DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT

Health Facilities and Emergency Medical Services Division

EMERGENCY MEDICAL SERVICES

6 CCR 1015-3

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

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

SECTION 1 - Purpose and Authority for Establishing Rules

1.1 The purpose of these rules is to define the qualifications and duties of medical directors to Emergency Medical Services (EMS) agencies and to define the authorized medical acts of EMS Providers.

1.2 The general authority for the promulgation of these rules by the executive director or chief medical officer of the Department is set forth in Sections 25-3.5-203 and 206, C.R.S.

1.3 These rules apply to and are controlling for any physician functioning as a Medical Director to an EMS organization and who authorizes and directs the performance of medical acts by EMS Providers at all levels of certification in the State of Colorado. These rules also define the scope of practice for EMS Providers.

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

2.1 "Advanced Cardiac Life Support (ACLS)" - A course of instruction designed to prepare students in the practice of advanced emergency cardiac care.

2.2 "Advanced Emergency Medical Technician (AEMT)" - An individual who has a current and valid AEMT certificate issued by the Department and who is authorized to provide limited acts of advanced emergency medical care in accordance with these rules.

2.3 "Colorado Medical Board" – the Colorado Medical Board established in Title 12, Article 36, C.R.S., formerly known as the state Board of Medical Examiners.

2.4 "Department" - The Colorado Department of Public Health and Environment.

2.5 "Emergency Medical Practice Advisory Council (EMPAC)" – the council established pursuant to Section 25-3.5-206, C.R.S., that is responsible for advising the Department regarding the appropriate scope of practice for EMS Providers and for the criteria for physicians to serve as EMS medical directors.

2.6 "Emergency Medical Technician (EMT)" - an individual who has a current and valid EMT certificate issued by the Department and who is authorized to provide basic emergency medical care in accordance with these rules.

2.7 “Emergency Medical Technician with Intravenous Authorization (EMT-IV)” - an individual who has a current and valid EMT certificate issued by the Department and who has met the conditions defined in Section 5.5 of these rules.

2.8 “Emergency Medical Technician-Intermediate (EMT-I)” - an individual who has a current and valid EMT-Intermediate certificate issued by the Department and who is authorized to provide limited acts of advanced emergency medical care in accordance with these rules.

2.9 “EMS Provider” – refers to all levels of emergency medical technician certification issued by the Department including Emergency Medical Technician, Advanced Emergency Medical Technician, Emergency Medical Technician-Intermediate and Paramedic.

2.10 “EMS Service Agency” - any organized agency including but not limited to a “rescue unit” as defined in Section 25-3.5-103(11) C.R.S., using EMS Providers to render initial emergency medical care to a patient prior to or during transport. This definition does not include criminal law enforcement agencies, unless the criminal law enforcement personnel are EMS Providers who function with a “rescue unit” as defined in Section 25-3.5-103(11), C.R.S. or are performing any medical act described in these rules.

2.11 “Graduate Advanced EMT” - an individual who has a current and valid Colorado EMT certification issued by the Department and who has successfully completed a Department-recognized AEMT initial course but has not yet successfully completed the certification requirements set forth in the Rules Pertaining to EMS Education and Certification, 6 CCR 1015-3, Chapter One.

2.12 “Graduate EMT-Intermediate” - an individual who has a current and valid Colorado EMT or AEMT certification issued by the Department and who has successfully completed a Department-recognized EMT-Intermediate course but has not yet successfully completed the certification requirements set forth in the Rules Pertaining to EMS Education and Certification, 6 CCR 1015-3, Chapter One.

2.13 “Graduate Paramedic” - an individual who has a current and valid Colorado EMT certificate, AEMT certificate, or EMT-I certificate issued by the Department and who has successfully completed a Department-recognized Paramedic initial course but has not yet successfully completed the certification requirements set forth in the Rules Pertaining to EMS Education and Certification, 6 CCR 1015-3, Chapter One.

2.14 “Licensed in Good Standing” – as used in these rules, means that a physician functioning as an Medical Director holds a current and valid license to practice medicine in Colorado that is not subject to any restrictions.

2.15 “Medical Base Station” - the source of direct medical communications with EMS Providers.

2.16 “Medical Director” – for purposes of these rules means a physician licensed in good standing who authorizes and directs, through protocols and standing orders, the performance of students-in-training enrolled in Department-recognized EMS education programs, graduate AEMTs, EMT-Is or Paramedics, or EMS Providers of a prehospital EMS Service Agency and who is specifically identified as being responsible to assure the competency of the performance of those acts by such EMS Providers as described in the physician’s medical continuous quality improvement program.

2.17 “Paramedic” - an individual who has a current and valid Paramedic certificate issued by the Department and who is authorized to provide advanced emergency medical care in accordance with these rules.

2.18 “Protocol” - written standards for patient medical assessment and management approved by an Medical Director.

2.19 “Rules Pertaining to EMS Education and Certification” – rules governing the education and certification of EMS Providers, located at 6 CCR 1015-3, Chapter One, promulgated by the state Board of Health.

2.20 “Scope of Practice” – refers to the medication administration and acts authorized in these rules for EMS Providers.

2.21 “State Emergency Medical and Trauma Services Advisory Council (SEMTAC)” – a council created in the Department pursuant to Section 25-3.5-104, C.R.S., that advises the Department on all matters relating to emergency medical and trauma services.

2.22 “Standing Order” - written authorization by a medical director for the performance of specific medical acts by EMS Providers independent of making medical base station contact.

2.23 “Supervision” - oversee, direct or manage. Supervision may be through direct observation or by indirect oversight as defined in the medical director’s continuous quality improvement program.

2.24 “Waiver” – a Department-approved exception to these rules granted to a Medical Director.

SECTION 3 – Emergency Medical Practice Advisory Council

3.1 The Emergency Medical Practice Advisory Council (EMPAC), under the direction of the executive director of the Department, shall advise the Department in the areas set forth below in Section 3.8.

