

1 **DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT**

2 **Health Facilities and Emergency Medical Services Division**

3 **6 CCR 1015-2**

4 ~~**IMPLEMENTATION AND APPLICATION OF ADVANCE MEDICAL DIRECTIVES FOR**~~
5 ~~**CARDIOPULMONARY RESUSCITATION (CPR) BY EMERGENCY MEDICAL**~~
6 ~~**SERVICE PERSONNEL**~~

7 **1.0 — Purpose and Authority**

8 1.1 — ~~Title 15, Article 18.6 of the Colorado Revised Statutes, directs the Colorado Board of Health to~~
9 ~~promulgate rules and protocols for implementation of CPR Directives by emergency medical~~
10 ~~service personnel. C.R.S. 15-18.6-103 states that protocols must include uniform methods for~~
11 ~~identifying persons who have executed a CPR Directive, and controlled methods for distributing~~
12 ~~CPR Directives. A CPR Directive which is apparent and immediately available to emergency~~
13 ~~medical service personnel, and which directs that CPR not be administered, constitutes lawful~~
14 ~~authority to withhold CPR. In the absence of a CPR Directive, consent to CPR is presumed.~~

15 1.2 — ~~Specific statutory authority is found in C.R.S. 15-18.6-103.~~

16 **2.0 — Definitions**

17 2.1 — ~~“Attending Physician” means a licensed Medical Doctor (M.D.) or licensed Doctor of Osteopathy~~
18 ~~(D.O.) that the declarant has consulted for execution of a CPR Directive.~~

19 2.2 — ~~“Authorized Agent” means any person who, pursuant to the laws of this state or any other state, is~~
20 ~~authorized to make medical treatment decisions concerning the withholding of CPR for an adult~~
21 ~~who lacks decisional capacity or for a minor, pursuant to section 3.1(b) of these rules. “Authorized~~
22 ~~Agent” includes a proxy selected pursuant to C.R.S. 15-18.5-103.~~

23 2.3 — ~~“Board” means the Colorado Board of Health.~~

24 2.4 — ~~“Cardiac Arrest” means the cessation of a functional heartbeat.~~

25 2.5 — ~~“Cardiopulmonary Resuscitation” (CPR) means measures to restore cardiac function or to~~
26 ~~support breathing in the event of cardiac or respiratory arrest or malfunction. “CPR” includes, but~~
27 ~~is not limited to, chest compression, delivering electric shock to the chest, or placing tubes in the~~
28 ~~airway to assist breathing.~~

29 2.7 — ~~“Declarant” means a person who has executed a CPR Directive. The declarant may be the~~
30 ~~person named within the directive or, the authorized agent of a person for whom the directive~~
31 ~~applies.~~

32 2.8 — ~~“Department” means the Colorado Department of Public Health and Environment.~~

33 2.9 — ~~“Emergency Medical Service Personnel” means any emergency medical technician at any level~~
34 ~~who is certified or licensed by the Department of Public Health and Environment. “Emergency~~
35 ~~Medical Service Personnel” includes a first responder certified by the Department of Public Health~~
36 ~~and Environment or the Division of Fire safety, Department of Public Safety, in accordance with~~
37 ~~C.R.S. 24-33.5-1205(2)(c).~~

1 2.10 — “On-Line Medical Control” means physician-directed communications that routinely provide
2 professional medical support through radio or telephonic communications to emergency medical
3 service personnel.

4 2.11 — “Prehospital Care Report” means a standard report completed by emergency medical service
5 personnel for the purpose of documenting information concerning patient identity, patient
6 condition, medical history, treatment, and transportation.

7 2.12 — “Respiratory Arrest” (Pulmonary Arrest) means cessation of functional breathing.

8 2.13 — “Resuscitation” means performing CPR.

9 **3.0 — General Provisions for CPR Directives**

10 3.1 — Persons Eligible to Execute a CPR Directive.

11 a) — Any adult over the age of eighteen who has the decisional capacity to provide informed
12 consent to or refusal of medical treatment or an authorized agent acting for an adult who
13 lacks such decisional capacity, may execute a CPR Directive.

