HEALTH FACILITIES AND EMERGENCY MEDICAL SERVICES DIVISION
COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT

Winter 2005-2006

Volume 2 Issue 1

On the Scene

Covering EMS in Colorado

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Regional Grant Hearings

Find the schedule of regional grant hearings on page 12.

EMS Provider Grants Application Available

By Jeanne-Marie Ragan, EMS Provider Grants Program Manager

The EMS Provider Grants application for fiscal year 2007 has been released and is available on the Internet at www.coems.info. This grant program is open to all Colorado EMS agencies and has competitive, one-year awards that require a 50 percent cash match. The program is administered by the Colorado Department of Public Health and Environment, and awards approximately 1.6 million dollars per year that benefit the people of Colorado through upgrades and expansion of emergency medical services.

The application, a grant guide, category guidelines and all supporting documents are posted on the Internet. There are nine categories of equipment and activities that EMS agencies may apply for, including ambulance/other vehicles, communications, data collection, defibrillation/cardiac monitors, EMS equipment, EMS training, extrication equipment and injury prevention. Agencies are limited to a maximum of two categories in a single application.

The final deadline for grant submissions is Wednesday, February 15, 2006. This deadline cannot be waived or extended. All submissions must be received by the department prior to 5:00 p.m. on February 15, 2006.

For fiscal year 2006, the department received 91 grant applications requesting a total of 2.5 million state dollars. The department was able to fund 73 of those applications (80 percent), and award 1.6 million dollars following a review process that involved the Regional Emergency Medical and Trauma Advisory Councils (RETACs) and the State Emergency Medical and Trauma Services Advisory Council (SEMTAC).

For more information on the EMS Provider Grants program, visit www.coems.info, contact your RETAC coordinator or contact the Emergency Medical and Trauma Services Section at (303) 692-2987 or (303) 692-2443.

Section Chief's Corner

Section Chief
D. Randy Kuykendall

By D. Randy Kuykendall, MLS, NREMT-P, Chief, EMTS Section

The beginning of the new year is a great opportunity to reflect on the many important activities that have been accomplished by Colorado's Emergency Medical and Trauma Services community during 2005. It was certainly a year of high energy and intense effort on the part of local EMS agencies, trauma centers, Regional Emergency Medical and Trauma Advisory Councils, the State Emergency Medical and Trauma Services Advisory Council and the Emergency Medical and Trauma Services Section of the Colorado Department of Public Health and Environment. Through increased cooperation and communication between our many system participants, we have collectively been able to complete several long-term projects, and we hope to continue to improve the care being delivered to Colorado citizens.

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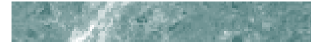
Some of the most significant projects that were completed during 2005 are:

- A total of seven hospital facilities received either an initial designation or were re-designated as Trauma Centers.
- A new and improved application for emergency medical technician certification was designed and implemented. Turn-around for completed applications within the Emergency Medical and Trauma Services Section has been reduced to 48 hours.
- Legislation was passed and rules have been approved that require all air ambulance services that transport patients within or from the state of Colorado to be licensed by the Department of Public Health and Environment. This licensing process will be initiated on February 1, 2006.
- The application for EMS Provider Grant funds has been simplified and is completed via the Internet. Approximately 1.6 million dollars was provided to local emergency medical service agencies throughout Colorado for fiscal year 2006.
- Rules that clearly outline the minimum requirements for the licensing of ground ambulances by Colorado counties were completed and approved by the Board of Health. Individual counties are presently implementing these rules over the next year.
- A number of rule changes in and additions to Colorado's trauma center designation process for Level I through V facilities have been completed and approved by the Board of Health.
- Significant improvements in Colorado's EMS Data Reporting System are underway. A statewide task force was formed and a web-based solution is presently being developed and tested by rural EMS agencies.
- The Emergency Medical and Trauma Services Section has implemented a formal complaint investigation process. During 2005, approximately 23 actions against emergency medical technician certifications were processed as a result of this investigative process.



Section Chief's Corner, continued

- Legislation granting authority to the Department of Public Health and Environment to issue subpoenas in the course of certification investigations was passed. A number of subpoenas have been issued pursuant to this authority.
- Through the collaborative efforts of the Colorado Rural Health Office and the Department of Public Health and Environment, recruitment and retention grants availability was increased this year, allowing more local agencies the opportunity to improve their human resources.
- The Trauma Program received $40,000 additional funding from HRSA for the development of the trauma registry and improvement of the trauma system.

