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

Kansas
Board of
Emergency Medical Services

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

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

Laura Kelly, Governor

Board Meeting

Dr. Joel Hornung - Chair

AGENDA

Friday, December 6, 2019 – 9:00 AM

Landon State Office Building
900 SW Jackson, Room 509; Topeka, Kansas

I. CALL TO ORDER

II. APPROVAL OF MINUTES – OCTOBER 4, 2019

III. COMMITTEE REPORTS

a. Planning and Operations
   i. Potential Action Items
      1. Adoption of K.A.R. 109-3-3
      2. Adoption of K.A.R. 109-3-4

b. Medical Advisory Council

c. Education, Examination, Training, and Certification
   i. Potential Action Items
      1. Adoption of K.A.R. 109-5-1a
      2. Adoption of K.A.R. 109-11-1a

d. Investigations

IV. OFFICE UPDATE

V. NEW BUSINESS

a. Reaffirmation of Delegation of Concurrent Authority for 2020 Legislative Matters

VI. PUBLIC COMMENT

a. Public comment time on the agenda is limited to no more than 5 minutes by any one speaker. If an individual desires to comment on an agenda item after board discussion but before a vote, the individual should notify the Chair prior to the start of the meeting.

VII. ADJOURNMENT

NOTES: Please remember to turn off all cell phones or place them on silent mode during the Board meeting. If it is necessary to accept the call, please step outside of the meeting room to continue your phone call. Additionally, the use of tobacco or vaping are not permitted inside this building.

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Board Meeting Minutes

October 4, 2019

Draft
10/4/19

Board Members Present	Guests	Representing	Staff Present
Dr. Gregory Faimon	Galen Anderson	AMR	Joseph House-Exec Dir
Dr. Joel Hornung	Ron Marshall	KHA	Curt Shreckengaust-Dep Dir
Comm. Ricky James	Frank Williams	Butler County EMS	James Kennedy
Director Deb Kaufman	Mike Johnson	NWKSFMI	Terry Lower
Chief Shane Pearson	Craig Isom	EagleMed/MTC/Life Star	Suzette Smith
Mr. Chad Pore			Amanda Walton
Comm. Bob Saueressig	Pete Rogers	Phillips Co EMS/Reg I	Chrystine Hannon
Mr. Dennis Shelby	Jonathan Mitchell	Hoisington Amb Serv	Kim Cott
Director Jeri Smith	Megan Elmore	Hoisington Amb Serv	James Reed
Director John Ralston via phone	Jodi Cregger	Life Save	Emilee Ward
			Ross Boeckman
Dr. Martin Sellberg			Carman Allen
Rep. John Eplee			

Board Members Absent
Rep. Broderick Henderson
Rep. Oletha Faust-Goudeau

Attorney General Staff
AnnLouise Fitzgerald

Call to Order

Chairman Hornung called the Board Meeting to order on Friday, October 4, 2019 at 9:04 a.m. Chairman Hornung called for a motion to approve the minutes.

Director Smith made a motion to approve the August 2, 2019 minutes. Director Kaufman seconded the motion. No discussion. No opposition noted. The motion carried.

Planning and Operations Committee

Chairman Hornung called upon Chief Pearson to provide the Planning and Operations report. Chief Pearson provided the following report:

- Regarding KEMSIS, Director House reported that 225,000 records have been submitted this year. Validity has been good with an average score of 93%. He reported that he has received phone calls from 11 services that want to get on board. At present there are 12 services who are not submitting data.
- Director House also stated that the Data Reporting regulations were presented in May but that he hadn't heard much back. There are still looking for comments on the proposed regulations, specifically the time limit, 24-96 hours, to enter data. There was a question regarding the 24 hour deadline for patient reports being submitted to the ER and Director House said that still stands. The 24-96 hour deadline deals with getting info into KEMSIS. Director House reported that not all services meet the 24 hours requirement of the regulation. Chief Pearson explained that some services do handwritten reports that are then entered days later. They are looking for ways to make it more user friendly.
- Mr. Reed reported that 160 of 166 service inspections were complete, and the remaining inspections only included four services. They have completed 24 unannounced service inspection visits, 29 initial course audits, and 137 Program Provider audits.
- Over the last few weeks issues have been brought up about emergency medical response agencies. Stakeholders will have another meeting in November to work out issues and define of first aid.
- There have been rising issues with violence to EMS providers and an increase of reports of violence. There needs to be a way to track it. Ms. Darlene Whitlock stated that the nursing profession had also tried to pass legislation and was met with questions regarding the type of patients that were assaulting nurses. The comment was made that there is not good reporting mechanism for health care in general.
- Concerns were raised about the denial of access to the state 800 MHz radio system to those services who are not based in Kansas. The consensus is that there should be inter-operable communication for air services in the state to communicate with ground services even if their corporate headquarter is outside the state. Individuals present at the meeting agreed to take the concerns to the 911 Coordinating Council and SIEC.
- Mr. Reed reported that the State Fair went well and that a different Service was in attendance each day.
- One service, Dale Aviation, forfeited their Kansas permit.
- Mount Hope EMS, out of Sedgwick County, has reorganized and will soon be obtaining their permit.
- Regions and associations reported on their next meetings. KEMSA will be having a Core Conference on November 8-10th in Independence, Kansas. MARCER representative, Jason White, suggested that everyone get on board with cost reporting.
- Ms. Darlene Whitlock reported that the EMS Medical Director workshop on August 9th was attended by 23 physicians, 1 PA, 1 hospital director and Director House.

Chief Pearson made a motion to move forward to encourage KDOT to allow any service licensed in Kansas to have access to the state 800 MHz radio system. Mr. Shelby seconded the motion. <u>The motion carried.</u>

That concluded the Planning and Operations report.

Medical Advisory Council

Chairman Hornung gave the following report.

- They discussed the medical protocol approval process. Chairman Hornung felt their discussion would be covered during the Executive Committee report so he deferred his comments to that report.

That concluded the Medical Advisory Council report.

Executive Committee

Chairman Hornung gave the Executive Committee report.

- H.R. 485 / S. 2392 - VREASA would allow veterans to be transported to the nearest facility and be treated with VA coverage.
- H.R. 1309 Workplace Violence Prevention for Health Care and Social Service Workers Act: EMS was mentioned but the bill probably won't go anywhere this year. This issue is coming up more often.
- H.R. 3350 - The VA Emergency Transportation Act would pay for transferring a patient from one facility to another.
- H.R. 2887, EMS Providers Protection Act would cover non-profit volunteers for disability claims.
- S. 1357, Nurse Staffing Standards for Hospital Patient Safety and Quality Care Act of 2019 is not specified for EMS but will affect staffing of nurses at a 1:3 ratio for acute patient care. There was discussion on how it might affect staffing across Kansas, and the difficulty for some areas.
- The Protocol Approval Process was discussed. Over the last few months and talking with various organizations about the Protocol Approval Process there is not much interest in the current path. Director House created some language that have the Protocols approved by the service Medical Director and remove the other protocol approval avenues. Chairman Hornung would not be surprised if some Medical Directors might be a little uncomfortable signing off on those. Dr. Sellberg questioned what the floor of care would be and who does the oversight if an issue arises. Dr. Longabaugh was concerned with the removal of the governing body and would feel better if there was a system in place so it wouldn't fail. Chairman Hornung asked Director House if protocols are reviewed during an inspection and they are not.

Chairman Hornung made a motion to support the medical director approval of protocols as recommended by the MAC and move down the statutory path to changes. The motion was seconded by Representative Eplee. There was discussion including that Medical Directors can use the MAC and other resources to construct protocols and that each service shall "designate" a Medical Director instead of "appoint". No opposition noted. The motion carried.

- Also discussed was to make sure protocols in Kansas are at a high level of care. It is important to continue to evaluate data to see if someone is not following a reasonable standard of care. Chairman Hornung wants to continue to work on statewide protocols that could be created, published, and updated to be used by a service.

