EETC Committee Meeting  
Dir. Deb Kaufman - Chair  

AGENDA  
August 6, 2020  

*****PLEASE NOTE CHANGE IN LOCATION*****  
Kansas State Capital  
300 SW 10th, Room 582-N, Topeka, Kansas  
1:15 pm – 3:00 pm  

Public Comment Note  
This meeting is open to the public with limited spacing due to social distancing requirements. Because of this, we are asking that if you do not have business before the Education, Examination, Training and Certification Committee, that you please consider attending through one of our virtual offerings.  

The Board strongly believes that transparency and open government are paramount and holds firm upon the importance of the public to have an ability to observe and comment upon the Board proceedings and to provide comment and insight upon items appearing on the agendas.  

To assist with ensuring a fair and consistent manner by which all public comment can be received for the purpose of assisting the Board and/or committee with a potential decision at hand, we ask that public comment on an agenda item be submitted in writing at least eight (8) hours prior to the meeting to joseph.house@ks.gov.  

All public comment submitted will be provided as submitted to each committee member and will be read at the appropriate time by Board staff if it can be done within 5 minutes. All public comment relating to and identifying a specific agenda item will be presented or read prior to a vote on that agenda item.  

1. Standing Items  
  1.1 Variances -None  
  1.2 BLS Psychomotor Examination Report  
    • Carman Allen, Education Manager  
      ○ 2020  
      ▪ Total Exam Sites – 18  
      ▪ Total Examined – 785 +100 scheduled last week of July  
  1.3 NREMT Cognitive Exam Report (Information only)  
  1.4 Education Development Task Force (EDTF)  
    • Dr. Charles Foat, Chair  

2. Old Business  
  2.1 Sponsoring Organization Regulations  
    • K.A.R. 109-17-1  
    • K.A.R. 109-17-2  

NOTES: Those in physical attendance must adhere to all policies and guidance related to COVID instituted by both Shawnee County and the Governor. Upon publication to this agenda, that includes the donning of face masks while in public settings and the practice of social distancing where possible.
2.2 Regulation changes to support above new regulations

- K.A.R. 109-1-1
- K.A.R. 109-5-1
- K.A.R. 109-5-3
- K.A.R. 109-5-6
- K.A.R. 109-10-3
- K.A.R. 109-10-6
- K.A.R. 109-10-7
- K.A.R. 109-11-1a
- K.A.R. 109-11-3a
- K.A.R. 109-11-4a
- K.A.R. 109-11-7
- K.A.R. 109-11-8
- K.A.R. 109-11-9

3. New Business

- 3.1 None

4. Education Section Report

4.1 Education Manager Report

5. Public comment

6. Adjournment

*****Denotes items requiring Board action.

NOTES: Those in physical attendance must adhere to all policies and guidance related to COVID instituted by both Shawnee County and the Governor. Upon publication to this agenda, that includes the donning of face masks while in public settings and the practice of social distancing where possible.
Agenda Item: Sponsoring Organization Regulations

Committee: Education, Examination, Training, and Certification

BACKGROUND

Spawning from an April 2019 discussion and Board decision to institute a quality component for sponsoring organizations and their initial course offerings (discussion relevant to K.A.R. 109-11-1a), it was determined that there is little regulatory language that provides sponsoring organizations clear guidance on their functions, responsibilities, and oversight.

In June 2019, a draft set of regulations was developed with the following intent:

1) Clearly identify the role and responsibilities of the sponsoring organization;
2) Revise existing regulations to move all sponsoring organization requirements into a smaller grouping of regulations in an effort to not scatter responsibilities across all regulations;
3) Incorporate the requested changes to K.A.R. 109-11-1a; and
4) To ease the process upon sponsoring organizations by which courses (initial and continuing education) could receive approval while still requiring all necessary components.

A public meeting was held in Junction City on November 19, 2019, regarding these regulations. Comments/questions/suggestions were compiled and the EETC reviewed and discussed at their December meeting. The next revision based upon that meeting was made available for comment in December. Comments were submitted by the EDTF and reviewed at the February 2020 EETC Committee meeting with revisions made to address those comments. A 2nd public meeting was held in Wichita on February 28, 2020, with very slight modifications requested and a consensus thought that the regulations were ready for entering the process.

Since the April 2019 decision to look at a 70% pass rate following all attempts in initial courses over a rolling 3 year average, the EETC committee opted to modify that to a 70% pass rate over all attempts made during the previous calendar year (February 2020 decision).

The current packet of regulations (Enclosure 1) involves 4 new regulations, 4 revoked regulations, and 9 revised regulations.

These regulations do provide an operational deviation in practice for initial course submission, reducing the amount of paperwork being submitted for a course approval and relying heavily upon an audit method of ensuring that policies/procedures exist and are available to the students.

DISCUSSION

On 109-17-4, subsection (b) – The February 2020 public meeting supported a previous suggestion that these “training reports” be submitted within a certain time frame after the offering, not necessarily on a quarterly basis. The consensus on a suggested time frame was 30 days.

On 109-11-8, subsection (a)(4)(B) is a skill done through the EMT (nebulized breathing treatment). It was requested that this be a requirement under the EMT instead of the AEMT for successful course completion.

Also on 109-11-8, subsection (b) – Board staff had requested a section stating that written approval shall not only be done within 15 days of the final class, but shall also be done prior to the student challenging
the State examination for certification. February 2020 public meeting had no stated objection to its inclusion.

