ON THE SCENE
Covering EMS in Colorado

AMR-El Paso County's Front Range Mobile SimLab

by Dale Kuykendall, Jr.

With the ever-increasing scarcity of clinical opportunities for EMS providers, simulation is moving to the forefront as the accepted standard of skills training and critical thinking evaluation. From realistic arms for practicing intravenous skills to 'Fred-the-head' airway trainers to the integration of technology with traditional mannequins, simulation is, in many aspects, replacing the live patient clinical environment.

The trouble with using the live patient clinical environment is pretending that the patient is sick. The evaluator has to give vital information that we normally rely on the patient and assessment process to provide, such as physical exam findings, history information and vital signs. When teaching initial certification classes, this becomes problematic because students commonly come to rely on the evaluator as a safety net during scenarios and often are unprepared when faced with the situation of making decisions with a real patient.

(Continued on Page 12)

Section Chief's Corner
Colorado in the National Spotlight

by D. Randy Kuykendall

During the past few months, we watched our state become a national centerpiece as the Democratic National Convention came to Denver. Regardless of one's political leaning, this event truly was one that required planning, communication and cooperation between agencies, governments and individuals that have historically not worked together on a regular basis. The Emergency Medical and Trauma Services Section was one of many state agencies involved in state level planning and response. This event was the catalyst that allowed our staff to make personal contact with every ambulance service in the state. The information resulting from this effort was used to update the Colorado EMS Information System (CEMSIS) and will be available for other events that may occur in and around our state.

Beyond providing the benefits of making individual contact with Colorado's ambulance services and trauma centers, this process has become the foundation of ongoing efforts to ensure that the EMS and trauma communities are part of the fabric that makes up the emergency health care system and its response to large-scale events. One of the best ways to guarantee an appropriate response to large-scale emergencies is to ensure that the routine operation of EMS services and trauma centers is functioning well and efficiently. It's important to note the outstanding response our office received from hospitals and ambulance services when we surveyed these resources prior to the event in Denver. Grace Sandeno's article on Page 10 highlights the very culture of our emergency medical and trauma services system in terms of our willingness to support and help our neighbors. I must express my personal thanks to our trauma centers, EMS agencies and staff for this outstanding effort.

Another important project I want to acknowledge is the completion of the EMS Education Standards implementation process. Over the past six months, this committee, convened under the leadership of Sean Caffrey, worked tirelessly in developing a strategy to incorporate the new national standards of practice into our system while maintaining the integrity of the process that has been in place during the past 15 years. The strategy recommends adding the new "Advanced EMT" to our certification levels and maintaining the current EMT-Intermediate (I-99) scope of practice. This work was completed in record time, with Colorado being among the first in the United States to make these decisions. We still don't know what the National Registry timetable will be in terms of changing its certification examination process. Thus, we will continue to monitor the national implementation process, and when changes at the national level happen, we'll begin the actual implementation of the EMS Education Standards recommendations. In the meantime, we strongly recommend that providers continue looking to the current certification and scope of practice as identified in the state of Colorado as the basis for education, certification and career paths.

Our experience in planning for the Democratic National Convention once again demonstrated how vitally important data are in our effort to provide services to our patients. Although the Emergency Medical and Trauma Services Section was brought into the planning process for this event in relatively short order, we

(Continued on Page 3)

Section Chief's Corner
continued

(Continued from Page 2)

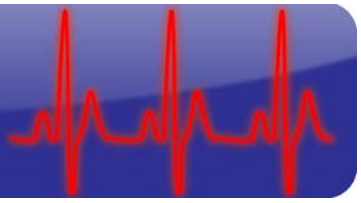
were able to provide important information on ambulance, hospital and air ambulance numbers almost immediately. When questions were asked about the numbers of ambulances and aircraft that might be available, should the need arise, that information was provided within hours. Our collective ability to use data to support the decision-making process regarding implementation of the new EMS Education Standards was an important part of the success of that project as well. We want to acknowledge the energy and effort of Colorado's EMS agencies and trauma centers in providing this important information on a continuing basis. These combined efforts will continue to ensure that the Colorado emergency medical and trauma services system is well-prepared to address the needs of our citizens.

