

DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT

Health Facilities and Emergency Medical Services Division

EMERGENCY MEDICAL SERVICES

6 CCR 1015-3

[Editor's Notes follow the text of the rules at the end of this CCR Document.]

CHAPTER ONE – RULES PERTAINING TO EMS EDUCATION AND CERTIFICATION

Section 1 – Purpose and Authority for Rules

- 1.1 These rules address the recognition process for emergency medical services (EMS) education programs; the certification process for all levels of EMS Providers; and the procedures for denial, revocation, suspension, limitation, or modification of a certificate.
- 1.2 The authority for the promulgation of these rules is set forth in Section 25-3.5-101 et seq., C.R.S.

Section 2 – Definitions

- 2.1 All definitions that appear in Section 25-3.5-103, C.R.S., shall apply to these rules.
- 2.2 "Advanced Cardiac Life Support (ACLS)" - A course of instruction designed to prepare students in the practice of advanced emergency cardiac care.
- 2.3 "Advanced Emergency Medical Technician (AEMT)"- An individual who has a current and valid AEMT certificate issued by the Department and who is authorized to provide limited acts of advanced emergency medical care in accordance with the Rules Pertaining to EMS Practice and Medical Director Oversight.
- 2.4 "Basic Cardiac Life Support (CPR)" – A course of instruction designed to prepare students in cardiopulmonary resuscitation techniques.
- 2.5 "Board for Critical Care Transport Paramedic Certification (BCCTPC)"- a non-profit organization that develops and administers the Critical Care Paramedic Certification and Flight Paramedic Certification exam.
- 2.6 "Certificate" – Designation as having met the requirements of Section 5 of these rules, issued to an individual by the Department. Certification is equivalent to licensure for purposes of the state Administrative Procedure Act, Section 24-4-101, et seq., C.R.S.
- 2.7 "Certificate Holder" – An individual who has been issued a certificate as defined above.
- 2.8 "Continuing Education" - Education required for the renewal of a certificate.
- 2.9 "Department" - Colorado Department of Public Health and Environment.
- 2.10 "Emergency Medical Practice Advisory Council (EMPAC)" – The council established pursuant to Section 25-3.5-206, C.R.S., that is responsible for advising the Department regarding the appropriate scope of practice for EMS Providers and for the criteria for physicians to serve as EMS medical directors.

- 2.11 "Emergency Medical Technician (EMT)" - An individual who has a current and valid EMT certificate issued by the Department and who is authorized to provide basic emergency medical care in accordance with the Rules Pertaining to EMS Practice and Medical Director Oversight. For the purposes of these rules, EMT includes the historic EMS Provider level of EMT-Basic (EMT-B).
- 2.12 "Emergency Medical Technician Intermediate (EMT-I)" - An individual who has a current and valid EMT-I certificate issued by the Department and who is authorized to provide limited acts of advanced emergency medical care in accordance with the Rules Pertaining to EMS Practice and Medical Director Oversight. For the purposes of these rules, EMT-I includes the historic EMS Provider level of EMT-Intermediate (EMT-I or EMT-I 99).
- 2.13 "Emergency Medical Technician with IV Authorization (EMT-IV)" – An individual who has a current and valid EMT certificate issued by the Department and who has met the conditions defined in the Rules Pertaining to EMS Practice and Medical Director Oversight relating to IV authorization.
- 2.14 "EMS Education Center" - A state-recognized provider of initial courses, EMS continuing education topics and/or refresher courses that qualify graduates for state and/or National Registry EMS provider certification.
- 2.15 "EMS Education Group" - A state-recognized provider of EMS continuing education topics and/or refresher courses that qualify individuals for renewal of a state and/or National Registry EMS provider certification.
- 2.16 "EMS Education Program" - A state-recognized provider of EMS education including a recognized education group or center.
- 2.17 "EMS Education Program Standards" - Department approved minimum standards for EMS education that shall be met by state-recognized EMS education programs.
- 2.18 "EMS Provider" – Means an individual who holds a valid emergency medical service provider certificate issued by the Department and includes Emergency Medical Technician, Advanced Emergency Medical Technician, Emergency Medical Technician Intermediate and Paramedic.
- 2.19 "Graduate Advanced Emergency Medical Technician" - A certificate holder who has successfully completed a Department recognized AEMT education course but has not yet successfully completed the AEMT certification requirements set forth in these rules.
- 2.20 "Graduate Emergency Medical Technician Intermediate" - A certificate holder who has successfully completed a Department recognized EMT-I education course but has not yet successfully completed the EMT-I certification requirements set forth in these rules.
- 2.21 "Graduate Paramedic" – A certificate holder who has successfully completed a Department recognized Paramedic education course but has not yet successfully completed the Paramedic certification requirements set forth in these rules.
- 2.22 "Initial Course" - A course of study based on the Department approved curriculum that meets the education requirements for issuance of a certificate for the first time.
- 2.23 "Initial Certification" - First time application for and issuance by the Department of a certificate at any level. This shall include applications received from persons holding any level of certification issued by the Department who are applying for either a higher or lower level certificate.

- 2.24 "Letter of Admonition" - A form of disciplinary sanction that is placed in a certificate holder's file and represents an adverse action against the certificate holder.
- 2.25 "Medical Director" – For the purposes of these rules, a physician licensed in good standing who authorizes and directs, through protocols and standing orders, the performance of students-in-training enrolled in Department-recognized EMS education programs and/or certificate holders who perform medical acts, and who is specifically identified as being responsible to assure the performance competency of those EMS Providers as described in the physician's medical continuous quality improvement program.
- 2.26 "National Registry of Emergency Medical Technicians (NREMT)" - A national non-governmental organization that certifies entry-level and ongoing competency of EMS providers.
- 2.27 "Paramedic" - An individual who has a current and valid Paramedic certificate issued by the Department and who is authorized to provide acts of advanced emergency medical care in accordance with the Rules Pertaining to EMS Practice and Medical Director Oversight. For the purposes of these rules, Paramedic includes the historic EMS Provider level of EMT-Paramedic (EMT-P).
- 2.28 "Paramedic with Critical Care Endorsement (P-CC)" – An individual who has a current and valid Paramedic certificate issued by the Department and who has met the conditions defined in the Rules Pertaining to EMS Practice and Medical Director Oversight relating to critical care.
- 2.29 "Practical Skills Examination" - A skills test conducted at the end of an initial course and prior to application for national or state certification.
- 2.30 "Provisional Certification" - A certification, valid for not more than 90 days, that may be issued by the Department to an applicant seeking certification.
- 2.31 "Refresher Course" - A course of study based on the Department approved curriculum that contributes in part to the education requirements for renewal of a certificate.
- 2.32 "Rules Pertaining to EMS Practice and Medical Director Oversight" - Rules adopted by the Executive Director or Chief Medical Officer of the Department upon the advice of the EMPAC that establish the responsibilities of medical directors and all authorized acts of certificate holders, located at 6 CCR 1015-3, Chapter Two.
- 2.33 "State Emergency Medical and Trauma Services Advisory Council (SEMTAC)" – A council created in the Department pursuant to Section 25-3.5-104, C.R.S., that advises the Department on all matters relating to emergency medical and trauma services.

Section 3 - State Recognition of Emergency Medical Services (EMS) Education Programs

- 3.1 Specialized Education Curricula
- 3.1.1 The specialized education curricula established by the Department include but are not limited to the following:
- A) EMT initial and refresher courses
 - B) Intravenous therapy (IV) and medication administration course
 - C) AEMT initial and refresher courses
 - D) EMT-I initial and refresher courses

- E) Paramedic initial and refresher courses

3.2 Application for State Recognition as an EMS Education Program

3.2.1 The Department may grant recognition for any of the following types of EMS education programs:

- A) EMT education center
- B) EMT education group
- C) EMT IV education group
- D) AEMT education center
- E) AEMT education group
- F) EMT-I education center
- G) EMT-I education group
- H) Paramedic education center
- I) Paramedic education group

3.2.2 An EMS education program recognized as an education center at any level shall also be authorized to serve as an education group at the same level(s).

3.2.3 EMS education programs recognized prior to the effective date of these rules shall be authorized to continue providing services at the same level(s) for the remainder of the current recognition period.

3.2.4 EMS education programs recognized at the EMT-I level shall also be authorized to provide services at the AEMT level for the remainder of the current recognition period.

3.2.5 Any education provider seeking to conduct EMS education to prepare graduates for national or state certification shall apply for state recognition as described below.

3.2.6 Initial EMS education program recognition shall be valid for a period of three (3) years from the date of the Department's written notice of recognition.

3.2.7 EMS education programs shall utilize personnel who meet the qualification requirements in the Department's EMS education program standards.

3.2.8 State-recognized EMS education programs are required to present the Rules Pertaining to EMS Practice and Medical Director Oversight at 6 CCR 1015-3, Chapter Two, including the current Colorado EMS scope of practice content as established in those rules, within every initial and refresher course.

3.2.9 EMS education centers that provide initial education at the Paramedic level shall obtain accreditation from the Commission on Accreditation of Allied Health Education Programs (CAAHEP). The EMS education center shall provide the Department with verification that an application for accreditation has been submitted to CAAHEP prior to the EMS education center initiating a second course.

- 3.2.10 EMS education centers that provide initial education at the Paramedic level shall maintain accreditation from CAAHEP. Loss of CAAHEP accreditation by an EMS education center shall result in proceedings for the revocation, suspension, limitation or modification of state recognition as an EMS education program.
- 3.2.11 Applicants for state EMS education program recognition shall submit the following documentation to the Department:
- A) a completed application form provided by the Department;
 - B) a personnel roster, to include a current resume for the program director and medical director;
 - C) a description of the facilities to be used for course didactic, lab, and clinical instruction and a listing of all education aids and medical equipment available to the program;
 - D) program policies and procedures, which at a minimum shall address:
 - 1) admission requirements;
 - 2) attendance requirements;
 - 3) course schedule that lists as separate elements the didactic, lab, clinical, skills and written testing criteria of the education program;
 - 4) discipline/counseling of students;
 - 5) grievance procedures;
 - 6) successful course completion requirements;
 - 7) testing policies;
 - 8) tuition policy statement;
 - 9) infection control plan;
 - 10) description of insurance coverage for students, both personal liability and worker's compensation;
 - 11) practical skills testing policies and procedures;
 - 12) a continuous quality improvement plan: and
 - 13) recognition of continuing medical education provided by outside parties including, but not limited to, continuing medical education completed by members of the armed forces or reserves of the United States or the National Guard, military reserves or naval militia of any state.
- 3.2.12 After receipt of the application and other documentation required by these rules, the Department shall notify the applicant of recognition or denial as an EMS education program, or shall specify a site review or modification of the materials submitted by the applicant.

- 3.2.13 If the Department requires a site visit, the applicant shall introduce staff, faculty, and medical director, and show all documentation, equipment, supplies and facilities.
- 3.2.14 Applications determined to be incomplete shall be returned to the applicant.
- 3.2.15 The Department shall provide written notice of EMS education program recognition or denial of recognition to the applicant. The Department's determination shall include, but not be limited to, consideration of the following factors:
- A) fulfillment of all application requirements;
 - B) demonstration of ability to conduct EMS education in compliance with the Department's EMS education program standards;
 - C) demonstration of necessary professional staff, equipment and supplies to provide the education.
- 3.2.16 Denial of recognition shall be in accordance with Section 4 of these rules.

3.3 EMS Education Program Recognition Renewal

- 3.3.1 Renewal of recognition shall be valid for a period of five (5) years from the date of the Department's notice of recognition renewal and shall be based upon satisfactory past performance and submission of an updated application form.
- 3.3.2 Additional information as specified in Section 3.2.11 may be required by the Department. The Department may require a site review in conjunction with the renewal application.

3.4 Incorporation by Reference

- 3.4.1 These rules incorporate by reference the Commission on Accreditation of Allied Health Education Programs (CAAHEP) Standards and Guidelines for the Accreditation of Educational Programs in the Emergency Medical Services Professions as revised in 2005. Such incorporation does not include later amendments to or editions of the referenced material. The Health Facilities and Emergency Medical Services Division of the Department maintains copies of the incorporated material for public inspection during regular business hours, and shall provide certified copies of any non-copyrighted material to the public at cost upon request. Information regarding how the incorporated material may be obtained or examined is available from the Division by contacting:

EMTS Section Chief

Health Facilities and EMS Division

Colorado Department of Public Health and Environment

4300 Cherry Creek Drive South

Denver, CO 80246-1530

- 3.4.2 The incorporated material may be obtained at no cost from the website of the Committee on Accreditation of Education Programs for the Emergency Medical Services Professions at www.coaemsp.org/standards.htm.

Section 4 - Disciplinary Sanctions and Appeal Procedures for EMS Education Program Recognition

- 4.1 The Department, in accordance with the State Administrative Procedure Act, Section 24-4-101, et seq., C.R.S., may initiate proceedings to deny, revoke, suspend, limit or modify EMS education program recognition for, but not limited to, the following reasons:
 - 4.1.1 the applicant fails to meet the application requirements specified in Section 3 of these rules.
 - 4.1.2 the applicant does not possess the necessary qualifications to conduct an EMS education program in compliance with EMS education program standards.
 - 4.1.3 the applicant fails to demonstrate access to adequate clinical or internship services as required in EMS education program standards.
 - 4.1.4 fraud, misrepresentation, or deception in applying for or securing EMS education program recognition.
 - 4.1.5 failure to conduct the EMS education program in compliance with EMS education program standards.
 - 4.1.6 failure to notify the Department of changes in the program director or medical director.
 - 4.1.7 providing false information to the Department with regard to successful completion of education or practical skill examination.
 - 4.1.8 failure to comply with the provisions in Section 3 of these rules.
- 4.2 If the Department initiates proceedings to deny, revoke, suspend, limit or modify an EMS education program recognition, the Department shall provide notice of the action to the EMS education program (or program applicant) and shall inform the program (or program applicant) of its right to appeal and the procedure for appealing. Appeals of Departmental actions shall be conducted in accordance with the State Administrative Procedure Act, Section 24-4-101, et seq., C.R.S.

Section 5 - Emergency Medical Services Provider Certification

- 5.1 General Requirements
 - 5.1.1 The Department may issue the following EMS Provider certifications:
 - A) EMT
 - B) AEMT
 - C) EMT-I
 - D) Paramedic
 - E) Provisional 90-day certification at the EMT, AEMT, EMT-I or Paramedic level.

- 5.1.2 No person shall hold himself or herself out as a certificate holder or offer, whether or not for compensation, any services included in these rules, or authorized acts permitted by the Rules Pertaining to EMS Practice and Medical Director Oversight, unless that person holds a valid certificate.
- 5.1.3 Certificates shall be effective for a period of three (3) years after the date of issuance. The date of issuance shall be determined by the date the Department approves the application.
- 5.1.4 Multiple certificates within the levels of EMS Provider shall not be permitted. Certification at a higher level indicates that the certificate holder may also provide medical care allowed at all lower levels of certification.
- 5.1.5 If a certificate holder seeks a higher or lower level of certification, he or she shall satisfy the requirements for initial certification at the new level, except as described below.
 - A) If the higher level certificate is valid and in good standing or within six months of the expiration date, the applicant for a lower level certificate shall not be required to submit current and valid certification from the NREMT at the lower level.

5.2 Initial Certification

- 5.2.1 Applicants for initial certification shall be no less than 18 years of age at the time of application.
- 5.2.2 Applicants for initial certification shall submit to the Department a completed application provided by the Department, including the applicant's signature in a form and manner as determined by the Department, that contains the following:
 - A) evidence of compliance with criminal history record check requirements:
 - 1) The applicant is not required to submit to a fingerprint-based criminal history record check if the applicant has lived in Colorado for more than three (3) years at the time of application and the applicant has submitted to a fingerprint-based criminal history record check through the Colorado Bureau of Investigations (CBI) for a previous Colorado certification application.
 - 2) If the applicant has lived in Colorado for more than three (3) years at the time of application and has not submitted to a fingerprint-based criminal history record check as described in subparagraph 1 above, the applicant shall submit to a fingerprint-based criminal history record check generated by the CBI.
 - 3) If the applicant has lived in Colorado for three (3) years or less at the time of application, the applicant shall submit to a fingerprint-based criminal history record check generated by the Federal Bureau of Investigations (FBI) through the CBI.
 - 4) If, in accordance with subparagraphs 2 or 3 above, an applicant has twice submitted to a fingerprint-based criminal history record check and the FBI or CBI has been unable to classify the fingerprints, then the Department may accept a CBI and/or FBI name-based criminal history report generated through the CBI.