In that same area and after the Spring testing cohorts, Board staff is asking for additional consideration of the above submission to also occur no less than 7 days prior to the student challenging a state examination (for processing and preparation). This change is being requested due to a sharp increase in candidates that have not completed an application, or are not showing having successfully completed a course, yet are appearing on a scheduled skill’s examination or for whom we receive a NREMT cognitive result. Board staff believes that 7 days is consistent with other time frames regarding sponsoring organizations and provides an adequate amount of time for staff to complete quality control.

**FINANCING**

This change should have a net zero long-term fiscal effect. Due to the volume of this packet, we would expect there to be a slight increase in operational expenditures, but nothing that would require additional appropriation or income.

**ALTERNATIVES**

The Committee has the following alternatives concerning the matter at hand. The Committee may:

1. Develop a recommendation to adopt.
2. Reject the packet as presented.
3. Table the item.

**RECOMMENDATION**

To adopt the packet as developed.

**POSSIBLE MOTION(S)**

To move forward with the regulatory revision process the committee may recommend changes.

Enclosures:

1. Sponsoring organization regulations
109-17-1. Sponsoring organization general requirements; program manager.

(a) Each sponsoring organization shall perform the following:

(1) Notify the board of any change in the program manager within seven days of change;

(2) designate a person as the program manager to serve as an agent of the sponsoring organization;

(3) designate a physician to serve as a medical director of the sponsoring organization;

(4) maintain training program records for at least three years from the last date of class;

(5) develop and maintain a quality management plan;

(6) ensure that EMS training equipment and supplies, including simulation models or empty pharmaceutical packages or containers for pharmaceutical training, necessary to facilitate the teaching of all psychomotor skills being provided are:

(A) Available for use with the class;

(B) functional, clean, serviceable, and in sufficient quantity to maintain a ratio of no more than six students practicing together on one piece of equipment at any one time; and

(C) functional, clean, and provided in sufficient quantity for each student to utilize without sharing if the equipment or supplies are for the purpose of protecting the student from exposure to bloodborne or airborne pathogens;
(7) select qualified instructors as determined by training and knowledge of subject matter as follows:

(A) Each didactic instructor and each instructor for medical skills shall possess certification, registration, or licensure in the subject matter or medical skills being taught;

(B) each instructor for nonmedical skills shall have technical training in and shall possess knowledge and expertise in the skill being taught;

(C) each instructor of clinical training being conducted in a clinical health care facility shall be a licensed physician or licensed professional nurse; and

(D) each instructor of field internship training being conducted with a prehospital emergency medical service shall be an EMS provider certified at or above the level of training being conducted; and

(8) maintain records of all individuals used as instructors or lab assistants to provide training for at least three years from the last date of class. These records shall include the following:

(A) The individual’s name and qualification;

(B) the subject matter that the individual taught, assisted in teaching, or evaluated;

(C) the dates on which the individual instructed, assisted, or evaluated; and

(D) the students’ evaluation of the individual.

(b) The program manager shall meet the following requirements:

(1) Be responsible for all EMS education provided by the sponsoring
organization;

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

(3) be responsible for maintaining a current list of the sponsoring organization’s qualified instructors;

(4) notify the board of each addition or removal of a qualified instructor within 7 days of the addition or removal;

(5) submit written notification and the content of each change in the quality management plan no later than 7 days after the effective date of the change;

(6) submit written notification and the content of each change in the long-term provider continuing education program management plan no later than 7 days after the effective date of the change;

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

(8) submit written notification of each change in the medical director within 7 days of the change.
109-17-2. Application for sponsoring organization approval; approval renewal.

(a) Each applicant for sponsoring organization approval shall indicate the EMS education it requests to provide as one or both of the following:

(1) Initial course of instruction; and

(2) continuing education.

(b) All sponsoring organization approval applications and renewal forms shall be submitted in a format required by the executive director.

(c) If the board receives an insufficient initial or renewal application for a sponsoring organization approval, the applicant shall be notified in writing of any errors or omissions. If the applicant fails to correct the deficiencies and submit a sufficient application within 30 days from the date of written notification, the application may be considered by the board as withdrawn.

(d) Each initial application for sponsoring organization approval shall meet all of the following:

(1) Designate a program manager;

(2) designate a medical director;

(3) designate a physical address where all training program records shall be maintained; and

(4) provide a copy of the quality management plan.

(e) Each sponsoring organization’s quality management plan shall describe all processes utilized by the sponsoring organization to ensure that EMS education provided validates the community’s EMS training needs assessment or meets the training needs of the intended audience and shall, at a minimum, include a review and
analysis of completed course and instructor evaluations by the medical director and program manager.

(f) Each sponsoring organization approval shall expire on April 30 of each year and may be renewed annually in accordance with this regulation.

(g) Each renewal application for sponsoring organization approval shall affirm all the following are current and accurate:

(1) Personnel affiliated with the sponsoring organization; to include the program manager, medical director, and qualified instructors;

(2) EMS education the sponsoring organization requests approval to provide;

(3) physical address where all training program records shall be maintained;

(4) quality management plan; and

(5) all of the following that are applicable to the sponsoring organization:

(A) Initial course of instruction course policies;

(B) clinical and field training agreements; and

(C) long-term provider continuing education program management plan.
109-17-3. Sponsoring organization providing initial course of instruction standard and requirements. (a) Each sponsoring organization shall provide an enrollment roster listing each student enrolled in the course to the executive director within 20 days of the date of the first scheduled class session.