As the winter months bear down on us, it is time to think about the 2010 EMS grants program. The application will become available on Dec. 15, 2008, and will be due no later than Feb. 16, 2009. As in years past, there will be no significant increase in funds available, but even with relatively static funding over the past 20 years we have been able to continue the improvement of emergency medical services throughout the state. Since this is a competitive grant process, it is important that services develop their grant applications to clearly demonstrate their needs. We again will be offering workshops in each RETAC to provide the most current information on next year's grant award program. Please watch for the schedule and plan to attend.

The Emergency Medical and Trauma Services Section continues to support the enhancement of patient care by working with our many stakeholders to ensure a cohesive system that keeps patient care the focus of our goals. If you have questions or need additional information, please feel free to contact our office at any time.

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

A Team in Touch
Statutes and Rules for Dummies



by Dr. Arthur Kanowitz

Statutes and Rules for Dummies

I have always been intrigued by the "for dummies" series of books published by John Wiley & Sons Publishing and felt that a "Statutes and Rules for Dummies" article or a "Colorado EMTS Statutes and Rules Made Ridiculously Simple" article would be helpful. Although this topic is hard to make ridiculously simple, my goal is to provide an overview of the statutes and rules under which prehospital personnel and trauma hospitals work and walk you through the process. As an emergency medical technician (EMT) or EMS medical director, you might ask, "What are the rules that govern my practice?"

Colorado Revised Statutes, Title 25, article 3.5 (CRS 25-3.5), commonly cited as The Colorado Emergency Medical and Trauma Services Act, is legislation that establishes a statewide emergency medical and trauma services system, designates the Colorado Department of Public Health and Environment as the state lead agency for EMS and trauma system development, and describes the requirements for the planning, implementation and administration of the components of the EMTS system including the State Emergency Medical and Trauma Services Advisory Council (SEMTAC), EMT certification, ground and air ambulance licensing, grants, and Regional Emergency Medical and Trauma Services Advisory Councils (RETACs).

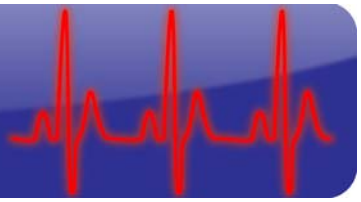
To implement the statute (also known as a "law"), the Board of Health has adopted rules (also known as regulations), located in the Code of Colorado Regulations (6-CCR-1015), pertaining to emergency medical services and the statewide emergency medical and trauma care system. Also within the statute (law) are requirements that the Board of Health work with the Board of Medical Examiners to define rules that more specifically deal with the practices referenced in statute (law). The Board of Medical Examiners is the licensing board for physicians and is part of the Department of Regulatory Agencies. The Board of Medical Examiners Rule 500 (3-CCR-713-6) defines the Duties and Responsibilities of Emergency Medical Service Medical Directors and the Authorized Medical Acts (acts allowed) of Emergency Medical Technicians (Rule 500).

How do Rule 500 and the Board of Health Rules affect EMTs as they progress from initial training to certification by the state to practicing as an EMT in the out-of-hospital setting? If you received your EMT training in Colorado, you obtained it through a state-recognized training center, which is governed under Board of Health rules at 6 CCR 1015-3 Section 3, State Recognition of EMS Education Programs. After you became a certified EMT, you regularly acquired continuing education, which typically was provided by a state-recognized training group, also governed under the same Board of Health rules. The rules were enacted to ensure that the training centers and groups that provide your education meet specific national and state standards.

You became authorized to function as an EMT in the out-of-hospital setting when you obtained your state EMT certification. The certification process for all levels of EMTs is governed by Board of Health Rules at 6-CCR-1015-3, Rules Pertaining to Emergency Medical Services: Section 5 - Emergency Medical Technician Certification. The certification process, like the education process, is overseen by the

(Continued on Page 5)

A Team in Touch
continued



(Continued from Page 4)

Emergency Medical and Trauma Services Section of the Colorado Department of Public Health and Environment. Once certified by the state of Colorado, you must function under the rules set by the Board of Medical Examiners Rule 500. Rule 500 defines the toolbox available to you as an EMT. In Rule 500 and its appendices are the procedures and medications that your medical director can choose from and authorize you to use in the field. Appendix A defines the medical skills you are authorized to perform (acts allowed) and Appendix B defines the formulary of medications that you are allowed to administer.

