

**Summit County Ambulance Service  
Training Group Policy Manual**

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## TABLE OF CONTENTS

<b><u>SECTION 1. INTRODUCTION</u></b>		<b><u>3</u></b>
1.	GENERAL	3
2.	PURPOSE	3
3.	GOALS	3
4.	DESCRIPTION OF TRAINING GROUP	4
<b><u>SECTION 2. PERSONNEL</u></b>		<b><u>5</u></b>
1.	TRAINING GROUP DIRECTOR	5
2.	MEDICAL DIRECTOR	5
3.	COURSE COORDINATORS	5
4.	PRIMARY INSTRUCTORS	6
5.	ASSISTANT INSTRUCTORS	7
6.	GUEST FACULTY	7
<b><u>SECTION 3. RESOURCES</u></b>		<b><u>9</u></b>
1.	CLASSROOMS AND EQUIPMENT	9
<b><u>SECTION 4. OPERATIONS</u></b>		<b><u>11</u></b>
1.	ADVISORY COMMITTEE	11
2.	TRAINING GROUP QUALITY IMPROVEMENT	11
3.	RECORDS	12
4.	OPERATIONAL POLICIES	13
<b><u>SECTION 5. CURRICULUM</u></b>		<b><u>23</u></b>
1.	CE/REFRESHER CURRICULUM	23
2.	REMIEDIATION CURRICULUM	23
3.	SKILLS ATTESTATION / EVALUATION FOR COLORADO STATE RE-CERTIFICATION	23
4.	MORTALITY AND MORBIDITY (M&M) CASE REVIEW	24
5.	RULE 500 PROCEDURES REQUIRING ADDITIONAL TRAINING	24
6.	EMT-PARAMEDIC LEVEL I ADVANCED PROVIDER	24
<b><u>APPENDIX A. FUNCTIONAL POSITION DESCRIPTION EMERGENCY MEDICAL TECHNICIAN</u></b>		<b><u>26</u></b>
<b><u>APPENDIX B. CE TRAINING ATTENDANCE BY NON-EMPLOYEE STUDENTS</u></b>		<b><u>29</u></b>

**APPENDIX C. TRAINING GROUP DIRECTOR RESUME** **31**

**APPENDIX D. TRAINING GROUP MEDICAL DIRECTOR CV SUMMARY** **32**

## Section 1. Introduction

### 1. GENERAL

- 1.1. This manual is for all instructional and administrative staff of the Summit County Ambulance Service Training Group. Inclusive in this manual is the student policy manual. The student policy manual will be available in digital format on the Internet. Students and faculty will be given instructions on how to access the manual and may choose to print a copy of the student manual, but are not required to. Hard copy versions of the Student Policy Manual will be available by request. Additionally, students will be required, either by electronic submission or by hard copy, to sign a form attesting to the receipt of student policies and EMT functional position description. A copy of this form will be maintained in the student file (described in Section 4, 3.2).
- 1.2. Faculty and administrative staff of the Training Group are expected to have a thorough knowledge of this manual to both follow and enforce all policies.
- 1.3. Problems arising from the application and/or enforcement of any policy must be documented as an incident report and submitted to the Training Group Director.
- 1.4. Periodic review and revision of these policies will be conducted by Training Group administration in consultation with the Training Group Advisory Committee.

### 2. PURPOSE

- 2.1. The purpose of this Training Group is to provide high quality medical education for Emergency Medical Technicians of all certification levels through continuing education sessions and refresher courses, and to provide Colorado Advanced Practice Paramedic (Level 1) curriculum-based education for SCAS Paramedics.

### 3. GOALS

- 3.1. To offer the highest quality medical education to Training Group students promoting the highest quality of patient care.
- 3.2. To provide a consistent structure of continuing medical education, EMT Refresher Courses, and skills assessment for Training Group students enabling them to maintain both National Registry of EMTs and Colorado State certification.
- 3.3. To present additional medical education for SCAS Paramedics for Colorado Advanced Practice Paramedic (level I) waiver and other specifically waived medical acts as established by the SCAS Medical Director.

- 3.4. To present additional medical education for SCAS EMTs as may be required per Colorado Board of Medical Examiners (BME) Rule 500 for specified medications, procedures, or medical acts.

4. DESCRIPTION OF TRAINING GROUP

- 4.1. The Training Group will primarily serve the employees of SCAS with CE sessions, clinical site experiences, skills evaluations, and additional training as required for Colorado Advanced Practice Paramedic (level 1) or specific medical acts for all EMT levels as described in BME Rule 500. The Training Group may periodically offer EMT refresher programs.
- 4.2. The Training Group will additionally offer limited CE opportunities to non-SCAS employees (See Appendix B for additional information).
- 4.3. The training programs offered will be structured to provide participants with needed information and opportunities to meet the requirements for continuing education and skills evaluation of the National Registry of EMTs and the State of Colorado. Additionally, the Training Group will provide training for SCAS paramedics to satisfy requirements for Colorado Advanced Practice Paramedic (level I) as established by SCAS Medical Director waiver.
- 4.4. The Training Group will use various instruction techniques such as didactic presentation, case review, skills practice, and non-instructor contact computer-based Learning Management System presentations to accomplish its training mission.
- 4.5. The Training Group will provide for clinical training experiences through currently established Colorado EMS approved Training Centers (through specific agreement or contract) for the purpose of continuing medical education and for Colorado Advanced Practice Paramedic (level I) training as established by SCAS Medical Director waiver. The Clinical Site Instructor to student ratio will not exceed 1:2.

## Section 2. Personnel

### 1. TRAINING GROUP DIRECTOR

#### 1.1. Qualifications

1.1.1. The Training Group Director shall have experience in the administration of educational programs.

1.1.2. The Training Group Director will have successfully completed the Colorado EMS Training Administration Orientation course or its equivalent.

#### 1.2. Responsibilities

1.2.1. The Training Group Director will be responsible for planning, operation, evaluation, and revision of all Training Group educational offerings.

1.2.2. The Training Group Director will be responsible for EMT-Basic/Intermediate/Paramedic continuing education and refresher course curriculum planning.

### 2. MEDICAL DIRECTOR

#### 2.1. Qualifications

2.1.1. The Training Group Medical Director will be a licensed physician in the State of Colorado who is an active physician in the community with current or recent emergency medical experience.

#### 2.2. Responsibilities

2.2.1. The Training Group Medical Director will function as the medical authority regarding continuing education content, procedures, and protocols.

2.2.2. The Training Group Medical Director will be active in the planning and evaluation of the content and quality of instruction within the group. Additionally, the Medical Director will actively participate in the development of Training Group curriculum, instruction, and evaluation of student performance.

### 3. COURSE COORDINATORS

#### 3.1. Qualifications

3.1.1. The Training Group Course Coordinator will have successfully completed the Colorado EMS Primary Instructor Training Course or its equivalent.

3.1.2. The Training Group Course Coordinator will have significant knowledge and experience in coordinating EMS educational programs and will have at least 1-year experience in clinical emergency medicine (preferably in pre-hospital care) and be Colorado State Paramedic certified.