(b) Each sponsoring organization providing an initial course of instruction shall provide access at each scheduled class session for physical inspection of the course syllabus and all policies or documents addressing the following:

(1) Student evaluation of program;

(2) student attendance;

(3) student discipline;

(4) student and participant safety;

(5) student requirements for successful course completion;

(6) Kansas requirements for certification;

(7) student dress and hygiene;

(8) student progress conferences;

(9) equipment use;

(10) infection control; and

(11) acknowledgement of the commitment to provide the support as defined in the course curriculum from each of the following:

(A) Initial course of instruction medical director;

(B) ambulance service director for each ambulance service utilized for field training; and

(C) administrator of each medical facility utilized for clinical training.
(c) The course syllabus shall include at least the following information:

(1) A summary of course goals and objectives;

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

(3) instructional and any other materials required to be purchased by the students;

(4) a description of the clinical and field training requirements, if applicable;

(5) instructor information, which shall include the following:

(A) Instructor name;

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

(C) instructor electronic mail address.

(d) Each sponsoring organization providing an initial course of instruction shall validate each student’s successful course completion.

(e) Each sponsoring organization shall schedule a psychomotor skills examination for the student’s initial examination as specified in K.A.R. 109-8-2.

(f) Each sponsoring organization shall maintain the following course records for each initial course of instruction for at least three years from the last date of class:

(1) Course syllabus;

(2) all policies or documents addressing the listed items in subsection (b);

(3) student attendance;

(4) student grades;

(5) student conferences;

(6) course curriculum;

(7) lesson plans for all lessons;
(8) clinical training objectives;
(9) field training objectives;
(10) completed clinical and field training preceptor evaluations for each student;
(11) a copy of each student’s psychomotor skills evaluations;
(12) completed copies of each student’s evaluations of each course, all instructors for the course, and all lab instructors for the course; and
(13) completed copies of the outcome assessment and outcome analyses tools used for the course that address at least the following:

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

(B) each student’s ability to integrate cognitive and psychomotor skills to appropriately care for sick and injured patients.

(g) Each sponsoring organization providing initial courses of instruction shall maintain an average pass rate of seventy-percent on the cognitive examination for certification at each level of certification the sponsoring organization instructs for all attempts made by their students in the preceding calendar year. A sponsoring organization that fails to meet or exceed this average pass rate shall submit to the board a plan for ensuring future cognitive examination pass rates meet or exceed this average no later than March 1.

(h) Each sponsoring organization may allow a student to enroll late into an initial course of instruction upon submitting a make-up schedule to the executive director within 7 days of the student’s enrollment that includes the provision of educational standards that the late enrollee missed.
(i) Each sponsoring organization shall provide any course documentation requested by the executive director within thirty (30) days of the request.

(j) Violation of any provision of this regulation may subject the sponsoring organization to a civil fine and may result in a suspension of sponsoring organization approval.
109-17-4. Sponsoring organization providing continuing education standards and requirements. (a) A sponsoring organization may provide prior-approved continuing education as a long-term provider or a single-program provider.

(b) Each sponsoring organization providing prior-approved continuing education shall submit a training report on a form provided by the board for each class within 30 days of the date of last class.

(c) The training report shall include:

(1) The date or dates, title, and location of the class;

(2) a list of all qualified instructors used in the class;

(3) the name and certification number of each attendee; and

(4) the amount of continuing education awarded to each attendee.

(d) Each sponsoring organization shall maintain the following course records for each prior-approved continuing education class for at least three years from the last date of class:

(1) Course educational objectives;

(2) completed course attendance sheet;

(3) completed copies of each student’s evaluations of the class and the instructors; and

(4) a copy of the submitted training report.

(e) Each completed course attendance sheet shall have the name and signature of each attendee of the prior-approved continuing education class.
(f) Each sponsoring organization providing prior-approved continuing education as a long-term provider shall develop and maintain a long-term continuing education program management plan.

(g) Each sponsoring organization shall provide any continuing education documentation requested by the executive director within thirty days of the request.

(h) Violation of any provision of this regulation may subject the sponsoring organization to a civil fine and may result in a suspension of sponsoring organization approval.
109-1-1. Definitions. Each of the following terms, as used in the board’s regulations, shall have the meaning specified in this regulation:

(a) “AEMT” means advanced emergency medical technician.

(b) “Advanced life support” and “ALS” mean the statutorily authorized activities and interventions that may be performed by an emergency medical technician-intermediate, emergency medical technician-defibrillator, emergency medical technician-intermediate/defibrillator, advanced emergency medical technician, or paramedic.

(c) “Air ambulance” means a fixed wing or rotor-wing aircraft that is specially designed, constructed or modified, maintained, and equipped to provide air medical transportation or emergency care of patients.

(d) “Air medical director” means a physician as defined by K.S.A. 65-6112 and amendments thereto, who meets the following requirements:

(1) Is trained and experienced in care consistent with the air ambulance service’s mission statement, and

(2) is knowledgeable in altitude physiology and the complications that can arise due to air medical transport.

(e) “Air medical personnel” means the attendants EMS providers listed on the attendant EMS provider roster, health care personnel identified on the service health care personnel roster of the air ambulance service, specialty patient care providers specific to the mission, and the pilot or pilots necessary for the operation of the aircraft.
(f) “Airway maintenance,” as used in K.S.A. 65-6121 and amendments thereto and as applied to the authorized activities of an advanced emergency medical technician, means the use of any invasive oral equipment and procedures necessary to ensure the adequacy and quality of ventilation and oxygenation.

(g) “Attendant” means an EMS provider.

