

EXECUTIVE SUMMARY

The 2001 Boulder County EMS Report and Plan is submitted in accordance with Colorado 1989 Senate Bill 34 (revised in 1992 as Senate Bill 78). While this report is submitted to the Colorado Department of Health Emergency Medical Services Division to qualify Boulder County EMS agencies for participation in the annual state EMS subsidy distribution process, it also serves as the working document for EMS services and activities in Boulder County.

The Boulder County EMS Plan for 2001 focuses on coordination of training and planning to assist agencies with improvement of county-wide EMS delivery systems. The plan has been coordinated and written by the Boulder County Fire Fighters Association (BCFFA) EMS Committee in cooperation with Boulder County initial response agencies, Boulder County Emergency Services and Boulder County hospitals.

The plan addresses coordination of resources for medical and trauma care, provider safety, communications, transportation, quality assurance and training objectives to support and improve the quality of emergency pre-hospital care to Boulder County residents, as well as those individuals who travel through and/or frequent the area for recreational purposes. The EMS Plan is in accordance with the "Emergency Operations Plan," City/County Mass Casualty Plan and Boulder County protocols. The development of the EMS Plan also assists in determining areas of deficiencies and needs throughout the County. In an attempt to complete the goals set forth in previous years, the main thrust for 2001 is to complete our goals in its entirety.

The Boulder County EMS Plan, Section II, addresses completed goals and accomplishments within the county during the calendar year beginning January 1, 2000. Many accomplishments throughout the county are not documented merely because individual departments accomplish them and do not have an overall county influence. Only the major goals and accomplishments that directly impact the county as a whole have been identified. Vast improvements have been made as a direct result of this planning process throughout Boulder County.

EMS REPORT AND PLAN 2001

SUBMITTED BY:

BOULDER COUNTY

COLORADO

Date Plan Submitted: October 1, 2000

Contact Persons:

Division Chief Michael N. Chard
Boulder Fire Rescue
Boulder County Fire Fighters Association /
Emergency Medical Services Committee

1805 33 St
Boulder, CO 80301
(303) 441-3648

Captain Wm. W. Dunn
Cherryvale FPD
Boulder County Fire Fighters Association /
Emergency Medical Services Committee

7700 Baseline Rd
Boulder, CO 80303
(303) 441-8549

County Commissioners Office: (303) 441-3500

County Commissioners Liaison/EMS Committee:

Larry Stern (303) 441-3637

SECTION I

LICENSING AND INSPECTION

1.1 County Resolutions, Laws or Ordinances.

Please answer the following questions regarding your current regulations governing ambulance services.

County resolutions need to be reviewed on a regular basis. Please indicate the date of your last review: October 1, 1998

1.2 Agency Responsible for Licensing, Inspecting and Regulating Ambulance Services.

Agency or Government Entity: Boulder County Sheriff's Department

Contact Person: Lieutenant Larry Stern

Title: Director, Office of Emergency Management

Address: 1805 33rd Street Boulder, CO 80301

Phone: (303) 441-3637

Name of person performing physical inspection of ambulances:

Name: Dave Booton Title: Emergency Services Coordinator

Address: 1777 6th Street Boulder, CO 80302

Phone: (303)-441-3625

1.3 Inspection and Licensing - Process

Please place a check mark in the blank that most applies to your county.

1. How often do you license ambulance services? Annually Semi-Annually
2. How often do you physically inspect ambulances? Annually Semi-Annually
3. Are the policies and procedures for licensure of ambulances included in your county resolution?
Yes No
4. In you inspection of ambulances, do you verify that the vehicle equipment conforms to the minimum essential equipment list contained within the Colorado Board of Health Rules?
Yes No
5. **Copy / Copies of the form(s) you use to license and inspect ambulances must be attached.** Yes No (See Attachment A at end of this section)
6. Do all of the licensed ambulance services who are based within your county comply with the statewide data collection program (currently state data collection requires the completion and return of an agency profile) through the State Emergency Medical Services and Prevention Division? (If they do not comply your county will not be eligible for funding). Have you assured that all of these forms are attached and are complete and correct: Yes No

1.4 Ambulance Agencies Licensed and Inspected

Agency Name	Address	ALS / BLS
Boulder County Paramedics	168 S. Fillmore Ave. Louisville, CO 80027	ALS
Broomfield Emergency Ambulance	60 GardenCenter Suite 601 Broomfield, CO 80038	ALS
Lyons Fire Protection District	P.O. Box 695 (251 Broadway) Lyons, CO 80540	BLS/AED
Nederland Fire Protection District	P.O. Box 155 (170 E. 3 rd ST) Nederland, CO 80466	ALS part-time BLS part-time
Pridemark Paramedic Services	3297 Walnut Street Boulder, CO 80301	ALS

See Attachment B Section I: Transport Agency Profile attached.

1.5 List here all other agencies within your county who provide EMS (i.e., search and rescue, fire, police, quick response teams)

Agency	EMS Contact	Address	Phone	E-mail
Allenspark FPD	Erle Collom	P.O. Box 4664 Estes Park, CO 80517	303-747-2586	Erlebob@aol.com
Berthod FD		275 Mountain Avenue Berthoud, CO 80513	303-532-2264	
Big Elk Meadows FPD	Diane Briggie	90 Balsam Lyons, CO 80540	303-823-5070	
Boulder City Open Space	Rod Morhea	66 S. Cherryvale Rd Boulder, CO 80303	303-441-4495	
Boulder City Wildland Crew	Mark Mullenix	6003 N. 51 st Street Boulder, CO 80301	303-530-2294	
Boulder County Coroner	John Meyer MD.	1777 6 th Street Boulder, CO 80302	303-441-3535 fx:303-441-4535	tjfcn@co.boulder.co.us
Boulder County HazMat Team	Larry Stern	1805 33 rd Street Boulder, CO 80301	303-441-3637 fx: 303-441-3884	LLSSH@co.boulder.co.us
Boulder County Sheriff's Department	George Epp	1777 6 th Street Boulder, CO 80302	303-441-4605	
Boulder County Wildland Crew	Dave Booton	1777 6 th Street Boulder, CO 80302	303-441-3625	
Boulder Emergency Squad	Brian Dillman	P.O. Box 18887 Boulder, CO 80306	303-443-4081	
Boulder Fire Department	Mike Chard	1805 33 rd Street Boulder, CO 80301	303-441-3648 fx: 303-448-1129	Chardm@ci.boulder.co.us
Boulder Hieights FPD	Marcia McHaffie	4576 Lee Hill Boulder, CO 80320	303-444-4001	
Boulder Mountain Parks	Jeanne Scholl	900 Baseline Boulder, CO 80301	303-441-3408 fx:303-441-4408	Claussenme@ci.boulder.co.us
Boulder Police Department	Mark Beckner	1805 33 rd Street Boulder, CO 80301	303-441-3300 fx: 441-4465	
Boulder Rural FPD	Judy Nieuwsma	5075 Jay Road Boulder, CO 80303	303-530-9575 fx:303-530-9065	Info@brfd.boulder.co.us

Broomfield Ambulance	Scott Walker	60 GardenCenter Suite 601 Broomfield, CO 80038	303-466-0583 fx:303-466-1573	
Broomfield Police Department	Tom Deland	1 Descondes Drive Broomfield, CO 80020	303-438-2331	
Cherryvale FPD	Will Dunn	7700 Baseline Road Boulder, CO 80303	303-494-3735 fx:49908973	wdunn@cherryvale.org
Coal Creek FPD	Gene Rouse	P.O. Box 7187 Golden, CO 80403	303-642-3121 fx: 303-642-1652	Cccfpd@aol.com
Colorado State Forest Service	Craig Jones	936 Lefthand Canyon Dr. Boulder, CO 80302	303-442-0428	
Colorado State Patrol	Bob Mitchell	Broomfield 80020		
Eldorado Canyon State Park	Steve Muehlhauser	P.O. Box B Eldorado Springs	303-494-3943	
Eldorado Springs / Marshall FPD	Grace Bullock	5325 Eldorado Springs Dr. Boulder, CO 80303	303-499-7161	
Erie Police Department	Stephen Hasler	Town Hall Erie, CO 80516	303-828-3200	
Fourmile FPD	David Hustvedt	967 Poorman Road Boulder, CO 80302	303-442-2814 fx:303-443-7659	Hustvedtco@netscape.com
Front Range Rescue Dogs	Jim Smith	P.O. Box 18181 Boulder, CO 80308	303-441-4985	
Gold Hill FPD	Leslie Finn	960 Pine Gold Hill, CO 80302	303-444-5549	
High Country FPD	Jeanne Brennan	448 Pine Street Rollinsville, CO 80474	303-642-3207	
Hygiene FPD	Steve Cushman	13858 North 75 th Street Longmont, CO 80533	303-651-2026	
Indian Peaks FPD	John Paul Keenan	P.O. Box 233 Ward, CO 80481	303-459-0606	
Jamestown FPD	Colleen Williams	P.O. Box 298 Jamestown, CO 80455	303-447-1568	
Lafayette Police Department	Leo Carrillo	1290 S. Public Road Lafayette, CO 80026	303-665-5571	
Lefthand FPD	Claudia Bunch	P.O. Box 130 Jamestown, CO 80455	303-444-6063 fx; 303-444-6063	Claud@RMI.net
Longmont Emergency Unit	Kevin Elmarr	P.O. Box 1744 Longmont, CO 80502	303-776-6180	Medicone@neimage.com
Longmont Fire Department	Mike Tabert	225 Kimbark Street Longmont, CO 80501	303-651-8426	
Longmont Police Department	Mike Butler	3 rd & Kimbark Longmont, CO 80501	303-651-8555	
Louisville FPD	Cris Brewer	895 West via Appia Louisville, CO 80027	303-666-6595 fx:666-7659	Cbrewer@us.IBM.com
Louisville Police Department	Bruce Goodman	749 Main Street Louisville, CO 80027	303-666-6565 fx:303-666-8476	Bockt@ci.louisville.co.us
Mountain View FPD	Phil Beehler	9119 County Line Road Longmont, CO 80501	303-666-4404	
Nederland Marshall	Rick Dirr	45 West 1 st Street Nederland, CO 80466	303-258-9161	Rdirr@netone.com
North Metro Fire/Rescue Authority	Bruce Ginther	10550 Huron Street Northglenn, CO 80234	303-452-9910	
Office of Emergency Management	Larry Stern	1805 33 rd Street Boulder, CO 80301	303-441-3637	

Pinebrook Hills FPD	Clancey Meyers	1275 N. Cedarbrook Boulder, CO 80304	442-7569	
Pinewood Springs FPD	Richard Wilcox	61 Kiowa Pass Lyons, CO 80540	303-823-5086	
Pridemark Paramedic Services	John Sliz	3297 Walnut Boulder, CO 80301	303-939-8111 fx: 303939-8936	J-sliz@pridemark-paramedics.com
Rocky Mountain Rescue Group	Rick Hendricks	1614 Ervine Longmont, CO 80501	303-443-3050	
Sugar Loaf FPD	Sally Stoffel	104 Plains View Road Boulder, CO 80302	303-440-4963	
Sunshine FPD	Henry Ballard	170 Misty Vale Boulder, CO 80302	303-786-7731	Surf@BOC123.com
University of Colorado Police Dept,	Jim Fadenrech	CU Campus Box 502 Boulder, CO 80309	303-492-6666	
U.S. Forest Service	Bill Anthony	2995 Baseline Rd #110 Boulder, CO 80303	303-444-6600	
Ward Marshall	Norm Bower	Town Hall P.O. Box 149 Ward, CO 80481	303-441-4444	

Section I Attachments

Attachment A: Ambulance Licensing Forms

SECTION II

Subsidy Plan

Accomplishments

In the table below list any completed goals or accomplishments in the area of EMS in your county.

