

MINUTES OF THE HOUSE COMMITTEE ON LOCAL GOVERNMENT.

The meeting was called to order by Chairperson Nancy Brown at 1:30 p.m. on February 1, 1994, 1994 in Room 521-S of the Capitol.

All members were present except: Representative Les Donovan (excused)

Committee staff present: Michael Heim, Legislative Research Department
Theresa Kiernan, Revisor of Statutes
Lois Hedrick, Committee Secretary

Conferees appearing before the committee:

Dave Garcia, Mid America Regional Council
Tom Schaefer, City of Lenexa
Brad Smoot, Greater Kansas City Chamber of Commerce
Michael Howe, City of Lenexa
Representative Gary Haulmark
Bob McDanel, Administrator, Board of Emergency Medical Services
Chip Wheelen, Kansas Medical Society
Tom Pollan, Director, Sedgwick County Emergency Medical Services
JoAnn Knak, Director, Marion County Emergency Medical Services
Fred Thorp, Director, Kansas City Fire Department/Emergency Medical Services

Others attending: See Attachment 1.

The Chairman noted that the following items have been given to members: the updated Committee Action Report; listing of Thursday's subcommittee meetings; subjective information on the Open Meetings Act; and minutes of the Flood Task Force (which recommended several bills that have been referred to this committee).

On motion of Representative Hayzlett, seconded by Representative Macy, the minutes of the meeting held on January 27, 1994 were approved.

Chairman Brown then opened the hearing on **HB 2675** concerning mutual aid agreements between local units of government, one of the bills recommended by the Flood Task Force. The Chairman explained that she had met with supporters of the bill, who would like the committee to consider some amendments. Dave Garcia, Mid America Regional Council, testified in support of the bill and the proposed amendments (see Attachment 2). The Chairman recommended that provisions be added to the bill specifying that a copy of any policy and/or ordinance or resolution adopted by the municipality be sent to the County's Local Emergency Planning Committee, the county Emergency Preparedness coordinator and the Division of Emergency Preparedness. Mr. Garcia stated he would favor the addition.

Mike Howe, of Lenexa, spoke in support of the bill and stated his support of the proposal with the addition of the draft of the bill prepared by the Legislative Research Department.

Tom Schaefer, Assistant to the City Administrator of Lenexa, testified in support of **HB 2675** and stated this type of legislation is very important to provide flexibility for municipalities to quickly act, particularly for smaller communities who do not have a lot of resources available.

Brad Smoot, on behalf of the Greater Kansas City Chamber of Commerce, expressed support of the bill and suggested the committee review closely the tort liability provisions of the bill. Representative Gary Haulmark also stated his support of the bill.

There being no others present to testify, the hearing on **HB 2675** was closed.

Chairman Brown then opened the hearing on **HB 2713**, concerning emergency medical services; attendant's licensure and authorized activities. Bob McDanel, Administrator for the Board of Emergency Medical Services, described the provisions of the bill and stated the recommended changes were primarily technical in nature to clarify the statutes (see Attachment 3). He stated the Board of Emergency Medical Services supports the bill and recommends its passage.

Chip Wheelen, of the Kansas Medical Society, testified in favor of **HB 2713** and offered a change in the definition set out in section 1(f) (see Attachment 4). Some questions were raised concerning the need for the entire section (f) and Mr. Wheelen agreed that the section could be deleted. Mr. Wheelen also suggested the addition of "Kansas" to denote that Kansas protocols govern Kansas EMS units when patients are transported to medical facilities in other states.

Tom Pollan, Director, Sedgwick County Emergency Medical Services, testified in support of the bill and the intent of the amendments being offered. He recommended that careful consideration be given in specifying standards for the entire state due to the differences in resource availability. Mr. Pollan set out several concerns he has with the proposal and offered changes for consideration (see Attachment 5).

JoAnn Knak, Director, Marion County Emergency Medical Services, spoke in support of the bill and relaxing the requirements for attendant's ADT training (see Attachment 6).