- B) evidence of current and valid certification from the NREMT at or above the EMS Provider level being applied for, except as provided for in Paragraph F below.
 - 1) NREMT certification at the Emergency Medical Technician – Intermediate 1985 national standard curriculum level (NREMT-I 85) shall be recognized at the EMT level for the purposes of this section.
- C) evidence of current and valid professional level Basic Cardiac Life Support (CPR) course completion from a national or local organization approved by the Department, except as provided for in Paragraph F below.
- D) In addition to paragraph C above, EMT-I and Paramedic applicants shall submit evidence of current and valid Advanced Cardiac Life Support (ACLS) course completion from a national or local organization approved by the Department, except as provided for in Paragraph G below.
- E) In addition to paragraph C and D above, a P-CC applicant shall submit evidence of current and valid Critical Care Paramedic or Flight Paramedic certification issued by the BCCTPC.
- F) Evidence of lawful presence in the United States.
- G) While stationed or residing within Colorado, an individual serving in the armed services of the United States or the spouse of the individual may apply for certification to practice in Colorado. The individual or spouse is exempt from the requirements of paragraphs B, C, and D if the applicant provides evidence of a valid EMS provider certificate or license to provide emergency medical services from another state, district or Territory, the certificate or license is current, and the person is in good standing.
 - 1) The Department may require evidence of military status and appropriate orders in order to determine eligibility for this exemption.

5.3 Renewal of Certification

5.3.1 General Requirements

- A) Upon the expiration date of a Department-issued certificate, the certificate is no longer valid and the individual shall not hold himself or herself out as a certificate holder, except under the circumstances specified below in paragraph F.
- B) Persons who have permitted their certification to expire for a period not to exceed six (6) months from the expiration date may renew their certification by complying with the provisions of Section 5.3 of these rules (Renewal of Certification).
- C) Persons who have permitted their certification to expire for a period of greater than six (6) months from the expiration date shall not be eligible for renewal and shall comply with the provisions of Section 5.2 of these rules (Initial Certification), unless exempted pursuant to 5.3.1(G) below.
- D) All certificates renewed by the Department shall be valid for three (3) years from the date of issuance.

- E) Date of issuance is the date of application approval by the Department, except, for applicants successfully completing the renewal of certification requirements during the last six (6) months prior to their certificate expiration date, the date of issuance shall be the expiration date of the current valid certificate being renewed.
- F) Pursuant to Section 24-4-104(7), C.R.S., of the State Administrative Procedure Act, if a certificate holder has made timely and sufficient application for certification renewal and the Department fails to take action on the application prior to the certificate's expiration date, the existing certification shall not expire until the Department acts upon the application. The Department, in its sole discretion, shall determine whether the application was timely and sufficient.
- G) Certificate holders who have been called to federally funded active duty for more than 120 days to serve in a war, emergency or contingency, shall be exempt from the requirements of Sections 5.3.2(B)(2) and (3) and (C) below, provided the holder's certificate expired:
 - 1) during the service or
 - 2) during the six months after the completion of service.

The Department may require appropriate documentation of service to determine eligibility for this exemption.

5.3.2 Application for Renewal of Certification

An applicant for renewal of a certification shall:

- A) submit to the Department a completed application form provided by the Department, including the applicant's signature in a form and manner as determined by the Department;
- B) submit to the Department with a completed application form all of the following:
 - 1) evidence of compliance with criminal history record check requirements:
 - a. The applicant is not required to submit to a fingerprint-based criminal history record check if the applicant has lived in Colorado for more than three (3) years at the time of application and the applicant has submitted to a fingerprint-based criminal history record check through the Colorado Bureau of Investigations (CBI) for a previous Colorado certification application.
 - b. If the applicant has lived in Colorado for more than three (3) years at the time of application and has not submitted to a fingerprint-based criminal history record check as described in subparagraph a above, the applicant shall submit to a fingerprint-based criminal history record check generated by the CBI.
 - c. If the applicant has lived in Colorado for three (3) years or less at the time of application, the applicant shall submit to a fingerprint-based criminal history record check generated by the Federal Bureau of Investigations (FBI) through the CBI.

- d. If, in accordance with subparagraphs b or c above, an applicant has twice submitted to a fingerprint-based criminal history record check and the FBI or CBI has been unable to classify the fingerprints, then the Department may accept a CBI and/or FBI name-based criminal history report generated through the CBI.
 - 2) evidence of current and valid professional level Basic Cardiac Life Support (CPR) course completion from a national or local organization approved by the Department.
 - 3) In addition to paragraph 2 above, EMT-I and Paramedic applicants shall submit evidence of current and valid Advanced Cardiac Life Support (ACLS) course completion from a national or local organization approved by the Department.
 - 4) In addition to paragraph 2 and 3 above, an applicant for P-CC shall submit evidence of current and valid Critical Care Paramedic or Flight Paramedic Certification issued by the BCCTPC.
 - 5) Evidence of lawful presence in the United States.
- C) complete one of the following:
 - 1) current and valid NREMT certification at or above the EMS Provider level being renewed.
 - 2) appropriate level refresher course as described in Section 5.3.3 conducted or approved through signature of a Department-recognized EMS education program representative and skill competency as attested to by signature of medical director or department-recognized EMS education program representative.
 - 3) the minimum number of education hours as described in Section 5.3.3 completed or approved through signature of a Department-recognized EMS education program representative and skill competency as attested to by signature of medical director or department-recognized EMS education program representative.

5.3.3 Education Requirements to Renew a Certificate Without the Use of a Current and Valid NREMT Certification

- A) For renewal of a certificate without the use of a current and valid NREMT certification, the following education is required:
 - 1) Education required for the renewal of an EMT or AEMT certificate shall be no less than thirty-six (36) hours and shall be completed through one of the following:
 - a. a refresher course at the EMT or AEMT level conducted or approved by a Department-recognized EMS education program plus additional continuing education topics such that the total education hours is no less than thirty-six (36) hours.

- b. continuing education topics consisting of no less than thirty-six (36) hours of education that is conducted or approved through a Department-recognized EMS education program consisting of the following minimum content requirements on the EMT or AEMT level:
 - i) one (1) hour of preparatory content that may include scene safety, quality improvement, health and safety of EMS providers, or medical legal concepts.
 - ii) two (2) hours of obstetric patient assessment and treatment.
 - iii) two (2) hours of pediatric patient assessment and treatment.
 - iv) six (6) hours of trauma patient assessment and treatment.
 - v) five (5) hours of patient assessment.
 - vi) three (3) hours of airway assessment and management.
 - vii) six (6) hours of medical/behavioral emergency patient assessment and management.
 - viii) eleven (11) hours of elective content that is relevant to the practice of emergency medicine.
- 2) Education required for the renewal of an EMT-I or Paramedic certificate shall be no less than fifty (50) hours and shall be completed through one of the following methods:
 - a. a refresher course at the EMT-I or Paramedic level conducted or approved by a Department-recognized EMS education program plus additional continuing education topics such that the total education hours is no less than fifty (50) hours.
 - b. continuing education topics consisting of no less than fifty (50) hours of education that is conducted or approved through a Department-recognized EMS education program consisting of the following minimum content requirements at the EMT-I or Paramedic level:

No less than twenty-five (25) hours as described below:

 - i) eight (8) hours of airway, breathing, and cardiology assessment and treatment.
 - ii) four (4) hours of medical patient assessment and treatment.
 - iii) three (3) hours of trauma patient assessment and treatment.

- iv) four (4) hours of obstetric patient assessment and treatment.
 - v) four (4) hours of pediatric patient assessment and treatment.
 - vi) two (2) hours of operational tasks and no less than twenty-five (25) hours of elective content that is relevant to the practice of emergency medicine.
- 3) Education cannot be used in lieu of a valid and current BCCTPC Critical Care or Flight Paramedic Certification to maintain the critical care endorsement.

5.3.4 In satisfaction of the requirements of Section 5.3.3 above, the Department may accept continuing medical education, training, or service completed by a member of the armed forces or reserves of the United States or the National Guard, military reserves or naval militia of any state, upon presentation of satisfactory evidence by the applicant for renewal of certification.

- A) Satisfactory evidence may include but is not limited to the content of the education, method of delivery, length of program, qualifications of the instructor and method(s) used to evaluate the education provided.

5.4 Provisional Certification

5.4.1 General Requirements

- A) The Department may issue a provisional certification to an applicant whose fingerprint-based criminal history record check has not been received by the Department at the time of application for certification.
- B) To be eligible for a provisional certification, the applicant shall, at the time of application, have satisfied all requirements in these rules for initial or renewal certification.
- C) A provisional certification shall be valid for not more than ninety days.
- D) The Department may impose disciplinary sanctions pursuant to these rules if the Department finds that a certificate holder who has received a provisional certification has violated any of the certification requirements or any of these rules.
- E) Once a provisional certification becomes invalid, an applicant may not practice or act as a certificate holder unless an initial or renewal certification has been issued by the Department to the applicant.

5.4.2 Application for Provisional Certification

An applicant for a provisional certification shall:

- A) submit to the Department a completed application form provided by the Department.
 - 1) The applicant shall request a provisional certification.

- B) submit to a fingerprint-based criminal history record check as provided in Sections 5.2.2 and 5.3.2 of these rules. At the time of application, the applicant shall have already submitted the required materials to the CBI to initiate the fingerprint-based criminal history record check.
- C) submit to the Department with a completed application form all of the following:
 - 1) a fee in the amount of \$23.00.
 - 2) a name-based criminal history record check.
 - a. If the applicant has lived in Colorado for more than three (3) years at the time of application, a name-based criminal history report conducted by the CBI, including any internet-based system on CBI's website, or other name-based report as determined by the Department.
 - b. If the applicant has lived in Colorado for three (3) years or less at the time of application, a name-based criminal history report for each state in which the applicant has lived for the past three (3) years, conducted by the respective states' bureaus of investigation or equivalent state-level law enforcement agency, or other name-based report as determined by the Department.
 - c. Any name-based criminal history report provided to the Department for purposes of this paragraph c shall have been obtained by the applicant not more than 90 days prior to the Department's receipt of a completed application.

Section 6 - Disciplinary Sanctions and Appeal Procedures for EMS Provider Certification

- 6.1 For good cause, the Department may deny, revoke, suspend, limit, modify, or refuse to renew a certificate, may impose probation on a certificate holder, or may issue a letter of admonition in accordance with the State Administrative Procedure Act, Section 24-4-101, et seq., C.R.S.
- 6.2 Good cause for disciplinary sanctions listed above shall include, but not be limited to:
 - 6.2.1 failure to meet the requirements of these rules pertaining to issuance and renewal of certification.
 - 6.2.2 fraud, misrepresentation, or deception in applying for or securing certification.
 - 6.2.3 aiding and abetting in the procurement of certification for any person not eligible for certification.
 - 6.2.4 utilizing NREMT certification that has been illegally obtained, suspended or revoked, to obtain a state certification.
 - 6.2.5 unlawful use, possessing, dispensing, administering, or distributing controlled substances.
 - 6.2.6 driving an emergency vehicle in a reckless manner, or while under the influence of alcohol or other performance altering substances.

- 6.2.7 responding to or providing patient care while under the influence of alcohol or other performance altering substances.
- 6.2.8 demonstrating a pattern of alcohol or other substance abuse.
- 6.2.9 materially altering any Department certificate, or using and/or possessing any such altered certificate.
- 6.2.10 having an EMS provider certificate or license, or other health care certificate or license, suspended or revoked in Colorado or in another state or country.
- 6.2.11 unlawfully discriminating in the provision of services.
- 6.2.12 representing qualifications at any level other than the person's current EMS Provider certification level.
- 6.2.13 representing oneself to others as a certificate holder or providing medical care without possessing a current and valid certificate issued by the Department.
- 6.2.14 failing to follow accepted standards of care in the management of a patient, or in response to a medical emergency.
- 6.2.15 failing to administer medications or treatment in a responsible manner in accordance with the medical director's orders or protocols.
- 6.2.16 failing to maintain confidentiality of patient information.
- 6.2.17 failing to provide the Department with the current place of residence or failing to promptly notify the Department of a change in current place of residence or change of name.
- 6.2.18 a pattern of behavior that demonstrates routine response to medical emergencies without being under the policies and procedures of a designated emergency medical response agency and/or providing patient care without medical direction when required.
- 6.2.19 performing medical acts not authorized by the Rules Pertaining to EMS Practice and Medical Director Oversight and in the absence of any other lawful authorization to perform such medical acts.
- 6.2.20 failing to provide care or discontinuing care when a duty to provide care has been established.
- 6.2.21 appropriating or possessing without authorization medications, supplies, equipment, or personal items of a patient or employer.
- 6.2.22 falsifying entries or failing to make essential entries in a patient care report, EMS education document, or medical record.
- 6.2.23 falsifying or failing to comply with any collection or reporting required by the state.
- 6.2.24 failing to comply with the terms of any agreement or stipulation regarding certification entered into with the Department.
- 6.2.25 violating any state or federal statute or regulation, the violation of which would jeopardize the health or safety of a patient or the public.

- 6.2.26 unprofessional conduct at the scene of an emergency that hinders, delays, eliminates, or deters the provision of medical care to the patient or endangers the safety of the public.
 - 6.2.27 failure by a certificate holder to report to the Department any violation by another certificate holder of the good cause provisions of this section when the certificate holder knows or reasonably believes a violation has occurred.
 - 6.2.28 committing or permitting, aiding or abetting the commission of an unlawful act that substantially relates to performance of a certificate holder's duties and responsibilities as determined by the Department.
 - 6.2.29 committing patient abuse including the willful infliction of injury, unreasonable confinement, intimidation, or punishment, with resulting physical harm, pain, or mental anguish, or patient neglect, including the failure to provide goods and services necessary to attain and maintain physical and mental well-being.
- 6.3 Good cause for disciplinary sanctions also includes conviction of, or a plea of guilty, or of no contest, to a felony or misdemeanor that relates to the duties and responsibilities of a certificate holder, including patient care and public safety. For purposes of this paragraph, "conviction" includes the imposition of a deferred sentence.
- 6.3.1 The following crimes set forth in the Colorado Criminal Code (Title 18, C.R.S.) are considered to relate to the duties and responsibilities of a certificate holder:
 - A) offenses under Article 3 - offenses against a person.
 - B) offenses under Article 4 - offenses against property.
 - C) offenses under Article 5 - offenses involving fraud.
 - D) offenses under Article 6 - offenses involving the family relations.
 - E) offenses under Article 6.5 - wrongs to at-risk adults.
 - F) offenses under Article 7 - offenses related to morals.
 - G) offenses under Article 8 - offenses - governmental operations.
 - H) offenses under Article 9 - offenses against public peace, order and decency.
 - I) offenses under Article 17 - Colorado Organized Crime Control Act.
 - J) offenses under Article 18 - Uniform Controlled Substances Act of 1992.
 - 6.3.2 The offenses listed above are not exclusive. The Department may consider other pleas or criminal convictions, including those from other state, federal, foreign or military jurisdictions.
 - 6.3.3 In determining whether to impose disciplinary sanctions based on a plea or on a felony or misdemeanor conviction, the Department may consider, but is not limited to, the following information:
 - A) the nature and seriousness of the crime including but not limited to whether the crime involved violence to or abuse of another person and whether the crime involved a minor or a person of diminished capacity;

- B) the relationship of the crime to the purposes of requiring a certificate;
- C) the relationship of the crime to the ability, capacity or fitness required to perform the duties and discharge the responsibilities of an EMS Provider; and
- D) the time frame in which the crime was committed.

6.4 Appeals

6.4.1 If the Department denies certification, the Department shall provide the applicant with notice of the grounds for denial and shall inform the applicant of the applicant's right to request a hearing.

- A) A request for a hearing shall be submitted to the Department in writing within sixty (60) calendar days from the date of the notice.
- B) If a hearing is requested, the applicant shall file an answer within sixty (60) calendar days from the date of the notice.
- C) If a request for a hearing is made, the hearing shall be conducted in accordance with the State Administrative Procedure Act, Section 24-4-101 et seq., C.R.S.
- D) If the applicant does not request a hearing in writing within sixty (60) calendar days from the date of the notice, the applicant is deemed to have waived the opportunity for a hearing.