14 b) — After a physician has issued a Do Not Resuscitate Order for a minor child, a CPR
15 Directive may be executed for the minor by the minor’s parents, if married and living
16 together, the custodial parent, or the legal guardian.

17 3.2 — CPR Directive Form

18 The CPR Directive form shall be a unique document printed on distinctive security, as approved
19 by the Board, and consistent with these rules. The following requirements and provisions shall
20 apply to the approved CPR Directive. The form shall contain:

21 a) — name, date of birth, sex, eye and hair color, and race or ethnic background of the
22 person for whom the CPR Directive applies;

23 b) — if applicable, the name of the hospice program in which the person for whom the
24 CPR Directive applies is enrolled;

25 c) — a statement indicating that the declarant has been informed of the expected
26 consequences of withholding CPR;

27 d) — the declarant’s directive concerning the administration of CPR;

28 e) — signature or mark of the declarant;

29 f) — the date on which the CPR Directive was signed by the declarant;

30 g) — the attending physician’s name, address, telephone number, and signature; and

31 h) — a written statement and signature indicating a decision regarding tissue donation
32 upon a patient’s death.

33 3.3 — CPR Directive Bracelet or Necklace

34 A CPR Directive bracelet or necklace, as approved by the Department, may be ordered after the
35 CPR Directive has been executed as provided in 4.1(b). Wearing the bracelet or necklace is

1 strongly encouraged but not mandatory. Such bracelet or necklace shall be a unique, and easily
2 recognizable identification bracelet or necklace containing the person's name, date of birth, sex,
3 and race.

4 3.4 — Authenticity for compliance with CPR Directive

5 For persons who have executed a CPR Directive pursuant to these rules, only an unaltered CPR
6 Directive with original signatures by the declarant and the physician, or an unaltered CPR
7 Directive bracelet or necklace shall be valid for the purpose of withholding or withdrawing CPR by
8 emergency medical service personnel in the event of cardiac arrest or respiratory arrest.

9 3.5 — Revocation of CPR Directive

10 A CPR Directive may be revoked at any time by:

- 11 a) — physical cancellation or destruction of the CPR Directive and bracelet or
12 necklace if used, by the declarant or another person acting at the declarant's
13 direction; or
- 14 b) — oral expression of revocation by the declarant.
- 15 c) — A guardian, agent or proxy decision maker may revoke a CPR Directive in the
16 same manner as provided in this section only if a guardian, agent or proxy
17 decision maker originally executed the CPR Directive.

18 3.6 — Distribution of CPR Directive Forms

19 The department or a designated agency, association, or institution which has entered into
20 agreement with the department and has been approved by the Board shall make CPR Directive
21 forms available to attending physicians, home health agencies or licensed or certified health care
22 facilities as defined in 15-14-505 C.R.S.

23 4.0 — General Protocols for Implementation of the CPR Directive

24 4.1 — Attending Physician Responsibilities

- 25 a) — An attending physician who is assisting a declarant shall ensure that the declarant:
 - 26 1) — receives an explanation of the expected consequences of withholding or
27 withdrawing CPR;
 - 28 2) — is informed that if the CPR Directive or bracelet or necklace is not apparent and
29 immediately available, or has been altered, CPR will be initiated by emergency
30 medical service personnel;
 - 31 3) — receives an explanation of how and by whom the CPR Directive may be revoked;
32 and
 - 33 4) — signs the CPR Directive.
- 34 b) — The attending physician shall execute the CPR Directive by signing and dating the form
35 after a signature is obtained from the declarant.

1 e) ~~The attending physician may assist the declarant in determining the appropriate~~
2 ~~person(s) or agencies to be contacted in the event of an anticipated death.~~

3 4.2 ~~Declarant Responsibilities~~

4 ~~The declarant is responsible for making informed decisions concerning the refusal of resuscitative~~
5 ~~procedures in the event of a cardiac or respiratory arrest, signing the original form, affixing the~~
6 ~~bracelet or necklace, if it is to be worn, and informing family members and care givers of the CPR~~
7 ~~Directive and its location. The declarant is encouraged to notify the local EMS provider agency of~~
8 ~~the CPR Directive, and inform family members and care givers whom to contact in the event of an~~
9 ~~anticipated death.~~