So, if you are certified as an EMT-Basic, Appendices A and B describe what tools you can have in your toolbox, and you can use only those tools listed for EMT-B. What happens if you go outside the "acts allowed"? Disciplinary sanctions for performing work outside of your scope are set forth in Board of Health Rules, Section 6 – Disciplinary Sanctions and Appeal Procedures for EMT Certification. That section lists several actions that are considered good cause for disciplinary sanctions, which can lead to the loss of your certification and your ability to practice as an EMT. As a special notation, you may look at the "acts allowed" list for EMT-Basics and find that sphygmomanometry (measuring a patient's blood pressure) and auscultation of lung sounds are not on the list, yet you know that all EMT-Basics perform these functions. Well, you are right. Those procedures are not listed in Rule 500. They, along with the complete list of physical exam procedures done everyday by EMTs, are not in Rule 500. Why? Most likely, when Rule 500 was written, and every time that it has been revised, the physical examination was so basic to the functioning of an EMT that it may have been overlooked. It may be added to the list on the next revision, but there is a lesson here: It is very difficult to maintain an all-inclusive list of procedures. If you run across a procedure that is not on the list of acts allowed but essentially everyone at your level has been doing that procedure as standard of care for your level for a long time and it is part of the national standard curriculum for your level of practice, then it is reasonable to assume that it is OK for you to do that procedure as well. However, if a procedure is not on the list and is not an accepted standard of care, then you should not perform that procedure. Rule 500 is a dynamic rule and, like medicine, changes frequently. The intent is to review Rule 500 on a regular basis and make revisions as appropriate.

Now you know that BME Rule 500 defines the things that you can do, your "acts allowed." So, where do your medical director and agency protocols fit into this scheme? The "acts allowed" can be looked at as the full set of tools that your medical director may permit you to use. In other words, your medical director may decide he or she wants to let you use the full tool box; therefore, you can do every procedure and administer every medication that is listed in Rule 500 under your level. However, your medical director may decide to allow you to use some medications but not others. That is defined in your agency's protocols that are authorized by your medical director. For instance, your medical director may decide that he or she will allow you, as an EMT-Paramedic, to do everything in the acts allowed except gastric decompression. That is the prerogative of your medical director and would be indicated in your agency's protocol.

Your medical director may want the paramedics within her agency to perform a procedure or administer a medication not allowed in Rule 500. Can she do that? The answer is ….. perhaps. The medical director may

(Continued on Page 14)

Final Agency Actions
Emergency Medical Technicians

For the period of July 2007 through July 2008, the following revocation or relinquishment actions were taken by the Colorado Department of Public Health and Environment against state-certified emergency medical technicians. This list does not include actions for probation or suspension. Remember that you can verify an EMT's certification status online at www.cemsis.com.

NAME	CERTIFICATION NUMBER	ACTION DATE	ACTION
Brandwein, Andrew	EMT-B # 40360	04/21/08	Revocation
Brinksi, Matthew	EMT-P # 26827	05/27/08	Revocation
Conyers, Raymond R.	EMT-P # 4569	07/10/08	Revocation
Felps, Floyd M.	EMT-B # 6405	04/30/08	Relinquishment
Garduno, Robert J.	EMT-P # 7091	05/08/08	Revocation
Moss, Jennifer J.	EMT-B # 26486	05/29/08	Revocation
Mundy Jr., David W.	EMT-B # 408	07/23/07	Revocation

Worker Visibility
New Federal Requirement

In November 2006, the Federal Highway Administration (FHWA) added part 634, Worker Visibility, to Title 23, Code of Federal Regulation to decrease the likelihood of worker fatalities or injuries caused by motor and construction vehicles and equipment while working within the right-of-way on federal-aid highways. The rule states that all workers within the right of way of a federal-aid highway who are exposed either to traffic or to construction equipment within the work area shall wear high-visibility safety apparel that meets the Performance Class 2 or 3 requirements of the ANSI/ISEA 107-2004 publication, "American National Standard for High-Visibility Safety Apparel and Headwear."

