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Kansas
Board of
Emergency Medical Services

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

Laura Kelly, Governor

Planning and Operations Committee Meeting

Shane Pearson - Chair

AGENDA
Thursday, April 16, 2026 – 1:00 PM (CDT)

*****DOCKING STATE OFFICE BUILDING*****
915 SW Harrison, Room 350 – Ad Astra; Topeka, Kansas

Virtual Options
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I. CALL TO ORDER

II. PUBLIC COMMENT UPON ITEMS NOT APPEARING ON AGENDA

III. OLD BUSINESS

a. Reserve Vehicles, Backup Vehicles, and Out of Service Vehicles
Potential definitions requested by the committee are provided and available for consideration. Discussion to continue.

IV. NEW BUSINESS

a. None at the time of publication.

V. PARKING LOT – NO DISCUSSION ANTICIPATED

Item(s) awaiting further information or an outside recommendation prior to returning before the committee.

a. Medication List Additions (AEMT – All ACLS Meds)

VI. ADJOURNMENT

NOTES: Those desiring to provide information or comment upon an item appearing on the Agenda shall submit their information, or comment, in writing via email to joseph.house@ks.gov.

Agenda Item: **Reserve Vehicles, Backup Vehicles, and Out of Service Vehicles**

Committee: **Planning and Operations**

Text in red has been added to this brief since its original introduction in February 2026.

BACKGROUND

Statute requires the Board to adopt any rules and regulations necessary for the licensure, temporary licensure, and renewal of licensure for ambulances. Additionally, the Board is also required to adopt any rules and regulations for equipment necessary for ambulances.

K.S.A. 65-6112 defines an ambulance as "any privately or publicly owned motor vehicle, airplane or helicopter designed, constructed, prepared, staffed and equipped for use in transporting and providing emergency care for individuals who are ill or injured.

An application for a ground ambulance license shall include a safety inspection without deficiencies, proof of state vehicle registration, and a copy of the list of supplies and equipment carried on the ambulance as approved by the medical director.

An application for an air ambulance license shall include a copy of the valid standard airworthiness certificate, proof of aircraft registration with the FAA, and a copy of the list of supplies and equipment carried on the ambulance as approved by the medical director.

The Board currently has a definition for "out of service" ambulances – "means that a licensed ambulance is not immediately available for use for patient care or transport." (K.A.R. 109-1-1)

Furthermore, K.A.R. 109-2-5 subsection (h) states each licensed ambulance shall meet all regulatory requirements for the ambulance license type, except when the ambulance is out of service. It is important to note, this subsection only eliminates the requirements for the ambulance itself, not the operator's responsibilities related to ambulances (examples: ensuring the interior and exterior are maintained and all medications, medical supplies, and equipment within the ambulance are maintained in good working order and according to applicable expiration dates; ensuring all items and equipment are placed in cabinets or properly secured; and parked in a completely enclosed building with a solid concrete floor).

K.A.R. 109-2-8 lists out the regulatory requirements for a ground ambulance and these would be the requirements mentioned in subsection (h).

Problems being encountered: During the inspection process, there are compliance issues presenting themselves which can be grouped into the following overarching areas.

- an active, licensed ambulance is not equipped in a manner to execute the full medical protocols of the service.
    - Examples: Equipment in ambulance is dependent upon being taken from another licensed ambulance or from a quick response vehicle; approved equipment and medication list for the ambulance does not include key components necessary to execute medical protocols; and
- Operator is not meeting their regulatory responsibilities for all ambulances

- Active, licensed ambulance not being parked in a completely enclosed building
  - Active, licensed ambulance not being maintained in good working order
- There is no process to identify which ambulances are out of service and which are not.

Reasons provided for these compliance issues have been the truck is considered a standby/reserve only unit; too costly to put all equipment on all ambulances; staffing for that unit will never need _____ as it is outside their authorized activities; the ambulance has been emptied of its contents; we use it only as a last resort. And although some, if not all, of the reasons make sense, the ambulance and/or operator is still non-compliant with the current regulations.

During the February 2026 Planning and Operations Committee it was asked to have 3 "terms" to join "Out of Service". Those were Frontline, Backup/Spare, and Reserve. In discussing the concept with the Attorney General's office as well as the Department of Administration, their advice was to define Backup/Spare, but to pick one or the other, and to define Reserve, thereby leaving "Frontline" as an "ambulance" which is already defined.

In following this recommendation, we present the following 2 definitions and no additional definition of "Frontline":

"Spare ambulance" means a licensed ambulance utilized for patient care or transport as a secondary means of response for a permitted ambulance service.

"Reserve ambulance" means a licensed ambulance utilized for patient care or transport as a last means of response for a permitted ambulance service.

