HEALTH FACILITIES AND EMERGENCY MEDICAL SERVICES DIVISION

Summer 2007

Volume 3 Issue 3

ON THE SCENE

Covering EMS in Colorado

Southeast EMTS system at work

Quick action saved the life of a southeast Colorado man in April, and the efforts of the emergency personnel were honored at the April 30, 2007, City Council meeting in Lamar.

"The wonderful outcome for this patient epitomizes the importance of teamwork and coordination including the lay rescuer, ambulance service, local hospital, flight crew and the trauma center with specialists," said Marshall Cook, acting fire chief of the Lamar Fire Department. "The chain of survival was followed to the letter with very dramatic results. Even in the rural or frontier setting, teamwork and coordination are both critical components of any successful medical and trauma system."

The *Lamar Ledger's Tri-State Trader* ran a story on May 2, 2007, called "Quick action, right training save a life." That story is reprinted on Page 19 of this newsletter.

Photo by Mary Breslin

At Monday's City Council meeting, Mayor Nelva Heath and Acting Fire Chief Marshall Cook congratulate Lamar emergency personnel and Lamar citizen Randy Welborn for their quick action that saved a Lamar resident's life recently. FROM LEFT: Brandon Kemp, Lamar Fire Department engineer; volunteers Brandon Sherwood, Keith Nidey and Kelly Owens; and Randy Welborn receive their certificates and congratulations from the mayor and members of the City Council.

(Related story Page 19)

New Staff at the Division

Howard Roitman and Holly Hedegaard join the Health Facilities and Emergency Medical Services Division, page 18.

Section Chief
D. Randy Kuykendall

BME Rule 500

- Changes will be effective on July 30, 2007.
- EMTs in the state must maintain practice within the rule as published, unless an exception has been granted.
- Appendix A outlines the skills that each level of EMT is allowed to perform.
- Appendix B is the formulary that specifies the drugs that are permitted for each EMT level.
- Review the new rule at www.dora.state.co.us/medical/rules/500revised.pdf.

Section Chief's Corner

by D. Randy Kuykendall

BME Rule 500 Changes to Improve Care in Colorado

On May 17, 2007, the Colorado Board of Medical Examiners approved significant changes to BME Rule 500, the rule that governs the scope of practice for emergency medical technicians throughout the state. These rule changes will be effective on July 30, 2007, and are the result of more than two years of work by many stakeholders of the Colorado emergency medical and trauma services community. This is one of the most significant updates in scope of practice for emergency medical technicians (EMTs) of all levels, and it is important to ensure that those providing care are familiar with these updates. BME Rule 500, promulgated pursuant to statutory authority granted to the Board of Medical Examiners, sets forth the allowed scope of practice and formulary for each level of EMT in the course of providing patient care in Colorado. With the exceptions under current rule and waivers that are granted to specific medical directors based upon their application and need, EMTs in the state are required to maintain practice within the rule as published.

Technically, BME Rule 500 is made up of two appendices that specifically outline the skills and drugs that are permitted for use by EMTs, subject to approval and appropriate protocols developed by the local service medical director. Appendix A of the rule outlines the skills that each level of EMT is allowed to perform, and Appendix B is the formulary that specifies the drugs that are permitted for each EMT level. Some of the significant skill changes that were approved by the Board of Medical Examiners include

- use of multi lumen airways by all levels of EMTs;
- use of laryngeal masks by EMT-Basics and EMT-Intermediates;
- needle decompression of the thorax by EMT-Intermediates (voice order only);
- non interpretive 12-lead EKG by EMT-Intermediates;
- external pelvic compression for all levels of EMTs;
- intranasal administration of medications for all levels of EMTs;
- opthalmic administration of medications by EMT-Intermediates;
- Morgan lens eye irrigation by EMT-Intermediates and EMT-Paramedics.

The Board of Medical Examiners approved a number of significant changes in the formulary authorization for prehospital care. The new formulary is reflective of many contemporary pharmacological agents as well as being more specific with regard to the purposes for which drugs may be used. The intent behind these changes is to ensure that prehospital care providers are more clearly supported in the drugs that are being used and to ensure that their use is safe and within the goals of quality care in the emergent environment.

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The new formulary is significantly different from previous authorizations. Rather than listing these many changes here, readers are encouraged to review the new rule at www.dora.state.co.us/medical/rules/500revised.pdf.

The newly-adopted BME Rule 500 eliminates the concept of "Paramedic with Critical Care Authorization," otherwise known as critical care paramedic. This change was made in response to the national- and state-level failure to agree on what skill set would best address the needs of services in the transportation of patients with therapies underway that are normally outside of the current scope of practice. Understanding the diversity of EMS agencies throughout the state of Colorado, local needs to provide skills and/or therapies that are outside of standard practice as identified by BME Rule 500 will continue to be addressed through the waiver process. In conjunction with this process, the Colorado Department of Public Health and Environment, with the advice and support of the State Emergency Medical and Trauma Services Advisory Council, has appointed the Medical Direction Committee, which will replace the Medical Advisory Group, to process, review and advise the department and the Board of Medical Examiners with regard to waivers. This newly-appointed body is in the process of organizing and will be setting standards by which waivers can be developed and reviewed.

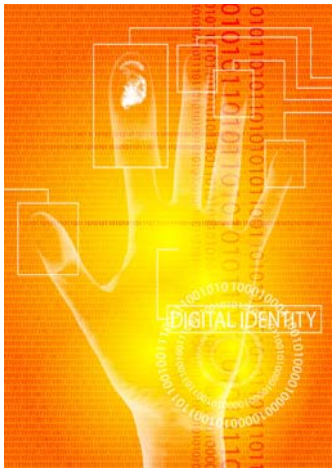
The date of compliance for EMS agencies providing services outside of the identified scope of practice to obtain waivers has been moved forward to June 22, 2008. This change was approved by the Board of Medical Examiners to allow those agencies that have been providing advanced care without waivers sufficient time, given the elimination of the formal critical care paramedic scope of practice, to come into compliance with the waiver process and submit documentation to ensure that appropriate training and oversight by local EMS medical directors are in place. It is important to remind all emergency medical services agencies that this extension is applicable only to agencies that have been providing advanced patient care services in a formal fashion and does not authorize medical directors to support the provision of care outside of BME Rule 500 under any other circumstances.