3.2 The EMPAC shall consist of the following eleven members:

3.2.1 Eight voting members appointed by the governor as follows:

A) Two physicians licensed in good standing in Colorado who are actively serving as EMS medical directors and are practicing in rural or frontier counties;

B) Two physicians licensed in good standing in Colorado who are actively serving as EMS medical directors and are practicing in urban counties;

C) One physician licensed in good standing in Colorado who is actively serving as an EMS medical director in any area of the state;

D) One EMS Provider certified at an advanced life support level who is actively involved in the provision of emergency medical services;

E) One EMS Provider certified at a basic life support level who is actively involved in the provision of emergency medical services; and

F) One EMS Provider certified at any level who is actively involved in the provision of emergency medical services;

3.2.2 One voting member who is a member of the SEMTAC, appointed by the executive director of the Department; and

3.2.3 Two nonvoting ex officio members appointed by the executive director of the Department.

3.3 EMPAC members shall serve four-year terms; except that, of the members initially appointed to the EMPAC by the governor, four members shall serve three-year terms.

3.4 A vacancy on the EMPAC shall be filled by appointment by the appointing authority for that vacant position for the remainder of the unexpired term.

3.5 EMPAC members serve at the pleasure of the appointing authority and continue in office until the member's successor is appointed.

3.6 The EMPAC shall meet at least quarterly and more frequently as necessary to fulfill its obligations.

3.7 The EMPAC shall elect a chair and vice-chair from its members.

3.8 The duties of the EMPAC include:

3.8.1 Provide general technical expertise on matters related to the provision of patient care by EMS Providers;

3.8.2 Advise or make recommendations to the Department on:

A) The acts and medications that EMS Providers are authorized to perform or administer under the direction of a medical director.

B) Requests by medical directors for waivers to the scope of practice of EMS Providers as established in these rules.

C) Modifications to EMS Provider certification levels and capabilities.

D) Criteria for physicians to serve as EMS medical directors.

SECTION 4 - Medical Director Qualifications and Duties

4.1 A medical director shall possess the following minimum qualifications:

4.1.1 Be a physician currently licensed to practice medicine in the State of Colorado.

4.1.2 Be trained in Advanced Cardiac Life Support.

4.1.3 Physicians acting as medical directors for Department-recognized EMS education programs must possess authority under their licensure to perform any and all medical acts to which they extend their authority to EMS Providers, including any and all curricula presented by EMS education programs.

4.2 The duties of a medical director shall include:

4.2.1 Be actively involved in the provision of emergency medical services in the community served by the EMS Service Agency being supervised. Involvement does not require that a physician have such experience prior to becoming a medical director, but does require such involvement during the time that he or she acts as a medical director. Active involvement in the community could include, by way of example and not limitation, those inherent, reasonable and appropriate responsibilities of a medical director to interact with patients, the public served by the EMS Service Agency, the hospital community, the public safety agencies, and the medical community, and should include other aspects of liaison oversight and communication normally expected in the supervision of EMS Providers.

4.2.2 Be actively involved on a regular basis with the EMS Service Agency being supervised. Involvement does not require that a physician have such experience prior to becoming a medical director, but does require such involvement during the time that he or she acts as a medical director. Involvement could include, by way of example and not limitation, involvement in continuing education, audits, and protocol development. Passive or negligible involvement with the EMS Service Agency and supervised EMS Providers does not meet this requirement.

4.2.3 Notify the Department on an annual basis of the EMS Service Agencies for which medical control functions are being provided in a manner and form as determined by the Department.

4.2.4 Establish a medical continuous quality improvement (CQI) program for each EMS Service Agency being supervised. The medical continuous quality improvement program shall assure the continuing competency of the performance of that agency's EMS Providers. This medical continuous quality improvement program shall include, but not be limited to, appropriate protocols and standing orders and provision for medical care audits, observation, critiques, continuing medical education and direct supervisory communications.

4.2.5 Submit to the Department an affidavit that attests to the development and use of a medical continuous quality improvement program for all EMS Service Agencies supervised by the medical director. As set forth below in section 4.3, the Department may review the records of a medical director to determine compliance with the CQI requirements in these rules.

4.2.6 Provide monitoring and supervision of the medical field performance of each supervised EMS Service Agency's EMS Providers. This responsibility may be delegated to other physicians or other qualified health care professionals designated by the medical director. However, the medical director shall retain ultimate authority and responsibility for the monitoring and supervision, for establishing protocols and standing orders and for the competency of the performance of authorized medical acts.

4.2.7 Ensure that all protocols issued by the medical director are (1) appropriate for the certification and skill level of each EMS Provider to whom the performance of medical acts is delegated and authorized, and (2) compliant with accepted standards of medical practice. The medical director shall be familiar with the training, knowledge and competence of each of the EMS Providers to whom the performance of such acts is delegated.

4.2.8 Ensure that any data and/or documentation required by these rules are submitted to the Department .

4.2.9 Notify the Department within fourteen business days excluding state holidays prior to his or her cessation of duties as medical director.

4.2.10 Notify the Department within fourteen business days excluding state holidays of his or her termination of the supervision of an EMS Provider for reasons that may constitute good cause for disciplinary sanctions pursuant to the Rules Pertaining to EMS Education and Certification, 6 CCR 1015-3, Chapter One. Such notification shall be in writing and shall include a statement of the actions or omissions resulting in termination of supervision and copies of all pertinent records.

4.2.11 Physicians acting as medical directors for EMS education programs recognized by the Department that require clinical and field internship performance by students shall be

permitted to delegate authority to a student-in-training during their performance of program-required medical acts and only while under the control of the education program.

4.3 Departmental Review of Medical Directors

4.3.1 The Department may review the records of a medical director to determine compliance with the requirements and standards in these rules and with accepted standards of medical oversight and practice.

