Region I Emergency Medical Services Council Meeting  
Sheridan County EMS, Hoxie, Kansas  
June 18, 2014  
19:00 hrs. CST

Kerry McCue, Region Chair, called the June 18, 2014 meeting of the Region I EMS Council to order at 19:00. Members and visitors were welcomed.

The minutes of the April 16, 2014 meeting were emailed. Jayne Holle moved for approval. Michelle Helberg provided motion second. Motion passed.

The financial report was presented. Brandon Payne moved for approval of the financial report as distributed. Dan Reese provided motion second. Financial report items were explained. Motion passed.

Old Business:
- KDHE Preparedness funding project: Kerry McCue received a letter from the Board office approving $11,000 purchases. The first $1,000 request is to support the NW Regional Healthcare Coalition participation. Kim Dyster moved we purchase five (5) 800 MHz mobile radios to be distributed among the services with need and as determined by drawing. Duane Wright provided motion second. Motion passed.
- Region I EMS Web Page: Scott Reese (present via teleconference) explained the progress on the web page development. The Council reviewed documentation from the first bid. The Council directed additional bids be solicited to determine if this first bid is consistent with other agency bids.
- Image Trend Users Meeting: The current KEMSIS user group discussed meeting in Region I. With the rollout of the Elite program, training will be taking place between August 1 and October. Kerry McCue will pursue a meeting/training in Region 1 during that time frame.
- MERGe project/selection: Kerry McCue has received 3 or 4 applications. He has spoken to several others who are considering application. Please send your applications to Kerry. Applications will be distributed to the Executive Committee and a meeting set up to move that process forward.
- Educator Workshop: Twink Dalton is unavailable this year. The selection of the speaker is still in progress. The workshop will be held in Oakley. Conference planning will continue.

New Business:
- Professional Conferences: Jayne Holle moved we sponsor two night’s motel costs, registrations, banquets, and incidentals for two active EMS individuals to each the KEMSA and KEMTA conferences. The KEMSA conference costs will be reimbursed up to $700.00, and the costs reimbursed to the KEMTA conference will be decided at a later meeting. Funds from the KRAF grant will be utilized if the conferences qualify. Brandon Payne provided motion second. This should be a reward for active members and the Council would like them to report on their experiences to the Council. Motion passed.
- Kerry McCue reported on the KEMSA Conference. It will be held at the Wichita Marriott August 14-17, 2014. The KEMSA Pre-conferences include a Billing Seminar, Educator’s Workshop, Practical, Fast, Effective Moulage and Water Rescue, and Administrator’s
Workshop, and Street Medic Workshop. See the full Conference agenda at http://kemsa.org/LBOS.

- Elections: Jane Wyatt nominated Kerry McCue for the position of Chair and moved nominations cease and the Council cast a unanimous ballot for Kerry McCue. Michelle Helberg provided motion second. Motion passed. Jane Wyatt nominated Scott Reese for the position of Vice Chair and moved nominations cease and the Council cast a unanimous ballot for Scott Reese. Jane Wyatt provided motion second. Motion passed. Jane Wyatt nominated Deb Kaufman for the position of Secretary and moved nominations cease and the Council cast a unanimous ballot for Deb Kaufman. Kim Dyster provided motion second. Motion passed. Jane Wyatt nominated Jayne Holle and Brandon Payne for the At-Large positions and moved nominations cease and the Council cast a unanimous ballot for Jayne Holle and Brandon Payne. Kim Dyster provided motion second. Motion passed.

- Deb Kaufman called the Council’s attention to an article, “A Place of Constant Change”, written by Jon Friesen and published in the KEMSA Chronicle. Everyone is urged to realize field medicine is dynamic. Please reference the following if you do not have access to the article:
  - http://takeheartamerica.org
  - http://kansasemstransition.com/tag/medication-administration-cross-check

  Steve Berry also has a very good article in a recent JEMS magazine. The American Heart Association has new information coming out for ACLS and BLS.

- The EMS Field Ops | Hutchinson Community College was commended for a great learning experience. All are urged to participate next year if that is possible with your service.