- 3.1.3. For educational sessions covering content included in the Colorado Educational Standards for Practice Beyond Scope, the Training Group Course Coordinator will have significant training and experience in Critical Care Paramedic practice.
  - 3.2. Responsibilities
    - 3.2.1. The Training Group Course Coordinator will coordinate the CE training, refresher course, the additional educational requirements of the Colorado Advanced Practice Paramedic (level I) as established by the SCAS Medical Director, and the additional educational requirements as needed to satisfy the requirements of Colorado Rule 500.
    - 3.2.2. The Training Group Course Coordinator will act as the liaison between the students, the sponsoring agency, the local medical community and the EMS Division.
    - 3.2.3. The Training Group Course Coordinator will assure that the course goals and objectives are met, and assure that program evaluation and revisions are performed in a timely manner.
4. PRIMARY INSTRUCTORS
  - 4.1. Qualifications
    - 4.1.1. The Training Group Primary Instructor will be knowledgeable in all aspects of pre-hospital care (current DOT curriculum), in the techniques and methods of adult education, and the management of resources and personnel.
    - 4.1.2. The Training Group Primary Instructor will have successfully completed both the Colorado EMS Assistant and Primary Instructor courses or their equivalent.
    - 4.1.3. The Training Group Primary Instructor will have at least 1-year experience in clinical emergency medicine (preferably in pre-hospital care) and be Colorado State Paramedic certified.
    - 4.1.4. For educational sessions covering content included in the Colorado Educational Standards for Practice Beyond Scope, the Training Group Primary Instructor will have significant training and experience in Critical Care Paramedic practice.
  - 4.2. Responsibilities
    - 4.2.1. The Training Group Primary Instructor will act as lead instructor for any refresher courses being offered by the Training Group.
    - 4.2.2. The Training Group Primary Instructor will be present at most, if not all, class sessions of any refresher course offered to assure course continuity.

- 4.2.3. The Training Group Primary Instructor will be able to determine if students have the cognitive, affective, and psychomotor skills necessary to function as an EMT at the level being covered.

5. ASSISTANT INSTRUCTORS

5.1. Qualifications

- 5.1.1. The Training Group Assistant Instructor will be competent and knowledgeable in the skills he or she is teaching.
- 5.1.2. The Training Group Assistant Instructor will have at least 1 year experience in clinical emergency medicine (preferably in pre-hospital care).
- 5.1.3. For skill sessions covering content included in the Colorado Educational Standards for Practice Beyond Scope, the Training Group Assistant Instructor will have significant training and experience in Critical Care Paramedic practice

5.2. Responsibilities

- 5.2.1. The Training Group Assistant Instructor will assist the staff of the Training Group with skill demonstration and practice sessions and to assist in the evaluation of student skill competencies.

6. GUEST FACULTY

6.1. Qualifications

- 6.1.1. Any Training Group Guest Faculty will be competent, experienced, and knowledgeable in the topics/skills he or she is teaching. Additionally, he or she will be able to provide quality instruction.
- 6.1.2. Guest Faculty will be approved by the Training Group Director and/or a Training Group Course Coordinator.
- 6.1.3. Guest Faculty may be an allied health professional, physician, nurse, or other uniquely qualified individual.
- 6.1.4. Guest Faculty may be faculty members of another Colorado EMS approved Training Center/Group and present educational sessions by invitation, agreement, or contract to the SCAS Training Group. The SCAS Training Group will ensure that all educational requirements of its approved status will be met for any of these sessions.
- 6.1.5. The SCAS Training Group will seek clinical site educational exposure for its students through agreement or contract with another Colorado EMS approved Training Center. The SCAS Training Group will ensure that this agreement or contract will maintain required student to instructor ratios (2:1 max) and clinical site preceptor qualification.

6.2. Responsibilities

- 6.2.1. Guest Faculty will assist with specific components of offered training.

## Section 3. Resources

### 1. CLASSROOMS AND EQUIPMENT

#### 1.1. General

1.1.1. The Training Group has access to multiple different training facilities all of which are more than adequate for EMS educational activities. The Training Group Director and/or Course Coordinators will ensure that each training session is held in an appropriate facility that meets the particular needs of the session.

#### 1.2. Training Facility Descriptions

1.2.1.1. Summit County Ambulance Service: 1 classroom, seats ~20, full AV built in with full wall white boards, Smart Board, 2x LCD projectors, 2 42" LCD TVs, computer.

1.2.1.2. Summit Senior / Community Center: 6 classrooms seating from 10 –100, whiteboards, AV equipment, audio.

1.2.1.3. Summit County Commons: 2 classrooms seating ~ 30 each, whiteboards, AV equipment.

1.2.1.4. Summit County Medical Office Building: 1 Classroom seating ~20, whiteboards, AV Equipment.

1.2.1.5. High Country Training Center- Summit County Fire Training Center (by arrangement): seats ~40, whiteboard, AV equipment, LCD projector, computer.

#### 1.3. Audio Visual Equipment

1.3.1. The Training Group possesses a wide array of modern and traditional AV equipment to include but not limited to:

1.3.1.1. Laptop computers (4), LCD projectors (3), and external speaker setups for classrooms without existing sound equipment

1.3.1.2. DVD and VHS players and TVs

1.3.1.3. Phone and Online conferencing equipment

1.3.1.4. Computer-based online Learning Management System "EMSED" with multiple computer stations.

1.3.1.5. Online learning production software "Articulate"

1.3.1.6. Typical traditional classroom paraphernalia such as white boards and flip charts

#### 1.4. EMS Training Equipment

Note: Equipment from ambulances and response units actively in service will not be used for training.

- 1.4.1. The Training Group possesses a wide array of up to date EMS training equipment for adult and pediatric simulations, from BLS to ALS Critical Care, to include but not limited to:
  - 1.4.1.1. AED trainers (10), BLS (25) and ALS (4) manikins (Adult/Child/Infant), programmable ALS training manikin (1), and cardiac monitors (2)
  - 1.4.1.2. IV Trainer and large array of IV administration devices
  - 1.4.1.3. Airway trainers: 1 Cricothyrotomy, 1 Adult Airway Management Trainer, 1 Pediatric Airway Management Trainer, and large array of Endotracheal tubes and alternative airway management devices
  - 1.4.1.4. Portable Suction units
  - 1.4.1.5. Cardiac rhythm generators: twelve lead capable (3), 3-lead capable (3)
  - 1.4.1.6. End Tidal CO2 monitoring equipment; capnometry and capnography
  - 1.4.1.7. IO trainers: EZ-IO, and Jamshidi devices.
  - 1.4.1.8. OB delivery trainer
  - 1.4.1.9. Needle Thoracostomy Trainer
  - 1.4.1.10. Critical Care Transport Specific Equipment: Chest drainage systems, IV infusion pump, oxygen powered ventilation device, Central Venous Access devices
  - 1.4.1.11. Adult and Pediatric response bags with full medication inventory and airway management supplies (3 each)
  - 1.4.1.12. Splinting and spinal immobilization devices: Long Backboards (adult and pediatric), various extremity splinting equipment, KEDs, KTDs, and Reeves sleeve

1.5. EMS Learning Resources

- 1.5.1. The Training Group possesses a significant reference library of books (textbooks and study guides for each EMT certification level as well as medical reference books), periodicals (including EMS journals), DVDs, and videos.
- 1.5.2. These materials are available to students for check-out during regular business hours and during class times.
- 1.5.3. SCAS staff has 24/7 access to the EMSED LMS online that provides CECBEMS and UMBC CCCEMT-P accredited CE credits.