Everyone in the Colorado Emergency Medical and Trauma Services system should be proud of the continued improvements and advances that have been made in our service to the citizens and visitors of our state. Looking forward to the opportunities of 2006, the building blocks of our history will provide the foundation for yet greater strides towards the goal of excellence in Colorado's health care system. Some of the important projects that are slated for work in 2006 include:

- The rules governing the designation of Level I and II Trauma Centers will be revised. This process will begin in January with the establishment of a task force to write the first draft of these important requirements. This task force consists of a representative of each Level I and Level II Trauma Center and will be responsible for the initial development of the document that will then be submitted to the State Emergency Medical and Trauma Services Advisory Council for approval and recommendation for adoption by the Board of Health. All meetings of the task force will be open to the public and participation is encouraged.
- The rules governing the certification of emergency medical technicians are being revised. Significant changes include an increase in the number and type of continuing education hours required for Emergency Medical Technician – Intermediate and Paramedic, changes in the subject-matter type of continuing education required for recertification at the Emergency Medical Technician – Basic level and elimination of the six-month grace period for Colorado recertification in favor of a sixty-day grace period. All of these changes will be phased in over time to allow currently certified personnel sufficient opportunity to meet these new requirements.
- Efforts to establish a truly statewide Emergency Medical Services Data Collection System will continue. As the initial test of the Internet-based system is completed, changes and modifications will be made to ensure its ease of use and accuracy in meeting the requirements of Colorado's prehospital care agencies. In addition, the standards that will enable larger agencies that are using proprietary software to download their information to the Department of Public Health and Environment will be available. The goal of this effort continues to be the development of a data collection system that will meet the diverse needs of our state's patient transport agencies.

We've had a very productive 2005, and as we look forward to the challenges of 2006 and beyond, I want to thank the many Emergency Medical and Trauma Services system professionals who have supported this work. The ability of a system as diverse as ours to come together and work towards the common goal of improved patient care is critical, and we sincerely appreciate the continued effort of our EMTS stakeholders.

EMS Education and EMT Certification Rule Changes

By Dave Miller, EMS Education and Certification Program Manager

- **Proposed changes would affect the EMS education rules and the EMT certification rules.**
- **Changes would clarify provider obligations and department procedures.**

The Colorado Department of Public Health and Environment is proposing changes to Board of Health EMS regulations (6 CCR 1015-3) that deal with EMS education and EMT certification requirements. Proposed changes are needed to clarify the process and to implement recommendations from the Colorado State Emergency Medical and Trauma Services Advisory Council (SEMTAC) EMT certification taskforce and EMT practice subcommittees over the past two years. The proposed modifications to EMS education will provide greater clarity to providers regarding their obligations and explain the department's procedures and responsibilities related to recognition of EMS education programs. The proposed modifications to EMT certification will provide greater clarity about the process and will implement many of the recommendations from the taskforce and subcommittee. Some certification changes will have a delayed implementation date to permit the EMT community and employers time to adjust to the upcoming changes and any budgetary concerns.

To review and comment on proposed regulations, visit the Emergency Medical and Trauma Services Section's Internet site at www.coems.info. The draft changes are posted on the first page. Comments may be sent to the section via e-mail at randy.kuykendall@state.co.us or dave.miller@state.co.us or by mail to:

EMT Certification
Colorado Department of Public Health and Environment
HFEMSD-EMTSS-A2
4300 Cherry Creek Drive South
Denver, CO 80246-1530

Because these rules are so important to the foundations of the emergency medical services community, a series of community meetings have been scheduled around the state to present these rule changes and gain input. At the conclusion of these meetings, suggestions will be collated and presented to the rule development subcommittee of SEMTAC for finalization and submission to the SEMTAC for approval at the April 2006 quarterly meeting. Although the primary purpose of these community meetings is to discuss the proposed emergency medical technician rule changes, they will also provide an opportunity for section staff to discuss other issues of significance.

- February 11, 2006 — Alamosa
- February 15, 2006 — Durango
- February 16, 2006 — Glenwood Springs
- March 8, 2006 — Ft. Morgan
- March 14, 2006 — Pueblo
- March 16, 2006 — Denver

Trauma Corner

By Grace Sandeno, Trauma Program Director

On the road again…
January – April will see staff observing site reviews at Delta County Memorial Hospital, Pioneers Medical Center (Meeker), Wray Community District Hospital, Yuma District Hospital, St. Anthony Central (Denver), Denver Health Medical Center, Longmont United Hospital, Sky Ridge Medical Center (Lonetree), Parker Adventist Hospital, The Children's Hospital (Denver), Keefe Memorial Hospital (Cheyenne Wells), Kit Carson County Hospital (Burlington), Lincoln Community Hospital (Hugo), and Summit Medical Center (Frisco). Don't be surprised if you get invited to a review by your local trauma center.