- Brandon Payne discussed mutual aid and radio communications. Several other directors have met regarding their concerns. Kerry McCue appointed a mutual aid/communications committee to work on the Regional Plan. Members are Brandon Payne, Duane Wright, Joe Hickert, Deb Kaufman, Roy Litfin, and Kerry McCue.

Committee / Task Force Reports

- NW KS Trauma Council. Dr. Machen is the new Council Chair. Deb Kaufman is Vice Chair. The Council discussed what we can do to gain more participation. Meeting conflicts and low local assistance for call coverage were thought to be highest reasons EMS personnel did not travel to meetings or educational offerings.

- EDTF – Jason Bolt is the new EDTF Chair. They are trying to find a time for a face to face meeting.

- The Homeland Security Council has not met since the last Region I EMS meeting.

- Minutes and a report for the NW KS Healthcare Coalition provided by Joe Hickert was circulated for all to read.
June BEMS Update: See report below.

Other reports:
- Gary Winter is waiting on the results of the yearly audit to fill out required state paperwork.
- A reminder to fill out the complete paperwork requirements if you attend the Wesley Trauma Webinar tomorrow and utilize a program provider to award CEU credit.
- The Trauma Scholarships were appreciated by candidates in Phillips and Sheridan Counties.

The motion to adjourn was made by Kim Dyster. Jane Wyatt provided motion second. Motion passed.

Respectfully submitted,

Deb Kaufman, Secretary

<table>
<thead>
<tr>
<th>Members And Guests</th>
<th>Present</th>
</tr>
</thead>
<tbody>
<tr>
<td>Karen Eskew, Decatur County</td>
<td>Jayne Holle, Phillips County</td>
</tr>
<tr>
<td>Kerry McCue, Ellis County</td>
<td>Kimberly Dyster, Rawlins County</td>
</tr>
<tr>
<td>Scott Reese, Ellis County</td>
<td>Deb Kaufman, Sheridan County</td>
</tr>
<tr>
<td>Michelle Helberg, Graham County</td>
<td>Duane Wright, Sherman County</td>
</tr>
<tr>
<td>Daniel Reese, Graham County</td>
<td>Brandon Payne, Trego County</td>
</tr>
<tr>
<td>Bob Kelly, Logan County</td>
<td>Jamie Siebert, Wallace County</td>
</tr>
<tr>
<td>Jane Wyatt, Norton County</td>
<td>Kirk Rice, Wallace County</td>
</tr>
<tr>
<td>Gary Winter, Region I Coordinator</td>
<td>Curt Shreckengaust, Guest</td>
</tr>
<tr>
<td>Roy Litfin, Guest</td>
<td></td>
</tr>
</tbody>
</table>

June 5, 2014 Committee and June 6 Board Meeting Notes:

Planning / Operations Committee

1. Standing Items
1.1 KEMSIS Update Joe House None at this time.
Documents: None at this time

2. Old Business
2.1 Kansas Administrative Regulation’s Dave Cromwell
K.A.R. 109-2-7 will require a roll call vote by the Board for adoption. These regulations have been through the state process and only require adoption by the Board and publication in the Kansas Registry for two weeks before becoming law July 4.
Documents:
K.A.R. 109-2-7 – Staffing - a temporary fix

Current Regulation:
**109-2-7 Ground and air ambulance staffing.** Licenses shall be issued for three types of ambulance vehicles and aircraft. These ambulances shall be known as type I, type II, and type V. Each ambulance shall be staffed in accordance with these regulations.
(a) Each type I service operator shall staff each type I ambulance with at least two attendants during patient transport.
   (1) At least one attendant shall be one of the following medical personnel:
       (A) a mobile intensive care technician;
       (B) a physician;
       (C) a registered physician's assistant; or
       (D) a licensed professional nurse.
   (2) The second attendant may be any of the following:
       (A) an emergency medical technician;
       (B) an emergency medical technician intermediate;
       (C) an emergency medical technician defibrillator;
       (D) a mobile intensive care technician;
       (E) a physician;
       (F) a registered physician's assistant; or
       (G) a licensed professional nurse.