I hope these changes to the scope of practice for EMTs in Colorado will be viewed as supportive of the continued advancement of medical care and will enable local emergency medical services agencies to ensure the highest quality patient care that is based on the most current evidence available. Questions regarding these changes can be directed to the Emergency Medical and Trauma Services Section or to the Colorado Board of Medical Examiners.

As always, staff of the Emergency Medical and Trauma Services Section is available to provide support and assistance at any time.

D. Randy Kuykendall, MLS, NREMT-P, is the chief of the Emergency Medical and Trauma Services Section at the Colorado Department of Public Health and Environment and can be reached at randy.kuykendall@state.co.us.

Correction: In the spring edition, we incorrectly identified Chris Montera's title. He is the general manager of the Western Eagle County Ambulance District. We apologize for the error.



EMT Certification Mailing Address

If there are other questions you would like to see addressed in the newsletter, please mail them to

EMT Certification Unit
Colorado Department of Public Health and Environment
4300 Cherry Creek Dr. South - A2
Denver, CO 80246-1530

To obtain more information on agency actions, please contact the Emergency Medical and Trauma Services Section's credentialing coordinator, Maria Crespin, at (303) 692-2583.

Ask the Certification Program

Q: Why is it taking so long to become certified after I have sent my application?

A: There may be several reasons causing a delay in processing your application. The main factor currently causing a delay is that, according to the Colorado Bureau of Investigation (CBI), the processing time for fingerprint-based criminal history record checks is presently taking approximately two to three months. If you would like to find out the status of your fingerprint card, you may contact CBI at (303) 239-4208.

Q: How do I know if I need to submit a fingerprint card to CBI for a criminal history record check?

A: A good rule of thumb is if your previous certification renewal was after July 1, 2004, then you likely already have submitted to a fingerprint-based criminal history record check for EMT certification. If you renewed your certification prior to July 1, 2004, it is likely you will need to submit a fingerprint card to CBI. (Note: If you lived outside of Colorado at any time during your three-year certification period, an FBI fingerprint-based criminal history record check is required.) We may be reached at (303) 692-2980 to verify previous submission of a fingerprint-based criminal history record check.

EMT Final Agency Actions

Emergency Medical Technician Final Agency Actions
January - June 2007

During the first six months of this year, the following final agency actions were taken by the Colorado Department of Public Health and Environment against applicants for Colorado emergency medical technician certification or against state-certified emergency medical technicians.

NAME	CERTIFICATION NUMBER	ACTION DATE	ACTION
Adams, Joshua	n/a	04/09/07	Denial
Burris, Richard Paul	n/a	12/26/06	Denial
Pellman, Mark S.	EMT-I 14430	06/05/07	Revocation

RETAC Round Up

by Celeste White

The Regional Emergency Medical and Trauma Services Advisory Councils (RETACs) participated in strategic planning sessions, held June 6 and 7, at Copper Mountain Resort and Conference Center. These sessions were in response to requests by RETAC coordinators at the February RETAC forum to identify and prioritize goals. The Emergency Medical and Trauma Services Section of the Department of Public Health and Environment retained Barak Wolff, MPH, to facilitate the meetings. Wolff is retired from the New Mexico Health Department and provides consulting services when he is not serving as the health analyst for the Senate Public Affairs Committee of the New Mexico legislature.

All 11 RETAC coordinators participated and were joined by members of their councils and state Emergency Medical and Trauma Services Section's staff. Small-group exercises helped identify strengths, weaknesses, opportunities and threats to the current structure of the RETACs. Additional exercises aided in establishing common goals and SMART (specific, measurable, achievable, realistic, time-bound) objectives to obtain those goals.

Priorities included defining/solidifying RETAC identity; improving communication among key elements of the emergency medical and trauma services system (RETACs, the State Emergency Medical and Trauma Services Advisory Council, the Emergency Medical and Trauma Services Section, county commissioners and constituents); and working toward legislative and regulatory changes related to RETACs. All participants committed to continuing the momentum these sessions generated and will devote time at future statewide quarterly RETAC meetings to accomplish tasks to meet their goals.

Regular updates from each of the 11 RETACs will appear in this column in future newsletters.

Celeste White is the RETAC and SEMTAC coordinator at the Emergency Medical and Trauma Services Section and can be reached at celeste.white@state.co.us.

COLORADO'S 11 RETACs

Priorities Identified

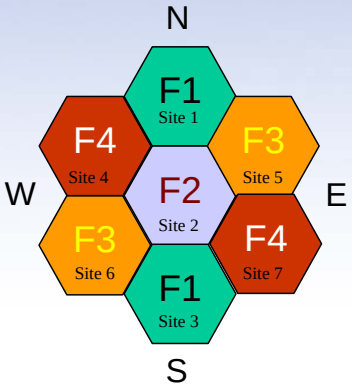
- **Defining/ solidifying RETAC identity**
- **Improving communication among key elements of the emergency medical and trauma services system**
- **Working toward legislative and regulatory changes related to RETACs**

Digital Trunked Radio: Effects on the System by Airborne Radios

by Ron Lutz

The digital trunked radio (DTR) uses numerous 800/700 MHz frequencies at multiple tower sites to provide statewide radio coverage. Due to the limited number of frequencies allocated by the federal government for public safety use, there are not enough for each tower site to have its own dedicated frequencies. Frequencies are reused at multiple locations throughout the state to meet system users requirements of communication.

An example of a frequency reuse pattern is shown on the left. The colored hexagons represent a tower site and the "F" represents the frequency set used at the tower. For example, F1 represents the frequencies at Site 1 and the same frequencies are reused at Site 3. Sites 4 and 7 use the same frequencies and Sites 5 and 6 use the same frequencies. Site 2 uses a totally different frequency set than the other sites.



