MICHAEL R. PENCE, Governor
STATE OF INDIANA

INDIANA DEPARTMENT OF HOMELAND SECURITY
302 West Washington Street
Indianapolis, IN 46204

EMERGENCY MEDICAL SERVICES

COMMISSION MEETING MINUTES

DATE: **March 22, 2013**

10:00 A.M.

LOCATION: Brownsburg Fire Territory
470 East Northfield Drive
Brownsburg, IN 46112

MEMBERS PRESENT:	John Zartman	(Training Institution)
	Charles Valentine	(Municipal Fire)
	G. Lee Turpen II	(Private Ambulance)
	Melanie Jane Craigin	(Hospital EMS)
	Myron Mackey	(EMTs)
	Terri Hamilton	(Volunteer EMS)
	Rick Archer	(Director of Preparedness &Training Designee)
	Michael Lockard	(General Public)
	Darin Hoggatt	(Paramedics)
	Ed Gordon	(Volunteer Fire EMS)

Stephen Champion (Medical Doctor)

MEMBERS ABSENT: Michael Olinger (Trauma Physicians)
Sue Dunham (Emergency Nurses)

OTHERS PRESENT: Elizabeth Fiato, Jason Smith, Mara Snyder, Judge Gary Bippus, IDHS Staff

CALL TO ORDER AND OPENING REMARKS

Meeting called to order at 10:02 a.m. and quorum called by Chairman Lee Turpen.

No action was needed by the Commission. No action was taken.

ADOPTION OF MINUTES

A motion was made by Commissioner Zartman to adopt the minutes of the January 18, 2013 meeting as written. The motion was seconded by Commissioner Lockard. Motion passed.

Presentation of Honorary Certification –IEMS

Mr. Jason Smith presented the request (see attachment #1) to the Commissioners on behalf of the State of Indiana EMS staff and the entire EMS community to formally approve the honorary lifetime certifications that were presented to the families in February services that were held following the untimely deaths of EMT Timothy McCormick and Paramedic Cody Medley.

A motion was made by Commissioner Zartman to approve the "Honorary Lifetime" certifications for EMT Timothy McCormick and Paramedic Cody Medley. The motion was seconded by Commissioner Hamilton. The motion passes.

Mr. Jason Smith presented the request (see attachment #2) to the Commissioners on behalf of the State of Indiana EMS staff and the entire EMS community to approve an "Honorary Lifetime (Indiana) Paramedic" license for EMT Timothy McCormick. EMT Timothy McCormick completed the course and one of the two exams required to become a paramedic.

A motion was made by Commissioner Zartman to approve the "Honorary Lifetime (Indiana) Paramedic" certification for Timothy McCormick. The motion was seconded by Commission Gordon. The motion passed.

The state Paramedic certification and "Honorary Lifetime (Indiana) Paramedic" certification were presented to Mrs. McCormick, Timothy McCormick's mother.

A moment of silence was observed in honor of Paramedic Timothy McCormick and Paramedic Cody Medley.

Chairman Turpen called for a break at 10:08 am.

Chairman Turpen called the meeting back to order at 10:14am.

Chairman Turpen asked any paramedic students that were present to stand and be recognized.

<u>State EMS Directors Report</u>

Director Archer announced Ms. Karrie Cashdollar's promotion to the Planning Division. The Agency is hoping to announce her replacement soon. With Ms. Cashdollar's departure, adjustments in roles with in our office have been enacted. The Training Section is under Liz Fiato's supervision with staff members Candice Hilton and Heather Stegerman. The Training Section will be assuming the

responsibility for initial training activities including, course approvals, managing reports of training, practical skill testing management, and all activities leading up to the issuance of the initial certification. The Compliance Section is comprised of Nikki Voiles and Tracy Smith will have oversight of the re-certification process for personnel as well as conduct investigations of potential rule violations, and individuals who reveal criminal histories on their applications. Director Archer announced some additions to the IDHS web site, the On-line complaint page, Job postings page, EMS Memorial page. Director Archer thanked Liz Fiato for her work on getting them up and running. Director Archer also announced the implementation of the Fire/EMS Training Bulletin that is being sent out weekly to help notify the Fire/EMS community of upcoming events and other information. Lastly Director Archer spoke briefly regarding the Provider Organization and Training Institution certifications status. The agency has discovered some organization and institution that have expired. Staff has been working with these organizations to get them back in compliance. He also mentioned potentially issuing sanctions for operating without proper certification.