Goal & Objective Number	Type of Goal	Description of Accomplishment(s)
99-SecII-1	Communications	Transmitter/receiver on Red 1 placed on Mead tower.
99-SecII-2	Communications	Phone lines at Glacier View and Peaceful Valley call boxes placed in service.
99-SecII-2.1C- #1	Communications	Newly appointed dispatchers have been EMD certified.
99-SecII-2.1C- #2	Communications	An integrated communications plan has been implemented for use on major incidents.
99-SecII-2.1C- #3	Communications	Agencies have been assisted with radio and pager purchasing.
99-SecII-1	Transportation	RFP for new ambulance provider has been completed in 1999.
99-SecII-2.2C-#1	Transportation	Posting of ambulances in Boulder County has resulted in average response times of urban: 4.30 min (reduced) rural: 8 min (reduced) mountain: 18-20 min (minor reduction)
99-SecII-2.2C-#2	Transportation	Dispatchers have received additional training to permit assistance with locating remote sites and directions in Boulder County.
99-SecII-2.2C-#3C	Transportation	Boulder County agencies have implemented a flagging procedure to assist with locating scenes.
99-SecII-2.2C-#3D	Transportation	Pridemark has conducted extensive training pertaining to county geography.
99-SecII-2.2C-#3E	Transportation	Pridemark has added additional four-wheel drive ambulances to their fleet and specifications of ambulances ensure proper engine power for mountain driving.
99-SecII-1	Treatment	Boulder County Protocols have incorporated new treatment protocols for EMT's
99-SecII-2	Treatment	Versed protocol added to paramedic protocol
99-SecII-3	Treatment	Boulder County Physician Advisor Group has reviewed protocols on quarterly basis.
99-SecII-4	Treatment	Transition Courses have been completed.
99-SecII-5	Treatment	Longmont United has combined with Front Range Community College as a provider for initial EMT training.
99-Sec-II-6	Treatment	Pridemark Paramedic Services has initiated a continuing education program primarily for mountain departments.
99-SecII-2.5C-#3	Treatment	Boulder County agencies have continued to provide Hepatitis B vaccinations.
99-SecII-2.5C-#4	Treatment	All Boulder County responders are at least awareness level hazardous materials responders

Communications

2.1.A EXISTING SYSTEM DESCRIPTION - COMMUNICATIONS

Please describe your current system. Include the following: 1) Functional description of paging, dispatch, on scene and medical control, ambulance to ambulance, ambulance to hospital, alternate communications, communications to air transport and other agencies, etc. 2) System functional diagrams identifying dispatch, base stations, control stations, repeaters, telephone lines, frequencies, etc. Include as much detail as possible.

Boulder County emergency services operate out of five dispatch centers: Boulder Regional Communications Center (BRCC), Longmont Communications Center, University of Colorado Communications Center, Broomfield Police, and Adams County Communications. Boulder Regional Communications Center dispatches all Fire / Rescue and EMS calls in Boulder County, excluding those in the cities of Longmont, Broomfield, and areas in Boulder County which are covered by North Metro Fire Protection District. The Boulder Regional Communications Center also dispatches law enforcement services for all of Boulder County, except the University of Colorado, City of Broomfield, and City of Longmont.

The City of Boulder, City of Longmont, and University of Colorado communications centers are linked by the same computer aided dispatch (CAD) and E-911 systems. The systems were upgraded at the end of 1999 which included an number of enhancements including Y2K compliance.

Functional description of paging, dispatch

Emergency medical services are dispatched via a radio and paging network system. The system incorporates the use of portable or stationed radios, pagers, and tone alert monitors. The Boulder Regional Communications Center (BRCC), Longmont Communications Center, CU Communications, and Broomfield Police Communications are all equipped with Enhanced 911 systems (E-911). When an emergency call is received, E-911 basic information (name, address, and phone number) is automatically displayed on the CAD console. The call taker then identifies the nature of the call and uses the displayed information or changes it as necessary. The CAD system automatically routes the call information to the appropriate dispatcher to dispatch and relay information to field units via radio. Currently, BRCC dispatches all EMS related calls through one dispatch position and channel.

Once the call district has been determined, fire and rescue personnel are notified via a tone alert and/or alpha numeric pager system. The dispatcher is responsible for tracking of the status of the agencies and equipment responding and assisting with requests from the field; such as mutual aid or additional medical personnel or equipment. Agencies use various types of portable, mobile

and base station radios to communicate with the dispatch centers and for coordinating incidents.

During 1999 a countywide numbering system was implemented to enhance communications during busy periods on the primary dispatching channel or on large-scale incidents. The numbering system utilizes four digits with the first two numbers identifying the department and the third and fourth numbers identifying the type of apparatus or resource.

Communications for on scene, medical control, ambulance to ambulance, ambulance to hospital, and alternate communications:

Agencies have access to medical control through the County EMS radio frequency, which is a simplex non-recorded radio channel, or by direct land (phone) lines, or by using cellular phones. Due to the terrain and therefore variable radio and/or cellular transmissions, communications centers can act as a relay for agencies to medical control. The County protocols have provisions for situations such as this. In addition, the EMS frequencies utilize a continuous tone coded sub-audible squelch, which allows different agencies to use the same frequency within an area without interference. Pridemark, Boulder County Paramedics, American Medical Response, Broomfield Emergency Ambulance Service, Boulder Community Hospital, Longmont United Hospital and Avista Hospital all have private line frequencies to allow access of responders to their base physicians.

Communications to air transport and other agencies:

GPS units are currently being used by field agencies to report locations for helicopter landings and any other incidents within their districts. Typically agencies use a frequency designated as FERN 1 for air transport communications on scene. Boulder County seems to be utilizing mutual aid agreements more than ever before. Communication effectiveness during a mutual aid incident is determined by equipment compatibility and radio channel access. All agencies have the ability to communicate with agencies that are commonly utilized. Some departments have specific private channels that are used for emergencies on a regular basis, but may not be part of the programmed channels used by all agencies in the county.

System functional diagrams identifying dispatch, base stations, control stations, repeaters, telephone lines, frequencies, etc.

The Emergency Medical Services in Boulder County use EMS 1 for unit to unit or unit to base communications or for online physician control/hospital notification. The Boulder Regional Communications center dispatches all ambulance/ emergency calls over the red 1 channel. The ambulances receive updates of the incident or other pertinent information over the red 1 channel. The EMS providers also give their acknowledgement, i.e., responding, arrival, clearing, ambulance hospital destination, in and out of service over the red 1

channel. Most of Boulder County field agencies have access to the EMS channel to coordinate with the responding ambulances.

RADIO CHANNELS

CHANNEL	FREQUENCY	PRIMARY USEAGE
GREEN	Tx 155.865 Rx 155.145	Primary law channel. All OFC are usually on green between 0400 and 1000
BLUE	Tx 155.625 Rx 155.625	Primary law channel for BPD between 1000 and 0400 hr, otherwise used as a car to car channel for BPD.
YELLOW	Tx 154.950 Rx 155.655	Operations channel for all agencies. Units can reach their respective records divisions or the jail on this channel.

BRONZE	Tx 155.490 Rx 155.490	Operations channel for all agencies. Can also be used for special events/operations
VIOLET	Tx 155.520 Rx 155.520	Data channel. Used for clearances, queries, file numbers, tow requests, court dates and other extraneous requests.
RED REPEAT 1	Tx 151.355	Used as a repeater channel for dispatching.
RED REPEAT 1	Rx 154.325	Used as a repeater channel for dispatching.
RED 2	Tx 154.205 Rx 154.205	Operations channel for Boulder fire. Can be used as primary dispatch channel in the event of a major incident.
RED 3	Tx 154.415 Rx 154.415	Operations channel for all other BC fire agencies.
GREY	Tx 158.775 Rx 158.775	Paging channel.
SILVER	Tx 155.025	CUPD'S main law channel.

	Rx 155.025	
GOLD	Tx 155.190 Rx 155.190	Operations channel for CUPD and other university agencies.
BROOMFIELD	Tx 453.525 Rx 453.525	Broomfield Ambulance Dispatch
LONGMONT	Tx 154.175 Rx 154.175	Operations channel for the City of Longmont
USFS	Tx 168.050 Rx 168.050	U.S. Forest Service channel
CSFS	Tx 151.340 Rx 151.340	Colorado State Forest Service channel
CLEER	Tx 460.425 Rx 460.425	Colorado law enforcement emergency radio, an inter-agency coordination channel. Fire channel is responsible for monitoring.
NLEC	Tx 155.475 Rx 155.475	National law enforcement channel. Same functions as CLEER channel. DOW can also be reached on NLEC.
FERN	Tx 154.280 Rx 154.280	Fire emergency radio, inter-agency coordination channel for fire agencies. Also used for chopper landings and car to car communication in multi agency incidents.
WHITE	Tx 154.980 Rx 154.980	Used by humane society, city parks, open space and mountain parks units.
ORANGE	Tx 153.860 Rx 153.860	Used by Boulder City public works, used for sand requests, snow plows, street sweepers.
BROWN	Tx 156.180 Rx 156.180	Used by Boulder County public works, same function as orange channel. Boulder County parks units can also be raised on BROWN.
EMS	Tx 155.280 Rx 155.280	Used by Emergency Medical Services

The following are the locations of the Boulder County Microwave System:

Administration Operations Staff Services:

1777 6th Street, Boulder, CO 80302

Jail Division :

3200 Airport Road, Boulder, CO 80301

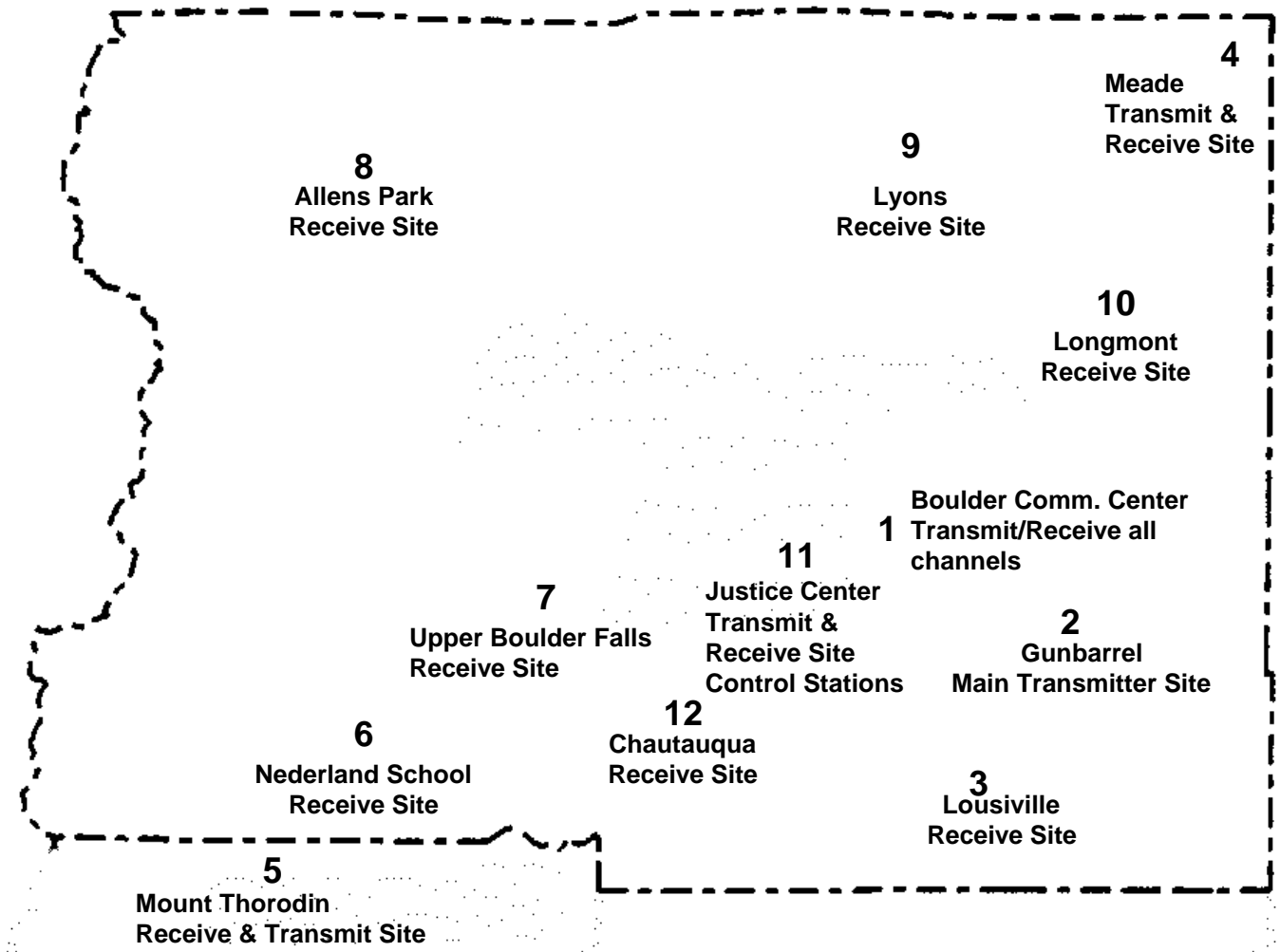
Communications Emergency Management:

1805 33rd Street, Boulder, CO 80301

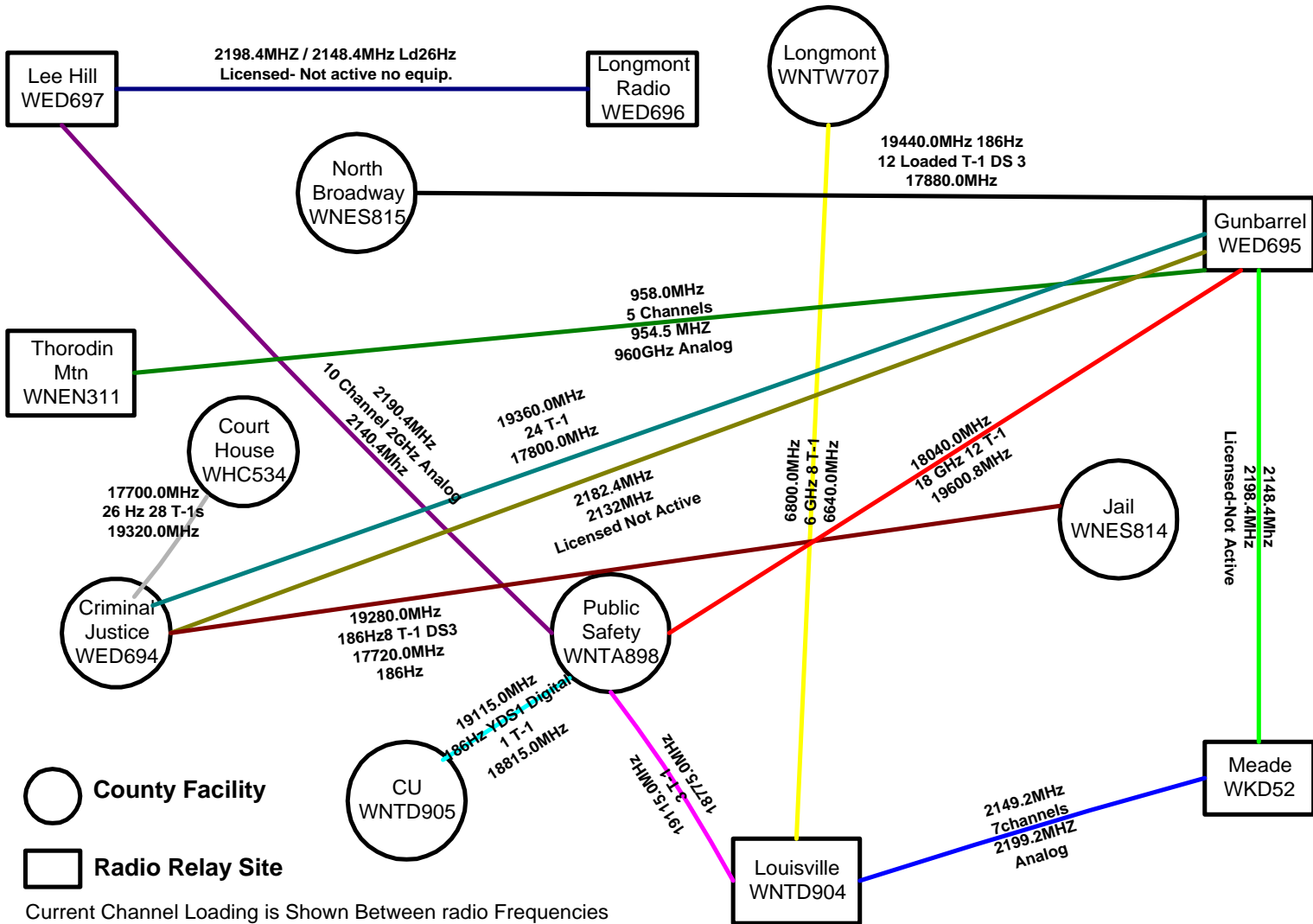
The following are the locations of the Transmit and Receive sites throughout the Boulder County system.

- Boulder Regional Communications Center, Dispatch:
1805 33rd Street, Boulder
Transmit and Receive All Channels
- Gunbarrel: Main Transmitter Site
- Louisville: Receive Site
- Mead: Transmit and Receive Site
- Mount Thorodin: Receive and Transmit Site
- Nederland School: Receive Site
- Upper Boulder Falls: Receive Site
- Allens Park Fire Dept.: Receive Site
- Longmont: Receive Site
- Lyons Fire Dept.: Receive Site
- Criminal Justice Center
1777 6th Street Boulder
Transmit and Receive Site and Control Stations
- Chautauqua: Receive Site

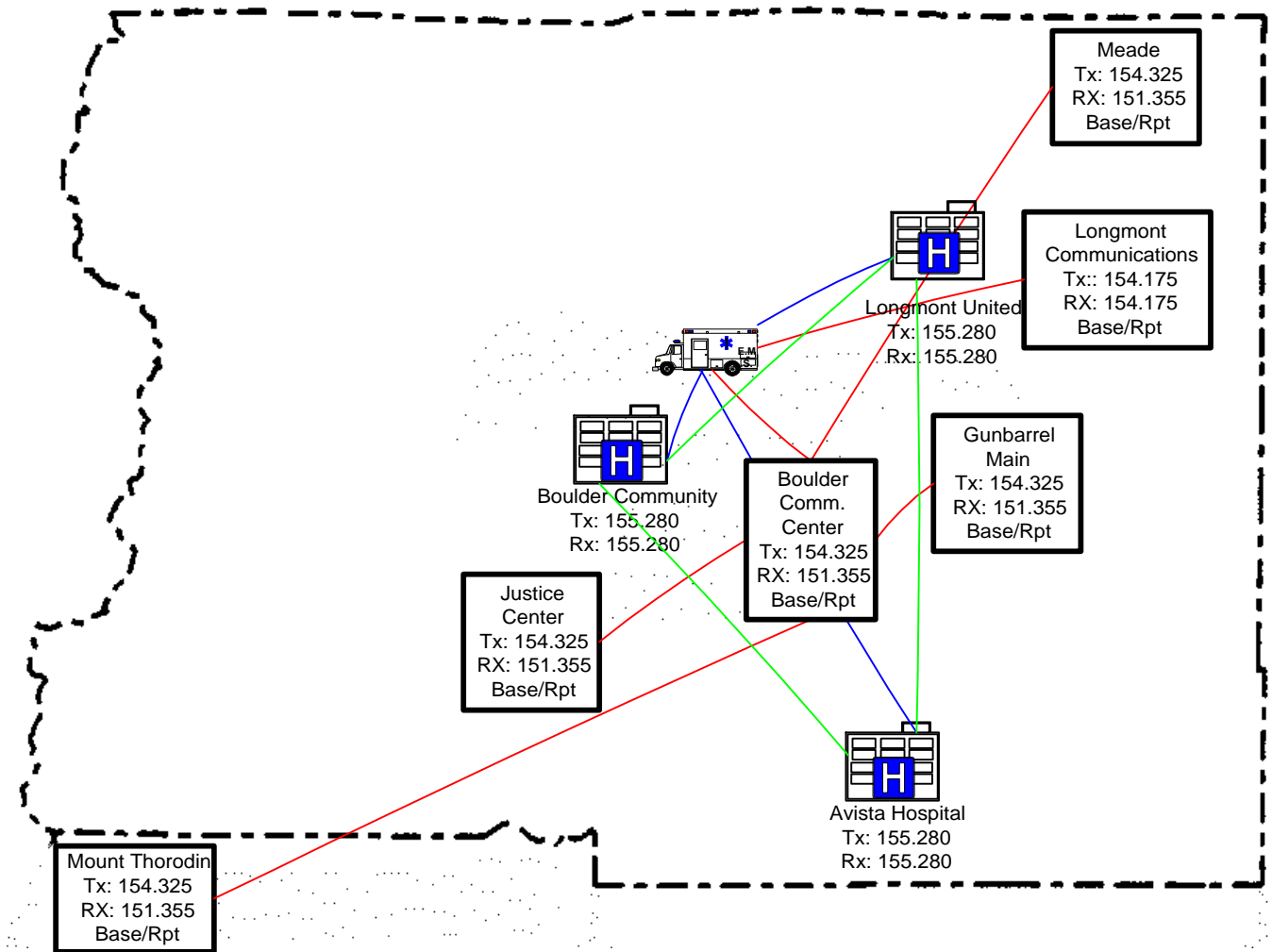
The following are the Transmit and Receive Sites throughout Boulder County



Boulder County Microwave System



Functional Communications Schematic



2.1.B IDENTIFY AREAS NEEDING IMPROVEMENT - COMMUNICATIONS

Identify the changes or improvements you plan to make within your current communications system. If none, please state "NONE," and move on to the next component.

- The Boulder Regional Communications Center, along with the Physician Advisor Council, needs to develop and implement a quality assurance program for Emergency Medical Dispatch (EMD) calls.
- Additional frequencies are needed to enhance communications capability during large incidents.
- Additional radio frequencies need to be acquired due to escalating call volume on the primary dispatching channel.
- Radio dead spots need to be identified and alleviated
- Upgraded or additional Radios and pagers are needed.

2.1.C STATE YOUR GOALS AND OBJECTIVES AND PLACE THEM HERE.

Communications Goal # 1: Emergency Medical Dispatching

Regional communication centers have experienced continual turnover in employees throughout the year. As a result of this high turnover rate the necessity to conduct quality assurance is paramount. Currently, the communications supervisor performs the Emergency Medical Dispatching (EMD) quality assurance program. Medical control must be introduced into this process to ensure that training is being conducted to meet county medical protocols and demographic issues.

List the objectives (process by which you intend to accomplish this goal) and state any progress toward attaining this communications goal.

Objective A for Goal # 1

- Obtain EMD protocols from all communication centers for review.

Objective B for Goal # 1

- Obtain and review communication EMD standard operating procedures.

Objective C for Goal # 1

- Identify physician(s) responsible for the quality assurance process.
- Establish quarterly county EMD advisory board meetings.

Objective D for Goal # 1

- Obtain training curricula and compare to EMS protocols and call demographics.
- **Progress:** Fire training and communications personnel attended EMD seminar in 2000 with focus on building new programs or revamping existing ones.

Communications Goal # 2: Acquire Additional Radio Frequencies

During a large-scale incident the majority of radio frequencies will be occupied. Boulder County is a growing community and as a result of growth

subsequent call volume is also increasing. During a large incident a normal call load will still be present and capacity to handle a large incident and normal call load will be unlikely.

List the objectives (process by which you intend to accomplish this goal) and state any progress toward attaining this communications goal.

Objective A for Goal # 2

- Audit the number of channels that can be pooled and develop a plan for large-scale incidents.

Objective B for Goal # 2

- Communicate need for additional channels to communication centers so that a plan can be developed to purchase or obtain additional frequencies.

Communications Goal # 3: Eliminate Radio Dead Spots

Eliminate critical communication dead spots within the system.

List the objectives (process by which you intend to accomplish this goal) and state any progress toward attaining this communications goal.

Objective A for Goal # 3

- Continue to work with agencies in identification of critical radio communication dead spots.
- **Progress:** The county questionnaire specifically identified areas.

Objective B for Goal # 3

- Establish a long-range plan for correction of critical area dead spots.

Objective C for Goal # 3

- Seek funding for the additional required equipment necessary to support the communication enhancements.
- **Progress:** A BCFFA sub-committee has written An RFP for communication enhancements. A proposal has also been made for an additional surcharge to be added to US. West Communications customers phone billing to support the proposed enhancements

Communications Goal # 4: Additional or Upgraded Radios and Pagers.

Various departments in Boulder County are in need of additional or upgraded radios and pagers. The subsidy money probably will not be able to accommodate the need financially.

List the objectives (process by which you intend to accomplish this goal) and state any progress toward attaining this communications goal.

Objective A for Goal # 4

- Identify the departments in need of radios and pagers.

Objective B for Goal # 4

- Provide support and assistance in acquiring a state-matching grant for communications equipment.

