

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(2) Medical equipment which includes:

(A) A portable oxygen unit of at least 300 liter storage capacity complete with yoke, pressure gauge, flowmeter, delivery tube and adult oxygen mask. The unit shall be readily accessible from an outside door;

(B) a portable, self-contained battery or manual suction aspirator with an airflow of at least 30 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;

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

(D) a hand-operated, pediatric bag-mask ventilation unit. The unit shall be capable of use with the oxygen supply;

(E) oxygen masks in adult, pediatric and infant sizes;

(F) nasal cannulas;

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

(H) a poison antidote kit;

(I) a blood pressure manometer, cuff and stethoscope;

(J) an obstetric kit;

(K) two burn sheets;

(L) two large trauma dressings;

(M) ten gauze pads four inches by four inches;

(N) two vaseline gauze pads;

(O) four soft roller self-adhering type bandages;

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- (P) two rolls of adhesive tape with a minimum width of 1 1/2 inches;
- (Q) bandage shears;
- (R) one roll aluminum foil;
- (S) sterile water;
- (T) sterile saline;
- (U) thermometer; and
- (V) adult medical anti-shock trousers. ~~This requirement shall take effect on and after January 1, 1986.~~

(3) Patient handling equipment and splinting equipment which includes:

- (A) A long spine board (complete with accessories);
 - (B) a short spine board (complete with accessories);
 - (C) a set of extremity splints (one arm, one leg);
 - (D) a lower extremity traction splint (with accessories);
 - (E) a bite stick (padded tongue blade);
 - (F) three cervical collars (range of sizes); and
 - (G) two sand bags (approximately four inches by twelve inches)
- (4) extrication equipment, which includes:
- (A) one 10-inch adjustable open end wrench;
 - (B) one 12-inch screwdriver with a flat blade;
 - (C) one 12-inch screwdriver with a phillips blade;
 - (D) one hacksaw with six blades;
 - (E) one hammer (minimum of four pound head);
 - (F) one pair of 10-inch, vise-grip pliers;
 - (G) one wrecking bar (minimum 24 inches); and
 - (H) one pry bar (minimum 48 inches) or a K-bar-tool or equivalent.

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If the service operator can demonstrate to the satisfaction of the director that a fully equipped rescue vehicle is immediately available to the service, the listed extrication equipment need not be carried.

(4) Twenty consecutively numbered patient identification tags as prescribed by the director.

(e) All licensed type II-D vehicles shall be equipped with a monitor/defibrillator with two-channel cassette recording capability. The monitor/defibrillator may be moved to a type II vehicle operated by the service as long as that vehicle is staffed to type II-D requirements when so equipped.

(f) All licensed type I vehicles shall be equipped with the equipment necessary to provide the level of care described in K.S.A. 1986 Supp. 65-4306, including:

- (1) Adult medical anti-shock trousers;
- (2) pediatric medical anti-shock trousers. ~~This requirement shall take effect on and after January 1, 1986;~~
- (3) a monitor/defibrillator;
- (4) a drug supply as listed in service protocols;
- (5) macro-drip and micro-drip administration sets;
- (6) D5W, normal saline, and lactated ringers IV solutions in plastic bags or plastic bottles;
- (7) assorted syringes and 14-22 gauge needles;
- (8) endotracheal tubes;
- (9) laryngoscope with adult and pediatric blades; and
- (10) pediatric lower extremity traction splint. ~~This requirement shall take effect on and after January 1, 1986.~~ (Authorized by and implementing K.S.A. 1983-Supp. 65-4320, as amended by L. 1984, ch. 244, sec. 13; effective May 1, 1985; amended, T-88-24, July 15, 1987; effective May 1, 1988.)

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109-5-1. Supplemental instruction for attendants. (a) Each applicant for certification renewal as a first responder shall have earned at least eight clock hours and no more than 10 hours of documented and approved supplemental instruction as established annually by the council.

(a) (b) Each applicant for certification renewal as a crash injury management technician shall have earned at least ~~eight~~ ten clock hours ~~and no more than 12 hours~~ of documented and approved supplemental instruction as established annually by the council.

(b) (c) Each applicant for certification renewal as an emergency medical technician shall have earned at least ~~12~~ 14 clock hours ~~and no more than 20 hours~~ of documented and approved supplemental instruction as established annually by the council.

(c) (d) Each applicant for certification renewal as an emergency medical technician-intermediate shall have earned at least ~~16~~ 18 clock hours ~~and no more than 24 hours~~ of documented and approved supplemental instruction as established annually by the council.

(d) (e) Each applicant for certification renewal as an emergency medical technician-defibrillator shall have earned at least 22 clock hours of documented and approved supplemental instruction as established annually by the council.

(e) (f) Each applicant for certification renewal as a mobile intensive care technician shall have earned at least ~~24~~ 30 clock hours ~~and no more than 36 hours~~ of documented and approved supplemental instruction as established annually by the council.

(f) (g) One clock hour shall be a minimum of 50 minutes of classroom instruction between instructor and participant.