Fred Thorp, Director, Kansas City Fire Department/Emergency Medical Services, expressed support for the bill and listed several areas of concern with the proposed bill (see Attachment 7).

There being no others present to testify on **HB 2713**, the hearing was closed. The Chairman then appointed the following members to a subcommittee to work with Mr. McDanel and Theresa Kiernan to review the various recommended changes to the bill and report back to the full committee: Chairman - Representative Hayzlett; Members - Representatives Grant, Holmes and Mays.

The Chairman announced that the subcommittee on Hazardous Materials Training, chaired by Representative Donovan, will complete its work shortly. Representative Tomlinson reported that the subcommittee on Special Districts has developed objectives for consideration and will be submitting proposed legislation for full committee consideration that will clarify special districts accountability to the districts they serve. Representative Macy reported the subcommittee on **HB 2103** is drafting their report. Representative Mays stated the subcommittee on Fire District Consolidation will meet Thursday, 1:30 p.m. in the West Lounge, Fifth Floor of the Capitol. Representative Ballard reported that the subcommittee on Emergency Preparedness is hard at work. Representative Ballard and Representative Holmes are also reviewing the changes discussed on January 27 concerning storm shelters.

The Chairman alerted committee members that several more bills will soon be assigned to the committee making an ambitious schedule of hearings of perhaps three to four bills a day. Also, she announced that a technical conflict was found in legislation passed last year concerning counties which needs to be resolved. She suggested introduction of a committee bill to achieve the changes desired. On motion of Representative Hayzlett, seconded by Representative Bryant, the committee voted to introduce such a bill.

The meeting was adjourned at 3:00 p.m. The next meeting of the committee will be held on February 2, 1994, at 1:30 p.m., in Room 521-S of the Capitol.

HOUSE OF REPRESENTATIVES
COMMITTEE ON LOCAL GOVERNMENT
CONFEREES AND VISITORS
FEBRUARY 1, 1994

NAME AND ADDRESS (Please print)	REPRESENTING
Michelle Clum Topoka	atly. Jan Small
Brad Suroot	KCCC
Bob McDonald	Board of EMS
Tom Pollaw	Sedgewick Co EMS
Tom Schaefer	City of Lenexa
Jo Ann Hawk	Marion Co EMS
Chip Wheelen	KS Medical Soc.
Dave Garcia	Mid America Regional Council
Michael Howe	City of Lenexa
FRED THORP	RCKFD/EMS
Mc Davis	Dept. of Ad.

600 BROADWAY 300 RIVERGATE CENTER
KANSAS CITY, MISSOURI 64105-1554

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MARC

MID-AMERICA REGIONAL COUNCIL

Testimony to the Kansas House of Representatives

Committee on Local Government

Regarding H.B. 2675 - Mutual Aid

My name is Dave Garcia. I am director of environmental and emergency services for the Mid-America Regional Council, an organization of local governments in the bistate eight county Kansas City area. Our members counties include Johnson, Leavenworth and Wyandotte counties in Kansas and Cass, Clay, Jackson, Platte and Ray counties in Missouri. The Mid-America Regional Council, or MARC, provides a forum for cooperation among local governments and between the public and private sectors on a number of regional issues, including emergency service issues. I am here to testify in support of H.B. 2675, with the suggested amendments.

One of MARC's activities in immediate response to the flood of 1993 was to match local governments needing construction equipment, operators and technical expertise with other local governments and private companies that could provide these resources. Area governments provided approximately \$200,000 worth of flood cleanup equipment and services to other cities in the region. While these resources were provided without delay due to concerns regarding reimbursement, one of the issues raised was the liability assumed by local governments providing technical and other assistance. This was not a new concern; the rendering of fire response and emergency medical service mutual aid across the state line in the Kansas City area is a weekly occurrence, and the liability associated with this activity has been raised before.

Two MARC committees, the Metro Emergency Preparedness Committee, composed of city and county emergency preparedness directors, and the MARC Emergency Rescue Committee, composed of representatives from ambulance service providers, have discussed this issue several times over the past few years. Last fall, both of these committees expressed an interest in addressing the liability concerns associated with rendering of mutual aid for fires, hazardous materials accidents, natural disasters and other emergencies.

