



ON THE SCENE

Covering EMS and Trauma in Colorado

Board of Medical Examiners Approves Changes to Rule 500

Dr. Arthur Kanowitz



In the **Fall 2008** edition of *On the Scene*, I wrote an article entitled *Statutes and Rules for Dummies*. That article provided an overview of the statutes and rules under which prehospital personnel and trauma hospitals work including Colorado Revised Statute (CRS 25-3.5): The Colorado Emergency Medical and Trauma Services Act, the Board of Medical Examiners Rule 500 (3-CCR-713-6) and Board of Health Rules Pertaining to Emergency Medical Services and the Statewide Emergency Medical and Trauma Care System (6-CCR-1015).

On Feb. 19, 2009, the Board of Medical Examiners approved multiple changes to Rule 500. Those changes have been published on its website (www.dora.state.co.us/medical/rules.htm) and have an effective date of April 30, 2009. Please confirm you download the newest version, indicated by the April 30 effective date listed on the last page of the rule.

Most of the approved changes resulted from the input we received from our stakeholders, including EMS medical directors, field providers, EMS agency directors, fire chiefs, hospital personnel and the Colorado Hospital Association. The Medical Direction Committee, who makes recommendations to the Board of Medical Examiners on behalf of the Colorado Department of Public Health and Environment, reviewed the information. The board took input from the public and reviewed the proposed changes at a public rule-making hearing.

The following is a summary of the substantive changes to Rule 500 approved by the Board of Medical Examiners. There are a number of formatting and wording changes to the document that are not included in this summary.

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**Colorado Department
of Public Health
and Environment**

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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Section Chief's Corner

A Busy Legislative Season for EMS and Trauma

D. Randy Kuykendall



The 2009 Colorado legislative session is well underway, and this year there are several bills related to the emergency medical and trauma services community. The most significant legislative proposal this year for the EMTS community is Senate Bill 09-002, sponsored by Sen. Morse and Rep. Penniston, which would add one dollar per motor vehicle registration to the existing EMS Account within the Highway Users Traffic Fund. As of this writing, the bill has passed the Colorado Senate and is presently working its way through the House of Representatives. Many stakeholders have worked to support this bill, and there isn't enough space in this edition to mention everyone, but I do want to thank our Colorado RETACs for being the focal point of our local coordination efforts, the SEMTAC members for their willingness to support this bill and the many partner organizations that have helped SB 09-002 get this far in the legislative process.

House Bill 09-1275 is a bill that would allow the Emergency Medical and Trauma Services Section to approve 90-day provisional EMT certifications based on the receipt of a name-based criminal background check, pending final receipt of the required fingerprint-based background check. This bill has been championed by the Emergency Medical Services Association of Colorado and is designed to help get EMTs credentialed to begin work in a more expeditious fashion. At this point, the bill is working its way through the House of Representatives and, if successful in this chamber, will then go to the Senate for consideration.

Although these are only two of several legislative initiatives related to EMTS that have been introduced this year, they are the most significant in terms of their potential impact on our statewide system. Our community's ability to effectively engage the public policy-making process has made significant strides over the past few years. This year's "EMTS Day at the Legislature" is an example of our collective efforts to keep the needs of Colorado's trauma and EMS system before our elected officials. These efforts and others like them that may be necessary in the future are critical to our long-term effectiveness. Again, we sincerely appreciate the tremendous effort that the Colorado EMTS system stakeholders have put forth for this year's legislative effort. We will ensure that the outcomes of these bills are passed along as soon as they becomes known.

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.

Traffic Safety Reports

2009 Highlights

Sallie Thoreson

A number of traffic safety reports on important topics have been published in 2009. Here are highlights from a few of them.

Rural Colorado Drivers are Urged to Use Seat Belts



Seat belt use is lower in rural Colorado. Colorado Department of Transportation seat belt surveys from 2008 found seat belt use to be lowest in Eastern Colorado with only 77.4 percent of drivers and passengers buckled up. That compares to 79.4 percent seat belt use in the Western Region and 83.6 percent seat belt use along the urban Front Range. Seat belt use in pickup trucks was especially low, at 59 percent in the Eastern Region and 66.8 percent in the Western Region. To deal with this issue, CDOT conducted a special *Click It or Ticket* seat belt enforcement campaign in 17 rural counties Feb. 11-17. The Colorado State Patrol and 20 other law enforcement agencies made special enforcement efforts in

Alamosa, Bent, Delta, Elbert, Garfield, Gunnison, Huerfano, Kit Carson, Lincoln, Logan, Montezuma, Montrose, Morgan, Otero, Prowers, Washington and Yuma counties. More than 1,500 seat belt tickets were issued, and the combined local surveys showed an increase from 70.4 percent to 76.2 percent seat belt use. www.dot.state.co.us/Communications/News/OP20090224-1.htm

Enforcement and *Click It or Ticket* Works



Highly publicized, high-visibility enforcement of occupant restraint laws is one of the most effective strategies in the 2009 *Countermeasures That Work* guide from the National Highway Traffic Safety Administration. The best known of this type of campaign is *Click It or Ticket*. The strategy is effective when all three of the components, laws, enforcement and publicity, are working together.