DTR radio coverage is designed for a field unit antenna height of approximately five feet. A mobile traveling north to south will first affiliate with Site 1, be handed off by the system to Site 2 and eventually affiliate with Site 3. Radio signal isolation from terrain blocking and distance separation prevents overlapping of transmissions from Sites 1 and 3.

An aircraft flying north to south has the potential to illuminate multiple towers at the same time with approximately the same signal strength. Terrain blocking, which accounts for most of the isolation, is missing. A radio in the air will simultaneously access multiple towers and cause multiple affiliation requests for the same radio to be sent to the system's controller. Multiple affiliation requests have the potential to cause anomalies in the system's operation. A radio at altitude can interfere with existing conversations taking place at a frequency reuse site (stepping on somebody) or interject (tail ending) fragments of conversation. Also, a signal appearing at a tower where the system controller has not authorized it will be interpreted as an "illegal carrier," and the affected receiver will be removed from service. This reduces that site's traffic handling capacity.

This is not a theory. Recently, an agency was conducting air operations on the DTR and radioed from the air that it was in pursuit northbound on the interstate. What was heard by a public safety dispatcher from another agency was "in pursuit northbound." Believing that an officer was in hot pursuit, the dispatcher put his agency into emergency status until it was determined no emergency existed. The offending radio user did not have any idea about the problems that were created.

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Digital Trunked Radio: Effects on the System by Airborne Radios

(Continued from Page 6)

Aircraft communications are described in the Consolidated Communications Network of Colorado's (CCNC) Standard Operating Procedures, Section 12. This section reads, "**12 AIRCRAFT COMMUNICATIONS:** All aircraft communications to CCNC voice subscriber units are limited to conventional simplex low power operation. Currently the only conventional simplex channels available to CCNC users statewide are STAC 5 and ICALL, ITAC1, ITAC2, ITAC3, ITAC4 when used in the DIRECT mode. The Digital Simplex channels (SMPX 1 through SMPX 5) may also be used after December 31, 2006."

The complete Standard Operating Procedures can be found at www.ccncinc.org.

Acronyms

- STAC-State Tactical Channel
- ICALL-International Call Channel
- ITAC-International Tactical Channel
- Direct-Radio to Radio
- SMPX-Simplex or Radio to Radio

Ron Lutz, BS, Mtel, is the State Telecommunications Services liaison to the Colorado Department of Public Health and Environment and can be reached at ron.lutz@state.co.us.

Colorado Rural Health Center Updates

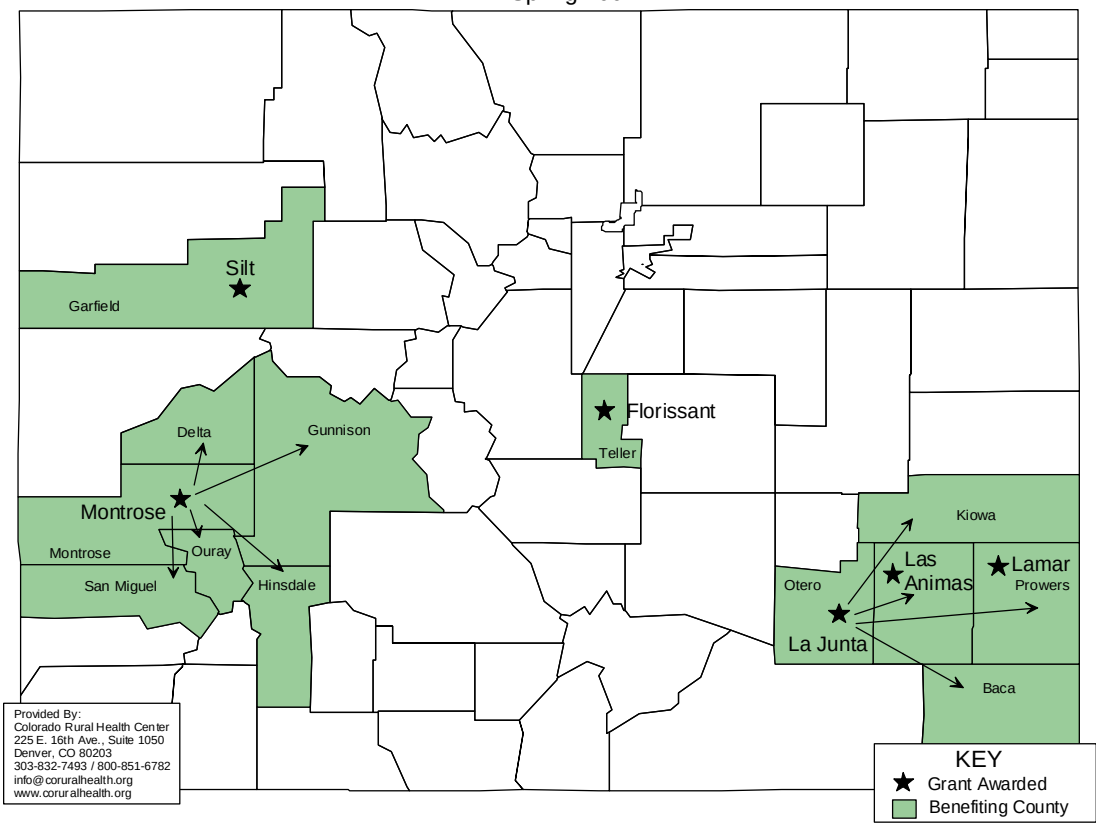
Rural Recruitment and Retention Grant Awards

In 2005, the Colorado Rural Health Center was awarded funding from The Colorado Trust's Health Professions Initiative to address rural health care workforce issues over a three-year period. This year, the center has made $14,000 of these funds available for two rounds of funding for rural EMS agencies addressing recruitment and retention issues. This spring, after reviewing 17 grants requesting more than $24,000, the Grants Review Committee awarded funds to six rural agencies for projects ranging from development of a management academy specifically geared toward EMS personnel to an EMS recruitment video for screening before the feature film at a rural theater.