6.4.2 If the Department proposes disciplinary sanctions as provided in this section, the Department shall notify the certificate holder by first class mail to the last address furnished to the Department by the certificate holder. The notice shall state the alleged facts and/or conduct warranting the proposed action and state that the certificate holder may request a hearing.

- A) The certificate holder shall file a written answer within thirty (30) calendar days of the date of mailing of the notice.
- B) A request for a hearing shall be submitted to the Department in writing within thirty (30) calendar days from the date of mailing of the notice.
- C) If a request for a hearing is made, the hearing shall be conducted in accordance with the State Administrative Procedure Act, Section 24-4-101 et seq., C.R.S.
- D) If the certificate holder does not request a hearing in writing within thirty (30) calendar days of the date of mailing of the notice, the certificate holder is deemed to have waived the opportunity for a hearing.

6.4.3 If the Department summarily suspends a certificate, the Department shall provide the certificate holder notice of such in writing, which shall be sent by first class mail to the last address furnished to the Department by the certificate holder. The notice shall state that the certificate holder is entitled to a prompt hearing on the matter. The hearing shall be conducted in accordance with the State Administrative Procedure Act, Section 24-4-101, et seq., C.R.S.

CHAPTER TWO - RULES PERTAINING TO EMS PRACTICE AND MEDICAL DIRECTOR OVERSIGHT

SECTION 1 - Purpose and Authority for Establishing Rules

- 1.1 The purpose of these rules is to define the qualifications and duties of medical directors to Emergency Medical Services (EMS) agencies and to define the authorized medical acts of EMS providers.
- 1.2 The general authority for the promulgation of these rules by the executive director or chief medical officer of the department is set forth in Sections 25-3.5-203 and 206, C.R.S.
- 1.3 These rules apply to and are controlling for any physician functioning as a medical director to an EMS organization and who authorizes and directs the performance of medical acts by EMS providers at all levels of certification in the State of Colorado. These rules also define the scope of practice for EMS providers.

SECTION 2 - Definitions - All definitions that appear in Section 25-3.5-103, C.R.S., and 6 CCR 1015-3, CHAPTER ONE shall apply to these rules.

- 2.1 "Advanced Cardiac Life Support (ACLS)" - a course of instruction designed to prepare students in the practice of advanced emergency cardiac care.
- 2.2 "Advanced Emergency Medical Technician (AEMT)" - an individual who has a current and valid AEMT certificate issued by the department and who is authorized to provide limited acts of advanced emergency medical care in accordance with these rules.
- 2.3 "Board for Critical Care Transport Paramedic Certification (BCCTPC)" - a non-profit organization that develops and administers the Critical Care Paramedic Certification and Flight Paramedic Certification exam.
- 2.4 "Colorado Medical Board" - the Colorado Medical Board established in Title 12, Article 36, C.R.S., formerly known as the state Board of Medical Examiners.
- 2.5 "Department" - the Colorado Department of Public Health and Environment.
- 2.6 "Direct Verbal Order" - verbal authorization given to an EMS provider for the performance of specific medical acts through a Medical Base Station or in person.
- 2.7 "Emergency Medical Practice Advisory Council (EMPAC)" - the council established pursuant to Section 25-3.5-206, C.R.S., that is responsible for advising the department regarding the appropriate scope of practice for EMS providers and for the criteria for physicians to serve as EMS medical directors.
- 2.8 "Emergency Medical Technician (EMT)" - an individual who has a current and valid EMT certificate issued by the department and who is authorized to provide basic emergency medical care in accordance with these rules.
- 2.9 "Emergency Medical Technician with Intravenous Authorization (EMT-IV)" - an individual who has a current and valid EMT certificate issued by the department and who has met the conditions defined in Section 5.5 of these rules.
- 2.10 "Emergency Medical Technician-Intermediate (EMT-I)" - an individual who has a current and valid EMT-Intermediate certificate issued by the department and who is authorized to provide limited acts of advanced emergency medical care in accordance with these rules.

- 2.11 "EMS Provider" - means an individual who holds a valid emergency medical service provider certificate issued by the department and includes Emergency Medical Technician, Advanced Emergency Medical Technician, Emergency Medical Technician-Intermediate and Paramedic.
- 2.12 "EMS service agency" - any organized agency including but not limited to a "rescue unit" as defined in Section 25-3.5-103(11), C.R.S., using EMS providers to render initial emergency medical care to a patient prior to or during transport. This definition does not include criminal law enforcement agencies, unless the criminal law enforcement personnel are EMS providers who function with a "rescue unit" as defined in Section 25-3.5-103(11), C.R.S. or are performing any medical act described in these rules.
- 2.13 "Graduate Advanced EMT" - an individual who has a current and valid Colorado EMT certification issued by the department and who has successfully completed a department-recognized AEMT initial course but has not yet successfully completed the certification requirements set forth in the Rules Pertaining to EMS Education and Certification, 6 CCR 1015-3, Chapter One.
- 2.14 "Graduate EMT-Intermediate" - an individual who has a current and valid Colorado EMT or AEMT certification issued by the department and who has successfully completed a department-recognized EMT-Intermediate course but has not yet successfully completed the certification requirements set forth in the Rules Pertaining to EMS Education and Certification, 6 CCR 1015-3, Chapter One.
- 2.15 "Graduate Paramedic" - an individual who has a current and valid Colorado EMT certificate, AEMT certificate, or EMT-I certificate issued by the department and who has successfully completed a department-recognized paramedic initial course but has not yet successfully completed the certification requirements set forth in the Rules Pertaining to EMS Education and Certification, 6 CCR 1015-3, Chapter One.
- 2.16 "Interfacility Transport" - any transport of a patient from one licensed healthcare facility to another licensed healthcare facility, after a higher level medical care provider (i.e. a physician, physician assistant, or an individual of similar/equivalent training, certification, and patient interaction) has initiated treatment.
- 2.17 "Licensed in Good Standing" - as used in these rules, means that a physician functioning as a medical director holds a current and valid license to practice medicine in Colorado that is not subject to any restrictions.
- 2.18 "Maintenance" – to observe the patient while continuing, assessing, adjusting and/or discontinuing care of a previously established medical procedure or medication via standing order, written physician order, or the direct verbal order of a physician.
- 2.19 "Medical Base Station" - the source of direct medical communications with EMS providers.
- 2.20 "Medical Director" - for purposes of these rules means a physician licensed in good standing who authorizes and directs, through protocols and standing orders, the performance of students-in-training enrolled in department-recognized EMS education programs, graduate AEMTs, EMT-Is or paramedics, or EMS providers of a prehospital EMS service agency and who is specifically identified as being responsible to assure the competency of the performance of those acts by such EMS providers as described in the physician's medical CQI program.
- 2.21 "Monitoring" – to observe and detect changes, or the absence of changes, in the clinical status of the patient for the purpose of documentation.

- 2.22 "Paramedic" - an individual who has a current and valid paramedic certificate issued by the department and who is authorized to provide advanced emergency medical care in accordance with these rules.
- 2.23 "Paramedic with Critical Care Endorsement (P-CC)" – an individual who has a current and valid paramedic certificate issued by the department and who is authorized to provide critical care in accordance with these rules.
- 2.24 "Prehospital Care" – any medical procedures or acts performed prior to a patient receiving care at a licensed healthcare facility.
- 2.25 "Protocol" - written standards for patient medical assessment and management approved by a medical director.
- 2.26 "Rules Pertaining to EMS Education and Certification" - rules governing the education and certification of EMS providers, located at 6 CCR 1015-3, Chapter One, promulgated by the state Board of Health.
- 2.27 "Scope of Practice" - refers to the medication administration and acts authorized in these rules for EMS providers.
- 2.28 "State Emergency Medical and Trauma Services Advisory Council (SEMTAC)" - a council created in the department pursuant to Section 25-3.5-104, C.R.S., that advises the department on all matters relating to emergency medical and trauma services.
- 2.29 "Standing Order" - written authorization provided in advance by a medical director for the performance of specific medical acts by EMS providers independent of making medical base station contact.
- 2.30 "Supervision" - oversee, direct or manage. Supervision may be through direct observation or by indirect oversight as defined in the medical director's CQI program.
- 2.31 "Waiver" - a department-approved exception to these rules granted to a medical director.
- 2.32 "Written Order" - written authorization given to an EMS provider for the performance of specific medical acts.

SECTION 3 - Emergency Medical Practice Advisory Council

- 3.1 The Emergency Medical Practice Advisory Council (EMPAC), under the direction of the executive director of the department, shall advise the department in the areas set forth below in Section 3.8.
- 3.2 The EMPAC shall consist of the following eleven members:
 - 3.2.1 Eight voting members appointed by the governor as follows:
 - A) Two physicians licensed in good standing in Colorado who are actively serving as EMS medical directors and are practicing in rural or frontier counties;
 - B) Two physicians licensed in good standing in Colorado who are actively serving as EMS medical directors and are practicing in urban counties;
 - C) One physician licensed in good standing in Colorado who is actively serving as an EMS medical director in any area of the state;

- D) One EMS provider certified at an advanced life support level who is actively involved in the provision of emergency medical services;
 - E) One EMS provider certified at a basic life support level who is actively involved in the provision of emergency medical services; and
 - F) One EMS provider certified at any level who is actively involved in the provision of emergency medical services;
- 3.2.2 One voting member who is a member of the SEMTAC, appointed by the executive director of the department; and
- 3.2.3 Two nonvoting ex officio members appointed by the executive director of the department.
- 3.3 EMPAC members shall serve four-year terms; except that, of the members initially appointed to the EMPAC by the governor, four members shall serve three-year terms.
- 3.4 A vacancy on the EMPAC shall be filled by appointment by the appointing authority for that vacant position for the remainder of the unexpired term.
- 3.5 EMPAC members serve at the pleasure of the appointing authority and continue in office until the member's successor is appointed.
- 3.6 The EMPAC shall meet at least quarterly and more frequently as necessary to fulfill its obligations.
- 3.7 The EMPAC shall elect a chair and vice-chair from its members.
- 3.8 The duties of the EMPAC include:
 - 3.8.1 Provide general technical expertise on matters related to the provision of patient care by EMS providers;
 - 3.8.2 Advise or make recommendations to the department on:
 - A) The acts and medications that EMS providers are authorized to perform or administer under the direction of a medical director.
 - B) Requests by medical directors for waivers to the scope of practice of EMS providers as established in these rules.
 - C) Modifications to EMS provider certification levels and capabilities.
 - D) Criteria for physicians to serve as EMS medical directors.

SECTION 4 - Medical Director Qualifications and Duties

- 4.1 A medical director shall possess the following minimum qualifications:
 - 4.1.1 Be a physician currently licensed to practice medicine in the State of Colorado.
 - 4.1.2 Be trained in Advanced Cardiac Life Support.

- 4.1.3 Physicians acting as medical directors for department-recognized EMS education programs must possess authority under their licensure to perform any and all medical acts to which they extend their authority to EMS providers, including any and all curricula presented by EMS education programs.
- 4.2 The duties of a medical director shall include:
- 4.2.1 Be actively involved in the provision of emergency medical services in the community served by the EMS service agency being supervised. Involvement does not require that a physician have such experience prior to becoming a medical director, but does require such involvement during the time that he or she acts as a medical director. Active involvement in the community could include, by way of example and not limitation, those inherent, reasonable and appropriate responsibilities of a medical director to interact with patients, the public served by the EMS service agency, the hospital community, the public safety agencies and the medical community and should include other aspects of liaison oversight and communication normally expected in the supervision of EMS providers.
- 4.2.2 Be actively involved on a regular basis with the EMS service agency being supervised. Involvement does not require that a physician have such experience prior to becoming a medical director, but does require such involvement during the time that he or she acts as a medical director. Involvement could include, by way of example and not limitation, involvement in continuing education, audits and protocol development. Passive or negligible involvement with the EMS service agency and supervised EMS providers does not meet this requirement.
- 4.2.3 Notify the department on an annual basis of the EMS Service Agencies for which medical control functions are being provided in a manner and form as determined by the department.
- 4.2.4 Establish a medical continuous quality improvement (CQI) program for each EMS service agency being supervised. The medical CQI program shall assure the continuing competency of the performance of that agency's EMS providers. This medical CQI program shall include, but not be limited to: appropriate protocols and standing orders and provision for medical care audits, observation, critiques, continuing medical education and direct supervisory communications.
- 4.2.5 Submit to the department an affidavit that attests to the development and use of a medical CQI program for all EMS service agencies supervised by the medical director. As set forth below in section 4.3, the department may review the records of a medical director to determine compliance with the CQI requirements in these rules.
- 4.2.6 Provide monitoring and supervision of the medical field performance of EMS providers. This includes ensuring that EMS providers have adequate clinical knowledge of, and are competent in performing, medical skills and acts within the EMS provider's scope of practice authorized by the medical director. These duties and operations may be delegated to other physicians or other qualified health care professionals designated by the medical director. However, the medical director shall retain ultimate authority and responsibility for the monitoring and supervision, for establishing protocols and standing orders and for the competency of the performance of authorized medical acts.
- 4.2.7 Ensure that all protocols issued by the medical director are appropriate for the certification and skill level of each EMS provider to whom the performance of medical acts is delegated and authorized and compliant with accepted standards of medical practice.

- 4.2.8 Be familiar with the training, knowledge and competence of EMS providers under his or her supervision and ensure that EMS providers are appropriately trained and demonstrate ongoing competency in all skills, procedures and medications authorized in accordance with Section 4.2.7.
- 4.2.9 Be aware that certain skills, procedures and medications authorized in accordance with Section 4.2.7 (and as identified by the department) may not be included in the National EMS Education Standards and ensure that appropriate additional training is provided to supervised EMS providers.
- 4.2.10 Ensure that any data and/or documentation required by these rules are submitted to the department.
- 4.2.11 Notify the department within fourteen business days excluding state holidays prior to his or her cessation of duties as medical director.
- 4.2.12 Notify the department within fourteen business days excluding state holidays of his or her termination of the supervision of an EMS provider for reasons that may constitute good cause for disciplinary sanctions pursuant to the Rules Pertaining to EMS Education and Certification, 6 CCR 1015-3, Chapter One. Such notification shall be in writing and shall include a statement of the actions or omissions resulting in termination of supervision and copies of all pertinent records.
- 4.2.13 Physicians acting as medical directors for EMS education programs recognized by the department that require clinical and field internship performance by students shall be permitted to delegate authority to a student-in-training during their performance of program-required medical acts and only while under the control of the education program.
- 4.2.14 Physicians acting as medical directors responsible for the supervision and authorization of a P-CC shall have training and experience in the acts and skills for which they are providing supervision and authorization. Additional duties related to the medical directors responsible for the supervision and authorization of a P-CC is located in Section 16 of these rules.
- 4.3 Departmental review of medical directors
 - 4.3.1 The department may review the records of a medical director to determine compliance with the requirements and standards in these rules and with accepted standards of medical oversight and practice.
 - 4.3.2 Complaints in writing against medical directors for violations of these rules may be initiated by any person, the Colorado Medical Board or the department.
 - 4.3.3 Complaints in writing against medical directors may be referred to the Colorado Medical Board for review as deemed appropriate by the department.

SECTION 5 - Medical Acts Allowed for the EMT

- 5.1 An EMT may, under the supervision and authorization of a medical director, perform emergency medical acts consistent with and not to exceed those listed in Appendices A and C of these rules for an EMT.

