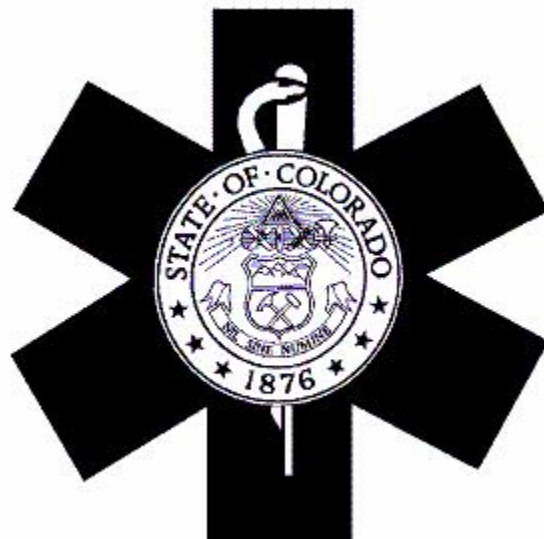


**Emergency Medical Technician  
Practice Subcommittee**

**Final Report on**

**Implementation of the National Emergency  
Medical Services Scope of Practice Model**



Submitted to:

The Emergency Medical Services Personnel Committee  
of the State Emergency Medical and Trauma Services Advisory Council

July 9, 2008

### Introduction:

The EMT Practice Subcommittee was established in October 2007 by the EMS Personnel Committee of the State Emergency Medical and Trauma Services Advisory Council (SEMTAC) to develop recommendations for implementation by the State of Colorado of the *National Emergency Medical Services Scope of Practice Model* (NEMSSoPM), as published by the National Highway Traffic Safety Administration's (NHTSA) Office of Emergency Medical Services in February of 2007. Members of the subcommittee were recruited and selected in the fall of 2007 with membership approved by the EMS Personnel Committee in January of 2008. Members represent a broad cross section of EMTS system stakeholders from across Colorado and are listed in Attachment A of this document. The subcommittee met approximately every three weeks from January 16<sup>th</sup> through July 2<sup>nd</sup>, 2008.

### Background:

The NEMSSoPM calls for the reconfiguration of EMS provider levels in the United States and is based on the National EMS Core Content document published in 2005. While the NEMSSoPM describes the provider levels and general scope of practice for each level, states are responsible to accept and adopt scope of practice regulations within their existing regulatory structures. In addition, soon-to-be released National EMS Education standards will reflect the levels described in the NEMSSoPM and will drive future textbook and course content. The National Registry is further expected to develop and implement credentialing systems for the new levels around 2011 – 2012. The subcommittee took all of these broader factors into account when developing its recommendations.

### Largest Issue:

While incremental changes are expected at the Emergency Medical Technician (formerly EMT-B) and Paramedic (formerly EMT-P) levels, the largest change in the NEMSSoPM is the elimination of the EMT-Intermediate 1985 Curriculum and the EMT-Intermediate 1999 (EMT I-99) Curriculum levels. These levels will be replaced with the Advanced Emergency Medical Technician (AEMT) currently under development. This level represents a significant change from the EMT I-99 level currently in use in Colorado. An overview of the scope of practice differences is shown in the November 2007 CDPHE analysis, attached as Attachment B. The new AEMT level represents a decrease in scope of practice from the EMT-I'99 level and is best described as an update of the EMT-I (1985) level used in almost 30 states. Over the past ten years, the EMT I-99 level of practice was implemented in approximately 12 states, including Colorado.

The EMS Practice Sub-Committee has endorsed the following recommendations:

1. That Colorado adopts the levels described in the National Emergency Medical Services Scope of Practice Model including Emergency Medical Technician (EMT), Advanced Emergency Medical Technician (AEMT) and Paramedic.
2. That Colorado continues to utilize the National Registry of EMTs (NREMT) credentialing process at the EMT, AEMT and Paramedic levels.
3. That Colorado adopts the new EMT scope of practice, maintaining the flexibility supported in B.M.E. Rule 500.
4. That Colorado should continue to utilize EMT-IV as it currently exists. This includes continuation of the EMT “add-on” curriculum, maintenance of the endorsement credential and corresponding scope of practice.
5. That Colorado establishes a new scope of practice and certification level for AEMT commensurate with the NEMSSoPM and National EMS Education Standards.
6. That Colorado adopts the new Paramedic scope of practice as defined in the NEMSSoPM and National EMS Education Standards.
7. That Colorado maintains the EMT I-99 certification and scope of practice as currently described in BME Rule 500.
8. That the continued EMT I-99 level should continue to be called EMT-Intermediate.
9. That Colorado certification as an AEMT should be a pre-requisite for EMT-Intermediate initial education.
10. That an education subcommittee should be charged with developing EMT-I education standards for statewide implementation as appropriate. This process should be in place no later than 2011.
11. That CDPHE should continue its oversight and regulation of the EMT-I certification process, to include the certification, testing and evaluation elements. The subcommittee should revisit how to best accomplish EMT-I testing in sufficient time to ensure a seamless transition from the current National Registry model of EMT I-99 credentialing.
12. That ACLS training continues to be required as part of the I-99 certification requirements.

Note on Data:

Thanks to the efforts of CDPHE staff, the subcommittee was able to look at current EMS procedure data during its deliberations. Unfortunately, the current Colorado EMS Information System (CEMSIS) data does not capture procedures performed by level of provider. The group agreed that more information in the area of procedures performed including, provider level, agency, RETAC and rural vs. urban would be helpful in future analysis of scope of practice issues.

Conclusion:

The subcommittee has recommended implementation of the NEMSSoPM in the state of Colorado. The subcommittee further agrees that existing systems for initial education, NREMT credentialing, state certification, continuing education and scope of practice maintenance should be maintained and adapted as needed to accommodate the new EMT, AEMT, and Paramedic levels.

The subcommittee also recommends continuation of the EMT-Intermediate level. The EMT-I level has evolved to be an essential element of the delivery of advanced life support services in many areas of Colorado. It should therefore be maintained into the foreseeable future.

How the EMT-I level should be maintained will become more clear in the next two years as other states, and NREMT, develop their transition plans. It is therefore recommended that the issue of EMT-I state certification be re-addressed in late 2009 into 2010. It is clear, however, that CDPHE will have limited resources to implement a credentialing and testing program, therefore partnerships with other states, or outsourcing of credentialing functions, may be necessary.

It is currently unclear what role the AEMT will play in Colorado. As that level is introduced, taught and brought into practice, however, it may be wise to reevaluate the continuance of both the AEMT and EMT-I levels into the long-term (10 – 20 year) future. It is very expected, however, that one or more advanced life support levels between EMT and Paramedic will continue to be an essential to the provision of EMS care in Colorado.