(b) Each type I and type II service operator shall staff each type II ambulance with at least two attendants during patient transport.
   (1) At least one attendant shall be an emergency medical technician.
   (2) One of the following shall be in the patient compartment during patient transport:
       (A) an emergency medical technician;
       (B) an emergency medical technician intermediate;
       (C) an emergency medical technician defibrillator;
       (D) a mobile intensive care technician;
       (E) a physician;
       (F) a registered physician’s assistant; or
       (G) a licensed professional nurse.

(c) Each type V service operator shall staff each type V ambulance with a driver or pilot and at least two medically trained persons, one of whom shall be a physician or a licensed professional nurse. Additional staffing shall be commensurate with the patient’s care needs as determined by the service’s medical advisor or as described in the service’s medical protocols. The medical personnel shall remain in the patient compartment during patient transport.

(d) At least one of the medical personnel on each type V ambulance shall have completed and be current in “Advanced Cardiac Life support (ACLS)” as in effect on January 1, 1997, which is adopted herein by reference, or the equivalent, as approved by the board.

(e) When performing neonatal or pediatric missions, at least one of the medical personnel on each type V ambulance shall have completed and be current in “Pediatric Advanced Life Support (PALS)” as in effect on January 1, 1996, which is adopted herein by reference, or the equivalent as approved by the board.

(f) When responding to the scene of an accident or medical emergency, not including transports between medical facilities, at least one of the medical personnel on each type V ambulance shall
have completed and be current in one of the following programs as in effect on January 1, 1996, which are adopted herein by reference:

(1) “Advanced Trauma Life Support (ATLS)”
(2) “Flight Nurse Advanced Trauma Course (FNATC)”
(3) “Trauma Nurse Core Course (TNCC)”
(4) “Pre-Hospital Trauma Life Support (PHTLS)” or
(5) an equivalent course as approved by the board.


Proposed Regulation:

109-2-7. Ground and air ambulance staffing. Licenses shall be issued for three types of ambulance vehicles and aircraft. These ambulances shall be known as type I, type II, and type V. Each operator shall staff each licensed ground ambulance in accordance with the board’s regulations.

(a) Each operator of a type I ambulance service shall staff each type I ambulance with at least two attendants during patient transport.
(1) At least one attendant shall be one of the following medical personnel:
   (A) A mobile intensive care technician paramedic;
   (B) a physician;
   (C) a registered licensed physician’s assistant; or
   (D) a licensed professional nurse; or
   (E) a licensed advanced practice registered nurse.
(2) The second attendant may be any of the following:
   (A) An emergency medical technician;
   (B) an emergency medical technician-intermediate;
   (C) an emergency medical technician-defibrillator;
   (D) a mobile intensive care technician an emergency medical technician-intermediate/defibrillator;
   (E) a physician an advanced emergency medical technician;
   (F) a registered licensed physician’s assistant; or
   (G) a physician; or
   (H) a licensed professional nurse.
(b) Each type I and operator of a type II ambulance service shall staff each type II ambulance with at least two attendants. During patient transport, one of the following shall provide care to the patient in the patient compartment:
(1) At least one attendant shall be an emergency medical technician.
(2) One of the following shall be in the patient compartment during patient transport:
   (A) An emergency medical technician;
   (B) (2) an emergency medical technician-intermediate;
   (C) (3) an emergency medical technician-defibrillator;
(D) (4) a mobile intensive care an advanced emergency medical technician;
(E) (5) a physician paramedic;
(F) (6) a registered physician’s assistant physician; or
(G) (7) a licensed professional nurse physician’s assistant;
(8) a licensed professional nurse; or
(9) a licensed advanced practice registered nurse.

c) Each operator of a type IIA ambulance service shall staff each ambulance with at least two attendants. In addition, when appropriate staffing is available, ALS, as defined in K.A.R. 109-1-1, may be provided with the appropriate equipment and protocols. One of the following shall provide patient care appropriate to the patient’s condition in the patient compartment during patient transport:
(1)(A) For BLS transports, as BLS is defined in K.A.R. 109-1-1, a care provider who is at or above the level of an emergency medical technician; and
(B) for ALS transports, a care provider who is at or above the level of an emergency medical technician-intermediate, emergency medical technician-defibrillator, emergency medical technician-I/D, or advanced emergency medical technician;
(2) a paramedic;
(3) a physician;
(4) a licensed physician's assistant;
(5) a licensed professional nurse; or
(6) a licensed advanced practice registered nurse.