Chairman Hornung made a motion that the Board work toward the continuation of data collection and statewide protocols. Vice-Chairman Pore seconded the motion. Extensive discussion occurred. No opposition noted. <u>The motion carried.</u>

- Dr. Sellberg asked what it means exactly, and what is the path. Chairman Hornung would establish a Protocol Creation Committee and data collection would be ongoing. He would designate a spot in Executive Committee to review if anything sticks out in the data. Director House stated that on the outcome side there is an assumption that statewide protocols would lead to a higher level of care. But this is a significant assumption to make. When comparing Kansas with other states we currently out perform them in some categories and not in others. At the board level Kansas has been more concerned with regulating outcomes and there are going to be multiple clinical paths to reach that outcome. He is not sure that dictating one pathway is the right way to go. If we can say, here is the clinical outcome we want to achieve and we have a method of measuring it, perhaps that is where that committee should be focused upon. There was additional discussion that Protocols based on the NASEMSO guidelines would be available to all Services. Chairman Hornung stated a goal of creating statewide protocols based on best available evidence and clinical guidelines and look at data and see if there is anything we need to do based on information in Kansas. Questions arose concerning how frequently the protocols would be updated. Using Statewide Protocols is not mandatory, just a recommendation, and that the Medical Director could make changes to the document. How often should the committee meet needs to be decided. The position statements from the MAC have been helpful to Services in driving the care across Kansas. Per previous discussion, Chief Pearson would head the committee with ad hoc members and Medical Directors. They would start at the BLS level and work up from there. Dr. Sellberg asked about a budget for costs. Chairman Hornung, Chief Pearson, and Director House will meet to organize a timeline and budget for the project.

- Vice-Chairman Pore provided a Kansas Revolving Assistance Fund (KRAF) update. The grant application process is coming up in December. The Committee has recommended removal of cots from the application process. Patient care items will be considered first, then patient handling items.

That concluded the Executive Committee report.

Investigations Committee

Chairman Hornung called upon Vice-Chairman Pore to provide the Investigation Committee report. Vice-Chairman Pore provided the following report:

- Two applications were reviewed. One was processed and one was closed incomplete.
- Multiple violations case related to patient care and narcotic diversion. Closed meeting.
- Two providers found in violation: one for falsification documents; the other for scope of practice. Consent agreement and summary proceeding orders authorized for a fine.
- Two providers with expired credentials provided advanced care. Closed; no jurisdiction with referral to the local county attorney to consider criminal action.

- Provider found in violation for failure to safeguard a patient and falsification ambulance service record. Consent agreement offered and accepted for a fine and training.
- Provider attempted to provide care while under the influence of alcohol or medication. Closed meeting.
- A service was unable to provide staffing. Violation found; accepted local action.
- Two providers transferred a patient with a medication beyond their scope. Violations found; accepted local action.
- Report of a provider possibly operating impaired. No violations found.
- The committee recommends that KBEMS adopt a regulation regarding disciplinary steps for individuals who do not comply with education audit requests.

The Investigation Committee briefly convened to discuss one case. That concluded the Investigation Committee report.

Education, Examination, Training and Certification Committee

Chairman Hornung called upon Director Kaufman to provide the EETC report. Director Kaufman provided the following report:

- The BLS Psychomotor Exam report included 34 exams and 915 examinees, between January 2019 and September 13, 2019.
- Staff is currently reviewing the examination guidebook and associated forms.
- Ross Boeckman was introduced as the Exam Coordinator.
- Seven Alaska state and regional EMS officials were present at two BLS exam sites to monitor our exam process for possible implementation in their state. Deputy Director Shreckengaust has been contacted by three other states interested in our examination process.
- NREMT cognitive exam report for all levels showed quality education throughout the state.
- Dr. Foat reported the EDTF met August 22, and that they have a new website, KSEDTF.org, that includes a blog, resource sharing and the ability to provide education via video. They have two surveys going out regarding best practices.
- Two regulations, K.A.R. 109-5-1a and K.A.R. 109-11-1a, have completed the regulatory review process and are scheduled for JCARR testimony on October 8th and open for public comment on November 14th then will be coming back to the Board in December.
- K.A.R. 109-6-1 will be revoked since we no longer provide temporary certification.
- Reviewed a new set of regulations that will address Sponsoring Organizations. These are conceptual and the committee will see them again in December. Please direct any questions to Director House, Deputy Director Shreckengaust, or Ms. Allen.
- Ten educational audits have been completed with two going to investigations. The second round of ten have been mailed.
- As of Monday, 405 renewals have been issued. The new Exam Coordinator has been cross-trained to process renewals.
- Office reorganization has moved Terry Lower back into the administration section and Amanda Walton has moved to the Education Specialist position.
- The first edition of the Educator Newsletter was sent out 1-2 months ago and is scheduled to be published quarterly. The feedback has been positive.

- Staff is preparing for a very busy fall and end of year with 12 BLS exams scheduled for December.

That concluded the Education, Examination, Training and Certification Committee report.

Office Update

Chairman Hornung called upon Director House to provide the Office Update. Director House provided the following information:

- ImageTrend has added two new roles for services: Pediatric Emergency Care Coordinator in line with an EMS for Children program performance measure and ePCR Contact who will be the primary contact for the service regarding KEMSIS patient care reporting.
- KBEMS hosted the Western Plains NASEMSO conference two weeks ago. It was well attended and had great speakers. The conference was well orchestrated by Deputy Director Shreckengaust, Ms. Wendy O'Hare, and Ms. Allen.
- The Interstate Compact will be meeting in October. They hope to work out a financial path towards sustainability. The first group of rules are in and active, but they still need to get a coordinated data base. The Compact is on track to be operational in the first quarter of 2020. It will provide a bubble of protection for those individuals who cross state lines.

That concluded the Office Update report.

Chairman Hornung thanked Region III for the refreshments.

Chairman Hornung adjourned the meeting at 10:21 a.m.

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;

(8) providing a verbal report to receiving personnel;

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(9) providing a written report to receiving personnel;

(10) completing a prehospital care report;

(11) setting up and providing patient and equipment decontamination;

(12) using personal protection equipment;

(13) practicing infection control precautions;

(14) moving patients without a carrying device; and

(15) moving patients with a carrying device;

(c) patient assessment and stabilization:

(1) Obtaining consent for providing care;

(2) communicating with bystanders, other health care providers, and patient family members while providing patient care;

(3) communicating with each patient while providing care; and

(4) assessing the following: blood pressure manually by auscultation or palpation or automatically by noninvasive methods; heart rate; level of consciousness; temperature; pupil size and responsiveness to light; absence or presence of respirations; respiration rate; and skin color, temperature, and condition;

(d) cardiopulmonary resuscitation and airway management:

(1) Applying cardiac monitoring electrodes;

(2) performing any of the following:

(A) Manual cardiopulmonary resuscitation for an adult, child, or infant, using one or two attendants;

(B) cardiopulmonary resuscitation using a mechanical device;

(C) postresuscitative care to a cardiac arrest patient;

(D) cricoid pressure by utilizing the sellick maneuver;

(E) head-tilt maneuver or chin-lift maneuver, or both;

(F) jaw thrust maneuver;

(G) modified jaw thrust maneuver for injured patients;

(H) modified chin-lift maneuver;

(I) mouth-to-barrier ventilation;

(J) mouth-to-mask ventilation;

(K) mouth-to-mouth ventilation;

(L) mouth-to-nose ventilation;

(M) mouth-to-stoma ventilation;

(N) manual airway maneuvers; or

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

(3) suctioning the oral and nasal cavities with a soft or rigid device;

(e) control of bleeding, by means of any of the following:

(1) Elevating the extremity;

(2) applying direct pressure;

(3) utilizing a pressure point;

(4) applying a tourniquet;

(5) utilizing the trendelenberg position; or

(6) applying a pressure bandage;

(f) extremity splinting, by means of any of the following:

(1) Soft splints;

(2) anatomical extremity splinting without return to position of function;

