

1 **109-NEW-1. Emergency medical response agency operator.** (a) Each operator of an emergency  
2 medical response agency shall perform the following:

3 (1) Notify the board of any change in the agency administrator within seven days of the change; and

4 (2) designate a person as the agency administrator to serve as an agent of the operator.

5 (b) The agency administrator shall meet the following requirements:

6 (1) Be responsible for the operation of the emergency medical response agency;

7 (2) be available to the board regarding permit, regulatory, and emergency matters;

8 (3) be responsible for maintaining a current list of the emergency medical response agency's  
9 emergency medical service providers;

10 (4) notify the board of each addition or removal of an emergency medical service provider from the  
11 agency's roster within 10 days of the addition or removal;

12 (5) notify the board of any known resignation, termination, incapacity, or death of a medical director  
13 once known and the plans for securing a new medical director; and

14 (6) submit written notification of each change in the medical director within 30 days of the change.  
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16 **109-NEW-2. Application for emergency medical response agency permit; permit renewal.** (a)

17 An applicant may apply for only one emergency medical response agency permit for each emergency  
18 medical response agency that the applicant seeks to operate.

19 (b) All emergency medical response agency permit application and renewal forms shall be submitted  
20 in a format required by the executive director.

21 (c) Each emergency medical response agency permit shall expire on April 30 of each year. Any such  
22 permit or license may be renewed annually in accordance with this regulation. If the board receives a  
23 complete application for renewal of an emergency medical response agency permit on or before  
24 April 30, the existing permit or license shall not expire until the board has taken final action upon the  
25 renewal application or, if the board's action is unfavorable, until the last day for seeking judicial

1 review.

2 (d) If the board receives an insufficient initial application or renewal application for an emergency  
3 medical response agency permit, the applicant or operator shall be notified by the board of any errors  
4 or omissions. If the applicant or operator fails to correct the deficiencies and submit a sufficient  
5 application within 30 days from the date of written notification, the application may be considered by  
6 the board as withdrawn.

7 (e) An application for emergency medical response agency permit or permit renewal shall be deemed  
8 sufficient if all of the following conditions are met:

9 (1) The applicant or operator either completes all forms provided with the application for emergency  
10 medical response agency permit or permit renewal or provides all requested information online. No  
11 additional information is required by the board to complete the processing of the application.

12 (2) Each operator submits the list of supplies and equipment available for response validated by the  
13 signature of the emergency medical response agency's medical director to the board each year with  
14 the operator's application for an emergency medical response agency permit.

15 (3) The applicant or operator submits payment of the fee in the correct amount for the emergency  
16 medical response agency permit or permit renewal.

17 (f) Each operator of an emergency medical response agency shall provide the following statistical  
18 information to the board with the application for renewal of a permit:

19 (1) The number of emergency and nonemergency responses for the previous calendar year; and

20 (2) the number of full-time, part-time, and volunteer staff that hold certification as an emergency  
21 medical service provider.

22 (k) As a condition of issuance of an initial emergency medical response agency permit, each operator  
23 shall provide with the application the agency's operational policies and approved medical protocols  
24 pursuant to K.A.R. 109-NEW-3.

25 (l) The operator of each emergency medical response agency shall develop a list of the supplies and

1 equipment available for response. This list shall include all supplies and equipment necessary to  
2 carry out the patient care activities as indicated in the emergency medical response agency's medical  
3 protocols, in accordance with K.S.A. 65-6112 and amendments thereto.

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5 **109-NEW-3. Emergency medical response agency operational standards.** (a) Each emergency  
6 medical response agency shall have a memorandum of understanding with each ambulance service  
7 primarily responsible for transportation within the emergency medical response agency's response  
8 area.

9 (b) Each memorandum of understanding shall, at a minimum, address:

- 10 (1) Communication between agency and ambulance service;
- 11 (2) patient care to be provided;
- 12 (3) inclusion within quality assurance/quality improvement programs;
- 13 (4) inclusion within medical training;
- 14 (5) confidentiality of records and communication; and
- 15 (6) any other area deemed necessary by the emergency medical response agency as  
16 beneficial to address to provide a seamless and coordinated emergency medical service to  
17 the patient.

18 (c) Each operator shall ensure that all medications, medical supplies and equipment are:

- 19 (1) Stored in a clean and safe manner;
- 20 (2) stored following the manufacturer's recommendation; and
- 21 (3) maintained in good working order and according to applicable expiration dates.

22 (d) Each operator shall produce the emergency medical response agency permit and agency records  
23 upon request of the board.