- 5.2 An EMT may, under the supervision and authorization of a medical director, administer and monitor medications and classes of medications consistent with and not to exceed those listed in Appendices B and D of these rules for an EMT.
- 5.3 Any EMT who is a member or employee of an EMS service agency and who performs said emergency medical acts must have authorization and be supervised by a medical director to perform said emergency medical acts.
- 5.4 EMTs may carry out a physician order for a mental health hold as set forth in Section 27-65-105(1), C.R.S. Such physician order may be a direct verbal order or by electronic communications.
- 5.5 An EMT who has successfully completed a department-recognized Intravenous Therapy and Medication Administration Course may be referred to as an Emergency Medical Technician with Intravenous Authorization (EMT-IV). Any provisions of these rules that are applicable to an EMT shall also be applicable to an EMT-IV. In addition to the acts an EMT is allowed to perform, an EMT-IV may, under supervision and authorization of a medical director, perform medical acts consistent with and not to exceed those listed in Appendices A and C of these rules for an EMT-IV. In addition to the medications and classes of medications an EMT is allowed to administer and monitor pursuant to these rules, an EMT-IV may, under supervision and authorization of a medical director, administer and monitor medications and classes of medications consistent with and not to exceed those listed in Appendices B and D of these rules for an EMT-IV.
- 5.6 An EMT-IV may, under the supervision and authorization of a medical director, administer and monitor medications and classes of medications which exceed those listed in Appendices B and D of these rules for an EMT-IV under the direct visual supervision of an AEMT, EMT-I or paramedic when the following conditions have been established:
 - 5.6.1 The patient must be in cardiac arrest or in extremis.
 - 5.6.2 Drugs administered must be limited to those authorized by these rules for an AEMT, EMT-I or paramedic as stated in Appendices B and D.
 - 5.6.3 The medical director shall amend the appropriate protocols and medical CQI program used to supervise the EMS providers to reflect this change in patient care. The medical director and the protocols of the EMT-IV and the AEMT, EMT-I or paramedic shall all be in agreement.
- 5.7 In the event of a governor-declared disaster or public health emergency, the chief medical officer for the department or his or her designee may temporarily authorize the performance of additional medical acts, such as the administration of other immunizations, vaccines, biologicals or tests not listed in these rules.

SECTION 6 - Medical Acts Allowed for the Advanced EMT

- 6.1 An AEMT may, under the supervision and authorization of a medical director, perform emergency medical acts consistent with and not to exceed those listed in Appendices A and C of these rules for an AEMT.
- 6.2 An AEMT may, under the supervision and authorization of a medical director, administer and monitor medications and classes of medications consistent with and not to exceed those listed in Appendices B and D of these rules for an AEMT.

- 6.3 Any AEMT who is a member or employee of an EMS service agency and who performs said emergency medical acts must have authorization and be supervised by a medical director to perform said emergency medical acts.
- 6.4 AEMTs may carry out a physician order for a mental health hold as set forth in Section 27-65-105(1), C.R.S. Such physician order may be a direct verbal order or by electronic communications.
- 6.5 An AEMT may, under the supervision and authorization of a medical director, administer and monitor medications and classes of medications which exceed those listed in Appendices B and D of these rules for an AEMT under the direct visual supervision of an EMT-I or paramedic when the following conditions have been established:
 - 6.5.1 The patient must be in cardiac arrest or in extremis.
 - 6.5.2 Drugs administered must be limited to those authorized by these rules for EMT-I or paramedic as stated in Appendices B and D.
 - 6.5.3 The medical director shall amend the appropriate protocols and medical CQI program used to supervise the EMS providers to reflect this change in patient care. The medical director and the protocols of the AEMT and the EMT-I or paramedic shall all be in agreement.
- 6.6 In the event of a governor-declared disaster or public health emergency, the chief medical officer for the department or his or her designee may temporarily authorize the performance of additional medical acts, such as the administration of other immunizations, vaccines, biologicals or tests not listed in these rules.

SECTION 7 - Medical Acts Allowed for the EMT-Intermediate

- 7.1 In addition to the acts an EMT, an EMT-IV and an AEMT are allowed to perform pursuant to these rules, an EMT-I may, under the supervision and authorization of a medical director perform advanced emergency medical care acts consistent with and not to exceed those listed in Appendices A and C of these rules for an EMT-I.
- 7.2 In addition to the medications and classes of medications an EMT, an EMT-IV and an AEMT are allowed to administer and monitor pursuant to these rules, an EMT-I may, under the supervision and authorization of a medical director, administer and monitor medications and classes of medications defined in Appendices B and D of these rules for an EMT-I.
- 7.3 An EMT-I may carry out a physician order for a mental health hold as set forth in Section 27-65-105(1), C.R.S. Such physician order may be a direct verbal order or by electronic communications.
- 7.4 An EMT-I may, under the supervision and authorization of a medical director, administer and monitor medications and classes of medications which exceed those listed in Appendices B and D of these rules for an EMT-I under the direct visual supervision of a paramedic, when the following conditions have been established:
 - 7.4.1 Drugs administered must be limited to those authorized by these rules for paramedics as stated in Appendices B and D.
 - 7.4.2 The medical director shall amend the appropriate protocols and medical CQI program used to supervise the EMS providers to reflect this change in patient care. The medical director and protocols of the EMT-I and paramedic shall all be in agreement.

- 7.5 In the event of a governor-declared disaster or public health emergency, the chief medical officer for the department or his or her designee may temporarily authorize the performance of additional medical acts, such as the administration of other immunizations, vaccines, biologicals or tests not listed in these rules.

SECTION 8 - Medical Acts Allowed for the Paramedic

- 8.1 In addition to the acts an EMT-I is allowed to perform pursuant to these rules, a paramedic may, under the supervision and authorization of a medical director, perform advanced emergency medical care acts consistent with and not to exceed those listed in Appendices A and C of these rules for a paramedic.
- 8.2 In addition to the medications and classes of medications an EMT-I is allowed to administer and monitor pursuant to these rules, a paramedic may, under the supervision and authorization of a medical director, administer and monitor medications and classes of medications defined in Appendices B and D for a paramedic.
- 8.3 Paramedics may carry out a physician order for a mental health hold as set forth in Section 27-65-105(1), C.R.S. Such physician order may be a direct verbal order or by electronic communications.
- 8.4 In addition to the acts of a paramedic, a P-CC may, under the supervision and authorization of a medical director, perform advanced emergency medical care acts consistent with and not to exceed those authorized in Appendix E of these rules for Critical Care.
- 8.5 In addition to the medications a paramedic is allowed to administer and monitor, a P-CC may, under the supervision and authorization of a medical director, administer and monitor medications defined in Appendix F of these rules for Critical Care.
- 8.6 In the event of a governor-declared disaster or public health emergency, the chief medical officer for the department or his or her designee may temporarily authorize the performance of additional medical acts, such as the administration of other immunizations, vaccines, biologicals or tests not listed in these rules.

SECTION 9 - Graduate Advanced EMTs, Graduate EMT-Intermediates and Graduate Paramedics

Medical directors may supervise graduate AEMTs as defined in these rules acting as AEMTs for a period of no more than six months following successful completion of an appropriate department-recognized initial course. Medical directors may supervise graduate EMT-Is as defined in these rules acting as EMT-Is for a period of no more than six months following successful completion of an appropriate department-recognized initial course. Medical directors may supervise graduate paramedics as defined in these rules acting as paramedics for a period of no more than six months following successful completion of an appropriate department-recognized initial course. Such graduate AEMTs, graduate EMT-Is and graduate paramedics must successfully complete certification requirements, as specified in Rules Pertaining to EMS Education and Certification, 6 CCR 1015-3, Chapter One, within six months of the successful completion of a department-recognized initial course to continue to function under the provisions of these rules.

SECTION 10 - General Acts Allowed

- 10.1 Any EMS provider working for an EMS service agency shall be supervised by a medical director who complies with the requirements in these rules.
- 10.2 A medical director may limit the scope of practice of any EMS provider.

- 10.3 The gathering of laboratory and/or other diagnostic data for the sole purpose of providing information to another health care provider does not require a waiver provided:
- 10.3.1 The method by which the data is gathered is within the scope of practice of the EMS provider as contained in these rules;
 - 10.3.2 The collection method and analysis of the information collected is done in accordance with applicable regulations including but not limited to the Clinical Laboratory Improvement Amendments (CLIA), and FDA requirements; and,
 - 10.3.3 Unless otherwise allowed in Table A.6, the information obtained will not be used to alter the prehospital treatment or destination of the patient without a direct verbal order.
- A medical director shall obtain a waiver as set forth in Section 11 of these rules for any other data gathering activities that do not meet the provisions listed above.
- 10.4 EMS providers may function in acute care settings. Functioning in this environment must be in compliance with the Colorado Medical Board's statutes and rules, under the auspices of a medical director and within parameters of the acts allowed or waiver as described in these rules.
- 10.5 EMS providers may not practice in camps in a nursing capacity including the dispensing of medications.

SECTION 11 - Waivers to Scope of Practice

- 11.1 Any medical director may apply to the department for a waiver to the scope of practice set forth in these rules for EMS providers under his or her supervision in specific circumstances, based on established need, provided that on-going quality assurance of each EMS provider's competency is maintained by the medical director.
- 11.2 A waiver is not necessary for the allowed skills and medications listed in Appendices A, B, C or D of this rule.
- 11.2.1 In addition to the skills and medications allowed in Paragraph 11.2, a P-CC does not require a waiver for the allowed skills and medications listed in Appendices E and F.
- 11.3 All levels of EMS provider may, under the supervision and authorization of a medical director, perform specific skills or administer specific medications not listed in Appendices A, B, C, D, E, or F of this rule, only if the medical director has been granted a waiver from the department for that specific skill or medication. Waivered skills or medication administration may be authorized by the medical director under standing orders or direct verbal orders of a physician, including by electronic communications. No EMS provider shall function beyond the scope of practice identified in these rules for their level until their medical director has received official written confirmation of the waiver being granted by the department.
- 11.4 Medical directors seeking a waiver shall submit a completed application to the department in a form and manner determined by the department.
- 11.4.1 The application shall include, but not be limited to, a description of the act or medication to be waived, information regarding the justification for the waiver, the proposed education, training and quality assurance process, literature review, and copies of the applicable protocols. The forms and affidavit required by Section 4 of these rules shall also be included.

- 11.4.2 The department may require the applicant to provide additional information if the initial application is determined to be insufficient.
- 11.4.3 An application shall not be considered complete until the required information is submitted.
- 11.4.4 The completed waiver application shall be submitted to the department in a timely fashion as specified by the department.
- 11.4.5 The application shall be a matter of public record and is subject to disclosure requirements under the Colorado Open Records Act (C.R.S. § 24-72-200.1 *et seq.*).
- 11.5 The EMPAC shall review waiver requests and make recommendations to the department. The EMPAC may make recommendations, including but not limited to: deny, approve, table, request more information from the medical director or impose special conditions on the waiver.
- 11.6 After receiving recommendations from the EMPAC, the department shall make a decision on the waiver request and send notice of that decision to the medical director within thirty (30) calendar days of the recommendation. If granted, the notice shall include the effective date and expiration date of the waiver.
 - 11.6.1 If the waiver is granted, the department may:
 - A) Specify the terms and conditions of the waiver.
 - B) Specify the duration of the waiver.
 - C) Specify any reporting requirements.
 - 11.6.2 The department may require the submission of data or other information regarding waivers.
 - A) Unless otherwise specified by the department, any data or information submitted to the department shall not contain patient-identifying information.
 - B) If the department requires submission of data or reports containing patient-identifying information for purposes of overseeing a statewide continuing quality improvement system, that information shall be kept confidential pursuant to C.R.S. § 25-3.5-704(2)(h)(I)(E).
 - C) If the department requires submission of data, information, records or reports related to the identification of individual patient's, provider's or facility's care outcomes for purposes of overseeing a statewide continuing quality improvement system, that information shall be kept confidential pursuant to C.R.S. § 25-3.5-702(2)(h)(II).
 - 11.6.3 The department may deny, revoke or suspend a waiver if it determines:
 - A) That its approval or continuation jeopardizes the health, safety and/or welfare of patients.
 - B) The medical director has provided false or misleading information in the waiver application.

- C) The medical director has failed to comply with conditions or reporting on an approved waiver.
 - D) That a change in federal or state law prohibits continuation of the waiver.
- 11.7 If the department denies a waiver application or revokes or suspends a waiver, it shall provide the medical director with a notice explaining the basis for the action. The notice shall also inform the medical director of his or her right to appeal and the procedure for appealing the action.
- 11.8 Appeals of departmental actions shall be conducted in accordance with the state Administrative Procedure Act, Section 24-4-101, et seq., C.R.S.
- 11.9 If the rule pertaining to a waived skill or medication administration is amended or repealed obviating the need for the waiver, the waiver shall expire on the effective date of the rule change.
- 11.10 If a medical director has made timely and sufficient application for renewal of a waiver and the department fails to take action on the application prior to the waiver's expiration date, the existing waiver shall not expire until the department acts upon the application. The department, in its sole discretion, shall determine whether the application was timely and sufficient.
- 11.11 In the case of exigent circumstances, including but not limited to, the death or incapacitation of a medical director or the termination of the relationship between a medical director and an EMS service agency, the department may transfer waivers upon request by a replacement medical director for a period not to exceed six (6) months. The medical director shall then apply for new waiver(s) for consideration and department action within sixty (60) days of the transfer.

SECTION 12 - Technology and Pharmacology Dependent Patients

The transport of patients with continuous intravenously administered medications and nutritional support, previously prescribed by licensed health care workers and typically managed day-to-day at their residence by either the patient or caretakers, shall be allowed. The EMS provider is not authorized to discontinue, interfere with, alter or otherwise manage these patient medication/nutrition systems except by direct verbal order or where cessation and/or continuation of medication pose a threat to the safety of the patient.

SECTION 13 - Combination Benzodiazepine and Opiate Therapy

- 13.1 The administration of a combination of benzodiazepines and opiates, for the purpose of pain management, anxiolysis and/or muscle relaxation is permitted. Safeguards shall be taken to maximize patient safety including but not limited to the patient's ability to:
 - 13.1.1 Independently maintain an open airway and normal breathing pattern,
 - 13.1.2 Maintain normal hemodynamics, and
 - 13.1.3 Respond appropriately to physical stimulation and verbal commands.
- 13.2 The administration of combination therapy requires appropriate monitoring and care including but not limited to: IV or IO access, continuous waveform capnography, pulse oximetry, ECG monitoring, blood pressure monitoring and administration of supplemental oxygen.

SECTION 14 - Scope of Practice

- 14.1 All of the following appendices define the maximum skills, acts or medications that may be delegated to an EMT, EMT-IV, AEMT, EMT-I and paramedic under appropriate supervision by a medical director.
- 14.2 A medical director may establish the circumstances and methods by which an EMS provider obtains authorization to perform any medical act, skill or medication contained in these rules including, but not limited to: standing order, direct verbal order, written order.
- 14.2.1 “Y” = YES: May be performed or administered by EMS providers with physician supervision as described in these rules.
- 14.2.2 “VO” = Verbal Order: May only be performed or administered by EMS providers if authorized by direct verbal order by a physician unless specific exception criteria are established by the supervising physician. Exception criteria may include, but are not limited to cardiac arrest, behavioral management or communications failure. Supervising physicians shall not develop exception criteria that merely waive all direct verbal order requirements.
- 14.2.3 “N” = NO: May not be performed or administered by EMS providers except with an approved waiver as described in Section 11 of these rules.
- 14.2.4 “EMT” = Medical acts, skills or medications that may be performed or administered by an EMT with appropriate medical director supervision and training recognized by the department.
- 14.2.5 “EMT-IV” = Medical acts, skills or medications that may be performed or administered by an EMT-IV with appropriate medical director supervision and training recognized by the department.
- 14.2.6 “AEMT” = Medical acts, skills or medications that may be performed or administered by an AEMT with appropriate medical director supervision and training recognized by the department.
- 14.2.7 “EMT-I” = Medical acts, skills or medications that may be performed or administered by an EMT-I with appropriate medical director supervision and training recognized by the department.
- 14.2.8 “P” = Medical acts, skills or medications that may be performed or administered by a paramedic with appropriate medical director supervision and training recognized by the department.

Note: SECTION 15 - INTERFACILITY TRANSPORT begins following APPENDIX B.

Note: Section 16 – CRITICAL CARE begins following APPENDIX D.

APPENDIX A

PREHOSPITAL

MEDICAL SKILLS AND ACTS ALLOWED

- A.1.1 Additions to these medical skills and acts allowed cannot be delegated unless a waiver has been granted as described in Section 11 of these rules.

- A.1.2 Not all medical skills and acts allowed are included in initial education for various EMS provider levels. Medical directors shall ensure providers are appropriately trained as noted in Sections 4.2.8 and 4.2.9.