## Section 4. Operations

### 1. ADVISORY COMMITTEE

- 1.1. The Training Group Advisory Committee will have as members the:
  - 1.1.1. The Training Group Director
  - 1.1.2. The Training Group Medical Director
  - 1.1.3. A Course Coordinator
  - 1.1.4. A Primary Instructor
  - 1.1.5. A Training Group Student
- 1.2. Meetings will be open to students, guest faculty, members of other emergency service agencies that send students to the Training Group and a representative from any facilities that receive patients from Summit County Ambulance Service.
- 1.3. The Training Group Advisory Committee will meet at least annually.
- 1.4. Minutes of the meeting will be recorded and maintained per Section 4, 3.4.
- 1.5. Information from the SCAS Medical Directors Continuous Quality Improvement Program will be presented at the meeting to provide information that will help establish the educational development needs of SCAS.

### 2. TRAINING GROUP QUALITY IMPROVEMENT

- 2.1. The Training Group will maintain a process of quality review to ensure the best possible educational experience for students.
- 2.2. The Training Group Continuous Quality Improvement Committee will be an extension of the SCAS Medical Director's CQI program. This relationship represents the logical association of the educational needs of the ambulance service and the field practice of the staff. Key personnel will fill dual-roles within both groups ensuring continuity of mission, establishing direct communication of SCAS Quality Improvement needs, and the development of Training Group curriculum.
- 2.3. The Training Group Quality Improvement Committee will be comprised of, at a minimum, the following personnel
  - 2.3.1. The Training Group Medical Director (also serves as the SCAS Medical Director)
  - 2.3.2. The Training Group Director (also serves as the SCAS CQI Program Director)
  - 2.3.3. A Training Group Course Coordinator (also serves as the SCAS CQI Program Coordinator)
  - 2.3.4. A Training Group Student

- 2.4. The SCAS Medical Director's CQI Program will include in its regular monthly meetings a standing agenda item for the review of the Training Group activity and curriculum development.

3. RECORDS

- 3.1. Location

- 3.1.1. All training group records will be kept secure in the Training Group Director's office at the Summit County Ambulance Service business office in Frisco, CO.

- 3.2. Student Files

- 3.2.1. A file will be maintained (electronically and/or on paper) for each enrolled student in the training group. The file will include:
  - 3.2.1.1. A signed receipt of the training group manual and functional position description
  - 3.2.1.2. Copies of all pertinent certifications applicable to participation in the training group
  - 3.2.1.3. Any skill check off sheets, results of written examinations or other applicable testing paperwork
  - 3.2.1.4. Documentation of remediation, counseling, copies of incident reports, or any documentation related to any grievances
- 3.2.2. Student files will be maintained for at least 3 years from the date of the program/course completion.

- 3.3. Faculty Files

- 3.3.1. Each instructor utilized by the training group will have a file (electronically and/or on paper) that contains:
  - 3.3.1.1. Documentation about each training they taught with a description of the topic covered
  - 3.3.1.2. Program evaluations completed by students or other members of the training group
  - 3.3.1.3. Documentation demonstrating their expertise in the topic areas they present
- 3.3.2. Faculty files will be maintained to reflect the current training program for a period of no less than 3 years from the end of the last session presented.

- 3.4. Training Group Files

- 3.4.1. Training group files will include:
  - 3.4.1.1. Student attendance records
  - 3.4.1.2. The lesson plan and educational objectives for each training session

- 3.4.1.3. Summaries of student written and practical examinations
- 3.4.1.4. Copies of all skills evaluation documentation including a list of evaluators, skills evaluation sheets used, and the results for each student
- 3.4.1.5. Training schedule
- 3.4.1.6. Minutes of the Training Group Advisory Committee meeting
- 3.4.1.7. Current copy of the training group policies
- 3.4.2. Training group files will be maintained for no less than 5 years.
- 3.5. File Access
  - 3.5.1. Access to Training Group records will be limited to the Training Group Administration, Medical Director, and Faculty.
  - 3.5.2. Only the Training Group Director, Training Group Coordinator or Primary Instructor may grant access to students to their student file.
  - 3.5.3. Files may be accessed by prior arrangement during normal Summit County Ambulance Service business office hours.
- 3.6. Some records may be maintained electronically and will be reproduced in hard copy by request.
- 4. OPERATIONAL POLICIES
  - 4.1. General
    - 4.1.1. The student to instructor ratio will not exceed 6:1 for skills instruction.
    - 4.1.2. For each training offering, students will receive an appropriate description of the program, syllabus or outline, and will be given (or directed where to find online) a copy of the Training Group Student policies.
    - 4.1.3. All Training Group students will be provided, either directly or by Internet reference, a description of state certification and certificate refresher process. Additionally, the Training Group will provide, upon request, counseling and guidance in the state certification and refresher process.
  - 4.2. Statement of non-discrimination
    - 4.2.1. Summit County Training Group will not tolerate discrimination. The students, faculty, and training group administration shall be non-discriminatory with regard to:

4.2.1.1. sex, race, color, national origin, ancestry, citizenship, religion, age, physical or mental disability, medical condition, sexual orientation, marital status, veteran status or any other protected basis is unlawful under federal and state law.

4.3. Description of Eligible Students

4.3.1. Employees - Participation in the training group is open to any employee of Summit County Ambulance Service who is currently certified, or expired for less than 6 months, as an Emergency Medical Technician with the Colorado Division of Emergency Medical Services.

4.3.2. Non-employees – Employees from an agency actively involved in the in the Summit Emergency Services Board, that are currently certified or expired for less than 6 months as an Emergency Medical Technician with the State of Colorado, may participate in the training group in a limited capacity. See Appendices B for descriptions and restrictions. (The Training Group Director or Course Coordinator may grant access to students from outside of the above-mentioned group on a case by case basis)

4.3.3. All students will be required to have, or by enrollment be pursuing, BLS level certification.

4.3.4. All EMT-Paramedic and EMT-Intermediate students will be required to have, or by enrollment be pursuing, ACLS level certification.

4.4. Application and Enrollment

4.4.1. All current EMT employees of Summit County Ambulance are automatically enrolled in the Training Group.

4.4.2. Enrollment in the training group ceases when the student is no longer an employee of Summit County Ambulance Service.

4.4.3. Enrollment is not required for non-employee attendance at CE trainings (See description of Non-employee students described in Appendix B).