The above two definitions were provided to the two entities who provided comment on the original brief. Their response requested a single definition as follows:

"A Spare Ambulance is a licensed ambulance, maintained by a licensed EMS service, that is not assigned to routine daily operations but is kept in a state of readiness for temporary deployment OR that may be placed into service periodically to supplement frontline resources during increased demand or special circumstances. A spare ambulance is used primarily to replace a frontline ambulance that is out of service due to mechanical failure, maintenance, or repair, but is also available to be equipped and staffed at the minimum equipment level for 911 response.

Spare ambulances are not normally staffed or scheduled as primary response units, but may temporarily serve in that role when fully equipped and staffed per local policy, procedure, and/or protocol."

A quick virtual meeting with these entities was conducted on Tuesday, April 7th to discuss this submission, potential concerns, and additional ideas.

DISCUSSION

The public's expectation is the ambulance which arrives to their emergency is staffed and equipped to handle their emergency or capable of stabilizing their emergency while they are transported to a hospital.

Not all ambulance services have more than one ambulance. Therefore, the current regulation was directed to an all or none approach. Additionally, "out of service" does not appear to be a term which

was used beyond temporary and short-term unavailability as it is specifically referenced earlier in K.A.R. 109-2-5 as being out of service until the truck is disinfected.
Additional recommendation presented by the Attorney General's office aligned with comments received by the committee in recommending to identify as a number (Ex. Service would identify how many spare and reserve ambulances they have), not by actual ambulance. Allows the service to have flexibility to switch and adjust back and forth as needed by system management.

Potential other regulations this would impact:

- 109-2-1 – operator and director requirements – probably the best place to mention notification of global changes in numbers to primary, secondary, last (assuming a number was identified)
- 109-2-2 – application and renewal process – if a number were to be identified, referenced here to include within initial application and renewal
- 109-2-5 – ambulance service requirements – where to whittle requirements which may not need to exist for the service
- 109-2-8 – ground ambulance requirements – where the majority of differences would need to be delineated for the ground side
- 109-2-11 – global air ambulance requirements – where the majority of differences would need to be delineated for the air side
- 109-2-12 – rotor-wing specific requirements – minimal changes, if any
- 109-2-13 – fixed-wing specific requirements – minimal changes, if any

109-2-11 is currently within the Regulatory Revision process. Current versions of all other listed regulations and the version of 109-2-11 currently being considered for adoption are included with starting points for discussion.

FINANCING

With the current regulation driving an all or none approach, any revision or addition to statuses should not cause an increased cost to ambulance services; however there may be a cost associated if services interpreted non-compliant practice to be compliant thus causing them to have to purchase additional equipment to meet the all or none approach.

STAFF RECOMMENDATION

Staff has provided a starting point for the discussion, but would recommend to ultimately move this forward as a complete package once language and requirements have been identified.

Enclosures:

1. K.A.R. 109-2-1
2. K.A.R. 109-2-2
3. K.A.R. 109-2-5
4. K.A.R. 109-2-8
5. K.A.R. 109-2-11 (Version in Process)
6. K.A.R. 109-2-12
7. K.A.R. 109-2-13

109-2-1. Ambulance service operator. (a) Each operator of an ambulance service shall perform the following:

(1) Notify the board of any change in the service director within seven days of the change; and

(2) designate a person as the ambulance service director to serve as an agent of the operator.

(b) The ambulance service director shall meet the following requirements:

(1) Be responsible for the operation of the ambulance service;

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

(3) be responsible for maintaining a current list of the ambulance service's attendants;

(4) notify the board of each addition or removal of an attendant from the attendant roster within seven days of the addition or removal;

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

(6) submit written notification of each change in the medical director within 30 days of the change. (Authorized by K.S.A. 2020 Supp. 65-6110 and K.S.A. 2020 Supp. 65-6111; implementing K.S.A. 2020 Supp. 65-6110 and K.S.A. 2020 Supp. 65-6130; effective May 1, 1985; amended July 17, 1989; amended Jan. 31, 1997; amended Jan. 27, 2012; amended April 29, 2016; amended Dec. 31, 2021.)

109-2-2. Application for ambulance service permit and ambulance license; permit renewal and license renewal. (a)(1) Any applicant for an ambulance service permit may apply for only one ambulance service permit for each ambulance service that the applicant seeks to operate.
(2) Any applicant for an ambulance license may apply for only one ambulance license for each ambulance that the applicant seeks to operate.
(3) Any operator may apply for a temporary license for an ambulance. Each temporary license shall be valid for 60 days. Any temporary license may be extended by the executive director.
(b) All initial and renewal applications for an ambulance service permit and for an ambulance license shall be submitted through the online license management system.
(c) Each applicant who submits an insufficient application for an ambulance service permit or ambulance license shall have 30 days to correct all identified deficiencies and submit a sufficient application. If the applicant or operator fails to correct the deficiencies and submit a sufficient application, the application may be considered by the board as withdrawn.
(d) Each application shall be deemed sufficient if both of the following conditions are met:
(1) The applicant or operator submits all requested information, and no additional information is required by the board to complete the processing of the application.
(2) The applicant or operator submits payment of the fee in the correct amount.
(e) Each initial application for an ambulance service permit shall meet the following requirements:
(1) Specify the name of the operator;
(2) specify the name of the ambulance service;
(3) designate an ambulance service director;
(4) designate a medical director;
(5) designate an office address where all ambulance service records will be maintained;
(6) state the primary territory for which the permit is sought;
(7) designate the type of ambulance service being requested as either ground ambulance service or air ambulance service;
(8) designate the levels of service intended to be provided;
(9) include a copy of all operational policies;
(10) include a copy of all approved medical protocols;
(11) include a listing of all EMS providers and health care providers affiliated with the ambulance service;
(12) include a listing of all station locations where an ambulance could be parked or stored;
(13) provide the location and physical description of the facility where calls for service will be received;