Respectfully Submitted

Sean M. Caffrey  
Chairman  
EMT Practice Subcommittee

# Attachment A

## Subcommittee Members:

Sean Caffrey, Summit County Ambulance Service – Chairman  
Claudia Applin, San Juan Basin Technical College  
Bill Binnian, Town of Palisade  
Michael Boyson, Colorado Health Institute  
Steve Brown, Red Rocks Community College  
Ted Foth, Kit Carson County  
Rob Hudgens, City of Pueblo  
Richard Kinser, North Fork Ambulance Association  
Jon Montano, San Luis Valley RETAC  
Larry Reeves, Crowley County  
Brian Rickman, West Routt Fire Protection District  
Jeff Schannals, Northeast Colorado RETAC  
Michele Sweeney, Pueblo Community College  
Kevin Weber, St Mary Corwin Medical Center

## Staff Support:

Michelle Reese, CDPHE Deputy EMTS Section Chief  
Marilyn Bourn, CDPHE EMTS State Training Coordinator  
Steve Boylls, CDPHE EMTS Data Administrator  
Holly Hedegaard, CDPHE EMTS Data Program Manager

## Honored & Consistent Guests:

Tom Candlin, St. Anthony's Hospitals  
William Dunn, Eagle County Ambulance District  
Daniel Hatlestad, Inter-Canyon Fire Rescue  
Pat Tritt, HealthOne EMS

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4300 Cherry Creek Dr. S.      Laboratory Services Division  
Denver, Colorado 80246-1530    8100 Lowry Blvd.  
Phone (303) 692-2000          Denver, Colorado 80230-6928  
TDD Line (303) 691-7700      (303) 692-3090  
Located in Glendale, Colorado  
<http://www.cdph.state.co.us>



Colorado Department  
of Public Health  
and Environment

## **National Scope of Practice/Education Standards Implications for Colorado EMT Certification and Practice November 2007**

### **Introduction**

In February 2007, the National Highway Traffic Safety Administration - Office of EMS released the *National EMS Scope of Practice* guidance document. This document was completed following several years' development intended to move the nation's EMS community toward the implementation of the *National EMS Agenda for the Future*, and the *National EMS Education Agenda for the Future*. Both of these documents have been in existence for almost 10 years and collectively outline the vision for nationally consistent EMS education standards and credentialing services across the U.S. The final cornerstone document, *National EMS Education Standards*, is presently under development and should become available to the national EMS community in mid to late 2008. Collectively, these four documents combine to describe the necessary components of our nation's EMS system, methods and content for delivering EMS education to care givers, and outline the scopes of practice for each identified level of prehospital care provider.

Although individual states have the latitude to determine how they choose to implement these national recommendations, it is clear that the national EMS certification organization (NREMT), the federal disaster response system, vendors that provide EMS educational material and equipment, and other participants in the national EMS support system, will ultimately follow these collective national EMS recommendations in terms of material, products and services made available to the U.S. prehospital care system. Therefore, it is important to become familiar with these national recommendations, especially those centered on EMS education and certification strategies, and determine at the state and local level what policies should be developed and implemented that will support the EMS industry as a whole and meet the national standards of care, as well as ensuring appropriate care and transportation for patients throughout the state of Colorado.

### **Discussion**

Colorado's Emergency Medical and Trauma System (EMTS) has historically followed the national standards and recommendations for EMS training and certification. Since the 1980's, the state has modeled its EMS education process after the national standard curricula provided by the National Highway Traffic Safety Administration. In 2001, Colorado adopted all of the revised national standard training curricula (EMT-Basic, EMT-Intermediate -99, and EMT-

Paramedic), including adoption of the national accreditation system for Paramedic programs. In 2004, Colorado adopted the National Registry of EMTs certification process as the basis for initial state EMT certification. Ultimately, these decisions have resulted in a system of education and certification that is consistent with national standards, ensuring that entry level EMS personnel are capable of providing care not only in our state, but also in other states with a minimum of additional credentialing. These education requirements have predicated the development of the state's standard scope of practice under B.M.E. Rule 500 and become the baseline from which EMS agencies, medical directors, and the public can expect specific levels of patient care and transportation.

Although the recommendations in *the National EMS Scope of Practice Model* are essentially consistent with current Colorado practice at the EMT-Basic and EMT-Paramedic levels of care, there is a dichotomy between Colorado's EMT-Intermediate-99 and the Advanced EMT (AEMT). The EMT-I-99 scope of practice was developed in the late 1990's in an effort to identify specific advanced psychomotor skills that when performed appropriately under the right circumstances, can provide a limited level of advanced life support in communities that are unable to support paramedic services. The philosophy behind the development of the AEMT is similar in that it identifies high value, relatively low risk, advanced life support procedures. The AEMT is not intended as a replacement for paramedics, but rather an opportunity to provide limited advanced life support in environments where fully paramedic staffed transport systems cannot be maintained. However, the AEMT scope of practice does not include the complete skill set of the EMT-I-99.

Attached is a comparative analysis of the skills in the *National EMS Scope of Practice Model* evaluated against the existing scope of practice for Colorado EMTs contained within B.M.E. Rule 500. For the purposes of this document, the content in Rule 500 dealing with advanced transport medication and skills has been omitted as neither the *National EMS Education Standards* nor the *National EMS Scope of Practice* address these issues and can continue to be authorized on a state-by-state basis.

The National Registry of EMTs has announced that its testing and certification process will continue to follow the national standards. Thus, as the *EMS Education Standards* are finalized and implementation begins throughout the U.S., National Registry examinations and certification requirements will adjust accordingly. The national EMS community can expect that testing content and certification levels issued by the NREMT could change as early as the 2<sup>nd</sup> half of 2009 or perhaps as late as 2010. These changes will inherently predicate changes in educational materials, local EMS curricula, and testing standards. Given that Colorado requires successful National Registry certification as the basis for initial Colorado EMT certification, the state's EMS educational system must adjust accordingly to ensure that new EMTs are adequately prepared to achieve certification and enter the EMS workforce.

## **Conclusion**

As the analysis shows, the most significant differences in skills and content between the current national standard curricula (EMT-Basic, EMT-Intermediate/99, and Paramedic) and the newly proposed levels (EMT, AEMT, Paramedic) exists between the EMT-Intermediate-99 and the AEMT as presently outlined in the national documents. From a psychomotor skill perspective, the most significant differences are in the area of advanced airway placement (endotracheal intubation) and advanced cardiac arrest skills. Beyond these two educational components, it

seems very possible for the remaining material from Colorado's current EMT-Intermediate-99 curriculum to be included in the AEMT educational program in Colorado.

The Colorado EMTS community must address the following issues:

- Should Colorado adopt the *National EMS Scope of Practice Model* as the **basis** for the education and certification of EMTs?
- If Colorado adopts the *National EMS Scope of Practice Model*, what changes to scopes of practice should be incorporated into this process and can the need for local/regional variations be accommodated through the Colorado waiver process?
- What steps must be taken to ensure appropriate recognition and accommodation of currently state certified personnel and ensure that new/updated material is disseminated to practicing EMTs.
- What steps must be taken to account for appropriate implementation time lines, including allowance for rule-making processes?

As a starting point for discussion, these options are offered for consideration.

1. Implement the *National EMS Scope of Practice Model* at the EMT and Paramedic levels of practice while maintaining the current Colorado standards for EMT-Intermediate-99. The testing system to evaluate EMT-I-99 to be developed and supported outside of NREMT program.
2. Adopt and implement the *National EMS Scope of Practice Model* at the EMT, Advanced EMT, and Paramedic levels of practice. Maintain the current cadre of Colorado certified EMT-I-99s, but cease training additional EMT-I-99s while allowing local systems to use BME waiver process for additional skills as might be appropriate.
3. Adopt and implement the *National EMS Scope of Practice Model* at the EMT, Advanced EMT, and Paramedic levels of practice. For Advanced EMTs, develop additional education module to make them commensurate with EMT-Intermediate-99 and evaluate the "gap" skills and knowledge at the educational program or state level.