[Countermeasures That Work](#)

www.nhtsa.gov

[How States Achieve High Seat Belt Use Rates](#)

www-nrd.nhtsa.dot.gov

[Click It or Ticket Campaign May 18-31](#)

www.nhtsa.dot.gov

Fatalities and Fatality Rates in Alcohol-Impaired Driving Crashes Drop Slightly



In 2007, when compared to 2006, the overall motor vehicle fatality rate in the United States declined from 1.42 to 1.36 fatalities per 100 million vehicle miles of travel (VMT). The alcohol-impaired driving fatality rate declined from 0.45 to 0.43 fatalities per 100 million VMT. Colorado, with a slight decline from 0.37 to 0.35 fatalities per 100 million VMT, was one of 32 states where the rate declined.

Impaired-driving laws have been enacted in all 50 states, the District of Columbia and Puerto Rico, making it illegal for a driver or motorcycle rider with a blood alcohol content of 0.08 or above to operate a vehicle. Despite these laws, 170 Coloradans lost their lives in alcohol-impaired crashes in 2007, and 12,998 in the

United States. [Fatalities and Fatality Rates in Alcohol-Impaired Driving Crashes by State, 2006-2007](#) www-nrd.nhtsa.dot.gov/Pubs/810920.PDF

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Traffic Safety Reports

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Being Around A Vehicle can Be Hazardous



Emergency departments see many injuries that are attributed to incidents that happen around motor vehicles, in a noncrash setting. An estimated 743,000 such injuries were recorded in 2003-2006 from U.S. emergency departments. This data comes from the Consumer Product Safety Commission's National Electronic Injury Surveillance System All Injury Program, a nationwide representative statistical sample of emergency department visits. The table highlights the 10 most common noncrash injuries, each representing 20,000 or more injuries, and several other injury types. Injuries from closing doors, such as on fingers or hands,

accounted for 20 percent of the noncrash injuries seen in emergency departments. Overexertion injuries (12 percent) often occurred when cargo was unloaded or while pushing disabled vehicles. Many injuries occurred from falls, most commonly when entering or exiting vehicles. Other injuries occurred from being cut or struck by parts of a vehicle. Incidents involving jacks and hoists occurred when changing a tire or, more commonly, while repairing vehicles. Radiator and antifreeze burns often occurred from removing hot radiator caps or during vehicle repairs.

[Not-in-Traffic Surveillance 2007 – Highlights www-nrd.nhtsa.dot.gov/Pubs/811085.PDF](http://www-nrd.nhtsa.dot.gov/Pubs/811085.PDF)

Annual Estimate of Selected Noncrash Injuries by Incident Type, U.S., 2003-2006, (87 percent of all noncrash injuries)

148,000	Injured by Closing Door
88,000	Overexertion
84,000	Boarding or Alighting: Falls
74,000	Struck or Struck by Other Vehicle Part (not door, hood or trunk)
68,000	Cut by Part of Vehicle
44,000	Boarding or Alighting: Other Injuries (such as strains or sprains)
36,000	Boarding or Alighting: Door Injury
28,000	Fall Against Vehicle
28,000	Fall From Vehicle (not boarding or alighting)
20,000	Struck by Other Product (usually cargo)
9,000	Radiator/Antifreeze Burns
8,000	Other Hoist/Jack Incident (not involving a tire)
3,000	Vehicle Fire Incident
3,000	Muffler/Exhaust Pipe Burns
2,000	Closing of Vehicle Window
2,000	Carbon Monoxide From Vehicle Exhaust
2,000	Hoist/Jack Incident With Tire
1,000	Tire Explosion
1,000	Battery Acid Burn
fewer than 1,000	Hyperthermia in Vehicle (excessive heat)

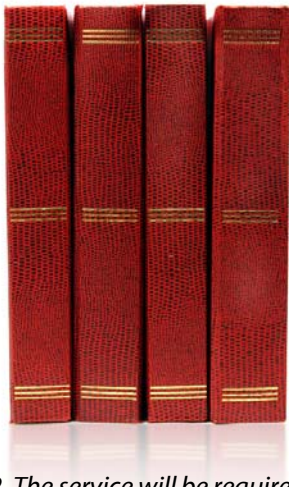
Source: National Electronic Injury Surveillance System All Injury Program, 2003-2006

Sallie Thoreson, MS, is an injury prevention specialist at the Colorado Department of Public Health and Environment and can be reached at sallie.thoreson@state.co.us.