(14) provide a description of each vehicle being used by the ambulance service to include the year, make, and model of the vehicle, and the primary use of the vehicle; and
(15) if the type of ambulance service being requested is for an air ambulance service, provide evidence of an air safety training program and an informational publication that meets all requirements of K.A.R. 109-2-10a.
(f) Each initial application for a ground ambulance license shall include the following:
(1) A copy of the mechanical or safety inspection without deficiencies submitted on forms required by the board or documentation from the manufacturer indicating that the vehicle has undergone a predelivery inspection without deficiencies;
(2) proof of state vehicle registration; and
(3) a copy of the list of supplies and equipment carried on the ambulance as approved by the medical director.
(g) Each initial application for an air ambulance license shall include the following:
(1) A copy of the valid standard airworthiness certificate;
(2) proof of aircraft registration with the federal aviation administration; and
(3) a copy of the list of supplies and equipment carried on the ambulance as approved by the medical director.
(h) Each ambulance service permit and ambulance license that is not temporary shall expire on April 30 of each year. Any such permit or license may be renewed annually in accordance with this regulation.
(i) Each renewal application for an ambulance service permit shall meet the following requirements:
(1) The operator shall affirm that the following information is current and accurate:
(A) Name of the ambulance service;
(B) personnel affiliated with the ambulance service, including the service director, medical director, EMS providers, and health care providers;
(C) office address where all ambulance service records shall be maintained;
(D) levels of service being provided;
(E) ambulance service's operational policies;
(F) ambulance service's approved medical protocols;
(G) description of all vehicles being used by the ambulance service to include the year, make, and model of the vehicle, and the primary use of the vehicle;
(H) all station locations where the ambulance service's ambulances could be parked or stored;
(I) location and physical description of the facility where calls for service will be received;
(J) the entry of all requests for service for the previous calendar year into the board's data collection system; and
(K) for an air ambulance service, the ambulance service's air safety training program and

informational publication.
(2) The operator shall provide the following emergency medical service information to the board:
(A) The gross receipts received by the ambulance service during the previous calendar year from the provision of patient care;
(B) the ambulance service operating budget and, if any, the tax subsidy;
(C) the charge for emergency and nonemergency patient transports, including mileage fees;
(D) the number of full-time, part-time, and volunteer staff; and
(E) the odometer reading for each vehicle being used by the ambulance service.
(j) Each application for renewal of an ambulance license shall meet the following requirements:
(1) The operator shall affirm that the following information is current and accurate:
(A) List of supplies and equipment carried on the ambulance; and
(B) the primary location where the ambulance is parked or stored.
(2) For a ground ambulance, the application shall include both of the following:
(A) Proof of valid state vehicle registration if not permanently registered; and
(B) proof of a mechanical and safety inspection completed after November 1 indicating no deficiencies that would compromise the safe transport of patients.
(3) For an air ambulance, the application shall include proof of valid aircraft registration with the federal aviation administration.
(k) A mechanical and safety inspection for each ground ambulance shall be completed by a person doing business as or employed by a vehicle maintenance service or from a certified mechanic as defined in K.A.R. 109-1-1. Proof of this inspection shall be demonstrated by submitting one of the following:
(1) A completed mechanical and safety inspection form, as provided by the board; or
(2) documentation of regular service and preventative maintenance equivalent to or exceeding the requirements of the mechanical and safety inspection form provided by the board. (Authorized by K.S.A. 2023 Supp. 65-6110 and 65-6111; implementing K.S.A. 2023 Supp. 65-6110, K.S.A. 2023 Supp. 65-6127, and K.S.A. 65-6128; effective May 1, 1985; amended July 17, 1989; amended Jan. 31, 1997; amended Dec. 29, 2000; amended Jan. 27, 2012; amended Jan. 3, 2014; amended April 29, 2016; amended March 29, 2024.)