d) (1) Each operator of a type V ambulance service shall staff each type V ground ambulance with a driver or pilot and at least two medically trained persons, one of whom shall be a physician or a licensed professional nurse, at least the following:
(A) A licensed professional nurse or a physician; and
(B) any of the following:
(i) A paramedic;
(ii) a physician;
(iii) a licensed physician's assistant;
(iv) a licensed professional nurse;
(v) a licensed advanced practice registered nurse; or
(vi) a license respiratory therapist.
Additional staffing shall be commensurate with the patient’s care needs as determined by the service’s medical adviser or as described in the service’s medical protocols. The medical personnel shall remain in the patient compartment during patient transport.
(d) (2) At least one of the medical personnel on each type V ambulance shall When providing critical care transports, as defined in K.A.R. 109-1-1, at least one of the medical personnel shall have completed and be current in the course in the provider manual titled “advanced cardiac cardiovascular life support (ACLS),” as in effect on January 1, 1997 including the appendices, published by the American heart association and dated 2011, which is adopted herein by reference, or the equivalent as approved by the board. Each attendant shall have current certification in advanced cardiovascular life support.
(e) (3) When performing neonatal or pediatric missions, at least one of the medical personnel on each type V ambulance shall have completed and be current the course in the provider manual titled “pediatric advanced life support (PALS),” as in effect on January 1, 1996.
including the appendices, published by the American heart association and dated 2011, which is adopted herein by reference, or the equivalent as approved by the board. Each attendant shall have current certification in pediatric advanced life support. (D) (4) When responding to the scene of an accident or medical emergency, not including transports between medical facilities, at least one of the medical personnel on each type V ambulance shall have completed and shall be current certified in one of the following programs as in effect on January 1, 1996, which are adopted herein by reference:

(1) “Advanced trauma life support (ATLS)”; (2) “flight nurse advanced trauma course (FNATC)” transport nurse advanced trauma course (TNATC); (3) “trauma nurse core course (TNCC)”; (4) critical care emergency medical transport program (CCEMTP); or (5) “pre-hospital trauma life support (PHTLS)”;

or an equivalent course as approved by the board.


K.A.R. 109-2-11 – Air ambulance
K.A.R. 109-2-13 – Air ambulance

K.A.R. 109-3-5 – AEMT Medication List

Move forward to address the Type 2A issue -- With the caveat that staff understands RN’s are considered ambulance personnel. Need to better define “Attendant”.

Board Action Friday:
K.A.R. 109-2-7 – Staffing – Passed 8-0
K.A.R. 109-2-11 – Air ambulance -- Passed 8-0
K.A.R. 109-2-13 – Air ambulance – Passed 8-0
K.A.R. 109-3-5 – AEMT Medication List -- Did Not Passed 6-2 (did not have a majority of Board members) Chad Pore and Shane Pearson voted no for concerns about the educational standards and medication errors they have seen in the investigations committee.

3. New Business

3.1 KAR 109-2-8 Dave Cromwell
Suggested received comments:
Documents: Frank Burrows (Miami County) e-mail
OPFD letter: Want to remove KED (Short Spine board from required equipment list) and remove the wording of contaminated product and change it to bio hazards. The Board voted to open the regulation.

3.2 Late service renewals Dave Cromwell- Staff would like direction regarding late submissions. Documents: 2014 Renewal letter (page 3) Bolded print 109-7-1. 20 Services were
late with service packet. Board office has been calling to get packets. Very time consuming. Next year a letter will go to the service owner (County Commission, City Administration and/or the Hospital Administration), the charge will be $200.00 for late applications (after April 1, 2014). Remember it is a crime (Fraud) to bill Medicare for services of an unlicensed ambulance service.

3.3 Discuss the inspection policy Dave Cromwell and James
Will be a change in how the letters post inspection goes out. “Outstanding Inspection” will be recognized. If the inspection is outstanding or very bad the owner will get a letter.