10 4.3 ~~Family and Care Giver Responsibilities~~

11 ~~The family and care giver, as applicable, should be aware of the CPR Directive location and~~
12 ~~whom to contact in the event of an anticipated death. They should also be aware of the expected~~
13 ~~prehospital response should they activate an emergency 9-1-1 call and realize their responsibility~~
14 ~~to abide by the declarant's CPR Directive.~~

15 4.4 ~~Emergency Medical Service Personnel Responsibilities~~

16 ~~Emergency medical service personnel shall comply with the following general procedures when~~
17 ~~responding to a patient who is in cardiac or respiratory arrest.~~

18 a) ~~Patient Assessment and Intervention.~~

19 ~~Emergency medical service personnel shall perform patient assessment and intervention.~~
20 ~~If an unaltered CPR Directive or bracelet or necklace is found during assessment,~~
21 ~~emergency medical service personnel shall obtain reasonable assurance that the patient~~
22 ~~is the person for whom the CPR Directive or bracelet or necklace applies.~~

23 b) ~~Resuscitative Measures to be Withheld or Withdrawn~~

24 ~~In the event of cardiac or respiratory arrest of a patient with a valid CPR Directive or~~
25 ~~bracelet or necklace, the following procedures shall be withheld or withdrawn by qualified~~
26 ~~emergency medical service personnel:~~

27 1) ~~CPR;~~

28 2) ~~endotracheal intubation or other advanced airway management;~~

29 3) ~~artificial ventilation;~~

30 4) ~~defibrillation;~~

31 5) ~~cardiac resuscitation medications; and~~

32 6) ~~related procedures, as defined by attending physician, medical protocols,~~
33 ~~or on-line medical control.~~

34 c) ~~Procedures to Provide Comfort Care or Alleviate Pain~~

1 The following interventions may be provided as appropriate to a patient with a valid CPR
2 Directive or bracelet or necklace, and are dependent upon the needs of the particular
3 patient:

- 4 1) ~~assist in maintenance of an open airway, excluding intubation or~~
5 ~~advanced airway management;~~
- 6 2) ~~provide suction;~~
- 7 3) ~~provide oxygen;~~
- 8 4) ~~provide pain medications;~~
- 9 5) ~~control bleeding;~~
- 10 6) ~~provide comfort care; and~~
- 11 7) ~~be supportive to patient and family.~~

12 d) ~~Action Required if Directive is Revoked~~

13 ~~If a CPR Directive is revoked, EMS personnel shall perform full resuscitation and~~
14 ~~treatment of the patient.~~

15 e) ~~Documentation~~

16 ~~When encountering a CPR Directive or bracelet or necklace for a particular patient,~~
17 ~~emergency medical service personnel shall document the response in the following way:~~

- 18 1) ~~Using the agency prehospital care report form, the following information~~
19 ~~must be included:~~
 - 20 a. ~~description of patient's status;~~
 - 21 b. ~~documentation of which identification (form or bracelet or~~
22 ~~necklace) was used to confirm CPR Directive status;~~
 - 23 c. ~~recording of the name of the patient's attending physician;~~
 - 24 d. ~~any variations in procedures which contradict the honoring of a~~
25 ~~CPR Directive.~~

26 f) ~~General Considerations~~

27 ~~The following general principles shall apply to a CPR Directive.~~

- 28 1) ~~A patient with a CPR Directive shall be provided appropriate comfort~~
29 ~~care and treatment by emergency medical service, personnel.~~
- 30 2) ~~An original CPR Directive or the bracelet or necklace shall be apparent~~
31 ~~and immediately available. If there is a misunderstanding with family~~
32 ~~members or others at the scene, or other questions concerning the CPR~~
33 ~~Directive or bracelet or necklace, emergency medical service personnel~~
34 ~~may utilize on-line medical control for guidance.~~

1 3) ~~If there is reasonable question about the validity of a CPR Directive or~~
2 bracelet or necklace, or the identity of the patient, resuscitation shall be
3 initiated.

4 4) ~~If patient is transported, keep the CPR Directive or bracelet or necklace~~
5 with the patient.