109-2-5. Ambulance service operational standards. (a) Each ground ambulance shall have a two-way, interoperable communications system to allow contact with the ambulance service's primary communication center and with the medical facility, as defined by K.S.A. 65-411 and amendments thereto, to which the ambulance service most commonly transports patients.
(b) Smoking shall be prohibited in the patient and driver compartments of each ambulance at all times.
(c) Each operator shall ensure that the interior and exterior of the ambulance are maintained in a clean manner and that all medications, medical supplies, and equipment within the ambulance are maintained in good working order and according to applicable expiration dates.
(d) Each operator shall ensure that freshly laundered linen or disposable linen is on cots and pillows and ensure that the linen is changed after each patient is transported.
(e) When an ambulance has been utilized to transport a patient known or suspected to have an infectious disease, the operator shall ensure that the interior of the ambulance, any equipment used, and all contact surfaces are disinfected according to the ambulance service's infectious disease control policies and procedures. The operator shall place the ambulance out of service until a thorough disinfection according to the ambulance service's infection control policies and procedures has been completed.
(f) Each operator shall ensure that all items and equipment in the patient compartment are placed in cabinets or properly secured.
(g) Each operator shall park all ground ambulances in a completely enclosed building with a solid concrete floor. Each operator shall maintain the interior heat of the enclosed building at no less than 50 degrees Fahrenheit. Each operator shall ensure that the interior of the building is kept clean and has adequate lighting. Each operator shall store all supplies and equipment in a clean and safe manner.
(h) Each licensed ambulance shall meet all regulatory requirements for the ambulance license type, except when the ambulance is out of service.
(i) If an operator is unable to provide service for more than 24 hours, the operator or agent shall notify the executive director and submit an alternative plan, in writing and within 72 hours, for providing ambulance service for the operator's primary territory of coverage. The alternative plan shall be subject to approval by the executive director and shall remain in effect no more than 30 days from the date of approval. Approval by the executive director shall be based on whether the alternate plan will provide sufficient coverage to transport and provide emergency care for persons within the operator's primary territory. A written request for one or more extensions of the alternative plan for no more than 30 days each may be approved by the executive director if the operator has made a good faith effort but, due to circumstances beyond the operator's control, has been unable to completely

remedy the problem.
(j) Each operator subject to public call shall have a telephone with an advertised emergency number that is answered by an attendant or other person designated by the operator 24 hours a day. Answering machines shall not be permitted.
(k) Each operator shall produce the ambulance service permit and service records upon request of the board.
(l) Each operator shall maintain service records for three years.
(m) Each operator shall ensure that documentation is completed for each request for service and for each patient receiving patient assessment, care, or transportation. Each operator shall furnish a completed copy or copies of each patient care report form upon request of the board.
(n) Each operator shall maintain a daily record of each request for ambulance response. This record shall include the date, time of call, scene location, vehicle number, trip number, caller, nature of call, and disposition of each patient.
(o) Each operator shall maintain a copy of the patient care documentation for at least three years.
(p) Each operator shall ensure that a copy of the patient care documentation for initial transport of emergency patients is made available to the receiving medical facility, within 24 hours of the patient's arrival.
(q) Each operator shall maintain a current duty roster that demonstrates compliance with K.S.A. 65-6135, and amendments thereto. The duty roster shall reflect appropriate staffing for the service and ambulance type as specified in K.A.R. 109-2-6 and 109-2-7.
(r) Each operator shall provide a quality improvement or assurance program that establishes medical review procedures for monitoring patient care activities. This program shall include policies and procedures for reviewing patient care documentation. Each operator shall review patient care activities at least once each quarter of each calendar year to determine whether the ambulance service's attendants are providing patient care commensurate with the attendant's scope of practice and local protocols.
(1) Review of patient care activities shall include quarterly participation by the ambulance service's medical director in a manner that ensures that the medical director is meeting the requirements of K.S.A. 65-6126, and amendments thereto.
(2) Each operator shall, upon request, provide documentation to the executive director demonstrating that the operator is performing patient care reviews and that the medical director is reviewing, monitoring, and verifying the activities of the attendants pursuant to K.S.A. 65-6126, and amendments thereto, as indicated by the medical director's electronic or handwritten signature.
(3) Each operator shall ensure that documentation of all medical reviews of patient care activities is maintained for at least three years.

(4) Within 60 days after completion of the internal review processes of an incident, each operator shall report to the board on forms approved by the board any incident indicating that an attendant or other health care provider functioning for the operator met either of the following conditions:
(A) Acted below the applicable standard of care and, because of this action, had a reasonable probability of causing injury to a patient; or
(B) acted in a manner that could be grounds for disciplinary action by the board or other applicable licensing agency.
(s) Each ambulance service operator shall develop and implement operational policies or guidelines, or both, that have a table of contents and address policies and procedures for each of the following topics:
(1) Radio and telephone communications;
(2) interfacility transfers;
(3) emergency driving and vehicle operations;
(4) do not resuscitate (DNR) orders, durable powers of attorney for health care decisions, and living wills;
(5) multiple-victim and mass-casualty incidents;
(6) hazardous material incidents;
(7) infectious disease control;
(8) crime scene management;
(9) documentation of patient reports;
(10) consent and refusal of treatment;
(11) management of firearms and other weapons;
(12) mutual aid, which means a plan for requesting assistance from another resource;
(13) patient confidentiality;
(14) extrication of persons from entrapment; and
(15) any other procedures deemed necessary by the operator for the efficient operation of the ambulance service.
(t) Each ambulance service operator shall provide the operational policies to the executive director, upon request.
(u) Each ambulance service operator shall adopt and implement medical protocols developed and approved in accordance with K.S.A. 65-6112, and amendments thereto. The medical protocols shall be approved annually.
(v) Each operator's medical protocols shall include a table of contents and treatment procedures at a minimum for the following medical and trauma-related conditions for pediatric and adult patients:
(1) Diabetic emergencies;
(2) shock;