Here's why you are included…
Interaction between emergency medical service providers, including a quality improvement process for pre-hospital care, is required for trauma centers. In other words, the Trauma Program expects every trauma center you work with (regularly) to demonstrate that it has been actively working with your agency to monitor and improve the care of trauma patients. Your agency may be asked to send a representative to the review to show support for the trauma center and to answer questions about coordination of care between field and facility-based personnel. You are an important part of the continuum of care for trauma patients!

Rules, rules, and more rules…
Each Level I/II trauma center has been asked to appoint one decision maker to represent its interests at the newly convened Level I/II rule change work group. The State Emergency Medical and Trauma Services Advisory Council will also be represented. For information on the times and/or dates of those public meetings, please contact the Trauma Program.

Trauma Center Designation decisions: October 2005 through January 2006
- Avista Adventist Hospital (Louisville) (Level III) – renewed for three years
- Boulder Community Hospital (Level III) – renewed for three years
- Granby Medical Center (Level IV) – renewed for three years
- Heart of the Rockies Regional Medical Center (Salida) (Level IV) – renewed for three years
- Platte Valley Medical Center (Brighton) (Level IV) – renewed for three years
- Vail Valley Medical Center (Level III) – renewed for three years
- Valley View Hospital (Glenwood Springs) (Level III) – renewed for three years

Contact Information
Remember that our staff is here to assist you. If you have questions regarding trauma please contact Grace Sandeno at (303) 692-2983 or Rio Chowdhury at (303) 692-2991.

From the State Medical Director's Desk

By Fred Severyn, MD, FACEP

Pandemic Influenza

President Bush has outlined a proposed 7 billion dollar plan to meet a potential threat looming on our country's horizon, a pandemic, a worldwide outbreak of a new influenza virus. A pandemic occurs when a novel influenza virus emerges that can infect and be readily transmitted from person to person. Pandemic influenza is different from the seasonal influenza that occurs on a yearly basis. Unlike seasonal influenza that causes approximately 36,000 deaths and more than 200,000 hospitalizations each year and for which we typically have an effective vaccine, pandemic influenza could overwhelm health and medical resources, potentially causing hundreds of thousands of deaths and millions of hospitalizations.

Pandemics occur intermittently. Recent pandemics include the 1918 "Spanish flu" with 40-50 million fatalities, the 1957 "Asian flu" with 2 million fatalities and the 1968 "Hong Kong flu" with 1 million fatalities. Although it is not possible to predict when the next pandemic will occur, experts agree it is likely that one will occur in the next century. Animals have been the reservoir for emerging viruses for seasonal influenza as well as for the last three pandemics.

The recent appearance of avian influenza A (H5N1) in Southeast Asia has brought this virus to the forefront as a potential cause of pandemic influenza. There is an ever-increasing geographic distribution of H5N1 in the avian (bird) population. Infected birds have been identified across Southeast Asia and Europe, with human cases recently diagnosed as far west as Turkey. The World Health Organization (WHO) has raised the Pandemic Alert threat bar to Phase 3—"A virus new to humans is causing infections, but does not spread easily from one person to another."

Unfortunately, influenza viruses are adept at mutating from one form to another. The concern with H5N1 is that this highly lethal virus, responsible for a high mortality among individuals infected, will evolve into a form for which sustained human to human transmission occurs.

Recently, a brief outbreak of severe acute respiratory syndrome (SARS) was identified in Southeast Asia, and quickly caused 8,000 cases in 27 countries, with approximately 800 fatalities. This novel coronavirus showed how quickly modern transportation can hasten the process of disease spread. More importantly, the SARS outbreak demonstrated how brief lapses in infection control activities can allow for nosocomial spread into both the health care and laboratory environments and has highlighted the need for basic infection control.