"Workers" are defined as people on foot whose duties place them within the right of way of a federal-aid highway, such as highway construction and maintenance crews; survey crews; utility crews; responders to incidents within the highway right of way; and law enforcement personnel when directing traffic, investigating crashes and handling lane closures, obstructed roadways and disasters. States and other agencies must comply with the provisions of this rule by Nov. 24, 2008.

RETAC Roundup
Regional Updates

There are 11 Regional Emergency Medical and Trauma Advisory Councils (RETACs) in Colorado. Learn more about the RETACs at www.cdphe.state.co.us/em/retac/index.html.

Foothills RETAC, *by Linda Underbrink*
Wow, what a busy summer it's been in our region! The Foothills RETAC MCI Committee has been in overtime this quarter. We received nearly $47,000 in grant funding from the Health Resources and Services Administration program working with Lyle Moore of the Emergency Preparedness and Response Division and Ron Seedorf of the Colorado Rural Health Center. This allowed us to purchase 52,000 triage tags and 89 triage training modules, which were divided among the 11 RETACs for distribution to all prehospital agencies in the state. What a great cooperative effort between the state and the regions. Then, an MMRS grant in our all-hazards region allowed our RETAC, in conjunction with the Mile-High RETAC, to receive personal protective equipment bags for distribution to our prehospital providers. Finally, the last project for the MCI Committee was the purchase of our sixth MCI cache. The committee worked for four years to place MCI caches strategically within our region, and we updated our one-page Memorandum of Understanding and our MCI Cache Access Policy. Each of the six caches use the same "drop bag" system and contain a minimum equipment list to lessen potential confusion for any responder within our RETAC.

The Foothills RETAC Clinical Care Committee had a very productive summer. After placing identical printers in our nine facilities and producing and distributing our "Preliminary Patient Care Report," we are ready to monitor changes in PCR compliance in the emergency departments this fall. The entire project will be put together for publication with the help of a Colorado State University intern.

Finally, our RETAC coordinated and hosted the 2nd Annual EMS Data Conference in Longmont this year. I'm proud to say it was a success, with many great presentations. Be sure to look for upcoming information on the 3rd Annual EMS Data Conference. For more information, contact Foothills RETAC Coordinator Linda Underbrink at linda.u@msn.com.

Mile-High RETAC, *by Shirley Terry*
The Mile-High RETAC now is both a 501(c)(3) and a government 115. The Colorado Department of Transportation grant for teen seat belt use is underway, and we are in 12 schools proving the project is beneficial to all, with stakeholders becoming more involved. The RETAC has begun to define what needs are unique to the region, and we are looking forward to participating in the standardized regionalized needs assessment project. We are working with the Department of Public Health and Environment and the Transportation Subcommittee to hold the 1st Annual EMS Safety Summit on Oct. 3, 2008, in Denver. Finally, the EMS caches that were purchased through MMRS funds are being delivered to designated locations, and one Memorandum of Understanding is being developed to cover all caches. For more information, contact Mile-High RETAC Coordinator Shirley Terry at shirleyterry@comcast.net.

San Luis Valley RETAC, *by Jon Montano*
The San Luis Valley received its seventh fire truck from Wescott Fire Department. It was donated to the Antonito Fire Department. For more information, contact San Luis Valley RETAC Coordinator Jon Montano at emsgrant@amigo.net.

EMS Provider Grants
Data Collection Requirement

Grant Application Available on Dec. 15, 2008
The FY2010 EMS provider grant application will become available on Dec. 15, 2008, at www.cdphe.state.co.us/em/grants/index.html. As in past years, applicants will need to complete the agency profile, answer data collection questions and complete the grant application. All of this is done electronically in the CEMSIS Web portal at www.cemsis.com. If you do not have a username and password to enter the portal, complete a Letter of Intent. Applications must be electronically submitted, and one signed hard copy must be received at the department by 5 p.m., Feb. 16, 2009. Late applications will not be accepted.