(h) “Basic life support” and “BLS” mean the statutorily authorized activities and interventions that may be performed by an emergency medical responder or emergency medical technician.

(i) (j) “CAPCE” means the commission on accreditation for prehospital continuing education.

(i) (j) “Certified mechanic,” as used in K.A.R. 109-2-2, means an individual employed or contracted by the ambulance service, city or county, qualified to perform maintenance on licensed ambulances and inspect the vehicles and validate, by signature, that the vehicles meet both mechanical and safety considerations for use.

(j) (k) “Class,” as used in these regulations means the period during which a group of students meets.

(k) “Clinical preceptor” means an individual who is responsible for the supervision and evaluation of students in clinical training in a health care facility.

(l) “Continuing education” means a formally organized learning experience that has education as its explicit principal intent and is oriented towards the enhancement of emergency medical services practice, values, skills, and knowledge.
(m) “Contrived experience,” as used in K.A.R. 109-11-3a, means a simulated ambulance call and shall include dispatch communications, responding to the scene, assessment and management of the scene and patient or patients, biomedical communications with medical control, ongoing assessment, care, and transportation of the patient or patients, transference of the patient or patients to the staff of the receiving facility, completion of records, and preparation of the ambulance for return to service.

(n) (l) “Coordination” means the submission of an application for approval of initial courses of instruction or continuing education courses and the oversight responsibility of those same courses and instructors once the courses are approved.

(o) (m) “Course of instruction” means a body of prescribed EMS studies approved by the board.

(p) (n) “Critical care transport” means the transport by an ambulance of a critically ill or injured patient who receives care commensurate with the care rendered by health care personnel as defined in this regulation or a paramedic with specialized training as approved by service protocols and the medical director.

(q) “Educator” means instructor-coordinator, as defined in K.S.A. 65-6112 and amendments thereto.

(r) (o) “Emergency” means a serious medical or traumatic situation or occurrence that demands immediate action.

(s) (p) “Emergency call” means an immediate response by an ambulance service to a medical or trauma incident that happens unexpectedly.
(t) (q) “Emergency care” means the services provided after the onset of a medical condition of sufficient severity that the absence of immediate medical attention could reasonably be expected to cause any of the following:

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.

(u) “EMS” means emergency medical services.

(v) (r) “EMR” means emergency medical responder.

(s) “EMS” means emergency medical services.

(t) “EMS provider” means emergency medical service provider.

(w) (u) “EMT” means emergency medical technician.

(x) “Field internship preceptor” means an individual who is responsible for the supervision and evaluation of students in field training with an ambulance service.

(yy) (v) “Ground ambulance” means a ground-based vehicle that is specially designed and equipped for emergency medical care and transport of sick and injured persons and meets the requirements in K.A.R. 109-2-8.

(z) (w) “Health care personnel” and “health care provider” as used in these regulations means a physician, physician assistant, licensed professional nurse, advanced practice registered nurse, or respiratory therapist.

(aa) (x) “Incompetence,” as applied to attendants EMS providers and as used in K.S.A. 65-6133 and amendments thereto, means a demonstrated lack of ability, knowledge, or fitness to perform patient care according to applicable medical protocols
or as defined by the authorized activities of the attendant’s EMS provider’s level of certification.

(bb) “Incompetence,” as applied to instructor-coordinators and training officers and as used in K.S.A. 65-6129b and K.S.A. 65-6129c and amendments thereto, means a pattern of practice or other behavior that demonstrates a manifest incapacity, inability, or failure to coordinate or to instruct attendant EMS provider training programs.

(cc) “Incompetence,” as applied to an operator and as used in K.S.A. 65-6132 and amendments thereto, means either of the following:

(1) The operator’s inability or failure to provide the level of service required for the type of permit held, or

(2) the failure of the operator or agent or employee of the operator to comply with a statute or regulation pertaining to the operation of a licensed ambulance service.

(dd) “Instructor-coordinator” and “I-C” mean any of the following individuals who are certified to instruct and coordinate attendant EMS provider training programs:

(1) Emergency medical technician;

(2) physician;

(3) physician’s assistant;

(4) advanced practice registered nurse;

(5) licensed professional nurse;

(6) advanced emergency medical technician; or

(7) paramedic.
(ee) (bb) “Interoperable” means that one system has the ability to communicate or work with another.

(ff) (cc) “Lab assistant” means an individual who is assisting a primary instructor in the instruction and evaluation of students in classroom laboratory training sessions.

(gg) (dd) “Long-term provider approval” means that the sponsoring organization has been approved by the executive director to provide any continuing education program as prescribed in K.A.R. 109-5-3.

(hh) “Mentoring educator” means an instructor-coordinator, as defined in K.S.A. 65-6112 and amendments thereto, who has obtained additional credentials prescribed by the board.

(ii) (ee) “Out of service,” as used in K.A.R. 109-2-5, means that a licensed ambulance is not immediately available for use for patient care or transport.

(jj) (ff) “Primary instructor” means an instructor-coordinator who is listed by the sponsoring organization as the individual responsible for the competent delivery of cognitive, psychomotor, and affective objectives of an approved initial course of instruction or continuing education program and who is the person primarily responsible for evaluating student performance and developing student competency.

(kk) (gg) “Prior-approved continuing education” means material submitted by a sponsoring organization, to the board, that is reviewed and subsequently approved by the executive director, in accordance with criteria established by regulations, and that is assigned a course identification number.
(hh) “Program manager” means an individual who has been appointed, employed, or designated by a sponsoring organization to ensure that the sponsoring organization is in conformance with applicable regulations and to ensure that quality EMS education is provided by the sponsoring organization qualified instructors.

