

DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT
Health Facilities and Emergency Medical Services Division

EMERGENCY MEDICAL SERVICES

6 CCR 1015-3

.....

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

...

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.

...

2.3 "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.

2.3-4 "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.

2.4-5 "Department" - the Colorado Department of Public Health and Environment.

2.5-6 "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.

2.6-7 "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.

2.7-8 "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.

2.8-9 "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.

2.9-10 "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.

2.10-11 "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.

2.11-12 "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.

36 2.12-13 "Graduate Advanced EMT" - an individual who has a current and valid Colorado EMT
37 certification issued by the department and who has successfully completed a department-
38 recognized AEMT initial course but has not yet successfully completed the certification
39 requirements set forth in the Rules Pertaining to EMS Education and Certification, 6 CCR 1015-3,
40 Chapter One.

41 2.13-14 "Graduate EMT-Intermediate" - an individual who has a current and valid Colorado EMT or
42 AEMT certification issued by the department and who has successfully completed a department-
43 recognized EMT-Intermediate course but has not yet successfully completed the certification
44 requirements set forth in the Rules Pertaining to EMS Education and Certification, 6 CCR 1015-3,
45 Chapter One.

46 2.14-15 "Graduate Paramedic" - an individual who has a current and valid Colorado EMT certificate,
47 AEMT certificate, or EMT-I certificate issued by the department and who has successfully
48 completed a department-recognized paramedic initial course but has not yet successfully
49 completed the certification requirements set forth in the Rules Pertaining to EMS Education and
50 Certification, 6 CCR 1015-3, Chapter One.

51 2.16 "Interfacility Transport" - any transport of a patient from one licensed healthcare facility to another
52 licensed healthcare facility, after a higher level medical care provider (i.e. a physician, physician
53 assistant, or an individual of similar/equivalent training, certification, and patient interaction) has
54 initiated treatment.

55 2.15-17 "Licensed in Good Standing" - as used in these rules, means that a physician functioning as a
56 medical director holds a current and valid license to practice medicine in Colorado that is not
57 subject to any restrictions.

58

59 2.18 "Maintenance" – to observe the patient while continuing, assessing, adjusting and/or discontinuing
60 care of a previously established medical procedure or medication via standing order, written
61 physician order, or the direct verbal order of a physician.

62 2.16-19 "Medical Base Station" - the source of direct medical communications with EMS providers.

63 2.17-20 "Medical Director" - for purposes of these rules means a physician licensed in good standing
64 who authorizes and directs, through protocols and standing orders, the performance of students-
65 in-training enrolled in department-recognized EMS education programs, graduate AEMTs, EMT-
66 ls or paramedics, or EMS providers of a prehospital EMS service agency and who is specifically
67 identified as being responsible to assure the competency of the performance of those acts by
68 such EMS providers as described in the physician's medical CQI program.

69 2.21 "Monitoring" – to observe and detect changes, or the absence of changes, in the clinical status of
70 the patient for the purpose of documentation.

71 2.18-22 "Paramedic" - an individual who has a current and valid paramedic certificate issued by the
72 department and who is authorized to provide advanced emergency medical care in accordance
73 with these rules.

74 2.23 "Paramedic with Critical Care Endorsement (P-CC)" – an individual who has a current and valid
75 Paramedic certificate issued by the department and who is authorized to provide critical care in
76 accordance with these rules.

77 2.24 "Prehospital Care" – any medical procedures or acts performed prior to a patient receiving care at a
78 licensed healthcare facility.

79 2.19-25 "Protocol" - written standards for patient medical assessment and management approved by a
80 medical director.

- 81 | ~~2.20-26~~ "Rules Pertaining to EMS Education and Certification" - rules governing the education and
82 | certification of EMS providers, located at 6 CCR 1015-3, Chapter One, promulgated by the state
83 | Board of Health.
- 84 | ~~2.24-27~~ "Scope of Practice" - refers to the medication administration and acts authorized in these rules
85 | for EMS providers.
- 86 | ~~2.22-28~~ "State Emergency Medical and Trauma Services Advisory Council (SEMTAC)" - a council
87 | created in the department pursuant to Section 25-3.5-104, C.R.S., that advises the department on
88 | all matters relating to emergency medical and trauma services.
- 89 | ~~2.23-29~~ "Standing Order" - written authorization provided in advance by a medical director for the
90 | performance of specific medical acts by EMS providers independent of making medical base
91 | station contact.
- 92 | ~~2.24-30~~ "Supervision" - oversee, direct or manage. Supervision may be through direct observation or by
93 | indirect oversight as defined in the medical director's CQI program.
- 94 | ~~2.25-31~~ "Waiver" - a department-approved exception to these rules granted to a medical director.
- 95 | ~~2.26-32~~ "Written Order" - written authorization given to an EMS provider for the performance of specific
96 | medical acts.
- 97 | ...

98 | **SECTION 4 - Medical Director Qualifications and Duties**
99 | ...

100 | 4.2 The duties of a medical director shall include:
101 | ...