New This Year
If you are a transport agency, to be eligible for this cycle you must be participating in the statewide data collection program by submitting your run data to the MATRIX, the EMS Ambulance Trip Reporting Information Exchange. The MATRIX is located within the CEMSIS Web portal at www.cemsis.com.

If you are not participating in the statewide data collection program, visit www.cemsis.com and complete a Letter of Intent. Once you receive your username and password, you can enter the CEMSIS Web portal and begin uploading information into the MATRIX.

If you are not currently participating, but are requesting grant funds in the data collection category in order to begin uploading data, you are eligible to apply for a grant.

Workshops and Webinars
Regional workshops and statewide Webinars will be held starting this fall to address data collection, agency profiles and the grant application. Please plan to attend. The schedules are not finalized yet, but will be available at www.coems.info or through your RETAC coordinator.

Technical Assistance
For technical assistance in the data collection program, please contact Steve Boylls at (303) 692-2994. For questions on agency profiles and the grants program, contact Jeanne-Marie Bakehouse at (303) 692-2987 or Rio Chowdhury at (303) 692-2991.

2008 Colorado State EMS Conference
Registration Open

We hope you will join us at the 2008 Colorado State EMS Conference to be held Nov. 6-9 at the Keystone Resort & Conference Center. This annual conference builds on its tradition of EMS education and offers nationally recognized speakers, pre-conference workshops, multiple breakout sessions, skills challenges and the region's largest exhibition of EMS products and service suppliers. Featured keynote presentations include "Climb On - Overcome Adversity & Thrive Through Life's Adventures" and "Summit Secrets - How to Reach Your Highest Goals" presented by Jim Davidson.

To view the full conference brochure and register, visit www.emsac.org.

The Colorado State EMS Conference is brought to you by the Emergency Medical Services Association of Colorado (EMSAC) and the Emergency Medical and Trauma Services Section of the Colorado Department of Public Health and Environment.

Why I Love Rural Colorado

Reflections on our state

by Grace Sandeno

In preparation for the Democratic National Convention, our office staff had the privilege of calling rural hospitals and transport agencies to ask the "what if" questions. "What can you do for us if our resources in the Front Range are overwhelmed, and what if we need to start transferring patients out of the metro areas to rural areas because there are no more resources here?" The reason I call this task a privilege and not a duty lies in the answers that we received. After we responded to questions such as "Are you serious?" and good-natured joking about whether we would be sending Democrats or Republicans, the staff of our rural agencies and facilities came up with some amazing answers.

"Well, we have an average daily census here of three patients, so I guess you could send us another seven without overwhelming us." (Wait, you just offered to take an additional 233 percent of your average patient load.)

Or, "We have two rigs that we can staff pretty regularly with our volunteers; we can send you one of those." (Wait, you just offered us half of your resources.)

Or, "You know, you can land three helicopters here. We know that because we mapped out three level places in the parking lot and lawn, and we have the exact coordinates. Just make sure you let us know when they're coming because we have to lock the doors or the helicopter blows dirt into the hospital."

Answers like these remind me what I love about rural Colorado: the people. It's the practical, no-nonsense people with their "can do" attitude and rugged independence that says, "I won't ask for help, but if you need help, just tell me where and when." It's the people who complain about the big city folks, traffic and having to drive to Denver for meetings, while in the same breath saying, "Of course we'll share; we're all in this together." These answers remind me of the other joys of rural Colorado: trauma surveys that started with warm, homemade cinnamon rolls; turning off the state car to wait for the cattle drive to go past; chasing a thunderstorm across the Eastern Plains; listening to the stories of EMS personnel who've worked in rain, snow, dust storms, heat and tornados; watching the sun set over the mountains or rise over the mountains depending on where you are staying; seeing the pride in the faces of staff members showing off their new facility; and looking at a rig, no longer new, but polished until every square inch shines. It is these little glimpses into everyday life that make me love rural Colorado.

