



# ON THE SCENE

## Covering EMS and Trauma in Colorado

### **“An Event I’ll Never Forget”** National EMS Memorial Service

D. Randy Kuykendall

On June 26, 2010, the National Emergency Medical Services Memorial Service held its inaugural service in Colorado Springs at the First Presbyterian Church. The National EMS Memorial Service has been in existence for 18 years, and I had heard about it from my colleagues on the East Coast. However, until I personally attended, I had no real concept about the event or the dedicated EMS professionals who initiated and have supported our nation’s tribute to the EMS professionals who’ve given their lives in the line of duty.



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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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## Improved System Coordination

### Chief's Corner



D. Randy Kuykendall

### **New Responsibilities Will Result in Improved System Coordination**

During the past quarter, a significant legislative decision resulted in an important change to a key component of Colorado's EMS and trauma system. The 2010 Legislature completed the "sunset review" of statutes governing the authority of the Colorado Board of Medical Examiners (BME). Although the majority of House Bill 10-1260 dealt with the governance of medical practice in general, a section of this bill transferred authority from the Board of Medical Examiners to the Colorado Department of Public Health and Environment to govern the scope of practice of EMS personnel and the qualifications and responsibilities of EMS agency medical directors. This authority includes developing and maintaining what

has historically been known as "BME Rule 500," granting waivers to EMTs' scope of practice and ensuring the minimum requirements for EMS medical directors keep up with current standards of care.

HB 10-1260 establishes the Emergency Medical Practice Advisory Council (EMPAC) within the department as an 11-member advisory council responsible for the review of rules, waivers and policies related to scope of practice and medical director requirements. The council will consist of five physicians with experience as EMS agency medical directors; three practicing EMS providers, appointed by the governor; one member of the State Emergency Medical and Trauma Services Advisory Council (SEMTAC); and two ex-officio members representing the department, appointed by the executive director of the Colorado Department of Public Health and Environment.

The process for establishing council membership has begun, and the Emergency Medical and Trauma Services Section soon will solicit interest from EMS medical directors and field providers who may want to serve on the council. The gubernatorial appointment process to the EMPAC will follow the same general process as appointments to the SEMTAC.

Under the new statute, the process for promulgating rules requires that the executive director or chief medical officer, whoever is a physician, is authorized to adopt rules. The statute requires this new authority be in place on Jan. 1, 2011.

To ensure the scope of practice for EMS personnel is maintained through this transition process, the existing components of BME Rule 500, with minimal change, will be moved into Colorado Department of Public Health and Environment rulemaking no later than the end of October.

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## Improved System Coordination continued

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The same basis for out-of-hospital care by EMS personnel will be maintained over the next year while the EMPAC is being established and begins its work in earnest in 2011. In keeping with our commitment to solicit input from all sectors of the EMS and trauma community, the Emergency Medical and Trauma Services Section will broadly share all information regarding this process with our stakeholders.

The addition of this new responsibility to the section's duties came after careful consideration and discussion. The costs of doing this work will be supported by funds from the Highway Tax User's Fund and will amount to just under \$100,000 per year. Funds will be used to support staff, council member travel and the administrative processes required to implement the rules and support the ongoing waiver review process.

The funding from the "\$2 per motor vehicle registration" supports virtually all activities of the Emergency Medical and Trauma Services Section as well as the EMTS grants program, the Regional Emergency Medical and Trauma Advisory Councils (RETACs) and many statewide projects. These funds must be used to support Colorado's EMS and trauma system in many ways, and decisions of this nature are of significance. The provisions of HB 10-1260 consolidate the oversight and support of our EMS and trauma system in ways that will streamline the waiver process, as well as keep our system as consistent with current practice as possible. The linkage of scope of practice, medical direction, EMTS education and how we provide care to patients each day is very clear. Having these policy development activities administratively connected will ultimately protect our patients and providers.

We look forward to this new opportunity to improve the service we provide to our patients. I'm convinced that, as we work together, our system will continue to prosper, assure improved access to care and keep our patients and ourselves as safe as possible. Thanks to our community of stakeholders for their dedication to excellence.

