

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

A public hearing will be conducted on Wednesday, September 29, 2021 at 10:00 a.m. in Room 509 of the Landon State Office Building, 900 S.W. Jackson, Topeka, Kansas to consider the adoption of proposed administrative regulations of the Board of Emergency Medical Services on a permanent basis.

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, Landon State Office Building, 900 S.W. Jackson, Room 1031, Topeka, Kansas 66612 or by email to [Joseph.House@ks.gov](mailto: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 public hearing. In order to provide 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 an 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 Suzette Smith at 785-296-7296 (or TTY 1-800-766-3777). Handicapped parking is located in front of and to the north of the Landon State Office Building.

Summaries of the proposed regulations follow.

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**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. 109-3-5, Advanced emergency medical technician; authorized activities**, is an existing regulation that further defines the authorized activities for the advanced emergency medical technician.

Both regulations are being amended to reflect changes in their approved medication list.

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](http://www.ksbems.org).

Joseph House

Executive Director

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**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;

(7) communicating with public safety dispatchers and medical control facilities;

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- (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;

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- (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

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(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;

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- (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~~ June 4, 2021, 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

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(13) providing education on injury prevention to the public. (Authorized by K.S.A.

2020 Supp. 65-6111; implementing K.S.A. 65-6144; effective March 9, 2012; amended

May 5, 2017; amended Jan. 24, 2020; amended P-\_\_\_\_\_.)

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**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 nonpatient-assisted medications

according to the board's "advanced EMT approved medication list," dated November 6, 2013, which is hereby adopted by reference in K.A.R. 109-3-3. (Authorized by K.S.A. 2013 2020 Supp. 65-6111; implementing K.S.A. 2013 2020 Supp. 65-6120; effective March 9, 2012; amended Nov. 2, 2012; amended Aug. 29, 2014; amended P-\_\_\_\_\_.)

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## Approved Medication List

## Kansas Board of EMS

June 4, 2021

Proposed

\*Where a drug class, type, or category is listed, specific agents shall be selected and approved through local medical protocols.

## Abbreviations:

MDI = Metered Dose Inhaler

IN = Intranasal

IV/IO = Intravenous/Intraosseous

INH = Inhalation

IM = Intramuscular

NEB = Nebulized

SL = Sublingual

Medication	EMR	EMT	AEMT
Activated Charcoal	Not Approved	Oral	Oral
B2-agonist and/or anticholinergic bronchodilator*	MDI	MDI; Neb	MDI; Neb
Amiodarone	Not Approved	Not Approved	IV/IO
Antidote*	Oral; Autoinjector; IN	Oral; Autoinjector; IN	Oral; Autoinjector; IN; IV/IO
Aspirin	Oral	Oral	Oral
Benzodiazepine*	Not Approved	Not Approved	IM; IV/IO; IN; Rectal
Corticosteroids*	Not Approved	Not Approved	Oral; IM; IV/IO
Dextrose	Not Approved	Not Approved	IV/IO
Diphenhydramine	Oral	Oral	Oral; IM; IV/IO
Epinephrine (1:1,000)	Autoinjector; IM	Autoinjector; IM	Autoinjector; IM
Epinephrine (1:10,000)	Not Approved	Not Approved	IV/IO
Glucagon	IM; IN	IM; IN	IM; IN
Glucose	Oral	Oral	Oral
Isotonic Crystalloid IV Fluids*	Not Approved	IV/IO	IV/IO
IV fluids with electrolyte additives*	Not Approved	Not Approved	IV/IO
IV fluids with antibiotic additives*	Not Approved	Not Approved	IV/IO
Ketorolac	Not Approved	Not Approved	IM; IV
Lidocaine	Not Approved	Not Approved	IV/IO
Naloxone	Autoinjector; IN; IM	Autoinjector; IN; IM	Autoinjector; IN; IM; IV/IO
Nitroglycerine	Not Approved	SL; Transdermal	SL; Transdermal
Nitrous Oxide	Not Approved	Not Approved	INH
Antiemetic*	Not Approved	Oral; SL	Oral; SL; IM; IN; IV/IO
Opioid*	Not Approved	Not Approved	Oral; IM; IN; IV/IO
Over the Counter Antipyretics*	Not Approved	Oral	Oral
Over the Counter Non-opioid analgesics*	Not Approved	Oral	Oral
Oxygen	INH	INH	INH
Tranexamic Acid (TXA)	Not Approved	Not Approved	IV/IO
Patient Assisted Medications*	Not Approved	Prescribed Route ONLY	Prescribed Route ONLY

\*Where a drug class, type, or category is listed, specific agents shall be selected and approved through local medical protocols.