24 (e) Each operator shall maintain agency records for at least three years.

25 (f) Each operator shall ensure that documentation is completed for each request for response and for

1 each patient receiving patient assessment or care. Each operator shall furnish a completed copy or  
2 copies of each patient care report form upon request of the board.

3 (g) Each operator shall maintain a daily record of each request for emergency medical response. This  
4 record shall include the date, time of call, scene location, incident number, nature of call, and call  
5 disposition.

6 (h) Each operator shall maintain a copy of the patient care documentation for at least three years.

7 (i) Each operator shall provide a report to the ambulance service transporting the patient for any care  
8 and assessment performed prior to the ambulance service's arrival.

9 (j) Each operator shall maintain training records demonstrating competency in medical skills for all  
10 emergency medical service providers associated with the agency and utilized for the provision of  
11 patient care.

12 (k) Each operator shall provide a quality improvement or assurance program that establishes medical  
13 review procedures for monitoring patient care activities. This program shall include policies and  
14 procedures for reviewing patient care documentation. Each operator shall review patient care  
15 activities at least once each quarter of each calendar year to determine whether the emergency  
16 medical response agency's emergency medical service providers are providing patient care  
17 commensurate with the emergency medical service provider's authorized activities and local  
18 protocols.

19 (1) Review of patient care activities shall include quarterly participation by the emergency medical  
20 response agency's medical director in a manner that ensures that the medical director is meeting the  
21 requirements of K.S.A. 65-6126, and amendments thereto.

22 (2) Each operator shall, upon request, provide documentation to the executive director demonstrating  
23 that the operator is performing patient care reviews and that the medical director is reviewing,  
24 monitoring, and verifying the activities of the attendants pursuant to K.S.A. 65-6126, and  
25 amendments thereto, as indicated by the medical director's electronic or handwritten signature.

1 (3) Each operator shall ensure that documentation of all medical reviews of patient care activities is  
2 maintained for at least three years.

3 (4) Within 60 days after completion of the internal review processes of an incident, each operator  
4 shall report to the board on forms approved by the board any incident indicating that an emergency  
5 medical service provider or other health care provider functioning for the operator met either of the  
6 following conditions:

7 (A) Acted below the applicable standard of care and, because of this action, had a reasonable  
8 probability of causing injury to a patient; or

9 (B) acted in a manner that could be grounds for disciplinary action by the board or other applicable  
10 licensing agency.

11 (m) Each emergency medical response agency operator shall develop and implement operational  
12 policies or guidelines, or both, that have a table of contents and address policies and procedures for  
13 each of the following topics:

14 (1) Radio and telephone communications;

15 (2) do not resuscitate (DNR) orders, durable powers of attorney for health care decisions, and living  
16 wills;

17 (3) multiple-victim and mass-casualty incidents;

18 (4) infectious disease control;

19 (5) crime scene management;

20 (6) documentation of patient reports;

21 (7) management of firearms and other weapons;

22 (8) patient confidentiality; and

23 (9) any other procedures deemed necessary by the operator for the efficient operation of the  
24 emergency medical response agency.

25 (n) Each emergency medical response agency operator shall provide the operational policies to the

1 executive director, upon request.

2 (o) Each emergency medical response agency operator shall adopt and implement medical protocols  
3 developed and approved in accordance with K.S.A. 65-6112, and amendments thereto. The medical  
4 protocols shall be reviewed annually and shall coordinate with the transporting ambulance service's  
5 protocols.

6 (p) Each operator's medical protocols shall include a table of contents and treatment procedures at a  
7 minimum for the following medical and trauma-related conditions for pediatric and adult patients:

8 (1) Diabetic emergencies;

9 (2) shock;

10 (3) environmental emergencies;

11 (4) chest pain;

12 (5) abdominal pain;

13 (6) respiratory distress;

14 (7) obstetrical emergencies and care of the newborn;

15 (8) poisoning and overdoses;

16 (9) seizures;

17 (10) cardiac arrest;

18 (11) burns;

19 (12) stroke or cerebral-vascular accident;

20 (13) chest injuries;

21 (14) abdominal injuries;

22 (15) head injuries;

23 (16) spinal injuries;

24 (17) multiple-systems trauma;

25 (18) orthopedic injuries;

1 (19) drowning; and

2 (20) anaphylaxis.

3 (q) Each operator shall make available a current copy of the emergency medical response agency's  
4 operational policies or guidelines and medical protocols to any person listed as an emergency  
5 medical service provider and any other health care provider on the emergency medical response  
6 agency's provider roster.

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