

ORDINANCE NO. 130946

Amending Chapter 34, Code of Ordinances, by repealing Sections 34-361, 34-362, 34-364, 34-367, 34-369, 34-378 and 34-379 relating to the Prehospital Emergency Medical Services System and enacting in lieu thereof seven new sections of like number relating to the same subject matter.

BE IT ORDAINED BY THE COUNCIL OF KANSAS CITY:

Section 1. That Chapter 34, Code of Ordinances of the City of Kansas City, Missouri, is hereby amended by repealing Sections 34-361, 34-362, 34-364, 34-367, 34-369, 34-378 and 34-379 relating to the Prehospital Emergency Medical Services System and enacting in lieu thereof seven new sections of like number relating to the same subject matter, to read as follows:

**Sec. 34-361. Purpose of article.**

It is the purpose of this article to define the emergency medical services (EMS) system for the provision of an ambulance transport system and an emergency responder service through the designation of specific responsibilities to the major components of the system, the emergency medical services coordinating committee (EMSCC), the medical director, the fire department, and the emergency physicians advisory board (EPAB), and to set forth the authority of the medical director over all segments of patient care of the prehospital EMS system.

**Sec. 34-362. Definitions.**

The following words, terms and phrases, when used in this article, shall have the meanings ascribed to them in this section, except where the context clearly indicates a different meaning:

*Advanced life support unit* means any vehicle staffed by a minimum of one paramedic and equipped to provide advanced life support care as defined by the medical director.

*Ambulance* means any motor vehicle equipped with facilities to convey infirm or injured persons that requires transportation in a reclining position.

*Associate medical director* means a licensed physician with some experience in emergency medicine who can fulfill all responsibilities of the medical director in their absence.

*Clinical privileges* are the patient care activities as defined by the rules and regulations promulgated by the office of the medical director which authorizes individuals to participate in the EMS system.

*Emergency medical services coordinating committee (EMSCC)* means a committee established by ordinance and with functions as set forth in this article.

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*Emergency medical services (EMS) system* means and includes all components and elements involved in the provision of emergency care in the pre-hospital environment. These elements shall include at a minimum all individuals and organized responders, both public and private, inclusive of all care levels from first responder to EMT-P.

*Emergency medical technician (EMT)* means a person licensed by the state as an emergency medical technician and granted clinical privileges by the medical director as an EMT. There may be multiple levels of EMT clinical privileges.

*Emergency medical technician-basic (EMT-B or EMT-Basic)* means a person licensed by the state as an emergency medical technician-basic as defined in RSMo ch. 190 as the same may be amended from time to time, and granted clinical privileges by the medical director as an emergency medical technician-basic.

*Emergency medical technician-intermediate (EMT-I or EMT-Intermediate)* means a person licensed by the state as an emergency medical technician-intermediate as defined in RSMo ch. 190 as the same may be amended from time to time, and granted clinical privileges by the medical director as an emergency medical technician-intermediate.

*Emergency medical technician-paramedic (EMT-P or paramedic)* means a person licensed by the state as an emergency medical technician-paramedic, as defined in RSMo ch. 190, as the same may be amended from time to time, and granted clinical privileges by the medical director as knowledgeable of and competent to perform advanced life support procedures and the medical protocols established by the medical director. There may be multiple levels of paramedic clinical privileges.

*Emergency physician advisory board (EPAB)* means the board empowered to recommend to the medical director various standards for the operation and improvement of the EMS system.

*Emergency responder* means any person or unit capable of providing the appropriate emergency care excluding the transport of patients, as evidenced by clinical privileges granted by the medical director as designated by regulation of the medical director and consistent with the provisions of this article.

*Helicopter rescue unit* means any rotary wing aircraft providing basic or advanced emergency medical service and transportation as evidenced by current permit and designated by regulation of the medical director and consistent with the provisions of this article.

*Medical director* shall be that person appointed in accordance with this ordinance or his designee.

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*Medical protocol* means any diagnosis-specific or problem-oriented written statement of standard procedure, or algorithm, approved by the medical director as the normal standard of pre-hospital care for a given clinical condition.

*Mutual aid call* means a request for emergency or non-emergency ambulance service issued by an ambulance dispatcher in one political jurisdiction to an ambulance dispatcher or ambulance crew normally operating in a neighboring jurisdiction with a state licensed ambulance system.

*Patient* means any person who is (i) apparently ill, injured or otherwise incapacitated, bedridden or helpless and, (ii) who requires or requests emergency medical care or ambulance services or for whom emergency medical care or ambulance services are requested.

*Response time* means the interval from the timestamp when the call taker enters the first keystroke in the computer aided dispatch (CAD) system to the CAD timestamp of unit on scene.