4.5. Withdrawal and Refund of Tuition or Fees

4.5.1. Students will be automatically withdrawn from the Summit County Ambulance Training Group upon termination of employment.

- 4.5.2. Non-SCAS employee students who have enrolled in any training program may withdraw at any time, either prior to or during the program, by giving written notice to the Training Group Primary Instructor, Course Coordinator, or Training Group Director. If the student withdraws prior to the start of the training program the student will receive a full refund of any tuition or fees collected. There will be no refund of tuition or fees after the program start.
- 4.6. Liability and Insurance Coverage
  - 4.6.1. SCAS employees are paid for training activities and are “on the clock” and are therefore covered for Worker’s Compensation and Liability insurance during any Training Group educational activities.
  - 4.6.2. Please refer to Appendix B for a description of non-employee liability and insurance coverage.
- 4.7. Health and Immunization Requirements
  - 4.7.1. Any students entering a clinical site for training experience will be required to meet that clinical site and Training Center’s Health and Immunization requirements.
  - 4.7.2. Only SCAS employees will be eligible for clinical site training experiences and will therefore have met the minimum SCAS immunization and health requirements.
- 4.8. Attendance Requirements
  - 4.8.1. For any type of training CE session offered, the minimum attendance requirement is that the student be present and participate for the entire duration of the class. Any portion of the session that is missed must be ‘made up’ on an hour for hour basis.
    - 4.8.1.1. Availability of ‘make up’ sessions is solely at the discretion of the Primary Instructor and must be scheduled in advanced.
  - 4.8.2. For any Refresher class offered or multi-session CE topic, the minimum attendance requirement is that the student be present and participate for the entire duration of the class. Any portion of the session that is missed must be ‘made up’ on an hour for hour basis.
    - 4.8.2.1. Availability of ‘make up’ sessions is solely at the discretion of the Primary Instructor and must be scheduled in advanced.
- 4.9. Course Completion
  - 4.9.1. Some Training Group offerings such as Skills Evaluations, specific CE topics, or Refresher Courses will require evaluations (skills and/or written). Otherwise, general CE topics typically will not have evaluations.

4.9.2. Evaluation of minimum standard

4.9.2.1. Written Test Grading

4.9.2.1.1. *Standard grading score will be 80% or greater to pass.*

4.9.2.1.2. *Passing grade scores may vary based on the course. If the minimum passing score varies from the training group standard students will be notified before the test is administered and be documented in the training file. A blank copy of the test will be placed in the training session file.*

4.9.2.2. Skills Evaluation

4.9.2.2.1. *Participants must meet or exceed the minimum standard set for the skills evaluation.*

4.9.2.2.2. *Students will be notified of what the minimum standard is before an evaluation takes place and will be provided with a detailed evaluation tool for preparation. A blank copy of the evaluation tool will be placed in the training session file.*

- 4.9.3. Students who do not meet the minimum standards of a course evaluation may receive counseling/remediation. The student may then have one additional opportunity to pass any written tests or evaluations (See Section 4, 4.11 and 4.12).
- 4.9.4. The standards for course completion may vary based on the course attended. Students will always be provided with clear course completion expectations for every evaluated session.
- 4.10. Rules of Conduct
  - 4.10.1. The following acts are strictly prohibited for all Summit County Training Group students, faculty, and administrative staff:
    - 4.10.1.1. Possession or use of alcohol or drugs anywhere on the premises;
    - 4.10.1.2. Attending training group activities under the influence on alcohol;
    - 4.10.1.3. Stealing;
    - 4.10.1.4. Falsifying or tampering with any training group files;
    - 4.10.1.5. Fighting while in attendance of a training group activities;
    - 4.10.1.6. Lying or making false statements to students, faculty, or administrative staff;
    - 4.10.1.7. Any form of significant distraction or disruption of training group activities;
    - 4.10.1.8. Abusing or deliberately destroying or destroying training group property;
    - 4.10.1.9. Attempting to coerce, insult, abuse, or intimidate a student, faculty or administrative staff;
    - 4.10.1.10. Unlawful harassment, which may include inappropriate conduct such as:
      - 4.10.1.10.1. *Verbal, Visual, Physical Threats or demands that an individual submit to certain conduct or perform certain actions, Retaliation, or Sexual harassment.*

- 4.10.1.11. Unauthorized use, transfer, or disclosure of confidential information;
  - 4.10.1.12. Carrying any concealed weapons;
  - 4.10.1.13. Willful and wanton, grossly negligent, or reckless conduct which is patently offensive, or has the effect of creating any risk of injury to any person or property, or directly threatens the health, safety, or welfare of any student, faculty, administrative staff, or the public in general;
  - 4.10.1.14. Disregard for safe practices or taking actions that might endanger the health, safety, or welfare of others;
  - 4.10.1.15. Tobacco use in any area except designated areas;
  - 4.10.1.16. Attending training group activities in inappropriate attire as defined by Summit County Ambulance Service standards;
  - 4.10.1.17. Vandalism of any form;
  - 4.10.1.18. Improper accounting of or mismanagement of training group funds;
  - 4.10.1.19. Any and all actions, which are in derogation of the responsibilities, obligations, and expectations of a student, faculty, or administrative staff member of the training group.
- 4.10.2. The preceding actions may be subject to counseling/remediation or disciplinary actions (see Sections 4.11, 4.12, 4.13 below).
- 4.11. Counseling
- 4.11.1. If a student does not meet the minimum standard set for course completion they will be offered counseling by the primary instructor or by any member of Training Group Faculty.
  - 4.11.2. Counseling should occur immediately after initial evaluation. Arrangements may be made to meet at a later date.
  - 4.11.3. All counseling will be documented in the students training file along with a copy of the initial and subsequent evaluations.
  - 4.11.4. If the minimum standard is not met after initial counseling the student will be entered into remediation.
- 4.12. Remediation
- 4.12.1. Students may enter remediation in 2 ways:
    - 4.12.1.1. After a second unsuccessful course completion attempt, or

- 4.12.1.2. At the request of the Summit County Ambulance Service Training Group CQI Committee or Summit County Ambulance Service Medical Director.
    - 4.12.1.3. Availability of remediation is at the sole discretion of the Training Group Director or Course Coordinator.
  - 4.12.2. Process
    - 4.12.2.1. A remediation curriculum will be developed by the Primary Instructor, Course Coordinator, or Training Group Director. If the student enters remediation at the request of the Training Group CQI Committee, the Training Group Director or a designee will develop the curriculum. All remediation curricula must be approved by the Training Group Director.
    - 4.12.2.2. The curriculum will include objectives and evaluation guidelines for successful completion of remediation and who the Primary Instructor will be.
    - 4.12.2.3. The student will receive a copy of the curriculum and sign a form that states the student agrees to enter the remediation process and will complete all the remediation requirements within no more than 6 months of signing
    - 4.12.2.4. A training file will be created for the remediation. A copy of the curriculum, signed student agreement form, and any evaluations completed will be placed in the training and student files.
  - 4.12.3. Failure to complete remediation may result in disciplinary action and/or dismissal from the training program (See Section 4, 4.13).
- 4.13. Discipline / Dismissal Process
  - 4.13.1. General
    - 4.13.1.1. The following discipline and appeal sections are meant to apply to non-County attendee's and faculty. Employees of Summit County Government will ultimately be subject to all applicable County HR Guidelines and Procedures and all SCAS policies and procedures upon which the following sections through 4.14 are based.
  - 4.13.2. Student
    - 4.13.2.1. Attempts at corrective action will be made by the Primary Instructor or Course Coordinator before utilizing progressive discipline procedures.