It is important to understand that these changes in the *National EMS Scope of Practice Model* and the *National EMS Scope of Practice* are extremely vital to the continued development of Colorado's EMS industry. However, it is equally important to appreciate the role Colorado EMS providers play in terms of the national EMS system and the ability of providers to practice their profession throughout the U.S. It is critical that new policies to regulate and support the care and transportation of patients remain consistent with current medical practice as well as being cost effective and achievable for all of Colorado's local EMS systems. These many factors must be considered as the stakeholders work collectively to develop the EMTS system's future.

Questions or comments regarding these issues can be directed to the Emergency Medical and Trauma Services section at (303) 692-2980 or by contacting Section Chief D. Randy Kuykendall at [Randy.Kuykendall@state.co.us](mailto:Randy.Kuykendall@state.co.us).



**Comparative Analysis  
Current Skills vs. 2008 Education Standards**

<b>Airway/Ventilation/Oxygen Administration</b>		<b>New</b>		<b>New</b>		<b>New</b>
<b>SKILL</b>	<b>B</b>	<b>Basic</b>	<b>I</b>	<b>AEMT</b>	<b>P</b>	<b>Paramedic</b>
Airway – Esophageal-Single Lumen	N	N	N	Y	N	Y
Airway – Laryngeal Mask	Y <sup>1</sup>	N	Y	Y	Y	Y
Airway – Esophageal/Tracheal – Multi Lumen	Y <sup>1</sup>	N	Y	Y	Y	Y
Airway – Nasal	Y	Y	Y	Y	Y	Y
Airway – Oral	Y	Y	Y	Y	Y	Y
Bag – Valve – Mask (BVM)	Y	Y	Y	Y	Y	Y
Oxygen Powered Ventilation Device	Y	Y	Y	Y	Y	Y
Chest Decompression – Needle	N	N	Y	N	Y	Y
Chest Tube Insertion	N	N	N	N	N	N
Chest Tube Monitoring	N	N	N	N	N	Y
CPAP/BiPAP/PEEP	N	N	N	N	Y	Y
Cricoid Pressure (Sellick)	Y	N	Y	N	Y	Y
Cricothyroidotomy – Needle	N	N	N	N	Y	Y
Cricothyroidotomy – Surgical	N	N	N	N	N	Y
Demand Valve – Oxygen Powered	Y	Y	Y	Y	Y	Y
End Tidal CO <sub>2</sub> Monitoring/Capnometry/ Capnography	Y <sup>1</sup>	N	Y	N	Y	Y
Gastric Decompression – NG/OG Tube Insertion	N	N	N	N	Y	Y
Head-tilt/Chin-lift	Y	Y	Y	Y	Y	Y
Intubation – Digital	N	N	N	N	Y	Y
Intubation – Lighted Stylet	N	N	Y	N	Y	Y
Intubation – Medication Assisted (non-paralytic)	N	N	N	N	N	NA
Intubation – Medication Assisted (paralytics) (RSI)	N	N	N	N	N	NA
Intubation – Maintenance with (paralytics)	N	N	N	N	N	NA
Intubation – Nasotracheal	N	N	N	N	Y	Y

Intubation – Orotracheal	N	N	Y	N	Y	Y
Intubation – Retrograde	N	N	N	N	N	
Extubation	N	N	Y	N	Y	Y
Jaw-thrust	Y	Y	Y	Y	Y	Y
Jaw-thrust – Modified (trauma)	Y	Y	Y	Y	Y	Y
Mouth-to-Barrier	Y	Y	Y	Y	Y	Y
Mouth-to-Mouth	Y	Y	Y	Y	Y	Y
Mouth-to-Nose	Y	Y	Y	Y	Y	Y
Mouth-to-Stoma	Y	Y	Y	Y	Y	Y
Obstruction – Direct Laryngoscopy	N	N	Y	N	Y	Y
Obstruction – Manual	Y	Y	Y	Y	Y	Y
Oxygen Therapy – Humidifiers	Y	Y	Y	Y	Y	Y
Oxygen Therapy – Nasal Cannula	Y	Y	Y	Y	Y	Y
Oxygen Therapy – Non-rebreather Mask	Y	Y	Y	Y	Y	Y
Oxygen Therapy – Simple Face Mask	Y	Y	Y	Y	Y	Y
Oxygen Therapy – Venturi Mask	N	N	Y	N	Y	Y
Peak Expiratory Flow Testing	N	N	Y	N	Y	Y
Pulse Oximetry	Y <sup>1</sup>	Y	Y	Y	Y	Y
Suctioning – Tracheobronchial	N	N	Y	Y	Y	Y
Suctioning – Upper Airway	Y	Y	Y	Y	Y	Y
Tracheal Tube Maintenance – Includes replacement	N	N	Y	N	Y	Y
Ventilators – Automated Transport (ATV)	N	Y	N	Y	Y	Y

<b>Cardiovascular/Circulatory Support</b>		<b>New</b>		<b>New</b>		<b>New</b>
<b>SKILL</b>	<b>B</b>	<b>Basic</b>	<b>I</b>	<b>AEMT</b>	<b>P</b>	<b>Paramedic</b>
Cardiac Monitoring –Non-interpretive	Y1	N	Y	N	Y	Y
Cardiac Monitoring - 3 Lead, interpretative	N	N	Y	N	Y	Y
Cardiac Monitoring – 12 Lead, interpretive	N	N	N	N	Y	Y
Cardiopulmonary Resuscitation (CPR)	Y	Y	Y	Y	Y	Y

Cardioversion – Electrical	N	N	N	N	Y	Y
Carotid Massage	N	N	N	N	Y	Y
Defibrillation – Automated/Semi-Automated (AED)	Y	Y	Y	Y	Y	Y
Defibrillation – Manual	N	N	Y	N	Y	Y
External Pelvic Compression	Y	N	Y	N	Y	Y
Hemorrhage Control – Direct Pressure	Y	Y	Y	Y	Y	Y
Hemorrhage Control – Pressure Point	Y	Y	Y	Y	Y	Y
Hemorrhage Control – Tourniquet	Y	Y	Y	Y	Y	Y
MAST/Pneumatic Anti-Shock Garment	Y	Y	Y	Y	Y	Y
Mechanical CPR Device	Y	Y	Y	Y	Y	Y
Transcutaneous Pacing	N	N	Y	N	Y	Y
Transvenous Pacing – Maintenance	N	N	N	N	N	N
Implantable Cardioverter/Defibrillator Magnet Use	N	N	N	N	N	N
Arterial Blood Pressure Indwelling Catheter – Maintenance	N	N	N	N	N	Y
Invasive Intracardiac Catheters – Maintenance	N	N	N	N	N	N
Central Venous Catheter Insertion	N	N	N	N	N	N
Central Venous Catheter Maintenance/ Interpretation	N	N	N	N	N	Y
Percutaneous Pericardiocentesis	N	N	N	N	N	N

<b>Immobilization</b>		<b>New</b>		<b>New</b>		<b>New</b>
<b>SKILL</b>	<b>B</b>	<b>Basic</b>	<b>I</b>	<b>AEMT</b>	<b>P</b>	<b>Paramedic</b>
Spinal Immobilization – Cervical Collar	Y	Y	Y	Y	Y	Y
Spinal Immobilization – Long Board	Y	Y	Y	Y	Y	Y
Spinal Immobilization – Manual Stabilization	Y	Y	Y	Y	Y	Y
Spinal Immobilization – Seated Patient, etc.	Y	Y	Y	Y	Y	Y
Splinting – Manual	Y	Y	Y	Y	Y	Y
Splinting – Rigid	Y	Y	Y	Y	Y	Y
Splinting – Soft	Y	Y	Y	Y	Y	Y
Splinting – Traction	Y	Y	Y	Y	Y	Y