Avian influenza causes a primary viral pneumonia, usually without bacterial superinfection. To date, it has attacked the young and previously healthy, with high fever and lower respiratory symptoms developing two to four days after exposure to infected birds. The disease rapidly progresses to respiratory failure, typically within 48 hours, requiring mechanical ventilation. Many patients develop ARDS within six days. Supportive care with supplemental oxygen and ventilator support are the foundation of management. Early treatment with neuramidase inhibitors (Tamiflu/Relenza) may be beneficial. A surprisingly high level of oseltamivir resistance has been noted in up to 16 percent of viral isolates in Southeast Asia. Even with maximal supportive therapy, treatment is relatively ineffective and, according to one medical report, the mortality rate approaches 90 percent for those 15 years and younger. Although work to develop a vaccine to H5N1 is underway, it is not currently available or likely to be available in the near future.

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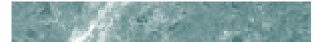


From the State Medical Director's Desk, continued

So what can health care professionals, particularly EMS providers, do to limit the spread of a potential pandemic? During the SARS outbreak, contaminated nebulizers and high-flow oxygen masks were implicated in the nosocomial spread of the coronavirus illness. Understanding that influenza A is transmitted via large respiratory droplets, the same scenario can be extrapolated to influenza A H5N1. Aerosol generation through intubation or aerosol therapy in the closed environment of the ambulance poses a health risk to health care providers. The N-95 respirators with ocular protection, in addition to the standard precautions identified above, would be appropriate for EMS personnel to use in dealing with these situations.

If transporting a patient potentially infected with Avian Influenza (lower respiratory tract symptoms, travel to endemic areas, close exposure to potentially infected or ill birds), health care facilities should be notified in advance that they might be receiving a contagious patient. Early identification of potential patients does help prevent nosocomial spread by allowing for the implementation of appropriate infection control precautions by all caregivers involved. HEPA filters on BVM's and ventilator circuits can help secure patient exhaled air, and limiting the number of EMS providers in the "hot zone" makes good sense. Ocular protection for patient contact at distances of less than three feet was recommended for SARS and makes sense for H5N1 as well.

The SARS outbreak caused a sobering evaluation of our current hospital surge capacity. Communications with both the public and health care providers is essential, but is often a mixed blessing. Statistics from the Toronto SARS experience showed startling results on the "SARS pyramid." For every patient, there were 10 potential cases, 100 contacts and 1,400 "worried well" that entered the health care system. The spread of fear will unfortunately follow the spread of disease to humans and could quickly overwhelm the EMS and hospital system.

Besides contact isolation and droplet precautions which can limit exposure to virus contaminated aerosols, what can the EMS provider do? Yearly vaccination against seasonal human influenza will promote protection against the predicted circulating virus strains. Although not 100 percent effective, it is the most proactive measure that is currently available.

The Centers for Disease Control and Prevention recommends that the following groups receive flu vaccine:

- People 65 years of age and older
- People living in nursing homes and other long-term facilities
- Adults and children 6 months and older with chronic heart and lung conditions, including asthma
- Adults and children 6 months and older who needed regular medical care or were in a hospital during the previous year because of a metabolic disease, chronic kidney disease or weakened immune system
- Children 6 months to 18 years of age who are on long-term aspirin therapy
- Women who will be pregnant during the influenza season
- All children 6 to 23 months of age
- People with any condition that can compromise respiratory function or the handling of respiratory secretions

(Continued on page 15)

San Luis Valley Emergency Exercise and Free Flu Clinics Successful

Public health nursing services in the six counties in the San Luis Valley conducted free flu shot clinics beginning on Saturday, October 15, to test the vaccination plans that would be used during a disease outbreak, a terrorism incident or another health emergency situation, such as a pandemic flu outbreak. The exercises in the San Luis Valley are part of a continuing series of public health preparedness exercises organized throughout Colorado to test the readiness of local health officials to deal with a health emergency or terrorist incident.

Jon Montano and Andrew Kissel participate in the exercise

A similar mass immunization exercise was held in October 2004 when nine southeastern Colorado counties held clinics and provided flu shots to 7,855 persons in at-risk categories. The clinics in the San Luis Valley have been planned by the county public health nursing services working in cooperation with the Colorado Department of Public Health and Environment's Emergency Preparedness and Response Program and the regional planner for public health preparedness.

The exercise began with a fictitious health emergency being declared. The clinics then opened and flu shots were provided to test the ability of the local public health agencies to respond to this staged incident. As part of the response, local residents were informed about the importance of simple respiratory hygiene habits; of avoiding contact with ill persons; and of effective hand washing to prevent the spread of influenza virus. Each involved county public health nursing service also practiced the ability of its staff to isolate ill persons and to quarantine people who have been exposed to ill individuals.