- 4.13.2.2. For serious actions or violation of training group policy the Primary Instructor or Course Coordinator may move directly to any appropriate step in the in the discipline procedures.
- 4.13.3. Faculty
  - 4.13.3.1. Attempts at corrective action will be made by the Training Group Director before utilizing progressive discipline procedures.
  - 4.13.3.2. For serious actions or violation of training group policy the Training Group Director may move directly to any appropriate step in the discipline procedures.
  - 4.13.3.3. Except in the case of Guest Instructors, faculty members will be employees of Summit County Government and will ultimately be subject to the Summit County HR policies and Discipline/Dismissal process through the established supervisory chain.
- 4.13.4. Corrective action
  - 4.13.4.1. The intent of a corrective action is to notify the individual, in an informal or formal manner, that they are not meeting expectations, standards, or guidelines, for whatever reason. Corrective action should be utilized before Progressive Discipline steps as a coaching session to bring the individual up to expected levels or expectations.
  - 4.13.4.2. A corrective action may be a verbal or written warning.
  - 4.13.4.3. A correction action step will normally include the following:
    - 4.13.4.3.1. *Description of the item, function, or performance needing attention/improvement by the student/faculty member, and/or the actions precipitating the need for corrective action.*
    - 4.13.4.3.2. *A description of what is a satisfactory level of action or performance.*
    - 4.13.4.3.3. *An opportunity for the student/faculty to comment on the corrective action request.*
    - 4.13.4.3.4. *A specific follow-up time frame.*

- 4.13.4.4. A corrective action step should be considered as a warning that a lack of improvement in the identified area may result in Progressive Action Steps being utilized.
- 4.13.4.5. Any corrective actions must be documented in the student/faculty training file.
- 4.13.5. Progressive Discipline
  - 4.13.5.1. Whenever formal notification is provided that a student's behavior or performance is in need of change or improvement, a Progressive Discipline procedure will be utilized.
  - 4.13.5.2. Utilization of any step of the Progressive Discipline procedure is a formal warning to the student that their involvement in the training group may be in jeopardy if their behavior or performance does not meet minimum standards or conform to training group policies.
  - 4.13.5.3. The steps described are guidelines and the Primary Instructor, Course Coordinator, or Training Group Director may move directly to an appropriate step.
  - 4.13.5.4. Progressive Discipline steps may include, but not be limited to verbal warning, written warning, final written warning, suspension, or dismissal from the Training Group.
  - 4.13.5.5. All Progressive Discipline steps, with the exception of a verbal warning, will have a 90 day monitoring period or a monitoring time equivalent in time to the probationary period, whichever is longer.
  - 4.13.5.6. All Progressive Disciplinary steps will normally be considered void after 12 months if no subsequent violations occur during that period, unless a consistent pattern continues to exist.
- 4.13.6. All disciplinary action will be reviewed by the Training Group Director. The Training Group Director will make final judgment on the appropriate action.
- 4.13.7. Any disciplinary action in clinical situations will be reviewed by the Training Group Director and Medical Director in conjunction with a representative of the associated Training Center faculty. The Training Group Director will make the final determination on what disciplinary action will take place.
- 4.13.8. Copies of all documents will be placed in the appropriate student file.
- 4.14. Grievance / Appeal Policy
  - 4.14.1. Grievance

- 4.14.1.1. A grievance is a disagreement between a faculty member and a student.
- 4.14.1.2. The student should take grievances to the Primary Instructor and/or Course Coordinator within 20 days of the initial disagreement.
- 4.14.1.3. The Training Group Director will be notified within 10 days if the issue is not resolved. The Training Group Director may act as a mediator at to achieve mutual agreement.
- 4.14.1.4. If no resolution results, the Training Group Director will make a final determination of the problem. This decision will be final.
- 4.14.2. Appeal
  - 4.14.2.1. An appeal is a request for review or reconsideration of a decision of suspension or dismissal from the Training Group.
  - 4.14.2.2. The student must submit a written request of appeal to the Training Group Director within 20 days of the suspension or dismissal.
  - 4.14.2.3. The Training Group Director will review the complaint and any necessary information will be compiled.
  - 4.14.2.4. The Training Group Director will attempt to informally resolve the complaint.
  - 4.14.2.5. If the Training Group Director does not resolve the complaint, the complaint will be forwarded to the Summit County Ambulance Service Training Group Advisory Committee.
  - 4.14.2.6. The Training Group Advisory Committee will meet within 40 days of the initial complaint to make judgment.
  - 4.14.2.7. The decision of the Summit County Ambulance Service Training Group Advisory Committee will be considered final.
- 4.14.3. The Training Group Medical Director will review any grievance or appeal that involves clinical patient care. The Training Group Medical Director in conjunction with the Training Group Director will make final determination on all clinical patient care matters.
- 4.14.4. Copies of all grievance, appeal, and outcome documents will be placed in the appropriate Training Group file.

## Section 5. Curriculum

### 1. CE/REFRESHER CURRICULUM

#### 1.1. EMT-Basic

1.1.1. The training group will follow the National DOT EMT-Basic/EMT-Basic Refresher curriculum as well as any Colorado State specific curriculum.

#### 1.2. EMT-Intermediate

1.2.1. The training group will follow the National DOT Intermediate/Intermediate Refresher curriculum as well as any Colorado State specific curriculum.

#### 1.3. EMT-Paramedic

1.3.1. The training group will follow the National DOT Paramedic/Paramedic Refresher curriculum as well as any Colorado State specific curriculum.

1.4. Deviation from National Standard Curriculum will occur when justified by specific SCAS agency needs. Examples for such deviation would be specific training objectives that do exist in the National Standard Curriculum but are referenced in Colorado Rule 500, training objectives developed in response to SCAS specific Quality Improvement process, or by the Medical Director's guidance.

### 2. REMIEDIATION CURRICULUM

2.1. Individual student curriculums will be created under the direction of the training group director. This curriculum will be developed to accomplish the specific needs of the student in order to master the topic.

2.2. See Section 4, 4.12 for remediation information.

### 3. SKILLS ATTESTATION / EVALUATION FOR COLORADO STATE RE-CERTIFICATION

3.1. For students who are currently employed by Summit County Ambulance that are not National Registry certified, the Training Group will provide skills evaluation / attestation for Colorado State re-certification.

3.2. Skill attestation will be through one or a combination of the following:

3.2.1. The Training Group may attest to the provider skills based on information provided by the CQI Committee. Only skills that were actively performed by the provider and reviewed by the committee may be utilized.

