

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



Proposed

phone: 785-296-7296
fax: 785-296-6212
www.ksbems.org

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

Sam Brownback, Governor

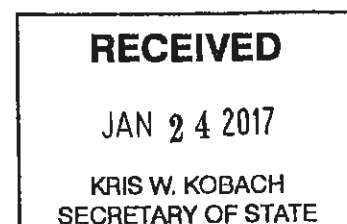
**STATE OF KANSAS
BOARD OF EMERGENCY MEDICAL SERVICES
NOTICE OF HEARING ON AMENDED ADMINISTRATIVE REGULATIONS**

A public hearing will be conducted at 10 a.m. Wednesday, April 5, 2017 in Room 509 of the Landon State Office Building, 900 S.W. Jackson, Topeka, Kansas 66612 to consider the adoption of amended administrative 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 amendments to the regulations. All interested parties may submit written comments prior to the hearing to the Board of Emergency Medical Services, Room 1031, Landon State Office Building, 900 S.W. Jackson, Topeka, Kansas 66612 or by email to Joseph.House@ks.gov. All interested parties will be given a reasonable opportunity to present their views orally on the adoption of the proposed amendments to the regulations 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 regulations and economic impact statements in an accessible format. Requests for accommodation 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 being proposed for adoption on a permanent basis. A summary of the proposed regulations follows:



K.A.R. 109-3-3, Emergency medical responder; authorized activities, is an existing regulation that further defines the authorized activities for the emergency medical responder.

K.A.R. 109-3-4, Emergency medical technician; authorized activities, is an existing regulation that further defines the authorized activities for the emergency medical technician.

Both regulations are being amended to reflect a change in their approved medication list allowing for the administration of naloxone by both provider levels. There are also changes in K.A.R. 109-3-4 to reflect changes in statutory language that went into effect on July 1, 2016.

There is no anticipated economic impact to any governmental agency or unit or to the general public in the adoption of these revised regulations.

Copies of the complete regulations and the complete 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.

Joseph House

Executive Director

RECEIVED

JAN 24 2017

**KRIS W. KOBACH
SECRETARY OF STATE**

Proposed

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 regulation:

(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;

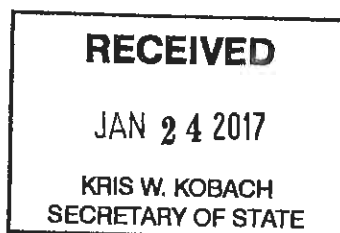
(2) identifying a multiple-casualty incident and implementing the local multiple-casualty incident management system;

(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;



ATTORNEY GENERAL

JAN 23 2017

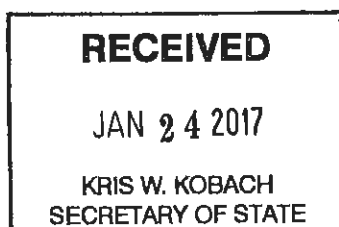
APPROVED BY

APPROVED

JAN 10 2017

DEPT. OF ADMINISTRATION

- (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:



ATTORNEY GENERAL

JAN 23 2017

APPROVED BY


APPROVED

JAN 10 2017

DEPT. OF ADMINISTRATION

(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

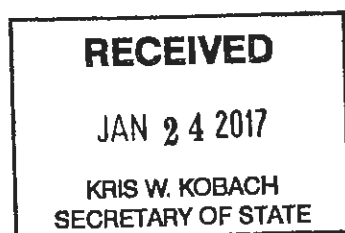
(O) manual upper-airway obstruction maneuvers, including patient positioning, finger sweeps, chest thrusts, and abdominal thrusts; and

(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;



ATTORNEY GENERAL

JAN 23 2017

APPROVED BY

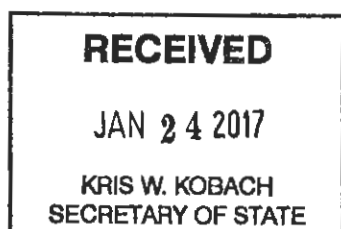
A handwritten signature in black ink, appearing to be "JSA", written over the "APPROVED BY" text.

APPROVED

JAN 10 2017

DEPT. OF ADMINISTRATION

- (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;



ATTORNEY GENERAL

JAN 23 2017

APPROVED BY

APPROVED

JAN 11 2017

DEPT. OF ADMINISTRATION

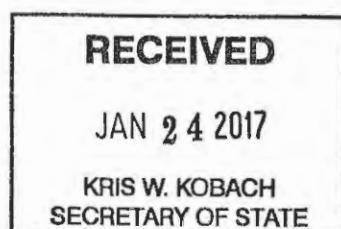
- (4) partial rebreather mask;
- (5) regulators;
- (6) simple face mask;
- (7) blow-by;
- (8) using a bag-valve-mask with or without supplemental oxygen; or
- (9) ventilating an inserted supraglottic or subglottic airway;
- (i) administration of patient-assisted and non-patient-assisted medications

according to the board's "emergency medical responder medication list," dated April 1, 2014 December 2, 2016, 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;



ATTORNEY GENERAL

JAN 23 2017

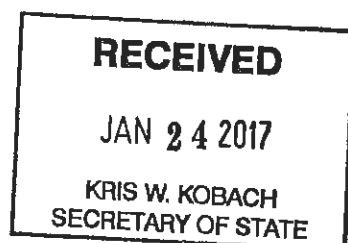
APPROVED BY

APPROVED

JAN 11 2017

DEPT. OF ADMINISTRATION

- (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. ~~2010~~ 2016 Supp. 65-6111; implementing K.S.A. ~~2010~~ 2016 Supp. 65-6144, as amended by L. 2011, ch. 114, sec. 91; effective March 9, 2012; amended P-_____.)