STAFF REPORT

Training Report

Mrs. Elizabeth Fiato announced the formation of an IDHS education work group. This group will be comprised of current Indiana Primary Instructors. This group will assist in the validation of test questions, the assessment of current tests, and the development of standard testing procedures for Indiana administered EMS tests. This group will be made up of volunteers all of whom will be EMS education subject matter experts who are qualified for the evaluation process that are to be conducted for all the current EMS tests.

Mrs. Fiato also announced that work is currently underway on the skills representative manual. The manual has been revised to mirror

the new National Education Standard curriculum as well as the new Indiana certification levels. This is still in the editing processes in conjunction with the Indiana Fire Chiefs Association and will have a completed manual pending some of the Commission recommendations from this meeting.

IDHS is working on a communications project. The agency is hosting a Public Safety intern Ryan Handsome from IUPUI. He has been working on a state wide EMS Communication assessment in order to determine the current state of communication amongst Indiana EMS providers. We are asking for the help of everyone to spread the word concerning the importance of completing the survey that is being distributed electronically. Without the participation of the EMS community we will not be able to obtain accurate data. We also ask that all providers contact our office to update their organization email address and phone numbers. This project will help us to determine the best recommendations moving forward when it comes to EMS communication interoperability.

The agency is gearing up to do several courses, free course, opened to all EMS certified personnel that are interested. IDHS training page has changed it is now divided into core courses and supplemental courses. Supplemental courses are those like PHTLS, ACLS, or CPR classes. Our office automatically posts courses that the agency approves or hosts, we receive inquires often to find CPR, ACLS, etc, if training institutions will notify the agency of any supplemental courses we will post them on our training calendar. Some of the classes that IDHS is sponsoring are the Tactical Emergency Causality Care. This is a one day course and is open to all responders, EMS, Fire, Police, Nurses, Physicians, etc. This course teaches responders a variety of tactics when responding in high threat environments. The EMS Incident Command Course is being offered by the National Fire Academy at Pike Township Fire Department in Indianapolis Indiana from May 6 through May 11th. It's a six day course where EMS

personnel, supervisors, and officers review ISC and proper incident technique and management of all types of events. Finally, we are sponsoring a Medical response to bombing this course is from April 16th and 17th in Brownsburg, Indiana. This course is going to address medical preparedness and response to blast effects through lecture and small group activities. Almost all of the IDHS courses are free to the EMS Community. All an individual has to do is go to the IDHS training calendar and as long as you meet the pre-requisites you may apply for a course. Most courses provide free lodging for anyone that lives 75 miles or more away from the training site.

IDHS is going to electronic forms to get away from paper. Some of the forms that have already changed are the PSID application and skills reservation. The Practical skills reservation form has been posted and is ready for use by Primary Instructors. Finally, the Course application for EMS courses will be on-line in the next couple of weeks.

Individual Certification Report- See attachment #3

Submitted for informational purposes. Commissioner Mackey stated that he again noticed the drop in the number of certified personnel. He states that if we keep losing people we will soon not have anyone to work in EMS. Commissioner Mackey asked about the possibility of getting high school students trained. Ms. Fiato stated that she shares Commissioner Mackey's concerns but that staff needs some outside help to start programs to gain interest. Some audience members spoke to the issue and discussed with Commissioners and staff programs that are in place in small pockets of the state. Randy Seals of Seals Ambulance Service spoke to the Commission and stated that it is economics that keeps people from staying with EMS jobs. Our EMTs do not make enough to support their families. Commissioner Lockard volunteered to help make contacts and gather information concerning the programs that are in place for wider spread programs.