Why State EMT Certification is Important

Case Study

Michelle Reese



An emergency medical technician (EMT) with more than 10 years' experience working in a rural ambulance service, recently has been reassigned to cover some administrative duties for the service. Although the EMT is doing mostly paperwork, she also covers emergency ambulance calls as necessary. During the process of learning her new job, the EMT forgets that her state certification has expired and, in fact, the expiration date listed in her personnel file by the agency's chief was her National Registry expiration date, not her state certification expiration date. Although she currently is nationally registered, she fails to make timely application for her Colorado EMT certification renewal. Two months after her state certification expires, a routine check of the Colorado Department of Public Health and Environment's (department) online EMT certification verification system by a co-worker reveals that she is not currently certified as an EMT in Colorado.

Which of the following are possible ramifications for this situation?

1. None, as it was an honest mistake. The EMT simply needs to submit an application for certification renewal to the department and, since she was nationally registered, the care she provided during the period of state non-certification is valid.

2. The service will be required to reimburse all charges paid by patients treated by the EMT during her period of non-certification, since she was not appropriately credentialed to provide care to the public.

3. Should she apply to renew her certification, the department may take administrative disciplinary action against the EMT for failing to renew her credentials and essentially practicing as an EMT without a license.

In the late 1970s, the Colorado Legislature created minimum requirements for the staffing of ambulances and designated the department as the state's lead agency in the regulation of EMTs and paramedics in our state. C.R.S. § 25-3.5-202 requires that every licensed ambulance in the state be staffed by a minimum of one EMT certified by the department. Since that time, the department has worked to ensure that the rules and regulations governing the certification of EMTs in Colorado are consistent with contemporary practice and credentialing expectations. What does this credentialing process mean to ambulance services and EMS agencies? How does the act of maintaining certification impact both agencies and personnel?

Virtually all ambulance services are in one way or another "fee for service" enterprises. Although ambulance services in many communities, especially in the rural and frontier areas of Colorado, receive some sort of additional support in the form of tax funds, external grants or other subsidies, most bill patients and/or their insurers for providing service. The rates of reimbursement by most insurers are in one way or another based on the federal reimbursement rates for Medicare/Medicaid.

As such, agencies are required to follow all rules and regulations required of Medicaid/Medicare providers. Amongst these many requirements, agencies must ensure that services provided to patients are accomplished by individuals credentialed to perform these procedures. *See, for example, 10 CCR 2505-10, Section 8.076.1 et seq.* Failure to do so exposes not only the individual EMT to liability, but also the agency for whom he or she works. Over the past three years, the department has investigated a number of cases where EMTs failed to maintain their certification.

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Why State EMT Certification is Important continued

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Although each and every case is reviewed individually and the circumstances of each case are weighed in terms of potential harm to patients, these cases generally fall into one of two categories. Cases where there is no evidence of malicious intent are the most common. In these situations, with regard to the certification of the EMT, if the EMT can document completion of all state recertification requirements, he or she generally is recertified with a probationary certification lasting the length of the three-year certification cycle. As far as the consequences for the EMS agency that billed for care provided by a non-certified provider, the EMS agency has been required to repay any reimbursement fees collected as a result of calls handled by the non-certified individual. The department does not handle this aspect of the case but refers these cases either to the Colorado Attorney General's Medicaid Fraud Control Unit, which investigates allegations of fraud related to federally funded health-care programs, or to the state Department of Health Care Policy and Financing, which institutes recovery actions for improper payments to Medicaid providers.

The other category these types of cases fall into are those where malicious intent exists. In a recent case, an individual forged his National Registry of Emergency Medical Technicians' EMT-Basic certification card into an NREMT-Paramedic certification card. The EMS agency for which he worked initially failed to verify the individual's Colorado certification and, since the EMT was not certified to work in Colorado, the agency failed to ensure that its employee was appropriately credentialed to provide patient care. Ultimately, the agency discovered its oversight, dismissed the offending employee and reported the situation to the department. Although the department could not take disciplinary action against the individual because he no longer had a Colorado certification upon which the department could act, the department referred the matter to the Colorado Attorney General's office, which filed criminal charges against the offender. The individual plead guilty to a felony charge of criminal impersonation and is facing a sentence of up to a year and a half in prison and up to \$100,000 in fines. The EMS agency was required to reimburse all revenues generated from calls handled by this individual.

The certification of a person as an EMT in Colorado is a critical part of protecting the health, safety and welfare of the patients who need care and transportation. The EMT certification criteria are designed to ensure that minimum standards are maintained by anyone wishing to be a practitioner. The 15,400 certified EMTs in Colorado are an invaluable asset to the health-care safety net. As such, it is important to know that the responsibility for maintaining current certification lies with the individual EMT. Additionally, EMS agencies are, in large part, responsible to ensure that their patient care providers' certifications are current at all times. Since printed cards/certificates are not fully reliable and can be forged, EMS agencies are strongly encouraged to use the online EMT verification system provided by the department. It can be found at www.cemsis.com.

To address the question at the beginning of this article as to possible ramifications of the situation, number 1 is clearly incorrect as there are legal consequences to practicing without a current EMT certification, even if inadvertent. As discussed in the article, numbers 2 and 3 are possible ramifications of the situation described.