*Special event or scheduled mass gathering* means any event or activity occurring within the city limits of the city where there is a likelihood of attendance at such event or activity exceeding 5,000 persons, or exceeding 1,000 persons in a venue where circumstances would indicate to the fire chief that EMS stand by coverage would be required on scene.

*Special use permit* means a permit issued by the director of health to hospitals, and other institutions serving the public, for the provision of specialized mobile intensive care services.

*Substantiated risk of harm* means findings of substantial risk of harm shall include, but not be limited to: failure to follow established medical protocols with resulting injury or death or significant medical possibility of injury or death, falsification or deliberate misrepresentation on clinical records or reports.

**Sec. 34-364. Office of EMS medical director established; qualifications of EMS medical director; powers and duties of medical director.**

- (a) Office of the medical director established.
  - (1) The office of the EMS medical director shall be established under the office of the city manager of the city.
  - (2) The EMS medical director shall be a board certified emergency medicine physician, with a minimum of five years of clinical practice experience.
  - (3) This shall be contracted position equivalent to at least a 0.8 of a full time position.

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- (4) Appointed by the city manager with requested comments on the appointment by the chair of the department of emergency medicine of the University of Missouri-Kansas City School of Medicine.

(b) Budget. The office of the medical directors budget shall be annually considered and a recommendation made by the EMSCC to the city manager. The budget shall include the appropriate administrative support necessary to fulfill the duties of the medical director. The city attorney's office shall provide support to the medical director for legal issues that may arise.

- (1) Staffing. The medical director may appoint assistants to the medical director. The assistants to the medical director must be at least a certified paramedic or have equivalent training and experience and shall have no direct supervisory or operational authority over city employees.
- (2) Offices. The offices of the medical director shall be located in proximity to the department of health in order to facilitate the public health functions and interactions of the EMS system.

(c) Powers and duties.

- (1) The medical director shall serve as the primary source of day-to-day medical direction and clinical oversight of all elements of the pre-hospital EMS system, including all the training and practices of all emergency responders, emergency medical technicians (EMT), paramedics, dispatchers, or other positions established by the medical director through the EMSCC by regulation, and all other participants in the pre-hospital EMS system. The medical director will report to the city manager. The medical director may delegate responsibilities and duties to one or more associate medical directors who meet the qualifications of medical director.
- (2) Recommending regulations, standards and rules.
  - a. Authority to make recommendations to the EMSCC. The medical director shall recommend regulations, standards and rules to the EMSCC necessary to implement the policy and intent of this article.
  - b. Standards. The medical director shall consider but not be limited to the following factors when recommending regulations, standards and rules:
    1. The protection of the safety and health of the inhabitants of the city and the employees of the EMS system;
    2. Accepted standards of practice for emergency medical care;

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3. Accepted requirements for equipment and supplies to provide basic and advanced life support services;
  4. Federal and state requirements;
  5. Standards and recommendations of federal, state and local professional organizations interested in the provision of quality emergency medical care;
  6. Production standards related directly to clinical performance and patient care, including response times and effectiveness of all other segments of the pre-hospital EMS system;
  7. Diagnosis-specific and problem-oriented medical protocols to serve as the required standard of pre-hospital emergency care;
  8. Procedures governing the reliable provision of 24-hour medical control;
  9. Procedures for the provision of medical control over the delivery of basic and advanced life support procedures by ambulance personnel and emergency responders, which may include but shall not be limited to medical control communications standards, radio protocol, medical protocol, telephone protocol and qualifications of base station physicians from whom emergency medical personnel may take direction; and
  10. Types and frequency of reports required of participants in the pre-hospital EMS system to be submitted to the medical director.
- (3) Delegation of authority. The medical director may delegate functions, but the director shall remain responsible for compliance with this article.
  - (4) Disaster planning and protocol development. The medical director shall be included in planning and protocol development as part of the city's disaster planning processes.
  - (5) Public health education and research in conjunction with the director of health.
    - a. Injury and health care prevention programs.
      1. The medical director will identify issues in prehospital emergency medical services, including accident and disease

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prevention and system availability, requiring additional study and public education. Programs to address the identified issues will be implemented as directed by the director of health.

2. Studies of the probable impact on the public health of the education programs will be conducted.
  - b. Pilot programs. The medical director may conduct pilot programs to investigate alternative methods of delivering prehospital emergency medical services.
- (6) Reportable diseases. Hospitals shall report information on victims of cardiac arrest, myocardial infarction and acute coronary syndromes, stroke, trauma, infectious diseases and other health events to entities including the medical director and in the manner determined by the medical director for patients transported to/from hospitals by the city EMS system. The reporting process may be set forth by regulation.
- (7) Reports. The medical director shall prepare quarterly reports of the performance of all segments of the pre-hospital EMS system based upon monthly reports of providers of services to the pre-hospital EMS system and other information available to the medical director to the city manager. The fire chief and other participants in the pre-hospital EMS system, such as the director of aviation and police chief, will provide to the medical director on a periodic basis established by the medical director information required for the quarterly reports.

