

Exhibit “A”

SUMMIT COUNTY EMS BOARD

Skier Transport
Guidelines

September 2015

Scope of Guideline:

The following guidelines shall be adhered to by all entities operating a Skier Transport service. These guidelines have been developed through a cooperative effort between The Summit County Emergency Medical Services Board, Summit County Ambulance Service, Arapahoe Basin, Breckenridge, Copper Mountain, and Keystone Ski Resorts. These guidelines shall be reviewed every year before the automatic November renewal beginning in November, 1 2016.

Authority for the use of such a service is granted under section 3.9.5 of the Emergency Medical Services Rules and Regulations for Summit County, Colorado. The use of a Skier Transport service is considered an extension of each areas ski patrol evacuation, it is not intended to supplant ambulance transport. These guidelines allow flexibility. Therefore, compliance is expected. Any variance must be documented and reviewed as identified in the Quality Control portion of this plan.

Request for Skier Transport Service Operation in Summit County, Colorado:

As of November 2014, Breckenridge, Keystone, and Copper Mountain have requested to operate the type of service described above and have submitted the following information to the Summit County EMS Board :

- The geographical areas to be served by these vehicles
- The types of configurations of vehicles to be used
- The training levels of the drivers / attendants of these vehicles

Request for approval shall be presented to the EMS Board in writing and reviewed every three years on a rotating basis beginning in 2017. The review shall take place during the EMS Board meeting prior to the beginning of the ski season.

Minimum Requirements for Skier Transport Operation:

1. Staffing – Personnel operating a Skier Transport shall be trained to the level of OEC or higher.
2. Vehicle Type – Any vehicle utilized as a Skier Transport shall be configured to provide safe transportation of patients. In addition, some means of two-way communications with a medical facility is required. The vehicle shall not be equipped with emergency equipment (lights, siren) unless a proper annual Colorado Emergency Equipment permit has been issued.
3. Geographical area – The area to be served by a Skier Transport service shall be confined to a defined area. Use of this service shall be limited to providing

transportation of patients meeting the criteria outlined above who are being transported by ski patrol toboggan or other ski area means off the snow surface. Transport shall be confined to the closest medical facility or ambulance transport shall be utilized.

4. Unique operations – Each ski area will outline any specific situations that may reasonably be anticipated and are unique to its operation. A brief outline of operational plans for these situations should be included.

Utilization of Skier Transport Service in Summit County:

Utilization on a regular basis is restricted exclusively to the transport of non-critically ill or injured patients. The guidelines for general daily use of this type of transport service shall be restricted to the following:

- Isolated extremity injuries
- Simple soft tissue injuries
- Simple cold and exposure injuries
- Flu and Acute Mountain Sickness symptoms
- Lumbar injuries without neuro-deficit or compromise and in the absence of multi-system trauma; also the patient will not be immobilized to a backboard or scoop unless attended by a minimum of one qualified staff member

Utilization of Skier Transport Service for Minor Closed Head Injuries:

Patients at Breckenridge, Copper, or Keystone Ski Resorts who sustain a minor closed head injury (CHI) are candidates to go to the Ski Clinic after consultation with clinical medical control, with the following exclusions:

- Multi System Trauma
- Age: over 60 years of age
- Vomiting more than once
- Suspected skull fracture
- Intoxication
- Medical co-morbidities including anti-coagulation

These patients must remain conscious and cooperative with a GCS of 14-15 (minor confusion allowed) while fulfilling all other requirements for appropriate transport under these guidelines.

These types of transports should be of short distance to the closest medical facility. Patients requiring advanced life support care (I.V. medications, cardiac monitoring) during transport should not be transported by this type of service.

Additional Authorized Transports:

- Ambulance transport has been requested and the estimated time of arrival greatly exceeds the time it would take to transport the patient to the nearest appropriate medical facility, and an attendant is available and trained to the level of OEC or higher, and equipment is available for appropriate care for the patient.
- Patients with isolated extremity injuries that have received correctly administered intra-nasal or intra-muscular analgesic medication to ease stabilization and evacuation may be transported to the nearest ski clinic.

Highway-91 Copper Mountain

Copper Mountain Ski Patrol shall call for ambulance transport for all patients whose condition exceeds those outlined above during evacuation from Colorado State Highway 91.

Special Circumstance Documentation

If the transport of a patient occurs as allowed by these exceptions, proper documentation of the circumstances is required (see appendix for sample format of a Special Circumstances Report).

Quality Control Program:

The Medical Director for Arapahoe Basin, Breckenridge, Copper Mountain, and Keystone Ski Resorts and the Summit County EMS Advisory Board has agreed to the following Quality Control program.

- The Quality Control Program shall be overseen by the EMS Board.
- A patient transport log of activity shall be maintained. This log should contain the following information:
 - Patient name
 - Date / time of transport
 - Description of injury or illness
 - Reference to patient care information or some means of tracking patients from the transport log
 - Any Special Circumstance Reports
- The ski patrol representative to the EMS Board shall collect copies of the patient transport log and Annual Quality Control Review at the end of each areas ski season and provide them to the EMS Board for review at its' next regularly scheduled meeting. A sample format for the Annual Quality Control Review is provide in the appendix
- Each participating organization shall provide copies of the transport log and Quality Control Review to the Ski Area representative two weeks before each

scheduled EMS Board meeting, through the ski season. The ski area representative will present a summary of reports at each regularly scheduled EMS Board meeting throughout the ski season.

- Operational questions and activities needing review shall also take place at the next regularly scheduled EMS Board meeting. A sample format for the Annual Quality Control Review is provided in the appendix. Special Circumstance Reports will be provided to each respective Medical Director and the ski area representative for review and/or further action as he or she deems necessary.
- Inquires received by the EMS Director will be promptly investigated and may require the production of a Special Circumstance Report within 72 hours of request. The EMS Director will review all inquires with the EMS Board at the next regularly scheduled EMS board meeting.

Term and Termination

- The initial term of this Guideline shall commence on the adoption by the BOCC and shall end on October 31, 2016. This Guideline shall automatically be renewed for up to five (5) successive one (1) year terms beginning on November 1, 2016 and ending October 31, 2021.
- The EMS Board will review annually the operations under the guidelines and make recommendations regarding any modification to the BOCC through EMS Director.

Appendix A

SPECIAL CIRCUMSTANCES REPORT

Date _____ Time _____

Patient Name _____

Patient Age _____

Transported From _____

Time of SCAS Contact _____

Time of Physician Contact _____

Chief Complaint _____

Explanation of circumstances that led to the use of a Skier Transport vehicle outside of the accepted guidelines. Be specific and provide all necessary documentation (Ski Patrol records, dispatch information).

Diagnosis:

Disposition:

Reporting Individuals Signature / Title

Date

Physician Signature

Date

Appendix B

Annual Quality Control Review Reporting Format

Operator/Facility

Name _____

Address _____

Phone _____

Please complete the information below as accurately as possible. Use additional sheets as needed. All information contained in this report will be held in strict confidence by the Summit County E.M.S. Board.

- Identify the geographical area of operation at the beginning of this season. Were you able to maintain your operations within this area? If not, please explain.
- Total number of patients transported this season _____.
- In general, what types of injuries/illnesses were most commonly transported?
- Were there any significant operational problems that resulted in further injury to patients being transported? (Motor vehicle accidents with patients on board, etc.)
- Were there any significant problems or concerns identified by your Medical Director? If so, how were these problems resolved?

- Please complete this information and forward to the ski area representative two weeks after the conclusion of your respective ski season. Extension requests may be granted by the EMS Board upon request.

Chairman
Summit County E.M.S. Board