Provider Certification Report- See attachment #4

Submitted for informational purposes. Read for the record by Mrs. Fiato.

Data Registry

Mr. Gary Robison turned over the floor to Commissioner Lockard who is the Chairman of the Data Registry sub-committee. Commissioner Lockard reported out on the last EMS Sub-Committee meeting (see attachment #5).

The following waiver request was submitted by IDHS on behalf of all Indiana Providers as listed below (see attachment #6 for the letter submitted concerning the waiver request):

A & A Township Volunteer Fire
ABLE AMBULANCE INC
ABOITE TOWNSHIP VOLUNTEER FIRE DEPT.
ACCEL EMS
ADAMS COUNTY EMS
ADAMS Markleville Fire Protection
AIR EVAC #17 EMS, INC
AIR EVAC EMS, INC
Air Methods Corporation, LIFENET/ DBA UCAN
AIR METHODS- KENTUCKY
ALBANY EMERGENCY MEDICAL SERVICE, INC
ALCOA EMS
ALEXANDRIA FIRE DEPARTMENT
ALLEN COUNTY SHERIFF DEPARTMENT- S.W.A.T
ALLIANCE EMS
ALLIED BARTON SECURITY SERVICES
AMBULANCE MANAGEMENT SERVICES dba TRANS-CARE AMBULANCE
AMERICAN MEDICAL RESPONSE (A.M.R.)
American Ambulette & Ambulance Service, INC. DBA Life Ambulance
American Ambulette & Ambulance Service/ DBA MEDCORP EMS SOUTH LLC
AmeriCare Ambulance Service
AMERICARE AMBULANCE SERVICE- INDY
AMERICARE AMBULANCE SERVICE- MUNCIE
AMERICARE AMBULANCE SERVICE, LLC- KOKOMO

AMITY COMMUNITY VOL FIRE DEPT
AMO FIRE DEPARTMENT
ANDERSON FIRE DEPARTMENT
ANDERSON TOWNSHIP VOLUNTEER FIRE DEPARTMENT
ANGOLA FIRE DEPT.
ARGOS COMMUNITY AMBULANCE SERVICE
AURORA EMERGENCY RESCUE
BARGERSVILLE COMMUNITY FIRE DEPARTMENT
BATESVILLE VOL. FIRE & RESCUE DEPT.--EMS 10
BAUGO TWSHP VOL FIRE DEPT
BEECH GROVE FIRE DEPT
BENTON COUNTY EMERGENCY AMB. SERVICE
BLACKFORD COMMUNITY HOSPITAL, INC
BOONE COUNTY EMS
BP-WHITING REFINERY
BRIGHT VOLUNTEER FIRE DEPARTMENT
BRISTOL FIRE DEPT
BROWN TWSHP Fire & Rescue
BROWNSBURG FIRE TERRITORY
BUCK CREEK TOWNSHIP VOL FIRE DEPARTMENT
BURNS HARBOR FIRE DEPARTMENT
CARE AMBULANCE SERVICE, L.L.C.
CAREFLIGHT / MICU
CARLISLE LIONS COMMUNITY AMB. SERVICE
CARMEL FIRE DEPARTMENT
CARROLL COUNTY EMS
CARTHAGE VOL FIRE DEPT
CEDAR LAKE VOL FIRE DEPT
CHESTERFIELD-UNION TWSHP EMS
CHILDREN'S HOSPITAL MEDICAL CENTER
CICERO TWP FIRE DEPARTMENT
CICERO VOLUNTEER FIRE DEPT
CITY OF FRANKLIN FIRE DEPARTMENT
CITY OF GARY FIRE DEPT
CITY OF LAWRENCE FIRE DEPARTMENT
CITY OF MISHAWAKA EMS
CITY OF NAPPANEE EMS