Application Deadline

The deadline for applications for the second round of funding is **October 1, 2007.** Grant funds up to $1,500 per agency are available for recruitment and retention efforts. No community match is required.

Colorado Rural Health Center
EMS Recruitment & Retention Awards
Spring 2007



Colorado Rural Health Center Updates

16th Annual Colorado Rural Health Conferences

The Colorado Rural Health Center is coming to a community near you! This year, we are very excited to host our conference in four rural communities: Trinidad, Burlington, Delta and Craig. Topics vary at each conference, but include EMS, the medically uninsured and underinsured, health care reform, funding, recruitment, mental health, methamphetamine, long-term care and staffing issues. Jeff Schanhals, regional coordinator for Northeast Colorado RETAC, presented the EMS session at the Burlington conference on Friday, June 29. The conferences provide participants from a variety of health care sectors with information, resources and networking opportunities. For registration information and sponsorship opportunities, please visit our Web site at www.coruralhealth.org or contact Callie Preheim at (303) 832-7493, (800) 851-6782, or cp@coruralhealth.org.

Registration Information and Sponsorship Opportunities

www.coruralhealth.org

(303) 832-7493
(800) 851-6782
cp@coruralhealth.org.

Free Desktop Utility Available for the MATRIX

Get the free desktop utility for submitting data to the MATRIX system by downloading it from the Internet at www.cdphe.state.co.us/em/emtsdata/index.html or by calling Rio Chowdhury at (303) 692-2991 to have a CD mailed to you.

The MATRIX is the EMS Ambulance Trip Reporting Information Exchange and can help you submit data to the statewide data collection effort. Access the MATRIX at www.coems.info by clicking on the link called “MATRIX - EMTS Data Collection.” If you do not have a username and password to enter the MATRIX, please complete a Letter of Intent and e-mail it to cdphe.hfemsdata@state.co.us. You will receive your username and password within two to three business days. Reports are available in the MATRIX , including a count of your data by type of service requested, incident location type and patient age/gender.

From the State Medical Director's Desk

by Dr. Fred Severyn

At the May 2007 Board of Medical Examiners meeting, final approval of several key issues that will benefit the Colorado EMS community, and the patients we serve, were finalized through the promulgation of significant changes in BME Rule 500. The Board of Medical Examiners approved revisions to the scope of practice for EMTs that include the use of supraglottic rescue airway devices for EMT-Basic providers. This approval allows EMS service medical directors to authorize the use of contemporary rescue airways by EMTs at all levels. This change should translate into significant patient benefit, allowing more controlled ventilation to augment basic bag-valve-mask ventilation in both the acute and long-distance transports in rural and frontier environments.

Significant revisions to Attachment B, the EMS formulary, also were approved by the Board of Medical Examiners. The new formulary is the culmination of more than 24 months of work by the Medical Advisory Group and the Formulary Task Force. It is important to note that the formulary is a permissive list of pharmaceuticals that may be authorized by local EMS medical directors. EMS agencies are not mandated to provide all the medications and skills listed in BME Rule 500 under any specific level of certification, but BME Rule 500 establishes the skills and pharmacological agents that may be provided under appropriate medical control and protocol.

Also important to note is that the administration of any pharmacological agent or performance of any skill not listed in BME Rule 500 is not permitted unless the agency medical director has obtained a waiver from the Board of Medical Examiners. EMS personnel who perform skills and/or administer medications not authorized under BME Rule 500 place themselves at risk of practicing outside of the established scope of practice and place their Colorado EMT certification in jeopardy.

The revisions to BME Rule 500 create an interfacility transport formulary that should greatly simplify provider questions regarding pharmacological agents that can be transported by EMS personnel in such cases. This list of drugs that can be monitored by EMTs during interfacility transports has been created with significant input and discussion to facilitate the safe and efficient transport of hemodynamically stable patients in controlled environments. Although it's doubtful that this new formulary will meet all of the needs of all Colorado EMS agencies, we hope that it will provide the basis for further advances in the future. The Department of Public Health and Environment and the Board of Medical Examiners will review the formulary on an annual basis to ensure that regulatory authority remains consistent with contemporary field practice.

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From the State Medical Director's Desk

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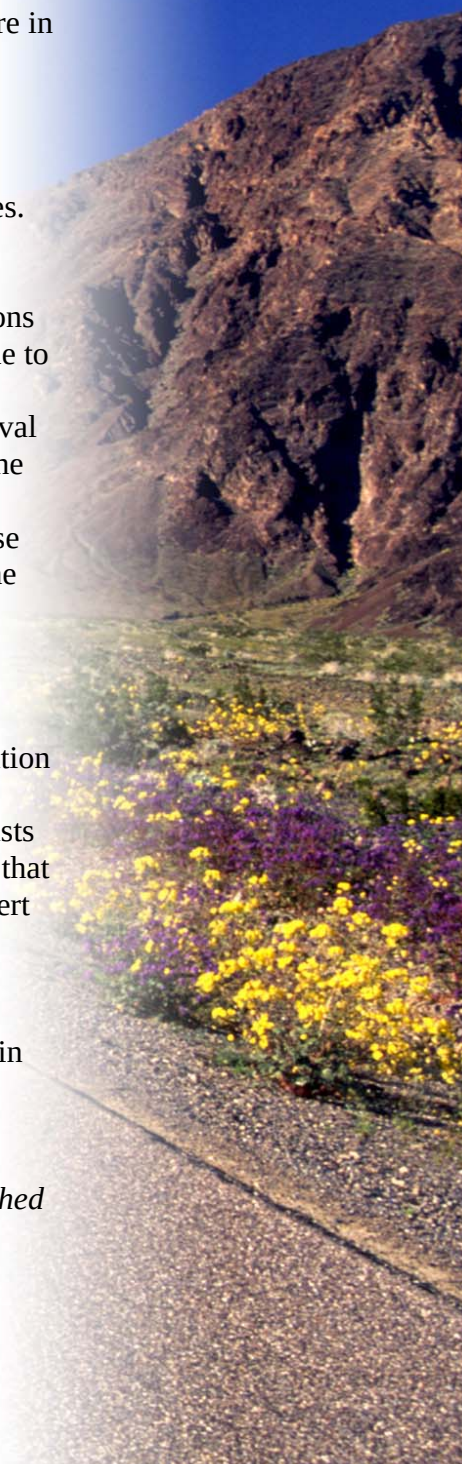
Based upon the results of the airway survey conducted over the past year, the board has lifted the temporary moratorium for waivers of rapid sequence intubation (RSI) and surgical cricothyrotomy. The airway survey revealed that there was an average of 1.35 standard intubations per year per ALS provider in Colorado with a median of 1.63 standard intubations per year per ALS provider. Agencies with approved RSI waivers reported that there were 0.69 RSI procedures per paramedic per year with a median of 0.45 RSI per paramedic per year. What does this mean? It may indicate that it will be increasingly difficult to justify RSI as a procedure of need in many communities when the act of aggressive airway management itself is relatively rare in most EMS systems. It also is important to note that as the Medical Direction Committee and the board consider future applications for waivers to allow procedures of this nature, reporting requirements will be required. Only through appropriate reporting and data gathering will we, as an industry, be able to make accurate decisions regarding procedures that make a difference in patient outcomes.