(II) (iii) “Public call” means the request for an ambulance to respond to the scene of a medical emergency or accident by an individual or agency other than any of the following:

(1) A ground ambulance service;

(2) the Kansas highway patrol or any law enforcement officer who is at the scene of an accident or medical emergency;

(3) a physician, as defined by K.S.A. 65-6112 and amendments thereto, who is at the scene of an accident or medical emergency; or

(4) an attendant EMS provider who has been dispatched to provide emergency first response and who is at the scene of an accident or medical emergency.

(jj) “Retroactively approved continuing education” means credit issued to an attendant EMS provider after attending a program workshop, conference, seminar, or other offering that is reviewed and subsequently approved by the executive director, in accordance with criteria established by the board.

(nn) “Roster” means a document whose purpose is to validate attendance at an educational offering and includes the following information:

(1) Name of the sponsoring organization;

(2) location where the educational offering occurred;
(3) signature, time of arrival, and time of departure of each attendee;

(4) course identification number issued by the board;

(5) title of the educational offering;

(6) date of the educational offering; and

(7) printed name and signature of the program manager.

(oo) (kk) “Service director” means an individual who has been appointed, employed, or designated by the operator of an ambulance service to handle daily operations and to ensure that the ambulance service is in conformance with local, state, and federal laws and ensure that quality patient care is provided by the service attendants EMS providers.

(pp) (ll) “Service records” means the documents required to be maintained by state regulations and statutes pertaining to the operation and education within a licensed ambulance service.

(qq)-(mm) “Single-program provider approval” means that the sponsoring organization has been granted approval approved by the executive director to offer provide a specific continuing education program as prescribed in K.A.R. 109-5-6.

(rr) “Site coordinator” means a person supervising, facilitating, or monitoring students, facilities, faculty, or equipment at a training site.

(ss) “Syllabus” means a summary of the content of a course of instruction that include the following:

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

(2) student prerequisites, if any, for admission into the course;
(3) instructional and any other materials required to be purchased by the student;

(4) student attendance policies;

(5) student requirements for successful course completion;

(6) a description of the clinical and field training requirements, if applicable;

(7) student disciplines policies; and

(8) instructor, educator, or mentoring education information, which shall include the following:

(A) The name of the instructor, educator, or mentoring educator;

(B) the office hours of the instructor, educator, or mentoring educator or the hours during which the instructor, educator, or mentoring educator is available for consultation; and

(C) the electronic mail address of the instructor, educator, or mentoring educator.

(tt) (nn) “Sufficient application” means that the information requested on the application form is provided in full, any applicable fee has been paid, all information required by statute or regulation has been submitted to the board, and no additional information is required to complete the processing of the application.

(ww) (oo) “Teach” means instruct or coordinate training, or both.

(vv) (pp) “Unprofessional conduct,” as applied to attendants EMS providers and as used in K.S.A. 65-6133 and amendments thereto, means conduct that violates those standards of professional behavior that through professional experience have become established by the consensus of the expert opinion of the members of the emergency
medical services EMS profession a reasonably necessary for the protection of the public. This term shall include any of the following:

(1) Failing to take appropriate action to safeguard the patient;

(2) performing acts beyond the activities authorized for the level at which the individual is certified;

(3) falsifying a patient’s or an ambulance service’s records;

(4) verbally, sexually, or physically abusing a patient;

(5) violating statutes or regulations concerning the confidentiality of medical records or patient information obtained in the course of professional work;

(6) diverting drugs or any property belonging to a patient or an agency;

(7) making a false or misleading statement on an application for certification renewal or any agency record;

(8) engaging in any fraudulent or dishonest act that is related to the qualifications, functions, or duties of an attendant EMS provider; or

(9) failing to cooperate with the board and its agents in the investigation of complaints or possible violations of the emergency medical services statutes or board regulations including failing to furnish any documents or information legally requested by the board. Attendants EMS providers who fail to respond to requests for documents or requests for information within 30 days from the date of request shall have the burden of demonstrating that they have acted in a timely manner.
"Unprofessional conduct," as applied to instructor-coordinators and as used in K.S.A. 65-6129b and K.S.A. 65-6129c and amendments thereto, means any of the following:

(1) Engaging in behavior that demeans a student. This behavior shall include ridiculing a student in front of other students or engaging in any inhumane or discriminatory treatment of any student or group of students;

(2) Verbally or physically abusing student;

(3) Failing to take appropriate action to safeguard a student;

(4) Falsifying any document relating to a student or the sponsoring organization;

(5) Violating any statutes or regulations concerning the confidentiality of student records;

(6) Obtaining or seeking to obtain any benefit, including a sexual favor, from a student through duress, coercion, fraud, or misrepresentation, or creating an environment that subjects a student to unwelcome sexual advances, which shall include the physical touching or verbal expressions;

(7) An inability to instruct because of alcoholism, excessive use of drugs, controlled substances, or any physical or mental condition;

(8) Reproducing or duplicating a state examination for certification without board authority;

(9) Engaging in any fraudulent or dishonest act that is related to the qualifications, functions, or duties of an instructor-coordinator or training officer;

(10) Willfully failing to adhere to the course syllabus; or
109-5-1. Continuing education. (a) As used in these regulations, “continuing education” means a formally organized learning experience that has education as its explicit principal intent and is oriented towards the enhancement of EMS practice, values, skills and knowledge.

