



CITY OF RAPID CITY


RAPID CITY, SOUTH DAKOTA 57701

Department of Fire and Emergency Services

10 Main Street
605-394-4180
Fax: 605-394-6754

LF012804-11

January 19, 2004

TO: Maggie Paul, Legal Assistant
FROM: Frankie 
RE: Agenda Item

Please place the following item on the Council Agenda:

Request for approval for Eric Martens, Alan Johnson, and Kurt Klunder (all paramedics) to attend classes for a two-week period for "Critical Care Transport Program" at the Mountain Plains Health Consortium at Fort Meade, SD March 15-22, 2004. Request is made at this time to insure registration in the class. The estimated costs for the courses are \$2700.00, and will be charged to the Ambulance budget.

A copy of the travel request is attached. If you have any questions, please direct them to EMS Chief Mike Thompson.

Thank you.

**CITY OF RAPID CITY
TRAVEL REQUEST**

Person requesting travel Alan Johnson Department Ambulance 0890

I hereby request permission to travel for the following purpose: (Give specific nature of business and interest of the City to justify cost involved.)

to attend classes -- "Critical Care Transport Program"

List all other City employees, if any, making the trip for the same purpose: Eric Martens, Kurt Klunder

Place of meeting or destination: Ft. Meade, SD

Date of meeting March 15-20, 2004; March 22-26, 2004

Date trip to begin March 15, 2004 Date trip will end March 26, 2004

Method of transportation requested personal

Estimated transportation cost \$ _____

Meals _____

Lodging _____ days _____

Other costs - description registration x 3 2700.00

Mountain Plains Health Consortium

Total estimated cost of trip \$ 2700.00

Signed [Signature] ^{01/13/04} Date Gary Shepherd Date 1-16-04
(person requesting travel) (Department Head)

When the cost of the trip will exceed \$500, per employee, this section must be signed.

In accordance with the provisions of Rapid City ordinances and travel regulations, consent is hereby given for travel as requested in the foregoing application. Maximum cost of trip authorized is \$ _____

Approved: _____ Date _____
Mayor

When the cost of the trip will exceed \$1,500, per employee, Council approval is required.

Approved by Common Council on _____ (Date)

White copy - Mayor

Yellow copy - Finance

Gold copy - Department copy

Critical Care Transport Program

Dates:

1st Week March 15-20, 2004

2nd Week March 22- 26, 2004

Location:

▶ Mountain Plains Health Consortium
Building 90, Fort Meade, SD

..... Program Goals

The Critical Care Emergency Medical Transport Program is designed to prepare paramedics and nurses to function as members of a critical care transport team. Critical patients that must be transported between facilities require a different level of care from hospital or emergency field patients.

Participants will gain an understanding of the special needs of critical patients during transport, become familiar with the purpose and mechanisms of hospital procedures and equipment, and develop the skills to maintain the stability of hospital equipment and procedures during transport.

Participants

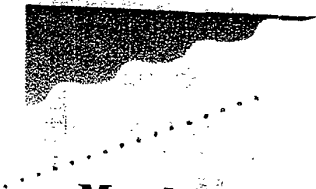
The Critical Care Emergency Medical Transport Program brings paramedics and nurses together in an effort to bridge the gap between prehospital and hospital care. The result is a specialized care provider that has an understanding of both aspects of patient care, and uses the understanding to provide the highest level of care to critical patients during transport.

Paramedic requirements: Recommended one (1) year as a paramedic, current certifications in CPR, ACLS, BILS or PHTLS, and PALS/PEPP.

Nurse requirements: Recommended one (1) year as a nurse, current certifications in CPR, ACLS, PALS/PEPP, and BILS/PHTLS or TNCC.

Mountain Plains Health Consortium
P.O. Box 187
Fort Meade, SD 57741
.....
Official Business
Penalty for Private Use

Critical Care
Transport
Program



▶ **March 15 —
26, 2004**
**Location: Ft.
Meade, SD**

*This continuing
education activity is
approved by
University
of Maryland,
Baltimore County, an
organization
accredited by the
Continuing Education
Coordinating Board
of EMS.*

Critical Care Transport Program



DATES:

1st week March 15 — 20, 2004
2nd week March 22 — 26, 2004

Curriculum Design

The CCEMTP Program is designed to provide the basic educational foundation required for specialists transporting critical care patients. In addition, it may serve as a springboard for those institutions looking to expand into critical care.

The CCEMTP manual is a curriculum divided into broad modules. Each module has a specific instructional goal, a rationale (establishing a connection with the desired benefits of the program), a list of necessary equipment to demonstrate various critical care techniques, the required readings and the learning objectives.

Each lesson contains a focus statement (providing a specific direction about the topic and how it will contribute to the development of the participants), a list of learning objectives, demonstration equipment, additional readings, handouts, and a lesson outline.

Copies of the following must be enclosed with registration:

- ____ Paramedic (recommended one year of experience as a Paramedic)
- ____ RN License (recommended one year of experience as a RN)
- ____ BTLIS/PHTLS or TNCC
- ____ CPR (current at time of course)
- ____ ACLS (current at time of course)
- ____ PALS or PEPP (current at time of course)

Course Outline

- Module A Critical Care Environment
- Module B Breathing Management
- Module C Surgical Airway Management
- Module D Hemodynamic Management
- Module E Cardiac Management
- Module F Pharmacological Management
- Module G GI, GU and Renal Management
- Module H Neurological Management
- Module I Complications of Transport
- Module J Special Considerations

Faculty

All instructors will be paramedics, physicians and nurses with extensive experience in critical care. All instructors will be approved by the University of Maryland, Baltimore County, Department of Emergency Health Services.

Payment

A reservation will be confirmed only upon receipt of the entire course fee. Payment must be in the form of cash, personal check or company issued check, Mastercard, or VISA.

Refunds & Cancellations

No refunds will be available once your course fee has been submitted. However, a substitute may attend in place of a paid participant if all enrollment requirements are met.

Contact:

Lynn Birk

For more information
e-mail lbirk@heds.org
Or phone: 605-720-7117

CCEMTP March 15—26, 2004

| Indicate Paramedic or Nurse | Member Fee | Non-Member Fee |
|------------------------------------|------------|----------------|
| <input type="checkbox"/> Paramedic | \$700 | \$900 |
| <input type="checkbox"/> Nurse | | |

Written Pre-registration with payment is required along with copies of current certifications. Phone registration will be accepted only with credit card payment.

Name _____ Social Security Number _____

City, State, Zip Code _____

Phone (H) _____ Phone (W) _____

E-mail address _____

Employer _____

Tribal or IHS program name _____

Method of Payment

- Check
- Visa
- MasterCard

On-line registration not available for this course

Credit Card # _____ Exp. date _____

Signature _____

MPHC

P.O. Box 187, Bldg. 90
Fort Meade, MD 57741
Phone: 605-720-7117
Fax: 605-720-7119
Email: heds@heds.org