Finally, the Board of Medical Examiners has extended the time frame for EMS medical directors to obtain formal waivers for advanced procedures and medications that may be needed for interfacility transfer services. Agencies wishing to continue to provide advanced interfacility transfer services or perform any procedure not authorized by BME Rule 500 must submit a waiver application and receive approval before June 2008. Waivers should be submitted by May 1, 2008, for approval at the June meeting. This provides ample opportunity for any Colorado EMS agency to submit the required waiver applications that will allow the flexibility of our diverse services throughout the state to continue to provide safe and appropriate care to the patients that depend upon us in their hour of need.

The Board of Medical Examiners rules are on the Web at www.dora.state.co.us/medical. All EMS providers, medical directors and system administrators should become familiar with them. To facilitate this waiver process, a formalized application process is being created for many waivers and should become available to the Colorado EMS community within the next few months. These application checklists are being created to provide a template for local EMS medical directors to follow that will allow the development of appropriate, safe and consistent care that is in concert with current science.

Anticipate the unique opportunities within your EMS system, participate in the creation of your unique solutions and become part of the process to improve care in Colorado's emergency medical and trauma services system.

Fred A. Severyn, MD, FACEP, is the state EMS medical director and can be reached at fred.severyn@state.co.us.



Unintentional Poisoning is a Growing Problem In Colorado

by Sallie Thoreson and Letoynia Coombs

While injury prevention efforts have been successful in decreasing the rates of death and hospitalization due to motor vehicle crashes, drownings, fire/burns and other injury mechanisms, injury due to unintentional poisoning is an area of increasing concern. A poisoning is considered to be unintentional if the person taking or giving a substance did not intentionally mean to cause harm. Although misuse of medications is a significant cause of unintentional poisoning, other substances can cause poisoning as well. The coding system used to categorize hospitalizations and deaths identifies specific groupings for many of the agents involved in poisonings. (See left column.)

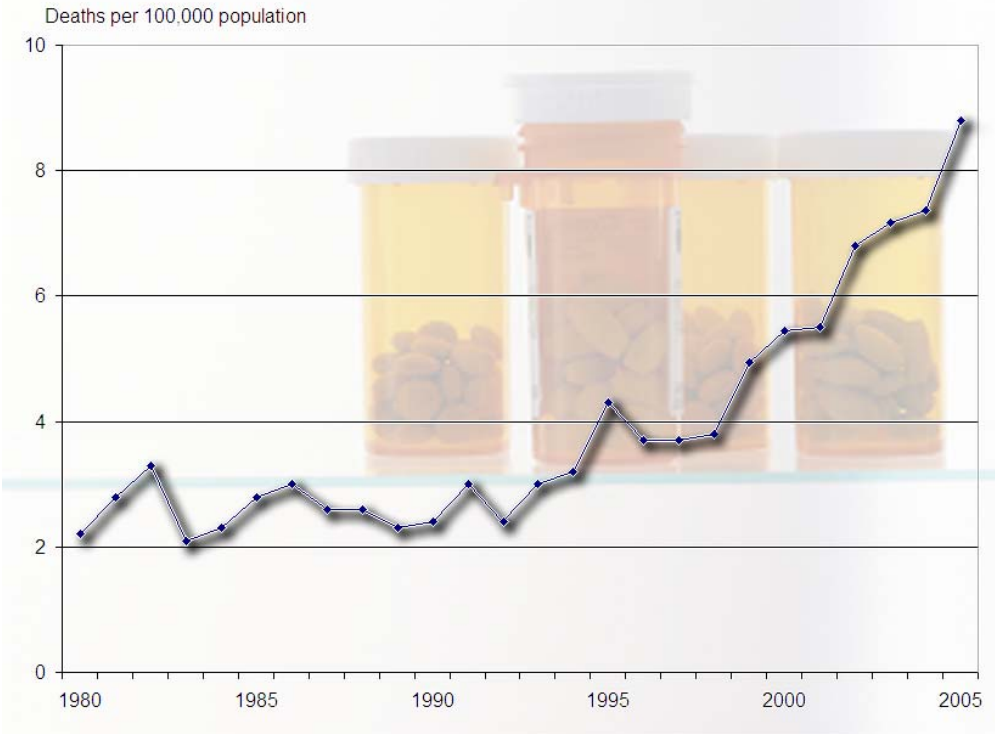
Unintentional poisoning may occur as a result of overdose or exposure to such substances as

- drugs, such as prescription medications, over-the-counter medications and "street drugs";
- exhaust fumes and gases, such as carbon monoxide and nitrous oxide;
- cleaning agents and petroleum products, such as soaps, polishes, solvents and paint;
- acids and caustic alkalis (lye);
- pesticides and herbicides;
- poisonous plants and food.