2.4 AG Opinion – EMS Attendants capabilities/limits outside EMS environment
Request for AG opinion has been sent to the Kansas Attorney General.

3. New Business

3.1 State EMS Medical Director
Early stages of discussion on this topic have shown the potential for significant legislative changes for implementation of a state EMS Medical Director. There is currently no funding source. Dr. Horning wonders if it is necessary with three physicians on the board. The MAC has been very active. KMS has a suggested a fund mechanism.

3.2 Federal funding reduction
Loss of preparedness grant through KDHE. This was a federally funded grant that led to approximately $11,000 annually to each of the six EMS regions for their use for disaster preparedness. The portion allocated to EMS was a small fraction of the federal grant that was reduced approximately 35% for FY2015. This will be unavailable to the regions in FY2015 (starting July 1, 2014). KBEMS functions as a pass-through for these funds. Current fiscal year is the last year.

3.3 Board Bylaws
In an effort to offer a consistent approach to the Board and to the subcommittees of the Board, it may be beneficial to develop a set of bylaws that could address the function and role of each of the committees.

3.4 Legislative Meeting
Proposal for board staff to host a town-hall/public input meeting for legislative items for the Board to consider in the 2015 Legislative Session.

3.5 Interim Staff Report

3.6 REPLICA (Recognition of EMS Personnel Licensure Interstate Compact)
Board staff will present the concept and considerations for this compact and the potential impact for the state. What concerns/issues/questions does the Board have in consideration of this
compact? Reviewing the validity of these. Most of the issues in Kansas are dealt with mutual aide agreements.

3.7 Executive Director Vacancy
The Executive Committee has been asked to function as the interview panel for the filling of the Executive Director. Applications are being accepted through June 10, 2014. June 10th is the deadline.

ETEC Committee

1.1 Transition Update
*INFORMATION ONLY:* 705 attendants remain to transition

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Expires</td>
<td>12/2014</td>
<td>12/2015</td>
</tr>
<tr>
<td>FR</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>EMT-B</td>
<td>89</td>
<td>101</td>
</tr>
<tr>
<td>EMT-I</td>
<td>220</td>
<td>193</td>
</tr>
<tr>
<td>EMT-D</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>EMT-I/D</td>
<td>42</td>
<td>44</td>
</tr>
</tbody>
</table>

1.2 Regulations
*INFORMATION ONLY:* 
The following regulations are in the state process: 109-10-1; 109-10-1e; 109-10-7; 109-11-3a; 109-11-4a; 109-11-6a; and 109-11-10

The following regulations are open for revision per April board meeting: 109-1-1; 109-5-1; 109-5-2; 109-5-3 and 109-15-1.

*Supporting Documents:* K.A.R. 109-15-1 (Revision)

1.3 Variances
*INFORMATION ONLY:* 1 request for a variance which has been withdrawn by the party.

1.4 BLS Examination Vendor Report
3 Examiner workshops are scheduled for later this year.
July 19 in Garden City
July 26 in Andover
August 2 in Topeka

The New Scenarios will be introduced at those workshops.

1.5 Education Development Task Force (EDTF)
1.5.1 Kansas Continued Competency
The EDTF has a working format in which topic areas are being discussed.

1.5.2 Scenario Development – Ongoing
The EDTF has been tasked to continue to develop scenarios for use at the BLS examination sites. New scenarios are in development.
1.5.3 Educator Proposal Implementation Plan - Ongoing
The EDTF subcommittee is in form development for the I/C process.

2. Old Business
2.1 K.A.R. 109-10-2 – Long-term accreditation of training programs conducting initial courses of instruction. *****
Discussion regarding whether this regulation needs to undergo a revision or needs revoked due to minimal use. Supporting Documents: • 109-10-2(11-12-1999).pdf • KAR109102.pdf
Board Action Friday – Revoked 8-0

2.2 AEMT Educational Standards
Report from a meeting on this topic held on 06/04/2014.
Transition Courses needed!

2.3 Retroactive CE vs. Prior-Approved CE
Regulations opened to address this item from the April meeting:
• 109-1-1
• 109-5-1
• 109-5-2
• 109-5-3
Will continue to work on these and bring them back at the next meeting.