RETAC Updates

Southeast Colorado, Mile-High and San Luis Valley Regions

Michael Merrill

PEPP Course in Southeast Colorado a Success

The Pediatric Education for Prehospital Professionals (PEPP) Course was presented Jan. 16-17, 2009, in Lamar, resulting in 27 EMS providers, from EMT-Basics to EMT-Paramedics, becoming certified. In addition to the certified students, the Southeast Colorado RETAC now has 13 PEPP-certified instructors. The instructors and students will be able to provide the PEPP Course to EMS providers in the region in the future.

The PEPP Course brings the “best of the best” EMS/prehospital care professional educators to the rural and frontier areas of Colorado, with the latest art and science of pediatric emergency care education, tools, skills and knowledge needed to provide our EMS responders with the best possible pediatric education.

The course was funded through the EMS for Children program at the Emergency Medical and Trauma Services Section. Other sponsors were the Southeastern Colorado Regional Emergency Trauma Advisory Council, Inc. and the Clinical Education Committee of the RETAC. Emergency Medical Services for Children funds provide financial support for the PEPP team of St. Anthony’s Hospital, Centura Health and the Children’s Hospital of Denver.

We wish to thank you, the EMS providers, for your support and ongoing pride and dedication and providing the best emergency medical services to your community, and to the visitors of Colorado and the EMS families!



From left: Katrina Allen, EMT-B, Walsh EMS, Rod Coulter, EMT-B, Bent County Ambulance Service, Sheryl Ausmus, EMT-B, Walsh EMS, David Cook, EMT-I, Lamar Fire and EMS, and Tom Candlin, EMT-P, St. Anthony Preshospital Services.

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RETAC Updates continued

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Shirley Terry

Mile-High RETAC Continues a Variety of Successful Programs

- The Mile-High RETAC is working on standardizing 800 MHz radios in the hospitals. We are working with North Central Region and the Metropolitan Medical Response System.
- The Colorado Department of Transportation grant for teen seat belt use continues to be an important stakeholder project, and funding has been approved for the school year.
- The Student Medical and Responder Training Program, originally started in Adams County to teach CPR in high schools, has expanded to several other counties. We are looking for sources of funding for the equipment needed for the training sessions.
- The trauma triage algorithm is getting a second look by the region after the hospital data collection project indicated that many items on the left side cannot be tracked by existing data collection processes.
- The Mile-High RETAC is working with Metropolitan Medical Response System to conduct an inventory of all caches, which includes EMS, trauma burn and mass casualty incident caches. The inventory will be placed on a web site.

Jon Montano

San Luis Valley RETAC Updates

- The San Luis Valley RETAC submitted a regional grant for carbon monoxide detectors for ambulance services.
- The annual Trinidad State Junior College/RETAC Symposium was conducted for EMS continuing education and had an increase in attendance of 20 percent.
- Jon Montano was appointed vice president of the San Luis Valley Fire Fighters Association.

Bill Voges Joins the Department Telecommunications Coordinator



Bill Voges joins the Emergency Medical and Trauma Services Section as a telecommunications coordinator, replacing Ron Lutz who has moved into another position at the Department of Personnel and Administration.

Bill started working for Motorola in 1985 in the service shop repairing radio communication devices, then went to work for Orange County Communications in California repairing, maintaining and

installing radio equipment for Public Safety communications. Bill moved to Colorado in 1995, worked for a local communications company, Arapahoe County Sheriff's Office Telecommunications and State Telecommunications where he mainly worked on the DTR 800 MHz statewide radio system.

His hobbies include playing ice hockey, motorcycling, playing guitar and outdoor activities.

Please join us in welcoming Bill.



Final Agency Actions Emergency Medical Technicians

For the period of January through March 2009, 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. You can verify an EMT's certification status online at www.cemsis.com.

NAME	CERTIFICATION NUMBER	ACTION	ACTION DATE
Borland, Jason A.	EMT-P 32372	Relinquishment	Feb. 26, 2009

Changes to Rule 500 continued

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Section 4.6

EMT-Basic-IVs will be allowed to administer medications that exceed those listed in Appendices B&D for EMT-Basic-IV, under the direct supervision of an EMT-Intermediate or EMT-Paramedic if the patient is in extremis or cardiac arrest. This must be authorized in written protocol by both the EMT-Basic-IV's medical director and the EMT-Intermediate/EMT-Paramedic's medical director.

Section 5.4

The EMT-Intermediate will be allowed to administer medications that exceed those listed in Appendices B&D for EMT-Intermediates under the direct supervision of an EMT-Paramedic if the patient is in extremis or cardiac arrest. This must be authorized in written protocol by both the EMT-Intermediate's medical director and the EMT-Paramedic's medical director.