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**Kansas Administrative Regulations  
Economic Impact Statement  
For the Kansas Division of the Budget**

Emergency Medical Services Board  
Agency

Joseph House; Executive Director  
Agency Contact

785-296-7409  
Contact Phone Number

K.A.R. 109-3-3 and K.A.R. 109-3-5  
K.A.R. Number(s)

Submit a hard copy of the proposed rule(s) and regulation(s) and any external documents that the proposed rule(s) and regulation(s) would adopt, along with the following to: Division of the Budget  
900 SW Jackson, Room 504-N  
Topeka, KS 66612

**I. Brief description of the proposed rule(s) and regulation(s).**

On June 4, 2021, the Board approved a revised medication list for the EMR, EMT, and AEMT levels of certification. K.A.R. 109-3-3 is being revised to reflect the approved list. K.A.R. 109-3-5 is being revised to reference the medication list as adopted by reference in K.A.R. 109-3-3.

**II. Statement by the agency if the rule(s) and regulation(s) is mandated by the federal government and a statement if approach chosen to address the policy issue is different from that utilized by agencies of contiguous states or the federal government. (If the approach is different, then include a statement of why the Kansas rule and regulation proposed is different)**

The proposed revisions to these regulations are not mandated by the federal government. The policy of approved medications is nearly identical in all four (4) of our contiguous states. The details within the medication lists differ slightly, but all involve approval of medications which can be administered by each level of provider.

**III. Agency analysis specifically addressing following:**

**A. The extent to which the rule(s) and regulation(s) will enhance or restrict business activities and growth;**

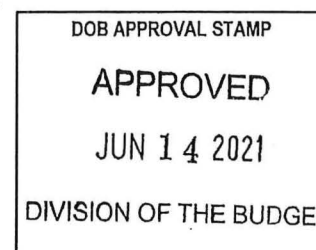
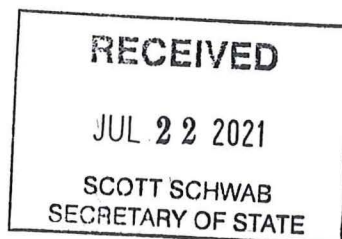
This proposed addition and change will neither enhance nor restrict business activities and growth.

**B. The economic effect, including a detailed quantification of implementation and compliance costs, on the specific businesses, sectors, public utility ratepayers, individuals, and local governments that would be affected by the proposed rule and regulation and on the state economy as a whole;**

There are no anticipated implementation and/or compliance costs due to the proposed regulations.

**C. Businesses that would be directly affected by the proposed rule and regulation;**

None.



**D. Benefits of the proposed rule(s) and regulation(s) compared to the costs;**

There is no anticipated cost to the revisions within the proposed regulations. The benefits to adoption of these revisions is the addition of two medications to the advanced emergency medical technician in K.A.R. 109-3-5 with clarification of medication and routes of administration.

**E. Measures taken by the agency to minimize the cost and impact of the proposed rule(s) and regulation(s) on business and economic development within the State of Kansas, local government, and individuals;**

There is no anticipated cost to the revisions within these proposed regulations. There were no measures necessary to minimize the cost and impact on business and economic development.

**F. An estimate, expressed as a total dollar figure, of the total annual implementation and compliance costs that are reasonably expected to be incurred by or passed along to business, local governments, or members of the public.**

\$0

An estimate, expressed as a total dollar figure, of the total implementation and compliance costs that are reasonably expected to be incurred by or passed along to business, local governments, or members of the public.

\$0

**Do the above total implementation and compliance costs exceed \$3.0 million over any two-year period?**

YES ☐ NO ☒

**Give a detailed statement of the data and methodology used in estimating the above cost estimate.**

There is no cost for the implementation of or compliance with these proposed regulations as he adopted medication list in the proposed regulatory revisions give clarification of approved medications and routes of administration necessary to care for sick and injured patients in a prehospital setting. It continues to give local discretion on specific medication to use from the approved list based on local medical direction.

**Prior to the submission or resubmission of the proposed rule(s) and regulation(s), did the agency hold a public hearing if the total implementation and compliance costs exceed \$3.0 million over any two-year period to find that the estimated costs have been accurately determined and are necessary for achieving legislative intent? If applicable, document when the public hearing was held, those in attendance, and any pertinent information from the hearing.**

YES ☐ NO ☒

**G. If the proposed rule(s) and regulation(s) increases or decreases revenues of cities, counties or school districts, or**

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**imposes functions or responsibilities on cities, counties or school districts that will increase expenditures or fiscal liability, describe how the state agency consulted with the League of Kansas Municipalities, Kansas Association of Counties, and/or the Kansas Association of School Boards.**

The proposed revisions to these regulations neither increases nor decreases revenues of cities, counties, or school districts. The proposed revisions to these regulations does not impose new functions or responsibilities upon cities, counties, or school districts.

- H. Describe how the agency consulted and solicited information from businesses, associations, local governments, state agencies, or institutions and members of the public that may be affected by the proposed rule(s) and regulation(s).**

These proposed regulatory changes have been a topic upon Board and Committee meeting agendas and have been discussed during regional council meetings since December 2016. The public has encouraged clarification and additional medication administration routes during board and regional council meetings held throughout the state during this time period.

- I. For environmental rule(s) and regulation(s) describe the costs that would likely accrue if the proposed rule(s) and regulation(s) are not adopted, as well as the persons would bear the costs and would be affected by the failure to adopt the rule(s) and regulation(s).**

These regulations do not have an environmental impact.

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