San Luis Valley's RETAC Coordinator, Jon Montano, said during the exercise, "We just finished with Rio Grande County and had 510 people participate in the mass inoculation exercise. Costilla County had 293, Conejos County 370, and Alamosa County was at 1030. Everyone did extremely well, and we learned a lot."

The exercises served two very important purposes. San Luis Valley residents had the opportunity to get flu shots, and the local public health agencies had the opportunity to test their vaccination plans that would be used in the case of a health emergency.

Public health officials throughout Colorado are continuing to fine-tune plans and conducting exercises in an attempt to make certain needed medications would be provided to residents of the state in the case of a disease pandemic or a bioterrorism incident.

Community College of Aurora's Simulation Room

Community College of Aurora adds the Colorado Department of Public Health and Environment to their Contributing Partner Wall

Dr. Ellen Mangione, D. Randy Kuykendall and Bob Matoba by the Contributing Partner wall

On November 17, 2005, the Community College of Aurora added the Colorado Department of Public Health and Environment to its Contributing Partner wall outside of the training simulation room, which creates life-like emergencies for trainees in the college's Emergency Medical Provider certificate program.

Bob Matoba, director of Community College of Aurora's Emergency Medical Provider program, stated, "The department exhibited continued support of the EMS Education Department at the college through the EMS Provider Grants program, and we want to acknowledge our appreciation."

The grants program helped fund the ambulance box located in the Sim Room, which is laid out and furnished like an ordinary residence, complete with a functioning kitchen and bathroom. The fully equipped ambulance trailer sits at the "back door." The Sim Room even has a resident "victim" - a robotic mannequin that exhibits real symptoms and responds, for good or ill, to treatment. The Sim Room lets EMS trainees learn in settings that look and feel like the ones in which they will ultimately work.

The community college is looking to expand its simulated training experiences over the next 12 years by adding other environments as well as conducting and completing a research study to track student performance in the field following graduation from the program.

For more information on the Community College of Aurora's training program, contact Bob Matoba at (303) 340-7217.

Awards Presented at the Autumn Colorado State EMS Conference

EMSAC President Sean Caffrey and EMTS Section Chief Randy Kuykendall presented the autumn Colorado EMS awards during the state EMS Conference held at the Keystone Conference Center on November 5, 2005.

Award recipients and presenters

Christy McCormick, Evergreen Fire-Rescue: Dispatcher of the Year Award. Outstanding action in emergency medical dispatching and representing the ideal EMS dispatcher.

Laura Erbert, Kit Carson County EMS: EMT Basic of the Year Award. Outstanding actions and contributions to the advancement of excellence in the delivery of emergency care to the citizens of Colorado and representing the ideal EMT Basic.

Kim Mitchell, Ouray County EMS: EMS Intermediate of the Year Award. Outstanding actions and contributions to the advancement of excellence in the delivery of emergency care to the citizens of Colorado, representing the ideal EMT Intermediate.

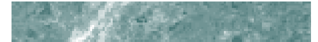
Jenny Cantanach, American Medical Response, Colorado Springs: EMT Paramedic of the Year Award. Outstanding actions and contributions to the advancement of excellence in the delivery of emergency care to the citizens of Colorado, representing the ideal EMT Paramedic.

Mark Homan, American Medical Response: EMS Instructor of the Year Award. Outstanding instructor of a state-approved emergency medical technician training program.

David Patterson, Rural Metro and board member from the Mile High Region and Mark Bruning, American Medical Response and board member from the Plains to Peaks Region: Peg Hamilton Awards. Outstanding performance and the highest involvement in both the Emergency Medical Services Association of Colorado and in Colorado EMS.

Save the date for the EMS Week Awards Gala. Friday, May 19, 2006 at the Four Points Sheraton Denver Southeast. Visit www.emsac.info for a nomination form for the following awards:

- C.J. Shanaberger Lifetime Achievement Award
- EMS Ambulance Service-of-the-Year
- EMS Administrator-of-the-Year
- Francis Mildred Roth Women in EMS Award
- Dr. Robert Campbell Award for Distinguished and Meritorious Service
- Dr. Valentin E. Wohlauer Award for Physician Excellence in EMS
- Gold Honor for Saving Life
- EMSAC Citizen Rescuer Award for Valor



Responding to a Suicide

By Karen Mason, PhD, Director, Office of Suicide Prevention

Suicide is the leading cause of injury death in Colorado. More people die by suicide than are killed in motor vehicle crashes. In 2004, more than 800 individuals died by suicide in Colorado. Most of these individuals died in their own homes, with first responders frequently called to the scene. Responding to the scene of a death by suicide can be one of the most challenging tasks of first responders. The following information can be useful to first responders in preparing for effective response to suicide deaths. It's important to be aware of how reactions to suicide can affect a first responder's work.