Appendices (General Notes)

1. Y¹ in Appendix A refers to medical skills and acts not specifically addressed in the National Standard Curriculum for EMTs. The reference was there as a recommendation to medical directors that individuals performing these skills and acts obtain appropriate additional local training necessary to ensure competency. The Y¹ reference was removed and replaced by wording that states, "The medical director must ensure appropriate training and competency for all skills and acts authorized under Rule 500, regardless of whether or not it is covered by a National Education Standard."
2. Y* references those medications that require a direct verbal order from a physician. A special circumstances section was added here to clarify those circumstances when the EMT-Intermediate may not be able to contact a physician for a direct order but would be allowed to administer them under standing order. Those situations include a) cardiac arrest (amiodarone, atropine, epinephrine, lidocaine, vasopressin) and b) behavioral management (haloperidol, diazepam and midazolam) when the safety of the patient or the EMT are at risk. In such special circumstances when a direct verbal order has not been obtained, the medical director should be notified.

Appendix A – Prehospital Skills

1. Several procedures were removed and included within the general classification of cardiopulmonary resuscitation (CPR):
 - a. Head-tilt/chin-lift
 - b. Jaw thrust
 - c. Mouth-to-mouth; mouth-to-nose; mouth-to-stoma; mouth-to-barrier
2. Carbon monoxide monitoring will be allowed by all levels.

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Changes to Rule 500 continued

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3. Chest tube monitoring during interfacility transfer will be allowed for EMT-P. This will be placed under the new Appendix C.
4. CPAP for the EMT-I will be allowed. (Currently allowed for EMT-P only.)
5. Oxygen-powered ventilatory device will be replaced by flow restrictive oxygen-powered ventilatory device.
6. Inspiratory impedance threshold device will be allowed for all levels.
7. Bougie-style introducer for intubation will be allowed for EMT-I and EMT-P.
8. Tracheostomy maintenance, when necessary for airway management, will be allowed for EMT-B and EMT-B-IV. (Currently allowed for EMT-I and EMT-P.)
9. Tracheostomy maintenance including replacement will be allowed for the EMT-I. (Currently allowed for EMT-P only.)
10. Clarifications: Application of EKG electrodes and EKG data transmission will be allowed for EMT-B and EMT-B-IV. Interpretation of both rhythm and 12-lead will be allowed for EMT-I in addition to EMT-P.
11. Central venous catheter maintenance / patency / and USE will be allowed for EMT-I and EMT-P.
12. Use of indwelling catheter for IV medications was clarified to indicate peripheral catheter and not central catheters including PICC lines.
13. EMT-B and EMT-B-IV will be allowed to use aerosolized / nebulized / atomized routes of medication administration.
14. Intra-aortic balloon pump monitoring was added to the Appendix A to specifically EXCLUDE its use by any level EMT.
15. Physical examination was added to Appendix A. In the previous version, there was no specific reference that allowed physical examination, sphygmomanometry, etc.
16. The types of restraint were added to Appendix A to clarify their use: verbal and physical restraint by all levels. Chemical restraint is allowed by EMT-I and EMT-P only.
17. Therapeutic induced hypothermia was added to Appendix A. Approved procedures related to TIH include the following:
 - a. Approved surface cooling methods
 - i. Ice packs
 - ii. Evaporative cooling
 - iii. Cooling blankets
 - iv. Surface heat-exchange devices
 - b. Approved internal cooling methods
 - i. Intravenous administration of cold (4°C / 39°F) crystalloids
 - ii. Endovascular heat exchange catheters (NOT APPROVED)

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Changes to Rule 500 continued

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- c. Approved medication for reduction of shivering
 - i. Fentanyl
 - ii. Midazolam
 - iii. Paralytics (require waiver even if already approved for RSI)
- d. Esophageal temperature probes will be allowed for TIH.
- e. EMS medical directors should not put TIH into protocol unless receiving facilities have TIH.

Appendix B - Prehospital Medication Formulary

1. Glucagon will be allowed as an antidote (B-Blocker / Ca Channel Blocker OD) for EMT-I (direct order) EMT-P (standing order).
2. The word "kit" will be removed from all antidotes. Not all antidotes allowed come in kits. Some come in individual medications.
3. Droperidol was added to the behavioral management and anti-nausea sections to specifically indicate that it is NOT ALLOWED without waiver for any level.
4. Midazolam will be allowed for EMT-I (by direct order) for both behavioral management and seizure management. It has not been approved for pain management.
5. Midazolam and Fentanyl for therapeutic induced hypothermia (TIH) will be allowed for EMT-I (direct order) and EMT-P.
6. Albuterol will be allowed for EMT-B and EMT-B-IV (direct order).
7. Lidocaine bolus for intubation of head injured patients will be allowed by EMT-I and EMT-P.
8. Topical hemostatic agents will be allowed for all levels.

Interfacility Transport

The following paragraph will replace the general introduction to the interfacility transport section:

The EMS Medical Director, in collaboration with the transferring facility's medical director, should have protocols in place to ensure the appropriate level of care is available during interfacility transport, and transporting EMTs may decline to transport any patient they feel requires a level of care beyond their capabilities.