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](mailto:randy.kuykendall@state.co.us).

## A Team In Touch

# Shaping the Future of Colorado EMS

Dr. Art Kanowitz

### **Transfer of Authority and Shaping the Future of Colorado EMS**

In this edition's *Chief's Corner*, Randy Kuykendall details the transfer in authority to govern the scope of practice of Colorado EMTs and the roles and responsibilities of Colorado EMS agency medical directors from the purview of the Board of Medical Examiners (BME) to the Colorado Department of Public Health and Environment. This transfer of authority is a major milestone in Colorado EMS as the BME has been responsible for the regulation of EMS medical directors and the acts allowed of emergency medical technicians since the late 1970s. On Jan. 1, 2011, this authority will be handed off to the department and its statutorily-created Emergency Medical Practice Advisory Council (EMPAC), resulting in a more efficient system of decision-making and medical oversight of prehospital care.

This change in authority will significantly impact how we vet and consider changes in scope of practice issues involved with improved patient care therapies and techniques. It will enhance the reliability of how waivers to the scope of practice are considered, monitored and supported. It will improve the support we provide EMS agency medical directors. Finally, and most importantly, it will provide a more open, transparent process that encourages stakeholders to become more involved.

Beyond the processing of waiver requests and ensuring the scope of practice for EMS providers is contemporary, the EMPAC will support mechanisms to ensure that physicians who are EMS medical directors become more effective in their roles at the local level. Initially, Section 3 of Rule 500, which deals with the roles and responsibilities of EMS medical directors, will be adopted with very few changes. Then, over time, the EMPAC, with input from EMS stakeholders, will vet changes to the current roles and responsibilities and then advise the department on potential rule changes.

One of the potential impacts ensuing from this consolidation of authority includes a statewide coordinated system of EMS medical oversight that ensures the delivery of quality patient care to all citizens and visitors in Colorado. The foundation for such a system requires every EMS agency in the state have an actively involved EMS medical director with a strong medical oversight program.

This is a very exciting time in our EMS history, and the next few years will shape our system for well into the future. I encourage anyone who is interested in helping advance our EMS system in Colorado to attend the EMPAC meetings and help guide EMS in the right direction.

Dr. Arthur Kanowitz is the state EMTS medical director and can be reached at [arthur.kanowitz@state.co.us](mailto:arthur.kanowitz@state.co.us).



## New Booster Seat Law Now Includes 6- and 7-Year-Olds

Sallie Thoreson

A new law in Colorado increases the booster seat requirement to include 6- and 7-year-olds, in addition to 4- and 5-year-olds already covered.

Changing the restraint device requirements for children will improve the safety of children riding in vehicles. Most children outgrow regular car seats when they are about 3 to 4 years of age; however, they are still not tall enough to fit properly in a vehicle belt, so they are likely to put the shoulder belt under the arm or behind the back to prevent it from rubbing against the neck. Additionally, they tend to slouch or slide forward, causing the lap belt to ride up on the abdomen. This improper belt use can result in severe injuries or even ejection from the vehicle. The solution is a booster seat!

The new law in Colorado increases the booster requirement to 6- and 7-year-olds. The child must be in a booster seat until their eighth birthday. This law will go into effect Aug. 1, with a one-year period of warnings only (no citations) for 6- and 7-year-olds not in booster seats. However, tickets can be written for kids 4 and 5 years of age who are not in boosters.

Safety experts recommend children stay in booster seats until the child fits correctly in an adult seatbelt. This is often at age eight or even later. The

booster seat safety message needs to get out to all parents. Booster seat use for 4- to 5-year-olds in 2007 was 69 percent; however, only 36 percent of 6- to 8-year olds were using booster seats. The injury research is clear that children ages four through eight are safer in crashes when they are secured in booster seats. For more information go to [www.carseatscolorado.com](http://www.carseatscolorado.com).