TABLE A.1 - AIRWAY/VENTILATION/OXYGEN

Skill	EMT	EMT-IV	AEMT	EMT-I	P
Airway - Supraglottic	Y	Y	Y	Y	Y
Airway - Nasal	Y	Y	Y	Y	Y
Airway - Oral	Y	Y	Y	Y	Y
Bag - Valve - Mask (BVM)	Y	Y	Y	Y	Y
Carbon Monoxide Monitoring	Y	Y	Y	Y	Y
Chest Decompression - Needle	N	N	N	Y	Y
Chest Tube Insertion	N	N	N	N	N
CPAP	Y	Y	Y	Y	Y
PEEP	Y	Y	Y	Y	Y
Cricoid Pressure - Sellick's Maneuver	Y	Y	Y	Y	Y
Cricothyroidotomy - Needle	N	N	N	N	Y
Cricothyroidotomy - Surgical	N	N	N	N	Y
End Tidal CO ₂ Monitoring/Capnometry/ Capnography	Y	Y	Y	Y	Y
Flow Restrictive Oxygen Powered Ventilatory Device	Y	Y	Y	Y	Y
Gastric Decompression - NG/OG Tube Insertion	N	N	N	N	Y
Inspiratory Impedance Threshold Device	Y	Y	Y	Y	Y
Intubation - Digital	N	N	N	N	Y
Intubation - Bougie Style Introducer	N	N	N	Y	Y
Intubation - Lighted Stylet	N	N	N	Y	Y
Intubation - Medication Assisted (non-paralytic)	N	N	N	N	N
Intubation - Medication Assisted (paralytics) (RSI)	N	N	N	N	N
Intubation - Maintenance with paralytics	N	N	N	N	N
Intubation - Nasotracheal	N	N	N	N	Y
Intubation - Orotracheal	N	N	N	Y	Y
Intubation - Retrograde	N	N	N	N	N
Extubation	N	N	N	Y	Y
Obstruction - Direct Laryngoscopy	N	N	N	Y	Y
Oxygen Therapy – Humidifiers	Y	Y	Y	Y	Y
Oxygen Therapy - Nasal Cannula	Y	Y	Y	Y	Y
Oxygen Therapy - Non-rebreather Mask	Y	Y	Y	Y	Y
Oxygen Therapy - Simple Face Mask	Y	Y	Y	Y	Y
Oxygen Therapy - Venturi Mask	N	N	Y	Y	Y
Peak Expiratory Flow Testing	N	N	N	Y	Y
Pulse Oximetry	Y	Y	Y	Y	Y
Suctioning – Tracheobronchial	N	N	Y	Y	Y
Suctioning - Upper Airway	Y	Y	Y	Y	Y
Tracheostomy Maintenance - Airway management only	Y	Y	Y	Y	Y
Tracheostomy Maintenance - Includes replacement	N	N	N	N	Y
Ventilators - Automated Transport (ATV) ¹	N	N	N	N	Y

¹ Use of automated transport ventilators (ATVs) is restricted to the manipulation of tidal volume (TV or VT), respiratory rate (RR), fraction of inspired oxygen (FIO₂), and positive end expiratory pressure (PEEP). Manipulation of any other parameters of mechanical ventilation devices by EMS providers requires a waiver to these rules.

TABLE A.2 - CARDIOVASCULAR/CIRCULATORY SUPPORT

Skill	EMT	EMT-IV	AEMT	EMT-I	P
Cardiac Monitoring - Application of electrodes and data transmission	Y	Y	Y	Y	Y
Cardiac Monitoring - Rhythm and diagnostic EKG interpretation	N	N	N	Y	Y
Cardiopulmonary Resuscitation (CPR)	Y	Y	Y	Y	Y
Cardioversion - Electrical	N	N	N	N	Y
Carotid Massage	N	N	N	N	Y
Defibrillation - Automated/Semi-Automated (AED)	Y	Y	Y	Y	Y
Defibrillation - Manual	N	N	N	Y	Y
External Pelvic Compression	Y	Y	Y	Y	Y
Hemorrhage Control - Direct Pressure	Y	Y	Y	Y	Y
Hemorrhage Control - Pressure Point	Y	Y	Y	Y	Y
Hemorrhage Control - Tourniquet	Y	Y	Y	Y	Y
Implantable cardioverter/defibrillator magnet use	N	N	N	N	N
Mechanical CPR Device	Y	Y	Y	Y	Y
Transcutaneous Pacing	N	N	N	Y	Y
Transvenous Pacing - Maintenance	N	N	N	N	N
Therapeutic Induced Hypothermia (TIH) ²	N	N	N	VO	Y
Arterial Blood Pressure Indwelling Catheter - Maintenance	N	N	N	N	N
Invasive Intracardiac Catheters - Maintenance	N	N	N	N	N
Central Venous Catheter Insertion	N	N	N	N	N
Central Venous Catheter Maintenance/Patency/Use	N	N	N	Y	Y
Percutaneous Pericardiocentesis	N	N	N	N	N

² Therapeutic Induced Hypothermia (TIH) -

1. Approved methods of cooling include:
 - a. Surface cooling methods including ice packs, evaporative cooling and surface cooling blankets or surface heat-exchange devices.
 - b. Internal cooling with the intravenous administration of cold crystalloids (4°C / 39°F)
2. Esophageal temperature probe allowed for monitoring core temperatures in patients undergoing TIH.
3. The medical director should work with the hospital systems to which their agencies transport in setting up a "systems" approach to the institution of TIH. Medical directors should not institute TIH without having receiving facilities that also have TIH programs to which to transport these patients.

TABLE A.3 - IMMOBILIZATION

Skill	EMT	EMT-IV	AEMT	EMT-I	P
Spinal Immobilization - Cervical Collar	Y	Y	Y	Y	Y
Spinal Immobilization - Long Board	Y	Y	Y	Y	Y
Spinal Immobilization - Manual Stabilization	Y	Y	Y	Y	Y
Spinal Immobilization - Seated Patient	Y	Y	Y	Y	Y
Splinting - Manual	Y	Y	Y	Y	Y
Splinting - Rigid	Y	Y	Y	Y	Y
Splinting - Soft	Y	Y	Y	Y	Y
Splinting - Traction	Y	Y	Y	Y	Y
Splinting - Vacuum	Y	Y	Y	Y	Y

TABLE A.4 - INTRAVENOUS CANNULATION / FLUID ADMINISTRATION / FLUID MAINTENANCE

Skill	EMT	EMT-IV	AEMT	EMT-I	P
Blood/Blood By-Products Initiation (out of facility initiation)	N	N	N	N	N
Colloids - (Albumin, Dextran) - Initiation	N	N	N	N	N
Crystalloids (D5W, LR, NS) - Initiation/Maintenance	N	Y	Y	Y	Y
Intraosseous - Initiation	N	N	Y	Y	Y
Medicated IV Fluids Maintenance - As Authorized in Appendix B	N	N	N	Y	Y
Peripheral - Excluding External Jugular - Initiation	N	Y	Y	Y	Y
Peripheral - Including External Jugular - Initiation	N	N	Y	Y	Y
Use of Peripheral indwelling Catheter for IV medications (Does not include PICC)	N	Y	Y	Y	Y

TABLE A.5 - MEDICATION ADMINISTRATION ROUTES

Skill	EMT	EMT-IV	AEMT	EMT-I	P
Aerosolized	Y	Y	Y	Y	Y
Atomized	Y	Y	Y	Y	Y
Auto-Injector	Y	Y	Y	Y	Y
Buccal	Y	Y	Y	Y	Y
Endotracheal Tube (ET)	N	N	N	Y	Y
Extra-abdominal umbilical vein	N	N	N	Y	Y
Intradermal	N	N	N	Y	Y
Intramuscular (IM)	N	N	Y	Y	Y
Intranasal (IN)	N	Y	Y	Y	Y
Intraosseous	N	N	Y	Y	Y
Intravenous (IV) Piggyback	N	N	N	Y	Y
Intravenous (IV) Push	N	Y	Y	Y	Y
Nasogastric	N	N	N	N	Y
Nebulized	Y	Y	Y	Y	Y
Ophthalmic	N	N	N	Y	Y
Oral	Y	Y	Y	Y	Y
Rectal	N	N	N	Y	Y
Subcutaneous	N	N	Y	Y	Y
Sublingual	Y	Y	Y	Y	Y
Sublingual (nitroglycerin)	Y	Y	Y	Y	Y
Topical	Y	Y	Y	Y	Y
Use of Mechanical Infusion Pumps	N	N	N	Y	Y

TABLE A.6 - MISCELLANEOUS

Skill	EMT	EMT-IV	AEMT	EMT-I	P
Aortic Balloon Pump Monitoring	N	N	N	N	N
Assisted Delivery	Y	Y	Y	Y	Y
Capillary Blood Sampling	Y	Y	Y	Y	Y
Diagnostic Interpretation - Blood Glucose ³	Y	Y	Y	Y	Y
Diagnostic Interpretation - Blood Lactate ³	N	N	Y	Y	Y
Dressing/Bandaging	Y	Y	Y	Y	Y
Esophageal Temperature Probe for TIH	N	N	N	VO	Y
Eye Irrigation Noninvasive	Y	Y	Y	Y	Y
Eye Irrigation Morgan Lens	N	N	N	Y	Y
Maintenance of Intracranial Monitoring Lines	N	N	N	N	N
MAST/Pneumatic Anti-Shock Garment	Y	Y	Y	Y	Y
Physical examination	Y	Y	Y	Y	Y
Restraints - Verbal	Y	Y	Y	Y	Y
Restraints - Physical	Y	Y	Y	Y	Y
Restraints - Chemical	N	N	N	Y	Y
Urinary Catheterization - Initiation	N	N	N	N	Y
Urinary Catheterization - Maintenance	Y	Y	Y	Y	Y
Venous Blood Sampling - Obtaining	N	Y	Y	Y	Y

³ See also Section 10.3

APPENDIX B

PREHOSPITAL

FORMULARY OF MEDICATIONS ALLOWED

- B.1.1 Additions to this medication formulary cannot be delegated unless a waiver has been granted as described in Section 11 of these rules.
- B.1.2 Not all medical skills and acts allowed are included in initial education for various EMS provider levels. Medical directors shall ensure providers are appropriately trained as noted in Sections 4.2.8 and 4.2.9.

TABLE B.1 - GENERAL

Medications	EMT	EMT-IV	AEMT	EMT-I	P
Over-the-counter-medications	Y	Y	Y	Y	Y
Oxygen	Y	Y	Y	Y	Y
Specialized prescription medications to address acute crisis ¹	VO	VO	VO	VO	VO

¹ EMS providers may assist with the administration of, or may directly administer, specialized medications prescribed to the patient for the purposes of alleviating an acute medical crisis event provided the route of administration is within the provider's scope as listed in Appendix A.

TABLE B.2 – ANTIDOTES

Medications	EMT	EMT-IV	AEMT	EMT-I	P
Atropine	N	N	N	VO	Y
Calcium salt - Calcium chloride	N	N	N	N	Y
Calcium salt - Calcium gluconate	N	N	N	N	Y
Cyanide antidote	N	N	N	Y	Y
Glucagon	N	N	VO	VO	Y
Naloxone	Y	Y	Y	Y	Y
Nerve agent antidote	Y	Y	Y	Y	Y
Pralidoxime	N	N	N	N	Y
Sodium bicarbonate	N	N	N	N	Y

TABLE B.3 - BEHAVIORAL MANAGEMENT

Medications	EMT	EMT-IV	AEMT	EMT-I	P
Anti-Psychotic - Droperidol	N	N	N	VO	Y
Anti-Psychotic - Haloperidol	N	N	N	VO	Y
Anti-Psychotic - Olanzapine	N	N	N	VO	Y
Anti-Psychotic - Ziprasidone	N	N	N	VO	Y
Benzodiazepine - Diazepam	N	N	N	VO	Y
Benzodiazepine - Lorazepam	N	N	N	VO	Y
Benzodiazepine - Midazolam	N	N	N	VO	Y
Diphenhydramine	N	N	N	VO	Y

TABLE B.4 - CARDIOVASCULAR

Medications	EMT	EMT-IV	AEMT	EMT-I	P
Adenosine	N	N	N	VO	Y
Amiodarone - bolus infusion only	N	N	N	VO	Y
Aspirin	Y	Y	Y	Y	Y
Atropine	N	N	N	VO	Y
Calcium salt - Calcium chloride	N	N	N	N	Y
Calcium salt - Calcium gluconate	N	N	N	N	Y
Diltiazem - bolus infusion only	N	N	N	N	Y
Dopamine	N	N	N	N	Y
Epinephrine	N	N	N	VO	Y
Lidocaine - bolus and continuous infusion	N	N	N	VO	Y
Magnesium sulfate - bolus infusion only	N	N	N	N	Y
Morphine sulfate	N	N	N	VO	Y
Nitroglycerin - sublingual (patient assisted)	VO	VO	Y	Y	Y
Nitroglycerin - sublingual (tablet or spray)	N	N	Y	Y	Y
Nitroglycerin - topical paste	N	N	VO	VO	Y
Sodium bicarbonate	N	N	N	VO	Y
Vasopressin	N	N	N	VO	Y
Verapamil - bolus infusion only	N	N	N	N	Y

TABLE B.5 - DIURETICS

Medications	EMT	EMT-IV	AEMT	EMT-I	P
Bumetanide	N	N	N	N	Y
Furosemide	N	N	N	VO	Y
Mannitol (trauma use only)	N	N	N	N	Y

TABLE B.6 - ENDOCRINE AND METABOLISM

Medications	EMT	EMT-IV	AEMT	EMT-I	P
IV Dextrose	N	Y	Y	Y	Y
Glucagon	N	N	Y	Y	Y
Oral glucose	Y	Y	Y	Y	Y
Thiamine	N	N	N	N	Y

TABLE B.7 - GASTROINTESTINAL MEDICATIONS

Medications	EMT	EMT-IV	AEMT	EMT-I	P
Anti-nausea - Droperidol	N	N	N	VO	Y
Anti-nausea - Metoclopramide	N	N	N	VO	Y
Anti-nausea - Ondansetron ODT	VO	VO	Y	Y	Y
Anti-nausea - Ondansetron IM/IVP	N	N	Y	Y	Y
Anti-nausea - Prochlorperazine	N	N	N	N	Y
Anti-nausea - Promethazine	N	N	N	VO	Y
Decontaminant - Activated charcoal	Y	Y	Y	Y	Y
Decontaminant - Sorbitol	Y	Y	Y	Y	Y

TABLE B.8 - PAIN MANAGEMENT

Medications	EMT	EMT-IV	AEMT	EMT-I	P
Anesthetic - Lidocaine (for intraosseous needle insertion)	N	N	Y	Y	Y
Benzodiazepine - Diazepam	N	N	N	VO	Y
Benzodiazepine - Lorazepam	N	N	N	VO	Y
Benzodiazepine - Midazolam	N	N	N	VO	Y
General - Nitrous oxide	N	N	VO	VO	Y
Narcotic Analgesic - Fentanyl	N	N	N	VO	Y
Narcotic Analgesic - Hydromorphone	N	N	N	N	Y
Narcotic Analgesic - Morphine sulfate	N	N	N	VO	Y
Ophthalmic anesthetic-Ophthaine	N	N	N	Y	Y
Ophthalmic anesthetic-Tetracaine	N	N	N	Y	Y
Topical Anesthetic - Benzocaine spray	N	N	N	N	Y
Topical Anesthetic - Lidocaine jelly	N	N	N	N	Y

TABLE B.9 - RESPIRATORY AND ALLERGIC REACTION MEDICATIONS

Medications	EMT	EMT-IV	AEMT	EMT-I	P
Antihistamine - Diphenhydramine	N	N	VO	VO	Y
Bronchodilator - Anticholinergic - Atropine (aerosol/nebulized)	N	N	N	VO	Y
Bronchodilator - Anticholinergic - Ipratropium	N	N	VO	VO	Y
Bronchodilator - Beta agonist - Albuterol	VO	VO	VO	VO	Y
Bronchodilator - Beta agonist - L-Albuterol	VO	VO	VO	VO	Y
Bronchodilator - Beta agonist - Metaproterenol	N	N	N	VO	Y
Corticosteroid - Dexamethasone	N	N	N	N	Y