Inter-facility transport typically involves three types of patients:

1. Those patients whose safe transport can be accomplished by ambulance, under the care of an EMT-Basic, EMT-Intermediate, or EMT-Paramedic, within the "acts allowed" prescribed by Rule 500.

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Changes to Rule 500 continued

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2. Those patients whose safe transport can be accomplished by ambulance, under the care of an EMT-Paramedic, but may require skills to be performed or medications to be administered that are outside the "acts allowed" prescribed by Rule 500, but have been approved through waiver granted by the Board of Medical Examiners.
3. Those patients whose safe transport requires the skills and expertise of a critical care transport team under the care of an experienced critical care practitioner.

The hemodynamically unstable patient (typically from an intensive care setting) who requires special monitoring (i.e., CVP, ICP), multiple cardioactive/vasoactive medications, or specialized critical care equipment (i.e., intra-aortic balloon pump) should remain under the care of an experienced critical care practitioner, and every attempt should be made to transport that patient while maintaining the appropriate level of care. The capabilities of the institution, the capabilities of the transporting agency, and most importantly, the well-being of the patient, should be considered when making transport decisions.

New Appendix C – Interfacility Transport Skills

1. Intra-aortic balloon pump monitoring will be added here with a NO for all levels to clarify that IFT with IABP is not allowed.
2. Central venous pressure monitoring will be added to Appendix C with a NO for all levels to clarify that IFT with CVP monitoring is not allowed.
3. Chest tube monitoring during IFT will be allowed for EMT-P.

New Appendix D – Interfacility Medication Formulary

1. Monitoring and maintenance of medical facility-initiated blood as well as initiation of hospital-supplied blood during IFT will be allowed by EMT-P.
2. Dobutamine infusions during IFT will be allowed for EMT-P.
3. Insulin infusions during IFT will be allowed for EMT-P.
4. Mannitol infusions during IFT will be allowed for EMT-P.

There are a few revisions to Rule 500 that were introduced by the Board of Medical Examiners at the rule-making hearing. These proposed revisions were discussed by those present and adopted by the board. These changes deal with the "sunsetting" of current waivers and are included in section 7.5:

7.5 Waivers granted by the board on or after Nov. 21, 2009, shall be in effect for a period not to exceed two years unless otherwise specified by the board.

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For waivers authorized by the board prior to Nov. 21, 2009, the expiration date shall be as follows:

- a) If the waiver identified a date of expiration, the waiver shall expire on that date.
- b) For waivers that do not include a date of expiration or otherwise identify any length of duration, such waivers shall expire in accordance with the schedule outlined below:
 - i. Waivers filed by a medical director whose last name begins with A through H shall expire on Feb. 1, 2010.
 - ii. Waivers filed by a medical director whose last name begins with I through P shall expire on Feb. 1, 2011.
 - iii. Waivers filed by a medical director whose last name begins with Q through Z shall expire on Feb. 1, 2012.
- c) This provision does not prohibit a medical director from requesting that the board renew a waiver previously submitted provided that the information is appropriately updated and otherwise in compliance with this rule.

It is important that all EMS medical directors and EMS field providers read, understand and abide by the new rules as adopted by the Board of Medical Examiners. Please make sure to verify the April 30, 2009, effective date on the last page of Rule 500 before reading or distributing.

I very much want this to be a "Team in Touch." That requires two-way communications. If you have questions or comments regarding the Rule 500 approval process, the rules themselves, implementation of the rules or enforcement of the rules, please feel free to send me an e-mail at arthur.kanowitz@state.co.us. I can better represent you, as your state EMTS medical director, when we communicate well. I look forward to your comments and questions as we continue to improve the delivery of EMS in Colorado.

You can share your comments with the EMS community at large via coems@googlegroups.com or with me directly at KanowitzMD@aol.com.

Save the Date

2nd Annual EMS Safety Summit

Oct. 8-9, 2009

Embassy Suites

Loveland, Colo.

More information to follow.



CRHC Colorado Rural Health Center

Enhancing Rural Healthcare Services in Colorado

18th Annual Rural Health Conferences

Coming to a Community Near You in Summer 2009!

Who Presented by the Colorado Rural Health Center.

What A one-day rural health conference supplemented by three optional workshops the day prior to the conference (grant-writing, health information and data, or Critical Access Hospital quality improvement), plus a welcome reception.

