



STATE OF KANSAS

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January 31, 1978

ATTORNEY GENERAL OPINION NO. 78-43

The Honorable John W. Crofoot
State Senator
3rd Floor - State Capitol
Topeka, Kansas 66612

Re: Emergency Medical Services--Personnel--Authorized Procedures

Synopsis: A mobile intensive care technician as defined by K.S.A. 1977 Supp. 65-4301(c) is authorized to administer parenteral medication in a hospital under the direct supervision of a licensed physician or registered professional nurse to either emergency or non-emergency patients. Certified ambulance attendants, or emergency medical technicians, are authorized to administer intravenous saline or glucose solutions during emergency runs if authorized to do so by the certificate which is issued to such persons. Such attendants are not authorized to provide or furnish medical procedures to non-emergency patients.

* * *

Dear Senator Crofoot:

You inquire concerning the scope of emergency medical services which certain emergency medical personnel may provide. First, you inquire whether mobile intensive care technicians, as defined by K.S.A. 1977 Supp. 65-4301(c) are authorized to administer intravenous saline or glucose solutions in hospitals to either emergency patients or non-emergency patients.

A 1974 act of the legislature provides for the establishment of emergency medical services by political subdivisions. K.S.A. 1977 Supp. 65-4301(a) defines "emergency medical service" as

"a service which provides for the effective and coordinated delivery of such emergency care as may be required by an emergency, including transportation of individuals by ground or air ambulances and the performance of authorized emergency care by a person licensed to practice medicine and surgery, a licensed professional nurse, a registered physician's assistant, a certified ambulance attendant or a mobile intensive care technician."

A "mobile intensive care technician" is one "who has been specially trained in emergency cardiac and noncardiac care in a training program certified by the university of Kansas medical school." K.S.A. 1977 Supp. 65-4301(c). K.S.A. 1977 Supp. 65-4306 specifies with some detail the services which mobile intensive care technicians are authorized to perform. Such technicians may render rescue, first-aid and resuscitation services, and perform cardiopulmonary resuscitation and defibrillation in a pulseless, non-breathing patient. Subsection (b), of particular concern here, authorizes the following:

"During training at a hospital and while caring for patients in a hospital administer parenteral medications under the direct supervision of a physician licensed to practice medicine and surgery or a registered professional nurse."

The administration of parenteral medications in a hospital setting "during training" and "while caring for patients in a hospital." There is little or no ambiguity in the language. Nothing restricts the administration of parenteral medications to emergency situations. It certainly may be argued that the thrust of the entire act is to provide only for *emergency* medical services, and that the procedures authorized to be performed by mobile intensive care technicians are impliedly restricted to emergency patients. There may be provisions of the act which are sufficiently indefinite or uncertain in application to which this gloss should be applied. However, subsection (d) is express and unambiguous in its authority. In my judgment, so long as the administration of parenteral medication is performed in a hospital and under the direct supervision of a physician licensed to practice medicine and surgery or of

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a licensed professional nurse, it is within the authority of the mobile intensive care technician, whether the patient is an emergency or non-emergency patient. The limited civil immunity from liability, however, at K.S.A. 1977 Supp. 65-4307, extends only to a technician "who renders emergency care during an emergency" Thus, this limited immunity does not extend to instances in which the technician administers parenteral medication to non-emergency patients.

Secondly, you ask whether emergency medical technicians may administer intravenous saline or glucose solutions during emergency ambulance runs. The term is not defined by statute. Its analog, however, is the term "attendant" which is defined by K.S.A. 1977 Supp. 65-4314(f) to mean

"an individual who operates or works on an ambulance or rescue vehicle, and whose primary function is ministering to the needs of persons requiring emergency medical services or driving such vehicle."

K.S.A. 1977 Supp. 65-4321 prescribes standards for the issuance of certificates to attendants. No such certificate shall be issued unless the applicant shall have completed a prescribed course of instruction approved by the University of Kansas Medical Center or offered by the armed forces of the United States, plus certain supplemental instruction. Those who have completed the present program administered by the Director of Emergency Services at St. Francis Hospital in Topeka, for example, which is approved by the Kansas University Medical Center, are commonly known as emergency medical technicians, or EMTs, you indicate.

There is no statutory enumeration of authorized acts to be performed by attendants, comparable to that provided for mobile intensive care technicians cited above. K.S.A. 1977 Supp. 65-4324(b) provides in pertinent part thus:

"An attendant's certificate may be revoked or suspended by the head of the office of emergency medical services upon proof that such attendant:

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(2) has engaged or attempted to engage in, or represented himself or herself as entitled to perform, any service not authorized in the certificate"

Thus, the certificate itself determines the scope of the services which the certificated attendant is authorized to perform. I have no basis, merely as a matter of law, to determine from the terms of the act itself whether an EMT is authorized to administer intravenous saline or glucose solutions during emergency ambulance runs. The terms of the certificate determine the scope of the authorized services, which in turn doubtless is determined by the training which the applicant has undergone.

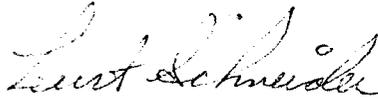
A further question is raised whether an EMT who has been trained in I.V. procedure may be held liable in civil damages for injuries resulting from an I.V. procedure which is begun at a physician's direction during an emergency run from the scene of an emergency to the emergency room. K.S.A. 1977 Supp. 65-2891(a) provides that any health care provider who "in good faith renders emergency care or assistance at the scene of an emergency or accident "shall not be liable for any civil damages" other than for acts occasioned by gross negligence or willful or wanton acts or omissions. Subsection (c) provides that any health care provider may in good faith render emergency care or assistance "during an emergency which occurs within a hospital or elsewhere" under certain circumstances, and shall not be liable for other than civil damages occasioned by ordinary negligence. On the facts which you posit, it is impossible to anticipate the question of exposure of liability merely as a matter of law. Much might depend, for example, whether the injuries complained of can be shown to have occurred as a result of the I.V. procedure begun at the scene, whether they began in the emergency room itself, or en route, and the ruling of the court whether in transit emergency services should be deemed to be tantamount to those rendered at the scene. This is not a question which this office can resolve merely as a matter of law based upon the terms of the cited statutes themselves, but could only be resolved by a court facing claims of liability based upon particular and detailed factual circumstances.

Lastly, you ask whether an EMT may administer intravenous saline or glucose solutions in hospitals on either emergency or non-emergency patients. Given the lack of statutory specificity defining the procedures which a certified attendant is authorized to perform, the question arises as to whether the certificate issued

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under K.S.A. 1977 Supp. 65-4321 extends to non-emergency medical services. The program of instruction which an applicant for an attendant's certificate must have completed extends only to a program of "preliminary emergency medical care." In my judgment, the training required by statute of the applicant requires the conclusion that the holder of an attendant's certificate under the act is authorized to provide only emergency care, and not to provide medical care for non-emergency patients.

Yours truly,



CURT T. SCHNEIDER
Attorney General

CTS:JRM:kj