(3) environmental emergencies;
(4) chest pain;
(5) abdominal pain;
(6) respiratory distress;
(7) obstetrical emergencies and care of the newborn;
(8) poisoning and overdoses;
(9) seizures;
(10) cardiac arrest;
(11) burns;
(12) stroke or cerebral-vascular accident;
(13) chest injuries;
(14) abdominal injuries;
(15) head injuries;
(16) spinal injuries;
(17) multiple-systems trauma;
(18) orthopedic injuries;
(19) drowning; and
(20) anaphylaxis.
(w) Each operator shall make available a current copy of the ambulance service's operational policies or guidelines and medical protocols to any person listed as an attendant and any other health care provider on the ambulance service's attendant roster. (Authorized by K.S.A. 2011 Supp. 65-6110 and K.S.A. 2011 Supp. 65-6111; implementing K.S.A 2011 Supp. 65-6110, K.S.A. 2011 Supp. 65-6112, K.S.A. 2011 Supp. 65-6126, K.S.A. 65-6130, and K.S.A. 2011 Supp. 65-6135; effective May 1, 1985; amended, T-88-24, July 15, 1987; amended May 1, 1988; amended Aug. 27, 1990; amended Aug. 16, 1993; amended Jan. 31, 1997; amended Jan. 27, 2012; amended July 5, 2013.)

109-2-8. Standards for ground ambulances and equipment. (a) Each ground ambulance shall meet the vehicle and equipment standards that are applicable to that type of ambulance.
(b) Each ground ambulance shall have the ambulance license prominently displayed in the patient compartment.
(c) The patient compartment size shall meet or exceed the following specifications:
(1) Headroom: 60 inches; and
(2) length: 116 inches.
(d) Each ambulance shall have a heating and cooling system that is controlled separately for the patient and the driver compartments. The air conditioners for each compartment shall have separate evaporators.
(e) Each ambulance shall have separate ventilation systems for the driver and patient compartments. These systems shall be separately controlled within each compartment. Fresh air intakes shall be located in the most practical, contaminant-free air space on the ambulance. The patient compartment shall be ventilated through the heating and cooling systems.
(f) The patient compartment in each ambulance shall have adequate lighting so that patient care can be given and the patient's status monitored without the need for portable or hand-held lighting. A reduced lighting level shall also be provided. A patient compartment light and step-well light shall be automatically activated by opening the entrance doors. Interior light fixtures shall not protrude more than 1½ inches.
(g) Each ambulance shall have an electrical system to meet maximum demand of the electrical specifications of the vehicle. All conversion equipment shall have individual fusing that is separate from the chassis fuse system.
(h) Each ground ambulance shall have lights and sirens as required by K.S.A. 8-1720 and K.S.A. 8-1738, and amendments thereto.
(i) Each ground ambulance shall have an exterior patient loading light over the rear door, which shall be activated both manually by an inside switch and automatically when the door is opened.
(j) The operator shall mark each ground ambulance licensed by the board as follows:
(1) The name of the ambulance service shall be in block letters, not less than four inches in height, and in a color that contrasts with the background color. The service name shall be located on both sides of the ambulance and shall be placed in such a manner that it is readily identifiable to other motor vehicle operators.
(2) Any operator may use a decal or logo that identifies the ambulance service in place of lettering. The decal or logo shall be at least 10 inches in height and shall be in a color that contrasts with the background color. The decal or logo shall be located on both sides of the ambulance and shall be placed in such a manner that the decal or logo is readily