4.3.2 Complaints in writing against medical directors for violations of these rules may be initiated by any person, the Colorado Medical Board or the Department.

4.3.3 Complaints in writing against medical directors may be referred to the Colorado Medical Board for review as deemed appropriate by the Department.

SECTION 5 - Medical Acts Allowed for the EMT

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

5.2 An EMT may, under the supervision and authorization of a medical director, administer and monitor medications and classes of medications consistent with and not to exceed those listed in Appendices B and D of these rules for an EMT.

5.3 Any EMT who is a member or employee of an EMS Service Agency and who performs said emergency medical acts must have authorization and be supervised by a medical director to perform said emergency medical acts.

5.4 EMTs may carry out a physician order for a mental health hold as set forth in Section 27-65-105(1), C.R.S. Such physician order may be a direct verbal order or by electronic communications.

5.5 An EMT who has successfully completed a Department-recognized intravenous therapy and medication administration course may be referred to as an “Emergency Medical Technician with Intravenous Authorization.” Any provisions of these rules that are applicable to an EMT shall also be applicable to an EMT-IV. In addition to the acts an EMT is allowed to perform, an EMT-IV may, under supervision and authorization of a medical director, perform medical acts consistent with and not to exceed those listed in Appendices A and C of these rules for an EMT-IV. In addition to the medications and classes of medications an EMT is allowed to administer and monitor pursuant to these rules, an EMT-IV may, under supervision and authorization of a medical director, administer and monitor medications and classes of medications consistent with and not to exceed those listed in Appendices B and D of these rules for an EMT-IV.

5.6 An EMT-IV may, under the supervision and authorization of a medical director, administer and monitor medications and classes of medications which exceed those listed in Appendices B and D of these rules for an EMT-IV under the direct visual supervision of an AEMT, EMT-I or Paramedic when the following conditions have been established:

5.6.1 The patient must be in cardiac arrest or in extremis.

5.6.2 Drugs administered must be limited to those authorized by these rules for an AEMT, EMT-I or Paramedic as stated in Appendices B and D.

5.6.3 The medical director(s) shall amend the appropriate protocols and medical continuous quality improvement program used to supervise the EMS Providers to reflect this change in patient care. The medical director(s) and the protocol(s) of the EMT-IV and the AEMT, EMT-I or Paramedic, shall all be in agreement.

5.7 In the event of a governor-declared disaster or public health emergency, the Chief Medical Officer for the Department or his/her designee may temporarily authorize the performance of additional medical acts, such as the administration of other immunizations, vaccines, biological or tests not listed in these rules.

SECTION 6 – Medical Acts Allowed for the Advanced EMT

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

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

6.3 Any AEMT who is a member or employee of an EMS Service Agency and who performs said emergency medical acts must have authorization and be supervised by a medical director to perform said emergency medical acts.

6.4 AEMTs may carry out a physician order for a mental health hold as set forth in Section 27-65-105(1), C.R.S. Such physician order may be a direct verbal order or by electronic communications.

6.5 An AEMT may, under the supervision and authorization of a medical director, administer and monitor medications and classes of medications which exceed those listed in Appendices B and D of these rules for an AEMT under the direct visual supervision of an EMT-I or Paramedic when the following conditions have been established:

6.5.1 The patient must be in cardiac arrest or in extremis.

6.5.2 Drugs administered must be limited to those authorized by these rules for EMT-I or Paramedic as stated in Appendices B and D.

6.5.3 The medical director(s) shall amend the appropriate protocols and medical continuous quality improvement program used to supervise the EMS Providers to reflect this change in patient care. The medical director(s) and the protocol(s) of the AEMT and the EMT-I or Paramedic, shall all be in agreement.

6.6 In the event of a governor-declared disaster or public health emergency, the Chief Medical Officer for the Department or his/her designee may temporarily authorize the performance of additional medical acts, such as the administration of other immunizations, vaccines, biological or tests not listed in these rules.

SECTION 7 - Medical Acts Allowed for the EMT-Intermediate

7.1 In addition to the acts an EMT, an EMT-IV and an AEMT are allowed to perform pursuant to these rules, an EMT-I may, under the supervision and authorization of a medical director perform advanced emergency medical care acts consistent with and not to exceed those listed in Appendices A and C of these rules for an EMT-I.

7.2 In addition to the medications and classes of medications an EMT, an EMT-IV and an AEMT are allowed to administer and monitor pursuant to these rules, an EMT-I may, under the supervision and authorization of a medical director, administer and monitor medications and classes of medications defined in Appendices B and D of these rules for an EMT-I.

7.3 An EMT-I may carry out a physician order for a mental health hold as set forth in Section 27-65-105(1), C.R.S. Such physician order may be a direct verbal order or by electronic communications.

7.4 An EMT-I may, under the supervision and authorization of a medical director, administer and monitor medications and classes of medications which exceed those listed in Appendices B and D of these rules for an EMT-I under the direct visual supervision of a Paramedic, when the following conditions have been established:

7.4.1 Drugs administered must be limited to those authorized by these rules for Paramedics as stated in Appendices B and D.

7.4.2 The medical director(s) shall amend the appropriate protocols and medical continuous quality improvement program used to supervise the EMS Providers to reflect this change in patient care. The medical director(s) and protocol(s) of the EMT-I and Paramedic shall all be in agreement.

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

SECTION 8 - Medical Acts Allowed for the Paramedic

8.1 In addition to the acts an EMT-I is allowed to perform pursuant to these rules, a Paramedic may, under the supervision and authorization of a medical director, perform advanced emergency medical care acts consistent with and not to exceed those listed in Appendices A and C of these rules for a Paramedic.

8.2 In addition to the medications and classes of medications an EMT-I is allowed to administer and monitor pursuant to these rules, a Paramedic may, under the supervision and authorization of a medical director, administer and monitor medications and classes of medications defined in Appendices B and D for a Paramedic.