Transportation

2.2.A EXISTING SYSTEM DESCRIPTION – TRANSPORTATION

Describe your current system and include:

- 1) The number of ambulance agencies, quick response units, search and rescue, and fire agencies within your county.
- 2) The number of transport vehicles and their condition should be provided in Attachment A, Transport Agency Profile.
- 3) Coverage.
- 4) Mutual Aid Agreements in place.
- 5) Coordination of resources.

1. The number of ambulance agencies, quick response units, search and rescue and fire agencies within your county:

The number of ambulance agencies: 6

1. Broomfield Emergency Ambulance Service, Inc. (BEAS)
2. Boulder County Paramedics
3. Coal Creek Fire Protection District
4. Lyons Fire Protection District
5. Nederland Fire Protection District
6. Pridemark Paramedic Services

The number of quick response units: 8+

1. The Sheriff's Department maintains one Incident Command Vehicle (ICV) for countywide use during any type of emergency situation. The ICV has extra radios, marker boards, meeting room, communication post, fax, copier, and four cellular phones. Number of units: 1
2. The Boulder Regional Communications Center maintains a mobile communications van. The van can be brought on site with communications personnel to isolate communications for the incident. The advantage is that the communications personnel on scene are not handling the remaining county communication obligations during an incident. Number of units: 1
3. Boulder County Hazmat Team responds to all hazardous material incidents within Boulder County and also is tied into a three county mutual aid agreement with Larimer and Weld County. The hazmat team maintains two vehicles, one in Longmont and the other in Boulder. The Longmont unit is the primary response vehicle for hazardous materials incidents. The Boulder unit

is a specialized decontamination unit and also carries limited hazmat equipment. Number of units: 2

4. City of Boulder Fire Department, Boulder Emergency Squad, Longmont Emergency Unit and Sugar Loaf Fire Protection District each operate a medium duty rescue truck. The apparatus are available as a countywide resource for scene lighting, SCBA re-fill, firefighter rehab, medical (MCI) supplies/equipment, and extrication. The Boulder fire Department squad primarily runs on medical calls but in addition can provide confined space, MCI equipment and high/low angle response. Number of Units: 4
5. The cities of Louisville and Longmont each have heavy rescue trucks. Longmont's heavy rescue truck is part of the statewide urban search and rescue (USAR) team. The Longmont team also responds to specialized rescue calls within the Boulder County area. Specifically it provides personnel and equipment to handle confined space, trench rescue, high and low angle rescue, and specialized extrication equipment for response to unique rescue situations. Number of units: 2
6. Additional quick response units throughout the County include Eldorado Canyon State Park, Boulder City Open Space and Boulder Mountain Parks. The maintaining agencies use four wheel drive ranger vehicles or light-duty emergency vehicles with medical and minimal rescue equipment. These units respond to a wide variety of calls that include medical, fire, search and rescue. Number of units: Undetermined at this time

The number of search and rescue groups: 5

Boulder County has contracts and response agreements with two search and rescue units, Rocky Mountain Rescue Group (RMR) and Front Range Rescue Dogs. Boulder County Open Space, City of Boulder Open Space, and City of Boulder Mountain Parks also performs search and rescue operations.

Agreements with two additional specialized rescue agencies, Longmont Emergency Unit (LEU) and Boulder Emergency Squad (BES) provide extrication, water rescue, confined space rescue, and urban rope rescue capabilities within the county. The City of Boulder also operates a dive team that specializes in not only in dive rescue, but also swift water rescue, medical diver, and instruction.

The number of fire agencies: 26

Twenty six fire agencies are dispatched via enhanced 911 (emergent and non-emergent incidents) relating to fire, search and rescue, citizen assist, motor vehicle accidents, medical/trauma calls, wildland fire, and hazmat. Four additional agencies respond along with the above twenty six agencies to incidents, dependent upon location and type of call. These include Colorado State Forest Service, U.S. Forest Service, Boulder County Wildland Fire Crew, and the City of Boulder's Wildfire Crew.

2. Number of transport vehicles and their condition:

See Attachment A, Section II: Transport Agency Profile for details:

- Broomfield operates 7 ALS ambulances, including one 4-wheel drive vehicle. Most are functional, some are non-functional
- Boulder County Paramedics operates 2 Type 3 ambulances in good condition.
- Coal Creek Fire Protection District operates one Type-2 ambulance in good condition.
- Lyons Fire Protection District operates 2 BLS ambulances in excellent condition.
- Nederland Fire Protection District operates 2 ALS / BLS 4 wheel drive ambulances in excellent to good condition.
- Pridemark Paramedic Services operates 10 ALS ambulances, 2 of which are four wheel drive. All are in excellent condition. In addition Pridemark operates 1 quick response vehicle (QRV).

3. Coverage

- Pridemark Paramedic Services utilizes a posting system with two ambulances in Longmont, one in Niwot and three in Boulder during minimum staffing periods. Additional ambulances are added and during peak periods there can be as many as eight ambulances in the system along with one quick response vehicle. Each ambulance shift is 12 hours long and coverage of the county is twenty-four hours a day seven days a week. Pridemark is required by the county to provide mutual aid to all areas that are providing transport services in the county. Response times are based on performance and are required by contract to be reviewed every quarter. Pridemark currently provides initial service to all areas of the county, excluding the City of Broomfield, the City of Lafayette, and the city of Louisville.
- Broomfield Emergency Ambulance Service (BEAS) covers the City of Broomfield and areas within unincorporated Adams (SouthWest), Boulder (Southeast), Jefferson (Northeast), and Weld (SouthWest) counties. 24-hour coverage is ALS.
- Boulder County Paramedics provides 24 hour advanced life support coverage to the City of Lafayette and Louisville.

- Coal Creek Fire Protection District operates within the Coal Creek Canyon area as a BLS ambulance and an ALS transport contract with Pridemark Paramedics. 24-hour coverage is administered through volunteer personnel at the agency.
- Lyons Fire Protection District ambulances are used as first response vehicles and to relay patients to Pridemark primarily in the St. Vrain drainage area during mass casualty incidents and when long transport times are anticipated due to location within the district and weather conditions. 24-hour coverage is BLS and administered through volunteer personnel at the agency.
- Nederland Fire Protection District operates within their district as well as EMS calls to Eldora Mountain Ski Resort area. The ambulance is BLS or ALS dependent upon volunteer staffing. The ambulance is a first response vehicle and also acts as a relay to Pridemark Paramedics in Boulder Canyon during mass casualty incidents and when long transport times are anticipated due to location within the district and weather conditions. 24-hour coverage is administered through volunteer personnel at the agency.
- Broomfield Emergency Ambulance Services, Boulder County Paramedics and Pridemark Paramedic Services depending upon their respective response districts handle non-emergency transports.
- Rocky Mountain Rescue (RMR) and Front Range Rescue Dogs provide countywide search and rescue services.
- Longmont Emergency Unit and Boulder Emergency Squad provide specialized rescue services to various regions of the county. Each is dispatched on a regional basis--Longmont Emergency Unit responds to the northern section of the county, while Boulder Emergency Squad responds to the southern section. Both agencies use each other for mutual aid.
- The Sheriff's Department Incident Command Vehicle, Boulder County Hazmat Team, Boulder Emergency Squad rescues, Sugar Loaf FPD Rescue 2, City of Boulder Squad, City of Longmont Rescue, Lafayette Rescue and Longmont Emergency Unit Rescues are countywide resources for quick response units.
- Quick response units also respond to incidents within State and U.S. Forest Service areas, open space and park recreational areas throughout the County. In addition to fire department initial response, Eldorado Canyon State Park, Boulder City Open Space, Boulder Mountain Parks, City of Boulder Wildfire Crew, Boulder County Wildfire Crew, Colorado State Forest Service and U.S. Forest Service also provide response to emergency calls.

- All Boulder County incidents are dispatched to receive a BLS initial response and an ALS ambulance for further treatment and transport.
- All Boulder County agencies utilize air ambulances based on protocols set forth in the Boulder County EMS protocol manual as approved by the physician advisors.

4. Mutual Aid Agreements

- All fire department agencies have signed a mutual aid agreement in Boulder County.
- Pridemark has mutual aid agreements with transport agencies in and surrounding Boulder County as well as access to ambulances within 45 minutes of Denver.
- Broomfield Emergency Ambulance Service (BEAS) has formal and informal mutual aid agreements with agencies surrounding operating boundaries. In addition, BEAS responds to any request for assistance (dependent upon available resources) whether or not a mutual aid agreement is in place.

5. Coordination of Resources

- The majority of Boulder County operates with tiered response system. Initial BLS response, ALS response, Law enforcement and Boulder Regional Communications or Longmont Communications simultaneously dispatches specialized equipment.
- All agencies provide initial size-up, search and rescue, triage, and treatment of patients.
- Transport is provided via ambulance services and/or helicopter.
- All agencies are coordinated through an Incident Command System. The incident management system adopted by the county is the National Incident Management System (NIMS).

2.2.B. IDENTIFY ANY AREAS NEEDING IMPROVEMENT - TRANSPORTATION

Identify the changes or improvements you plan to make in your current EMS transportation system. If none, please state "NONE", and move on to the next component.

- Boulder County maps need to be updated in the mountainous recreational areas and areas within the county that have experienced new growth.
- Transport agencies (ambulance and fire districts) have equipment that is in need of replacement or upgrading to current standards.
- Not all mountain residents' have County system address numbers posted and visible. This makes locating addresses difficult for responders who are not intimately familiar with the district.

2.2.C. STATE YOUR GOALS AND OBJECTIVES AND PLACE THEM HERE.

Transportation Goal # 1: Update County Maps

List the objectives (process by which you intend to accomplish this goal) and state any progress toward attaining this transportation goal.

Objective A for Goal # 1

- An audit of county areas that have experienced new growth shall be conducted. Those agencies responsible will be required to update maps and submit them to the EMS committee and Sheriff's office of emergency management.

Objective B for Goal #1

- As addresses or areas are identified as not in the response map books they shall be communicated to the EMS committee and Sheriff's office of Emergency Management for processing and updating.

Transportation Goal # 2: Update EMS Equipment

List the objectives (process by which you intend to accomplish this goal) and state any progress toward attaining this transportation goal.

Objective A for Goal # 2

- Utilize the information from the county survey to identify the equipment needs of agencies.

Objective B for Goal # 2

- Follow EMS committee guidelines for equipment replacement.
See Attachment (B) Section 2.2.A

Objective C for Goal # 2

- Encourage agencies to access matching grants and offer support in writing the grant.

Transportation Goal # 3: Address Identification

List the objectives (process by which you intend to accomplish this goal) and state any progress toward attaining this transportation goal.

Objective A for Goal # 3

- Work with Boulder County Fire Chiefs to encourage residents to post county address signs in a visible location.

Objective B for Goal # 3

- Create an address posting public education program for 2001.

Treatment

2.3.A. EXISTING SYSTEM DESCRIPTION - TREATMENT

Describe your current system and include the following: 1) treatment protocols; 2) destination policies; 3) medical control; 4) quality assurance; 5) manpower; 6) training; 7) mass casualty; 8) Trauma specific policies, protocols and procedures. Please tell us how your EMS providers are working with their ATACs to develop their trauma plan.

Treatment within the county is provided by various response system concepts. The different types of response systems utilized in Boulder County are; (1) Fire department ALS response with ALS ambulance and law enforcement-three tiered system. (2) BLS fire department response with ALS ambulance- two tiered response system. The three levels of patient care are initial responders, transporting agency, and clinical care.

City and County law enforcement agencies are often the first to arrive on scene and provide BLS treatment until the fire department or ambulance arrives. Law enforcement officers receive annual basic first aid training and CPR certification to facilitate on scene basic life support. Fire department service levels vary from First Responder to Paramedic level and operate within Boulder County Protocols. Several agencies within the county also carry AED's on first response vehicles.

Pre-hospital treatment in Boulder County is under the control of three full service hospitals, consistent with Trauma Level III capabilities, which include: Avista Hospital, located in Louisville, Colorado; Boulder Community Hospital, located in Boulder, Colorado; and Longmont United Hospital located in Longmont, Colorado. All three hospitals use common protocols for affiliated agencies relating to pre-hospital treatment. All three hospitals and Pridemark Paramedic Service employ EMS Education Coordinators who assist and organize aspects of education and program planning, QA audits, and individual

agency training under the supervision of the Boulder County Physician Advisor Council (BCPAC).