Deaths

On average, 375 Coloradans die from unintentional poisoning each year. The age-adjusted death rate for unintentional poisoning in Colorado has quadrupled from 2.2 deaths per 100,000 in 1980 to 8.8 deaths per 100,000 in 2005 (Figure 1). Rates particularly have increased since 1992. The increase in the age-adjusted death rate is primarily due to increasing rates among Coloradans ages 35-54.

Figure 1: Age-adjusted unintentional poisoning death rates Colorado residents, 1980-2005



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Unintentional Poisoning is a Growing Problem In Colorado

(Continued from Page 12)

The death rate for unintentional poisoning is highest for males ages 45-54. The age-adjusted death rate for unintentional poisoning for men is twice the rate for women. This gender difference is even more striking for specific types of unintentional poisoning. Men are 3.1 times more likely to die than women from overdoses of narcotics (such as heroin, cocaine and methadone) or hallucinogens (such as lysergic acid diethylamide-LSD). Men also are eight times more likely to die from carbon monoxide and other gas poisoning than are women.

The death rate for unintentional poisoning in Colorado has quadrupled from 1980 to 2005.

The age-adjusted mortality rate for deaths due to unintentional poisoning is significantly higher for white Hispanics (9.1 per 100,000) and African-Americans (12.5 per 100,000) than for non-Hispanic whites (6.2 per 100,000). Colorado is not the only state with an increasing death rate due to unintentional poisoning. A recent report from the Center for Disease Control and Prevention highlighted the increase in unintentional poisoning deaths seen nationally. The larger rate increases were seen in states with high rural populations and in the categories of psychotherapeutic (sedatives, antidepressants) and narcotic drugs.[1]

Hospitalizations

On average, 1,359 Coloradans are hospitalized each year for unintentional poisoning. Men and women are about equally likely to be hospitalized for unintentional poisoning, but for different types of agents. Unintentional poisoning is among the top five causes of injury hospitalization for all age groups except ages 5-24. The number of hospitalizations for unintentional poisoning due to heroin/opiates/narcotics increased from 183 admissions in 2000 to 318 admissions in 2005. The number of hospitalizations for unintentional poisoning due to tranquilizers increased from 142 admissions in 2000 to 184 admissions in 2005. During this same time period, the number of hospitalizations for unintentional poisoning due to aspirin or barbiturates has remained relatively stable.

Children ages 5-14 are the age group least likely to be hospitalized for unintentional poisoning. Hospitalization rates increase in late adolescence and remain high throughout life, although the causes differ for younger and older adults. Younger adults ages 15-54 are more likely than other age groups to be hospitalized for alcohol poisoning and for poisoning due to psychotropic agents such as marijuana, LSD and antidepressants. Unintentional poisoning due to drug use continues into later adulthood when a higher percent of hospitalizations result from overdoses of heroin/opiates/narcotics and tranquilizers. For adults ages 75 and older, prescription drug misuse and drug interactions become more common.

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Skills Lab at the Plains to Peaks EMS/Trauma Conference

by Kim Schallenberger

At the end of April, the Plains to Peaks Regional Emergency Medical and Trauma Advisory Council held its sixth Annual EMS/Trauma Conference. This event was held in Limon and was meant to support rural volunteers. Penrose/St. Francis Hospital and Memorial Hospital have provided a tremendous amount of support over the years, and 2007 was no different. Nearly 100 people attended each day and received instruction on a variety of medical and trauma related topics. This year, as the conference coordinator, I requested some skills labs that would allow participants to figure out treatments for difficult patient presentations. The object was that some original ideas would come forward given the fact that no real emergency was occurring and participants had the time and resources to figure out how to get a fractured hip out of the bathtub or how to move a 500-pound patient from the bed to your stretcher. Little did I know that it was me who was going to receive the education.

We rented some of those "sumo wrestling" suits to simulate the overall size of a bariatric patient. My 17-year-old son and I both volunteered to suit up and pretend to weigh in at about 500 pounds. Over the two-day conference, we each spent about two hours in the suits. At first, it was pretty funny, and we took our share of well-intentioned barbs. The scenarios changed with each class from "I've fallen down," to "My legs are too weak to lift myself up," and other scenes. What I didn't expect was the empathy I began to feel for a patient who is truly in this predicament. Given the size of the suit and while lying on my back or on the floor, I was honestly dependent on someone else to help me up. As well-meaning "responders" came to my aid, they stepped on my toes and unknowingly pinched my ample skin. I began to sense the embarrassment that comes with knowing that it takes six strong people just to move me.