Corticosteroid - Hydrocortisone	N	N	N	VO	Y
Corticosteroid - Methylprednisolone	N	N	N	VO	Y
Corticosteroid – Prednisone	N	N	N	N	Y
Epinephrine 1:1,000 IM or SQ Only	N	N	VO	VO	Y
Epinephrine IV Only	N	N	N	VO	Y
Epinephrine Auto-Injector	Y	Y	Y	Y	Y
Magnesium Sulfate - bolus infusion only	N	N	N	N	Y
Racemic Epinephrine	N	N	N	VO	Y
Short Acting Bronchodilator meter dose inhalers (MDI) (Patient assisted)	VO	VO	VO	Y	Y
Short Acting Bronchodilator meter dose inhalers (MDI)	VO	VO	VO	VO	Y
Terbutaline	N	N	N	N	Y

TABLE B.10 - SEIZURE MANAGEMENT

Medications	EMT	EMT-IV	AEMT	EMT-I	P
Benzodiazepine – Diazepam	N	N	N	VO	Y
Benzodiazepine - Lorazepam	N	N	N	VO	Y
Benzodiazepine – Midazolam	N	N	N	VO	Y
OB -associated - Magnesium sulfate - bolus infusion only	N	N	N	VO	Y

TABLE B.11 - VACCINES

Medications	EMT	EMT-IV	AEMT	EMT-I	P
Post-exposure, employment, or pre-employment related - Hepatitis B	N	N	N	N	Y
Post-exposure, employment, or pre-employment related - Tetanus	N	N	N	N	Y
Post-exposure, employment, or pre-employment related - Influenza	N	N	N	N	Y
Post-exposure, employment, or pre-employment related - PPD placement & interpretation	N	N	N	N	Y
Public Health Related - Vaccine administration in conjunction with county public health departments and local EMS medical direction, after demonstration of proper training, will be authorized for public health vaccination efforts and pandemic planning exercises.	N	N	Y	Y	Y

TABLE B.12 - MISCELLANEOUS

Medications	EMT	EMT-IV	AEMT	EMT-I	P
Analgesic Sedative - Etomidate	N	N	N	N	N
Benzodiazepine - Midazolam for TIH	N	N	N	VO	Y
Lidocaine - bolus for intubation of head-injured patients	N	N	N	VO	Y
Narcotic Analgesic - Fentanyl for TIH	N	N	N	VO	Y
Topical Hemostatic agents	Y	Y	Y	Y	Y

SECTION 15 - INTERFACILITY TRANSPORT

- 15.1 The EMS medical director shall have protocols in place to ensure the appropriate level of care is available during interfacility transport.
- 15.2 The transporting EMS provider may decline to transport any patient he or she believes requires a level of care beyond his or her capabilities.

- 15.3 Inter-facility transport typically involves three types of patients:
- 15.3.1 Those patients whose safe transport can be accomplished by ambulance, under the care of an EMT, EMT-IV, AEMT, EMT-I, or paramedic, within the acts allowed under these rules.
 - 15.3.2 Those patients whose safe transport can be accomplished by ambulance, under the care of a paramedic, but may require skills to be performed or medications to be administered that are outside the acts allowed under these rules, but have been approved through waiver granted by the department.
 - 15.3.3 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.
- 15.4 The hemodynamically unstable patient (typically from an Intensive Care setting) who requires special monitoring (e.g. central venous pressure, intracranial pressure), 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 safety of the patient should be considered when making transport decisions.
- 15.5 Unless otherwise noted, the following Appendices C and D indicate hospital/facility initiated interventions and/or medications.
- 15.5.1 Additions to these medical skills and acts allowed cannot be delegated unless a waiver has been granted as described in Section 11 of these rules.
 - 15.5.2 The following medical skills and acts are approved for interfacility transport of patients, with the requirements that the skill, act or medication allowed must have been initiated in a medical facility under the direct order and supervision of licensed medical providers, and are NOT authorized for field initiation. EMS continuation and monitoring of these interventions is to be allowed with any alterations in the therapy requiring direct verbal order. The EMS provider should continue the same medical standards of care with regards to patient monitoring that were initiated in the facility.
 - 15.5.3 It is understood that these skills and acts may not be addressed in the National EMS Education Standards for EMT, AEMT, EMT-I or paramedic. As such, it is the joint responsibility of the medical director and individuals performing these skills to obtain appropriate additional training needed to safely and effectively utilize and monitor these interventions in the interfacility transport environment.

APPENDIX C

INTERFACILITY TRANSPORT - ONLY

MEDICAL SKILLS AND ACTS ALLOWED

TABLE C.1 - AIRWAY/VENTILATION/OXYGEN

Skill	EMT	EMT-IV	AEMT	EMT-I	P
Ventilators - Automated Transport (ATV) ¹	N	N	N	N	Y

¹ Use of automated transport ventilators (ATVs) is restricted to the manipulation of tidal volume (TV or VT), respiratory rate (RR), fraction of inspired oxygen (FIO₂), and positive end expiratory pressure (PEEP). Manipulation of any other parameters of mechanical ventilation devices by EMS providers requires a waiver to these rules.

TABLE C.2 - CARDIOVASCULAR/CIRCULATORY SUPPORT

Skill	EMT	EMT-IV	AEMT	EMT-I	P
Aortic Balloon Pump Monitoring	N	N	N	N	N
Chest Tube Monitoring	N	N	N	N	Y
Central Venous Pressure Monitor Interpretation	N	N	N	N	N

APPENDIX D

FORMULARY OF MEDICATIONS ALLOWED

TABLE D.1 - CARDIOVASCULAR

Medications	EMT	EMT-IV	AEMT	EMT-I	P
Anti-arrhythmic - Amiodarone - continuous infusion	N	N	N	Y	Y
Anti-arrhythmic - Lidocaine - continuous infusion	N	N	N	Y	Y
Anticoagulant - Glycoprotein inhibitors	N	N	N	N	Y
Anticoagulant - Heparin (unfractionated)	N	N	N	N	Y
Anticoagulant - Low Molecular Weight Heparin (LMWH)	N	N	N	N	Y
Diltiazem	N	N	N	N	Y
Dobutamine	N	N	N	N	N
Nicardipine	N	N	N	N	Y
Nitroglycerin, intravenous	N	N	N	N	Y

TABLE D.2 - HIGH RISK OBSTETRICAL PATIENTS

Medications	EMT	EMT-IV	AEMT	EMT-I	P
Magnesium sulfate	N	N	N	N	Y
Oxytocin - infusion	N	N	N	N	Y

TABLE D.3 - INTRAVENOUS SOLUTIONS

Medications	EMT	EMT-IV	AEMT	EMT-I	P
Monitoring and maintenance of hospital/medical facility initiated crystalloids	N	Y	Y	Y	Y
Monitoring and maintenance of hospital/medical facility initiated colloids (non-blood component) infusions	N	N	N	Y	Y
Monitoring and maintenance of hospital/medical facility initiated blood component infusion	N	N	N	N	Y
Initiate hospital/medical facility supplied blood component infusions	N	N	N	N	Y
Total parenteral nutrition (TPN) and/or vitamins	N	N	N	Y	Y

TABLE D.4 - MISCELLANEOUS

Medications	EMT	EMT-IV	AEMT	EMT-I	P
Antibiotic infusions	N	N	N	Y	Y
Antidote infusion - Sodium bicarbonate infusion	N	N	N	N	Y
Electrolyte infusion - Magnesium sulfate	N	N	N	N	Y
Electrolyte infusion - Potassium chloride	N	N	N	N	Y
Insulin	N	N	N	N	Y
Mannitol	N	N	N	N	Y

Methylprednisolone - infusion	N	N	N	N	Y
Octreotide	N	N	N	N	Y
Pantoprazole	N	N	N	N	Y

SECTION 16 - CRITICAL CARE

- 16.1 In addition to the medical skills and acts within the scope of practice of a paramedic contained within Appendices A, B, C, and D, a P-CC may perform the medical skills and acts contained within this section, Appendices E and F, under the direction of a qualified medical director.
- 16.1.1 Additions to these medical skills and acts allowed cannot be delegated unless a waiver had been granted as described in Section 11 of these rules.
- 16.1.2 It is understood that these medical skills and acts may not be addressed in the National EMS Education Standards for Paramedics. As such, it is the joint responsibility of the medical director and individuals performing these skills to obtain appropriate additional training needed to safely and effectively utilize and monitor these interventions in the critical care environment.
- 16.2 A P-CC may decline transport of any patient that requires a level of care outside of their defined scope of practice or that the P-CC believes is beyond their capabilities.
- 16.3 In addition to the duties of a medical director outlined in Section 4 of these rules, the duties of a medical director responsible for supervision and authorization of a P-CC shall include:
- 16.3.1 Be qualified, by education, training, and experience in the medical skills and acts for which the medical director is authorizing the P-CC to practice.
- 16.3.2 Have protocols in place clearly defining which medical skills and acts, from Appendices E and F, the medical director is authorizing the P-CC to perform.
- 16.3.3 Have protocols in place to ensure the appropriate level of care is available during critical care transport. The capabilities of the transporting agency and the safety of the patient should be considered when making transport decisions.

Appendix E – MEDICAL SKILLS AND ACTS ALLOWED

TABLE E.1

Skill	P-CC
Manual Transport Ventilators	Y
Blood Chemistry Interpretation	Y
Rapid Sequence Intubation – Adult (age 13 & over)	Y

Appendix F – FORMULARY OF MEDICATIONS ALLOWED

TABLE F.1 – RAPID SEQUENCE INTUBATION AND/OR MAINTENANCE OF ALREADY INTUBATED PATIENTS

Medications	P-CC
diazepam (Valium)	Y
etomidate (Amidate)	Y
fentanyl (Sublimaze)	Y
ketamine (Ketalar)	Y
midazolam (Versed)	Y
morphine sulfate	Y

propofol (Diprivan) – maintenance only	Y
rocuronium (Zemuron)	Y
succinylcholine (Anectine)	Y
vecuronium (Norcuron)	Y

TABLE F.2 – CRITICAL CARE INTERFACILITY FORMULARY

Medications	P-CC
acetylcysteine (Mucomyst)	Y
alteplase (Activase)	Y
bilvalirudin (Angiomax)	Y
dobutamine (Dobutamine)	Y
esmolol (Brevibloc)	Y
fosphenytoin (Cerebyx)	Y
labetalol (Normodyne)	Y
levitiracetam (Keppra)	Y
metoprolol (Lopressor)	Y
norepinephrine (Levophed)	Y
phenytoin (Dilantin)	Y
TNKase (Tenecteplase)	Y
tPA infusion maintenance	Y

CHAPTER THREE – RULES PERTAINING TO EMERGENCY MEDICAL SERVICES DATA AND INFORMATION COLLECTION AND RECORD KEEPING

Section 1 – Purpose and Authority for Rules

- 1.1 The authority and requirement for data collection is provided in C.R.S. § 25-3.5-501(1), which states, "Each ambulance service shall prepare and transmit copies of uniform and standardized records, as specified by regulation adopted by the department, concerning the transportation and treatment of patients in order to evaluate the performance of the emergency medical services system and to plan systematically for improvements in said system at all levels."

Additional authority for data collection and analysis is provided in C.R.S. § 25-3.5-307, requiring data collection and reporting by air ambulance agencies, and C.R.S. § 25-3.5-704(2)(h), requiring the establishment of a continuous quality improvement system to evaluate the statewide emergency medical and trauma services system.

- 1.2 This section consists of rules for the collection and reporting of essential data related to the performance, needs and quality assessment of the statewide emergency medical and trauma services system. These rules focus primarily on the data that ambulance agencies are required to collect and provide to the Department. Rules regarding the collection of data by designated trauma facilities can be found in 6 CCR 1015-4, Chapter 1.

Section 2 - Definitions

- 2.1 Agency or agencies as used in this Chapter Three means (ground) ambulance services and air ambulance services.
- 2.2 Air Ambulance means a fixed-wing or rotor-wing aircraft that is equipped to provide air transportation and is specifically designed to accommodate the medical needs of individuals who are ill, injured, or otherwise mentally or physically incapacitated and who require in-flight medical supervision.
- 2.3 Air Ambulance Service means any governmental or private organization that transports in an aircraft patient(s) who require in-flight medical supervision to a medical facility.

- 2.4 Ambulance means any privately or publicly owned ground vehicle that meets the requirements of C.R.S. § 25-3.5-103(1.5).
- 2.5 Ambulance service means the furnishing, operating, conducting, maintaining, advertising, or otherwise engaging in or professing to be engaged in the transportation of patients by ambulance. Taken in context, it also means the person so engaged or professing to be so engaged. The person so engaged and the vehicles used for the emergency transportation of persons injured at a mine are excluded from this definition when the personnel utilized in the operation of said vehicles are subject to the mandatory safety standards of the federal mine safety and health administration, or its successor agency.
- 2.6 Patient means any individual who is sick, injured, or otherwise incapacitated or helpless.

Section 3 – Reporting Requirements

- 3.1 All ambulance service agencies and air ambulance service agencies licensed in Colorado shall provide the Department with the required data and information as specified in Sections 3.2 and 3.3 below in a format determined by the Department or in an alternate media acceptable to the Department.
- 3.2 The required data and information for the agency profile shall be based on the Colorado Emergency Medical Services Information System (CEMSIS).
- 3.2.1 Agency profile data shall include but not be limited to information about licensing, service types and level, agency contact information, agency director and medical director contact information, demographics of the service area, number and types of responding personnel, number of calls by response type, data collection methods, counties served, organizational type, and number and type of vehicles.
- 3.2.2 Agencies shall provide agency profile data to the Department using the CEMSIS portal website.
- 3.2.3 Agencies shall update agency profile data whenever changes occur and at least annually.
- 3.3 The required data and information on patient care shall be based on the National Emergency Medical Services Information System (NEMSIS).
- 3.3.1 These rules incorporate by reference the National Highway Traffic Safety Administration (NHTSA) Uniform Pre-Hospital Emergency Medical Services Dataset, Version 2.2.1, National Elements Subset, published in 2006. Such incorporation does not include later amendments to or editions of the referenced material. The Health Facilities and Emergency Medical Services Division of the Department maintains copies of the complete text of required data elements for public inspection during regular business hours, and shall provide certified copies of any non-copyrighted material to the public at cost upon request. Information regarding how the incorporated materials may be obtained or examined is available from the Division by contacting:

EMTS Section Chief

Health Facilities and EMS Division

Colorado Department of Public Health and Environment

4300 Cherry Creek Drive South

These materials have been submitted to the state publications depository and distribution center and are available for interlibrary loan. The incorporated material may be examined at any state publications depository library. Submission of the National Elements Subset as stated above is required, however, ambulance services may provide additional data as outlined in the complete NEMSIS NHTSA Version 2.2.1 Data Dictionary or as suggested by the Department.

- 3.3.2 All agencies licensed in Colorado shall report the required data elements on all responses that resulted in patient contact. Although not required, agencies may also report the required data elements on responses that did not result in patient contact or transport (all calls).
- 3.3.3 Agencies shall obtain approval from the Department prior to using third party media to submit the required data.
- 3.3.4 Agencies shall provide the data to the Department at least quarterly based on a calendar year or on a schedule submitted to and approved by the Department. The quarterly download must be submitted to the Department within 60 days of the end of the quarter (i.e., data for EMS responses occurring in January through March must be submitted by June 1; for responses in April through June by September 1; for responses in July through September by December 1; for responses in October through December by March 1). The data may be submitted more frequently than quarterly.
- 3.4 In order to be eligible to apply for funding through the EMTS grants program, agencies shall provide agency profile information as described in Section 3.2 and regularly submit patient care information as described in Section 3.3.
- 3.5 If an agency fails to comply with these rules, the Department may report this lack of compliance to the county(ies) in which the agency is licensed and/or to the agency's medical director.

Section 4 - Confidentiality of Data and Information on Patient Care

- 4.1 The data and information provided to the Department in accordance with Section 3.3 of these rules shall be used to conduct continuing quality improvement of the Emergency Medical and Trauma System, pursuant to C.R.S. § 25-3.5-704 (2)(h)(I). Any data provided to the department that identifies an individual patient's, provider's or facility's care outcomes or is part of the patient's medical record shall be strictly confidential, whether such data are recorded on paper or electronically. The confidentiality protections provided in C.R.S. § 25-3.5-704 (2)(h)(II) apply to this data.
- 4.2 Any patient care data in the EMS data system that could potentially identify individual patients or providers shall not be released in any form to any agency, institution, or individual, except as provided in Section 4.3.
- 4.3 An agency may retrieve the patient care data that the agency has submitted via the Department's web-based data entry utility and that are stored on the Department's servers.
- 4.4 Results from any analysis of the data by the Department shall only be presented in aggregate according to established Department policies.