I grew up in the eastern United States, attended school in the Midwest, went to another school in the South and have lived on the West Coast. I've seen a lot of this country, but now I've lived in Colorado since 1988, the majority of my adult life. I have to say that Colorado feels like home — a home where your nearest neighbor might be 10 miles away and the nearest hospital 40 miles, but where the concept of being neighborly extends to the people across the state and even across the world. Some days, I really like my job. Today is one of them.

Grace Sandeno is the trauma program manager at the Emergency Medical and Trauma Services Section and can be reached at grace.sandeno@state.co.us.

Dr. Holly Hedegaard Appointed to the Board of Scientific Counselors

Holly Hedegaard Appointed to the Board of Scientific Counselors for the National Center for Health Statistics

The Colorado Department of Public Health and Environment announced that Holly Hedegaard, MD, MSPH has been appointed to the Board of Scientific Counselors for the National Center for Health Statistics. Hedegaard is the only person from a state health department to serve on this board.

The National Center for Health Statistics is America's principal health statistics agency and collects data from birth and death records, medical records and interview surveys to compile statistical information to guide actions and policies to improve public health. The Board of Scientific Counselors provides advice and makes recommendations to the Department of Health and Human Services, the Centers for Disease Control and Prevention and the National Center for Health Statistics on statistical and epidemiological research and activities.

Board members are selected by the secretary of the Department of Health and Human Services from authorities knowledgeable in statistical, demographic and epidemiological research.

Hedegaard is the data program manager in the Emergency Medical and Trauma Services Section and has served as an injury/medical epidemiologist at the state health department since 1994.

For more information on the National Center for Health Statistics, visit www.cdc.gov/nchs/, and for more information on the Board of Scientific Counselors, visit www.cdc.gov/nchs/about/bsc/bsc_main.htm.

nchs National Center for Health Statistics ...Monitoring the Nation's Health

AMR-El Paso County SimLab
continued

(Continued from Page 1)

Additionally, the live patient simulation can present even more problems when teaching experienced providers. These providers have honed their assessment skills through experience and easily integrate visual cues into their assessment process, enabling them to make rapid decisions based on limited information. When these experienced providers miss a bit of information that they normally gather even before speaking to the patient, does that reflect negatively on their skills? Unfortunately, it does happen.

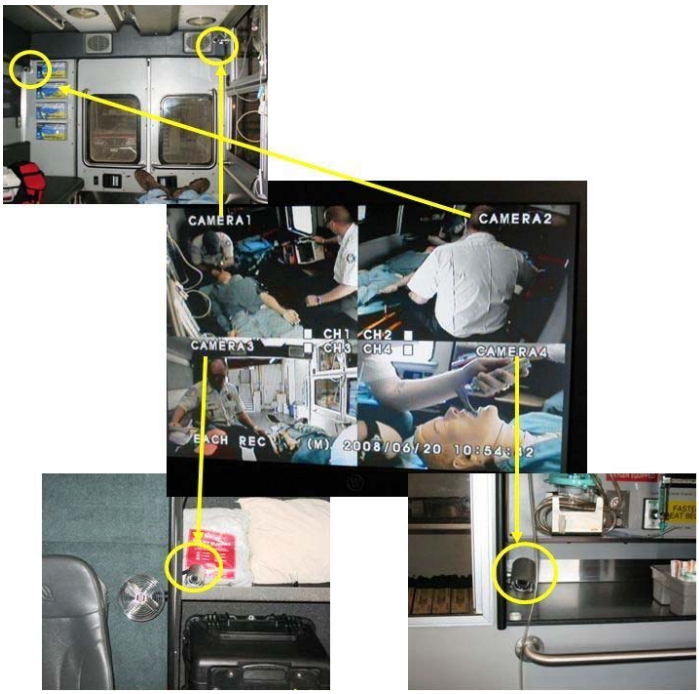
These problems have led the industry to demand more realistic simulators. They must feel realistic, move the way patients move and interact and react according to treatments given. In an effort to provide the most realistic simulations to our prehospital providers, American Medical Response of Colorado and Air Ambulance Specialists Inc. jointly purchased Laerdal's SimMan. This resource is shared between several operations in the Front Range area, and early on, we realized that the ability to transport SimMan without taking him apart each time was crucial. The constant dismantling and reassembly allowed for potentially damaging wear and tear. To solve this problem, a 2002 Type III ambulance was dedicated to the simulation program. Now we can use the ambulance to transport SimMan and use it to run scenarios to provide the most realistic environment possible. The concept of "suspending disbelief" is paramount in any simulation program, and our goal was to make this environment as realistic as possible. This included modifying the ambulance and taking the evaluator out of the scenario.