8.3 Paramedics may carry out a physician order for a mental health hold as set forth in Section 27-65-105(1), C.R.S. Such physician order may be a direct verbal order or by electronic communications.

8.4 In the event of a governor-declared disaster or public health emergency, the Chief Medical Officer for the Department or his/her designee may temporarily authorize the performance of additional medical acts, such as the administration of other immunizations, vaccines, biologicals or tests not listed in these rules.

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

9.1 Medical directors may supervise graduate AEMTs as defined in these rules acting as AEMTs for a period of no more than six months following successful completion of an appropriate Department-recognized initial course. Medical directors may supervise graduate EMT-Is as defined in these rules acting as EMT-Is for a period of no more than six months following successful completion of an appropriate Department-recognized initial course. Medical directors may supervise graduate

Paramedics as defined in these rules acting as Paramedics for a period of no more than six months following successful completion of an appropriate Department-recognized initial course. Such graduate AEMTs, graduate EMT-Is and graduate Paramedics must successfully complete certification requirements, as specified in the Rules Pertaining to EMS Education and Certification within six months of the successful completion of a Department-recognized initial course to continue to function under the provisions of these rules.

SECTION 10 - General Acts Allowed

10.1 EMS Providers may function in acute care settings. Functioning in this environment must be in compliance with the Colorado Medical Board's statutes and rules, under the auspices of a medical director and within parameters of the acts allowed or waiver as described in these rules.

10.2 EMS Providers may not practice in camps in a nursing capacity including the dispensing of medications.

10.3 Any EMS Provider working for an EMS Service Agency must be supervised by a medical director who complies with the requirements in these rules.

10.4 A medical director may limit the scope of practice of any EMS Provider.

SECTION 11 – Waivers to Scope of Practice

11.1 Any medical director may apply to the Department for a waiver to the scope of practice set forth in these rules for EMS Providers under his/her supervision in specific circumstances, based on established need, provided that on-going quality assurance of each EMS Provider's competency is maintained by the medical director.

11.2 A waiver is not necessary for the skills and medications listed in Appendices A, B, C or D of this rule.

11.3 All levels of EMS Provider may, under the supervision and authorization of a medical director, perform specific skills or administer specific medications not listed in Appendices A, B, C, or D of this rule, only if the medical director has been granted a waiver from the Department for that specific skill or medication. Waivered skills or medication administration may be authorized by the medical director under standing orders or direct verbal orders of a physician, including by electronic communications. No EMS Provider shall function beyond the scope of practice identified in these rules for their level until their medical director has received official written confirmation of the waiver being granted by the Department.

11.4 Medical directors seeking a waiver shall submit a completed application to the Department in a form and manner determined by the Department.

11.4.1 The application shall include, but not be limited to, a description of the act or medication to be waived, information regarding the justification for the waiver, the proposed education, training and quality assurance process, literature review, and copies of the applicable protocols. The forms and affidavit required by Section 4 of these rules shall also be included.

11.4.2 The Department may require the applicant to provide additional information if the initial application is determined to be insufficient.

11.4.3 An application shall not be considered complete until the required information is submitted.

11.4.4 The completed waiver application shall be submitted to the Department in a timely fashion as specified by the Department.

11.5 The EMPAC shall review waiver requests and make recommendations to the Department. The EMPAC may make recommendations, including but not limited to, to deny, approve, table, request more information from the medical director or impose special conditions on the waiver.

11.6 After receiving recommendations from the EMPAC, the Department shall make a decision on the waiver request and send notice of that decision to the medical director within thirty (30) calendar days of the recommendation. If granted, the notice shall include the effective date and expiration date of the waiver.

11.6.1 If the waiver is granted, the Department may:

A) Specify the terms and conditions of the waiver.

B) Specify the duration of the waiver.

C) Specify any reporting requirements.

11.6.2 The Department may require the submission of progress reports regarding the waiver.

11.6.3 The Department may deny, revoke or suspend a waiver if it determines:

A) That its approval or continuation jeopardizes the health, safety and/or welfare of patients;

B) The medical director has provided false or misleading information in the waiver application;

C) The medical director has failed to comply with conditions or reporting on an approved waiver;

D) That a change in federal or state law prohibits continuation of the waiver.

11.7 If the Department denies a waiver application or revokes or suspends a waiver, it shall provide the medical director with a notice explaining the basis for the action. The notice shall also inform the medical director of his or her right to appeal and the procedure for appealing the action.

11.8 Appeals of Departmental actions shall be conducted in accordance with the state Administrative Procedure Act, Section 24-4-101, et seq., C.R.S.

11.9 If the rule pertaining to a waived skill or medication administration is amended or repealed obviating the need for the waiver, the waiver shall expire on the effective date of the rule change.

11.10 If a medical director has made timely and sufficient application for renewal of a waiver and the Department fails to take action on the application prior to the waiver's expiration date, the existing waiver shall not expire until the Department acts upon the application. The Department, in its sole discretion, shall determine whether the application was timely and sufficient.

11.11 In the case of exigent circumstances, including but not limited to, the death or incapacitation of a medical director or the termination of the relationship between a medical director and an EMS Service Agency, the Department may transfer waivers upon request by a replacement medical director for a period not to exceed six (6) months. The medical director shall then apply for new waiver(s) for consideration and Department action within sixty (60) days of the transfer.

11.12 Waivers granted by the Colorado Medical Board which have not expired prior to the effective date of these rules shall continue in effect until the waiver expires as set forth below. The waiver holder shall not be required to apply to the Department for continuation of the existing waiver.