ATTORNEY GENERAL

JAN 23 2017

APPROVED BY


APPROVED

JAN 10 2017

DEPT. OF ADMINISTRATION

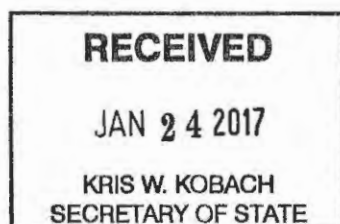
Proposed

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) oxygen-demand valve;
 - (~~H~~) flow-restricted oxygen-powered ventilation device;
 - (~~J~~) (I) bag-valve-mask with in-line small-volume nebulizer;
 - (~~K~~) (J) carbon dioxide ~~colorimetric~~ colorimetric detection;



ATTORNEY GENERAL

JAN 23 2017

APPROVED BY

APPROVED

JAN 11 2017

DEPT. OF ADMINISTRATION

~~(L)~~ (K) capnometry; or

~~(M)~~ (L) suctioning a stoma; and

~~(2) application of a pneumatic antishock garment only for use as a pelvic splint;~~

and

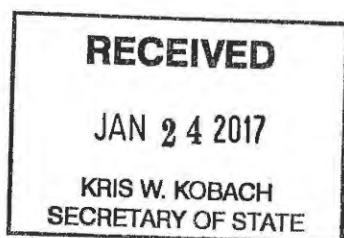
~~(3)~~ administration of patient-assisted and non-patient-assisted medications

according to the board's "emergency medical technician medication list," dated ~~April 1,~~

2011 December 2, 2016, which is hereby adopted by reference. (Authorized by K.S.A.

~~2010~~ 2016 Supp. 65-6111; implementing K.S.A. ~~2010~~ 2016 Supp. 65-6121, as

amended by L. 2011, ch. 114, sec. 84; effective March 9, 2012; amended P-_____.)



ATTORNEY GENERAL

JAN 23 2017

APPROVED BY

APPROVED

JAN 10 2017

DEPT. OF ADMINISTRATION

**Kansas Board of Emergency Medical Services
Economic Impact Statement
K.A.R. 109-3-3**

I. Summary of Proposed Regulation, Including its purpose.

Kansas Administrative Regulation 109-3-3 is being revised to support the updated board-approved medication list for Emergency Medical Responders (dated December 2, 2016) that adds the administration of naloxone.

II. Reason or Reasons the Proposed Regulation Is Required, Including Whether or Not the Regulation Is Mandated by Federal Law.

This regulation further defines the scope of practice for the Emergency Medical Responder pursuant to K.S.A. 2016 Supp. 65-6144. This regulation is not mandated by federal law.

III. Anticipated Economic Impact upon the Kansas Board of Emergency Medical Services.

No anticipated economic impact is expected upon the Kansas Board of Emergency Medical Services.

IV. Anticipated Economic Impact upon Other Governmental Agencies and upon Private Business or Individuals.

No anticipated economic impact is expected to other governmental agencies, private businesses, or individuals.

V. Anticipated Economic Impact upon Consumers of the Services Subject to the Regulation or Its Enforcement.

No anticipated economic impact is expected to consumers of the services subject to the regulation or its enforcement.

VI. Less Costly or Intrusive Methods That Were Considered, but Rejected, and the Reason for Rejection.

Less costly or less intrusive methods has no applicability to the changes in this regulation.

RECEIVED

JAN 24 2017

**KRIS W. KOBACH
SECRETARY OF STATE**

**Kansas Board of Emergency Medical Services
Economic Impact Statement
K.A.R. 109-3-4**

RECEIVED

JAN 24 2017

KRIS W. KOBACH
SECRETARY OF STATE

I. Summary of Proposed Regulation, Including its purpose.

Kansas Administrative Regulation 109-3-4 is being revised to support the updated board approved medication list for Emergency Medical Technicians (dated December 2, 2016), adding the administration of naloxone, and removes references to the oxygen demand valve and pneumatic anti-shock garment removed from statute effective July 1, 2016.

II. Reason or Reasons the Proposed Regulation Is Required, Including Whether or Not the Regulation Is Mandated by Federal Law.

This regulation further defines the scope of practice for the Emergency Medical Technician pursuant to K.S.A. 2016 Supp. 65-6121. This regulation is not mandated by federal law.

III. Anticipated Economic Impact upon the Kansas Board of Emergency Medical Services.

No anticipated economic impact is expected upon the Kansas Board of Emergency Medical Services.

IV. Anticipated Economic Impact upon Other Governmental Agencies and upon Private Business or Individuals.

No anticipated economic impact is expected to other governmental agencies, private businesses, or individuals.

V. Anticipated Economic Impact upon Consumers of the Services Subject to the Regulation or Its Enforcement.

No anticipated economic impact is expected to consumers of the services subject to the regulation or its enforcement.

VI. Less Costly or Intrusive Methods That Were Considered, but Rejected, and the Reason for Rejection.

Less costly or less intrusive methods has no applicability to the changes in this regulation.