(b) Continuing education credit shall be awarded in quarter-hour increments for instruction for which an individual meets the requirements in subsection (b) and shall not be issued for more than one hour of credit for a 60-minute period.

(b) Each individual seeking continuing education credit for a course shall submit either of the following:

(1) The individual’s certificate of attendance; or

(2) the individual’s certificate of completion.

(c) Each acceptable certificate of attendance or certificate of completion shall include the following:

(1) The name of the provider of the continuing education course;

(2) the name of the attendant being issued the certificate;

(3) the title of the course;

(4) the date or dates on which the course was conducted;

(5) the location where the course was conducted;

(6) the amount of approved continuing education credit issued to the individual for attending the course;

(7) the course identification number issued by the board, by CAPCE, or by another state’s emergency medical services regulatory or accrediting body; and
(8) the name of the person or entity authorized by the provider to issue the certificate.

(d)(1) Acceptable continuing education programs shall include the following:

(A) (1) Initial courses of instruction and prior-approved continuing education provided by a sponsoring organization and approved by the board;

(B) (2) programs approved or accredited by CAPCE, which shall be presumptively accepted by the board unless the board determines that a particular program does not meet board requirements; and

(C) (3) programs or courses approved by another state’s emergency medical services EMS regulatory or accrediting body, which shall be presumptively accepted by the board unless the board determines that a particular program does not meet board requirements.

(2) (d) Any program not addressed in this subsection (c) may be submitted for approval by the attendant EMS provider as specified in K.A.R. 109-5-5.

(e) The number of clock hours received for amount of continuing education credit obtained in one calendar day shall not exceed 12.

(f) Each attendant EMS provider and instructor-coordinator sponsoring organization shall keep documentation of completion of approved continuing education for at least three years and shall provide this documentation to the board upon request by the executive director.

(g) Documentation of completion of approved continuing education shall verify the following for each continuing education course completed:

(1) The name of the provider of the continuing education course;
(2) the name of the individual being issued the continuing education credit;

(3) the title of the continuing education course;

(4) the date or dates on which the course was conducted;

(5) the location where the course was conducted;

(6) the amount of continuing education credit issued to the individual; and

109-5-3. Continuing education approval for long-term providers. (a) Any sponsoring organization may submit an application to the board requesting approval as a long-term provider of continuing education.

(b) Each sponsoring organization seeking long-term provider approval for continuing education courses shall meet the following requirements:

(1) submit a complete application packet to the executive director at least 30 calendar days before the first initial course to be offered as part of the long-term provider of continuing education training program management plan at least 30 calendar days before the first course offered as part of the long-term provider. A complete application packet shall include the following: (A) A complete application form provided by the executive director that includes the signatures of the training program manager and the medical director; and (B) a long-term continuing education training program management plan that describes how the applicant shall meet the requirements of subsection (b); (2) appoint a training program manager who will serve as the liaison to the board concerning continuing education training; (3) appoint a physician who will serve as the medical director for the training program; (4) provide a sufficient number of lab instructors to maintain a student-to-instructor ratio of 6:1 during laboratory training sessions; (5) provide a sufficient quantity of EMS training equipment to maintain a student-to-equipment ratio of 6:1 during laboratory training sessions; (6) provide to each student, upon request, the following: (A) A course schedule that includes the following: (i) The date and time of each class lesson; (ii) the title of each lesson; and (iii) the name of the qualified instructor and that individual’s qualifications, as specified in K.A.R. 109-11-9, to teach each lesson; and (B) a certificate of
attendance that includes the following: (i) The name of the training program; (ii) a statement that the training program has been approved by the board as a long-term provider of continuing education training; (iii) the title of the continuing education offering; (iv) the date and location of the continuing education offering; (v) the amount of continuing education credit awarded to each participant for the offering; (vi) the course identification number issued by the board; and (vii) the printed name and signature of the program manager; (7) maintain training program records and continuing education course records for at least three years. The following records shall be maintained: (A) A copy of the application form and all documents required to be submitted with the application for training program approval; (B) student attendance rosters; (C) course educational objectives; and (D) master copies and completed copies of each student’s evaluations of the educational offerings; (8) establish a continuing education program quality management plan that includes the following: (A) A description of the training needs assessment used to determine the continuing education courses to be conducted; (B) a description of the training program evaluations to be conducted and a description of how a review and analysis of the completed evaluations by the training program’s medical director and the training program manager shall be conducted; (C) equipment use, maintenance, and cleaning policies; and (D) training program infection-control policies; (9) submit quarterly reports to the executive director that include the following: (A) The date, title, and location of each EMS continuing education course offered; (B) the amount of EMS continuing education credit issued for each EMS course offered; and (C) the printed name and signature of the training program manager; and (10) a description of how the program will ensure that all education offered under the
auspices of the long-term provider approval meets the definition of continuing education as specified in K.A.R. 109-1-1. (c) Each approved long-term provider wanting to offer continuing education in a distance learning format shall incorporate the following items into the provider’s long-term continuing education training program management plan shall provide a description and all policies or documents demonstrating how the sponsoring organization will utilize their quality management plan to ensure that all continuing education courses provided meet the following: (1) A definition of the process by which students can access the qualified instructor, as specified in K.A.R. 109-11-9, during any distance learning offerings Provided in a manner to protect the health and safety of students and participants; (2) a definition of the procedures used to ensure student participation in course offerings oriented towards the enhancement of EMS practice, values, skills, and knowledge; and (3) specification of each learning management system that will be used and how each system is to be used in the course issued continuing education credit as specified in K.A.R. 109-5-1. (d) Each long-term provider of continuing education courses The board shall submit any change of program manager or medical director and any change to the long-term continuing education program management plan to the board office no later than 30 calendar days after the change has occurred. Failure to submit any of these changes may result in suspension of approval as a long-term provider of continuing education issue a course identification number for each long-term provider approval. (e) Each approved long-term provider of continuing education training shall provide the executive director with a copy of all training program records and continuing education course records upon the executive director’s request. (Authorized by and implementing K.S.A. 2016 Supp. 65-6111;
P-_____________________________________.)
109-5-6. Single-program Continuing education approval for single-program providers of continuing education. (a) Any entity specified in K.A.R. 109-1-1(bb) sponsoring organization may submit an application to the executive director to conduct board requesting approval as a single-program continuing education provider.