1. Treatment Protocols

Boulder County operates on a written protocol system, developed by the Boulder County Physician Advisor Council whose membership includes board certified emergency physicians, and is the standard for medical treatment throughout the County. Protocols address the specific guidelines and rules for treatment administered by First Responders, EMT - B, EMT - IV/MAST, EMT - I, EMT - P, and AED providers. Protocols are in the format of a manual, which provides easy access to Acts Allowed for all levels of providers. The manual provides written procedures for medical and trauma incidents, including subjective and objective assessment data, indicated treatments, precautions, documentation specifics, and destination variations. Treatment and procedures are defined as “standing” or “direct” orders by provider level. Treatment protocols are reviewed quarterly and disseminated through the Boulder County Firefighter’s Association, EMS Committee.

2. Destination Policies

Destination is an objective determination based on patient preference, severity of illness or injury and location of the incident related to hospital location. In most cases, the destination is the agency’s closest full service hospital. Destinations for unusual circumstance such as burns, carbon monoxide poisoning, multi-systems trauma, etc. are defined in the protocol system. Hospital base contact is also available for consultation and direction.

3. Medical Control:

Medical control within Boulder County is provided via the BCPAC through standardized protocols. The physician advisors meet on a quarterly basis to review and address common concerns, consider protocol revisions, determine continuing educational requirements, and to assure that the highest level of quality assurance and standard of care are being met throughout the County. All county hospitals offer 24-hour emergency departments where an on-duty emergency physician is accessible using radio communications, land lines or cellular phones for consultation and direct order treatments.

4. Quality Assurance

Quality assurance and control as well as identifying areas of improvement are determined by each agency, EMS Coordinators at two County hospitals, and by the Physician Advisors. EMS Coordinators have been designated by the BCPAC to review all patient reports to assure standard of care and adherence to protocols. Evaluation of these patient reports includes, but is not limited to, scene

and transport times, procedures/treatment v.s. injuries, destinations, response of receiving facilities, patient outcome, feed-back to agencies, etc. For each agency, an EMS officer is responsible for developing continuing education plans that may be unique to their district, given geographical and injury patterns. Within these boundaries, QA for patient care is monitored through chart review, direct observation, skill assessment and training.

5. Staffing

ALS transport agency staffing provides 130 EMT-B, 4 EMT-I, and 81 EMT-P personnel located throughout the county. Of these personnel, 40 are BTLs trained, 33 are PHTLS trained, 85 are PALS trained, and 96 are ACLS trained. There are an estimated 600 EMT's providing EMS within initial response agencies, including approximately 120 EMT-Defibrillation trained personnel. Approximately 130 agency personnel are trained to the first responder level. In addition, several initial response agencies have personnel certified as PALS, ACLS, BTLs, RN and MD.

Staffing is generally stable in most agencies. Automatic mutual aid dispatch provides additional coverage for areas and call types identified in the CAD system.

6. Training

Educational opportunities are provided for all levels of certification by a variety of Boulder County resources. The EMS Education Coordinators from each hospital meet on an unscheduled basis to identify needs, reduce redundancy, improve cost efficiency, and standardize education. Initial EMT training is provided by all three county hospitals. Area community colleges also offer classes. Each hospital offers classes, on a preferential basis, to individuals affiliated with a Boulder County EMS agency for course placement and reduced pricing of educational programs. EMS Coordinators and agency departments also provide monthly continuing education, as well as chart and incident review. The area hospitals, American Red Cross and American Heart Association also offer EMT Refresher, EMT Transition, IV/MAST Certification, CPR, ACLS, BLS, AED, and PALS educational courses. EMT-I and EMT-P courses are available through Denver based hospitals.

7. Mass Casualty:

Mass casualty response is addressed in the Boulder County Emergency Plan and in Boulder County Protocols. The plan encompasses support and mutual aid for the county and surrounding areas in the event of a major mass casualty incident. All emergency agencies are included in this plan, which includes triage, treatment, destination, critique and de-briefing.

Mock disaster drills are conducted each year to cover a variety of mass casualty incidents such as floods, avalanches, down airplanes, fire, or multiple patients. Locations vary throughout the County to assure involvement by a wide variety of agencies.

8. Trauma Specific Policies, Protocols and Procedures

(Please tell us how your EMS providers are working with the ATAC's to develop their trauma plan.)

Members of the county prehospital and clinical agencies are participants in the Foothills ATAC. Information and policy decisions are communicated to the appropriate Boulder County agencies for implementation. As to date, Boulder County Protocols address ATAC guidelines. Communications, training, and mass casualty goals have for the most part been achieved. All three hospitals in Boulder County have a Level III Trauma Designation. Each hospital has developed or is developing systems within their facility to assure optimal care for the trauma patient. As with pre-hospital care, hospitals are working within the guidelines of the local ATAC to assure consistency and communication. The ATAC Trauma Plan is obviously a process that under goes periodic revision and development and as changes are made the county EMS plan will incorporate changes as needed.

2.3.B. IDENTIFY ANY AREAS NEEDING IMPROVEMENT - TREATMENT

Identify the changes or improvements you plan to make within your current treatment system. If none, please state "NONE", and move on to the next component

- Develop a position within the county for administration of the system plan.
- Ensure protocol changes are communicated and responders know them.
- Develop a county wide continuing education advisory board.
- Increased physician advisor visibility and availability to all providers.
- Need to standardize EMS-ICS response.
- Law enforcement agencies need to establish SAED programs.
- Training opportunities need to be audited to ensure they are being provided throughout the year.

2.3.C. PLEASE LIST YOUR GOALS AND OBJECTIVES AND PLACE THEM HERE.

Treatment Goal # 1: Develop a County EMS Administrator Position

The goal is to create a county position to develop, coordinate, and implement the county EMS plan and grant process and participate in ATAC trauma plan.

List the objectives (process by which you intend to accomplish this goal) and state any progress toward attaining this treatment goal.

Objective A for Goal # 1

- Apply for funding to the state and county to assist with salaries of personnel.

Treatment Goal # 2: Ensure Responder Protocol Knowledge

As changes occur within the county protocols it is critical that responders know what changes have been made. In addition responders must know where to find changes and the process utilized to make them.

List the objectives (process by which you intend to accomplish this goal) and state any progress toward attaining this treatment goal.

Objective A for Goal # 2

- Develop written and practical testing specific to Boulder County protocols. The EMS committee must develop a formal process for protocol changes and identify responsible parties for managing the process.

Treatment Goal # 3: Develop a County C.E. Advisory Council

The county has undergone moderate changes over the past year in the area of continuing education. As a result of the changes the county training centers and continuing education centers need to develop an advisory board.

List the objectives (process by which you intend to accomplish this goal) and state any progress toward attaining this treatment goal.

Objective A for Goal # 3

- Identify all training centers and continuing education centers in the county.

Objective B for Goal # 3

- Establish meeting schedule for the entire year.

Objective C for Goal # 3

- Develop a basic agenda to address issues of continuing education planning, resource sharing, protocols, coordinated curricula, quality control, strategic planning, and ATAC issues.

Treatment Goal # 4: Increased physician advisor contact

Agencies feel that their physician advisors are not publicly available to meet with responders.

List the objectives (process by which you intend to accomplish this goal) and state any progress toward attaining this treatment goal.

Objective A for Goal # 4

- Provide opportunities for the Physician Advisors to meet with EMS personnel at BCFFA EMS Committee meetings, and quarterly at the education advisory board meeting.

Objective B for Goal # 4

- Establish on-line communication between the physician advisor and their agencies.

Treatment Goal # 5: Standardize EMS-ICS Response

Various agencies conduct EMS-ICS differently during incidents due to different systems adopted by the agency or lack of opportunity to practice the system. Due to the nature of EMS-ICS situations, the probability that mutual aid will be utilized requires a countywide adoption of an EMS-ICS program.

List the objectives (process by which you intend to accomplish this goal) and state any progress toward attaining this treatment goal.

Objective A for Goal # 5

- The county must adopt an EMS-ICS program and mandate that it be utilized on incidents.

Objective B for Goal # 5

- Incorporate the adopted EMS-ICS program into the existing county ICS training program.

Treatment Goal # 6: SAED Program for Law Enforcement

Law enforcement personnel arrive before first responders especially in rural and mountain areas. Having SAED will greatly assist in the possibility of resuscitating a cardiac arrest.

List the objectives (process by which you intend to accomplish this goal) and state any progress toward attaining this treatment goal.

Objective A for Goal # 6

- Determine the number of law enforcement agencies that want to start a SAED program.
- Provide training for SAED program

Objective B for Goal # 6

- Determine Physician Advisor for the program.
- Assist with completing SAED state application.

Objective C for Goal # 6

- Determine how continuing education and update training will be conducted.
- Assist with state matching grant process to acquire SAEDs

Treatment Goal # 7: Training Opportunities

The county survey identified numerous training needs that agencies want access to throughout the year. The local hospitals, training centers and other metro centers offer the training identified. The critical training is continuing education, skill labs, CPR, AED update training, initial EMT training.

List the objectives (process by which you intend to accomplish this goal) and state any progress toward attaining this treatment goal.

Objective A for Goal # 7

- Audit the yearly training schedules for the local training centers and continuing education centers to determine what will be available.

Objective B for Goal # 7

- Establish information center on Boulder County Training Officers Association web site and prehospital web sites for all local-training centers.

Objective C for Goal # 7

- Contact metro area centers and get on their mailing lists to ensure that information can be electronically posted or mailed to agencies through the EMS committee.

Documentation

2.4.A. EXISTING SYSTEM DESCRIPTION - DOCUMENTATION

Describe your existing system and include the following: 1) Address any pre-hospital care reporting system that your county may have other than the statewide data collection system provided by the state; and 2) identify any medical quality control measures your county may have in place to evaluate and improve medical care.

All agencies operating under Boulder County Protocol are required to complete a patient encounter form for all patients assessed or treated. The information on the patient encounter form is compiled into a database maintained by each hospital EMS Education Coordinator. The database complies with the statewide data collection requirements. All ambulance agencies also comply with the statewide data collection system. Failure to do so will result in suspension of their Boulder County Ambulance License. Physician Advisors and/or EMS Education Coordinators review patient reports for compliance to Boulder County Protocols for each agency affiliated with the three County hospitals. QC issues are discussed directly with the agency, usually through the EMS Education Coordinator of the hospitals.

1. Address any pre-hospital care reporting system that your county may have other than the statewide data collection system provided by the state.

The majority of Boulder County's pre-hospital agencies utilize a patient report form that has been developed through the joint efforts of first response agencies and the EMS education departments from all three county hospitals. This form not only documents all pertinent data required by the statewide data collection system, but also allows tracking of local protocol compliance and County EMS audits. Several pre-hospital agencies as well as licensed ambulance services use a separate and unique patient report form, which also complies with the statewide data collection system. (See Attachment C, Section II for Form)

2. Identify any medical quality control measures your county may have in place to evaluate and improve medical care.

Quality control is uniform throughout the County and is monitored by the Physicians Advisor or their designee at each hospital. Quality assurance computer programs are used at each hospital that tracks categories such as compliance to protocols; complete, legible and accurate charting; assessment; chief complaint and medical history; treatment; transfer information; destination; and patient outcome. The data is used to monitor and evaluate the appropriateness of overall activity of agencies operating under the BCPAC and the Boulder County Protocols. Results of this process are used to improve patient care on an ongoing and continuous basis.

2.4.B. IDENTIFY ANY AREAS NEEDING IMPROVEMENT - DOCUMENTATION

Identify the changes or improvements you plan to make within your current documentation system. If none, please state "NONE", and move on to the next component.

- Improve timeliness of feed-back from review of patient reports to the agencies.
- Communicate common QA/QC concerns to all agencies.
- Create and standardize a countywide quality management plan.

2.4.C. STATE YOUR GOALS AND OBJECTIVES AND PLACE THEM HERE.

Documentation Goal # 1: Feedback from Review of Patient Reports to the Agencies.

The first step in obtaining timely feedback is to submit patient report forms within established time frame. Secondly, the review of the report must be completed quickly and the agency contacted for feedback.

List the objectives (process by which you intend to accomplish this goal) and state any progress toward attaining this documentation goal.

Objective A for Goal # 1

- Educate all agencies on the state regulation requiring patient report forms reaching the destination facility within 1 week of the incident.

Progress: Agencies have been informed of their responsibility to submit patient report forms on a timely basis.