6 **5.0 ~~Other advance directives pertaining to CPR~~**

7 Nothing in these rules shall be construed to restrict any other manner in which a person may make an
8 advance medical directive pertaining to the administration of CPR.

9 **THE FOLLOWING PROPOSED LANGUAGE IS INTENDED TO REPLACE IN ITS ENTIRETY THE**
10 **CURRENT TEXT OF 6 CCR 1015-2.**

11 **RULES PERTAINING TO THE IMPLEMENTATION OF CARDIOPULMONARY**
12 **RESUSCITATION (CPR) DIRECTIVES BY EMERGENCY MEDICAL SERVICE**
13 **PERSONNEL**

14 **SECTION 1 - PURPOSE AND AUTHORITY**

15 1.1 COLORADO LAW RECOGNIZES THE RIGHT OF AN INDIVIDUAL TO ACCEPT OR REFUSE
16 MEDICAL TREATMENT, INCLUDING CARDIOPULMONARY RESUSCITATION. AN
17 INDIVIDUAL WITH DECISION-MAKING CAPACITY OR HIS/HER AUTHORIZED AGENT MAY
18 USE A CPR DIRECTIVE TO EXERCISE THE RIGHT OF INFORMED REFUSAL OF
19 CARDIOPULMONARY RESUSCITATION.

20 1.2 SECTION 15-18.6-103, C.R.S., DIRECTS THE STATE BOARD OF HEALTH TO PROMULGATE
21 RULES AND PROTOCOLS FOR IMPLEMENTATION OF CPR DIRECTIVES BY EMERGENCY
22 MEDICAL SERVICE PERSONNEL.

23 1.3 NOTHING IN THESE RULES SHALL BE CONSTRUED TO REQUIRE THE USE OF A CPR
24 DIRECTIVE BY AN INDIVIDUAL.

25 1.4 NOTHING IN THESE RULES SHALL BE CONSTRUED TO RESTRICT ANY OTHER MANNER
26 IN WHICH A PERSON MAY MAKE A CPR DIRECTIVE, OR TO REQUIRE THE EXCLUSIVE
27 USE OF ANY SPECIFIC CPR DIRECTIVE FORM.

28 1.5 A CPR DIRECTIVE SHALL NOT PRECLUDE EVALUATION BY EMERGENCY MEDICAL
29 SERVICE PERSONNEL FOR APPROPRIATE AND AVAILABLE MEDICAL AND PALLIATIVE
30 SERVICES.

31 1.6 NOTHING IN THESE RULES SHALL BE CONSTRUED TO ALTER OR INTERFERE WITH THE
32 APPROPRIATE EXERCISE OF CLINICAL JUDGMENT, OR TO ALTER THE STANDARDS OF
33 MEDICAL PRACTICE OR THE PRINCIPLES OF MEDICAL ETHICS.

34 1.7 IT IS THE INTENTION OF THESE REGULATIONS TO PROTECT THE WELFARE OF
35 PATIENTS AND TO RESPECT THE APPROPRIATE EXERCISE OF PROFESSIONAL
36 JUDGMENTS MADE IN GOOD FAITH BY EMERGENCY MEDICAL SERVICE PERSONNEL.

37 **SECTION 2 - DEFINITIONS**

38 2.1 "ADVANCE DIRECTIVE" MEANS AN EXPRESSION OF TREATMENT PREFERENCES,
39 GUIDELINES, OR INSTRUCTIONS REGARDING MEDICAL TREATMENT MADE BY AN