- 3.2.2. Skills may be evaluated for required proficiency for state recertification if the provider is directly observed performing a skill by the Training Group Medical Director, Training Group Director, or Training Group Director designee (e.g. Training Group Faculty or Summit County Ambulance Service Field Training Instructors). Only skills that are demonstrated with direct observation by an approved evaluator may be utilized.
- 3.2.3. Training Group provided skills evaluations may be utilized to attest to the provider's skill for state recertification (no more than 12 months prior to renewal application). Skills evaluations will be scheduled on an as needed basis and/or may be a component of the bi-annual SCAS Skills Day Conference. Skills evaluations will follow the format of the National Registry of EMTs skills evaluation for certification renewal. They will ensure competency in core psychomotor skill areas appropriate to each EMT certification level.

4. MORTALITY AND MORBIDITY (M&M) CASE REVIEW

- 4.1. The Training Group in conjunction with the SCAS Medical Director's CQI Program will offer regularly scheduled M&M Case Review sessions for Training Group Students (SCAS employees and specific invitees of other agencies). These sessions will be discussions of patient care cases of high educational value.

5. RULE 500 PROCEDURES REQUIRING ADDITIONAL TRAINING

- 5.1. Curricula will be developed under the direction of the Training Group Director for any procedures that the Summit County Ambulance Service Medical Director has approved that require additional training according to Rule 500. These curricula are subject to the approval of the Training Group Medical Director.
- 5.2. The Training Group Advisory Committee will review the curricula annually. Any changes will be completed under the direction of the Training Group Director and must be approved by the Training Group Medical Director.

6. EMT-PARAMEDIC LEVEL I ADVANCED PROVIDER

- 6.1. An EMT-Paramedic Level I Advanced Provider curriculum will be developed and maintained under the direction of the Training Group Director. The Training Group Medical Director must approve the curriculum.
- 6.2. The Training Group Advisory Committee will review the curriculum annually. Any additions or changes to the curriculum will be under the direction of the Training Group Director and be approved by the Training Group Medical Director.

- 6.3. Curriculum will also be developed and revised based on recommendations of the CQI Committee. All recommendations from the CQI Committee will be reviewed by the Training Group Medical Director for appropriateness.
- 6.4. Any curriculum offered for the Advanced Practice Paramedic Level I providers will include clinical time at a facility with an ICU and preferably with a critical care transport team. As stated earlier, the Training Group will seek to establish (through agreement or contract) a relationship with an established Colorado Training Center for the purposes of clinical training experiences. The SCAS Training Group will ensure that any students participating in these clinical experiences will follow the Training Center's immunization, dress, and attendance policies.

## Appendix A. Functional Position Description Emergency Medical Technician

### INTRODUCTION

We are providing the following general position description of Emergency Medical Technician EMT-Basic (EMT-B), EMT-Intermediate (EMT-I) and EMT-Paramedic (EMT-P). This should guide you when giving advice to anyone who is interested in understanding what qualifications, competencies and tasks are expected of the EMT-B/EMT-I/EMT-P. It is the ultimate responsibility of the employer to define specific job descriptions within each EMS entity.

### QUALIFICATIONS

Successfully complete an EMS Division approved course. Achievement of a passing score on written and practical certification examinations.

Must be at least 18 years of age. Generally, the knowledge and skills required show the need for a high school education or equivalent. Ability to communicate verbally; via telephone and radio equipment; ability to lift, care and balance up to 125 pounds (250 with assistance); ability to interpret written, oral and diagnostic form instructions; ability to use good judgement and remain calm in high-stress situations; ability to work effectively in an environment with loud noises and flashing lights; ability to function efficiently throughout an entire work shift; ability to calculate weight and volumes ratios and read small print, both under threatening time constraints; ability to read and understand English language manuals and road maps; accurately discern street signs and address numbers; ability to interview patient, family members, and bystanders; ability to document, in writing, all relevant information in prescribed format in light of legal ramifications of such; ability to converse in English with coworkers and hospital staff as to status of patient. Good manual dexterity, with ability to perform all tasks related to highest quality patient care. Ability to bend, stoop, and crawl on uneven terrain; and the ability to withstand varied environmental conditions such as extreme heat, cold, and moisture. Ability to work in low light, confined spaces and other dangerous environments.

### COMPETENCY AREAS

#### EMT-Basic

Must demonstrate competency handling emergencies utilizing all Basic Life Support equipment and skills in accordance with all behavioral objectives in the DOT/EMT Basic curriculum. Automated external defibrillation and intravenous access are optional skills and curriculum.

#### EMT-Intermediate

Must demonstrate competency handling emergencies utilizing all Basic and Advanced Life Support equipment and skills in accordance with all behavioral objectives in the Colorado EMT-Intermediate curriculum.

#### EMT-Paramedic

Must demonstrate competency handling emergencies utilizing all Basic and Advanced Life Support equipment and skills in accordance with all behavioral objectives in the DOT/EMT-Paramedic curriculum. The EMT-P has reached the highest level of certification.

#### DESCRIPTION OF TASKS

Receives call from dispatcher, responds verbally to emergency calls, reads maps, may drive ambulance to emergency site, uses most expeditious route, and observes traffic ordinances and regulations.

Determines nature and extent of illness or injury, takes pulse, blood pressure, visually observes changes in skin color, auscultates breath sounds, makes determination regarding patient status, establishes priority for emergency care, renders appropriate emergency care (based on competency level); may administer intravenous drugs or fluid replacement as directed by physician. May use equipment (based on competency level) such as but not limited to, defibrillator, electrocardiograph, performs endotracheal intubation to open airways and ventilate patient, inflates pneumatic anti-shock garment to improve patient's blood circulation.

Assists in lifting, carrying, and transporting patient to ambulance and into a medical facility. Reassures patients and bystanders, avoids mishandling patient and undue haste, searches for medical identification emblem to aid in care. Extricates patient from entrapment, assesses extent of injury, uses prescribed techniques and appliances, radios dispatcher for additional assistance or services, provides light rescue service if required, provides additional emergency care following established protocols.

Complies with regulations in handling deceased, notifies authorities, arranges for protection of property and evidence at scene. Determines appropriate facility to which patient will be transported, report nature and extent of injuries or illness to the facility, asks for direction from hospital physician or emergency department. Observes patient en route and administers care as directed by physician or emergency department or according to published protocol. Identifies diagnostic signs that require communication with facility. Assist in removing patient from ambulance and into emergency facility. Report verbally and in writing observations about and care of patient at the scene and in-route to facility, provides assistance to emergency staff as required.

Replaces supplies, sends used supplies for sterilization, checks all equipment for future readiness, maintains ambulance in operable condition, ensures ambulance cleanliness and orderliness of equipment and supplies, decontaminates vehicle interior, determines vehicle readiness by checking oil, gas, water in battery and radiator, and tire pressure, maintains familiarity with all specialized equipment.