Work began on the Front Range Mobile Simulation Lab, or SimLab for short. The extended cab allowed us to create a 'control booth' in the front of the ambulance where the SimMan operator could be separated from the simulation itself. A flip-down seat with a laptop stand attached to it was installed behind the passenger seat. A 19" LCD television was mounted to the wall behind the drivers' seat, and four security cameras were installed in the patient compartment.

(Continued on Page 13)

AMR-El Paso County SimLab
continued

(Continued from Page 12)

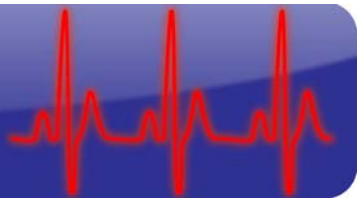


The cameras run into a digital video recorder, which is then run to the LCD TV. Cameras 1, 2 and 3 were mounted at the front and back of the patient compartment, and Camera 4, deemed the airway camera, was mounted in the action area angled to view the simulator's head, providing the opportunity for evaluating airway management techniques. The operator can speak through SimMan, although we had to overcome some issues with voice transmission from the control booth to the patient compartment. With the slight latency in the software, as well as feedback and echo, the operator's voice could be heard from the front of the vehicle before transmitting through the simulator. To solve this, we built a partition between the patient compartment and the control booth, and added a fan in the patient compartment to provide white noise. A baby monitor in the patient compartment enables the controller to hear everything that is said in the back, and the software records audio and video from a webcam. This recording is integrated into the debriefing and provides hard evidence to counter the common arguments of "I did that; you just didn't see me," or "I never said I'd push that medication!"

The SimLab can be operated as a static environment with the use of a shoreline, allowing us to use the ambulance indoors. It also can be used without the shoreline and with the engine running. The ability to operate it while driving is available; however, the operator must be restrained in the passenger seat and run the simulator through a PDA. This mobile simulation lab takes our employees out of the classroom and into the ambulance. The modifications let us run scenarios from a hands-off perspective, enabling the students to interact more with the simulator and less with the evaluator. The versatility of the simulator itself allows us to react in real time with objective changes in the patient's presentation to any treatments the students provide. Change is often difficult, and moving from the traditional method of providing scenarios to this type of simulation can be hard for students. However, with the evaluator out of sight, employees were quick to begin dialogue with the simulator as well as each other. They began seeking more information from their "patient" and depending on their assessment to reveal what was wrong with the patient instead of the evaluator, who no longer was hovering over their shoulder.

Dale Kuykendall is the Clinical Education Specialist in American Medical Response-El Paso County and can be reached at Dale_Kuykendall@amr-ems.com.

A Team in Touch
continued



(Continued from Page 5)

apply to the Board of Medical Examiners for a waiver. For example, let's say your medical director determines that frequently there are patients requiring transfer from the local Level IV trauma center to the regional Level II trauma center with blood products and they are experiencing significant delays in getting a critical care transport unit to do the transfer. She wants the paramedics in your agency to have the ability to transport patients with blood products so there will be other options besides the critical care transport unit. Blood products are not included in the drug formulary of Rule 500. Your medical director could apply to the Board of Medical Examiners for a waiver to allow her paramedics to administer blood products during interfacility transports. To have her request approved, your medical director would need to clearly identify and justify the need for the waiver, support the waiver with evidence based on the medical literature or other resources, identify an adequate process for education and training relative to the requested procedure or medication, identify the quality management process used for medical oversight, submit an adequate protocol for the procedure, and have references to the primary procedure or medication in related protocols (i.e., there should be a reference to CPAP in the respiratory distress protocol).