CITY OF VINCENNES FIRE DEPARTMENT
CLARIAN HEALTH-EMERG. MED. & TRAUMA CTR.
CLAY TOWNSHIP FIRE TERRITORY
CLEVELAND TOWNSHIP FIRE DEPARTMENT
CLINTON COUNTY EMS
COATESVILLE VOL FIRE DEPARTMENT
COLUMBUS FIRE DEPT
COLUMBUS REGIONAL HOSPITAL AMB SERVICE
COMMUNITY HOWARD REGIONAL HEALTH
CONCORD TOWNSHIP FIRE DEPARTMENT
CONVERSE AMBULANCE CORP.
CORDRY-SWEETWATER VOL FIRE & AMB
CRAWFORD COUNTY AMBULANCE SERVICE
CRAWFORDSVILLE EMERGENCY AMBULANCE / CRAWFORDSVILLE FIRE & RESCUE
CROWN POINT EMERGENCY MANAGEMENT AGENCY
CULBERSON AMBULANCE SERVICE
CULVER UNION TOWNSHIP AMBULANCE SERVICE
D & S AMBULANCE
DANVILLE FIRE DEPT/CENTER TWP TRUSTEE
DECATUR COUNTY EMS
DECATUR TOWNSHIP FIRE DEPARTMENT
Dedicated EMS
DEKALB EMS
DELAWARE COUNTY/MUNCIE EMS
DILLSBORO EMERGENCY UNIT, INC.
DUBLIN VOLUNTEER FIRE DEPT, INC.
Dukes Memorial Hospital EMS/ DBA/ Miami Co. EMS
DYER VOLUNTEER FIRE DEPARTMENT
E.M.A.S. OF MADISON COUNTY
EATON EMT'S INC.
EDGEWOOD VOL FIRE DEPARTMENT
EDINBURGH FIRE AND RESCUE
EEL RIVER TWP. FIRE RESCUE, INC.
ELI LILLY AND COMPANY
ELKHART FIRE DEPARTMENT
ELWOOD FIRE DEPARTMENT
EMAS, INC - INDIANAPOLIS

EMT Inc
EVERTON VOLUNTEER FIRE DEPARTMENT INC
FAYETTE COUNTY EMS
FAYETTE REGIONAL HOSPITAL EMS
FIRE DEPT. OF LIBERTY TWP.
FISHERS FIRE DEPARTMENT
FORT WAYNE POLICE DEPARTMENT
FOUNTAIN COUNTY AMBULANCE SERVICE
FOUNTAINTOWN COMMUNITY VOL FIRE DEPARTMENT
FOUR WAY AMBULANCE/ MENTONE EMS
Franklin County EMS
FRANKTON AMBULANCE SERVICE
FULTON COUNTY EMS
GALVESTON VOL FIRE DEPARTMENT
GEORGETOWN TOWNSHIP FIRE PROTECTION DISTRICT
GIBSON COUNTY EMS
GOSHEN FIRE DEPARTMENT
GRACE ON WINGS INC.
GRANT COUNTY EMERGENCY MEDICAL SERVICES
GREENDALE EMERGENCY MEDICAL SERVICE
GREENE COUNTY AMBULANCE SERVICE
GREENFIELD FIRE DEPARTMENT
GREENTOWN VOLUNTEER FIRE COMPANY
GREENVILLE TWP FIRE DEPARTMENT
GREENWOOD FIRE DEPARTMENT
GREGG TWSHP VOL FIRE DEPT
HAMBLEN TOWNSHIP V.F.D.
HAMILTON VOLUNTEER FIRE DEPARTMENT
HAMMOND FIRE DEPT
HARRISON COUNTY HOSPITAL EMS
HARRISON FIRE DEPARTMENT
HARRISON TOWNSHIP VOL FIRE DEPT
HEALTH ALLIANCE - UNIVERSITY AIR MOBILE CARE
HEARTLAND AMBULANCE SERVICE
Henry County E M S
HENRY TOWNSHIP FIRE DEPARTMENT
HOAGLAND EMERGENCY MEDICAL SERVICES