1. Responding to suicide scenes may result in vicarious traumatization (VT). VT occurs when the first responder is traumatized by the suicide. First responders can experience negative reactions to a suicide or a suicide attempt. These reactions may cause exhaustion, depersonalization (not seeing people as individuals), relationship problems, substance abuse, numbing, cynicism, judgment errors on the job or loss of productivity. VT is preventable. Here are tips on preventing vicarious trauma:

- Pay attention to the signs of negative reactions listed above and take some action if you notice any of them in yourself.
- Talk to a supportive supervisor.
- Manage exposure to trauma by taking breaks.
- Spend time in relationships that are healthy and supportive.
- Increase your sense of personal control by taking training on Suicide First Response. To schedule a training, call Dr. Jim Earle at (719) 538-8818.
- Learn relaxation techniques like deep breathing.
- Practice your faith.

2. Survivors of a loved one's suicide are nine times more likely to die by suicide. Responding with empathy to survivors following a suicide is good prevention. First responders can take the following actions to be supportive to survivors of suicide.

- Find someone to be with the survivor. Many local survivor groups in Colorado provide grief support services to the recently bereaved.
- Give the survivors information on support groups. Many Colorado communities have Heartbeat or Parents Surviving Suicide support groups. Visit Heartbeat's Web site for a list of groups: www.heartbeatsurvivorsaftersuicide.org. For Parents Surviving Suicide, call Vivian Epstein at (303) 322-7450.
- Give the survivor information on suicide from the Colorado Office of Suicide Prevention Web site at www.cdphe.state.co.us/pp/suicide/suicidehom.asp or the American Foundation for Suicide Prevention (AFSP) Web site. For example, AFSP offers a free financial guide: Surviving a Suicide Loss: A Financial Guide. AFSP's Web site is www.afsp.org.
- The National Alliance for the Mentally Ill offers an excellent resource for family members of someone who has attempted suicide, including the brochure Taking Care of Yourself and Your Family after an Attempt: Family Guide for your Relative in the Emergency Department, which is available on the Suicide Prevention Resource Center Web site at www.sprc.org.

Be aware of the ways that suicide affects first responders and know that you are part of the healing process for survivors of suicide. Call the Office of Suicide Prevention to find more information on suicide, suicide bereavement and trainings for first responders at (303) 692-2539.

EMS Provider Grants RETAC Hearing Schedule

By Jeanne-Marie Ragan and Rachel Robinson, EMS Provider Grants Program

Regional hearings for FY07 EMS provider grants will be held in March and April, 2006. Attendance at the hearing is strongly encouraged if you submitted a provider grant application as the RETAC hearing is worth 50 percent of your total score. Following the RETAC review, grants go through a SEMTAC review that is worth the other 50 percent of your total score. SEMTAC reviews will take place in May, and finalization of awards will occur in June. Public notice is scheduled for July 1, 2006. For more information, contact your RETAC coordinator, Jeanne-Marie Ragan at (303) 692-2987 or Rachel Robinson at (303) 692-2443.

Central Mountain RETAC. Date and location to be announced. Contact Melody Mesmer, (303) 252-0159.

Foothills RETAC. Wednesday, March 8, 2006, in the morning. Jefferson County Administration Building, The Quad Room, 100 Jefferson County Parkway, Golden. Contact Linda Underbrink, (970) 724-9289 or (303) 594-9740.

Mile High RETAC. Thursday, March 16, 2006, at 1:00 p.m. Rita Bass Building, 190 W. 6th Avenue, Denver. Contact Shirley Terry, (303) 300-4704 or (303) 919-0719.

Northeastern Colorado RETAC. Tuesday, March 21, 2006, at 12:00 noon. North Colorado Medical Center, Colorado Room, 1801 16th Street, Greeley. Contact Jeff Schanhals, (970) 774-3280.

Northwest Colorado RETAC. Monday, April 10, 2006, at 10:00 a.m. Rio Blanco Fire Station, Meeker. Contact Danny Barela, (970) 640-1024.