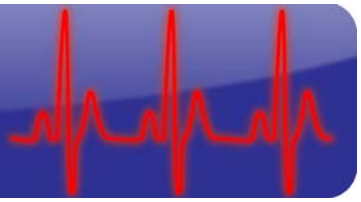
A waiver request is submitted to the Medical Direction Committee (MDC). The committee reviews the waiver request and make a recommendation to the Board of Medical Examiners. The Board reviews the recommendations at its quarterly meetings. If approved, the medical director could then authorize her paramedics to administer blood products during interfacility transfers. The waiver process is well-defined and may be accessed at www.cdphe.state.co.us/em/operations/index.html.

There is a very important relationship between EMTs and their medical directors. As defined by Rule 500, an EMT can perform only emergency medical acts consistent with those listed in the "acts allowed" and may do so only under the supervision and authorization of a medical director. Next you might ask: Are the roles and responsibilities of the medical director defined in rule? The answer is yes. The roles and responsibilities of the medical director are set forth in Rule 500, Section 3. They include a license to practice medicine in Colorado, active involvement with the EMTS agencies the medical director supervises, active involvement in the provision of EMS in the community served by the agency the medical director supervises, and other requirements.

Finally, you might wonder how else these rules and statutes may affect you. Many agencies throughout Colorado need help obtaining the resources necessary to provide emergency care. Colorado Statute (CRS 25-3.5-603) created a special account within the Highway Users Tax Fund that provides money to the department and specifies the allocation of those funds. Board of Health rule 6-CCR-1015-1 deals with the Emergency Medical Services Account created under statute and defines the system for granting these funds to emergency medical and trauma service providers to improve the statewide emergency medical and trauma network. Many of those funds are distributed as grants to local agencies to help fund the cost of training, certification, system planning and coordination through the RETACs, and the purchase of medical and communications equipment.

(Continued on Page 15)

A Team in Touch
continued



(Continued from Page 14)

Other Board of Health rules:

- 6-CCR-1015-2 addresses the implementation of CPR directives by EMS personnel.
- 6-CCR-1015-3 addresses the recognition process for EMS education programs; the certification process for EMTs; the procedures for denial, revocation, suspension, limitation or modification of an EMT certificate; the collection of essential data related to the performance and needs of the emergency medical care system; and the licensure of ground and air ambulance services.
- 6-CCR-1015-4 contains rules pertaining to the statewide emergency medical and trauma care system: Chapter 1, Prehospital and Trauma Registries; Chapter 2, Minimum Standards; Chapter 3, Designation of Trauma Facilities; and Chapter 4, Regional Emergency Medical and Trauma Advisory Councils (RETACs).

I hope this clarifies the statutes and rules that govern your practice, whether you are an EMT at any level, an EMS medical director or a designated trauma facility. I will discuss how statute and rule affect the trauma system in a future issue. If you are having trouble sleeping, you can read the entire set of Colorado Revised Statutes or just the Emergency Medical and Trauma Services Act (CRS 25-3.5) at www.michie.com/colorado/lpext.dll?f=templates&fn=main-h.htm&cp= . You can read the entire Board of Health Rules Pertaining to EMS and the Board of Medical Examiners Rule 500 at www.cdphe.state.co.us/em/rules/index.html, and at www.coems.info you can find a link to EMS Rules and Regulations.

Reading statutes and rules is almost as good as a prescription hypnotic. Therefore, do not read statutes or rules, and then drive.

Arthur Kanowitz, MD, FACEP, is the EMTS medical director and can be reached at arthur.kanowitz@state.co.us.

Fall 2008

HEALTH FACILITIES AND EMERGENCY MEDICAL SERVICES DIVISION

Colorado Department of Public Health and Environment

Emergency Medical and Trauma Services Section
4300 Cherry Creek Drive South
Denver, CO 80246-1530

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.

Division Director
Howard Roitman

Section Chief
D. Randy Kuykendall

Editor
Jeanne-Marie Bakehouse

Graphic Design
Rio Chowdhury

Main: (303) 692-2980 Toll-free 1 (800) 886-7689 x2980 Fax (303) 691-7720 www.coems.info