HOBART FIRE DEPARTMENT
HOOSIER EMS INC.
HOPE VOL FIRE DEPARTMENT
HUNTERTOWN VOL FIRE DEPT DBA PERRY TOWNSHIP OF ALLEN COUNTY
I.U.HEALTH BLOOMINGTON - EMTS
Indiana Regional Ambulance
Indiana University Health Lifeline Critical Care Transport
INDIANAPOLIS EMS
INDIANAPOLIS FIRE DEPARTMENT
INDIANAPOLIS INT'L AIRPORT FIRE DEPT
INGALLS FIRE DEPARTMENT
ITS EMS DBA- ACTION AMBULANCE
IU HEALTH BEDFORD EMERGENCY MEDICAL TRANSPORT SERVICE
JACKSON COUNTY EMS
Jackson Twp. Emergency Ambulance Service/ DBA New Paris EMS
JACKSON TWSHP FIRE DEPT
JAY COUNTY EMS
JEFFERSON TWSHP AMB SERVICE
JENNINGS COUNTY EMS
KEENER TOWNSHIP EMS
KING'S DAUGHTERS' HOSPITAL
KNOX COUNTY EMS
KOKOMO FIRE DEPARTMENT
Kountry Kare EMS
LADOGA RESCUE, INC.
LAFAYETTE TWP. FIRE DEPT.
LAKE COUNTY SPECIAL TRAUMA AND RESCUE
LAKE COUNTY TWP TRUSTEE DBA- CALUMET TWP EMERGENCY MEDICAL SVCS
LAKE HILLS VOLUNTEER FIRE DEPARTMENT
LAKE OF THE FOUR SEASONS VOL. FIRE FORCE, INC.
LAKE STATION AMBULANCE
Lakeshore EMS
LANDES MEDICAL SERVICES
LAPEL STONY CREEK TOWNSHIP EMERGENCY AMBULANCE SERVICE
LAPORTE COUNTY EMS
LAURAMIE TWP EMS
LAWRENCEBURG EMERGENCY RESCUE

LIBERTY TWSHP AMB SERVICE
LIFEMED EMS
LIZTON-UNION TWSHP VOL FIRE DEPT
LUCAS OIL RACEWAY AT INDIANAPOLIS
LUTHERAN HOSPITAL OF INDIANA
LYFORD VOLUNTEER FIRE DEPARTMENT
MADISON TOWNSHIP FIRE DEPT
MANCHESTER TWSHP VOL FIRE & RESCUE
MARION GENERAL HOSPITAL AMBULANCE SER.
MEDIC ON-SITE SERVICES, LLC
MEDICAL TRANSPORT SERVICES, LLC- MTS
MEMORIAL HOSPITAL AMBULANCE
MEMORIAL MEDFLIGHT
MIAMI COUNTY EMERGENCY MANGT AGENCY
MIDDLEBURY TOWNSHIP FIRE DEPARTMENT
MIDDLETOWN FALLCREEK TOWNSHIP EMS
MIDWEST AMBULANCE SERVICE INC.
MILAN RESCUE 30
MITTAL STEEL INDIANA HARBOR
MONON FIRST RESPONSE
MONROEVILLE EMS
MONTICELLO FIRE DEPT
MOORES HILL SPARTA TWSHP FIRE & EMS
MORAL TWSHP VOL FIRE DEPT
MORGAN COUNTY EMERGENCY MANAGEMENT
MORGANTOWN FIRE DEPARTMENT
MULTI-TOWNSHIP EMS
MUSCATATUCK URBAN TRAINING CENTER- FIRE DEPARTMENT
NEW ALBANY FIRE DEPARTMENT
NEW CARLISLE AREA AMBULANCE SERVICE
NEW CASTLE/HENRY COUNTY EMS
NEW CHAPEL EMS
NEW GOSHEN FIRE & RESCUE INC.
NEW HAVEN - ADAMS TWSP. EMS
NEW WASHINGTON VOL FIRE DEPT
NEWTON COUNTY EMERGENCY MEDICAL SERVICES
NOBLESVILLE FIRE DEPARTMENT