- 4.5 The Department may establish procedures to allow access by outside agencies, institutions or individuals to information in the EMS data system that does not identify patients, providers or agencies. These procedures are outlined in the Colorado EMS Data System Data Release Policy and other applicable Department data release policies.

CHAPTER FOUR – RULES PERTAINING TO LICENSURE OF GROUND AMBULANCE SERVICES

Section 1 – Purpose and Scope

- 1.1 These rules are promulgated pursuant to § 25-3.5-308, CRS. They are consistent with § 25-3.5-301, 302, and 304 -306, CRS. Each county may adopt rules that exceed these rules adopted herein.

Section 2 – Definitions

- 2.1 Based: an ambulance service headquartered, having a substation, office ambulance post or other permanent location in a county.
- 2.2 County: county or city and county government within Colorado.
- 2.3 Department: the Colorado Department of Public Health and Environment.
- 2.4 Ambulance: any public or privately owned land vehicle especially constructed or modified and equipped, intended to be used and maintained or operated by, ambulance services for the transportation, upon the roads, streets and highways of this state, of individuals who are sick, injured, or otherwise incapacitated or helpless.
- 2.5 Ambulance-advanced life support: a type of permit issued by a county to a vehicle equipped in accordance with Section 9 of these rules and operated by an ambulance service authorizing the vehicle to be used to provide ambulance service limited to the scope of practice of the advanced emergency medical technician, emergency medical technician-intermediate or paramedic as defined in the EMS Practice and Medical Director Oversight Rules at 6 CCR 1015-3 Chapter Two.
- 2.6 Ambulance-basic life support: a type of permit issued by a county to a vehicle equipped in accordance with Section 9 of these rules and authorized to be used to provide ambulance service limited to the scope of practice of the emergency medical technician as defined in the EMS Practice and Medical Director Oversight Rules at 6 CCR 1015-3 Chapter Two.
- 2.7 Ambulance service license: a legal document issued to an ambulance service by a county as evidence that the applicant meets the requirements for licensure to operate an ambulance service as defined by county resolution or regulations.
- 2.8 Ambulance service: the furnishing, operating, conducting, maintaining, advertising, or otherwise engaging in or professing to be engaged in the transportation of patients by ambulance. Taken in context, it also means the person so engaged or professing to be so engaged and the vehicles used for the emergency transportation of persons injured at a mine are excluded from this definition when the personnel utilized in the operation of said vehicles are subject to the mandatory safety standards of the federal mine safety and health administration, or its successor agency.
- 2.9 EMS Provider: refers to all levels of Emergency Medical Technician certification issued by the department, including Emergency Medical Technician, Advanced Emergency Medical Technician, Emergency Medical Technician Intermediate and Paramedic.

- 2.10 Medical Director: a Colorado licensed physician who establishes protocols and standing orders for medical acts performed by EMS Providers of a prehospital EMS service agency and who is specifically identified as being responsible to assure the competency of the performance of those acts by such EMS Providers as described in the physician's medical continuous quality improvement program. Any reference to a "physician advisor" in any previously adopted rules shall apply to a "medical director" as defined in these rules.
- 2.11 Patient Care Report: a medical record of an encounter between any patient and a provider of medical care.
- 2.12 Permit: the authorization issued by the governing body of a local government with respect to an ambulance used or to be used to provide ambulance service in this state.
- 2.13 Medical quality improvement program: a process consistent with the EMS Practice and Medical Director Oversight Rules at 6 CCR 1015-3 Chapter Two, used to objectively, systematically and continuously monitor, assess and improve the quality and appropriateness of care provided by the medical care providers operating on an ambulance service.
- 2.14 Rescue Unit: any organized group chartered by this state as a corporation not for profit or otherwise existing as a nonprofit organization whose purpose is the search for and the rescue of lost or injured persons and includes, but is not limited to, such groups as search and rescue, mountain rescue, ski patrols, (either volunteer or professional), law enforcement posses, civil defense units, or other organizations of governmental designation responsible for search and rescue.
- 2.15 Quick Response Teams: provides initial care to a patient prior to the arrival of an ambulance.

Section 3 – County Issuance of Licenses and Permit

3.1 License Required

- 3.1.1 Within one year following adoption of these rules, no person or agency, private or public, shall transport a patient from any point within Colorado in an ambulance, to any point within or outside Colorado unless that person or agency holds a valid license and permits issued by the county where the service is based and by the county where the patient originates, except as provided in Section 3.2 of these rules.
- 3.1.2 Ambulance services that are based outside Colorado, but respond within Colorado and transport patients originating in Colorado are required to be licensed in Colorado by the county in which they provide service.
- 3.1.3 Counties may enter into reciprocal licensing and permitting agreements with other counties and neighboring states.

3.2 County Exemptions From Licensure or Permit Requirements

- 3.2.1 Vehicles used for the transportation of persons injured at a mine when the personnel used on the vehicles are subject to the mandatory safety standards of the federal mine safety and health administration, or its successor agency.
- 3.2.2 Vehicles used by other agencies including quick response teams and rescue units that do not routinely transport patients or vehicles used to transport patients for extrication from areas inaccessible to a permitted ambulance. Vehicles used in this capacity may only transport patients to the closest practical point for access to a permitted ambulance or hospital.

- 3.2.3 Vehicles, including ambulances from another state, used during major catastrophe or mass casualty incident rendering services when permitted ambulances are insufficient.
 - 3.2.4 An ambulance service that does not transport patients from points originating in Colorado, or transporting a patient originating outside the borders of Colorado.
 - 3.2.5 Vehicles used or designed for the scheduled transportation of convalescent patients, individuals with disabilities, or persons who would not be expected to require skilled treatment or care while in the vehicle.
 - 3.2.6 Vehicles used solely for the transportation of intoxicated persons or persons incapacitated by alcohol as defined in § 25-1-302, CRS but who are not otherwise disabled or seriously injured and who would not be expected to require skilled treatment or care while in the vehicle.
 - 3.2.7 Ambulances operated by a department or an agency of the federal government, originating from a federal reservation for the purpose of responding to, or transporting patients under federal responsibility.
- 3.3 General Requirements For County Licensure Of Ambulance Services
- 3.3.1 Counties shall adopt by resolution or regulations a process for licensure of ambulance services. The process shall include, but not be limited to:
 - A. Compliance with applicable federal, state, and local laws and regulations to operate an ambulance service in Colorado.
 - B. An application form adopted by the county.
 - C. An application fee, as defined in county resolution or regulations.
 - D. Submission to the county, upon request, of copies of the ambulance service's written policy and procedure manual, operational or medical protocols, or other documentation the county may deem necessary.
 - E. Demonstration by the applicant of minimum vehicle insurance coverage as defined by § 10-4-609, CRS and § 42-7-103 (2), CRS with the county(s) identified as the certificate holder.
 - F. Demonstration by the applicant of proof of any additional insurance as identified in county resolution or regulations. In making a decision about additional insurance requirements at any time it deems necessary to promote the public health, safety and welfare, the county shall require a minimum level of worker's compensation consistent with the Colorado worker's compensation act of Colorado Revised Statutes title 8, article 40-47.
 - G. Documentation from the applicant that information regarding the amount of professional liability insurance the ambulance service carries was provided to employees.
 - H. Prior to beginning operations and upon change of ownership of an ambulance service, the new owner or operator must file for and obtain an ambulance license and ambulance permit.

- I. The county may adopt minimum acceptable vehicle design standards for ambulances. In doing so, the county shall consider vehicle design standards such as those established by the US General Services Administration: federal specifications for ambulances KKK-A-1822 (e), 2003.
 - J. The county shall verify that each ambulance is inspected annually by qualified representatives, as defined and appointed by the county commissioners, to assure compliance with these rules.
 - K. Counties shall verify that all equipment on the ambulance is properly secured, and medications and supplies are maintained and stored according to the manufacturer's recommendations and any federal, state or local requirements.
 - L. A county may delegate or contract the ambulance inspection process but not the responsibility of licensure as set forth in § 25-3.5-301, *et seq.*, CRS.
 - M. An ambulance service license or vehicle permit may not be assigned, sold or otherwise transferred.
- 3.3.2 These rules incorporate by reference vehicle design standards by the US General Services Administration: federal specifications for ambulances KKK-A-1822 (e), 2003 (Section 3.3.1I). These rules do not include later amendments to or editions of the incorporated materials. The Department of Public Health and Environment maintains copies of the complete text of the incorporated materials for public inspection during regular business hours, and shall provide certified copies of any non-copyrighted material to the public at cost upon request. The incorporated material may be examined at any state publications depository library.
- A. Information regarding how the incorporated materials may be obtained or examined is available from:
 - Emergency Medical and Trauma Services Section Chief
 - Health Facilities and Emergency Medical Services Division
 - Colorado Department of Public Health and Environment
 - 4300 Cherry Creek Drive South, Denver, Colorado 80246

3.4 Licensure Process

3.4.1 Ambulance Service License

- A. An ambulance service license shall be issued by county upon compliance with these rules and all license requirements duly established by that county. The type of license issued shall describe the maximum level of ambulance service that could be provided at any time by the service.

3.4.2 Permits Of Vehicles

- A. The county shall create a process and procedure for the issuing of permits for each vehicle used by the ambulance service.

- B. The type of permit issued will describe the maximum level of service that could be provided at any time by that vehicle and appropriate staff. Types of permissible permits are limited to:

1. Ambulance basic life support
2. Ambulance advanced life support
3. Each county shall include in their resolution or regulations the requirements for identification of the permitted level of service on each vehicle issued a permit.

3.5 Licensure Period

- 3.5.1 The licensure period for all ambulance services shall be for twelve months.

3.6 License Renewal

- 3.6.1 Counties shall create an annual license renewal process. The license renewal process shall require the ambulance service to submit a completed renewal application form and the required licensure fee, as defined in county resolution or regulations. The licensure renewal process shall require the receipt of applications for renewal no less than 30 days before the date of license expiration.

Section 4 - Complaints

- 4.1 Each county must have a written complaint and investigation policy and procedure to address:

- 4.1.1 complaints against any ambulance service licensed in the county.

- 4.1.2 allegations of unlicensed ambulance services or vehicles without a valid permit operating within the county.

- 4.2 The policy shall include, but not be limited to, the procedures associated with complaint intake; complaint validation; criteria for initiating an investigation; a method for notification to the complainant about the resolution of the investigation; and a method for the notification of other local entities with jurisdiction over ambulance services, the department and/or the Colorado Medical Board for complaints regarding EMS Providers or other medical personnel associated with the service or the medical director.

- 4.3 The county shall notify the primary medical director of the ambulance service, in writing, of any violation of the ambulance licensing regulations by the ambulance service or alleged complaints or violations by individual medical providers operating on an ambulance service.

Section 5 – Denial, Revocation, Or Suspension Of Licensure And Vehicle Permits

- 5.1 Each county shall develop policies and procedures for the denial, suspension or revocation of an ambulance service license or ambulance permit consistent with § 25-3.5-304, CRS.

Section 6 – Minimum Data Collection And Reporting Requirements

- 6.1 The county shall require that licensed ambulance services complete a patient care report for each patient that is assessed. The patient care report shall include the minimum pre-hospital care data set as set forth in the Rules Pertaining to Emergency Medical Services Data and Information Collection and Record Keeping at 6 CCR 1015-3, Chapter Three.

- 6.2 The county shall require that the ambulance service provide patient care information to the department pursuant to the Rules Pertaining to Emergency Medical Services Data and Information Collection and Record Keeping at 6 CCR 1015-3, Chapter Three.
- 6.3 The county shall require that each licensed ambulance service complete and submit to the department an agency profile as defined by the State Emergency Medical and Trauma Services Advisory Council and approved by the department to provide information on resources available for planning and coordination of statewide emergency medical and trauma services on an annual basis.

Section 7 – Minimum Staffing Requirements

- 7.1 The county shall establish by resolution or regulations ambulance staffing requirements to include, but not be limited to:
 - 7.1.1 The minimum requirement for the person responsible for providing direct emergency medical care to patients transported in an ambulance is certification as an EMS Provider as defined in the Rules Pertaining to EMS Education and Certification at 6 CCR 1015-3, Chapter One.
 - 7.1.2 The minimum requirement for the ambulance driver shall be a valid driver's license.
- 7.2 Consistent with § 25-3.5-202, CRS in the case of an emergency in any ambulance service area where no person possessing the qualifications required by this section is present or available to respond to a call for the emergency treatment and transportation of patients by ambulance, any person may operate such ambulance to transport any sick, injured, or otherwise incapacitated or helpless person in order to stabilize the medical condition of such person pending the availability of personnel meeting these minimum qualifications.

Section 8 – Medical Oversight and Quality Improvement

- 8.1 The county shall require each ambulance service operating within their jurisdiction to have a primary medical director meeting the requirements as defined in the EMS Practice and Medical Director Oversight Rules at 6 CCR 1015-3, Chapter Two to supervise the medical acts performed by all personnel on the ambulance service. The county shall require a licensee to inform the county within 15 calendar days, in writing, of changes in medical oversight of the ambulance service and/or the medical director of record.
- 8.2 The county ambulance service licensure application shall include an attestation by the medical director of willingness to provide medical oversight and a medical continuous quality improvement program for the ambulance service.
- 8.3 The county shall require each licensed ambulance service operating within their jurisdiction to have an ongoing medical continuous quality improvement program consistent with the requirements as defined in the EMS Practice and Medical Director Oversight Rules at 6 CCR 1015-3, Chapter Two.

Section 9 – Minimum Equipment Requirements

- 9.1 Counties shall ensure that permitted ambulances are in compliance with the minimum equipment list for the type of service defined by their permit as defined in 9.2 and 9.3 of these rules.
- 9.2 Minimum Equipment For Basic Life Support Ambulances

9.2.1 Ventilation And Airway Equipment

- A. portable suction unit, and a house (fixed system) or backup suction unit, with wide bore tubing, rigid pharyngeal curved suction tip, and soft catheter suction tips to include pediatric sizes 6 fr. through 14 fr.
- B. bulb syringe
- C. house oxygen and portable oxygen bottle, each with a variable flow regulator.
- D. transparent, non-re breather oxygen masks and nasal cannula in adult sizes, and transparent, non-re breather oxygen masks in pediatric sizes.
- E. hand operated, self inflating bag-valve mask resuscitators with oxygen reservoirs and standard 15mm /21mm fittings in the following sizes:
 - 1. 500cc bag for infant and neonate
 - 2. 750cc bag for children
 - 3. 1000cc bag for adult
 - 4. Transparent masks for infants, neonate patients, children and adults.
- F. nasopharyngeal airways in adult sizes 24 fr. through 32 fr.
- G. oropharyngeal airways in adult and pediatric sizes to include: infant, child, small adult, adult and large adult.

9.2.2 Patient Assessment Equipment

- A. blood pressure cuffs to include large adult, regular adult, child and infant sizes.
- B. stethoscope.
- C. penlight.

9.2.3 Splinting Equipment

- A. lower extremity traction splint.
- B. upper and lower extremity splints.
- C. long board, scoop™, vacuum mattress or equivalent with appropriate accessories to immobilize the patient from head to heels.
- D. short board, K.E.D. or equivalent, with the ability to immobilize the patient from head to pelvis.
- E. pediatric spine board or adult spine board that can be adapted for pediatric use.
- F. adult and pediatric head immobilization equipment.
- G. adult and pediatric cervical spine immobilization equipment per medical director protocol.

9.2.4 Dressing Materials

- A. bandages - various types and sizes per agency needs and medical director protocol.
- B. multiple dressings (including occlusive dressings), various sizes per ambulance service requirements, needs and medical director protocol.
- C. sterile burn sheets.
- D. adhesive tape per ambulance service requirements, needs and medical director protocol.

9.2.5 Obstetrical Supplies

- A. sterile ob kit to include: towels, 4x4 dressings, umbilical tape or cord clamps, scissors, bulb syringe, sterile gloves and thermal absorbent blanket.
- B. neonate stocking cap or equivalent.