3. New Business
3.1 K.A.R. 109-10-7 Distance Learning
Discussion regarding whether this regulation needs to undergo a revision.

4.0 Announcements: Education Manager Report
Office vacancy effective May 23, 2014. Rachelle Fowler has transferred to another State agency.

Investigations Committee

1. Investigation policy
1.1 Policy discussion from last meeting Marty Snyder

2. Cases considering felony applicants and applications for non-Kansas credentialing

2.1 Case # 14-011: The Kansas Board of EMS received an application for this respondent to take course IC20 14-054 starting on March 3, 2014. The respondent indicated he had a felony and was asked to submit further documentation. The respondent was contacted on May 6, 2014 at 9:10 AM regarding requested submissions and he request that his application be withdrawn.
Staff Recommendation: Staff recommends allowing the respondent to withdraw and the close the case with no further action.
2.2 Case # 14-012
The Kansas Board of EMS received an application for recognition of non-Kansas credentials for licensure as an EMT in Kansas. The respondent currently is nationally registered (E311143) and Missouri (B-64930) licensed. The applicant has indicated he has been convicted of a class C felony in the state of Indiana for armed robbery at the age of 16. He was sentenced to eight years, but the sentence was suspended and he was placed on four years’ probation. According to court documents he has successfully completed his probation on 9/05/2003 and paid all cost assessed. The incident in question happened 20 years ago.
Staff Recommendation: Allow respondent to obtain Kansas certification.

2.3 Case # 14-003
The Kansas Board of EMS received an application for this respondent to take course IC20 IC2014-046 on January 24, 2014 to become an EMT. The respondent was convicted of aggravated battery–intentional bodily harm, a Level 07 felony against a person for an altercation that occurred on 2/11/2006. The respondent was sentenced to one year in prison, but was suspended and he was placed on probation for two years. He was also ordered to serve sixty days in jail. The court ordered to pay $163.00 court cost, probation $50.00 and restitution of $16,309.82. He was released from Intensive supervised probation on September 2, 2008. As of March 26, 2014 the respondent still owed restitution of $13,667.23.
Staff Recommendation: Deny application and close case, based on failure to pay restitution.

2.4 Case # 14-004
The Kansas Board of EMS received an application for EMT recertification on January 30, 2014. The respondent indicated he had been convicted of two felonies and one misdemeanor all occurring February 27, 2013 in Marysville Kansas. The charges include; first count: level 9 against person for which he was put on probation for 12 months, one level 9 non-person (interference of LEO of official duties) which he was given 12 months consecutive probation, and one misdemeanor DUI. Probation started 10/03/2013. The respondent has completed mutually agreed upon alcohol treatment and paid associated cost and fine. He is on probation till October 4, 2014. He has provided care on eight calls since his expiration.
Staff Recommendation: Deny renewal.
Action Taken: Voted to recertify

2.5 Case # 14-014
The Kansas Board of EMS received an application for recognition of National credentials for licensure as a paramedic in Kansas. The respondent at the time of application was national certified, but has since lapsed on March 31, 2014 and has not transitioned.
Staff Recommendation: Deny application.
Action Taken: Previously licensed in Minnesota, California and South Dakota. As of today is certified in South Dakota. Terminated by employer for not successfully
completing his probationary period. License in South Dakota is being investigated. Tabled.
Friday Action: Contacted the other states and he is not in good standing with North or South Dakota. Denied.

3. Cases with medication errors
3.1 Case # 14-020
The Kansas Board of EMS received a self-report from a service regarding an AEMT who according to the service made two medication errors. The attendant received orders to administer 8 mg of MS04 and 4 mg of Zofran. When the MS04 was wasted at the hospital it was discovered that only 6 mg of MS04 was given. It was also discovered that instead of Zofran the patient was given Naloxone. The service required the attendant to complete an immediate in-service regarding the five rights of medication administration as well as the services Operating guidelines and Medical protocol. The medical director was notified. A corrective counseling form is planned and additional continuing education will be given to the entire department including this topic. No ill effects occurred to the patient because of this error.