11.13 Waivers granted by the Colorado Medical Board on or after November 21, 2009, shall be in effect for a period not to exceed 2 years unless otherwise specified by the Colorado Medical Board. For waivers authorized by the Colorado Medical Board prior to November 21, 2009, the expiration date shall be as follows:

11.13.1 If the waiver identified a date of expiration, the waiver shall expire on that date.

11.13.2 For waivers that do not include a date of expiration or otherwise identify any length of duration, such waivers shall expire in accordance with the schedule outlined below:

A) Waivers filed by a medical director whose last name begins with A through H shall expire on February 1, 2010.

B) Waivers filed by a medical director whose last name begins with I through P shall expire on February 1, 2011.

C) Waivers filed by a medical director whose last name begins with Q through Z shall expire on February 1, 2012.

11.13.3 This provision does not prohibit a medical director from requesting that the Department renew a waiver previously submitted provided that the information is appropriately updated and otherwise in compliance with this rule.

APPENDICES

These Appendices define the maximum skills, acts or medications that may be delegated to an EMT, EMT-IV, AEMT, EMT-I, and Paramedic under appropriate supervision by a medical director.

Y = YES May be performed or administered by EMS Providers with physician supervision as described in these rules.

Y* = Medications with an asterisk (*) shall be administered only under direct verbal order by a physician.

There are a few special circumstances when the EMT-I is unable, despite adequate attempts, to make contact with a physician to obtain a direct verbal order. In those cases the EMT-I is allowed to administer the following medications under standing order:

1) Cardiac arrest medications (amiodarone, atropine, epinephrine, lidocaine, vasopressin) may be administered under standing order in the case of cardiac arrest.

2) Behavioral management medications (haloperidol, diazepam, and midazolam) may be administered under standing order when the safety of the patient or the EMS Provider is at risk.

3) In such special circumstances when, a direct verbal order has not been obtained, the medical director should be notified.

N = NO May not be performed or administered by EMS Providers except with an approved waiver as described in Section 11 of these rules.

E = Medical acts, skills or medications that may be performed or administered by an EMT with appropriate medical director supervision and training recognized by the Department.

E-IV = Medical acts, skills or medications that may be performed or administered by an EMT-IV with appropriate medical director supervision and training recognized by the Department.

A = Medical acts, skills or medications that may be performed or administered by an AEMT with appropriate medical director supervision and training recognized by the Department.

I = Medical acts, skills or medications that may be performed or administered by an EMT-I with appropriate medical director supervision and training recognized by the Department.

P = Medical acts, skills or medications that may be performed or administered by a Paramedic with appropriate medical director supervision and training recognized by the Department.

APPENDIX A

PREHOSPITAL

MEDICAL SKILLS AND ACTS ALLOWED

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

AIRWAY/VENTILATION/OXYGEN ADMINISTRATION

Skill	E	E-IV	A	I	P
Airway - Esophageal-Single Lumen	N	N	N	N	N
Airway - Laryngeal Mask	Y	Y	Y	Y	Y
Airway - Esophageal/Tracheal - Multi Lumen	Y	Y	Y	Y	Y
Airway – Nasal	Y	Y	Y	Y	Y
Airway – Oral	Y	Y	Y	Y	Y
Bag - Valve - Mask (BVM)	Y	Y	Y	Y	Y
Carbon Monoxide Monitoring	Y	Y	Y	Y	Y
Chest Decompression – Needle	N	N	N	Y	Y
Chest Tube Insertion	N	N	N	N	N
CPAP/BiPAP/PEEP	N	N	N	Y	Y
Cricoid Pressure - Sellick's Maneuver	Y	Y	Y	Y	Y
Cricothyroidotomy – Needle	N	N	N	N	Y
Cricothyroidotomy – Surgical	N	N	N	N	N
Demand Valve - Oxygen Powered	Y	Y	Y	Y	Y
End Tidal CO2 Monitoring/Capnometry/ Capnography	Y	Y	Y	Y	Y
Flow Restrictive Oxygen Powered Ventilatory Device	Y	Y	Y	Y	Y
Gastric Decompression - NG/OG Tube Insertion	N	N	N	N	Y
Inspiratory Impedence Threshold Device	Y	Y	Y	Y	Y
Intubation – Digital	N	N	N	N	Y
Intubation - Bougie Style Introducer	N	N	N	Y	Y
Intubation - Lighted Stylet	N	N	N	Y	Y
Intubation - Medication Assisted (non-	N	N	N	N	N

paralytic)					
Intubation - Medication Assisted (paralytics) (RSI)	N	N	N	N	N
Intubation - Maintenance with paralytics	N	N	N	N	N
Intubation – Nasotracheal	N	N	N	N	Y
Intubation – Orotracheal	N	N	N	Y	Y
Intubation – Retrograde	N	N	N	N	N
Extubation	N	N	N	Y	Y
Obstruction - Direct Laryngoscopy	N	N	N	Y	Y
Oxygen Therapy – Humidifiers	Y	Y	Y	Y	Y
Oxygen Therapy - Nasal Cannula	Y	Y	Y	Y	Y
Oxygen Therapy - Non-rebreather Mask	Y	Y	Y	Y	Y
Oxygen Therapy - Simple Face Mask	Y	Y	Y	Y	Y
Oxygen Therapy - Venturi Mask	N	N	Y	Y	Y
Peak Expiratory Flow Testing	N	N	N	Y	Y
Pulse Oximetry	Y	Y	Y	Y	Y
Suctioning – Tracheobronchial	N	N	Y	Y	Y
Suctioning - Upper Airway	Y	Y	Y	Y	Y
Tracheostomy Maintenance - Airway management only	Y	Y	Y	Y	Y
Tracheostomy Maintenance - Includes replacement	N	N	N	N	Y
Ventilators - Automated Transport (ATV)	N	N	N	N	Y