Mr. Mike Howe, the Lenexa City Attorney, was kind enough to provide legal assistance in reviewing current state laws regarding mutual aid and discussing this matter with the Attorney General's office.

HOUSE LOCAL GOVERNMENT
Attachment # 2-1
2 / 1 / 94

Chair
Georgia Erickson
Council Member
Overland Park, KS

1st Vice Chair
Marsha Murphy
County Executive
Jackson County, MO

2nd Vice Chair
T.A. Stolfus, D.V.M.
Mayor
Bonner Springs, KS

Secretary
Gary L. Mallory
County Clerk
Cass County, MO

Treasurer
William McDonald
Council Member
Independence, MO

David A. Warm
Executive Director

In our opinion, the approach outlined in H.B. 2675 has considerable merit; it does not mandate local action, or raise local costs; essentially, it provides liability protection for existing practices and facilitates mutual aid in responding to emergencies. The regional mutual aid approach embodied in H.B. 2675 would be in keeping with the regional approach being taken to training of fire service recruits through the Kansas City Regional Fire Academy.

The Kansas City Metro Fire Chiefs Association, which includes over fifty fire departments and fire protection districts throughout the bistate metropolitan Kansas City area has endorsed the approach described in H.B. 2675, as has the MARC Board of Directors, a group of twenty-eight elected city and county officials from the metro area. On behalf of these groups I would respectfully request your support for H.B. 2675, with the suggested amendments.



Bob McDanel
Administrator

State of Kansas

BOARD OF EMERGENCY MEDICAL SERVICES

109 S.W. 6TH STREET, TOPEKA, KS 66603-3826

(913) 296-7296 Administration

(913) 296-7403 Education & Training

(913) 296-7299 Examination & Certification

(913) 296-7408 Planning & Regulation

(913) 296-6212 FAX

Joan Finney
Governor

DATE: February 1, 1994
TO: House Local Government Committee
FROM: Bob McDanel *BM*
SUBJECT: Testimony in Support of HB 2713

The Board of Emergency Medical Services is the state agency which regulates pre-hospital emergency medical services. Agency responsibilities include the permitting of ambulance services, the licensing of vehicles, and the training, examination and certification of ambulance attendants and instructors. The board also provides an emergency radio communications system in 51 counties and support to four regional EMS councils.

HB 2713 is the board's legislative package. The bill proposes a number of changes which will significantly enhance Kansas emergency medical services. These changes either clarify existing statutes or simplify compliance of service operators and attendants with state law.

HB 2713 would accomplish the following:

- 1) Clarify the approval of medical protocols, which attendants use to ensure they provide medical treatment which complies with physician direction;
- 2) Allow emergency medical technicians to assist a patient in administering a selected group of prescribed medications;
- 3) Clarify the role of first responders in extricating individuals in need of emergency care; and
- 4) Allow attendants to maintain automated defibrillator certification by completing annual continuing education instead of re-taking the initial training program.

Since each of these changes could have an impact on medical treatment, the board has consulted with the Kansas Medical Society, which is generally supportive of this bill. The Board of Emergency Medical Services strongly supports HB 2713 and requests passage by this committee.

RM/st

HOUSE LOCAL GOVERNMENT
Attachment # 3
2 / 1 / 94

HOUSE BILL No. 2713

By Committee on Local Government

1-21



KANSAS MEDICAL SOCIETY

623 SW 10th Ave. • Topeka, Kansas 66612
(913) 235-2383 FAX # (913) 235-5114

Chip Wheelen
Director of Public Affairs

8 AN ACT concerning emergency medical services; relating to the
9 licensure and activities of attendants; amending K.S.A. 65-6119,
10 65-6120, 65-6121, 65-6123 and 65-6144 and K.S.A. 1993 Supp.
11 65-6112 and 65-6149 and repealing the existing sections.
12

13 *Be it enacted by the Legislature of the State of Kansas:*

14 Section 1. K.S.A. 1993 Supp. 65-6112 is hereby amended to read
15 as follows: 65-6112. As used in this act:

16 (a) "Administrator" means the administrator of the emergency
17 medical services board.