identifiable to other motor vehicle operators.
(3) Each ground ambulance initially licensed by the board before January 1, 1995 that is identified either by letters or a logo on both sides of the groundambulance shall be exempt from the minimum size requirements in paragraphs (1) and (2) of this subsection.
(k) Each ground ambulance shall have a communications system that is readily accessible to both the attendant and the driver and is in compliance with K.A.R. 109-2-5(a).
(l) An operator shall equip each ground ambulance as follows:
(1) At least two annually inspected ABC fire extinguishers or comparable fire extinguishers, which shall be secured;
(2) either two portable, functional flashlights or one flashlight and one spotlight;
(3) one four-wheeled or six-wheeled, all-purpose, multilevel cot with an elevating head and at least two safety straps with locking mechanisms;
(4) one urinal;
(5) one bedpan;
(6) one emesis basin or convenience bag;
(7) one complete change of linen;
(8) two blankets;
(9) one waterproof cot cover;
(10) one pillow;
(11) a no-smoking sign posted in the patient compartment and the driver compartment; and
(12) mass-casualty triage tags.
(m) The operator shall equip each ground ambulance with the following internal medical systems:
(1) An oxygen system with at least two outlets located within the patient compartment and at least 2,000 liters of storage capacity, with aminimum oxygen level of 200 psi. The cylinder shall be in a compartment that is vented to the outside. The pressure gauge and regulator control valve shall be readily accessible to the attendant from inside the patient compartment; and
(2) a functioning, on-board, electrically powered suction aspirator system with a vacuum of at least 300 millimeters of mercury at the catheter tip. The unit shall be easily accessible with large-bore, nonkinking suction tubing and a large-bore, semirigid, nonmetallic oropharyngeal suction tip.
(n) The operator shall equip each ground ambulance with the following medical equipment:
(1) A portable oxygen unit of at least 300-liter storage capacity, complete with pressure gauge and flowmeter and with a minimum oxygen level of 200 psi. The unit shall be readily accessible from inside the patient compartment;
(2) a functioning, portable, self-contained battery or manual suction aspirator with a

vacuum of at least 300 millimeters of mercury at the catheter tip and a transparent or translucent collection bottle or bag. The unit shall be fitted with large-bore, nonkinking suction tubing and a large-bore, semirigid, nonmetallic oropharyngeal suction tip, unless the unit is self-contained; and

(3) currently dated supplies, medications, and equipment as authorized by the scope of practice and protocols, in accordance with the applicable list of supplies, medications, and equipment approved by the medical director.

(o) The operator shall equip each ground ambulance with the following blood-borne and body fluid pathogen protection equipment in a quantity sufficient for crew members:

(1) Surgical or medical protective gloves;

(2) protective goggles, glasses or chin-length clear face shields;

(3) filtering masks that cover the mouth and nose;

(4) nonpermeable, full-length, long-sleeve protective gowns;

(5) a leakproof, rigid container clearly marked as "Biohazard" for the disposal of sharp objects; and

(6) a leakproof, closeable container for soiled linen and supplies.

(p) If an operator's medical protocols or equipment list is amended, a copy of these changes shall be submitted to the board by the ambulance service operator within15 days of implementation of the change. Equipment and supplies obtained on a trial basis or for temporary use by the operator shall not be required to be reported to the board by an operator. (Authorized by K.S.A. 2016 Supp. 65-6110; implementing K.S.A. 2016 Supp. 65-6110 and K.S.A. 65-6128; effective May 1, 1985; amended, T-88-24, July 15, 1987; amended May 1, 1988; amended July 17, 1989; amended Aug. 16, 1993; amended Jan. 31, 1997; amended Jan. 27, 2012; amended Feb. 13, 2015; amended April 29, 2016; amended June 30, 2017.)

109-2-11. Standards for air ambulances and equipment. (a) The operator shall ensure that the patient compartment in each air ambulance is configured in such a way that air medical personnel have adequate access to the patient in order to begin and maintain care commensurate with the patient's needs. The operator shall ensure that the air ambulance has adequate access and necessary space to maintain the patient's airway and to provide adequate ventilator support by ~~an attendant~~ air medical personnel from the secured, seat-belted position within the air ambulance.

(b) Each air ambulance operator shall have a policy that addresses climate control of the aircraft for the comfort and safety of both the patient and air medical personnel. The air medical crew shall take precautions to prevent temperature extremes that could adversely affect patient care.

(c) ~~The operator shall equip each air ambulance with the following:~~

~~(1) Either two portable functioning flashlights or a flashlight and one spotlight;~~

~~(2) either a cot with an elevating head and at least three safety straps with locking mechanisms or an isolette;~~

~~(3) one emesis basin or convenience bag;~~

~~(4) one complete change of linen;~~

~~(5) one blanket;~~

~~(6) one waterproof cot cover; and~~

~~(7) a no smoking sign posted in the aircraft~~.

NOT IN EFFECT - IN REVISION PROCESS

~~(d)~~ Each air ambulance shall have a two way communications system that is readily accessible to both the <u>air</u> medical personnel and the pilot and that meets the following requirements:

(1) Allows communication between the aircraft and air traffic control systems; and

(2) allows air medical personnel to communicate at all times with medical control, exclusive of the air traffic control system.

~~(e)~~ <u>(d)</u> The pilot or pilots shall be sufficiently isolated from the patient care area to minimize in-flight distractions and interference.

~~(f)~~ <u>(e)</u> The operator shall equip each air ambulance with an internal medical system that includes the following:

(1) An internal oxygen system with at least one outlet per patient located inside the patient compartment and with at least 2,500 liters of storage capacity with a minimum of 200 psi. The pressure gauge, regulator control valve, and humidifying accessories shall be readily accessible to ~~attendants and~~ <u>air</u> medical personnel from inside the patient compartment during in-flight operations;

(2) an electrically powered suction aspirator system with an airflow of at least 30 liters per minute and a vacuum of at least 300 millimeters of mercury. The unit shall be equipped with large-bore, nonkinking suction tubing and a semirigid, nonmetallic oropharyngeal suction tip; and

(3) oxygen flowmeters and outlets that are padded, flush-mounted, or located to prevent injury to air medical personnel, unless helmets are worn by all crew members during all phases of flight operations.