Back row: Ruth Aponte, Deanna Dykema, Representative Sue Ryden, Ray Cuellar, Gov. Bill Ritter Jr., Selena Silva, Senator Suzanne Williams, Jackie Mohr, Sallie Duncan, Chief Ira Rhodes.  
Hiding in the back: Vicky Cassabaum, Theresa Rapstine, Heidi VanHuysen Baskfield  
Kids: Isabella Mohr, Kylie Anderson, Ian Mohr, Isaac Mohr.

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](mailto:sallie.thoreson@state.co.us).

## Improved Access to Education Funds

### The CREATE Program

#### **CREATE – Colorado Resource for Emergency and Trauma Education**

EMS and trauma providers can now apply for EMTS education grant funds 24/7/365 through a new program. CREATE, the Colorado Resource for Emergency and Trauma Education, makes applying for EMTS education grant funds easier and faster by streamlining the application and review processes.

The CREATE program is administered by the Colorado Rural Health Center and operates under the same set of rules and policies as does the current EMTS Provider Grants Program at the Colorado Department of Public Health and Environment. CREATE is essentially an extension of the provider grants program and accepts requests for funding related to educational activities. Any requests for training equipment continue to go through the regular provider grant program, not CREATE.

#### **Application Process**



Any entity with EMS or trauma as its purpose is eligible to apply. Entities may apply at any time during the year when there is a need for training or education courses. Applications are accepted online at [www.coruralhealth.org](http://www.coruralhealth.org), and notification of acceptance or denial of award will be made within 45 days of receipt of a complete application.

Because CREATE operates like the EMTS Provider Grants Program, a 50 percent local match is required. Any entity that cannot meet the 50 percent match may apply for a financial waiver. Financial waiver decisions are based on cash flow projections, financial information and justification of need.

Financial waiver applications that are approved will allow the grant request to continue to the evaluation process. Financial waiver applications that are not approved will be disqualified from further consideration for grant funding. Applicants must start the process over completely to resubmit a grant application at the 50 percent match level if their waiver is denied, but the committee will expect an explanation for the matching funds that were not available in the previous application.

#### **Approval Process**

Several factors determine the award, such as the average score of each application, community impact, geographic distribution, diversity of projects and diversity of applicant type.

The Expert Review Committee, comprised of members of the State Emergency Medical and Trauma Services Advisory Council and staff from the Colorado Rural Health Center and the Colorado Department of Public Health and Environment, will review the grant applications and make final determinations.

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## Improved Access to Education Funds continued

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The review committee will contact Regional Emergency Medical and Trauma Advisory Councils in the event any specific local information is needed in order to make a final determination. Notification of acceptance or denial of award will be made by the Colorado Rural Health Center to the applicant within 45 days of receipt of a complete application.

### **Award Process**

CREATE, like the provider grants program, is reimbursement-based. Upon successful award of a request, entities will receive an official notice from the Colorado Rural Health Center to begin spending. No purchases can be made by the applying entity until the official notice of grant award has been received. Once officially notified, the applying entity can begin to spend funds. To request reimbursement, awarded entities submit a payment request form with all required documentation to the Colorado Rural Health Center. Processing of payments will take approximately two weeks.

Reimbursement is based on actual amounts spent, not original amounts awarded. Payments will be made based on submitted invoices and supporting documentation. If an entity experiences a change in the middle of the award and needs to adjust the scope of work, that request must be submitted in writing to the Colorado Rural Health Center for approval. The change must be approved prior to implementing any changes.

Progress reports remain an important part of the granting process. Failure to submit progress reports is a violation of contract with the Colorado Rural Health Center and may result in cancellation of the award, denial of a payment request or denial of future funding from the CREATE program.

### **Resources**

To access the application and guidance on the CREATE Program, visit the Colorado Rural Health Center's Internet site at [www.coruralhealth.org](http://www.coruralhealth.org) or go directly to the CREATE program page at [www.coruralhealth.org/programs/create](http://www.coruralhealth.org/programs/create).