Splinting – Vacuum	Y	Y	Y	Y	Y	Y
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<b>Intravenous Cannulation/Fluid Administration/Fluid Maintenance</b>		New		New		New
<b>SKILL</b>	<b>B</b>	<b>Basic</b>	<b>I</b>	<b>AEMT</b>	<b>P</b>	<b>Paramedic</b>
Blood/Blood By-Products Initiation (out of facility initiation)	N	N	N	N	N	N
Blood/Blood By-Products Initiation (post facility initiation)	N	N	N	N	N	Y
+Blood/Blood By-Products Monitoring	N	N	N	N	N	Y
Colloids - (Albumin, Dextran) – Initiation	N	N	N	N	N	N
Crystalloids (D5W, LR, NS) – Initiation/Maintenance	N	N	Y	Y	Y	Y
Intraosseous – Initiation	N	N	Y	Y	Y	Y
Medicated IV Fluids Maintenance – As Authorized in Appendix B	N	N	Y	N	Y	Y
Peripheral – Excluding External Jugular - Initiation	N	N	Y	Y	Y	Y
Peripheral – Including External Jugular – Initiation	N	N	Y	N	Y	Y
Use of Indwelling Catheter for IV medications	N	N	Y1	N	Y	Y

<b>Medication Administration – Routes</b>		New		New		New
<b>SKILL</b>	<b>B</b>	<b>Basic</b>	<b>I</b>	<b>AEMT</b>	<b>P</b>	<b>Paramedic</b>
Aerosolized/Nebulized	N	N	Y	Y	Y	Y
Buccal	Y	Y	Y	Y	Y	Y
Endotracheal Tube (ET)	N	N	Y	N	Y	Y
Extra-abdominal umbilical vein	N	N	Y1	UNK	Y1	Y
Intradermal	N	N	Y	Y	Y	Y
Intramuscular (IM)	Y1	NA	Y	Y	Y	Y
Intranasal (IN)	N	N	Y	Y	Y	Y
Intraosseous	N	N	Y	Y	Y	Y
Intravenous (IV) Piggyback	N	N	Y	N	Y	Y

Intravenous (IV) Push	N	N	Y	Y	Y	Y
Nasogastric	N	N	N	N	Y	Y
Ophthalmic	N	N	Y	N	Y	Y
Oral	Y	Y	Y	Y	Y	Y
Rectal	N	N	Y	N	Y	Y
Subcutaneous	Y	NA	Y	Y	Y	Y
Sublingual	Y	Y	Y	Y	Y	Y
Topical	N	N	Y	Y	Y	Y
Use of Mechanical Infusion Pumps	N	N	Y	N	Y	Y

<b>Miscellaneous</b>		<b>New</b>		<b>New</b>		<b>New</b>
<b>SKILL</b>	<b>B</b>	<b>Basic</b>	<b>I</b>	<b>AEMT</b>	<b>P</b>	<b>Paramedic</b>
Aortic Balloon Pump Monitoring	N	N	N	N	N	N
Assisted Delivery	Y	Y	Y	Y	Y	Y
Blood Glucose Monitoring	Y1	N	Y	Y	Y	Y
Dressing/Bandaging	Y	Y	Y	Y	Y	Y
Eye Irrigation Noninvasive	Y	Y	Y	Y	Y	Y
Eye Irrigation Morgan Lens	N	N	Y	N	Y	Y
Maintenance of Intracranial Monitoring Lines	N	N	N	N	N	N
Urinary Catheterization - Initiation	N	N	N	N	Y	Y
Urinary Catheterization – Maintenance	Y1	N	Y	Y	Y	Y
Venous Blood Sampling – Obtaining	N	N	Y	Y	Y	Y

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Denver, Colorado 80246-1530      8100 Lowry Blvd.  
Phone (303) 692-2000      Denver, Colorado 80230-6928  
TDD Line (303) 691-7700      (303) 692-3090  
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Colorado Department  
of Public Health  
and Environment

## **SEMTAC EMS PERSONNEL COMMITTEE**

### **EMT Practice Subcommittee**

#### **DRAFT MEETING MINUTES**

**January 16, 2008**

**9:00 am-12:00 pm**

#### **Location**

Colorado Department of Public Health and Environment  
Room – HFD Training Room  
4300 Cherry Creek Drive South, Denver

#### **I. Call to order by chairman Sean Caffrey.**

Roll call: Claudia Applin, Bill Binnian, Michael Boyson, Steve Brown, Ted Foth, Rob Hudgens, Jon Montano, Larry Reeves, Bryan Rickman, Jeff Schannals, Michelle Sweeney. Absent: Richard Kinser, Kevin Weber. Quorum established

Public attendees: Patricia Tritt, Steve Brown, Nancy Falleur, Scott Bourn, Allen Hughes, Dawn Mathis, Tom Candlin, Bob Loop, James Robinson.

EMTS attendees: Steve Boylls, Marilyn Bourn, Maria Crespino, D. Randy Kuykendall, Holly Hedegaard, Michelle Reese.

#### **II. Message from SEMTAC**

Scott Bourn delivered the Thank You message from SEMTAC.

#### **III. Correspondence: None received.**

#### **IV. Old Business: None**

#### **V. New Business:**

##### **A. Lotus Unyte**

Sean explained that this was a background meeting and that no policy decisions would be made at this time. He also presented an overview of Lotus Unyte, which is a meeting software package from Lotus, where the Lotus people will put together a flash file that will include the screens from the computer and the conversations per phone and in the room. He also explained some of the system's abilities. All items for discussion are on a PowerPoint presentation through Lotus Unyte.

##### **B. Data**

1. The information was presented on the numbers of EMS agencies by region. Dr. Hedegaard explained the criteria they used to classify paid EMT's –vs.- Volunteer EMT's. Dr. Hedegaard encouraged folks to let her know if their RETAC's numbers look

off. In questioning the results, the reminder of why it is important to accurately fill out the agency profiles was brought up. The reminder that the data is based on transport agencies only, and only those that have filled out an agency profile.

2. Marilyn Bourn handed out copies of the Provider Distribution by Region handout. Randy Kuykendall explained that this information was by zip code of EMT's. This does not break out if they are paid, volunteer, or not working, nor does it break out if they live in one region and work in another. This is important to note especially where the EMT-P column exceeds the EMT-I column. The unknowns are mostly out of state EMT's. Jeff Schannals made the observation that if you go east of Greeley in Nebraska paramedics tend to drop off. Most paramedics are in the Ft. Collins and Greeley areas.

### C. **Comparison of Levels**

(All information for this section can be found on the power point presentation in Lotus Unyte.)  
EMT's

Additions/Deletions of new scope of practice compared to our current Rule 500.

Mostly elimination of Y<sup>1</sup> areas.

Per educators, these things being deleted aren't really taught as the core curriculum.

AEMT's

Additions/Deletions

Paramedic's

Additions/Deletions

No Deletions

Several Additions – If we adopt these, this will cut down on waivers.

### D. **Snapshot of current EMS Practice**

A slide providing a snapshot of current EMS practices was presented and discussed.

Subcommittee. Dr. Hedegaard explained categorization by information in the agency profiles.

Q: Does this data seem reasonable?

Per Randy Kuykendall, the committee members may have a copy of these reports produced by the Data Program; just don't publicly disclose.