Objective B for Goal # 1

- Add verbiage to the Boulder County Protocols regarding non-transport agency reporting be submitted to each agency's Physician Advisor within a reasonable amount of time.

Documentation Goal # 2: Communicate common QA/QC concerns to all agencies

Improve the timeliness of feed-back to agencies regarding quality control measures for patient report forms and compliance to protocols.

List the objectives (process by which you intend to accomplish this goal) and State any progress toward attaining this documentation goal.

Objective A for Goal # 2

- Initiate a system to assure feedback to agencies within a two-week span of time on patient report forms and protocol compliance.

Documentation Goal # 3: Create and standardize a countywide quality management plan.

Presently QA/QC standards and procedures are changing due to county provider demographics and hospital based systems. As a result of the current changes this is a prime opportunity to examine a new approach in providing this important service.

List the objectives (process by which you intend to accomplish this goal) and state any progress toward attaining this documentation goal

Objective A for Goal # 3

- Establish a QA/QC committee through the EMS committee to examine the problem and make recommendations.
- Work with the BCPAC to standardize this system

Objective B for Goal # 3

- Develop a countywide quality assurance plan that is consistent between the three Boulder County hospitals.
- Currently, each Boulder County hospital has a unique management plan, which monitors, tracks and takes corrective action differently.

Optional Components

2.5.A. EXISTING SYSTEM DESCRIPTION - OPTIONAL COMPONENT RESCUER SAFETY

State any component of your EMS system that has not already been identified and describe what is in place in your county at this time.

The protection from communicable diseases is a priority for all EMS responders in Boulder County. This includes blood borne pathogens and inhaled organisms. Infection control practices are being taught and updated continually. Each hospital's emergency department has an infection control liaison for pre-hospital services, whose responsibilities include monitoring ambulance patients for communicable disease, notifying appropriate personnel of exposures, and tracking patient and care provider data in the event of an exposure to infectious substances. Instruction in personal protection and disease transmission is offered to all fire and ambulance agencies free of charge on an ongoing basis by the sponsoring hospitals.

Several agencies have implemented policies for protection from tuberculosis, including HEPA filter masks and high filtration dust/mist respirators. A countywide standard for protection from inhaled diseases has not been established.

Hazardous materials are an ever-present threat to both patients and care providers in Boulder County. Continuous education is offered to EMS personnel as a component of departmental training. All Boulder County hospitals are equipped with decontamination equipment and policies. Standard MSDS are maintained for known locally used materials. Computer database for materials not identified in MSDS is maintained in the emergency departments at each hospital. In addition the Boulder County Hazmat Team is fully equipped and staffed with personnel capable of handling decontamination and patient care in the hot zone. The hazmat team also has CAMEO and TOMES computer programs that provide chemical information and patient care information at the scene of an incident.

2.5.B. IDENTIFY ANY AREAS NEEDING IMPROVEMENT - RESCUER SAFETY

- A comprehensive county-wide plan for both prevention and follow-up after an exposure should be developed to protect the responder's health and the patient's privacy
- Provide Vaccinations for all responders needing assistance.
- Develop a county infectious control plan that should promote a clear understanding of the chain of responsibility for notification, procedures for reporting, and resources available to EMS responders.
- Hazardous materials EMS training should be provided to all responders.
- Agencies need body substance isolation equipment

2.5.C. STATE YOUR GOALS AND OBJECTIVES AND PLACE THEM HERE.

Rescuer Safety Goal # 1: Countywide Plan for both Prevention training and Follow-up.

Institute an Infectious Disease Training program and voluntary program for annual TB screening to all EMS providers in Boulder County.

List the objective (process by which you intend to accomplish this goal) and state any progress toward attaining this goal.

Objective A for Goal # 1

- Establish training curricula for all agencies to utilize in their training program. Place the training program on the Boulder County Training Officers Association web site for easy access. Secondly provide funding for infectious disease training programs.

Objective B for Goal # 1

- Evaluate individual and agency interest in participation for annual TB screening.

Objective C for Goal # 1

- Fund the purchase and manpower for TB antibody testing through agency budget, county subsidy funds, or grants.

Objective D for Goal # 1

- The area hospitals, Boulder County Health Department, or the EMS Coordinators could accomplish administration of the test.

Rescuer Safety Goal # 2: Provide Vaccinations

Identify through the EMS County survey the departments that need funding for vaccinations.

List the objective (process by which you intend to accomplish this goal) and state any progress toward attaining this goal.

Objective A for Goal # 2

- Utilize the county subsidy money for vaccinations of EMS personnel.

Rescuer Safety Goal # 3: Establish a County Infectious Disease Plan

Establish a countywide infection control plan that identifies aspects of prevention, reporting, and follow-up to be implemented by all EMS agencies. The plan should follow CDC, OSHA, NFPA, and other individual pre-hospital agency plans and be endorsed by the Physician Advisors.

List the objective (process by which you intend to accomplish this goal) and state any progress toward attaining this goal.

Objective A for Goal # 3

- Create a countywide infection control plan to be incorporated in Boulder County protocols.

Objective B for Goal # 3

- Obtain assistance from the BCPAC group and the Boulder County Health Department in the development of policies for follow-up and treatment of exposures to Hepatitis B, HIV, TB, and Meningococcus Meningitis.

Objective C for Goal # 3

- Educate all agencies in the infection control plan as well as annual blood borne pathogens.

Rescuer Safety Goal # 4: Hazardous Materials EMS training

Develop a Hazardous Materials EMS training program specifically dealing with how to care for the contaminated patient.

List the objective (process by which you intend to accomplish this goal) and state any progress toward attaining this goal.

Objective A for Goal # 4

- Develop curricula for hazmat ems and place it on the Boulder County Training Officers web site for easy access.

Objective B for Goal # 4

- Conduct county sponsored training sessions twice a year.

Objective B for Goal # 4

- Ensure that all responders are at least hazmat awareness level and ideally operations level per OSHA and NFPA standards.

Rescuer Safety Goal # 5: BSI Equipment

Many agencies do not have BSI equipment including HEPA masks. The goal is to get the equipment to the agencies that are presently operating without.

List the objective (process by which you intend to accomplish this goal) and state any progress toward attaining this goal.

Objective A for Goal # 5

- Use survey information to determine which agencies need BSI equipment and follow county subsidy procedures for purchasing.

Section II Attachments

Attachment A: Transport Agency Profile

Attachment B: Equipment Replacement Guidelines

Attachment C: Patient Encounter Form

Attachment D: County Survey Form

Attachment E: Survey Profile

Section II Attachment A

Page 1 of 2 Pages

Boulder County Fire Fighters Assoc. Emergency Medical Services (EMS) Plan Transport Agency Profile

Attachment A
Page 1 of 2 Pages

Boulder County Fire Fighters Assoc. Emergency Medical Services (EMS) Plan Transport Agency Profile

Agency Name: Broomfield Emergency Ambulance Services, Inc.

Address: 60 Garden Center, Suite G01, Broomfield, CO

Director Name: Scott Walker Phone No. (303) 466-0583

Fax No. (303) 466-1573 E-mail No. (If Applicable) tousg@beas.org

Private for Profit Non-profit Special District
Are You: Hospital Based Fire Based N/A

Agency Staffing & Treatment Profile:

Title/Level	# Full Time Paid	# Part Time Paid	# Volunteer
Basics	1	6	54
Intermediates		1	
Paramedics	4	9	26
Nurses		1	
First Responders			

How Many of Your Basics Are AED Authorized: 100

Physician Advisor Name: Ron Sarno Phone: (303) 673-1111
Address: 100 Healthpark Drive, Louisville, CO
Physician Advisor's Licensure Number: n/a

Number of Emergent EMS Runs per Year: 2300
Number of Non-Emergency Transports per Year: 20
Approximate Number of Inter-Hospital Transfers per Year: 2

Name & Phone Number of Dispatching Agency/ies
ADCOM Phone (303) 287-7453 EMD- Yes
BRCC Phone (303) 441-4444 EMD- Yes

Transport Profile:

Ambulance Type and Age	Good Condition	Fair Condition	Poor Condition
Type III / 1992	1		
Type III / 1993	1		
Type III / 1995	1		
Type III / 1996	2		
Type II / 998, 4WD	1		
Type II / 1998	1		

Attach an Additional Sheet to List Ambulances as Necessary

Training Profile:

Training Institution Most Often Used: Avista Hospital
 Do You Provide Your Own Continuing Education: Yes
 Name of CE Training Group: Avista Hospital

Fee Structure Profile:

	BLS	ALS
Base Rate	Proprietary	Proprietary
Rate per Mile	Proprietary	Proprietary
Medicare Rate	Proprietary	Proprietary

Non-transport treatment/response fee \$ Proprietary
 Approximate Rate of Collection 80 %
 If You Have a Subscription Program, Please Describe the Fee Structure:
 We do have a membership program. Fees are proprietary.
 Do you have a CLIA permit for Blood Glucose Monitoring? No
 Do you have a computer available to personnel for computer based training? Yes
 If yes, - Computer operating system: NT
 Processor Speed: >P166
 CD ROM?: Yes

Boulder County Fire Fighters Assoc. Emergency Medical Services (EMS) Plan Transport Agency Profile

Agency Name: Boulder County Paramedics

Address: 168 S. Filmore, Lafayette, CO

Director Name: Lang Smith Phone No. (303) 665-8900

Fax No. N/A E-mail No. (If Applicable)

Private for Profit Non-profit Special District
Are You: Hospital Based Fire Based N/A

Agency Staffing & Treatment Profile:

Title/Level	# Full Time Paid	# Part Time Paid	# Volunteer
Basics	5		22
Intermediates			3
Paramedics	6		3
Nurses			1
First Responders			10

How Many of Your Basics Are AED Authorized: 11

Physician Advisor Name: Dr. David Jones Phone: (303) 440-2037
Address: Boulder Community Hospital
Physician Advisor's Licensure Number n/a

Number of Emergent EMS Runs per Year: 900+
Number of Non-Emergency Transports per Year 50+
Approximate Number of Inter-Hospital Transfers per Year 25+

Name & Phone Number of Dispatching Agency/ies
BRCC Phone (303) 441-4444 EMD- Yes

Transport Profile:

Ambulance Type and Age	Good Condition	Fair Condition	Poor Condition
Type III / 1996	1		
Type III / 1993	1		

Attach an Additional Sheet to List Ambulances as Necessary

Training Profile:

Training Institution Most Often Used: Boulder Community Hospital
 Do You Provide Your Own Continuing Education No
 Name of CE Training Group: BCH

Fee Structure Profile:

	BLS	ALS
Base Rate	Proprietary	Proprietary
Rate per Mile	Proprietary	Proprietary
Medicare Rate	Proprietary	Proprietary

Non-transport treatment/response fee \$ 0.00
 Approximate Rate of Collection 65 %
 If You Have a Subscription Program, Please Describe the Fee Structure: None

Do you have a CLIA permit for Blood Glucose Monitoring? No
 Do you have a computer available to personnel for computer based training? No
 If yes – Computer operating system:
 Processor Speed:
 CD ROM?:

Boulder County Fire Fighters Assoc. Emergency Medical Services (EMS) Plan Transport Agency Profile

Agency Name: Lyons Fire Protection District
 Address P.O. Box 695, Lyons, CO 80540
 Director Name: Wm. McKelvey Phone No. (303) 823-6611
 Fax No. (303) 823-5568 E-mail No. (If Applicable)
 Private for Profit Non-profit Special District X
 Are You: Hospital Based Fire Based X N/A

Agency Staffing & Treatment Profile:

Title/Level	# Full Time Paid	# Part Time Paid	# Volunteer
Basics			13
Intermediates			
Paramedics			1
Nurses			
First Responders			14

How Many of Your Basics Are AED Authorized: 6

Physician Advisor Name: Ron Genova Phone: (303) 651-5111
 Address: 1950 Mountain View Ave., Longmont, CO 80501
 Physician Advisor's Licensure Number: 31133

Number of Emergent EMS Runs per Year 65
 Number of Non-Emergency Transports per Year 0
 Approximate Number of Inter-Hospital Transfers per Year 0

Name & Phone Number of Dispatching Agency/ies
 BRCC Phone: (303) 441-4444 EMD- Yes

Transport Profile:

Ambulance Type and Age	Good Condition	Fair Condition	Poor Condition
Type III / 1992	2		

Attach an Additional Sheet to List Ambulances as Necessary

Training Profile:

Training Institution Most Often Used: Longmont United Hospital
 Do You Provide Your Own Continuing Education No
 Name of CE Training Group: LUH

Fee Structure Profile:

	BLS	ALS
Base Rate	No Fees	
Rate per Mile	No Fees	
Medicare Rate	No Fees	

Approximate Rate of Collection %
 If You Have a Subscription Program, Please Describe the Fee Structure:

Do you have a CLIA permit for Blood Glucose Monitoring? No
 Do you have a computer available to personnel for computer based training? Yes
 If yes – Computer operating system: WIN 95
 Processor Speed: P166
 CD ROM? Yes

Boulder County Fire Fighters Assoc. Emergency Medical Services (EMS) Plan Transport Agency Profile

Agency Name: Nederland Fire Protection District
 Address: P. O. Box 155, Nederland, CO
 Director Name: Phillip R. Dirr Phone No. (303) 258-3477
 Fax No. E-mail No. (If Applicable)
 Private for Profit Non-profit Special District X
 Are You: Hospital Based Fire Based X N/A

Agency Staffing & Treatment Profile:

Title/Level	# Full Time Paid	# Part Time Paid	# Volunteer
Basics			15
Intermediates			
Paramedics			1
Nurses			
First Responders			7

How Many of Your Basics Are AED Authorized: 16

Physician Advisor Name: Dr. Abbott Phone: (303) 440-2037
 Address: BCH
 Physician Advisor's Licensure Number n/a

Number of Emergent EMS Runs per Year Records Not Available
 Number of Non-Emergency Transports per Year Records Not Available
 Approximate Number of Inter-Hospital Transfers per Year 0

Name & Phone Number of Dispatching Agency/ies
 BRCC Phone (303) 441-4444 EMD- Yes

Transport Profile:

Ambulance Type and Age	Good Condition	Fair Condition	Poor Condition
4WD 1992 Type III	1		
2WD 1981 Type II		1	

Attach an Additional Sheet to List Ambulances as Necessary

Training Profile:

Training Institution Most Often Used: Boulder Community Hospital
 Do You Provide Your Own Continuing Education No
 Name of CE Training Group: BCH

Fee Structure Profile:

	BLS	ALS
Base Rate	275	375
Rate per Mile	8.00	8.00
Medicare Rate	N/A	N/A

Non-transport treatment/response fee: None, Not Applicable
 Approximate Rate of Collection % (Recently initiated. No history available)
 If You Have a Subscription Program, Please Describe the Fee Structure: None

Do you have a CLIA permit for Blood Glucose Monitoring? No
 Do you have a computer available to personnel for computer based training? Yes
 If yes- Computer operating system: WIN 95
 Processor Speed: >P166
 CD ROM? Yes

Boulder County Fire Fighters Assoc. Emergency Medical Services (EMS) Plan Transport Agency Profile

Agency Name: Pridemark Paramedic Services

Address: 3297 Walnut, Boulder, CO 80301

Director Name: Jeff Forester Phone No. (303) 939-8111

Fax No. (303) 939-8936 E-mail No. (If Applicable)

Private for Profit Non-profit Special District
 Are You: Hospital Based Fire Based N/A

Agency Staffing & Treatment Profile:

Title/Level	# Full Time Paid	# Part Time Paid	# Volunteer
Basics	22	4	
Intermediates			
Paramedics	31	2	
Nurses			
First Responders			

How Many of Your Basics Are AED Authorized: 59

Physician Advisor Name: Dr. Art Kanowicz Phone: (303) 432-0100
 Address: 6425 W. 52nd Street, Arvada, CO 80002
 Physician Advisor's Licensure Number n/a

Number of Emergent EMS Runs per Year Est. 9600 this year
 Number of Non-Emergency Transports per Year unknown
 Approximate Number of Inter-Hospital Transfers per Year 2652

Name & Phone Number of Dispatching Agency/ies
 BRCC Phone (303) 441-4444 EMD- Yes

Transport Profile:

Ambulance Type and Age	Good Condition	Fair Condition	Poor Condition
4WD 1999 Type II	2		
1999 Type II	7		
Quick Response 1999	1		

Attach an Additional Sheet to List Ambulances as Necessary

Training Profile:

Training Institution Most Often Used: Longmont United
 Do You Provide Your Own Continuing Education Yes
 Name of CE Training Group: Pridemark

Fee Structure Profile:

	BLS	ALS
Base Rate	Proprietary	Proprietary
Rate per Mile	Proprietary	Proprietary
Medicare Rate	Proprietary	Proprietary

Non-transport treatment/response fee: None, Not Applicable
 Approximate Rate of Collection % (Recently initiated. No history available)
 If You Have a Subscription Program, Please Describe the Fee Structure: None

Do you have a CLIA permit for Blood Glucose Monitoring? No
 Do you have a computer available to personnel for computer based training? Yes
 If yes- Computer operating system: Windows 98
 Processor Speed: P-III
 CD ROM? Yes

MEMO

BCFFA EMS Committee

To: Boulder County Agencies
From: EMS Committee Working Group
Date: 4/20/2005
Re: Subsidy Grant Process

Last month the EMS Committee formed a working group to oversee the subsidy grant process. This group, formed under the approval of the BCFFA has identified the following procedures and guidelines to determine allocation of grant funds.

To qualify for the subsidy grant, the requesting agency must meet the following standards.

- Attend 50% of all EMS Committee meetings.
- Be a current paying member
- Participate in the county EMS plan survey.

Grant requests awarded in September will meet the criteria of the County EMS Plan and the priority listed below.

- Category I- Training: Any primary EMS training as listed in the county EMS plan survey will be given priority. All non-primary EMS training not listed will be considered provided a greater need is not identified in subsequent categories.
- Category II- Safety: This category includes vaccinations, testing, and Body Substance Isolation Equipment (BSI). Preference will be given to vaccinations and testing. BSI equipment will be given preference over any non-primary EMS training in category I.
- Category III- Equipment: This category shall include all durable EMS equipment and communications equipment. Disposable equipment may be considered based upon the number and amount of requests fulfilling category I & II criteria.

Send requests to: Mike Chard
1805 33rd Street
Boulder, CO 80301 or Fax 303-448-1129

If you have any concerns contact, Mike Chard at 303-441-3648

EMS Subsidy Grant Request Form

Agency Application

Agency: _____

Contact
Person: _____ Title: _____

Address: _____ City: _____
Zip: _____

Phone: : _____
Fax: _____

E-
mail: _____

Grant Request and Cost

Description of request	Cost

Attach documentation explaining the need for grant money Total Cost: _____

Signature of Responsible Party

Date

This form must be submitted by to Mike Chard at 1805 33rd Street Boulder, CO 80301 or fax to 303-448-1129. Reimbursement will only be issued after equipment or services have been purchased and a receipt has been issued. No money will be issued if the agency has not attended at least 50% of the EMS committee meetings and has submitted a completed survey for the Boulder County EMS plan. Any questions please contact Mike Chard at 303-441-3648.

The following survey data will be utilized in creating the Boulder County EMS plan. The survey will be used as part of a needs assessment to identify strengths and weaknesses of Boulder County's emergency medical system. In addition the survey will assist agencies who are planning to access State grant funding.

All surveys must be completed and returned to:

Mike Chard
1805 33rd Street, Boulder, CO 80301
Ph- 303-441-3648 Fax- 303-448-1129

Information	Response
Agency Name	
Chief Officer	
EMS Officer	
Training Officer	
Infectious Disease Officer	
Street Address	
City	
Zip Code	
Phone Number	
Fax Number	
E-mail	
Pager Number	
Cell Phone	
Other	
Training Center / Hospital Affiliation	<input type="checkbox"/> Avista <input type="checkbox"/> BCH <input type="checkbox"/> LUH <input type="checkbox"/> Other
Physician Advisor	

Service Delivery

Type of Department	<input type="checkbox"/> Volunteer <input type="checkbox"/> Paid <input type="checkbox"/> Combination
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Type of Agency (Check all that apply)	<input type="checkbox"/> Fire Department <input type="checkbox"/> Rescue Service <input type="checkbox"/> Ambulance <input type="checkbox"/> Hospital <input type="checkbox"/> Dispatch Center <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Clinic <input type="checkbox"/> Coroners Officer <input type="checkbox"/> Training Center
Transport Capability	<input type="checkbox"/> Yes <input type="checkbox"/> No Number of Transport Units:[]
SAED Capability	<input type="checkbox"/> Yes <input type="checkbox"/> No Number of Units: [] Type(s) of SAED Units:
Service Level	<input type="checkbox"/> BLS <input type="checkbox"/> ALS <input type="checkbox"/> Combination
Special Services	<input type="checkbox"/> Search and Rescue <input type="checkbox"/> Extrication <input type="checkbox"/> Water Rescue <input type="checkbox"/> Heavy Rescue <input type="checkbox"/> Confined Space

Agency Training Levels

Type of Training	Number of Personnel
First Responder	
EMT- Basic	
EMT B-SAED	
EMT-IV/Mast	
EMT- Intermediate	
EMT-Paramedic	
CPR	
Emergency Medical Dispatch	
Advanced Cardiac Life Support (ACLS)	
Pediatric Advanced Life Support (PALS)	
Basic Trauma Life Support (BTLS)	
Prehospital Trauma Life Support (PHTLS)	
Hazardous Materials- Awareness Level	
Hazardous Materials- Operations Level	
Hazardous Materials- Technician Level	
Incident Command	
Dive Rescue	
Swift Water Rescue	
Ice Rescue	
Technical Evacuation	
Mountain Rescue	
Extrication	

Confined Space	
Heavy Rescue	
Other	
Other	

List and Describe any other training levels not described in the table above. Include the number of personnel that are currently trained to the level described:

Did you receive county subsidy grant money last year?

What was it used for?

Did you fulfill all the needs identified within your department as a participant in the county plan? (Explain)

Did you receive and read a copy of the county plan? Yes or No

Do you feel that the county plan adequately identified the needs of the county?

Yes or No

What should have been included in the previous plan?

What should have been excluded in the previous plan?

What should be included in this year's plan?

Communications

Is your department adequately equipped with communications equipment? (check all that apply)	<input type="checkbox"/> hand held radios <input type="checkbox"/> pager-voice stored <input type="checkbox"/> mobile radios <input type="checkbox"/> pager-alpha/numeric <input type="checkbox"/> scanning	
Does your department need communications equipment? (check all that apply)	<input type="checkbox"/> hand held radios <input type="checkbox"/> pager-voice stored <input type="checkbox"/> mobile radios <input type="checkbox"/> pager-alpha/numeric <input type="checkbox"/> scanning	How Many of each? <input type="checkbox"/> hand held radios <input type="checkbox"/> pager-voice stored <input type="checkbox"/> mobile radios <input type="checkbox"/> pager-alpha/numeric <input type="checkbox"/> scanning

Does your response area have radio communication dead spots? Yes or No

Where are they?

Do you have common radio frequencies programmed in mobile and portable radios with departments in your area? [] Yes or [] No

Name the departments around your jurisdiction that presently have common radio frequencies with your department.

Name the departments around your jurisdiction that presently do not have common radio frequencies with your department.

Communication Benchmarks

Goal	Description	Did you accomplish the goal
	<input type="checkbox"/>	[] Yes or [] No
	<input type="checkbox"/>	[] Yes or [] No
	<input type="checkbox"/>	[] Yes or [] No
	<input type="checkbox"/>	[] Yes or [] No
	<input type="checkbox"/>	[] Yes or [] No

List the radio frequencies that are programmed on your radios		
Mobile Radios	Portable radios	Other

Operational Issues

Current response times.

Your Agency Urban:_____ Rural:_____ Mountain:_____

Ambulance provider: Urban:_____ Rural:_____ Mountain:_____

Have the response times in your jurisdiction increased or decreased over the last year? _____. By how much? _____

What equipment have you added in the last year as a result of the subsidy grant?

What equipment do you need?

What new services has your department implemented?

What new services does your department need?

Are you presently satisfied with your physician advisor involvement at this time?
 Yes or No Explain?

Who performs your department's quality assurance review? _____

Does this service meet your needs? Yes or No Explain?

Do you feel that MCI opportunities are beneficial? Yes or No Explain?

Do you feel that your department provides adequate public education?
 Yes or No Explain?

