



Colorado Department
of Public Health
and Environment

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

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**STATE BOARD OF HEALTH
RULES PERTAINING TO THE STATEWIDE EMERGENCY MEDICAL AND TRAUMA
CARE SYSTEM, CHAPTER FOUR
(Last Amended May 19, 2004, effective July 30, 2004)**

**STATE OF COLORADO
COLORADO BOARD OF HEALTH**

**RULES
PERTAINING TO THE STATEWIDE EMERGENCY MEDICAL AND
TRAUMA CARE SYSTEM**

**CHAPTER FOUR – REGIONAL EMERGENCY MEDICAL AND
TRAUMA ADVISORY COUNCILS**

400. In order to ensure effective system development and regional emergency medical and trauma planning, all regions must comply with the following minimum standards and planning regulations.
401. Definitions. As used in this article, unless the context otherwise requires:
1. “Biennial Plan” - A regional emergency medical and trauma services system plan that shall be in a format specified by the Council and the Department, and submitted to the Council for approval every other year on July 1, beginning July 1, 2003.
 2. “City and County” - A city that shares the same boundaries as the county it resides in.
 3. “Continuing Quality Improvement” - The ongoing issue of improving the quality of the regional emergency medical and trauma services system.
 4. “Council” - The State Emergency Medical and Trauma Services Advisory Council created in section 25-3.5-104
 5. “Department” - The Colorado Department of Public Health and Environment
 6. “EMTS System”- Emergency Medical and Trauma Services System.
 7. “Financial Report” - A regional financial accounting in a format specified by the Council and the Department that details the expenditure of money received.
 8. “Key Resource Facility” – A Level I or II certified trauma facility that provides consultation and technical assistance to a RETAC, regarding education, quality, training, communication, and other trauma issues described in CRS 25-3.5 Part 7 that relate to the development of the Statewide Trauma Care System.
 9. “RETAC” - Regional Emergency Medical and Trauma Advisory Council – the representative body appointed by the governing bodies of counties or cities and counties for the purpose of providing recommendations concerning regional area emergency medical and trauma service plans for such counties or cities and counties.
 10. “SEMTAC” - The State Emergency Medical and Trauma Services Advisory Council
402. Organizational Requirements
- A. On or before July 1, 2002, the governing body of each county or city and county throughout the state shall establish a RETAC, with the governing body of four or more counties, or with the governing body of a city and county, to form a multicounty RETAC.
 - B. County government from the counties comprising each RETAC shall determine how members are selected.

- C. Membership shall reflect, as equally as possible, representation between hospital and prehospital providers, and from each participating county, and city and county.
- D. There shall be at least one member from each participating county and city and county in the RETAC.
- E. The participating counties shall define the number of members on the RETAC.
- F. Each RETAC shall meet a minimum of four times per year.
- G. After the appointment of members to the RETAC, the RETAC shall establish By-laws, which includes responsibilities and other pertinent matters concerning the structure and operations of the organization. A chairperson shall be elected and that person or his/her designee shall serve as the liaison for the region's communications with the Department.
- H. RETACs must be comprised of counties that are contiguous.
- I. At least seventy-five percent of the council membership must reside in, or provide health care services within the region.
- J. Each RETAC must identify one or more key resource facilities for the region. The key resource facility shall provide consultation and technical assistance to the RETAC in resolving trauma, medical, and age specific care issues that arise in the region, and in coordinating patient destination and inter-facility transfer policies to assure that patients are transferred to the appropriate facility for treatment in or outside of the region.
- K. Each region shall utilize designated staff to manage the day-to-day business of the RETAC, and provide administrative support and technical assistance to the council as it carries its statutory obligations.

403. Operational Requirements

- A. RETACs must establish continuing quality improvement plans with goals, system-monitoring protocols, and periodically assess the quality of their emergency medical and trauma system. The regional continuous quality improvement system plan shall be utilized in evaluating the effectiveness of the regional EMTS systems as defined elsewhere in the rules pertaining to the Statewide Emergency Medical and Trauma Care System.
- B. RETACs shall coordinate with the Department and local health departments in developing and implementing regional injury prevention, public information, and educational programs promoting the development of the EMTS system. These programs should include, but not be limited to, a pediatric injury prevention and public awareness component.
- C. RETACs must provide technical assistance and serve as a resource, and to the extent possible, integrate the provision of emergency medical and trauma services with other local, state, and federal agency disaster plans.
- D. Regional Patient Destination Protocols
(Reserved)
- E. RETACs must comply with Board of Health regulation 4 of the rules and regulations pertaining to preparations for a bioterrorism event, pandemic influenza, or an outbreak by a novel and highly infectious agent or biological toxin.

404. Waivers

- A. The Department may grant waivers from one or more standards of these rules, to the extent not contrary to statute, based on a waiver review process reviewed and approved by SEMTAC and adopted by the Department.