(3) manual support and stabilization; or

(4) vacuum splints;

(g) spinal immobilization, by means of any of the following:

(1) Cervical collar;

(2) full-body immobilization device;

(3) manual stabilization;

(4) assisting an EMT, an AEMT, or a paramedic with application of an upper-body spinal immobilization device;

(5) helmet removal; or

(6) rapid extrication;

(h) oxygen therapy by means of any of the following:

(1) Humidifier;

(2) nasal cannula;

(3) non-rebreather mask;

(4) partial rebreather mask;

(5) regulators;

(6) simple face mask;

(7) blow-by;

(8) using a bag-valve-mask with or without supplemental oxygen; or

(9) ventilating an inserted supraglottic or subglottic airway;

(i) administration of ~~patient-assisted and non-patient-assisted~~ medications according to the board's "~~emergency medical responder~~ approved medication list,"

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dated ~~December 2, 2016~~ April 5, 2019, which is hereby adopted by reference;

(j) recognizing and complying with advanced directives by making decisions based upon a do-not-resuscitate order, living will, or durable power of attorney for health care decisions; and

(k) providing the following techniques for preliminary care:

(1) Cutting of the umbilical cord;

(2) irrigating the eyes of foreign or caustic materials;

(3) bandaging the eyes;

(4) positioning the patient based on situational need;

(5) securing the patient on transport devices;

(6) restraining a violent patient, if technician or patient safety is threatened;

(7) disinfecting the equipment and ambulance;

(8) disposing of contaminated equipment, including sharps and personal protective equipment, and material;

(9) decontaminating self, equipment, material, and ambulance;

(10) following medical protocols for declared or potential organ retrieval;

(11) participating in the quality improvement process;

(12) providing EMS education to the public; and

(13) providing education on injury prevention to the public. (Authorized by K.S.A. ~~2016 Supp.~~ 65-6111; implementing K.S.A. ~~2016 Supp.~~ 65-6144; effective March 9, 2012; amended May 5, 2017; amended P-_____.)

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109-3-4. Emergency medical technician; authorized activities. Each emergency medical technician shall be authorized to perform any intervention specified in the following:

(a) K.S.A. 65-6144, and amendments thereto, and as further specified in K.A.R. 109-3-3; and

(b) K.S.A. 65-6121, and amendments thereto, and as further specified in the following paragraphs:

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

(A) Blind insertion of a supraglottic airway, with the exception of the laryngeal mask airway;

(B) oxygen venturi mask;

(C) gastric decompression by orogastric or nasogastric tube with any authorized airway device providing that capability;

(D) auscultating the quality of breath sounds;

(E) pulse oximetry;

(F) automatic transport ventilator;

(G) manually triggered ventilator;

(H) flow-restricted oxygen-powered ventilation device;

(I) bag-valve-mask with in-line small-volume nebulizer;

(J) carbon dioxide colorimetric detection;

(K) capnometry; or

(L) suctioning a stoma; and

(2) administration of patient-assisted and non-patient-assisted medications

according to the board's "~~emergency medical technician~~ approved medication list," ~~dated December 2, 2016~~, which is ~~hereby~~ adopted by reference in K.A.R. 109-3-3. (Authorized by K.S.A. ~~2016 Supp.~~ 65-6111; implementing K.S.A. ~~2016 Supp.~~ 65-6121; effective March 9, 2012; amended May 5, 2017; amended P-_____.)

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Approved Medication List **Kansas Board of EMS** **April 5, 2019**

***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
INH = Inhalation	IV/IO = Intravenous/Intraosseous
NEB = Nebulized	SL = Sublingual