CARDIOVASCULAR/CIRCULATORY SUPPORT

Skill	E	E-IV	A	I	P
Cardiac Monitoring - Application of electrodes and data transmission	Y	Y	Y	Y	Y
Cardiac Monitoring - Rhythm and diagnostic EKG interpretation	N	N	N	Y	Y
Cardiopulmonary Resuscitation (CPR)	Y	Y	Y	Y	Y
Cardioversion – Electrical	N	N	N	N	Y
Carotid Massage	N	N	N	N	Y
Defibrillation - Automated/Semi-Automated (AED)	Y	Y	Y	Y	Y
Defibrillation – Manual	N	N	N	Y	Y
External Pelvic Compression	Y	Y	Y	Y	Y
Hemorrhage Control - Direct Pressure	Y	Y	Y	Y	Y
Hemorrhage Control - Pressure Point	Y	Y	Y	Y	Y
Hemorrhage Control – Tourniquet	Y	Y	Y	Y	Y
Implantable cardioverter/defibrillator magnet use	N	N	N	N	N
MAST/Pneumatic Anti-Shock Garment	Y	Y	Y	Y	Y
Mechanical CPR Device	Y	Y	Y	Y	Y
Transcutaneous Pacing	N	N	N	Y	Y
Transvenous Pacing – Maintenance	N	N	N	N	N
Therapeutic Induced Hypothermia (TIH) [1]	N	N	N	Y*	Y
Arterial Blood Pressure Indwelling Catheter -	N	N	N	N	N

Maintenance					
Invasive Intracardiac Catheters - Maintenance	N	N	N	N	N
Central Venous Catheter Insertion	N	N	N	N	N
Central Venous Catheter Maintenance/Patency/Use	N	N	N	Y	Y
Percutaneous Pericardiocentesis	N	N	N	N	N

IMMOBILIZATION

Skill	E	E-IV	A	I	P
Spinal Immobilization - Cervical Collar	Y	Y	Y	Y	Y
Spinal Immobilization - Long Board	Y	Y	Y	Y	Y
Spinal Immobilization - Manual Stabilization	Y	Y	Y	Y	Y
Spinal Immobilization - Seated Patient, (K,E.D. etc.)	Y	Y	Y	Y	Y
Splinting – Manual	Y	Y	Y	Y	Y
Splinting – Rigid	Y	Y	Y	Y	Y
Splinting – Soft	Y	Y	Y	Y	Y
Splinting – Traction	Y	Y	Y	Y	Y
Splinting – Vacuum	Y	Y	Y	Y	Y

INTRAVENOUS CANNULATION/FLUID ADMINISTRATION/FLUID MAINTENANCE

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

MEDICATION ADMINISTRATION - ROUTES

Skill	E	E-IV	A	I	P
Aerosolized/Nebulized/Atomized	Y	Y	Y	Y	Y
Buccal	Y	Y	Y	Y	Y
Endotracheal Tube (ET)	N	N	N	Y	Y
Extra-abdominal umbilical vein	N	N	N	Y	Y
Intradermal	N	N	N	Y	Y
Intramuscular (IM)	Y	Y	Y	Y	Y
Intranasal (IN)	N	Y	Y	Y	Y

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

MISCELLANEOUS

Skill	E	E-IV	A	I	P
Aortic Balloon Pump Monitoring	N	N	N	N	N
Assisted Delivery	Y	Y	Y	Y	Y
Blood Glucose Monitoring	Y	Y	Y	Y	Y
Dressing/Bandaging	Y	Y	Y	Y	Y
Esophageal Temperature Probe for TIH	N	N	N	Y*	Y
Eye Irrigation Noninvasive	Y	Y	Y	Y	Y
Eye Irrigation Morgan Lens	N	N	N	Y	Y
Maintenance of Intracranial Monitoring Lines	N	N	N	N	N
Physical examination	Y	Y	Y	Y	Y
Restraints – Verbal	Y	Y	Y	Y	Y
Restraints – Physical	Y	Y	Y	Y	Y
Restraints – Chemical	N	N	N	Y	Y
Urinary Catheterization - Initiation	N	N	N	N	Y
Urinary Catheterization - Maintenance	Y	Y	Y	Y	Y
Venous Blood Sampling - Obtaining	N	Y	Y	Y	Y

1 Therapeutic Induced Hypothermia (TIH) -

1. Approved methods of cooling include:

    a. Surface cooling methods including ice packs, evaporative cooling and surface cooling blankets or surface heat-exchange devices.

    b. Internal cooling with the intravenous administration of cold crystalloids (4°C / 39°F)

2. Esophageal temperature probe allowed for monitoring core temperatures in patients undergoing TIH.

3. The medical director should work with the hospital systems to which their agencies transport in setting up a “systems” approach to the institution of TIH. Medical directors should not institute TIH without having receiving facilities that also have TIH programs to which to transport these patients.

APPENDIX B

PREHOSPITAL

FORMULARY OF MEDICATIONS ALLOWED TO BE ADMINISTERED

Additions to this medication formulary cannot be delegated unless a waiver has been granted as described in Section 11 of these rules.

GENERAL

Medications	E	E-IV	A	I	P
Over-the-counter-medications	Y	Y	Y	Y	Y
Oxygen	Y	Y	Y	Y	Y

ANTIDOTES

Medications	E	E-IV	A	I	P
Atropine	N	N	N	Y*	Y
Calcium salt - Calcium chloride	N	N	N	N	Y
Calcium salt - Calcium gluconate	N	N	N	N	Y
Cyanide antidote	N	N	N	Y	Y
Glucagon	N	N	Y*	Y*	Y
Naloxone	N	Y	Y	Y	Y
Nerve agent antidote	Y	Y	Y	Y	Y
Pralidoxime	N	N	N	N	Y
Sodium bicarbonate	N	N	N	N	Y