Where and When Choose the most convenient location for you:

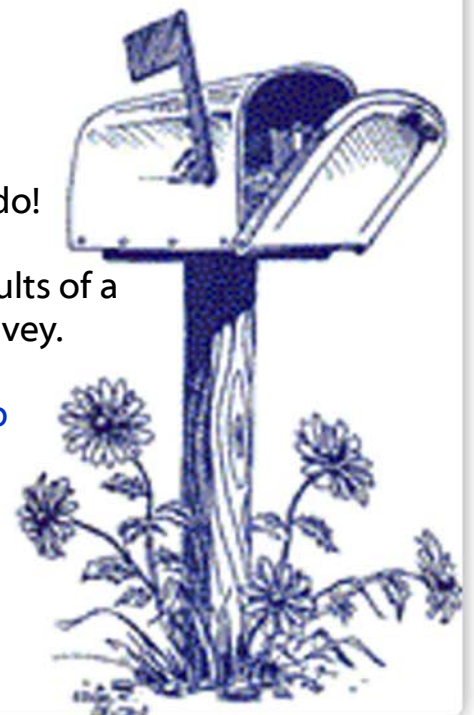
- **Fort Morgan – June 25-26**
- **Alamosa – July 16-17**
- **Glenwood Springs - August 6-7**
- **Rocky Ford – August 27-28**

Insider Tip Each conference is scheduled adjacent to a local festival or event so participants can plan to stay over and enjoy summer in rural Colorado!

Topics Will be customized to the region based on results of a Colorado Rural Health Center membership survey.

More Info www.coruralhealth.org/crhc/events/index.php

Contact Andrea Williams at aw@coruralhealth.org.



Featured Presenters Include:

- Bryan Ericson, NREMT-P, RN, M.Ed.
Associate Professor, Emergency Medical Services Program, Tarrant County College, Hurst, TX
- Joseph Mistovich, NREMT-P, MEd
Professor & Chair, Health Professions, Youngstown State University, Youngstown, OH
- Doug Smith, EMT-P, MAT
Educator/Consultant, Platinum Educational Group, LLC, Jenison, MI
- Marilyn Bourn, NREMT-P, RN, MSN
State Training Coordinator, CDPHE, Denver, CO
- Twink Dalton, NREMT-P, RN, MS, CNS
EMS Coordinator Mountain View Fire Protection District, Mountain View Fire Protection District, Longmont, CO
- Mike Daugherty, NREMT-P
Allied Health Department Chair, Front Range Community College—Larimer Campus, Fort Collins, CO
- Joey J. Failma, EMT-B
Director, Simulation Lab, University of Colorado, Denver School of Medicine, Center for Advancing Professional Excellence (CAPE), Denver, CO
- Mark Johnson, EMT-P
Front Range Community College—Boulder County Campus, Longmont, CO
- D. Randy Kuykendall, NREMT-P, MLS
Chief, Emergency Medical and Trauma Services Section, CDPHE, Denver, CO
- Heather Lawler, M.ED.
Director of Student Affairs, Arapahoe Community College, Littleton, CO
- Roy Ramos, NREMT-P
EMS Instructor, HealthONE EMS, Englewood, CO
- Robert Vroman, NREMT-P, BS
EMS Instructor, Red Rock Community College, Lakewood, CO



EMS Educator Symposium

EMS Educator Symposium

May 22, 2009
Pre-Conference Program May 21, 2009

**Four Points by Sheraton
Denver Southeast**

Four Points by Sheraton Denver Southeast

6363 E. Hampden Avenue
Denver, Colorado 80222
Phone (303) 758-7000

- Reservations:** Call 303-758-7000
- Rate:** \$83 per night plus tax.
- Directions:** From I-25, take the Hampden exit, #201. Exit east and take the first left into the hotel parking lot.



EMS
Emergency Medical Services



Colorado Department
of Public Health
and Environment

Overview

Join educators from around the region to explore the latest trends and developments in providing effective education in our emergency medical services education programs. Three leading national education experts will stimulate discussion on management of difficult and challenging students in the EMS classroom, effective use of humor in the classroom, teaching and evaluating the affective domain, strategies for high performing education programs, and item writing. This year's format will also feature EduSpeed: an interactive discussion format that will involve participants in lively, rapid discussions of six important topics. Additional topics include student rights and student privacy, implementing the Education Standards, and a State update.