Do you have an infectious disease protocol implemented in your department?
 Yes or No Does each member of your department have all of the required
body substance isolation equipment (BSI)? Yes or No
(gloves, eye protection, gown, hepa mask, mask, portable hand washing
capability)

Are all members of the department current on vaccinations and yearly testing
requirements?
 Yes or No Explain?

Operational Benchmarks

Goal	Description	Did you accomplish the goal
		<input type="checkbox"/> Yes or <input type="checkbox"/> No
		<input type="checkbox"/> Yes or <input type="checkbox"/> No
		<input type="checkbox"/> Yes or <input type="checkbox"/> No
		<input type="checkbox"/> Yes or <input type="checkbox"/> No
		<input type="checkbox"/> Yes or <input type="checkbox"/> No

Training

What emergency medical training does your department currently need?

Y or N	Description of Training
	Mass Casualty Incident Management Training
	EMS Continuing Education Training
	Skills Lab Training
	Basic Trauma Life Support
	Advanced Cardiac Life Support
	IV/Mast
	Pediatric Advanced Life Support
	Automatic Defibrillation Training
	New Protocol Training
	Transition Course Training
	CPR
	Basic EKG
	EMT Refresher Training
	First Responder
	Prehospital Trauma Life Support

Does your department need training on report writing? Yes or No

Does your department have problems acquiring patient outcome information?
 Yes or No

Explain.

List other needs or concerns:

Training Benchmarks		
Goal	Description	Did you accomplish the goal
		<input type="checkbox"/> Yes or <input type="checkbox"/> No
		<input type="checkbox"/> Yes or <input type="checkbox"/> No
		<input type="checkbox"/> Yes or <input type="checkbox"/> No
		<input type="checkbox"/> Yes or <input type="checkbox"/> No
		<input type="checkbox"/> Yes or <input type="checkbox"/> No

Matching Grants

Does your department plan on applying for a State grant? Yes or No

Will your department provide matching funds for the State grant? Yes or No

Does your department have a defined EMS budget? Yes or No

What is the amount of your EMS budget? _____

Does your budget identify individual cost centers to identify actual department costs in providing EMS services? Yes or No

If no, will you prepare a detailed EMS budget? Yes or No

Who will prepare the EMS budget? _____

Will you need training on how to prepare a budget for the State grant? Yes or N

Have you prepared a proposal for the state grant that includes the following:
Check all that apply.

Department Background Identifying the need Budgetary analysis

Detailed cost analysis Vendor information Description of request

Description as to how the grant will be spent

Timeline Controls and measurements that will be implemented

Other concerns or questions?

SECTION III

Planning and Coordination

Please mark all the EMS representatives that were active in the development of this report and plan:

County Health Department	_____	Others (describe):
County Wide EMS Council	<u> X </u>	
EMS Provider Agencies		
Ambulance Agencies		<u> X </u>
Clinics and Hospitals	<u> X </u>	
Dispatcher Commun.		<u> X </u>
Fire Departments	<u> X </u>	
Search and Rescue	<u> X </u>	
Training Centers	<u> X </u>	
Physician Advisors	_____	
Regional Coordinator		<u> X </u>

3.1.A. Existing System Description

Describe the way in which you coordinate emergency medical service efforts and do planning: This section must include but not limited to the following:

- 1. A list of agencies that actively participate (do not list agencies that do not regularly attend meetings) in your current county EMS council.*
- 2. Describe how you do needs assessment relative to planning for EMS within your county.*
- 3. Describe how you do needs assessment relative to requesting EMS grant funding within your county, i.e. some counties use a form to request information on agencies within the county who intend to submit grant applications to the EMS grants program.*
- 4. If you have a county EMS council, how often do they meet and what is their relationship with the county commissioners.*
- 5. If your county uses EMS subsidy funds to provide a County/Regional Coordinator for EMS, please explain what this coordinator does for EMS in the county, for instance does the coordinator keep you informed of changes pertinent to federal, state, and local laws regarding EMS and EMS training; arrange and schedule training; write your county EMS plan; attend county EMS meetings; attend ATAC meetings; meet with your county commissioners and keep them informed on EMS issues? Provide your coordinators name, address, phone, and FAX number.*

The Boulder County Firefighters Association EMS Committee meetings are held on the first Thursday of each month. Special meetings are called as needed to deal with issues, projects, or planning. The EMS Committee operates under the authority of the Boulder County Firefighters Association (BCFFA). The EMS Committee has chairperson who facilitates the meeting and is also responsible for note keeping, communications, and overall direction and coordination. In addition a Fire Chief representative is selected from the BCFFA to provide guidance and communications from the BCCFA Chief's working group. All agencies are allowed to attend the EMS Committee meeting and involvement varies with each agency. The EMS Committee works very closely with the Boulder County Physician Advisors Council (BPAC). The physician advisor council sets protocol and provides input into the direction and activities of the EMS Committee.

The EMS Committee uses the following process to conduct needs assessment.

1. Planning to Plan: This process brings together 5-7 people selected from the EMS Committee to discuss the nature of the planning process. The process is discussed and agreed upon before any activities begin.
2. Problem Statement(s): This step involves stating the problem(s) in general terms.
3. Collect Data: Once the problem is stated, data sources are determined to collect information to support if the problem exists.
4. Problem Identification: Once the data is collected, and the problem is determined to be real, this step specifically identifies the nature, frequency, and cause. If needed a SWOT analysis is conducted to examine internal and external environments.
5. Solutions: This step determines the course of action to deal with needs or problems that may exist. (Sets the Goals)
6. Implementation Plan: This step specifically lists objectives and provides the road map for the course of action. Resources needed, timelines, and benchmarks are identified.
7. Controls: This step identifies what control measures are to be implemented to ensure that the needs or problems are corrected.

Needs assessment relative to grant funding is primarily focused on subsidy funds. An action research model is applied during the yearly-planning phase. The Model utilized is the Hellreigel, Slocum, & Woodman Model. The model utilizes the following steps:

1. Perception of the Problems: The EMS Committee established a working group of three members to review the problem of subsidy fund disbursements. The group reviewed the previous year's plan and determined the funding categories to receive priority in 1999.
2. Data Gathering: An EMS survey form was created and administered to all county agencies for the purpose of collecting data.
3. Joint Data Sharing: Once the data was compiled it was arranged as to permit easy review and determine the greatest need within the county.

4. Joint Diagnosis: The working group came to consensus on what should be given priority and the most critical need. Funding criteria created three levels of priority.
5. Action Implementation: The working group created a funding application and set deadlines for submittal and award notification.
6. Evaluation of Behaviors: Once the funding is released each department receiving subsidy funds will be reviewed to ensure that the agreement is being adhered to.

State matching grants are being handled differently. Agencies with capital improvements or smaller requests that did not get funded through subsidy funds are being encouraged to utilize the matching grant program. The EMS Committee is providing assistance in writing the grants or providing information sources that may assist them in accomplishing the process.

The BCFFA EMS Committee meets every first Thursday throughout the year. As stated earlier special meetings are called to deal with special issues. For example the creation of this document has resulted in numerous meetings outside of the regularly scheduled meeting dates. The EMS Committee makes recommendations to the county commissioners as needed. The process utilizes two mechanisms for exchanging information. The first and most often utilized method is through the Office of Emergency Management. The second is by attending commissioner meetings through agenda scheduling.

3.1.B. Identify Any Areas Needing Improvements

None

3.1.C. Goals and Objectives

None

3.1 *Report on County subsidy funding*

Are you currently holding over any County subsidy funds from the previous year/s?

YES

If so, how much?

As of 12/31/97, \$ 763.76 was held over.

List below the intent for use of any funds held over from previous years.

The EMS Committee plans to use the remainder of the funds for general business purposes, i.e. meeting minutes - printing and mailing, to facilitate and improve communications to initial response agencies, Pre-hospital services and Physician Advisors, MCI drills for the county.

Please list below the expenditure of State provided EMS funds for the current calendar year. You must fill in this section even if you delegated the responsibility for expenditure of the funds, the State sees the County as the responsible party. (All funds may not be expended at the time this report is filed, so please indicate where the unexpended fund *will be spent and mark those unexpended funds with an " * "*).

FINANCIAL NARRATIVE - *(use this space to explain how the expenditure of fundsupgrade EMS in your county).*

The Boulder County Commissioners have given the authority to expend funds to the Boulder County Firefighters Association (BCFFA) EMS Committee. The Committee is still spending 1998 funds. The money awarded has been used for the purchase of equipment and education reimbursement for EMS agencies in the County. Subsidy funds have also been used for funding printing of Boulder County Patient Report Forms and EMS Committee mailing costs.

The State subsidy funding has assisted Boulder County EMS agencies with small budgets to purchase basic medical equipment. Other funding was provided for educational reimbursement to increase the number of EMS/Rescue responders, keep responders certified and increase the level of care in agencies.

ANTICIPATED EXPEDITURES FOR NEXT YEAR'S SUBSIDY FUNDING: *(Please use this space to list anticipated expenditures - we realize that circumstances alter cases and you may not necessarily expend your funds for these anticipated expenditures.)*

Nederland FPD	AED	\$1,750.00	\$	1,750.00
Lefthand FPD	Backboards	\$ 350.00		
	Airway	\$ 44.00		
	Fit Test Device	\$ 160.00		
	Total	\$ 554.00	\$	2,304.00
Indian Peaks	AED	\$3,500	\$	5,804.00
Moutain View	CPR Manikins	\$ 750.00	\$	6,554.00
BES	OPA Kit	\$ 10.00		
	NPA Kit	\$ 10.00		
	BVM Adult	\$ 15.00		
	BVM Child	\$ 15.00		
	Pocket Mask	\$ 30.00		
	Portable Suction	\$ 100.00		
	3 D-tank O2	\$ 270.00		
	3-O2 regulators	\$ 300.00		
	Total	\$ 750.00	\$	7,304.00
Four Mile	2 Motorola HT-1000	\$2,200.00	\$	9,504.00
Gold Hill	2 Motorola KeyNote Pagers	\$ 420.00		
	2 Kenwood TK-290 Pack Sets	\$1,130.00		
	Total	\$1,550.00	\$	11,054.00

Sugarloaf	Portable Suction Unit	\$ 870.00	\$ 11,924.00
Eldorado Spgs	Portable Suction Unit	\$ 870.00	
	Manual Suction	\$ 59.00	
	O2 Regulator	\$ 110.00	
	KED	\$ 148.00	
	Backboard	\$ 130.00	
	Med Kit	\$ 140.00	
	O2 Kit	\$ 40.00	
	OPA Kit	\$ 2.80	
	NPA	\$ 26.50	
	BP Cuff	\$ 16.50	
	Stethoscope	\$ 13.50	
	Blankets	\$ 66.00	
	Dressings	\$ 37.00	
	Trauma Sheers	\$ 5.00	
	Penlights	\$ 6.00	
	Safety Glasses	\$ 6.00	
	C-Collars Set	\$ 147.40	
	Headblocks	\$ 20.00	
	LSB Straps	\$ 11.00	
	Total	\$1,854.70	\$ 13,778.70
LEU	Underwater Metal Detectors (2)	\$1,400.00	
	Forta Rescue Boat	\$3,000.00	
	8 Motorola Advisor Pagers	\$ 720.00	
	Total	\$5,120.00	\$ 18,898.70
Cherryvale	Infocus Projector	\$3,500.00	
	Dell Laptop	\$3,000.00	
	Sony TV	\$1,100.00	
	Sony VCR	\$ 350.00	
	Total	\$7,950.00	\$ 26,848.70
High Country	O2 Tanks / Regulators	\$ 600.00	
	LSB / Straps	\$ 400.00	
	Trauma Kits (2)	\$ 160.00	
	BP Cuffs / Stethoscops/ Alt /Ped	\$ 240.00	
	EMT Refresher Course	\$ 300.00	
	First Responder Training	\$ 150.00	
	Total	\$1,850.00	\$ 28,698.70
Boulder Mtn Fire Authority	Conterra ALS Extreme Packs (7)		
	Promedix O2 Kits (7)		
	Conterra USAR Kit (2)		
	Total	\$2,500.00	\$ 31,198.70
Pridemark	Computer	\$2,000.00	
	Projector	\$2,000.00	
	Total	\$4,000.00	\$ 35,198.70
County / BCFFA	MCI / Drills	\$1,000.00	

Rescuer Safety	\$2,000.00		
Administrative Expenditures	\$1,000.00		
Total	\$4,000.00	\$	39,198.70
Grand Total		\$	39,198.70