BEHAVIORAL MANAGEMENT

Medications	E	E-IV	A	I	P
Anti-Psychotic – Droperidol	N	N	N	N	N
Anti-Psychotic – Haloperidol	N	N	N	Y*	Y
Anti-Psychotic – Olanzapine	N	N	N	N	Y
Anti-Psychotic – Zisprasidone	N	N	N	N	Y
Benzodiazepine – Diazepam	N	N	N	Y*	Y
Benzodiazepine – Lorazepam	N	N	N	N	Y
Benzodiazepine – Midazolam	N	N	N	Y*	Y
Diphenhydramine	N	N	N	Y*	Y

CARDIOVASCULAR

Medications	E	E-IV	A	I	P
Adenosine	N	N	N	Y*	Y
Amiodarone - bolus infusion only	N	N	N	Y*	Y
Aspirin	Y	Y	Y	Y	Y
Atropine	N	N	N	Y*	Y
Calcium salt - Calcium chloride	N	N	N	N	Y
Calcium salt - Calcium gluconate	N	N	N	N	Y
Diltiazem - bolus infusion only	N	N	N	N	Y
Dopamine	N	N	N	N	Y
Epinephrine	N	N	N	Y*	Y

Lidocaine - bolus and continuous infusion	N	N	N	Y*	Y
Magnesium sulfate - bolus infusion only	N	N	N	N	Y
Morphine sulfate	N	N	N	Y*	Y
Nitroglycerin - sublingual (patient assisted)	Y*	Y*	Y	Y	Y
Nitroglycerin - sublingual (tablet or spray)	N	N	Y	Y	Y
Nitroglycerin - topical paste	N	N	Y*	Y*	Y
Sodium bicarbonate	N	N	N	Y*	Y
Vasopressin	N	N	N	Y*	Y
Verapamil - bolus infusion only	N	N	N	N	Y

DIURETICS

Medications	E	E-IV	A	I	P
Bumetanide	N	N	N	N	Y
Furosemide	N	N	N	Y*	Y
Mannitol (trauma use only)	N	N	N	N	Y

ENDOCRINE AND METABOLISM

Medications	E	E-IV	A	I	P
IV Dextrose	N	Y	Y	Y	Y
Glucagon	N	N	Y	Y	Y
Oral glucose	Y	Y	Y	Y	Y
Thiamine	N	N	N	N	Y

GASTROINTESTINAL MEDICATIONS

Medications	E	E-IV	A	I	P
Anti-nausea – Droperidol	N	N	N	N	N
Anti-nausea – Metoclopramide	N	N	N	Y*	Y
Anti-nausea – Ondansetron	N	N	N	Y*	Y
Anti-nausea – Prochlorperazine	N	N	N	N	Y
Anti-nausea – Promethazine	N	N	N	Y*	Y
Decontaminant - Activated charcoal	Y	Y	Y	Y	Y
Decontaminant – Sorbitol	Y	Y	Y	Y	Y

PAIN MANAGEMENT

Medications	E	E-IV	A	I	P
Anesthetic - Lidocaine (for intraosseous needle insertion)	N	N	Y	Y	Y
Benzodiazepine – Diazepam	N	N	N	Y*	Y
Benzodiazepine – Lorazepam	N	N	N	Y*	Y
Benzodiazepine – Midazolam	N	N	N	N	Y
General - Nitrous oxide	N	N	Y*	Y*	Y
Narcotic Analgesic – Fentanyl	N	N	N	Y*	Y
Narcotic Analgesic - Hydromorphone	N	N	N	N	Y
Narcotic Analgesic - Morphine sulfate	N	N	N	Y*	Y
Ophthalmic anesthetic - Opthaine	N	N	N	Y	Y

Ophthalmic anesthetic -Tetracaine	N	N	N	Y	Y
Topical Anesthetic - Benzocaine spray	N	N	N	N	Y
Topical Anesthetic - Lidocaine jelly	N	N	N	N	Y

RESPIRATORY AND ALLERGIC REACTION MEDICATIONS

Medications	E	E-IV	A	I	P
Antihistamine - Diphenhydramine	N	N	Y*	Y*	Y
Bronchodilator - Anticholinergic - Atropine (aerosol/nebulized)	N	N	N	Y*	Y
Bronchodilator - Anticholinergic - Ipratropium	N	N	Y*	Y*	Y
Bronchodilator - Beta agonist - Albuterol	Y*	Y*	Y*	Y*	Y
Bronchodilator - Beta agonist - L-Albuterol	N	N	Y*	Y*	Y
Bronchodilator - Beta agonist - Metaproterenol	N	N	N	Y*	Y
Corticosteroid - Dexamethasone	N	N	N	N	Y
Corticosteroid - Methylprednisolone	N	N	N	Y*	Y
Corticosteroid – Prednisone	N	N	N	N	Y
Epinephrine 1:1,000 IM or SQ Only	N	N	Y*	Y*	Y
Epinephrine IV Only	N	N	N	Y*	Y
Epinephrine Auto-Injector	Y	Y	Y	Y	Y
Magnesium Sulfate - bolus infusion only	N	N	N	N	Y
Racemic Epinephrine	N	N	N	Y*	Y
Short Acting Bronchodilator meter dose inhalers (MDI) (Patient assisted)	Y*	Y*	Y*	Y*	Y
Short Acting Bronchodilator meter dose inhalers (MDI)	N	N	Y*	Y*	Y
Terbutaline	N	N	N	N	Y

SEIZURE MANAGEMENT

Medications	E	E-IV	A	I	P
Benzodiazepine – Diazepam	N	N	N	Y*	Y
Benzodiazepine – Lorazepam	N	N	N	Y*	Y
Benzodiazepine – Midazolam	N	N	N	Y*	Y
OB -associated - Magnesium sulfate - bolus infusion only	N	N	N	N	Y

VACCINES

Medications	E	E-IV	A	I	P
Post-exposure, employment, or pre-employment related - Hepatitis B	N	N	N	N	Y
Post-exposure, employment, or pre-employment related – Tetanus	N	N	N	N	Y
Post-exposure, employment, or pre-employment related - Influenza	N	N	N	N	Y
Post-exposure, employment, or pre-employment related - PPD placement & interpretation	N	N	N	N	Y
Public Health Related - Vaccine administration	N	N	Y	Y	Y

in conjunction with County Public Health Departments and local EMS medical direction, after demonstration of proper training, will be authorized for public health vaccination efforts and pandemic planning exercises.					