Conclusion of background discussion

Dr. Hedegaard and Steve Boylls are to look at Urban vs. Rural split.

No other data requested at this time.

### VI. Housekeeping items:

Meetings will be every 3 weeks on Wednesday.

February 27<sup>th</sup> meeting to be held in Pueblo. Rita Bass center has also been offered.

April 9<sup>th</sup> meeting moved to the 16<sup>th</sup> to avoid SEMTAC.

### VII. Next Meeting Date: February 6, 2008 in the HFD Training Room, 9:00 a.m. –12:00 p.m.

### VIII. Adjourned at 11:15 a.m.

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4300 Cherry Creek Dr. S.  
Denver, Colorado 80246-1530  
Phone (303) 692-2000  
TDD Line (303) 691-7700  
Located in Glendale, Colorado

Laboratory Services Division  
8100 Lowry Blvd.  
Denver, Colorado 80230-6928  
(303) 692-3090

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Colorado Department  
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## **SEMTAC EMS PERSONNEL COMMITTEE**

### **EMT Practice Subcommittee**

#### **DRAFT MEETING MINUTES**

**February 6, 2008**

**9:00 am-12:00 pm**

#### **Location**

Colorado Department of Public Health and Environment  
Room – HFD Training Room  
4300 Cherry Creek Drive South, Denver

#### **I. Call to order by chairman Sean Caffrey.**

Roll call: Bill Binnian, Michael Boyson, Steve Brown, Ted Foth, Rob Hudgens, Richard Kinser, Jon Montano, Larry Reeves, Bryan Rickman, Jeff Schannals, Michele Sweeney, Kevin Weber.  
Absent: Claudia Applin. Quorum established

Public attendees: David Reinis, Allen Hughes, Jim Richardson, Karen Donnahie, Twink Dalton, Will Dunn, Bill Hall, Tom Candlin, Patricia Tritt, Dave Bressler, Scott Phillips, Pam Gripp, Nancy Falleur, Dawn Mathis, Mike Hill.

EMTS attendees: Steve Boylls, Marilyn Bourn, Maria Crespin, D. Randy Kuykendall, Holly Hedegaard, Michelle Reese.

The replay from today's meeting is available for download through 3/7/08 at: [https://ash-cs6.conferenceservers.com/recording/16bbb548c78f4fe35a5c32235562c458/12091477891\\_1/12091477891\\_1.exe](https://ash-cs6.conferenceservers.com/recording/16bbb548c78f4fe35a5c32235562c458/12091477891_1/12091477891_1.exe).

#### **II. Previous Minutes**

Motion to approve by Rob Hudgens; second by Dr. Weber. Motion passes. Meeting minutes will be posted on [www.coems.info](http://www.coems.info) /EMT Practice Subcommittee.

#### **III. Correspondence: None received.**

#### **IV. EMTS Data Program Update**

- A. See handouts. Dr. Hedegaard presented revised data re distribution of agency types by RETAC (paid, volunteer, mixed). She also presented a handout entitled, "Most common procedures performed by "intermediate" and "paramedic" agencies.
- B. A suggestion was made to add a box on the agency profile next year to check whether a service is licensed as ALS or BLS.
- C. A discussion ensued regarding the limitations of the data, i.e., data entry errors, but the group agreed that this information does give a starting point.



- V. Discussion re adoption of the NSoPM.
- A. For NSoPM levels of EMT and AEMT, an addition is automated ventilators. A discussion occurred as to what that means – the consensus is that it means simple, oxygen-powered ventilators.
  - B. Current Hour Estimates Slide  
Randy Kuykendall explained the difference in measurement of current education hour requirements and the estimates based on the NSoPM. The current 110 hours for EMT-Basic doesn't include things like CPR or EMS Operations because you can get those elsewhere. However, the new estimate of 150-190 hours includes those types of things. Also, note that the new education standards will be competency-based, not hour-based. The estimates are also inclusive of lab, clinical and internship time.
  - C. Discussion re Question One: Are we okay with the EMT, AEMT, and Paramedic curricula for initial training, i.e., should we adopt the NSoPM model and corresponding education standards?
    1. **MOTION: MOVE THAT COLORADO ADOPT THE PROPOSED NATIONAL EMS SCOPE OF PRACTICE MODEL IN THE FUTURE FOR THE THREE LEVELS OF EMT, AEMT, AND PARAMEDIC.**  
Motion by Dr. Weber; second by Dr. Sweeney. **Motion passed.**  
(9 in favor, 2 against, 2 absent, 1 abstain).
    2. The discussion prior to the motion vote centered around that if it is adopted, it is just a minimum – we will build from here to make our own scope.
  - D. Slides were presented showing what the NREMT is planning as far as transitioning to the new levels. Marilyn Bourn explained how the SEMTAC EMS Personnel, Education Standards Subcommittee defines the words “transition” and “bridge” in terms of courses. Transition means adding education/skills to stay at the same level – just updating skills. Bridge means adding education/skills to go to a higher certification level.
  - E. Discussion re Question Two: Are we okay to continue accepting the NREMT certification process as our gateway to initial Colorado licensing?
    1. **MOTION: MOVE TO CONTINUE NREMT TESTING AT THE EMT, AEMT AND PARAMEDIC LEVELS.**  
Motion by Dr. Sweeney; second by Dr. Weber. **Motion passed.**
- VI. Additional Considerations (Not to be answered today).  
What transition/cutover dates would work for Colorado considering:
- last cycle of old courses
  - last testing for old EMT levels
  - time required for transition courses
  - revision of Rule 500
- VII. Questions for Next Time
- A. Do we need to build any new supplements for EMT?
  - B. Do we need to build any new supplements for Paramedic?
  - C. Do we want to build a new AEMT “supplement” that looks like I-‘99?
  - D. Are we okay keeping our existing EMT-Is?
- VIII. Next Meeting Date: February 27, 2008, at Pueblo Community College or Engine 1 Department, 9:00 a.m. –12:00 p.m. Sean Caffrey indicated he would try to send the agendas and powerpoints out prior to the meetings and he can also send them during the meetings.
- IX. Motion to adjourn by Dr. Sweeney; second by Steve Brown. Adjourned at 11:20 a.m.

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Colorado Department  
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## **SEMTAC EMS PERSONNEL COMMITTEE**

### **EMT Practice Subcommittee**

#### **DRAFT MEETING MINUTES**

**February 27, 2008**

**9:00 am-12:00 pm**

#### **Location**

Pueblo Community College  
Barbara Fortino Room

#### **I. Call to order by chairman Sean Caffrey.**

Roll call: Bill Binnian, Michael Boyson, Steve Brown, Rob Hudgens, Richard Kinser, Jon Montano, Bryan Rickman, Jeff Schannals, Michele Sweeney, Kevin Weber. Absent: Claudia Applin, Ted Foth, Larry Reeves. Quorum established

Public attendees: Karen Donnahie, Allen Hughes, Mary Mast, Tom Candlin, Will Dunn, Patricia Tritt, Dave Bressler, Nancy Falleur, Dawn Mathis, Ted Rowan, Jeff Stranahan, Jennifer Jones, Theresa Jimison.

EMTS attendees: Marilyn Bourn, Maria Crespino, D. Randy Kuykendall, Michelle Reese.

#### **II. Previous Minutes**

Motion to approve by Michele Sweeney; second by Rob Hudgens. Motion passes. Meeting minutes will be posted on [www.coems.info](http://www.coems.info) /EMT Practice Subcommittee.