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(h) One academic credit hour shall be equivalent to 15 clock hours for the purpose of supplemental instruction. Credit for auditing an academic course shall be for actual clock hours attended during which instruction was given and shall not exceed the academic credit allowed.

(i) Acceptable supplemental instruction shall include:

(1) Academic medical courses related to the level of certification taken for credit or audited;

(2) seminars, institutes, workshops, or mini-courses oriented to enhancement of emergency medical services practice, values, skills, and knowledge;

(3) approved-provider programs;

(4) programs presented by approved single program-providers; or

(5) clinical experience which meets criteria established by the council.

(j) Each attendant shall be responsible for maintaining ~~his or her own~~ supplemental instruction records. These records shall be submitted to the director by the attendant as part of the application for certification renewal.

(Authorized by K.S.A. 65-4320; implementing K.S.A. 65-4321, as amended by L. 1987 Ch. 248 sec. 7 and L. 1987 Ch. 230 sec. 3; effective, T-88-12, May 18, 1987; amended, T-88-24, July 15, 1987; effective May 1, 1988.)

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109-5-3. Supplemental instruction approval for providers. (a) An application may be made to the director to become an approved provider or a single program-provider as defined in K.A.R. 109-1-1(h). Applications shall be on forms provided by the director.

(b) Approved providers.

(1) Each application for approved-provider status shall be submitted at least three months prior to the first scheduled program and shall require council approval.

(2) Each applicant for approved-provider status shall submit an organizational plan which includes a written statement of purpose documenting that emergency medical services practice, values, skills, and knowledge are the basis for the provider's educational goals and objectives and administrative procedures.

(3) Each approved-provider shall develop:

(A) A system for maintaining records for a period of at least two years; and

(B) a system for selection and evaluation of instructors, participant performance requirements, and provisions for accessible and adequate space for instruction.

(4) Each approved-provider shall maintain a summary of each individual program offered for a period of at least two years which documents:

(A) The learning objectives for the program objectives;

(B) the certification levels for which the program is designed and any program pre-requisites;

(C) the name and qualifications of the instructor in the subject matter;

(D) the program evaluation;

(E) the program agenda. The agenda shall clearly indicate all coffee and lunch breaks;

(F) the dates the program was given; and

(G) the attendance at that program.

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(5) Any approved providers provider may be evaluated and monitored by the director by attendance at programs or by random contact of participants attending programs sponsored by the approved provider.

(6) ~~The~~ Each approved provider shall provide any program documentation requested by the director.

(7) Provider approval may be withdrawn by the council if the provider violates this ~~rule-and~~ regulation, or if quality programs are not maintained to the council's satisfaction.

(c) Single program providers.

(1) Each application for single program-provider status shall be submitted at least 30 days prior to the scheduled program.

(2) Each application for single program-provider status shall include the following:

(A) The learning objectives for the program;

(B) the certification levels for which the program is designed and any program pre-requisites;

(C) the name and qualifications of the instructor in the subject matter;

(D) the evaluation;

(E) the program agenda. The agenda shall clearly indicate all coffee and lunch breaks; and

(F) the date or dates the program is to be given.

(3) Any material not submitted in this format 30 days before the scheduled date of presentation may not be processed or approved by the director prior to the date of the presentation.

(4) Single program-provider status may be withdrawn by the director if the provider violates this ~~rule-and~~ regulation, or if a quality program is not maintained to the director's satisfaction.

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(d) Each single program provider and approved provider shall maintain a record of ~~individual-attendants~~ a participant's attendance for a period of at least two years.

(e) Each single program provider and approved provider shall provide participants with verification of the participant's attendance. The verification shall be on forms approved by the director. (Authorized by K.S.A. 65-4320; and implementing K.S.A. 65-4321; as amended by L. 1987 Ch. 248 sec. 7 and L. 1987 Ch. 230 sec. 3; effective, T-88-12, May 18, 1987; amended, T-88-24, July 15, 1987; effective May 1, 1988.)

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109-6-1. Temporary Certification. (a) Each applicant for temporary certification as an emergency medical technician shall provide the director with proof of current certification in cardio-pulmonary resuscitation and basic first aid or the equivalent as approved by the director.

(b) Each applicant for temporary certification as a mobile intensive care technician shall provide the director with proof of current certification ~~as an emergency medical technician-paramedic~~ by another state at a comparable level, successful completion of a course which meets or exceeds the federal DOT emergency medical technician-paramedic curriculum as existed on October 1, 1987 and successful completion of the written examination for mobile intensive care technician offered by the director.

(c) Each applicant who meets either of the above requirements may be granted temporary certification by the director.

(d) Upon certification a temporary attendant is authorized to perform those activities for which the attendant has been trained and for which there is statutory authority in K.S.A. 65-4321 or K.S.A. 65-4306. (Authorized by and implementing K.S.A. 65-4321, as amended by L. 1987 Ch. 248 sec. 7; effective, T-88-24, July 15, 1987; effective May 1, 1988.)

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