

Hi all-

Here is an update for WRETAC, state and RMD activities from an appropriate social distance....

WRETAC updates

- Check out the updated website. <http://wretac.org> Nice work Danny!
- New logo featured on the site.
- Don't forget about WRETAC yearly awards for:
 - BLS provider of the year
 - ALS provider of the year
 - Medical director of the year
 - Service of the year. Deadline to apply will be July 5. Submit to Danny.
- EMS for Children Colorado has education available for you on their website: <https://www.emscolorado.com/h>
- WESTCO is beginning the training and implementation for priority dispatch in early June.
- Batelle Device for N95 mask cleaning now stationed in Montrose. Information on the process can be found [here](#).

RMD group updates

- Protocol updates- January updates and descriptions were sent out by Brent. If you found these helpful, we will continue to do them. Updates for July will include: respiratory and cardiac protocols and mandatory reporting.
- Colorado NAEMSP have delayed spring forum until 2021. Will cover waiver process, TXA, discussion of EMS degree, sim lab.
- Discussion at state level about carrying out a study within Colorado about the use of Air Medical PreHospital Triage tool. Please reach out to me for more information.
- EMSAC meeting in winter 2021 at Keystone will focus on behavioral health.

COVID for EMS updates

EMS Community,

As we are all closely monitoring the transition of stay at home orders to [safer at home](#) throughout our state, I wanted to provide an update on COVID-19 related information and links as follows:

The CDC exposure return to work guidance for symptom based strategy has changed from 7 to 10 days passed since symptoms first appeared. Also, incorporation of a return to work test based strategy has been updated in the exposure guidance accessed on the [EMS google drive](#).

There have been associations of large vessel stroke and Kawasaki disease with COVID-19 described in the [NEJM](#) and [NYC health alert](#)

Updated COVID-19 information from CDPHE can be found at [COVID-19](#) and [case data](#)

EMSAC has created a robust page of COVID-19 resources for EMS found [here](#)

Johns Hopkins University has published an extensive document on antibody testing found [here](#)

NHTSA has created a portal for COVID Resources which will be updated three times a week, with new links and documents containing information on a variety of COVID-related topics. You will find NHTSA COVID resources [here](#).

CDC NIOSH has created a PPE tracker and burn rate calculator [here](#)

Stay safe and healthy,

Jeff

Jeff Beckman, MD, FACEP, FAEMS
Medical Director and Associate Division Director
Health Facilities & Emergency Medical Services Division

CARES

- The WRETAC is enrolled.
- Your participation is voluntary, but highly encouraged.
- Brent will be personally inputting all of the data. Needs your run reports for all cardiac arrests. He would like these to be sent to him monthly at the end of the month. These will need to be sent in an encrypted manner. This is being worked out. **And I will send a specific email update with the process when I know.**

QA/CQI process

- A goal for the WRETAC RMD program for 2020 is to have some clear guidelines/best practices for QA/CQI process.
- A draft of a “Sample QA form” and “Medical Director Guidance Document regarding QA” are attached to this document. They certainly need work to refine and increase usability, but please take a look and give me any feedback you may have. Thanks.

SEMTAC updates

- SEMTAC originally planned for July in Gunnison will all be virtual.
- Gunnison will host a postponed SEMTAC in July 2021.

EMPAC updates

- Chapter 2 was opened for review and both scope and language were addressed.
- Dr Koelliker is a hero and represented for a >7hr Zoom meeting!
- **Changes will not be effective until Jan 1, 2021.** But 3 big changes addressed that you can anticipate are updates on 1: Bringing Colorado scope in line with National scope 2. Implications of senate bill 52 and EMS role in the clinical setting. 3. Verbal orders.
- For EMS providers working in the clinical (not prehospital) setting, will need to work under the authority of a medical director and under the medical supervision of a medical supervisor (can be RN, NP, PA, MD). And will be able to perform medical acts to their full scope—and this does not affect delegation of medical acts outside scope under direct supervision. Medical director will have to determine and document each EMS providers scope of practice in clinical setting
- Several voice orders for EMT-I will change to standing orders. Notably: pain medications and benzodiazepines.
- IV toradol (EMT-P only) and IV Tylenol (AEMT thought EMT-P) will come into scope.
- Maintenance of thrombolytics, Epi, norepi for EMT-P level for IFT will come into scope.
- Maintenance of antiviral infusions for EMT-I and up level for IFT will come into scope.
- Ketamine and TXA won't come into scope and will still require waiver.

Education of interest:

EM:RAP COVID and EMS: **Breaking News May 1st**

Jessica Mason, MD and Jennifer Farah, MD

<https://www.emrap.org/episode/emrap2020may1st/emrap2020may1st>

Please feel free to reach out with any questions, concerns, or ideas!

-Avery