405. Annual Financial Report
(Reserved)

406. RETAC EMTS System Biennial Plan Requirements

Beginning July 1, 2003 and every odd numbered year thereafter on July 1, each Regional Emergency Medical and Trauma Advisory Council, with the approval from the governing bodies for the RETAC, must prepare a regional emergency medical and trauma services system plan to create and maintain coordinated, integrated emergency medical and trauma system services throughout the region. The Department shall provide technical assistance to any RETAC for preparation, implementation, and modification of the plan. This plan shall be submitted to SEMTAC for evaluation and recommendations for approval to the Department. The plan will be in a format specified by the Department with advice from SEMTAC. If the RETAC fails to submit a plan, does not include a county or city and county within their region in the plan, or the plan is not approved through the evaluation process established by the council, the Department shall design a plan for the RETAC. This plan, referred to hereafter as the Biennial Plan, shall be comprised of fifteen components. The components are listed below. Each component, at a minimum, shall address the current level of activity within that component. The RETAC should develop their plan based on data collected from sources such as, but not limited to, county plans, EMS Council plans, agency profiles, financial reports and strategic planning documents. Every RETAC plan shall provide the following:

- A. The plan shall identify the needs of the region to provide minimum services to sick and injured patients at the most appropriate facility. Needs shall be based on but not limited to the following factors:
 - 1. Transfer agreements and protocols used by facilities to move patients to higher levels of care.
 - 2. Facility defined triage and transport plans to be developed by all facilities within the RETAC.
 - 3. Geographical barriers to the transportation of patients.
 - 4. Population density challenges to providing care.
 - 5. Out of hospital resources within the region for the treatment and transportation of sick and injured persons.
 - 6. Accessibility to Department designated facilities within and outside the region
- B. The plan shall describe the commitment of each of the member counties or city and counties. Commitment includes but may not be limited to:
 - 1. Cooperation among county and local organizations in the development and implementation of the statewide EMTS system.
 - 2. Participation and representation within the RETAC.

3. Dedicated financial and in-kind resources for regional systems development.
 4. Cooperation among county and local organizations in the development and implementation of a coordinated statewide communications system.
- C. The plan shall include the description of processes used to ensure facilities, agencies, counties, and city and counties adherence to the RETAC EMTS plan. Processes shall include but not be limited to:
1. A compliance reporting process as defined by SEMTAC and the Department.
 2. A continuing quality improvement system as defined by SEMTAC and the Department.
- D. The plan shall include a description of public information, education, and prevention programs used within the region to reduce illness and injury.
- E. The plan shall describe any functions of the RETAC accomplished through contracted services.
- F. The plan shall identify any needs of the RETAC EMTS system through the use of a needs assessment instrument. The needs assessment instrument used by the RETAC must be approved by the RETAC member counties and city and counties. Needs assessment instruments must be approved by or supplied by the Department.
- G. The plan shall include a description of the following communication issues:
1. Communication method in place to ensure citizen access to emergency medical and trauma services through the 911 telephone system or its local equivalent.
 2. Primary communication method for dispatch of personnel who respond to provide prehospital care.
 3. Communication methods used between ambulances and other responders and between ambulances and designated and undesignated facilities.
 4. Communication methods used among trauma facilities and between facilities and other medical care facilities.
 5. Communication methods used among service agencies to coordinate prehospital and day-to-day requests for service.
 6. Communication methods used within and between the RETAC to coordinate service during multicase events (interoperability).
- H. The plan components shall include:
1. Integration of Health Services - Activities to improve patient care through collaborative efforts among health related agencies, facilities and organizations within the region. The desired outcome of this component is to improve the system by encouraging groups involved in EMTS to work with other entities (e.g. health related, state, local and private agencies and institutions) to share expertise, to evaluate and make recommendations, and mutually address and solve problems within the region.

2. EMTS Research - Determines the effectiveness and efficiency of the EMTS system through scientific investigation. A continuous and comprehensive effort to validate current EMTS system practices in an effort to improve patient care, determine the appropriate allocation of resources and prevent injury and illness and ultimately death and disability.
3. Legislation and Regulation - Issues related to legislation, regulation and policy that affects all components of the EMTS system. This component defines the level of authority and responsibility for system planning, implementation and evaluation.
4. System Finance - Defines the financial resources necessary to develop and maintain a quality EMTS system.
5. Human Resource - The acquisition of knowledge and skills, recruitment and retention of providers are priorities for a quality EMTS system.
6. Education Systems - Includes the education and training of all providers within the EMTS system and includes efforts to coordinate and evaluate programs to ensure they meet the needs of the EMTS system.
7. Public Access - Includes all means by which users can access the system (9-1-1). This component also includes the provision of pre-arrival instructions provided by emergency medical dispatchers.
8. Evaluation - A process of assessing the attributes (system integration and components) of the EMTS system to ensure that continual improvement can be designed and implemented.
9. Communications System - The efficient transfer of information by voice and data occurring between dispatch centers, EMTS providers, physicians, facilities, public safety agencies and patients seeking care through emergency medical dispatch. Includes EMTS system communications interoperability within and outside the region for multicasualty incidents.
10. Medical Direction - Supervision and direction of patient care within the EMTS system by qualified and authorized physicians, including the medical communities involvement in maintaining quality of care through accepted standards of medical practice and through innovation.
11. Clinical Care - Clinical methods, technologies and delivery systems utilized in providing EMTS in and out of the hospital. Includes emerging community health services, rescue services and mass casualty management.
12. Mass Casualty - Defines the responsibility and authority for planning, coordination and infrastructure for all medical care during incidents where the normal capacity to respond is exceeded.
13. Public Education - Includes the public's involvement in learning experiences to promote and encourage good health and reduce morbidity and mortality.
14. Prevention - Solutions designed through data collection and analysis, education and intervention strategies to reduce morbidity and mortality related to intentional and unintentional injury and illness
15. Information Systems - The collection of data and analysis as a tool to monitor and evaluate the EMTS system. Information systems are key to providing a means of improving the effectiveness and integration of healthcare delivery.

406.1 RETACs must submit their Biennial Plan to SEMTAC on or before July 1, 2003 and every odd numbered year by July 1. If the plan is found to be inadequate, it will be returned to the RETAC with recommendations for revisions. The revised plan shall be submitted to the Council by September 14th. If the revised plan is not approved, the Department will design a plan for the RETAC. Plan submissions must occur by the dates stated or the opportunity for further submissions is forfeited.