**Sec. 34-367. Emergency physicians advisory board.**

(a) *Generally.* The emergency physicians advisory board (EPAB) is established and shall be an advisory board consisting of a minimum of four currently licensed physicians who are board certified in Emergency Medicine or a related Emergency Medicine subspecialty, serve without compensation and recommend to the medical director protocols, methods and measures promoting high-quality pre-hospital emergency care and make recommendations on issues directly impacting the quality of medical care. Members of EPAB shall be appointed by the medical director following consultation with emergency medical physicians within the community and upon the recommendation of the chair of the department of emergency medicine of the University of Missouri-Kansas City School of Medicine. The term of a member shall be three years. A member may be reappointed. A member of EPAB may be removed by the medical director for the following reasons: (i) submission of a letter of resignation, (ii) lack of attendance for attending 50% or less of meetings of a running calendar year, or (iii) loss of active medical license. Meetings of EPAB shall be chaired by the medical director. In the absence of the medical director, members of EPAB shall choose from among themselves a member to chair their meetings.

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(b) *Recommendations to medical director.* The EPAB shall provide to the medical director recommendations concerning protocols and other medical issues affecting the EMS system within the city.

**Sec. 34-369. Granting of clinical privileges.**

(a) Clinical privileges as an emergency responder, emergency medical technician, paramedic, dispatcher, or other positions established by regulation, shall be granted by the medical director upon completion of all requirements established by the EMSCC. Applications filed for temporary clinical privileges as a system intern or by those not working within the EMS System as an employee of the city, shall be made on forms supplied by the medical director and accompanied by a nonrefundable application charge of \$30.00. The term “temporary” in this section shall be understood to mean a period not exceeding one year. Nothing in this article shall be construed as requiring the city to be responsible for the cost of any required physical examination.

(b) The EMSCC may promulgate rules and regulations to administer the provisions of this section as recommended by the medical director.

**Sec. 34-378. Special event or scheduled mass gathering coverage.**

(a) *Coverage.* All special events or scheduled mass gatherings will require utilization of fire department transport ambulance service and other components of the prehospital EMS system to provide first aid/paramedical stand-by services pursuant to procedures, rules and regulations promulgated by the EMSCC. Event coordinators shall be responsible for all costs incurred by the fire department that are associated with special event or scheduled mass gathering coverage. Fees may be waived at the discretion of the fire department.

(b) *Automatic Notification.* The Neighborhoods and Housing Services Department’s Division of Regulated Industries and the Parks and Recreation Department when issuing a large scale event permit or similar permit for a special event or scheduled mass gathering shall notify the fire department as well as the medical director when the likelihood of attendance at such event or activity is indicated as greater than 1,000 persons.

(c) *Medical Standards.* During special events or scheduled mass gatherings the medical director’s responsibilities for safeguarding public welfare and safety, including the safety and health of attendees, shall include at a minimum the responsibility for providing clinical oversight and ensuring that locally accepted standards of pre-hospital care are maintained, including standards related to disaster preparedness and event-specific protocols at special events or scheduled mass gatherings.

**Sec. 34-379. Violation of article; penalty.**

(a) *Violations.* It shall be unlawful to:

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- (1) *System participant.* Perform duties as an attendant, dispatcher, emergency responder, EMT, paramedic or other position established by the EMSCC through regulation without current clinical privileges granted by the medical director.
- (2) *Permit unqualified persons to participate.* Permit a person to work as an EMT, paramedic, dispatcher, emergency responder, or other position established by the EMSCC through regulation without current clinical privileges issued by the medical director.
- (3) *Use unlawful service.* Use or cause to be used any ambulance service other than that established by this article unless exempted by the provisions of section 34-376
- (4) *Provide service without authorization.* Provide ambulance services, emergency or transfer, within the city unless authorized by this article or exempted by the provisions of section 34-376
- (5) *False information to dispatch resources.* Knowingly give false information to induce the dispatch of an ambulance or helicopter rescue unit.

(b) *Penalty.* Any person convicted of violating the provisions of this article shall be fined no more than \$1,000.00 or imprisoned for a period not to exceed six months, or punished by both such fine and imprisonment. This does not serve to limit any other remedies available to the city in law or equity.

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Approved as to form and legality:

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Alan L. Holtkamp  
Assistant City Attorney