

2012 Kansas Statutes

65-6144. First responder; emergency medical responder; authorized activities. (a) A first responder may perform any of the following activities:

- (1) Initial scene management including, but not limited to, gaining access to the individual in need of emergency care, extricating, lifting and moving the individual;
- (2) cardiopulmonary resuscitation and airway management;
- (3) control of bleeding;
- (4) extremity splinting excluding traction splinting;
- (5) stabilization of the condition of the individual in need of emergency care;
- (6) oxygen therapy;
- (7) use of oropharyngeal airways;
- (8) use of bag valve masks;
- (9) use automated external defibrillators; and
- (10) other techniques of preliminary care a first responder is trained to provide as approved by the board.

(b) An individual who holds a valid certificate as a first responder, once completing the board prescribed transition course, and validation of cognitive and psychomotor competency as determined by rules and regulations of the board, may apply to transition to become an emergency medical responder. Alternatively, upon application for renewal of such certificate, such individual shall be deemed to hold a certificate as an emergency medical responder under this act, provided such individual has completed all continuing education hour requirements inclusive of a transition course and such individual shall not be required to file an original application for certification as an emergency medical responder.

(c) "Renewal" as used in subsection (b), refers to the first opportunity after December 31, 2011, that an attendant has to apply for renewal of a certificate.

(d) First responder attendants who fail to meet the transition requirements as specified will forfeit their certification.

(e) Upon transition, notwithstanding any other provision of law to the contrary, an emergency medical responder may perform any of the following interventions, by use of the devices, medications and equipment, or any combination thereof, after successfully completing an approved course of instruction, local specialized device training and competency validation and when authorized by medical protocols, or upon order when direct communication is maintained by radio, telephone or video conference is monitored by a physician, physician assistant when authorized by a physician, an advanced practice registered nurse when authorized by a physician or a licensed professional nurse when authorized by a physician, upon order of such person: (1) Emergency vehicle operations; (2) initial scene management; (3) patient assessment and stabilization; (4) cardiopulmonary resuscitation and airway management; (5) control of bleeding; (6) extremity splinting; (7) spinal immobilization; (8) oxygen therapy; (9) use of bag-valve-mask; (10) use of automated external defibrillator; (11) nebulizer therapy; (12) intramuscular injections with auto-injector; (13) administration of oral glucose; (14) administration of aspirin; (15) recognize and comply with advanced directives; (16) insertion and maintenance of oral and nasal pharyngeal airways; (17) use of blood glucose monitoring; and (18) other techniques and devices of preliminary care an emergency medical responder is trained to provide as approved by the board.

History: L. 1988, ch. 261, § 44; L. 1994, ch. 154, § 6; L. 1998, ch. 133, § 16; L. 2010, ch. 119, § 11; L. 2011, ch. 114, § 91; L. 2011, ch. 114, § 67; Jan. 1, 2012.