18 (b) "Ambulance" means any privately or publicly owned motor
19 vehicle, airplane or helicopter designed, constructed, prepared and
20 equipped for use in transporting and providing emergency care for
21 individuals who are ill or injured.

22 (c) "Ambulance service" means any organization operated for the
23 purpose of transporting sick or injured persons to or from a place
24 where medical care is furnished, whether or not such persons may
25 be in need of emergency or medical care in transit.

26 (d) "Attendant" means a first responder or an emergency medical
27 technician, an emergency medical technician-intermediate, an emer-
28 gency medical technician-defibrillator or a mobile intensive care tech-
29 nician whose primary function is ministering to the needs of persons
30 requiring emergency medical services.

31 (e) "Board" means the emergency medical services board estab-
32 lished pursuant to K.S.A. 65-6102, and amendments thereto.

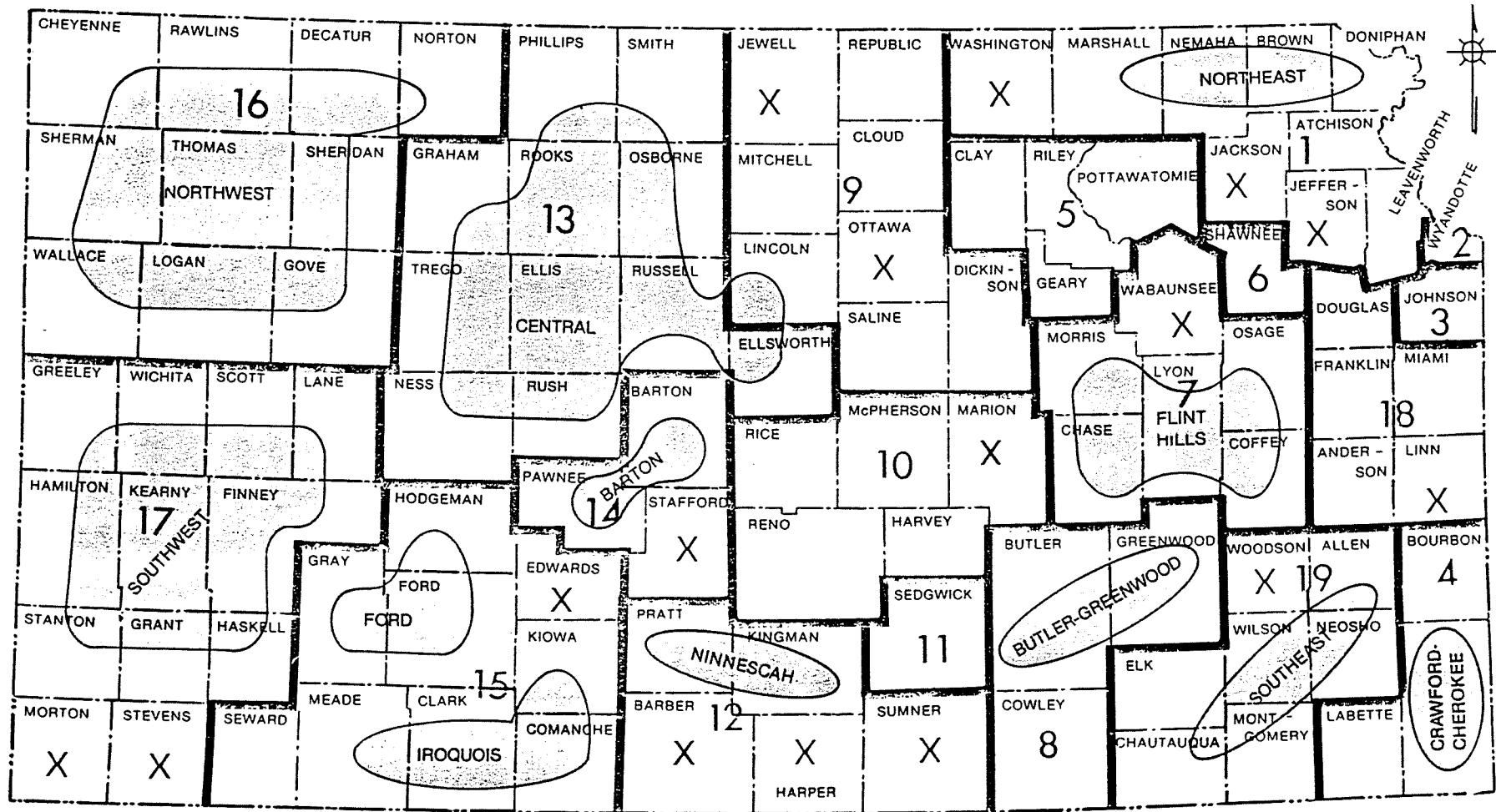
33 (f) "County medical society" means an organization of physicians
34 ~~approved by the emergency medical services board.~~