(b) Each provider of sponsoring organization seeking single-program continuing education provider approval shall meet the following requirements:

(1) submit a complete application for single-program approval to the executive director at least 30 days before the requested offering. A complete application shall include that provides all of the following:

(A) The signatures of the program manager and the program medical advisor; and

(B) (1) A course schedule that includes the date and time of each continuing education program, the title of each continuing education topic in the program, and the instructor;

(2) provide each student with a certificate of attendance that includes the following: course educational objectives;

(2) name of each qualified instructor for the course; and

(A) The name of the continuing education program;

(B) a statement that the continuing education program has been approved by the board;

(C) the title of the continuing education program;

(D) the date, title, and location of the continuing education program course:
(E) the amount of continuing education credit completed by the attendant for the continuing education program;

(F) the board-assigned course identification number; and

(G) the printed name and signature of the program coordinator; and

(3) maintain the following records for at least three years:

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

(B) a copy of the curriculum vitae or other documentation of the credentials for each instructor and lab instructor;

(C) student attendance records;

(D) course educational objectives; and

(E) completed copies of student evaluations of the educational offering.

(c) Upon request by the executive director, each provider of single-program continuing education shall provide a copy of all continuing education program records and continuing education course records. The board shall issue a course identification number for each single-program provider approval where the course educational objectives submitted are oriented towards the enhancement of EMS practice, values, skills, and knowledge. (Authorized by and implementing K.S.A. 65-6111, as amended by L. 2008, ch. 47, sec. 1; effective May 15, 2009; P-________________________.)
109-11-1a. Emergency medical responder (EMR) course approval. (a) Emergency medical responder EMR 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 an EMR initial course of instruction shall submit a complete application packet to the executive director, including all required signatures, and the following documents: not later than 30 calendar days before the first scheduled course session

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

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

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

(C) student attendance policies;

(D) student requirements for successful course completion;

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

(F) student discipline policies; and

(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;
(D) student dress and hygiene policies;

(E) student progress conferences; and

(F) equipment use policies;

(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 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 complete 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 include all of the following conditions:

(1) Meet or exceed the course requirements described in the board’s regulations

Name of the primary instructor; and

(2) be approved by the sponsoring organization's medical director name of all ambulance services and medical facilities utilized for field or clinical training, if applicable; and

(3) maintain course records for at least three years. The following records shall be maintained a course schedule that identifies the following:

(A) A copy of all documents required to be submitted with the application for
course approval. The date and time of each class session:

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

(C) student grades the qualified instructor for each class session; and

(D) student conferences the number of psychomotor skills laboratory hours for
each class session;

(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) (d) Each primary instructor shall provide the executive director with a student
registration form from each student within 20 days of the date of the first class session
approved EMR initial course shall meet or exceed each of the educational standards referenced in K.A.R. 109-10-1a.

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

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

(h) (f) The board shall issue a course identification number for each EMR initial course of instruction approval.

(g) Program Course 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. 65-6110, 65-6111; implementing K.S.A. 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-______________________________.)
109-11-3a. Emergency medical technician (EMT) course approval. (a) Emergency medical technician (EMT) initial courses of instruction pursuant to K.S.A. 65-6121, 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 an EMT initial course of instruction shall meet the following requirements:

(1) Meet the course requirements specified in K.A.R. 109-11-1a (b)-(e); and

(2) in each initial course of instruction, include hospital clinical training and ambulance field training that provide the following:

(A) An orientation to the hospital and to the ambulance service; and

(B) supervised participation in patient care and assessment, including the performance of submit a complete patient assessment on at least one patient in compliance with K.S.A. 65-6129a and amendments thereto. In the absence of participatory clinical or field training, contrived experiences may be substituted application not later than 30 calendar days before the first scheduled course session.

(c) Each sponsoring organization shall ensure that the instructor-coordinator provides any course documentation requested by the executive director. complete application shall include all of the following:

(1) Name of the primary instructor;

(2) name of all ambulance services and medical facilities utilized for field or clinical training; and

(3) a course schedule that identifies the following:

(A) The date and time of each class session;
(B) the title of the subject matter of each class session;

(C) the qualified instructor for each class session; and

(D) the number of psychomotor skills laboratory hours for each class session.

(d) Each approved EMT initial course shall meet or exceed each of the educational standards referenced in K.A.R. 109-10-1b.

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

(f) The board shall issue a course identification number for each EMT initial course of instruction approval.

(g) Program Course 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. 2014 Supp. 65-6110 and 65-6111; implementing K.S.A. 2014 Supp. 65-6110, 65-6111, and 65-6121; effective T-109-2-7-11, Feb. 7, 2011; effective June 3, 2011; amended May 1, 2015; P-___________________________.)
109-11-4a. Advanced emergency medical technician (AEMT) course approval.