- 1 INDIVIDUAL, OR FOR AN INDIVIDUAL BY THAT INDIVIDUAL'S AUTHORIZED AGENT, IN
2 ADVANCE OF THE NEED FOR SUCH TREATMENT.
- 3 2.2 "ATTENDING PHYSICIAN" MEANS A LICENSED MEDICAL DOCTOR (M.D.) OR LICENSED
4 DOCTOR OF OSTEOPATHY (D.O.) WHOM THE DECLARANT HAS CONSULTED FOR
5 EXECUTION OF A CPR DIRECTIVE.
- 6 2.3 "AUTHORIZED AGENT" MEANS ANY PERSON WHO, PURSUANT TO THE LAWS OF THIS
7 STATE OR ANY OTHER STATE, IS AUTHORIZED TO MAKE MEDICAL TREATMENT
8 DECISIONS CONCERNING THE WITHHOLDING OF CPR FOR AN ADULT WHO LACKS
9 DECISIONAL CAPACITY OR FOR A MINOR, PURSUANT TO SECTION 15-18.6-102, C.R.S.
10 "AUTHORIZED AGENT" INCLUDES BUT IS NOT LIMITED TO A COURT-APPOINTED
11 GUARDIAN, AN AGENT WITH HEALTHCARE DECISION-MAKING AUTHORITY APPOINTED
12 IN A POWER OF ATTORNEY, AND/OR A PROXY SELECTED PURSUANT TO SECTION 15-
13 18.5-103, C.R.S.
- 14 2.4 "BOARD" MEANS THE STATE BOARD OF HEALTH CREATED PURSUANT TO SECTION 25-
15 1-103, C.R.S.
- 16 2.5 "CARDIAC ARREST" MEANS THE CESSATION OF A FUNCTIONAL HEARTBEAT.
- 17 2.6 "CARDIOPULMONARY RESUSCITATION (CPR)" MEANS MEASURES TO RESTORE
18 CARDIAC FUNCTION OR TO SUPPORT BREATHING IN THE EVENT OF CARDIAC OR
19 RESPIRATORY ARREST OR MALFUNCTION. "CPR" INCLUDES, BUT IS NOT LIMITED TO,
20 ARTIFICIAL VENTILATION, CHEST COMPRESSION, DELIVERING ELECTRIC SHOCK,
21 PLACING TUBES IN THE AIRWAY TO ASSIST BREATHING, OR OTHER BASIC AND
22 ADVANCED RESUSCITATIVE THERAPIES.
- 23 2.7 "CPR DIRECTIVE" MEANS AN ADVANCE DIRECTIVE PERTAINING TO THE
24 ADMINISTRATION OF CARDIOPULMONARY RESUSCITATION.
- 25 2.8 "DECLARANT" MEANS A PERSON WHO HAS EXECUTED A CPR DIRECTIVE. THE
26 DECLARANT MAY BE THE INDIVIDUAL NAMED WITHIN THE DIRECTIVE OR THE
27 AUTHORIZED AGENT OF THAT NAMED INDIVIDUAL.
- 28 2.9 "DEPARTMENT" MEANS THE COLORADO DEPARTMENT OF PUBLIC HEALTH AND
29 ENVIRONMENT.
- 30 2.10 "DO NOT RESUSCITATE ORDER (DNR)" MEANS A PHYSICIAN ORDER TO REFRAIN FROM
31 CARDIOPULMONARY RESUSCITATION.
- 32 2.11 "EMERGENCY MEDICAL SERVICE (EMS) PERSONNEL" MEANS ANY EMERGENCY
33 MEDICAL TECHNICIAN AT ANY LEVEL WHO IS CERTIFIED OR LICENSED BY THE
34 DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT. "EMS PERSONNEL" ALSO
35 INCLUDES A FIRST RESPONDER CERTIFIED BY THE DEPARTMENT OF PUBLIC SAFETY,
36 IN ACCORDANCE WITH SECTION 24-33.5-1203, C.R.S.
- 37 2.12 "INDIVIDUAL" MEANS THE PERSON WHO IS THE SUBJECT OF A CPR DIRECTIVE.
- 38 2.13 "PALLIATIVE" REFERS TO MEASURES AND TREATMENTS INTENDED FOR RELIEF OF
39 PAIN AND SUFFERING INCLUDING, BUT NOT LIMITED TO, MEDICATION BY ANY ROUTE,
40 POSITIONING, OXYGEN, SUCTION, AND MANUAL TREATMENT OF AIRWAY
41 OBSTRUCTION AS NEEDED FOR COMFORT.

1 2.14 "RESPIRATORY ARREST" (PULMONARY ARREST) MEANS CESSATION OF FUNCTIONAL
2 BREATHING.

3 2.15 "RESUSCITATION" MEANS PERFORMING CPR.