Medication	EMR	EMT	AEMT
Activated Charcoal	Not Approved	Oral	See Current List Dated November 6, 2013
B2-agonist and/or anticholinergic bronchodilator*	MDI	MDI; Neb	
Amiodarone	Not Approved	Not Approved	
Antidote*	Oral; Autoinjector; IN	Oral; Autoinjector; IN	
Aspirin	Oral	Oral	
Benzodiazepine*	Not Approved	Not Approved	
Corticosteroids*	Not Approved	Not Approved	
Dextrose	Not Approved	Not Approved	
Diphenhydramine	Oral	Oral	
Epinephrine (1:1,000)	Autoinjector; IM	Autoinjector; IM	
Epinephrine (1:10,000)	Not Approved	Not Approved	
Glucagon	IM	IM	
Glucose	Oral	Oral	
Isotonic Crystalloid IV Fluids*	Not Approved	IV/IO	
IV fluids with electrolyte additives*	Not Approved	Not Approved	
IV fluids with antibiotic additives*	Not Approved	Not Approved	
Lidocaine	Not Approved	Not Approved	
Naloxone	Autoinjector; IN; IM	Autoinjector; IN; IM	
Nitroglycerine	Not Approved	SL; Transdermal	
Nitrous Oxide	Not Approved	Not Approved	
Antiemetic*	Not Approved	Oral; SL	
Opioid*	Not Approved	Not Approved	
Over the Counter Antipyretics*	Not Approved	Oral	
Over the Counter Non-opioid analgesics*	Not Approved	Oral	
Oxygen	INH	INH	
Tranexamic Acid (TXA)	Not Approved	Not Approved	
Patient Assisted Medications*	Not Approved	Prescribed Route ONLY	

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

Approved Medication List **Kansas Board of EMS** **April 5, 2019**

***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
INH = Inhalation	IV/IO = Intravenous/Intraosseous
NEB = Nebulized	SL = Sublingual

Medication	EMR	EMT	AEMT
Activated Charcoal	**Not Approved**	Oral	See Current List Dated November 6, 2013
B2-agonist and/or anticholinergic bronchodilator*	MDI	MDI; Neb	
Amiodarone	**Not Approved**	**Not Approved**	
Antidote*	Oral; Autoinjector; IN	Oral; Autoinjector; IN	
Aspirin	Oral	Oral	
Benzodiazepine*	**Not Approved**	**Not Approved**	
Corticosteroids*	**Not Approved**	**Not Approved**	
Dextrose	**Not Approved**	**Not Approved**	
Diphenhydramine	Oral	Oral	
Epinephrine (1:1,000)	Autoinjector; IM	Autoinjector; IM	
Epinephrine (1:10,000)	**Not Approved**	**Not Approved**	
Glucagon	IM	IM	
Glucose	Oral	Oral	
Isotonic Crystalloid IV Fluids*	**Not Approved**	IV/IO	
IV fluids with electrolyte additives*	**Not Approved**	**Not Approved**	
IV fluids with antibiotic additives*	**Not Approved**	**Not Approved**	
Lidocaine	**Not Approved**	**Not Approved**	
Naloxone	Autoinjector; IN; IM	Autoinjector; IN; IM	
Nitroglycerine	**Not Approved**	SL; Transdermal	
Nitrous Oxide	**Not Approved**	**Not Approved**	
Antiemetic*	**Not Approved**	Oral; SL	
Opioid*	**Not Approved**	**Not Approved**	
Over the Counter Antipyretics*	**Not Approved**	Oral	
Over the Counter Non-opioid analgesics*	**Not Approved**	Oral	
Oxygen	INH	INH	
Tranexamic Acid (TXA)	**Not Approved**	**Not Approved**	
Patient Assisted Medications*	**Not Approved**	Prescribed Route ONLY	

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

109-5-1a. Emergency medical responder (EMR) continuing education. Each applicant for certification renewal as an EMR shall meet one of the following requirements:

(a) Have earned at least 16 clock-hours of board-approved continuing education during the initial certification period and during each biennial period thereafter to meet the requirements for the EMR specified in the "Kansas continuing education plan," ~~except page one,~~ as adopted by the board in ~~December 2015~~ February 2019, which is hereby adopted by reference; or

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

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

(2) either passed a board-approved psychomotor skills assessment or received validation of the applicant's psychomotor skills by a medical director affiliated with an ambulance service or a sponsoring organization. (Authorized by K.S.A. ~~2016 Supp.~~ 65-6110 and 65-6111; implementing K.S.A. ~~2016 Supp.~~ 65-6129 and 65-6144; ~~effective~~, T-109-2-7-11, Feb. 7, 2011; effective June 3, 2011; amended Jan. 4, 2016; amended Nov. 14, 2016; amended Dec. 29, 2017; amended P-_____.)