## Appendix B. CE Training Attendance by Non-Employee Students

### PARTICIPATION

1. Employees from an agency involved in the Summit Emergency Service Board that are currently certified, or eligible for re-entry, as an Emergency Medical Technician with the State of Colorado may participate in the training group in a limited capacity.
2. Employees of these agencies may only participate in general continuing education trainings.
3. The participant will sign the attendance roster and, after successful completion of the training, receive a certificate of course attendance reflecting the topic, objectives covered, and hours of educational content received.
4. Unless specifically reviewed and approved by the Training Group Director, no skills evaluations for the purpose of Colorado State EMT re-certification will be offered to these participants. If the Training Group does administer a skills evaluation, a file will be created specifically for that case. This file will include all testing documentation, student contact information, and will be maintained on file for a minimum of 4 years.
5. Non-SCAS students will be permitted to attend CE sessions on a first come, first served basis and no prior registration is required.
6. The SCAS Training Group reserves the right to deny attendance to any CE session for any non-employee student for any reason.

### STUDENT FILES

1. Student files for non-employee participants will consist of the signed course roster with student contact information that will reflect successful completion of that session's topic. If the session involves written or skills evaluation components, a record for each student will be maintained within the session record file.
2. The training group will not review or give credit for other sources of continuing education for the purpose of Colorado State EMT certification refresher unless specifically approved by the Training Group Director. If the Training Group Director does approve a non-employee student's submission of documentation for EMT re-certification, a file will be created specifically for that case. This file will include a copy of all reviewed CE hours, student contact information, and will be maintained on file for a minimum of 4 years.

### INSURANCE REQUIREMENTS

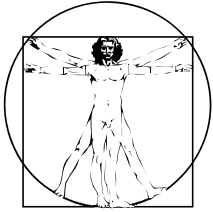
1. Participants must be under their employers worker's compensation insurance while in attendance of any CE training.

2. Non-enrolled students will not be allowed to participate in clinical training experiences; therefore, the non-enrolled student is not required to have liability insurance.

#### OPERATIONAL POLICIES

1. The non-enrolled student is still responsible to follow all policies that apply to their level of participation.

Appendix C. Training Group Director Resume



## Roger B. Coit

729 E St  
Salida, CO 81201  
Home: 719.539.6594  
teleski@bresnan.net

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### QUALIFICATIONS

- Significant managerial and administrative experience in Emergency Services (10+ years)
- 2 years as director of an ALS ambulance service in rural mountainous Colorado
- Intimate knowledge of pre-hospital emergency care, National Registry EMT-P, Critical Care Paramedic, Wilderness EMT
- Working knowledge of Colorado State EMS Division Rules and Regulations
- Extensive experience as an EMS educator, Colorado State EMS Primary Instructor and Instructor/Coordinator
- Significant knowledge of EMS record management systems/data management
- Considerable grant writing experience and grant administration

### WORK HISTORY

#### **Training and Quality Improvement Supervisor, 1/03 to Present**

Summit County Ambulance Service, Summit County, CO

Quality Improvement Program and Training Program director overseeing all aspects of service clinical performance and education. Summit County AED Program Director with responsibility for development, implementation, and oversight of large federal grant program. Supervision and direction of agency senior paramedics in ancillary programs (Public Information/Relations, data management, training, Quality Assurance).

#### **Consultant, Montera Consulting Group, 2002-present**

Northwest Region Counter Bioterrorism Planning. Coordination, planning, integration, and exercise in counter-bioterrorism preparedness for a nine county region of Northwestern Colorado. Focus on integration of Pre-hospital, Public Health, Hospital, and Emergency Services preparedness and response. Contract consultant on EMS system development for Aspen Ambulance Service.

#### **Emergency Services Supervisor (Ambulance and Emergency Dept.) 3/01 to 1/03**

St. Vincent Hospital, Leadville, CO

Administration of ALS ambulance service with supervisory responsibilities for Hospital Emergency Dept. (Level IV) and; revision of billing system and evaluation of revenue performance, budget development and management, hiring/firing, team building, grant writing, development and implementation of CQI program, direction and production of ongoing training program, development and production of Field Instruction program, author of County AED Program and County EMS Plan, author of Hospital Chem/Bio Terror Annex, revision of Hospital Emergency Plan, Chairman of Lake County Emergency Services Council, Central Mountains RETAC voting member.

#### **Training Program Coordinator / Supervisor / Paramedic 11/98 to 12/99**

Chaffee County EMS, Salida, CO

Full-time Paramedic / Supervisor, responsible for all aspects of CE training program, and field supervision of employees. Grant writing, development of Field Instruction Program, introduction of Recruitment and Retention program. Volunteer with service since 1995. EMT since 1993.

#### **Adjunct Faculty Instructor 1998 to present**

Colorado Mountain College Timberline, Summit, Edwards, and Routt County campuses  
Adjunct Faculty Instructor of the year, Summit campus. Instructor for EMS (EMT-P, EMT-I, EMT-B, IV Therapy, EKG interpretation), Wilderness First Responder, and Avalanche Safety courses (Level I & II) and OEC. Organized and implemented EMT-Basic program for CMC Buena Vista. Chair of CMC, Edwards Paramedic Education Program oversight committee.

**Lead Instructor 1995 to present**

Wilderness Medical Associates, Portland, Maine

Lead instructor for prominent international organization teaching a variety of wilderness oriented first-aid courses from Basic First aid to EMT. New instructor mentoring and development. Nationwide travel, teaching in a variety of venues. Wilderness EMT since 1994.

**Assistant Director Ski Patrol / Supervisor / Ski Patroller 1991-2001**

Monarch Ski and Snowboard Area, Salida, CO

Oversaw department responsibilities for all aspects of running a professional Ski Patrol; Medical Program Coordinator, Snow Safety Program Coordinator, Medical Trainer, Medical CQI Program development, and Risk Management/Emergency Plan development. Design, implementation, and oversight of AED program.

**EDUCATION**

-B.S. Animal Biology (Zoology), Colorado State University. 1986.

-Ambulance Service Management certificate program, Fitch and Associates, K.C. Missouri, 2005.

-NREMT-Paramedic, Swedish Medical Center / Health One. 1997.

-Critical Care Paramedic, UMBC program, University of New Mexico, Roswell, 2004.