35 (f) (g) "Emergency medical service" means the effective and co-
36 ordinated delivery of such care as may be required by an emergency,
37 including services provided by first responders, care and transpor-
38 tation of individuals by ambulance services and the performance of
39 authorized emergency care by a person licensed to practice medicine
40 and surgery, a licensed professional nurse, a registered physician's
41 assistant, emergency medical technician, emergency medical tech-
42 nician-intermediate, emergency medical technician-defibrillator or a
43 mobile intensive care technician.

which is a component of the
Kansas Medical Society.
[or delete entirely and re-letter subsections]

COUNTY MEDICAL SOCIETIES and COUNCIL DISTRICTS

HOUSE LOCAL GOVERNMENT
Attachment # 4-2
2/1/94



□ County Medical Societies.

□ Council Districts.

X — Physicians affiliated with neighboring societies.



SEDGWICK COUNTY, KANSAS

EMERGENCY MEDICAL SERVICES

OFFICE OF THE DIRECTOR

538 N. MAIN
P.O. BOX 607
WICHITA, KANSAS 67201
(316) 383 - 7994

TO: Chairperson Nancy Brown and Honorable Members of the
House Committee on Local Government

FROM: Tom Pollan, Director *TP*

DATE: February 1, 1994

SUBJ: House Bill No. 2713

RE: Proponent in part and opponent in part

I appreciate your allowing me time to express my support and concerns for House Bill No. 2713. I am supportive of the intent of the amendments being forwarded by this Bill and my concerns will be focused at polishing, not at its destruction. I do support the terminology changes regarding the "medical protocols" and "written protocols approved by the local component medical society" throughout HB 2713. I will delineate my other support and concerns in page and by line order.

Page 1 line 33 & 34

The addition of paragraph "f" is designed to support paragraph "n" on page two with the definition of "county medical society." I support the definition of "medical protocols", but I question why the Board of Emergency Medical Services would want to be involved in approving county medical societies. The use of the word "approved" denotes authority over and I don't believe it's their or your intent to give the Board authority over the physician community. I would defer to the you and the Kansas Medical Society to work out this definition rather than give the Board powers unintentionally.

Page 2 line 34 - Page 3 line 1

I am in support of this definition of "medical protocols." This will respond to the concerns voiced by rural emergency medical services and maintain the influence of the more active medical societies.

Page 5 line 40 - 43

I am supportive of the additional care that may be performed by emergency medical technicians under this amendment. However, this additional care needs to be done under medical protocols to ensure the physician community involvement and monitoring. I would recommend the following amendment:

(o) Assist the patient in the administration of the following medications which have been prescribed for the patient by medical protocols: Auto-injection epinephrine, sublingual nitroglycerin and inhalers for asthma and emphysema.