Plains to Peaks RETAC. Wednesday, March 8, 2006, at 10:00 a.m. Black Forest Fire and Rescue Protection District, 11445 Teachout Road, Colorado Springs. Contact: Kim Schallenberger, (719) 962-3200 or (719) 342-5562.

San Luis Valley RETAC. Wednesday, April 12, 2006, at 5:00 p.m. Building 8663, County Road 109s, Alamosa. Contact Jon Montano, (719) 587-3900.

Southeast Colorado RETAC. Wednesday, March 22, 2006, at 10:00 a.m. Bent's Fort Inn, Las Animas. Contact Carrie Herrera, (719) 336-4182.

Southern Colorado RETAC. Thursday, April 20, 2006, at 1:00 p.m. Pueblo County Emergency Management Operations Center, 320 W. 10th Street, Pueblo. Contact Theresa Atencio, (719) 566-1866.

Southwest RETAC. Thursday, April 13, 2006, at 1:00 p.m. Durango Fire and Rescue Authority, 142 Shepard Drive, Durango. Contact Nancy Falleur, (970) 882-3362 or (970) 739-1911.

Western RETAC. Tuesday, March 7, 2006, at 9:00 a.m. Montrose Fire Station #1, 441 Uncompahgre Avenue, Montrose. Contact Allen Hughes, (970) 275-8417.

Air Ambulance Licensing in Colorado Begins February 1, 2006

By Rio Chowdhury, Air Ambulance Program Coordinator

Effective February 1, 2006, the Emergency Medical and Trauma Services Section will begin the process of licensing air ambulance services that transport patients from or within the state of Colorado. This is the beginning of a new chapter for the Colorado Department of Public Health and Environment and the end of a long journey for numerous stakeholders in the air ambulance community, emergency medical service organizations and staff members of the department who all helped pave the way to increase safety and accountability of those agencies that provide air ambulance transportation to patients in our state.

The department has implemented the necessary procedures for the new air ambulance licensing program and will be able to review, verify and license applicants in a timely and efficient manner. Even though it took nearly five years to initiate this program, it will take far less time to lay the framework and initiate a licensing program for air ambulance agencies. The goal is to start licensing air ambulance agencies, collect necessary data and provide support and analysis of air ambulance transport as a system in Colorado.

Senate Bill 180 was passed by the Colorado legislature in 2000, which authorized the department to license, regulate and investigate air ambulance agencies that transport patients within and to the state of Colorado. The program was designed to improve safety, establish coordination between air ambulance agencies and, ultimately, improve patient care in air medical transport. Just as emergency medical technician certification is relying on the nationally-recognized standards established by the National Registry of Emergency Medical Technicians (NREMT), the air ambulance licensing program will rely on the expertise provided by the Commission on Accreditation of Medical Transport Systems (CAMTS). The Colorado Department of Public Health and Environment and CAMTS will be working closely together to provide support and investigate any issues that involve air ambulance providers who transport patients in Colorado. It is worth noting that even though an air ambulance provider is required to be CAMTS accredited to be eligible for a Colorado air ambulance license, the decision to issue or suspend a Colorado license rests with the department.

Colorado is one of the few geographical regions where terrain, weather and extreme sporting activities play a challenging role in air medical transport. This licensing program has been established at a time when safety is a major concern for air ambulance services nationwide. In this fledgling environment of air medical transport, it is hoped that Colorado's air ambulance licensing effort will improve the safety, service and reliability of those agencies serving our state.

For current air ambulance rules and regulations please visit www.coems.info. If you have any questions regarding the air ambulance licensing program in the state of Colorado, please contact Rio Chowdhury at (303) 692-2991 or rio.chowdhury@state.co.us.

1974 EMS (Education Means Success) Cadillac Ambulance

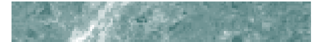
By Michael Merrill, EMSC/EMS Data Program Manager

Originally purchased and put into service in Wyoming in May 1974, this vintage Cadillac High Top Coach Ambulance made its way back to Colorado in the name of injury prevention and is now with the Plains to Peaks RETAC.