9.2.6 Miscellaneous Equipment

- A. heavy bandage scissors, shears or equivalent capable of cutting clothing, belts, boots, etc.
- B. two working flashlights.
- C. blankets and appropriate heat source for the ambulance patient compartment.

9.2.7 Ambulance Service Medical Treatment Protocols.

9.2.8 Communications Equipment

- A. All communications equipment shall be maintained in good working order. The communications equipment must be capable of transmitting and receiving clear voice communications.
- B. Two-way communications that will enable the ambulance personnel to communicate with:
 - 1. ambulance service's dispatch.
 - 2. medical control facility or a physician
 - 3. receiving facilities
 - 4. mutual aid agencies

9.2.9 Extrication Equipment

- A. Each ambulance should carry extrication equipment appropriate for the level of extrication the ambulance service provides and in accordance with the requirements established by the county in which the ambulance is licensed.

9.2.10 Body Substance Isolation (BSI) Equipment Properly Sized To Fit All Personnel

- A. non-sterile disposable gloves, to include a minimum 1 box of latex free gloves.
- B. protective eyewear.
- C. non-sterile surgical masks.
- D. safety protection gear for extrication consistent with the ambulance service extrication capabilities.
- E. sharps containers for the appropriate disposal and storage of medical waste and biohazards.
- F. HEPA masks, which can be of universal size.

9.2.11 Safety Equipment

- A. a set of three (3) warning reflectors.
- B. one (1) ten pound (10 lb.) or two (2) five pound (5 lb.) ABC fire extinguishers, with a minimum of one extinguisher accessible from the patient compartment and vehicle exterior.
- C. child safety seat or appropriate protective restraints for patients, crew, accompanying family members and other vehicle occupants.
- D. properly secured patient transport system (i.e. wheeled stretcher).
- E. triage tags as approved by the department.

9.3 Minimum Equipment Requirement for Advanced Life Support Ambulances

9.3.1 All Equipment Listed In Section 9.2

9.3.2 Ventilation Equipment

- A. adult and pediatric endotracheal intubation equipment to include stylets and an endotracheal tube stabilization device and endotracheal tubes uncuffed range from 2/5 - 5/5, and cuffed size range from 6.0-8.0 per medical director protocol.
- B. laryngoscope and blades, straight and/or curved of sizes 0-4.
- C. adult and pediatric magill forceps.
- D. end tidal CO₂ detector or alternative device, approved by the FDA, for determining end tube placement.

9.3.3 Patient Assessment Equipment

- A. portable, battery operated cardiac monitor- defibrillator with strip chart recorder and adult and pediatric EKG electrodes and defibrillation capabilities.
- B. pulse oximeter with adult and pediatric probes.

- C. electronic blood glucose measuring device.

9.3.4 Intravenous Equipment

- A. adult and pediatric intravenous solutions and administration equipment per medical director protocol.
- B. adult and pediatric intravenous arm boards.

9.3.5 Pharmacological Agents

- A. pharmacological agents and delivery devices per medical director protocol.
- B. pediatric "length based" device for sizing drug dosage calculations and sizing equipment.

CHAPTER FIVE – RULES PERTAINING TO AIR AMBULANCE LICENSING

Section 1 – Purpose

- 1.1 These rules are promulgated pursuant to Section 25-3.5-307, C.R.S.

Section 2- Definitions

- 2.1 Air Ambulance: A fixed-wing or rotor-wing aircraft that is equipped to provide air transportation and is specifically designed to accommodate the medical needs of individuals who are ill, injured, or otherwise mentally or physically incapacitated and who require in-flight medical supervision.
- 2.2 Air Ambulance License: A legal document issued by the department as evidence that an air ambulance service meets the requirements for licensing as defined in these rules.
- 2.3 Air Ambulance Service: Any governmental or private organization that transports in an aircraft patient(s) who require in-flight medical supervision to a medical facility.
- 2.4 Aircraft: A rotor or fixed wing vehicle.
- 2.5 Commission on Accreditation of Medical Transport Systems (CAMTS): A national not for profit organization that provides accreditation services for air medical and inter-facility transport services.
- 2.6 Department: The Colorado Department of Public Health and Environment.
- 2.7 Federal Aviation Regulations (FAR): Regulations promulgated by the Federal Aviation Administration of the U.S. Department of Transportation, governing the operation of all aircraft in the United States.
- 2.8 Medical Protocol: Written standards for patient medical assessment and management.
- 2.9 Patient Care Report (PCR): A medical record of an encounter between any patient and a provider of medical care.

- 2.10 Rescue Unit: Any organized group chartered by this state as a corporation not for profit or otherwise existing as a nonprofit organization whose purpose is the search for and the rescue of lost or injured persons and includes, but is not limited to, such groups as search and rescue, mountain rescue, ski patrols, (either volunteer or professional), law enforcement posses, civil defense units, or other organizations of governmental designation responsible for search and rescue.

Section 3 - Licensing

3.1 Licensing Required

Upon the effective date of these rules, no person, agency, or entity, private or public, shall transport a sick or injured person by aircraft from any point within Colorado, to any point within or outside Colorado unless that person, agency, or entity holds a valid air ambulance license to do so that has been issued by the department, except as provided in Sections 3.2 and 3.3 of these rules.

3.2 Exception from Licensing-Exigent Circumstances

Upon request, the department may authorize an air ambulance service that does not hold an air ambulance license to provide a particular transport upon a showing of exigent circumstances. Exigent circumstances include but are not limited to:

- A. A humanitarian transport as determined by the department. In determining whether to authorize a humanitarian transport, the department shall consider the following factors:
 - 1. Whether the transport is provided directly or indirectly by an organization whose mission is primarily dedicated toward non-profit or charitable or community care services;
 - 2. Other available options for the transport;
 - 3. Whether the transport will be of no cost to the patient;
 - 4. Whether the transport is subsidized by a person or entity associated with the patient;
 - 5. The qualifications of the transport personnel;
 - 6. Information obtained from facilities and/or staff involved in the transport;
 - 7. The air ambulance service's membership in organizations that support safe medical care;
 - 8. Air ambulance service insurance coverage as applicable;
 - 9. Authorization under local and federal laws to conduct operations;
 - 10. Licensure in other states or by other governmental agencies;
 - 11. The air ambulance service's safety record;
 - 12. Whether or not the air ambulance service has been subject to disciplinary sanctions in other jurisdictions;

13. The air ambulance service's prior contacts with the department, if any; and
 14. Any other considerations deemed relevant by the department on a case by case basis.
- B. A disaster or mass casualty event in Colorado that limits the availability of licensed air ambulance services;
 - C. A need for specialized equipment not otherwise readily available through Colorado licensed air ambulance services.

3.3 Licensing Not Required

- 3.3.1 An air ambulance service that solely transports patients from points originating outside Colorado is not required to be licensed in Colorado.
- 3.3.2 Rescue unit aircraft that are not specifically designed to accommodate the medical needs of individuals who are ill, injured, or otherwise mentally or physically incapacitated and who require in-flight medical supervision.

Section 4 – Out Of State Air Ambulance Services Licensing Requirements

Air ambulance services that are based outside the state, but pick up patients in Colorado, are required to be licensed in Colorado by the department, except as provided in Sections 3.2 and 3.3 of these rules.

Section 5 – Application For Licensing

- 5.1 At the time of application, applicants must be in compliance with all Federal Aviation Regulations such as proof of insurance, aircraft inspection certificates, Federal Aviation Administration part 135 certificate and Federal Communications Commission part 90.
- 5.2 Accreditation by CAMTS. Except as provided in Section 5.3 below, applicants that are currently accredited by CAMTS may receive an air ambulance license upon completion of the documentation and fees that are required by the department and proof of such accreditation.
- 5.3 The department may issue a conditional air ambulance license to an applicant that has not yet received CAMTS accreditation upon proof that the applicant is actively working toward CAMTS accreditation. The department may require that such proof be verified by CAMTS. Any applicant that receives a conditional air ambulance license shall complete its CAMTS accreditation within two years after issuance of the initial conditional air ambulance license.
- 5.4 If the holder of a conditional air ambulance license fails to complete CAMTS accreditation within two years after the issuance of the initial conditional air ambulance license, its conditional air ambulance license shall be revoked and no license of any type shall be issued until it demonstrates successful completion of CAMTS accreditation.
- 5.5 At such time as any air ambulance service licensed under Section 3.1 of these rules receives a "notification of potential withdrawal of accreditation" from CAMTS, or is no longer CAMTS accredited, the air ambulance service shall immediately notify the department.

Section 6 - Fees

- 6.1 All applicants seeking air ambulance licensure by the department under these rules shall submit the following non-refundable fees with each initial or renewal licensure application:

- 6.1.1 \$860 for each air ambulance service, plus \$100 for each aircraft used by the air ambulance service.
- 6.1.2 For applicants who are not CAMTS accredited, the applicant shall pay a fee of \$525 to the department in addition to the fee set forth in Subsection 6.1.1 above.

Section 7 – Licensing Process

- 7.1 To become licensed and maintain licensed status, an air ambulance service shall:
 - 7.1.1 Achieve and maintain CAMTS accreditation.
 - 7.1.2 Demonstrate compliance with applicable federal, state, and local laws and regulations to operate a business in Colorado.
 - 7.1.3 Submit to the department a completed application form and the required application fee.
 - 7.1.4 Demonstrate compliance with these rules.
 - 7.1.5 Upon request, submit to the department copies of the air ambulance service's written policy and procedure manual, operation/medical protocols, and other documentation the department may deem necessary.
- 7.2 The department may conduct an inspection of the air ambulance service and its aircraft to assure compliance with these rules.
- 7.3 When change of ownership of an air ambulance service licensed by the department occurs, the new owner or operator must file for and obtain an air ambulance license from the department prior to beginning operations.

Section 8 – Licensing Period

Any air ambulance license issued by the department shall be valid for a period not to exceed one year.

Section 9 – Licensing Renewal

- 9.1 To renew an existing air ambulance license, the licensee shall submit a renewal application and fees, as set by the department, no later than three (3) months prior to the date of air ambulance license expiration.
- 9.2 A renewal inspection may be required by the department to assure air ambulance service compliance with these rules.

Section 10 – Types Of Service

- 10.1 In order to identify the types of services to be provided, air ambulance licenses shall be issued for each of the following types of service.
 - 10.1.1 Rotor wing advanced life support (RW-ALS)
 - 10.1.2 Rotor wing critical care (RW-CC)
 - 10.1.3 Rotor wing specialty care (RW-SC)
 - 10.1.4 Fixed wing basic life support (FW-BLS)

10.1.5 Fixed wing advanced life support (FW-ALS)

10.1.6 Fixed wing critical care (FW-CC)

10.1.7 Fixed wing specialty care (FW-SC)

Section 11 – General Operational Requirements for Air Ambulance Services Licensed by the Department

11.1 Each air ambulance service shall work in coordination with all other air ambulance services to assure optimal minimal response times.

11.2 Policies for responding to requests for services shall include:

11.2.1 Consultation with the requesting party regarding how and to whom those flights will be referred, based on the air ambulance service's scope of service, geographical proximity, transport capability and type of call.

11.2.2 The closest appropriate licensed air ambulance service shall be dispatched unless a specific licensed air ambulance service is requested by the requesting party.

11.2.3 All air ambulance services must have a communications system in place capable of providing appropriate, timely referrals.

11.2.4 Factors affecting the estimated time of arrival (ETA) of air ambulance service shall be communicated to the calling party as soon as possible, within five (5) minutes for inter-facility transports and three (3) minutes for scene requests.

11.2.5 Scene requests shall be referred within three (3) minutes to the next closest, available, appropriate resource if the initial requested air ambulance service does not have an aircraft and crew immediately available.

11.2.6 Inter-facility transport requests shall be referred within five (5) minutes to the next closest, available, appropriate resource if the initial requested air ambulance service does not have an aircraft and crew immediately available.

11.2.7 Air ambulance service response policies and times shall be available to the public, upon request.

11.2.8 In accordance with the Rules Pertaining to Emergency Medical Services Data and Information Collection and Record Keeping at 6 CCR 1015-3, Chapter Three, Colorado licensed air ambulance services shall complete a patient care report (PCR) to include the minimum pre-hospital care data set for each patient that is transported. The minimum data elements identified by the department shall be compiled and submitted to the department in a format and frequency specified by the department.

11.2.9 Each licensed air ambulance service shall complete and submit to the department an agency profile to provide information on resources available for planning and coordination of statewide emergency medical and trauma services.

Section 12 - Complaints

Complaints in writing relating to the quality and conduct of any air ambulance service may be made by any person or may be initiated by the department. The department may make inquiry as to the validity of such complaint prior to initiating an investigation. If the department determines that the complaint warrants a more extensive review, an investigation may be initiated. If the complaint does not warrant further review or the inquiry determines that the complaint is not within regulatory jurisdiction of the department, the department will notify the complainant of the results of the inquiry. The department shall refer complaints that are related to the requirements of CAMTS or a successor organization to CAMTS or such successor organization for investigation. The department may forward complaints to other regulatory agencies.

Section 13 - Denial, Revocation, Suspension, Summary Suspension, or Limitations of Air Ambulance Licenses

- 13.1 If the department proposes for good cause to deny, revoke, suspend, summarily suspend or limit the license of an air ambulance service, the department shall notify the air ambulance service of its right to appeal the denial, revocation, suspension, summary suspension, or limitation, and the procedure for appealing. Appeals of departmental denials, revocations, suspensions, summary suspensions, or limitations shall be conducted in accordance with the State Administrative Procedure Act, Section 24-4-101, et seq., C.R.S.
- 13.2 In accordance with Section 24-4-104(4) C.R.S., the department may summarily suspend an air ambulance license when the department has objective and reasonable grounds to believe and finds, upon a full investigation, that the holder of the license has been guilty of deliberate and willful violation or that the public health, safety or welfare imperatively requires emergency action by the department. If the department summarily suspends a license, the department shall provide the air ambulance service with notice of such suspension in writing. The notice shall state that the air ambulance service is entitled to a prompt hearing on the matter.
- 13.3 Good cause for sanctions include but are not limited to:
 - 13.3.1 An applicant or licensee who fails to meet the requirements for licensing as set forth in these rules.
 - 13.3.2 An applicant or licensee who has committed fraud, misrepresentation, or deception in applying for a license.
 - 13.3.3 Falsifying reporting information provided to the department.
 - 13.3.4 Violating any state or federal statute, rule or regulation that would jeopardize the health or safety of a patient or the public.
 - 13.3.5 Unprofessional conduct, which hinders, delays, eliminates, or deters the provision of medical care to the patient or endangers the safety of the public.
 - 13.3.6 Failure to achieve or maintain CAMTS accreditation.

Section 14 – General Requirements

- 14.1 These rules incorporate by reference the following materials:
 - 14.1.1 For air ambulance services whose most recent application for CAMTS accreditation is submitted on or after July 1, 2011: the 8th Edition Accreditation Standards of the Commission on Accreditation of Medical Transport Systems, published October 2010.

- 14.1.2 Such incorporation does not include later amendments to or editions of the referenced material. The referenced material can be obtained from the Commission on Accreditation of Medical Transport Systems website at www.camts.org. The Health Facilities and Emergency Medical Services Division of the Colorado Department of Public Health and Environment maintains copies of the complete text of the incorporated materials for public inspection during regular business hours, and shall provide certified copies of any non-copyrighted material to the public at cost upon request. Information regarding how the incorporated materials may be obtained or examined is available from the division by contacting:

EMTS Section Chief

Health Facilities and EMS Division

Colorado Department of Public Health and Environment

4300 Cherry Creek Drive South

Denver, Colorado 80246-1530

- 14.2 These materials have been submitted to the state publications depository and distribution center and are available for interlibrary loans. The incorporated material may be examined at any state publications depository library.

Editor's Notes

History

Section 13 eff. 03/01/2008.

Section 11 eff. 05/30/2008.

Sections 1-6 eff. 12/30/2009.

Chapter Two eff. 12/15/2010.

Entire Rule eff. 06/30/2011.

Chapter One eff. 03/17/2013.

Chapter Two eff. 06/14/2013.

Chapters One, Two eff. 07/15/2014.

Annotations

Rule 5.4.1.D (adopted 11/18/2009) was not extended by Senate Bill 11-078 and therefore expired 05/15/2011.