#### **III. Correspondence: None received.**

#### **IV. Agenda Item 1: Review of Add-On Curricula/Expanded Scope EMT-Basic/IV**

Marilyn Bourn provided a description of the EMT-Basic IV in Colorado. It is not a certification level, but an authorization. An EMT takes a state-approved IV course, takes the course completion certificate to a medical director who can extend to the EMT those IV privileges under Rule 500. It is a 20-24 hour curriculum, with clinical competency testing by the education program.

Pat Tritt asked EMTS section staff to send out a reminder to programs to stop using the term "certification."

#### **V. Agenda Item 2: Advanced Practice Paramedic**

Randy Kuykendall discussed that the Critical Care Paramedic subcommittee met for a length of time and couldn't come to a consensus on what a CCP should look like, just as no consensus was made

at the national level. The national folks indicated it will be looked at later after the national scope of practice is implemented. Mr. Kuykendall suggested this group focus on the three levels, especially intermediates, and have a broader discussion of advanced practice paramedic at a later time.

VI. Agenda Item 3: Waivers

Marilyn Bourn reviewed the current waiver summary slides she prepared. She stated that the desire of the BME is that standard practice items be part of Rule 500, so waivers would be limited to things that are new or extraordinary. The Medical Direction Committee is committed to reviewing/revising Rule 500 annually.

VII. Blue Circle Questions:

- A. Do we need to build any new supplements or scopes for EMTs?
- B. Do we need to build any new supplements or scopes for Paramedics?
- C. **Motion** by Bryan Rickman to adopt the new EMT scope, keeping Y<sup>1</sup> as in Rule 500.  
Second by Kevin Weber.  
Motion Carries.
- D. **Motion** by Michele Sweeney to continue “IV” as an add-on, as it currently is.  
Second by Richard Kinser.  
Motion carries.
- E. Discussion ensued whether there is anything that isn’t showing up either as Y<sup>1</sup> or AMET scope that the group would like to consider such as End-Tidal CO<sub>2</sub> Monitoring, external pelvic compression or non-interpretative cardiac monitoring. During discussion of airway skills, the majority of the group expressed leaving it as an add-on, taught by the medical director.

VIII. For Next Time

- A. The AEMT and EMT-Intermediate blue circle questions.

IX. Next Meeting Date: March 19, 2008, at CDPHE, HFD Training Room, 9:00 a.m. – 12:00 p.m.

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Colorado Department  
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## **SEMTAC EMS PERSONNEL COMMITTEE**

### **EMT Practice Subcommittee**

#### **DRAFT MEETING MINUTES**

**April 19, 2008**

**9:00 am-12:00 pm**

#### **Location**

Colorado Department of Public Health and Environment  
HFD Training Room, Building A, second floor.

#### **I. Call to order by chairman Sean Caffrey.**

Roll call: Bill Binnian, Michael Boyson, Steve Brown, Rob Hudgens, Jon Montano, Bryan Rickman, Jeff Schannals, Michele Sweeney. Absent: Claudia Applin, Larry Reeves, Ted Foth, Richard Kinser, and Kevin Weber. Quorum established

Public attendees: Tom Candlin, Will Dunn, Jeff Stranahan, Chuck Ippolito, Nancy Falleur.

EMTS attendees: Marilyn Bourn, D. Randy Kuykendall, and Michelle Reese.

#### **II. Previous Minutes**

Motion to approve by Michele Sweeney; second by Bill Binnian. Motion passes. Meeting minutes will be posted on [www.coems.info](http://www.coems.info) /EMT Practice Subcommittee.

#### **III. Correspondence: None received.**

#### **IV. Agenda Item 1: Group agreed at last meeting to keep a level in Colorado that looks like the EMT-Intermediate 1999. Sometime after 2010 - no national EMT-I'99 program will exist. That means we will need to:**

- Name the level
- Decide on its desired scope of practice
- Figure out how to teach it
- How to test it
- What to do with current providers
- How to keep it current
- How to recertify people and
- Any other requirements that may be needed

#### **A. Name that level. Suggestions were EMT-Intermediate, C-AEMT, AEMTI and AEMTII Majority of the group recommends EMT-Intermediate.**

- B. Is the existing EMT-I Scope in Rule 500 adequate? Reviewed the Provider Impression Table from data program from the EMS Database January 2007 – April 2008.  
**The consensus is to leave the scope as it currently is.** Rule 500 is to be reviewed every year. Incremental change is on the table (as things evolve), but it is working well as it is.
- C. How should this be taught?  
The suggestion was made that this might be a better subject for the SEMTAC EMS Personnel, Education Subcommittee.

**Consensus was reached that intermediate *training* would be as an add-on to the AEMT curriculum.**

Discussion ensued re “Is this a certification level – thus testing – or a recognition level (in the hands of the medical director).” **There was no consensus on this.**

Discussion ensued re grandfathering of current EMT Is. **Consensus reached that EMT-I’s can stay EMT-I’s.**

- V. Motion to Adjourn by Michele Sweeney; second by Jeff Schannals
- VI. Next Meeting Date: April 30, 2008, at CDPHE, HFD Training Room, 9:00 a.m. – 12:00 p.m.

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Colorado Department  
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## **SEMTAC EMS PERSONNEL COMMITTEE**

### **EMT Practice Subcommittee**

#### **DRAFT MEETING MINUTES**

**March 19, 2008**

**9:00 am-12:00 pm**

#### **Location**

Colorado Department of Public Health and Environment  
HFD Training Room, Building A, second floor.

#### **I. Call to order by chairman Sean Caffrey.**

Roll call: Claudia Applin, Bill Binnian, Steve Brown, Rob Hudgens, Jon Montano, Larry Reeves, Bryan Rickman, Jeff Schannals, Michele Sweeney, Kevin Weber. Absent: Michael Boyson, Ted Foth, and Richard Kinser. Quorum established

Public attendees: Karen Donnahie, Allen Hughes, Mary Mast, Tom Candlin, Will Dunn, Patricia Tritt, Dave Bressler, Jeff Stranahan, Bill Hall, Mike Merrill, Chuck Ippolito, Tad Rowan.

EMTS attendees: Marilyn Bourn, D. Randy Kuykendall, and Michelle Reese.

#### **II. Previous Minutes**

Motion to approve by Rob Hudgens; second by Kevin Weber. Motion passes. Meeting minutes will be posted on [www.coems.info](http://www.coems.info) /EMT Practice Subcommittee.

#### **III. Correspondence: None received.**

#### **IV. Agenda Item 1: Adoption of NSoPM for Colorado EMT-Paramedic**

- No deletions
- Several additions, including chest tube monitoring, blood/blood products

Regarding the additions to the EMT Paramedic scope of practice, we would probably leave it up to the individual training centers and groups as to whether they want to offer a transition course or accomplish through continuing education. Bottom line: For those items we adopt into the scope, it will be no different than any scope of practice change – it will be up to the service medical director to teach those skills. Randy Kuykendall will check with Deb Cason as to whether these added skills are monitoring only – not initiating.

Question 1: Shall we recommend adoption of the paramedic scope of practice as defined in the NSoPM? Recall – we approved a recommendation to adopt the NSoPM as the basis for initial EMS education (new people) once the national education standards are finalized and materials become available. Now, should we adopt the paramedic level as described in the National EMS Scope of

Practice Model and recommend that the paramedic scope of practice in Rule 500 be modified as needed to conform to the national model and new education standards?