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~~(g)~~ (f) The operator shall equip each air ambulance with the following:

(1) A portable oxygen unit of at least 300-liter storage capacity complete with pressure gauge and flowmeter with a minimum of 200 psi. The unit shall be readily accessible from inside the patient compartment;

(2) a portable, self-contained battery or manual suction aspirator with an airflow of at least 28 liters per minute and a vacuum of at least 300 millimeters of mercury. The unit shall be fitted with large-bore, nonkinking suction tubing and a semirigid, nonmetallic, oropharyngeal suction tip;

(3) currently dated medical supplies, medications and equipment in sufficient quantity and proper working order to execute the ambulance service's medical protocols and to perform any necessary interventions specific to the assigned mission ~~that include the following:~~

~~(A) Airway management equipment, including tracheal intubation equipment, adult, pediatric, and infant bag-valve masks, and ventilatory support equipment;~~

~~(B) a cardiac monitor capable of defibrillating and an extra battery or power source;~~

~~(C) cardiac advanced life support drugs and therapeutic modalities, as indicated by the ambulance service's medical protocols;~~

~~(D) neonate specialty equipment and supplies for neonatal missions and as indicated by the ambulance service's medical protocols;~~

~~(E) trauma advanced life support supplies and treatment modalities, as indicated in the ambulance service's medical protocols; and~~

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~~(F) a pulse oximeter and an intravenous infusion pump~~; ~~and~~

(4) blood-borne and body fluid pathogen protection equipment ~~as described in K.A.R. 109-2-8~~ in a quantity sufficient for crew members to include:

(A) Surgical or medical protective gloves;

(B) protective goggles, glasses, or chin-length clear face shields;

(C) filtering masks that cover the mouth and nose;

(D) nonpermeable, full-length, long-sleeve protective gowns;

(E) a leakproof, rigid container clearly marked as "Biohazard" for the disposal of sharp objects; and

(F) a leakproof, closeable container for soiled linen and supplies;

(5) Either two portable functioning flashlights or a flashlight and one spotlight;

(6) either a cot with an elevating head and at least three safety straps with locking mechanisms or an isolette;

(7) one emesis basin or convenience bag;

(8) one complete change of linen;

(9) one blanket;

(10) one waterproof cot cover; and

(11) a no smoking sign posted in the aircraft.

~~(h)~~ (g) If an operator's medical protocols are amended, the operator shall submit these changes to the board within 15 days of implementation of the change with a letter of approval from the ambulance service's medical director ~~pursuant to K.S.A. 65-6112 (r), and amendments thereto, within 15 days of implementation of the change~~.

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(h) The operator shall maintain a medical equipment list of the minimum medical supplies, medications and equipment kept on the air ambulance at all times. Such medical equipment list shall be provided to the board upon request.

(i) Equipment and supplies obtained on a trial basis or for temporary use by the operator shall not be required to be reported to the board by the operator. If the operator's medical equipment list is amended, the operator shall submit these changes to the board within 15 days of implementation of the change with a letter of approval from the ambulance service's medical director.

(j) Each air ambulance operator shall ensure that each air ambulance has on board, at all times, appropriate survival equipment for the mission and terrain of the ambulance service's geographic area of operations.

(k) Each air ambulance operator shall ensure that the aircraft has an adequate interior lighting system so that patient care can be provided and the patient's status can be monitored without interfering with the pilot's vision. The air ambulance operator shall ensure that the aircraft cockpit is capable of being shielded from light in the patient care area during night operations or that red lighting or a reduced lighting level is also provided for the pilot and air ambulance personnel.

(l) Each aircraft shall have at least one stretcher that meets the following requirements:

(1) Accommodates a patient who is up to six feet tall and weighs 212 pounds;

(2) is capable of elevating the patient's head at least 30 degrees for patient care and comfort;

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(3) has three securing straps for adult patients; and

(4) has a specifically designed mechanism for securing pediatric patients.

(m) Each air ambulance operator shall ensure that all equipment, stretchers, and seating are so arranged as not to block rapid egress by air medical personnel or patients from the aircraft. The operator shall ensure that all equipment on board the aircraft is affixed or secured in either approved racks or compartments or by strap restraint while the aircraft is in operation.

(n) The aircraft shall have an electric inverter or appropriate power source that is sufficient to power patient specific medical equipment without compromising the operation of any electrical aircraft equipment.

(o) When an isolette is used during patient transport, the operator shall ensure that the isolette is able to be opened from its secured in-flight position in order to provide full access to the infant.