Page 6 line 40 - Page 33

This section is the heart of the EMS automated external defibrillator (AED) legislation. Being one of its strongest supporters when it was introduced as a House Bill, I was also aware of its short comings when it became law. I have encouraged the Board of EMS to seek amendments to this statute to clarify the language and reduce the bureaucracy in providing training. I have attached a letter and proposed amendments that I sent to the chairperson of the Board of EMS's subcommittee on education on October 1, 1993. The letter outlines two issues that were being heard from EMS Directors, Instructor/Coordinators, and regional councils across the State. I asked on their behalf that amendments be made to allow a recertification process and for AED training during initial attendant training. House Bill 2713 does address the issue of recertification, but fails to address the issue of AED training incorporated into initial attendant training. It appears National EMT curriculum will incorporate AED training in the near future. Why not be proactive with this change rather than being reactive?

Another issue that needs to be addressed is paragraph (b) on page 7 line 9 - 11. I understand the deletion of the local component medical society. I don't understand why this change doesn't imitate the other terminology changes regarding the local component medical society and read as follows:

(b) Each local service provider shall develop medical protocols ~~consistent with the criteria established by the board and approved by the local component medical society if available.~~

Again, thank you for your time and consideration of my comments. It is my sole intent to assist you in developing legislation that meets the needs of the Board of EMS, EMS providers, those seeking to get involved with EMS training, and our most valuable resource - the citizens of Kansas.

I am available for any questions you may have.



SEDGWICK COUNTY, KANSAS

EMERGENCY MEDICAL SERVICES

OFFICE OF THE DIRECTOR

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(316) 383 - 7994

COPY

October 1, 1993

Marlene Fairchild
Chair, Education Committee
Kansas Board of EMS
215 Ave C East
Kingman, Kansas 67068

Subj: Total Quality Management

Re: AED Statutes, Rules, and Regulations

Dear Ms. Fairchild,

I am submitting to you some issues and opportunities regarding quality improvements in the AED training program in the State of Kansas. I know that you're as dedicated to quality improvement in training programs as I am and I fail to see why Deming's circle of quality improvement couldn't be used in the AED program. The statute, rules and regulations, the "plan" has been written and the "do" phase is being carried out across the State. Now is the time to do the "check" and "act" phase.

To facilitate the "check" phase, I contacted the training personnel for the Sedgwick County-wide AED program and Region III Council's members to evaluate the AED training program. Their predominate issues are in the following areas:

- Allow for a recertification process that doesn't require completing the entire initial training program each year. No other EMS certifications require this level of retraining on an annual basis.
- Allow for the AED training program to be incorporated into the initial training programs for First Responders and Emergency Medical Technicians.

I also believe there are technical corrections that are needed in the AED statutes. I have given you a draft of K.S.A. 65-6148 and 65-6149 that address the above issues and my issues with technical corrections.

HOUSE LOCAL GOVERNMENT
Attachment # 5-3
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I would ask for your assistance in getting the Board of EMS to take the opportunity to fulfil the "act" phase of the quality improvement circle and incorporate these issues in their 1995 Legislative package. I am willing to meet with the Education Committee to facilitate the total quality management of the AED program.

I appreciate your time and consideration of this request. Please contact me should you have any questions.

Sincerely,



T. W. Pollan
Director

Automated External Defibrillator
Proposed Amendments

65-6148. Certification in use of automated defibrillators; definitions. As used in this act: (a) "Automated defibrillator" means an automatic defibrillator or semi-automatic defibrillator. (b) "Automatic defibrillator" means a *defibrillator* or monitor-defibrillator capable of rhythm analysis which will charge and deliver a shock after electronically detecting the presence of ventricular fibrillation or rapid ventricular tachycardia. (c) "Semi-automatic defibrillator" means a *defibrillator* or monitor-defibrillator which is capable of electronically detecting ventricular fibrillation and rapid ventricular tachycardia, but requires user interaction in order to deliver a shock. (d) "Board" means the emergency medical services board established under K.S.A. 1988 Supp. 65-6102 and amendments thereto.