4 **SECTION 3 - GENERAL PROVISIONS FOR CPR DIRECTIVES**

5 3.1 CPR DIRECTIVE

6 3.1.1 FOR A DECLARANT TO EXECUTE A CPR DIRECTIVE PURSUANT TO THESE
7 RULES, A CPR DIRECTIVE SHALL CONTAIN THE FOLLOWING INFORMATION
8 REGARDING THE INDIVIDUAL WHO IS THE SUBJECT OF THE CPR DIRECTIVE:

- 9 A) NAME, DATE OF BIRTH, SEX, EYE AND HAIR COLOR, AND RACE OR
10 ETHNIC BACKGROUND;
- 11 B) IF APPLICABLE, THE NAME OF THE HOSPICE PROGRAM IN WHICH THE
12 INDIVIDUAL IS ENROLLED;
- 13 C) THE DIRECTIVE CONCERNING THE ADMINISTRATION OF CPR TO THE
14 INDIVIDUAL;
- 15 D) THE SIGNATURE OR MARK OF THE INDIVIDUAL OR AUTHORIZED AGENT;
- 16 E) THE DATE ON WHICH THE CPR DIRECTIVE WAS SIGNED BY THE
17 INDIVIDUAL OR AUTHORIZED AGENT;
- 18 F) THE NAME, ADDRESS, TELEPHONE NUMBER, AND SIGNATURE OF THE
19 ATTENDING PHYSICIAN; AND
- 20 G) A WRITTEN STATEMENT AND SIGNATURE(S) INDICATING A DECISION
21 REGARDING TISSUE DONATION UPON A PATIENT'S DEATH, CONSISTENT
22 WITH THE REVISED UNIFORM ANATOMICAL GIFT ACT, SECTION 12-34-
23 101, C.R.S., *ET SEQ.*, THEN IN EFFECT.

24 3.1.2 A DECLARANT MAY MAKE A CPR DIRECTIVE IN ANY OTHER MANNER.

25 A) A CPR DIRECTIVE BRACELET OR NECKLACE MAY BE REGARDED AS
26 VALID.

27 3.1.3 ANY CPR DIRECTIVE THAT IS APPARENT AND IMMEDIATELY AVAILABLE TO EMS
28 PERSONNEL AND WHICH DIRECTS THAT RESUSCITATION NOT BE ATTEMPTED
29 CONSTITUTES LAWFUL AUTHORITY TO WITHHOLD OR DISCONTINUE CPR.

30 3.2 REVOCATION OF A CPR DIRECTIVE

31 3.2.1 A CPR DIRECTIVE MAY BE REVOKED AT ANY TIME BY THE INDIVIDUAL WHO IS
32 THE SUBJECT OF SUCH DIRECTIVE OR BY THE AUTHORIZED AGENT FOR THAT
33 INDIVIDUAL. HOWEVER, ONLY THOSE CPR DIRECTIVES EXECUTED ORIGINALLY
34 BY A GUARDIAN, AGENT, OR PROXY DECISION MAKER MAY BE REVOKED BY A
35 GUARDIAN, AGENT, OR PROXY DECISION MAKER.