To learn more about the EMTS Provider Grants Program, visit [www.coems.info/grants](http://www.coems.info/grants).





## National EMS Memorial Service Continued

from the cover

This year's service celebrated the lives of 26 members of the emergency medical services profession from 17 states who lost their lives in the line of duty. Their names were added to more than 500 on the "EMS Tree of Life."

In 2008, the National EMS Memorial Service Foundation sought to identify a permanent home for this memorial. After 17 years in Roanoke, Va., the need arose to secure an appropriate place to remember the lives and contributions of our fallen comrades. After an exhaustive nationwide search, Colorado Springs was selected to be the special place to remember the contributions of our fellow professionals. Colorado's emergency medical services community is honored to be that special place. I found the service to be a tremendous experience and one that reminded all of us of the inherent dangers and sacrifices EMS personnel face every day.

There are two challenges I am putting forward to the more than 16,000 EMS and trauma professionals who serve our state. **First, we must continue to do everything within our power to establish a comprehensive culture of health and safety for ourselves.** This includes adopting healthy lifestyles and ensuring we are physically prepared to provide care and transportation to our patients. **Second, I am challenging Colorado's EMTS community to see to it that no less than 200 Colorado emergency medical and trauma providers are in attendance at next year's National EMS Memorial Service!** Next year's service will be on June 25, 2011, at 6 p.m. in Colorado Springs. Our state has been given the responsibility of ensuring that the memories of our brothers and sisters who have made the supreme sacrifice are never forgotten, and we must live up to the challenge.



For more information regarding the National EMS Memorial Foundation, go to [www.nemsms.org](http://www.nemsms.org).

## Colorado EMS Shares Ambulance and Fire Truck Donations



Boulder Rural Fire Protection District's Chief Bruce M. Mygatt and Captain Mike McNamara recently donated this surplus pumper to the Northwest Conejos Fire Protection District in Conejos County.

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This four-wheel drive ambulance was donated by Oak Creek Fire Department's Chief Chuck Wisecup to the Alamosa Search and Rescue.

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This 4x4 Type 6 fire truck was donated by Captain Josh Plank of the Fredrick Firestone Fire Protection District to Romeo Fire Department in the San Luis Valley.

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This unit was delivered to the St. Anthony Paramedic Program in Denver and is the first of two vehicles donated by the Board of County Commissioners in return for paramedic tuition for the employees at Weld County Paramedic Services. This donation continues support to Paramedic education throughout the state of Colorado.

## Regional Updates

### Mile-High and Southeast Colorado Regions

[Shirley Terry](#)

#### **Mile-High RETAC**

- The MHRETAC participated in the Colorado Department of Transportation Occupant Grant this year and attended the Rural Traffic Summit held in Montrose on May 4-5. This grant is in addition to the teen seat belt use grant the RETAC has received over the past five years.
- The MHRETAC will be hosting the 3<sup>rd</sup> Annual EMS Safety Summit Oct. 13-15, 2010, at the Embassy Suites in Loveland. The conference is free to Colorado residents and out-of-state residents will pay a small fee. Additional information will be sent out soon.
- The inventory of the medical caches is ongoing with two interns who were hired through the MMRS grant.
- The financial audit of the Mile-High RETAC was recently conducted without complications.
- The MCI plan for MHRETAC is being updated. If interested in participating, please contact Shirley Terry, executive director, Mile-High RETAC, at (303) 300-4704 or [shirleyterry@comcast.net](mailto:shirleyterry@comcast.net).

[Michael Merrill](#)

#### **Southeast Colorado RETAC**

The SECRETAC offered a high-angle rescue course May 28-30. Twenty participants learned the latest skills, knowledge and applications. The course was provided by Steve Fleming of Technical Rescue Systems out of Loveland. Chief Marshall Cook coordinated the program out of the Lamar Fire and EMS Office, and participants were from the southeastern Colorado region as well as from other areas of the state. They now have certified skills at the technician level.