**Motion:** A motion to recommend adoption of the paramedic scope of practice was made by Kevin Weber and seconded by Larry Reeves. **Motion passes** – unanimous approval.

V. Agenda Item 2: Future of NREMT Intermediate-‘99

In regards to EMT Intermediates, we are in the minority of states—only 13 states use the I-99 curriculum and scope of practice. The recommendation was made to staff to stay in touch with our counterpart I-99 states to see what they are doing or to collaborate with them. Marilyn will have a breakdown of NREMT-certified Colorado practitioners at each level for the next meeting.

Slide - graphic: Percent of EMTs in the RETAC who are Intermediates: Biggest EMT-I users by Region are San Luis Valley at 28%, Southwest at 17%, and Western at 18%.

Question 2: With the understanding we will have AEMT’s, do we also wish to maintain a level of practice in Colorado that resembles EMT-I’99?

**Motion:** A motion to maintain the EMT-I-99 SoP in Colorado was made by Bill Binnian and seconded by Rob Hudgens. **Motion passes** - unanimous approval.

Now that we have agreed to keeping EMT-I-99’s we will need to address all of the sub-questions this raises, such as

- Keep only current I-99’s or allow for new I-99’s?
- How to test if new I-99’s are allowed?
- Are we going to recommend all of the scope of practice as currently is or just parts of it? Sean Caffrey suggested a discussion of removing the asterisks in Rule 500 requiring I’s get verbal orders. The sub-committee may make a recommendation to BME depending on what the committee wants.
- Are we going to offer an EMT-I to Paramedic bridge?
- How to add EMT-I onto AEMT?
- How to maintain re continuing education?
- Are we going to train new I-99’s? If so, how?

How many new EMT-I;s are we certifying each year? (Need this for next meeting)

Larry Reeves requested chart of number of Intermediates be sent to committee for next meeting.

VI. Next Meeting Date: April 16, 2008, at CDPHE, HFD Training Room, 9:00 a.m. – 12:00 p.m.

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## **SEMTAC EMS PERSONNEL COMMITTEE**

### **EMT Practice Subcommittee**

#### **DRAFT MEETING MINUTES**

**May 21, 2008**

**9:00 am-12:00 pm**

#### **Location**

Colorado Department of Public Health and Environment  
HFD Training Room, Building A, second floor.

#### **I. Call to order by chairman Sean Caffrey.**

Roll call: Claudia Applin, Bill Binnian, Michael Boyson, Steve Brown, Rob Hudgens, Jon Montano, Larry Reeves, Bryan Rickman, Jeff Schannals, Michele Sweeney, Kevin Weber.  
Absent: Ted Foth, and Richard Kinser. Quorum established

Public attendees: Tom Candlin, Will Dunn, Patricia Tritt, Jeff Stranahan, Tad Rowan, Daniel Hatlestad, Kelsey Fedde, Allen Hughes.

EMTS attendees: Marilyn Bourn, Maria Crespin

#### **II. Previous Minutes**

Motion to approve by Michele Sweeney; second by Bryan Rickman. Motion passes. Meeting minutes will be posted on [www.coems.info](http://www.coems.info) /EMT Practice Subcommittee.

#### **III. Correspondence: None received.**

#### **IV. Agenda Item 1: Review of previous discussions and recommendations.**

- \* We have agreed to recommend that Colorado adopt the New EMT, AEMT and Paramedic levels when they are available for initial EMS education.
- \* We will recommend the state continue to use the NREMT certification and testing process as the credentialing method for those levels.
- \* We will recommend maintaining the current EMT-Basic & EMT-Basic/IV scopes of practice adjusted as needed to incorporate the new education standards. There will be a new AEMT scope of practice to match those education standards.
- \* We will recommend adoption of a Paramedic scope of practice commensurate with the new education standards.
- \* We agreed to recommend to keep a level in Colorado that looks like the EMT-Intermediate 1999.

Details include:

- \* It will be called EMT-Intermediate
- \* We will use the existing scope to start with (as it may be amended)
- \* The Education Subcommittee will handle building the educational requirements



from an educational standpoint, it will be built as an add-on to AEMT content.

\* We will allow existing providers EMT-Is to maintain their certification in accordance with current requirements

V. Agenda Item 2: How will testing be done for the Intermediate level?

Who does it?

Who builds & maintains it?

Who pays for it?

Dr. Sweeney proposed that we could not discuss the testing process until the decisions were made regarding “recognition or certification”.

A poll was taken to see if the participants thought the Intermediate level should be a recognition or certification:

Recognition – 33 %

Certification – 67%

Numerous abstentions, needed more information before voting.

Discussion shifted to certification issue.

VI. Is the proposed Intermediate level of practice a certification level?

Discussion ensued regarding practice at the Intermediate level. In previous meetings it was recommended that the Intermediate education knowledge and skills will be provided as an “add-on curriculum” to the AEMT level. After completion of this educational curriculum, would this individual be:

1) Waivered by the BME to perform the skills?

2) Recognized (like the IV curriculum) to perform the skills?

3) Certified to perform the skills?

Option #1 – Skills and knowledge at the Intermediate level would be waived through the BME by individual medical directors. The BME has made it clear that they want Rule 500 to be consistent with current clinical practice. They would like to strive for fewer waiver requests not more. Members of the group felt this option would be cumbersome and unmanageable. It was the consensus of the group, that this was not a viable option.

Option #2 – Skills and knowledge at the Intermediate level would be tested by the individual education program offering the training. Individuals would then be recognized by their medical director to function at the level of Intermediate. It was discussed that this amount and complexity of education should be taught by training centers and not training groups. It was also felt that the testing procedures needed to be consistent throughout all the programs.

Option # 3 – Skills and knowledge at the Intermediate level would be tested by a process developed by the state and administered under the State’s authority. Upon successful completion of the testing process, the student would then be certified as an Intermediate (4<sup>th</sup> level of certification in the state). Recertification would occur in the same manner as the other 3 levels.

**Motion:** A motion to recommend that the Intermediate level be a state certification with a CDPHE developed testing process was made by Michele Sweeney and seconded by Bryan Rickman. **Motion passes** – unanimous approval of those present (11/14 voting members)

VII. The group felt strongly that the Intermediate Centers should be involved in, and utilized to, help develop the written examination. The current NR Intermediate practical exam could be used as a template for the practical test. EMTS staff was asked to discuss the issues related to implementation of a new testing process and be prepared to talk at the next meeting. Issues include:

Test development

Validity and reliability

Administration

Security

Quality assurance

Financial requirements and resources

Reporting mechanisms

The questions was asked, if either the training centers or the individual could be charged to help offset the cost of development and administration of the test. Maria will review the statue and report back next time.

VIII. **Motion:** A motion to adjourn was made by Bill Binnian seconded by Bryan Rickman. **Motion passes** – unanimous approval Adjournment at 10:25.

IX. Next Meeting Date: June 11, 2008, at CDPHE, HFD Training Room, 9:00 a.m. – 12:00 p.m.

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## **SEMTAC EMS PERSONNEL COMMITTEE**

### **EMT Practice Subcommittee**

#### **DRAFT MEETING MINUTES**

**June 11, 2008**

**9:00 am-12:00 pm**

#### **Location**

Colorado Department of Public Health and Environment  
Snow Room, Building A, first floor.