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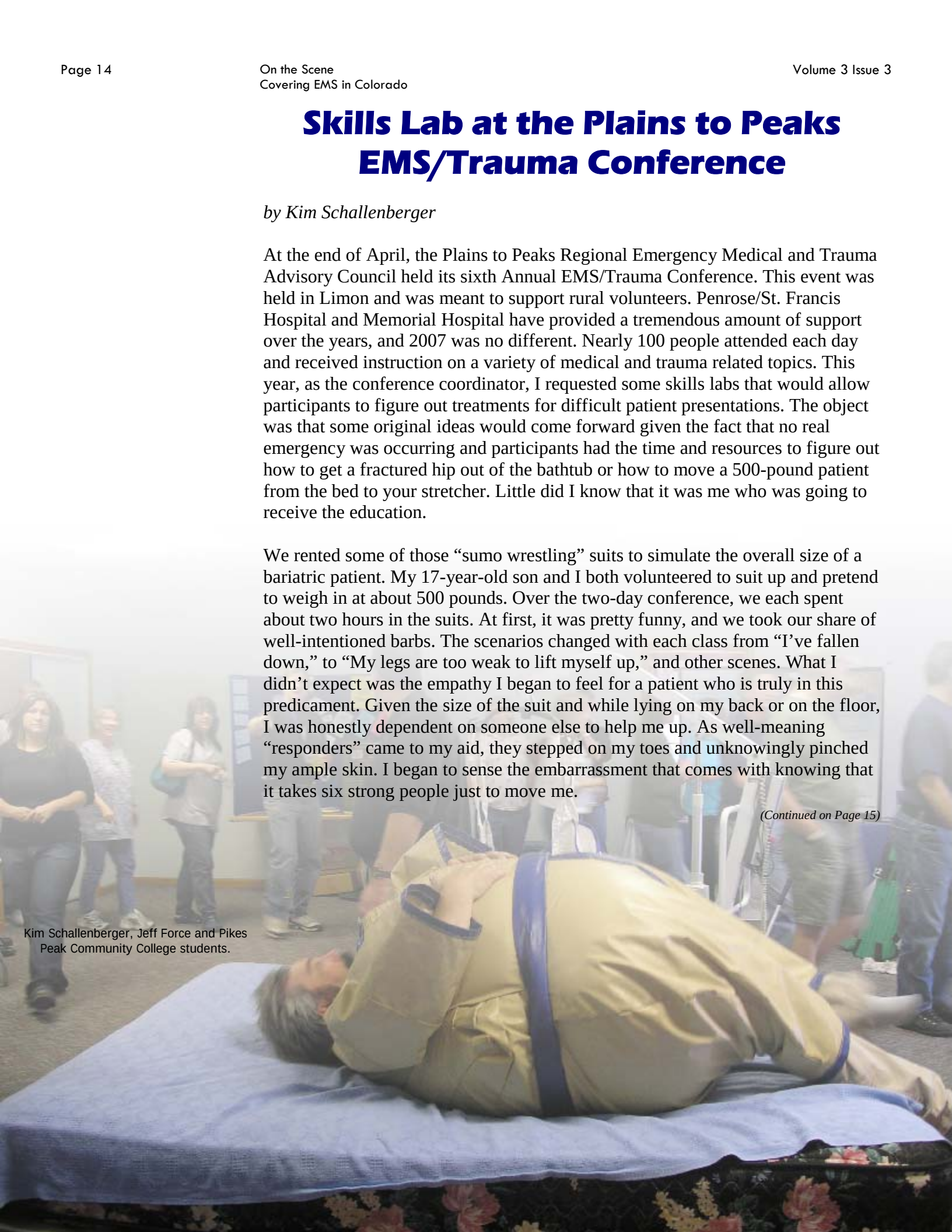

Kim Schallenberger, Jeff Force and Pikes Peak Community College students.

Skills Lab at the Plains to Peaks EMS/Trauma Conference

(Continued from Page 14)

Probably the worst experience was recognizing that sometimes we as responders talk around a patient rather than to the patient; I can see myself doing that sometimes.

I know the conference was a success, and I'm glad that another year has passed. There are too many wonderful people to thank adequately during an event like this. I will always remember this conference as the one that provided some humbling moments for me and will forever affect the way I treat patients. We respond to people's homes for a variety of medical, traumatic, social or psychological reasons. They often don't want to call us or we arrive on a bad day for them. This past weekend gave me a glimpse into what it's like to be totally dependent on the kindness of strangers. I hope that when I respond on my next call, I'll be the stranger that I would want to come help me.

John Gentzel, RN, trauma program manager at Penrose/St. Francis in Colorado Springs (left) and Kim Schallenberger (right).

Kim Schallenberger is the Plains to Peaks RETAC coordinator and can be reached at kschally@rebeltec.net.

Second Fire Truck Donated to San Luis Valley

Deputy Fire Chief Jon Greer, RETAC Coordinator Jon Montano, Assistant Fire Chief John Serna, Fire Chief Vernon Martinez and Captain Alfred Mondragon stand in front of the donated fire truck.

Arvada Fire Department donated a fire truck to the San Luis Valley Regional Emergency Medical and Trauma Services Advisory Council (RETAC) following a review process that received 19 applications from all over the state. The award placed the 1985 Sutphen Pumper in Fort Garland.

"I picked Fort Garland for several reasons," explains San Luis Valley RETAC Coordinator Jon Montano. "One, they have a huge area that was the place for the Mato Vega Fire last year that made national news. Two, their primary fire truck's transmission is going out and their back-up truck's pump is going out. Three, they have no Class A pumper (1,000 gallons a minute or more) in either San Luis (17 miles away) or Fort Garland to protect the town. Four, they have the historic Fort Garland original fort to protect."

Montano continued, "I look for donations, and the Arvada Fire Department provided a truck that is in excellent shape. Plus, the truck was equipped with fire hoses, nozzles, air packs, bunker gear and wrenches...approximately $15,000 in extra equipment!"

The San Luis Valley RETAC has joined the San Luis Valley Fire Fighters Association (28 all-volunteer fire departments) to help some of the departments. The Equipment Donation Committee of the association tries its best to distribute donated equipment in the area. Fire departments write letters of interest and the committee goes to inspect the fire station to evaluate the need.

Jon Montano is the San Luis Valley RETAC coordinator and can be reached at emsgrant@amigo.net.

Unintentional Poisoning is a Growing Problem In Colorado

(Continued from Page 13)

Unintentional poisoning prevention

Nationally, childhood poisoning deaths have declined over the last two decades due to effective prevention strategies, including child-resistant packaging, reduction in the use and availability of certain medications, product reformulations, better medical care, and interventions by poison control centers.[2] Unintentional poisoning prevention for drug and medications will require a combination of regulatory, educational and treatment measures.[1] In 2005, the Colorado Electronic Prescription Drug Monitoring Program was created[3] with funding for the program defined by 2007 legislation.[4] Once fully implemented, prescribers and pharmacists will be able to access information on patient prescriptions for controlled substances[3]. Other prevention strategies include

- increasing physician awareness regarding appropriate pharmacologic treatments;[1]
- encouraging age-appropriate poison prevention counseling by care providers;[2]
- supporting best practices for treating drug dependency;[1]
- participating in public awareness and educational programs;
- promoting the poison control center phone number in Colorado. The Rocky Mountain Poison and Drug Center number is 1-800-222-1222.