Staff Recommendation: Accept local action and close the case.
Action Taken: Local action. Pharmacology Training and disciplinary action. Committee accepted the action of the local agency.

4. Case with patient care issues
4.1 Case # 14-010
The Kansas Board of EMS received a self-report from a service regarding an EMT employed by the service that was found to knowingly practice with an expired certification on at least five runs. Consequently the respondent was terminated from the service as a result of this matter.

Staff Recommendation: Staff recommends that the respondent be flagged in the database for pending disciplinary action against their certification, and that this case be reopened if the respondent attempts to regain certification, and that the respondent is only able to regain or gain new certification upon approval by the Investigations committee.

Action Taken: Closed the case and accepted local action. Individual had been terminated by the agency.

4.2 Case # 14-021
The Kansas Board of EMS received an application for reinstatement of expired certification. The attendants’ employer attempted to verify his certification with our office at what time it was discovered attendant altered his card. The attendant openly admitted to his employer that he forged the expiration date on his card. The attendant was found to be the care provider on two calls while expired.

Staff Recommendation: Deny re-instatement.

Action Taken: Denied Certification.
4.3 Case # 12-027
The Kansas Board of EMS received a self-report from a hospital ambulance service regarding an EMT employed by the service that responded to an injury accident in her POV, and after assessing the patient, advised the LEO on scene that the patient was deceased. The ambulance arrived approximately five minutes later and was not allowed to assess or obtain an EKG of the patient. A short time later they were allowed to obtain an EKG strip. The report is submitted contending that the first attendant on scene did not follow cardiac arrest criteria for non-initiation of CPR. The service required the attendant to research and present, to the entire staff of the service, on when not to start CPR on a trauma code. She was also suspended for thirty days and required to complete a death recognition course which was approved by the medical director. She has since been terminated from the service.

Staff Recommendation: Accept local action and close the case.

Action Taken: Local action, suspension for 30 days, ten day recognition of death class and present a class on how to handle trauma codes to the other members of the service. Has sense been terminated by her employer for a different incident. Accepted local action and closed the case.

5. Cases with social media issues (all three cases are related)
5.1 Case # 14-007
The Kansas Board of EMS received a self-report from a service director, after consulting with Steve Sutton, for unprofessional conduct by (3) attendant’s making threatening, slanderous and unprofessional comments posted toward another attendant working for the service. This attendant is a volunteer AEMT and was given a final written warning and 60 days suspension as a result of this incident. She returned to work on March 27, 2014 and was terminated on April 16, 2014 for three additional incidents since including: rude to a RN at the nursing home, belittled a physician on a scene, and made negative comments about the service. She is also a TO1.

Staff Recommendation: Revoke certifications (repeat offender case #12-027).

Action Taken: Local Action: -- 60 day Suspension and returned to work. Terminated for different issue. Dismissed the case – as a personnel issue locally.

5.2 Case # 14-008
The Kansas Board of EMS received a self-report from a service director, after consulting with Steve Sutton, for unprofessional conduct by (3) attendant’s making threatening, slanderous and unprofessional comments posted toward another attendant working for the service. This attendant is a volunteer AEMT and she was given a final written warning and 60 days suspension as a result of this incident. She has yet to return to the service.

Staff Recommendation: Accept local action and close the case.

Action Taken: Local Action: - Suspended and has not returned to work. Dismissed the case – as a personnel issue locally.
5.3 Case # 14-006
The Kansas Board of EMS received a self-report from a service director, after consulting with Steve Sutton, for unprofessional conduct by (3) attendants for making threatening, slanderous and unprofessional comments posted toward another attendant working for the service. This attendant is a fulltime AEMT/RN and she was given a final written warning and a 14 day suspension as a result of this incident. According to the service director the employee has returned and been exemplary. She has been partnered with the subject of comments and openly admits now she characterized the subject wrongfully.

*Staff Recommendation:* Accept local action and close the case.

*Action Taken:* Local Action: – 2 week suspension. The Committee dismissed the case as a personnel issue locally.