## EMS for Children Update

Lisa Ward

The Emergency Medical Services for Children Program will be surveying all EMS agencies and hospitals from September to November 2010 in accordance with the federal EMSC Grant Program.

These surveys will consist of questions regarding the care of pediatric patients in Colorado and will be reviewed by the federal EMSC Program for continuation of funding. All states receiving EMSC funding must complete the survey process to analyze progress toward meeting the EMSC performance measures.

Please take the time to fill out these surveys either online or on paper.

More information on the surveys will be available in the coming summer months. Thank you in advance for your efforts to help the EMS for Children Program reach its goal of an overall 90 percent response rate.



Please contact Lisa Ward, EMSC coordinator, at [lisa.ward@state.co.us](mailto:lisa.ward@state.co.us) with any questions.

## Melanie Morgan and Mike Gullatte

### Join the Emergency Medical and Trauma Services Section

The Emergency Medical and Trauma Services Section is pleased to announce the addition of two new staff members.



Melanie Morgan joined the section in June as a certification specialist in the EMTS Certification Program. Prior to coming to the department, she worked in telecommunications with AT&T and then as a data specialist with the Colorado Department of Corrections.

She loves to hike, indulge in beautiful Colorado and work as a volunteer.

Mike Gullatte was appointed to the position of enforcement coordinator in the EMTS Certification Program. He brings nine years of law enforcement experience, and he served as a legal noncommissioned officer for the United States Army for five years. His military experience was direct support to a military lawyer serving in various legal capacities for more than 1,500 soldiers and commanders.

Mike enjoys reading and outdoor activities with his wife, Jessy, and two children, Megan (age 11) and Joseph (age seven). The Gullattes often can be found enjoying one of the many Colorado state parks.



Please join us in welcoming Melanie and Mike! We are glad to have them on board.



## RHC 101 Webinar

Aug. 17, 2010      12-1 PM MDT      Cost: \$99

This webinar is for those very new to the RHC world or those in need of a refresher. Participants will receive an overview of the RHC program and its requirements and benefits.

More information: [www.coruralhealth.org/programs/rhc/events.htm](http://www.coruralhealth.org/programs/rhc/events.htm)

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## HIT Webinar

Aug. 19, 2010      12-1:15 PM MDT      Cost: Free to THE Consortium members  
\$99 for non-members

This webinar is part of an ongoing series for healthcare providers interested in HIT adoption and implementation. It is free to members of the Technology for Healthcare Excellence (THE) Consortium, and membership is open to all hospitals and clinics.

More information: [www.coruralhealth.org/programs/hit/index.htm#Events](http://www.coruralhealth.org/programs/hit/index.htm#Events)

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## Healthcare Reform Webinar

Sept. 21, 2010      12-1 PM MDT      Cost: \$99

What does healthcare reform mean to you? Participants will learn how their clinic and hospital can stay engaged and on top of healthcare reform implementation. With more than 2,000 pages to sort through, the federal health care reform bill has many implications for your hospital and clinic. What exactly will these new provisions mean and what are the key issues in the bill that will impact rural healthcare delivery?

More information: [www.coruralhealth.org/programs/rhc/events.htm](http://www.coruralhealth.org/programs/rhc/events.htm)

# SAVE THE DATE



## August 23 - 25, 2010

### Colorado Injury, Suicide and Violence Prevention Conference

*Partnering to Strengthen Prevention Communities*

**Vail Cascade Resort and Spa  
Vail, Colorado**

This conference will provide a unique opportunity for state and local partners to network and form new alliances for better coordination and integration of injury and violence prevention efforts. Participants will develop core competencies in injury and violence prevention program development and implementation. Participants will have the opportunity for training and critical dialogue about the risk and protective factors shared across injury, suicide and violence - an ever-increasing focus of prevention work.

Registration available  
June 15th

More information to come:

[www.coisvp.org](http://www.coisvp.org)

**Phone: (303) 692-2587**  
**Toll free in Colorado: 1-800-886-7689**  
**Fax: (303) 691-7901**



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