65-6149. Same; certification in use of automated defibrillator; requirements; medical protocols; certificate; renewal; limitation of liability. (a) Any certified first responder, *emergency medical technician, or emergency medical technician - intermediate attendant* in this state may be certified in the use of automated defibrillator for cardiac defibrillation in accordance with the provisions of this act. *Any student engaged in a course of training for first responder or emergency medical technician in this state may take the automated defibrillator training and upon satisfactory completion of both the attendant under K.S.A. 65-6129 and automated defibrillator training under this subsection (a), may apply for both attendant and automated defibrillator certification.*

The board shall adopt rules and regulations establishing minimum, basic standards governing training in the use of automated defibrillator in accordance with this act. This training shall be conducted by instructors who are qualified to conduct such training in accordance with the rules and regulations adopted by the board. The minimum course of training shall be not less than four clock hours in length ~~and the maximum course of training shall be not~~

~~more than six clock hours in length.~~

(b) Each local service provider shall develop medical protocols ~~consistent with the criteria established by the board and approved by the local component medical society if available.~~ *Emergency medical technician - defibrillator under K.S.A. 65-6123 and mobile intensive care technician under K.S.A. 65-6119 and in accordance with this subsection (b) may perform cardiac defibrillation with an automated defibrillator on a pulseless, nonbreathing patient.*

(c) Upon the satisfactory completion of training in the use of automated defibrillator for cardiac defibrillation as authorized under this section, the certified first responder or attendant who has satisfactorily completed such training shall be issued a certificate indicating that such person has satisfactorily completed in a form prescribed by the board by rules and regulations. The certificate shall be valid through December 31 of the year following the date of initial issuance ~~and may be renewed thereafter for a period of one year by retaking and satisfactorily completing the training in the use of automated defibrillator for cardiac defibrillation authorized under this section.~~ An individual who holds a valid certificate under this subsection (c) may perform cardiac defibrillation with an automated defibrillator on a pulseless, nonbreathing patient.

(d) *Attendants certified in the use of automated defibrillators shall complete not less than two hours of continuing education as prescribed and approved by the board for each full calendar year that has elapsed since the certification or renewal thereof. If a certificate is not renewed within 30 days after its expiration such certificate shall be void.*

(e)~~(d)~~ No individual who holds a valid certificate under subsection (c) or (d) ~~for the satisfactory completion of training~~ in the use of automated defibrillator for cardiac defibrillation shall be liable for civil damages as a result of the use by such individual of an automated defibrillator to provide cardiac defibrillation during an emergency, except such damages which may result from gross negligence or by willful or wanton acts or omissions on the part of such individual.



Marion County Emergency Medical Service

BOX 282
PHONE 382-3271

Marion, Kansas 66861

To: Chairperson Nancy Brown and Members of the Local Government Committee.

From Jo Ann Knak, Director

Date, Febr. 1, 1994

Subj. HB 2713

Thank you for the time to appear before you regarding the BEMS Legislative HB 2713.

I do have some thoughts on ways to make the bill more attractive to EMS providers in the State of Kansas,

No 1. Pg 1, Eliminate line 34. and leave "County medical society means an organization of physicians" "Approved by the BEMS" is not necessary. We, in the field know who the interested Physicians are. BEMS has no knowledge of these persons.

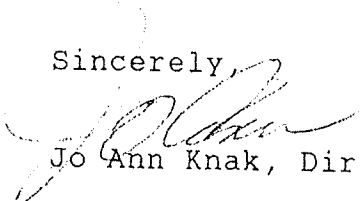
No. 2, Pg. 2, line 34, is a good addition.

No. 3, Pg. 5, Line 40, This should be left to the local medical protocols to address. For instance, had the patient already had an excessive dosage of these medications, and we assist with additional doses, we are in trouble. This must be left to local discription.

No. 4, Pg. 10, Line 10. Leave the first sentence stand alone. However, I strongly support the change to allow AED re-training to be handled within the continueing education program. This will greatly reduce the amount of Paper exchange between the Instructors of the AED Program and the BEMS. It will also allow for a more open time frame to conduct these training sessions. I would also encourage the BEMS to follow the National trend and allow AED training within the initial training program.