The vehicle has traveled extensively during its 31-year career in emergency medical services. Sublette County Memorial Hospital in Pinedale, Wyoming purchased the vehicle from McPeck Motor Coach Corporation in Brighton, Colorado and the vehicle was then traded back to McPeck in 1990 as partial payment on a new ambulance. The Cadillac had 120,276 miles on it at that time. The vehicle remained in storage until 1994 when Jeff Anderson, EMS and Fire Chief of the Lamar Fire Department, purchased it and completely refurbished it with the help of a Department of Health EMS Division grant. The ambulance was used in an outreach program that focused on educating children and adolescents about the danger and consequences of alcohol and drug use. Jeff and his crew offered local injury preventions programs, i.e."DARE," and provided hands-on experiences at local elementary schools.

The Lamar program was very successful and ran for several years before the Denver Area Trauma Advisory Council coordinator facilitated the transfer and acceptance of the program, and the Winning Edge Team from Denver Paramedic Division and Adams County EMS was formed. The Denver/Adams Winning Edge Team continued the program of educating young people on how to take charge of their lives. The Winning Edge Team offered the program for several years and, like the successful program in the Arkansas Valley, they brought the injury prevention programs to the communities and public schools venues. The Education Means Success (EMS) Cadillac has traveled hundreds of thousands of miles in eastern Colorado and has provided a unique injury prevention message and experience for literally thousands of children. The children of the program are now the parents of the next generation and continue to pass along the message and vision of EMS and injury prevention.

The Plains to Peaks RETAC has acquired the "EMS" Cadillac for the third generation of children who will have the opportunity to experience how their parents and grandparents were provided EMS care. The Plains to Peaks RETAC plans to offer not only injury prevention programs, but also showcase the Cadillac at standbys, community events (rodeos and fairs) and regional EMTS meetings and conferences. If you have not had the opportunity to see the "EMS" Cadillac, here's is your chance to see how they transported up to four patients, listened to 8 Track tunes and maneuvered a mint condition 22 foot ambulance. The patient care experience and the space will bring back memories and the amazement of just how far we have come.



Pandemic Influenza, continued

(Continued from page 7)

The Centers for Disease Control and Prevention also recommends that flu shots be given based on the following priority groups.

1. People aged 65 years and older
2. Residents of long term care facilities
3. People aged 2 - 64 years with chronic health conditions
4. Children aged 6-23 months
5. Pregnant women
6. Health-care personnel who provide direct patient care
7. Household contacts and out-of-home caregiviers of children less than 6 months of age

The EMTS community must be vigilant for the development of disease symptoms, especially within the first week following any potential exposure of concern. If you become ill, remain at home until fever has abated for at least 24 hours to limit your own exposure to co-workers and patients. The risk of nosocomial transmission from EMS providers to the public sector is a possibility with seasonal influenza or any contagious respiratory disease. This type of exposure would be catastrophic with a pandemic influenza strain.

Respiratory hygiene with cough etiquette will help prevent droplet generation, and simple surgical mask placement on patients unable to comply with cough etiquette may limit your exposure. High flow oxygen masks can always go on top of a surgical mask to provide supplemental oxygen therapy to the patient. The value of prophylactic antiviral medication following a potential exposure is unknown at this time. The most effective use of any antiviral medication begs many ethical and operational questions including issues relating to the limited supply and who should actually get these limited drugs — the worried exposed or the actually sick. Plans to address these issues are being developed. As this information becomes available, the Department of Public Health and Environment, as well as all local departments of public health, will work to disseminate the facts to all health care providers.

For now, reinforcing one's skills at basic infection control practices, limiting potential exposures to all viral and bacterial diseases and enhanced situational awareness to the health of your community at large will lay down a foundation for the care of the pandemic of the future, whenever it decides to knock at our front door.

On the Scene is a quarterly publication of the Emergency Medical and Trauma Services Section of the Health Facilities and Emergency Medical Services Division at the Colorado Department of Public Health and Environment, and serves the emergency medical services and trauma communities of Colorado.

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END NOTES

- **January SEMTAC meeting.** Thursday, January 26, 2006. Sabin-Cleere Room, CDPHE.
- **EMS Medical Director's Course.** Friday, February 17, 2006. Colorado Springs, Colorado. Free. Call Kim Schallenberger of Plains to Peaks RETAC at (719) 962-3200 to register.
- **April SEMTAC meeting.** Thursday, April 6, 2006. Sabin-Cleere Room, CDPHE.
- **5th Annual Plains to Peaks EMS & Trauma Conference.** April 29-30, 2006. Limon, Colorado.
- If you would like to receive this newsletter via your specific e-mail address, please e-mail jeanne.ragan@state.co.us. Comments and content suggestions are always welcome at this e-mail address.

Colorado Department of Public Health and Environment

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