(p) Each air ambulance operator shall ensure that all medical equipment is maintained according to the manufacturer's recommendations and does not interfere with the aircraft's navigation or onboard systems.

(q)(1) Each operator of ~~a~~ an air ambulance service shall staff each air ambulance with a pilot and one of the following groups of individuals, who shall remain in the patient compartment during patient transport:

(A) At least two of the following: a physician, an individual licensed to practice medicine and surgery pursuant to K.S.A. 65-28,133, and amendments thereto, physician assistant, advanced practice registered nurse, ~~or~~ professional nurse or

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registered nurse holding a multistate license pursuant to K.S.A. 65-1166, and amendments thereto; or

(B) one of the individuals listed in paragraph (q)(1)(A) and one of the following:

(i) A paramedic;

(ii) a paramedic authorized to practice pursuant to K.S.A. 65-6158, and amendments thereto; or

~~(ii)~~ (iii) an optional staff member commensurate with the patient's care needs, as determined by the ambulance service's medical director or as described in the ambulance service's medical protocols, who shall be health care personnel as defined in K.A.R. 109-1-1. The medical personnel shall remain in the patient compartment during patient transport.

(2)(A) When providing critical care transports as defined in K.A.R. 109-1-1, at least one of the medical personnel specified in paragraphs (q)(1)(A) and (B) shall be currently certified in advanced cardiac life support by a certifying entity approved by the board.

(B) When performing neonatal or pediatric missions, at least one of the medical personnel specified in paragraphs (q)(1)(A) and (B) shall be currently certified in advanced life support for neonatal and pediatric patients by a certifying entity approved by the board.

(C) When responding to the scene of an accident or medical emergency, not including transports between medical facilities, at least one of the medical personnel

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specified in paragraphs (q)(1)(A) and (B) shall be certified in one of the following areas by a certifying entity approved by the board:

(i) International trauma life support-advanced (ITLSA);

(ii) transport professional advanced trauma course (TPATC);

(iii) trauma nurse core course (TNCC);

(iv) certified flight registered nurse (CFRN);

(v) certified transport registered nurse (CTRN);

(vi) pre-hospital trauma life support (PHTLS);

(vii) ~~advanced care and trauma transport (ACTT)~~ critical care paramedic-certification (CCP-C)~~;~~

(viii) critical care emergency medical ~~technician paramedic~~ transport program (CCEMTP); or

(ix) flight paramedic-certification (FP-C). (Authorized by and implementing K.S.A. ~~2015~~ 2025 Supp. 65-6110; effective May 1, 1987; amended July 17, 1989; amended Jan. 31, 1997; amended Jan. 27, 2012; amended July 7, 2014; amended April 29, 2016; amended P-______________.)

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109-2-12. Standards for rotor-wing ambulance aircraft and equipment. (a) Each operator of an air ambulance service shall comply with the requirements in K.A.R. 109-2-11.

(b) The aircraft configuration shall not compromise patient stability during any part of flight operations. The aircraft shall have an entry that allows loading and unloading of the patient without maneuvering the patient more than 45 degrees about the lateral axis and 30 degrees about the longitudinal axis and does not compromise the functioning of monitoring systems, intravenous lines, or manual or mechanical ventilation.

(c) The aircraft shall have an external search light, which shall meet the following requirements:

(1) Provide at least 400,000-candlepower illumination at 200 feet;

(2) be separate from the aircraft landing lights;

(3) be moveable 90 degrees longitudinally and 180 degrees laterally; and

(4) be capable of being controlled from inside the aircraft.

(d) Each rotor-wing aircraft shall have a two-way interoperable communications system that is readily accessible to both the attendants and the pilot and meets the following requirements:

(1) Allows communications between the aircraft and a hospital for medical control, exclusive of the air traffic control system; and

(2) allows communications between the aircraft and ground-based ambulance services, exclusive of the air traffic control system. (Authorized by and implementing K.S.A. 65-6110, as amended by L. 2011, ch. 114, sec. 81; effective May 1, 1987; amended July 17, 1989; amended Jan. 31, 1997; amended Jan. 27, 2012.)

109-2-13. Standards for fixed-wing ambulance aircraft and equipment. (a) Each operator shall ensure that each fixed-wing air ambulance is pressurized during patient transports according to the ambulance service's medical protocols and operational policies.

(b) The pilot or pilots shall be sufficiently isolated from the patient care area to minimize inflight distractions and interference.

(c) Each fixed-wing air ambulance shall have a two-way, interoperable communications system that is readily accessible to both the attendants and the pilot and that meets the following requirements:

(1) Allows communications between the aircraft and a hospital; and

(2) allows an attendant to communicate at all times with medical control, exclusive of the air traffic control system.

(d) Fixed-wing ambulance aircraft shall have on board patient comfort equipment including the following:

(1) One urinal; and

(2) one bedpan. (Authorized by and implementing K.S.A. 2013 Supp. 65-6110; effective Jan. 31, 1997; amended Jan. 27, 2012; amended July 7, 2014.)