Again, Thank your for your time and consideration, If there are any questions, I would be happy to discuss them with you as I am totally committed to EMS in Kansas.

Sincerely,


Jo Ann Knak, Dir.

HOUSE LOCAL GOVERNMENT
Attachment # 6
2 / 1 / 94

*Kansas City, Kansas Fire Department
Division of Emergency Medical Services*

February 1, 1994

Re: House Bill No. 2713, By Committee on Local Government

The City of Kansas City Kansas Fire department cannot support this legislation in its present form. Our Fire Department has 185 Kansas Certified EMTs along with AED certification. We have 36 Kansas certified MICTs and are in the process of hiring 36 additional MICTs.

I acknowledge the bill is an effort to do some "house keeping." As such, there are several areas of concern for consideration. I direct your attention to:

Page 1, Line 34 (f) The emergency medical services board does not "approve" physicians, they may recognize physicians to serve as the local medical adviser.

Page 2, Line 34 (n) The term "Medical protocols" should be written as "medical guidelines."

These terms have received considerable legal review the past several years including attorneys employed by the Board of EMS and the State. Protocols are considered formal and narrow mandates as opposed to the principles administrators should have in mind.

Guidelines: a principle by which to determine a course of action. (Websters New world).

Page 3, Line 36 (c) Please strike the terms "or a telemetered electrocardiogram." Though services are required by Statute to carry this equipment, essentially nobody uses it anywhere in the United States.

Page 4, Line 19 (d) Please substitute "medical guidelines" for medical protocols.

Page 5, Line 1 Please substitute "medical guidelines" for medical protocols.

Page 5, Line 32 (2) Please strike this entire section. The transfer has already been approved by a physician {cf (1)} and the EMT is authorized to monitor, maintain, etc.,

Page 5, Line 39 (n) Please substitute "medical guidelines" for medical protocols.

Page 6, Line 8 (b) Please substitute "medical guidelines" for medical protocols.

Page 6, Line 18 (c) Please substitute "medical guidelines" for medical protocols.

Page 6, Line 23 (d) Please substitute "medical guidelines" for medical protocols.

Page 6, Line 32 (d) Please substitute "and" for the term excluding.

Since these persons are now recognized as "attendants" (cf page 1, line 26) contrary to original intent of a first responder and may in some systems as mandated by the State operate a motor vehicle used as an ambulance, it does not make sense to limit their actions where they are working along side and assisting higher trained personnel. To include traction splinting in the training should not hinder anyone's effort.

- m o r e -

HOUSE LOCAL GOVERNMENT
Attachment # 7-1
2 / 1 / 94

*Kansas City, Kansas Fire Department
Division of Emergency Medical Services*

February 1, 1994 Page two

Page 6, Line 41, Sec 7. Please substitute "Any person" for the terms "Any certified attendant." Automated external defibrillators are sent home with patients by physicians for home use. Many manufacturing facilities throughout the State have AEDs for use by nurses and others qualified to use them. To mandate "attendant certification" for the use of AEDs is to grossly underestimate the capacity of the State EMS resources.

Page 7, Line 9, (b) Please substitute "medical guidelines" for medical protocols.

Page 7, Line 14, (c) Please substitute "any person" for "the certified attendant."

Page 7, Line 22, (c) I find this whole section on continuing education interesting. Not one of the other "attendant categories" carries a reference to continuing education. Either the continuing education is referred to in the regulations or this bill is seriously flawed! If the continuing education requirements are stated in the regulations, then that is where this reference belongs and not within the Statute.

Furthermore, I agree annual testing is inappropriate and concur with the proposed continuing education requirements. However, given the historical nature of those who oppose AEDs in the first place and are responsible for limiting these life-saving devices from a much broader spectrum of the community, I request any approved continuing education hours be limited to: "not to exceed six clock hours in length" (cf Page 7, Line 7).

I thank the Committee for hearing my suggestions to modify the proposed legislation to a more acceptable level.

Fred Thorp, MPA, Director
Emergency Medical Services
Kansas City, Kansas Fire Department