36 **4.0 GENERAL PROTOCOL FOR IMPLEMENTATION OF CPR DIRECTIVES**

- 1 4.1 PURPOSE
- 2 4.1.1 TO PROVIDE GUIDANCE FOR THE IMPLEMENTATION OF CPR DIRECTIVES BY
3 EMS PERSONNEL.
- 4 4.2. GENERAL
- 5 4.2.1 THERE ARE MANY WAYS THAT AN INDIVIDUAL MAY MAKE HIS OR HER WISHES
6 KNOWN REGARDING HEALTH CARE, PARTICULARLY END-OF-LIFE DECISIONS.
- 7 A) THIS MAY INCLUDE, BUT IS NOT LIMITED TO, DOCUMENTS SUCH AS A
8 LIVING WILL, MEDICAL DURABLE POWER OF ATTORNEY, CPR DIRECTIVE,
9 OR OTHER ADVANCE DIRECTIVES INCLUDING THOSE FROM OTHER
10 STATES.
- 11 B) ANY DOCUMENT OR ITEM OF INFORMATION OR INSTRUCTION THAT
12 CLEARLY COMMUNICATES THE INDIVIDUAL'S WISHES OR INTENT
13 REGARDING CPR MAY BE REGARDED AS VALID AND THE INDIVIDUAL'S
14 WISHES HONORED.
- 15 4.2.2 AN INDIVIDUAL WITH A CPR DIRECTIVE SHALL RECEIVE EVALUATION BY EMS
16 PERSONNEL AND BE PROVIDED APPROPRIATE AND AVAILABLE PALLIATIVE
17 TREATMENT AND MEASURES.
- 18 4.2.3 A CPR DIRECTIVE MAY BE REVOKED AT ANY TIME BY THE INDIVIDUAL WHO IS
19 THE SUBJECT OF SUCH DIRECTIVE OR BY THE AUTHORIZED AGENT FOR THAT
20 INDIVIDUAL. HOWEVER, ONLY THOSE CPR DIRECTIVES EXECUTED ORIGINALLY
21 BY A GUARDIAN, AGENT OR PROXY DECISION MAKER MAY BE REVOKED BY A
22 GUARDIAN, AGENT OR PROXY DECISION MAKER. FAMILY OR BYSTANDERS
23 WHO ARE NOT THE DECLARANT MAY NOT REVOKE A CPR DIRECTIVE.
- 24 4.2.4 A VALID CPR DIRECTIVE CONSTITUTES LAWFUL AUTHORITY TO WITHHOLD OR
25 DISCONTINUE CPR. EMS PERSONNEL SHALL COMPLY WITH AN INDIVIDUAL'S
26 CPR DIRECTIVE THAT IS APPARENT AND IMMEDIATELY AVAILABLE.
- 27 A) "CPR" INCLUDES, BUT IS NOT LIMITED TO, ARTIFICIAL VENTILATION,
28 CHEST COMPRESSION, DELIVERING ELECTRIC SHOCK, PLACING TUBES
29 IN THE AIRWAY TO ASSIST BREATHING, OR OTHER BASIC AND
30 ADVANCED RESUSCITATIVE THERAPIES.
- 31 B) A VALID CPR DIRECTIVE THAT HAS BEEN PHOTOCOPIED, SCANNED,
32 FAXED OR OTHERWISE REPRODUCED SHALL BE HONORED.
- 33 4.2.5 IN THE ABSENCE OF A CPR DIRECTIVE, CONSENT TO CPR IS PRESUMED.
- 34 4.3 PROCEDURE
- 35 4.3.1 IN CASES OF CARDIAC OR RESPIRATORY ARREST OR IMPENDING ARREST,
36 INQUIRE WHETHER THE INDIVIDUAL HAS AN AVAILABLE CPR DIRECTIVE.
- 37 4.3.2 WHEN PRESENTED WITH A CPR DIRECTIVE, OBTAIN REASONABLE ASSURANCE
38 THAT THE INDIVIDUAL IS THE PERSON TO WHOM IT APPLIES.

1 4.3.3 WHEN PRESENTED WITH ANY VALID CPR DIRECTIVE, EMS PERSONNEL SHALL
2 NOT ATTEMPT TO RESUSCITATE THAT INDIVIDUAL. IF CPR HAS BEEN INITIATED,
3 IT SHALL BE DISCONTINUED. LOCAL MEDICAL DIRECTION AND PREHOSPITAL
4 PROTOCOLS SHALL BE FOLLOWED.

5 4.3.4 NOTHING IN THESE RULES SHALL BE CONSTRUED TO REQUIRE EMS
6 PERSONNEL TO INITIATE CPR IN THE ABSENCE OF A CPR DIRECTIVE.

7 **5.0 IMMUNITY**

8 5.1 ANY EMS PERSONNEL, WHO, IN GOOD FAITH, COMPLIES WITH A CPR DIRECTIVE,
9 SHALL NOT BE SUBJECT TO CIVIL OR CRIMINAL LIABILITY OR REGULATORY SANCTION
10 FOR SUCH COMPLIANCE, PURSUANT TO SECTION 15-18.6-104, C.R.S.

11

PROPOSED