(a) AEMT initial courses of instruction pursuant to K.S.A. 65-6120, and amendments thereto, may be approved by the executive director to and shall be conducted only by sponsoring organizations.

(b) Each sponsoring organization requesting approval to conduct an AEMT initial course of instruction shall meet the course requirements in K.A.R. 109-11-1a (b)-(e) submit a complete application not later than 30 calendar days before the first scheduled course session.

(c) Each approved AEMT course shall ensure, and shall establish in writing, how each student is provided with experiences, which complete application shall include at a minimum all of the following:

1. Successfully perform 20 venipunctures, of which 10 shall be for the purpose of initiating intravenous infusions; Name of the primary instructor;

2. administer one nebulized breathing treatment during name of all ambulance services and medical facilities utilized for field or clinical training; and

3. successfully perform five intraosseous infusions; a course schedule that identifies the following:
   (A) The date and time of each class session;
   (B) the title of the subject matter of each class session;
   (C) the qualified instructor for each class session; and
   (D) the number of psychomotor skills laboratory hours for each class session.

4. perform a complete patient assessment on each of 15 patients, of which at least 10 shall be accomplished during field internship training;
(5) while directly supervised by an AEMT, a paramedic, a physician, an advanced practice registered nurse, or a professional nurse, respond to 10 ambulance calls;

(6) perform 10 intramuscular or subcutaneous injection procedures;

(7) complete 10 patient charts or patient care reports, or both; and

(8) perform the application and interpretation of the electrocardiogram on eight patients during clinical training and field internship training.

(d) Each approved AEMT initial course shall meet or exceed each of the educational standards referenced in K.A.R. 109-10-1c.

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

(e) Each sponsoring organization shall ensure that the instructor-coordinator provides any course documentation requested by the executive director.

(f) The board shall issue a course identification number for each AEMT initial course of instruction approval.

(g) Program Course 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. 2014 Supp. 65-6110 and 65-6111, implementing K.S.A. 2014 Supp. 65-6110 and 65-6111 and K.S.A. 65-6129a; effective March 2, 2012; amended May 1, 2015.)
109-11-7. Instructor-coordinator course approval. (a) Each instructor-coordinator initial courses of instruction pursuant to K.S.A. 65-6129a, and amendments thereto, may be approved by the executive director and shall be provided conducted only by the board or by an agency with which the board contracts sponsoring organizations.

(b) Each sponsoring organization requesting approval to conduct approved an instructor-coordinator initial course of instruction shall submit a complete application packet not later than 30 calendar days before the first scheduled course session:

(1) meet or exceed the curriculum described in K.A.R. 109-10-1(g);

(2) consists of a minimum of 90 hours of training; and

(3) use a text or texts approved by the board.

(c) Each complete application shall include all of the following:

(1) Name of the primary instructor;

(2) a course schedule that identifies the following:

(A) the date and time of each class session;

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

(C) the qualified instructor for each class session; and

(D) the number of psychomotor skills laboratory hours for each class session.

(d) Each approved instructor-coordinator course shall meet or exceed each of the standards described in K.A.R. 109-10-1e.

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

(f) The board shall issue a course identification number for each instructor-coordinator initial course of instruction approval.
(g) Course 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. 1988 Supp. 65-6110; implementing K.S.A. 1988 Supp. 65-6110 and 65-6111; effective T-109-1-19-89, Jan. 19, 1989; effective July 17, 1989.)
109-11-8. Successful completion of a course of instruction. (a) To successfully complete a course of instruction as an attendant EMS provider or instructor-coordinator, each student shall:

1. Attend at least 90% **Demonstrate application** of the class sessions as described in the course syllabus **a cognitive understanding** of each EMS educational standard;

2. **Maintain an average grade of at least 70%** for all examinations given during the program; and

3. Demonstrate all practical skills to the satisfaction of the course coordinator primary instructor; and

(3) demonstrate successful completion of each of the following:

(A) for an EMR initial course of instruction, 10 intramuscular injection procedures;

(B) for an EMT initial course of instruction:

(i) one complete patient assessment;

(ii) one nebulized breathing treatment; and

(iii) 10 intramuscular injection procedures; and

(C) for an AEMT initial course of instruction:

(i) 20 venipunctures, of which at least 10 shall be for the purpose of initiating intravenous infusions;

(ii) five intraosseous infusions;

(iii) 15 complete patient assessments, of which at least 10 shall be accomplished during field internship training;

(iv) 10 ambulance calls while being directly supervised by an AEMT, a paramedic, a physician, an advanced practice registered nurse, or a professional nurse;
(v) 10 completed patient charts or patient care reports, or both; and

(vi) 8 electrocardiogram applications and interpretations during clinical training and field internship training.

(b) The course coordinator, primary instructor shall provide written approval, within 15 days of the final class and at least 7 days prior to the student challenging the State examination for certification, that the requirements of subsection (a) of this regulation have been met. Evidence of a grade of C or better on a course of instruction given by an accredited post-secondary school shall substitute for written approval. (Authorized by K.S.A. 65-6110, as amended by L. 1993, Chap. 71, Sec. 1; implementing K.S.A. 65-6111, as amended by L. 1993, Chap. 71, Sec. 2, and K.S.A. 65-6129, as amended by L. 1993, Chap. 71, Sec. 5, and K.S.A. 65-6142; effective, T-109-1-19-89, Jan. 19, 1989; effective July 17, 1989, amended Jan. 31, 1994; amended P-____________.)