MISCELLANEOUS

Medications	E	E-IV	A	I	P
Analgesic Sedative – Etomidate	N	N	N	N	N
Benzodiazepine - Midazolam for TIH	N	N	N	Y*	Y
Lidocaine - bolus for intubation of head-injured patients	N	N	N	Y*	Y
Narcotic Analgesic - Fentanyl for TIH	N	N	N	Y*	Y
Hemostatic agents - topical	Y	Y	Y	Y	Y

Technology- and Pharmacology- Dependent Patients

The transport of patients with continuous intravenously administered medications and nutritional support, previously prescribed by licensed health care workers and typically managed day-to-day at their residence by either the patient or caretakers, shall be allowed. This will simplify transport options for patients that currently may require specialized critical care transport teams under existing rules. The EMS Provider is not authorized to manage, alter, or interfere with these patient medication/nutrition systems except after direct contact with medical control, and where cessation and/or continuation of medication pose a threat to the safety and well-being of the patient.

Procedural Sedation

Procedural sedation, as defined by the combination of intravenous agents such as benzodiazepines and/or narcotics for the planned purpose of facilitating the performance of a procedure is not an authorized EMS practice in Colorado.

INTERFACILITY TRANSPORT

The EMS Medical Director, in collaboration with the transferring facility's medical director, should have protocols in place to ensure the appropriate level of care is available during interfacility transport and the transporting EMS Provider may decline to transport any patient he/she believes requires a level of care beyond his/her capabilities.

Inter-facility transport typically involves three types of patients:

1. Those patients whose safe transport can be accomplished by ambulance, under the care of an EMT, EMT-IV, AEMT, EMT-I, or Paramedic, within the "acts allowed" under these rules.

2. Those patients whose safe transport can be accomplished by ambulance, under the care of a Paramedic, but may require skills to be performed or medications to be administered that are outside the "acts allowed" under these rules, but have been approved through waiver granted by the Department.

3. Those patients whose safe transport requires the skills and expertise of a critical care transport team under the care of an experienced critical care practitioner.

The hemodynamically unstable patient (typically from an Intensive Care setting) who requires special monitoring (i.e. CVP, ICP), multiple cardioactive/vasoactive medications, or specialized critical care equipment (i.e. intra-aortic balloon pump) should remain under the care of an experienced critical care practitioner and every attempt should be made to transport that patient while maintaining the appropriate level of care. The capabilities of the institution, the capabilities of the transporting agency and most importantly, the well-being of the patient, should be considered when making transport decisions.

Unless otherwise noted, these indicate hospital/facility initiated interventions and/or medications.

APPENDIX C

INTERFACILITY TRANSPORT - ONLY

MEDICAL SKILLS AND ACTS ALLOWED

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

The following medical skills and acts are approved for interfacility transport of patients, with the requirements that the medical skill or intervention must have been initiated in a medical facility under the direct order and supervision of licensed medical providers, and are NOT authorized for field initiation. EMS continuation and monitoring of these interventions is to be allowed with any alterations in the therapy requiring direct online medical control. The EMS Provider should continue the same medical standards of care with regards to patient monitoring that was initiated in the medical care setting.

It is understood that these skills or interventions may not be addressed in the National Standard EMT, AEMT, EMT-I or Paramedic Curricula and may not be addressed in any future national education standards that may replace the current National Standard Curriculum. As such, it is the joint responsibility of the medical director and individuals performing these skills, to obtain appropriate additional training needed to safely and effectively utilize and monitor these interventions in the interfacility transport environment.

CARDIOVASCULAR/CIRCULATORY SUPPORT

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

APPENDIX D

INTERFACILITY TRANSPORT - ONLY

FORMULARY OF MEDICATIONS ALLOWED TO BE ADMINISTERED

Additions to this medical formulary cannot be delegated unless a waiver has been granted as described in Section 11 of these rules.

The following formulary of medications are approved for interfacility transport of patients, with the requirements that the intervention must have been initiated in a medical facility under the direct order and supervision of licensed medical providers, and are NOT authorized for field initiation. EMS continuation and monitoring of these interventions is to be allowed with any alterations in the therapy requiring direct

online medical control. The EMS Providers should continue the same medical standards of care with regards to patient monitoring that was initiated in the medical care setting.

It is understood that these skills or interventions may not be addressed in the National Standard EMT, AEMT, EMT-I or Paramedic Curricula and may not be addressed in any future national education standards that may replace the current National Standard Curriculum. As such, it is the joint responsibility of the medical director and individuals administering these medications, to obtain appropriate additional training needed to safely and effectively utilize and monitor these interventions in the interfacility transport environment.

CARDIOVASCULAR

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

HIGH RISK OBSTETRICAL PATIENTS

Medications	E	E-IV	A	I	P
Magnesium sulfate	N	N	N	N	Y
Oxytocin - infusion	N	N	N	N	Y

INTRAVENOUS SOLUTIONS

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

MISCELLANEOUS

Medications	E	E-IV	A	I	P
Antibiotic infusions	N	N	N	Y	Y
Antidote infusion - Sodium bicarbonate	N	N	N	N	Y

infusion					
Electrolyte infusion - Magnesium sulfate	N	N	N	N	Y
Electrolyte infusion - Potassium chloride	N	N	N	N	Y
Insulin	N	N	N	N	Y
Mannitol	N	N	N	N	Y
Methylprednisolone - infusion	N	N	N	N	Y

Editor's Notes

History

Entire Rule eff. 03/01/2008.

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