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109-11-1a. Emergency medical responder course approval. (a) Emergency medical responder initial courses of instruction pursuant to K.S.A. 65-6144, and amendments thereto, may be approved by the executive director and shall be conducted only by sponsoring organizations.

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

(1) A course syllabus that includes at least the following information:

(A) A summary of the course goals and objectives;

(B) ~~student prerequisites, if any, for admission into the course;~~

~~(C)~~ instructional and any other materials required to be purchased by the student;

~~(D)~~ (C) student attendance policies;

~~(E)~~ (D) student requirements for successful course completion;

~~(F)~~ (E) a description of the clinical and field training requirements, if applicable;

~~(G)~~ (F) student discipline policies; and

~~(H)~~ (G) instructor information, which shall include the following:

(i) Instructor name;

(ii) office hours or hours available for consultation; and

(iii) instructor electronic-mail address;

(2) course policies that include at least the following information:

(A) Student evaluation of program policies;

(B) student and participant safety policies;

(C) Kansas requirements for certification;

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(D) student dress and hygiene policies;

(E) student progress conferences; and

(F) equipment use policies; ~~and~~

~~(G) a statement that the course provides a sufficient number of lab instructors to maintain a 6:1 student-to-instructor ratio during lab sessions;~~

(3) a course schedule that identifies the following:

(A) The date and time of each class session, unless stated in the syllabus;

(B) the title of the subject matter of each class session;

(C) the instructor of each class session; and

(D) the number of psychomotor skills laboratory hours for each session; and

(4) letters or contracts from ~~the initial course of instruction medical advisor,~~ the ambulance service director of the ambulance service that will provide field training to the students, if applicable, and the administrator of the medical facility in which the clinical rotation is provided, if applicable, indicating their commitment to provide the support as defined in the curriculum.

(c) Each application shall be received in the board office not later than 30 calendar days before the first scheduled course session.

(d) Each approved initial course shall meet the following conditions:

(1) Meet or exceed the course requirements described in the board's regulations; ~~and~~

(2) be approved by the sponsoring organization's medical director; and

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(3) maintain course records for at least three years. The following records shall be maintained:

(A) A copy of all documents required to be submitted with the application for course approval;

(B) student attendance;

(C) student grades;

(D) student conferences;

(E) course curriculum;

(F) lesson plans for all lessons;

(G) clinical training objectives; if applicable;

(H) field training objectives; if applicable;

(I) completed clinical and field training preceptor evaluations for each student;

(J) master copies and completed copies of the outcome assessment and outcome analyses tools used for the course that address at least the following:

(i) Each student's ability to perform competently in a simulated or actual field situation, or both; and

(ii) each student's ability to integrate cognitive and psychomotor skills to appropriately care for sick and injured patients;

(K) a copy of each student's psychomotor skills evaluations as specified in the course syllabus;

(L) completed copies of each student's evaluations of each course, all instructors for the course, and all lab instructors for the course; and

(M) a copy of the course syllabus.

(e) Each primary instructor shall provide the executive director with ~~an application for certification~~ a student registration form from each student within 20 days of the date of the first class session.

(f) Each sponsoring organization shall provide any course documentation requested by the executive director.

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

(h) Program approval may be withdrawn by the board if the sponsoring organization fails to comply with or violates any regulation or statute that governs sponsoring organizations. (Authorized by K.S.A. ~~2016 Supp.~~ 65-6110, 65-6111; implementing K.S.A. ~~2016 Supp.~~ 65-6110, 65-6111, 65-6129, and 65-6144; effective, T-109-2-7-11, Feb. 7, 2011; effective June 3, 2011; amended Dec. 29, 2017; amended P-_____.)

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