The Injury Community Planning Group, as part of the State Emergency Medical and Trauma Services Advisory Council, identified unintentional poisoning as an emerging injury prevention issue to be added to the statewide Injury Prevention Strategic Plan. Additional information on poisoning can be found in *Injury in Colorado* and a fact sheet from the Injury Epidemiology Section at the Colorado Department of Public Health and Environment (www.cdphe.state.co.us/pp/injepi).

1. Centers for Disease Control and Prevention. Morbidity and Mortality Weekly Report. (2007). Unintentional Poisoning Deaths - United States, 1999-2004. Retrieved May 14, 2007, from www.cdc.gov/mmwr/preview/mmwrhtml/mm5605a1.htm.
2. *Injury in Colorado*. Denver, CO: Colorado Department of Public Health and Environment. (2005).
3. Colorado State Board of Pharmacy. (March 2007). Electronic Prescription Drug Monitoring Program. Colorado State Board of Pharmacy Newsletter,18(3), p. 1. Retrieved June 5, 2007 from http://www.dora.state.co.us/pharmacy/NewsletterMarch2007.pdf.
4. Colorado Senate Bill 07-204, Sixty-sixth Colorado General Assembly. Retrieved June 5, 2007 from http://www.leg.state.co.us/Clics/Clics2007A/csl.nsf/MainBills?openFrameset.

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Howard Roitman Appointed Division Director

by Dr. Ned Calonge

It is my pleasure to announce that I have appointed Howard Roitman to the position of division director for the Health Facilities and Emergency Medical Services Division. Howard last worked in the department as the Environmental Programs director, and I am excited that he is returning to the "health side" of the department to bring his strong leadership skills to this critical division. As well as his dynamic leadership, Howard brings excellent, proven management skills. He has an outstanding track record of being able to navigate the difficult ground between the regulated community and public health interests. I believe his skills will translate well to the health facility and emergency medical services arenas. Please join me in welcoming Howard to this new role.

Ned Calonge, MD, MPH, is the state's chief medical officer based at the Colorado Department of Public Health and Environment.

Holly Hedegaard Joins EMTS Section

by D. Randy Kuykendall

It gives me great pleasure to introduce Holly Hedegaard, MD, MSPH, as the newest member of the Emergency Medical and Trauma Services Section as she assumes responsibility for the EMS for Children and Data Programs. Dr. Hedegaard completed her medical degree at the University of Colorado Health Sciences Center (UCHSC) in 1988, trained in both surgery and preventive medicine, was certified by the American Board of Preventive Medicine in 1996, and has served as adjunct faculty to the Department of Preventive Medicine/Biometrics at UCHSC since 1995. For the past 13 years, Dr. Hedegaard has worked as a medical/injury epidemiologist at the state health department, becoming manager of the Injury Epidemiology Program in 1996 and director of the Colorado Trauma Registry in 1997. She has extensive experience in creating data systems, collecting data from various sources, assessing and improving the quality of injury data, data analysis, preparing technical reports as well as reports for the general public, and information dissemination. Dr. Hedegaard joins the section at a time when data have become the keystone of our efforts at improving patient care through evidenced-based science. She will make an outstanding contribution to Colorado's emergency medical and trauma services system. Please join me in welcoming her.

Quick action, right training save a life

(Story on Page 1)

(Reprinted with permission from the Lamar Ledger's Tri-State Trader.)

Quick action, right training save a life

by Mary Breslin

For Mike Straily it was to be a normal day when he went to the Spreading Antlers Golf Course recently. Little did he know that he would soon have a serious heart attack and lose consciousness on the golf course.

According to Straily, his doctor later told him that usually, people who have heart attacks on the golf course don't live to tell about it, but he got a break because everything fell into place just right. First, Randy Welborn, a local businessman, saw him and started CPR immediately.

Next EMS personnel from the Lamar Fire Department responded to the scene and used equipment to shock his heart and get it beating again. Personnel at Prowers Medical Center got him stabilized and transferred to Memorial Hospital in Colorado Springs where once again, hospital personnel performed an emergency procedure to protect his heart.

Straily said he is grateful for Welborn's efforts and willingness to get involved and for the EMS personnel that had taken the training so they would know what to do.

Straily said he concurred with Acting Fire Chief Marshall Cook who pointed out during the presentation ceremony at the Monday City Council meeting that "a lot of guys and girls put in a lot of time," to get the training and be available to help in emergency situations—many of them volunteers who work countless hours.

In his presentation remarks Cook said the sequence of events in this case "epitomizes team work" and how things are supposed to work. The EMS team of Branden Kemp, Brandon Sherwood, Keith Nidey and Kelly Owens and Lamar resident Randy Welborn received a standing ovation from all in attendance at the meeting.

On the Scene is a quarterly publication of the Emergency Medical and Trauma Services Section of the Health Facilities and Emergency Medical Services Division at the Colorado Department of Public Health and Environment and serves the emergency medical services and trauma communities of Colorado.

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- **October SEMTAC meeting.** Oct. 4, 2007. Sabin-Cleere Room, Colorado Department of Public Health and Environment, Denver, Colo.
- **January SEMTAC meeting.** Jan. 10, 2008. Sabin-Cleere Room, Colorado Department of Public Health and Environment, Denver, Colo.

If you would like to receive this newsletter via e-mail, please send your request to jeanne.bakehouse@state.co.us. We welcome comments and content submissions.

www.coems.info

Colorado Department of Public Health and Environment

HEALTH FACILITIES AND EMERGENCY MEDICAL SERVICES DIVISION

Colorado Department of Public Health and Environment

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