



Summary of Emergency Modifications to EMS Agency Regulations*

(202 KAR 7:501, 510, 540, 545, 550, 555, 560, & 801)

Effective Date: April 14, 2020**

**This document is provided as a reference only. Specific information regarding the regulatory changes can be found by reviewing the Emergency Orders noted below.*

202 KAR 7:501

- Broadened exemptions for out-of-state agencies and vehicles to allow them to respond when requested by Kentucky EMS agencies and healthcare facilities.

202 KAR 7:545

- Allow Class III agencies to make BLS & ALS interfacility transfers
- Removed requirements for affiliation with local Class I agency
- Added language clarifying exemptions from administrative regulations

202 KAR 7:550

- Removed requirements for ambulance decals & markings
- Changed PPE requirements to better reflect COVID-19 PPE Requirements
- Removed “12-lead capability” requirement for ALS ambulances.
- Modified expired “items” to expired “medications”.

202 KAR 7:555

- Changed reporting requirements for temporary vehicles and allowed “temporary infection control” vehicles to be used, as needed.
- Suspended requirements for NIMS ICS courses.

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- Modified requirement for 24/7 operation to allow mutual aid, if needed.
- Added requirement for all Class I agencies to respond to both emergency and non-emergency calls, unless mutual aid is arranged.
- Requires agencies to have an ambulance en route to interfacility, non-emergency calls within two (2) hours or arrange for another agency to make the call.
- Gives healthcare facilities the authority to call another agency if the local agency is unable to respond within two (2) hours.
- Gives authority to request transports to the local EMS agency, healthcare facilities, and ESF-8 agencies (KBEMS, KYEM, KDPH, & KNG).
- Gives express authority to agency medical directors to create and implement “treat & release” policies.
- Clarified requirement to “not exhaust resources”
- Gave agencies authority to use “alternate vehicles” or MIH to meet agency & patient care needs.
- Suspended radio hardware requirements for ambulances to facilitate the use of decommissioned vehicles for infectious control vehicles.

202 KAR 7:560

- Allows agencies to use CPR-certified individuals, who have also had an emergency vehicle operator course in the past, as drivers to meet minimum staffing requirements.
- Allows agencies to use an RN from referring facility as primary attendant on a transfer.
- Allows a ground agency to use air medical personnel to staff an ambulance, if needed.
- Suspended requirement for Paramedic on duty 25% of the time.

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- Allows a Class III ACC, or PSC agency to use air medical staff on critical care calls.
- Suspended requirement for Class I ALS, Class III ACC, Class IV ALS, and Class VI ALS agencies to have a Paramedic on duty at all times.
- Suspended restrictions for using EMR as drivers on an ambulance.
- Removed specific requirements of driver's training.

202 KAR 7:510

- Allows air medical agencies to make calls outside their service area if requested by a healthcare facility.
- Modified reporting requirement for temporary aircraft from 24 to 72 hours.
- Suspended limits on use of a temporary aircraft.
- Gave express authority to agency medical directors to create and implement "treat & release" policies.
- Suspended requirement for a Paramedic on all scene flights.
- Reiterated ability to assist with ground ambulance calls.
- Modified expired "items" to expired "medications".

202 KAR 7:801

- Modifies required certifications to requiring only a KBML license.
- Adds responsibility for medical directors to assist with:
 - Patient Destination Policies
 - Pandemic Response Plans

*****Additional Modification Made on August 10, 2020:***

Modified language requiring Class I agencies to respond to all non-emergency requests to require response to non-emergency COVID-19-related calls.

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