SPEAKER SUPPORT PROVIDED BY



Schedule of Events

- 7:30 to 8 a.m. REGISTRATION AND CONTINENTAL BREAKFAST**
- 8 to 8:55 a.m. Learning & Laughing: Using Humor Effectively in the EMS Classroom**
Speaker: Bryan Ericson
Laughter may be the best medicine, but does it provide for sound teaching and education? When used correctly it enhances and motivates the class, but when used incorrectly can you ensure learning takes place? This presentation will help new and veteran instructors better understand and use humor as an effective teaching tool. Proper and improper uses of humor will be discussed.
- 9:05 to 10 a.m. Strategies for High Performing Education Programs**
Speaker: Joe Mistovich
In a recent study, twelve specific educational strategies were identified that were used by emergency medical technician programs that have attained consistently high success rates on the National Registry of Emergency Medical Technicians (NREMT) examination. This presentation will discuss seven recommendations to improve programmatic pass rates and implications for further study.
- 10:10 to 11 a.m. Student Rights & Student Privacy**
Speaker: Heather Lawler
Heard of FERPA? What rights do your students have? What about instructor rights? What are our obligations to students? Where are the legal pitfalls and hurdles? This presentation will discuss these important issues.
- 11:10 a.m. to Noon Everything You Want to Know About Implementing the Education Standards and Other State Updates**
Speaker: D. Randy Kuykendall
The transition from the National Standard Curriculum to the Education Standards is rapidly approaching. This session will review the current time lines, a suggested implementation process, and suggestions for how instructors can successfully prepare for the change. Other State updates will also be reviewed.
- Noon to 1 p.m. LUNCH**
- 1 to 1:55 p.m. It's Not My Fault; It's Your Fault! Strategies for Success: Management of Difficult and Challenging Students in the EMS Classroom**
Speaker: Bryan Ericson
Understanding why your students are struggling is important to providing a successful learning environment. Do any of your students play the "It's not my fault" card whenever they do poorly in class or fail a test? This presentation will help you understand difficult and challenging students and establish strategies to help them succeed. Different student variables will be discussed including: maturity; learning disabilities, and lack of motivation.
- 2:05 to 3 p.m. Teaching and Testing the Affective Domain**
Speaker: Doug Smith
This session will review the affective domain and the various Bloom's Taxonomy levels and will focus on how to implement a program that will instruct the students with affective objectives. Assessment and implementation of this type of evaluation will also be discussed.

- 1 to 3 p.m. OR 3:10 to 5 p.m. EduSpeed: Round Table Discussion**
Facilitators: Dalton, Bourn, Daugherty, Johnson, Ramos, Vroman
Roundtable discussion topics include:
- Instructor/Adjunct Consistency: How & Why
- Advisory Committee: Who & Why
- Fears of Distance Learning: What & Why
- Program Policies: What & Why
- Documentation of Student Progress: When & Why
- Cheating: Standard Operating Procedure or Isolated Instance: How & When
- 1 to 5 p.m. Testing the Test in EMS Education: Item Writing**
Speaker: Joe Mistovich
This session will provide information on proper test item writing practices that will allow the instructor to better challenge the student intellectually and more accurately measure student progress. Test item construction and formats, common mistakes in item writing, advantages and disadvantages of various item formats, and challenges to item writing will be discussed. At the conclusion of the session, students will be able to:
- Describe the benefits or exams to the instructor and student.
- Define basic terminology associated with item construction.
- Describe types of test item formats.
- Define parts of a test item.
- Identify problems with test items.
- Discuss advantages and disadvantages of various test item formats.

Pre-Conference

- Date:** May 21, 2009
Time: 1 to 5 p.m.
Title: Best Practices Simulation Lab
Location: HealthONE EMS
333 W. Hampden Avenue, Suite 200
Englewood, CO
- Faculty:** Joey J. Failma, EMT-B
Director, Simulation Lab
University of Colorado Denver
School of Medicine, Center for Advancing Professional Excellence (CAPE)
- Description:** *Conducting a simulation event? Not sure what is involved? Attend our four-hour workshop with a simulation specialist to learn about: mannequin overview, software overview, using pre-programmed scenarios, scenario development, programming a scenario, and the art of debriefing. High fidelity mannequins will be available for demonstration.*

Amenities

This program is subsidized by a grant from the Emergency Medical and Trauma Services Section, Health Facilities and Emergency Medical Services Division, CDPHE. The registration fee includes continental breakfast and lunch. Hotel accommodations for the night of May 21 will be provided for the first 40 Colorado registrants that can demonstrate that they are traveling greater than 60 miles one-way to the Conference on May 22. Proof of distance must be provided by submitting, at the time of registration, a copy of an internet based map/directions program identifying the distance between the billing address and the Conference hotel. If you qualify, your name will be placed on the hotel master bill. If you fail to cancel your reservation for the hotel or for the Conference without 5 business days notice, you will be billed for the standard room rate.

Registration

NAME _____
ADDRESS _____
CITY STATE ZIP _____
PHONE FAX _____
E-MAIL ADDRESS _____
PLACE OF EMPLOYMENT _____

Registration deadline is May 15, 2009

- \$55 Conference
 \$50 Pre-conference: Best Practices Simulation Workshop (pre-registration is required)
 Item writing workshop (no cost, but pre-registration is required)

On-site registration will be on a space available basis only.

Payment method:

- Check PO MasterCard Visa

CREDIT CARD # _____
EXPIRATION DATE _____
NAME ON CARD _____
SIGNATURE _____

Mail registration with payment to:

HealthONE EMS
333 West Hampden Avenue, Suite 200
Englewood, Colorado 80110

OR fax registration with credit card or PO information to **303-788-7656**. For more information call **303-788-6317**.

- I am applying for a complimentary one night hotel stay on May 21st. I have attached documentation of driving distance of greater than 60 miles one way from my billing address to the hotel.

Cancellation Policy:

No tuition refunds will be provided for cancellations received after May 15, 2009.

NOTE: The afternoon session is structured so that participants can attend both the general presentations and the EduSpeed discussions OR the Item Writing workshop.