**LICENSES / CERTIFICATES / PROFESSIONAL MEMBERSHIPS**

- ACLS Course Director / PALS instructor / PHTLS & BTLIS Instructor / BLS Instructor
- Colorado EMS Instructor / Primary / Coordinator
- National Ski Patrol OEC Instructor (8yrs.), Level II National Certification Ski Patrol
- National Registry EMT-Paramedic
- Wilderness EMT/Instructor (10yrs.)
- Former professional member, American Association of Avalanche Professionals
- CEVO
- National EMS Managers Association / National Association of EMS Educators
- Incident Command System 100-400 and Multi-Agency Coordination

**RELATED SKILLS / EXPERIENCE / AWARDS**

- Member of Summit County Incident Management Team
- Emergency Medical Services Association of Colorado Region 5 representative, Current
- American Ambulance Association, Management Training Seminar, Medicare Reimbursement (Atlanta 2001, Salt Lake City, 2004, Las Vegas 2005)
- Grant writing, risk management, and emergency planning experience
- Summit County Public Safety Above and Beyond award 2004
- Summit County Rotary Club Hero 2004
- Significant Non-profit / For-profit management training
- Various seminars in EMS management, education, billing/reimbursement, and recruitment & retention
- Search and Rescue experience and instruction, SAR Paramedic with Summit County SAR

**VOLUNTEER EXPERIENCE**

- Volunteer Medical Program, Monarch Ski Patrol, present
- Board member- Chaffee County Alliance Against Domestic Abuse, 2001-2002
- Summit County Search and Rescue, 1988-1989
- 9-Health Fair, 1996-1999
- Arkansas River Clean-up, 1987-99
- Chaffee County EMS 1995-1998
- Breckenridge Outdoor Education Center, 1988

**COMPUTER SKILLS**

- Microsoft applications: Word, Access, Excel, Publisher, PowerPoint, Outlook, Visio
- Healthware Solutions and High Plain; ePCR/RMS documentation software applications
- CCNA and CompTIA A+ (current study towards certification)

Appendix D. Training Group Medical Director CV Summary

*Current Curriculum Vitae Summary*  
*James Michael Cusick, MD FACEP*  
*March 2007*

**EMS History:**

As of October 2006, I have 39 years experience in EMS. First Aid / EMT / Medic to Mobile Intensive Care Unit Paramedic (MICU/P); Emergency Physician and EMS Medical Director/EMS Specialist

**Education:**

1978-1982 Doctor of Medicine and Surgery, Autonomous University of Guadalajara, Jalisco, Mexico  
1982-1983 MD, Fifth Pathway Programs, Nassau County Medical Center, State University of New York at Stony Brook  
1983-1984 Internship: Internal Medicine, St. Elizabeth's Hospital -Youngstown, OH  
1984-1986 Residency: Emergency Medicine, Kern County Medical Center - Bakersfield, CA  
1986-1987 Research Fellowship: Emergency Medicine, University Hospital Medical Center - Denver, CO

**Certifications:**

1987 Certified; American Board of Emergency Medicine  
1997 Recertified; American Board of Emergency Medicine  
2007 LLSA's completed; American Board of Emergency Medicine  
(Past) ACLS, ATLS, PALS and BTLs Provider, Instructor and Instructor Trainer

**Positions:**

2005-2007 American Medical Response (AMR)/National Medical Director  
1993-2006 Exempla St. Joseph Hospital, Emergency Department/EMS, Denver, CO; (1987-1990 PT)  
1992-1993 St. Alphonsus Hospital, ED, Boise, ID  
1990-1992 Bayfront Medical Center; ED – Director Emergency/Trauma Services; St. Petersburg, FL  
1987-1990 Denver General Hospital, ED-Faculty, Denver, CO  
1986-1987 University Hospital; ED and Research Fellow; Denver, CO

**Medical Memberships:**

- American College of Emergency Physicians (ACEP); National and Colorado chapter; EMS & Disaster Sections
- National Association of Emergency Medical Services Physicians (NAEMSP)
- Colorado Medical Society
- Arapahoe-Douglas-Elbert Medical Society
- University of Scranton Alumni/Medical Alumni and UAG Medical Alumni
- Phi Delta Epsilon Medical Fraternity

## **Community and Board Positions:**

- AMR National Medical Director
- Director: EMS/Ambulance Utilization, Kaiser-Rocky Mountain Region (13 years)(past)
- Medical Director; American Medical Response (AMR)/Denver Operations (10 years)
- Co-chair AMR: National Mobile Health Care Project (2yrs) (past)
- Co-Medical Director: Stadium Ambulance; Professional Sports Events (4 years)(past)
- Member: Denver Metro EMS Medical Directors group; 1988-1990; 1993-2007
- Member: Flight For Life (F.F.L.), Medical Advisory Board; 2000-2007
- Member: Colorado Hospital Association (CHA); Metro Denver Subcommittee on Divert and ED Overcrowding
- Member: Emergency Medical Services Association of Colorado (EMSAC); Medical Advisory Board (15 years)
- American College of Emergency Physicians (ACEP); Colorado Chapter: Member 20 years, Executive Board 1987–1990 and 2002-2007, Secretary/Treasurer 1990 and 2004, President-Elect 2005; President 2006; Past-Pres 2007
- American College of Emergency Physicians (ACEP); National Office: National Councilor 2002-2007, National EMS Committee 2004-2007, EMS Subcommittees: EMS Liaison Reports, National Ambulance Diversion and Legislative Affairs/ Connecting EMS to the Homeland Security Funding Scheme
- National ACEP EMS Liaison to the American Ambulance Association 2005-2007
- Member: National Association of EMS Physicians (NAEMSP) 1988-1990; 2004-2007
- Physician Reviewer: Committee on the Accreditation of Ambulance Services (CAAS) 2005-2007
- Member ACEP National Disaster Preparedness Site Review Team 2007
- James M. Cusick, MD FACEP ED/EMS Consultant Services

## **Community Memberships:**

- Denver Zoo Foundation: VIP Curator level, Member 1986-present
- Denver Museum of Nature and Science: Curator level, Member 1997-present
- Volunteers for Outdoor Colorado: Silver, member 1995-present
- Denver Children's Museum: member 1990-2004
- Denver Aquarium: Charter Member, Explorer Level, 1998-2004
- Denver Botanical Gardens: Family Plus, member 2003-present
- Denver Art Museum: Family, member 2005-present

## **Exempla St. Joseph Hospital Activities: (Past)**

- Emergency Physician in good standing; resigned 03/17/06 due to new position as AMR National Medical Director
- EMS Liaison to community
- Coordinator EMS Radio/cell base station (AMR Base Hospital)
- Participant: Emergency Dept QA Committee
- Member ESJH Cardio-Vascular Marketing Board
- Cardiac Alert Management Group
- Member Surgery Committee and Member Disaster Committee (past)

## **Language:**

- English/Spanish

**Selected Publications and Positions:** (see full CV for details)

- Pediatric Emergencies, Chapter; text.: Admissions Decisions, in Emergency Medicine
- Pre-hospital Venous Access/Urban, Prospective Analysis; Journal of Trauma
- Commentario, Spanish issues in EM Residency, Editorial; Journal of Emergency Medicine
- Pre-hospital Respiratory Distress, Emergency Care Quarterly; Aspen Pub.
- Primary Author: Consensus Builder. Colorado State Unified Disaster Tag and Triage System; Governors EMS Council-Subcommittee on Disaster 1998-1990 State EMS Division.
- Article Reviewer (Past) 1988-1991. Journal of Emergency Medicine: Rosen, Peter et al.; section: Pre-hospital Care.
- ACEP National EMS section Newsletter; Spring/Summer 2006; Assoc. Editor
- Editor-in-Chief: National ACEP EMS Section Newsletter Oct 2006-forward
- Editorial Board Member: JEMS (Journal of Emergency Medical Services), 2007-