#### **I. Call to order by chairman Sean Caffrey.**

Roll call: Michael Boyson, Steve Brown, Rob Hudgens, Jon Montano, Larry Reeves, Bryan Rickman, Jeff Schannals, Kevin Weber. Absent: Claudia Applin, Bill Binnian, Ted Foth, Richard Kinser and Michele Sweeney. Quorum established

Public attendees: Tom Candlin, Will Dunn, Jeff Stranahan, Daniel Hatlestad, Allen Hughes, Scott Sholes, Dawn Mathis, Chuck Ippolito.

EMTS attendees: Marilyn Bourn, Michelle Reese, Maria Crespín, Art Kanowitz.

#### **II. Previous Minutes**

Motion to approve by Larry Reeves; second by Kevin Weber. Motion passes. Meeting minutes will be posted on [www.coems.info](http://www.coems.info) /EMT Practice Subcommittee.

#### **III. Correspondence: None received.**

#### **IV. Recap by Sean Caffrey.**

#### **V. Agenda Item 1: Testing – EMT-I's.**

- A. The subcommittee has agreed to recommend a test with a written and practical component.
- B. Michelle Reese informed the subcommittee that at this time, the department is not willing to build and administer a certification test for the EMT-I's. The department does not have the money, resources or expertise. Importantly, the state has some time to decide this – a couple of years probably and several options were discussed, including having the EMT-I's pay a third party for the exam (like NREMT) or using special projects money to hire someone to develop and administer the test.
- C. Marilyn Bourn reminded the group that certification tests have to meet vigorous legal requirements to be valid. Additionally, another state looked at creating an exam for a level that NREMT doesn't currently test for and it was estimated to be around \$150,000, which is a lot of money for only about 40 or so I-99's each year. It would be a lot of cost per person.
- D. Sean Caffrey stated that the state may be in a position to work with other states or maybe NREMT will keep testing at that level.

- E. **Motion.** A motion was made by Rob Hudgens, seconded by Larry Reeves, **to clarify the 5-21-08 motion, that CDPHE should oversee the EMT-I certification process to include the testing element and that the subcommittee should revisit how to best accomplish EMT-I testing no later than the fall of 2009 after associated issues become more clear. Motion passed.**
- VI. Agenda Item II – ACLS Discussion
- A. A discussion ensued regarding ACLS requirements for certification. It was pointed out that AEMTs will not be doing intubations and cardiac monitoring; however for I-99's it makes sense to keep the ACLS requirement. For the AEMT scope, the things that are outside of their scope are a big part of the ACLS course, so it doesn't make sense to require ACLS for AEMT.
- B. Marilyn Bourn indicated that she may check with the Heart Association to see if they are making a recommendation as to whether they will even allow AEMTs to take ACLS.
- C. **Motion.** A motion was made by Bryan Rickman, seconded by Kevin Weber to recommend that **ACLS training continue to be required as part of the I-99 certification requirements. Motion passes.**
- VII. Agenda Item III – Response Survey Summary
- A. 98 responses to the survey
- B. It was pointed out that it would be good to see this information broken down by level.
- C. It was pointed out that if we are going to evaluate what skills are being used, we must consider rural versus urban.
- D. Sean Caffrey noted that Dr. Hall requested that these same questions be asked of the medical director community, focusing on those medical directors that oversee a lot of EMT-Is. Mr. Caffrey to talk to Dr. Kanowitz about this.
- E. Sean Caffrey indicated that he would just offer this survey as an informational product for the MDC and the Education Subcommittee.
- VIII. Agency Item IV – Subcommittee Wrap-Up
- A. Sean Caffrey informed the group that the subcommittee has done what was asked of it, with just the certification/testing issue to work out as we learn more.
- B. Tom Candlin suggested that the group not forget to address the CE requirements for AEMT, I-99's.
- C. Sean Caffrey proposed to put together a summary of the subcommittee's recommendations, which, after review by this group, would be routed to the EMS Personnel Committee and the SEMTAC. Mr. Caffrey suggested that the recommendations would go to the EMS Personnel Committee at the July SEMTAC meeting and the full SEMTAC at the October SEMTAC meeting.
- IX. Next Meeting
- A. At the next meeting, the group will review the summary of the recommendations.
- B. Next meeting – Wednesday, July 2, 2008, CDPHE, Building A, second floor, Health Facilities Training Room, 9:00-12:00.
- X. Motion to Adjourn by Bryan Rickman, seconded by Kevin Weber. Motion passes.

# STATE OF COLORADO

Bill Ritter, Jr., Governor  
James B. Martin, Executive Director

Dedicated to protecting and improving the health and environment of the people of Colorado

4300 Cherry Creek Dr. S.  
Denver, Colorado 80246-1530  
Phone (303) 692-2000  
TDD Line (303) 691-7700  
Located in Glendale, Colorado

Laboratory Services Division  
8100 Lowry Blvd.  
Denver, Colorado 80230-6928  
(303) 692-3090

<http://www.cdph.state.co.us>



Colorado Department  
of Public Health  
and Environment

## **SEMTAC EMS PERSONNEL COMMITTEE** **EMT Practice Subcommittee** **DRAFT MEETING MINUTES**

**July 2, 2008**

**9:00 am-12:00 pm**

### **Location**

Colorado Department of Public Health and Environment  
Health Facilities Training Room, second floor.

### **I. Call to order by chairman Sean Caffrey.**

Roll call: Michael Boyson, Steve Brown, Jon Montano, Larry Reeves, Bryan Rickman, Jeff Schanhals, Bill Binnian. Absent: Claudia Applin. Quorum established

Public attendees: Tom Candlin, Jeff Stranahan, Allen Hughes.

EMTS attendees: Randy Kuykendall, Marilyn Bourn

### **II. Previous Minutes**

Motion to approve by Jeff Schanhals; second by Bryan Rickman. Motion passes. Meeting minutes will be posted on [www.coems.info](http://www.coems.info) /EMT Practice Subcommittee.

### **III. Correspondence: None received.**

**IV. Mid-Year National Association of State EMS Officials meeting was recently held in Washington D.C. Randy Kuykendall gave a brief summary of the meeting and update on implementation of new national scope and standards. Implementation of new National Registry testing may be later than originally thought (2012). Several states that utilize I-99 are preceding in a similar manner as Colorado. Colorado is clearly ahead of the process and may want to table further discussions and actions until final education standards are completed and more information from the publishers and National Registry is available. National Registry may be in a position to continue the I-99 (linear) test longer to meet the needs of the states.**

### **V. Agenda Item 1: Final Report.**

**A. Sean present the draft final report. Some comments previously received from Randy Kuykendall and Art Kanowitz.**

- 1. Format – No changes recommended. Approved. The final document will also include committee information, minutes, analysis document, etc.**
- 2. Introduction, Background, Largest Issue: - no changes recommended. Approved.**
- 3. Recommendations – no changes recommended. Approved.**
- 4. Data – no changes recommended. Approved.**

5. Conclusion- May need to consider a slight modification in the anticipated dates, based on recent update from NASEMSO. Clarify the discussion of the AEMT level and the role of the Intermediate in the last paragraph. May give the impression that the elimination of the Intermediate level is still being considered.
  - B. Revised report will be sent to committee members. Please email comment to Sean ASAP.
  - C. The report will be presented to the SEMTAC EMS Personnel Committee on July 9, 2008 and the forward to SEMTAC on July 10, 2008.
- VI. Future Actions – this working group has completed it's assigned task. Randy Kuykendall suggests that this same group reconvene in approximately 1 year to begin work related to rules changes and implementation.
- X. Motion to Adjourn by Bryan Rickman, seconded by Bill Binnian. Motion passes.  
Adjourn 9:45