102 | 4.2.6 Provide monitoring and supervision of the medical field performance of ~~each supervised~~
103 | ~~EMS service agency's~~ EMS providers. This includes ensuring that EMS providers have
104 | adequate clinical knowledge of, and are competent in performing, medical skills and acts
105 | within the EMS provider's scope of practice authorized by the medical director. This
106 | responsibility. These duties and operations may be delegated to other physicians or other
107 | qualified health care professionals designated by the medical director. However, the
108 | medical director shall retain ultimate authority and responsibility for the monitoring and
109 | supervision, for establishing protocols and standing orders and for the competency of the
110 | performance of authorized medical acts.
111 | ...

112 | 4.2.14 Physicians acting as medical directors responsible for the supervision and authorization
113 | of a P-CC shall have training and experience for which they are providing supervision
114 | and authorization. Additional duties related to the medical directors responsible for the
115 | supervision and authorization of a P-CC is located in Section 16 of these rules.
116 | ...

117 | **SECTION 8 - Medical Acts Allowed for the Paramedic**
118 | ...

119 | 8.4 In addition to the acts of a paramedic, a P-CC may, under the supervision and authorization of a
120 | medical director, perform advanced emergency medical care acts consistent with and not to
121 | exceed those authorized in Appendix E of these rules for Critical Care.

122 | 8.5 In addition to the medications a paramedic is allowed to administer and monitor, a P-CC may, under
123 | the supervision and authorization of a medical director, administer and monitor medications
124 | defined in Appendix F of these rules for Critical Care.

Formatted: Indent: Left: 0", First line: 0"

8.4-6 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 11 - Waivers to Scope of Practice

...

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, ~~or 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.

SECTION 14 - Scope of Practice

...

Note: Section 16 – CRITICAL CARE begins following APPENDIX D

APPENDIX A

PREHOSPITAL

MEDICAL SKILLS AND ACTS ALLOWED

...

TABLE A.1 - AIRWAY/VENTILATION/OXYGEN ADMINISTRATION

...

APPENDIX B

PREHOSPITAL

FORMULARY OF MEDICATIONS ALLOWED ~~TO BE ADMINISTERED~~

...

SECTION 15 - INTERFACILITY TRANSPORT

15.1 The EMS medical director, ~~in collaboration with the transferring facility's medical director, should~~ shall have protocols in place to ensure the appropriate level of care is available during interfacility transport.

...

15.5.3 It is understood that these skills ~~and~~, ~~acts~~ ~~or medications~~ 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 ADMINISTRATION

...

APPENDIX D

INTERFACILITY TRANSPORT - ONLY

FORMULARY OF MEDICATIONS ALLOWED TO BE ADMINISTERED

...

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

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

212 Appendix F – FORMULARY OF MEDICATIONS ALLOWED

213 TABLE F.1 – RAPID SEQUENCE INTUBATION AND/OR MAINTENANCE OF ALREADY INTUBATED
 214 PATIENTS
 215

<u>Medications</u>	<u>P-CC</u>	216
<u>diazepam (Valium)</u>	<u>Y</u>	217
<u>etomidate (Amidate)</u>	<u>Y</u>	218
<u>fentanyl (Sublimaze)</u>	<u>Y</u>	219
<u>ketamine (Ketalar)</u>	<u>Y</u>	220
<u>midazolam (Versed)</u>	<u>Y</u>	221
<u>morphine sulfate</u>	<u>Y</u>	222
<u>propofol (Diprivan) – maintenance only</u>	<u>Y</u>	223
<u>rocuronium (Zemuron)</u>	<u>Y</u>	224
<u>succinylcholine (Anectine)</u>	<u>Y</u>	225
<u>vecuronium (Norcuron)</u>	<u>Y</u>	226
		227
		228
		229
		230

Formatted: Font:

Formatted: Font:

Formatted: Font:

Formatted: Font:

Formatted: Font:

Formatted: Font:

231 Table F.2 – CRITICAL CARE INTERFACILITY FORMULARY
 232

<u>Medications</u>	<u>P-CC</u>	233
<u>acetylcysteine (Mucomyst)</u>	<u>Y</u>	234
<u>alteplase (Activase)</u>	<u>Y</u>	235
<u>bilvalirudin (Angiomax)</u>	<u>Y</u>	236
<u>dobutamine (Dobutamine)</u>	<u>Y</u>	
<u>esmolol (Brevibloc)</u>	<u>Y</u>	
<u>fosphenytoin (Cerebyx)</u>	<u>Y</u>	
<u>labetalol (Normodyne)</u>	<u>Y</u>	
<u>levitiracetam (Keppra)</u>	<u>Y</u>	
<u>metoprolol (Lopressor)</u>	<u>Y</u>	
<u>norepinephrine (Levophed)</u>	<u>Y</u>	
<u>phenytoin (Dilantin)</u>	<u>Y</u>	
<u>TNKase (Tenecteplase)</u>	<u>Y</u>	
<u>tPA infusion maintenance</u>	<u>Y</u>	