NORTH EAST ALLEN COUNTY FIRE & EMS
NORTH WEBSTER/TIPPECANOE TWSHP EMS
NORTHWEST AMBULANCE SERVICE
Odon Volunteer Fire Department
ORANGE COUNTY AMBULANCE SERVICE
ORLAND COMMUNITY VOL FIRE DEPT, INC.
OSOLO EMERGENCY MEDICAL
OSOLO TOWNSHIP VOL FIRE DEPARTMENT
OTTERBEIN AREA VOL FIRE AND RESCUE
OWEN COUNTY EMS
P.M.H. Ambulance
PARAGON VOLUNTEER FIRE COMPANY
PARKE COUNTY EMS & TRANSP SERVICE
PARKVIEW HUNTINGTON HOSPITAL/EMS
PARKVIEW LAGRANGE HOSP EMS - LAGRANGE CO EMS
PARKVIEW NOBLE HOSPITAL
Parkview Regional Medical Center
PENDLETON EMERGENCY AMBULANCE INC
PENN TOWNSHIP FIRE DEPARTMENT
PERRY COUNTY MEMORIAL HOSPITAL
PERSONAL CARE AMBULANCE TRANSPORT, LLC.
PERU FIRE DEPARTMENT
PHI Air Medical LLC, dba StatFlight
PIKE COUNTY EMS
PIKE TOWNSHIP FIRE DEPARTMENT
PITTSBORO MIDDLE TWP. FIRE DEPT. INC.
PLYMOUTH COMM AMBULANCE SERVICE
POE VOLUNTEER FIRE DEPARTMENT
PORTAGE FIRE DEPARTMENT
PORTER MEMORIAL HOSPITAL EMS
POSEY COUNTY EMS
PRAIRIETON VOL. FIREMAN'S ASSOC., INC
PRECISE AMBULANCE
PREFERRED MEDICAL TRANSPORTATION INC.
PRIORITY ONE EMS
PRIORITY ONE EMS
Prompt Ambulance Central, Inc

PROMPT AMBULANCE SERVICE- SOUTH BEND
PROMPT MEDICAL TRANSPORTATION, INC.
PULASKI COUNTY EMS
PURDUE UNIVERSITY FIRE DEPARTMENT
PUTNAM COUNTY OPERATION LIFE
QCA, Inc.
RALEIGH FIRE DEPARTMENT
RAMSEY VOLUNTEER FIRE DEPT
RANDOLPH COUNTY EMS
REGIONAL EMERGENCY MEDICAL SERVICE
RICHLAND TWP VOL FIRE DEPT
RICHMOND FIRE DEPARTMENT
RILEY FIRE DEPT.
RIPLEY COUNTY EMS
RISING SUN - OHIO COUNTY RESCUE
RIVERVIEW HOSPITAL EMS
ROSSVILLE VOL AMB SERVICE
RURAL METRO AMBULANCE - INDIANA
RURAL METRO AMBULANCE SERVICE
RUSH MEMORIAL HOSPITAL
RUSSIAVILLE AMBULANCE SERVICE
S & K Ambulance, LLC
SABIC- Innovative Plastics, Inc.
SALEM CENTER VOL/RESCUE DEPT
SALEM TOWNSHIP EMS
SAMARITAN AMBULANCE, LLC
SCOTT COUNTY EMS
SCOTT TOWNSHIP VOL FIRE DEPARTMENT INC
SEALS AMBULANCE SERVICE
SHARPSVILLE COMMUNITY AMBULANCE
SHELBYVILLE FIRE DEPARTMENT
SHERIDAN FIRE DEPARTMENT
SHIRLEY VOLUNTEER FIRE DEPARTMENT
SOUTH BEND FIRE DEPARTMENT
SOUTH HAVEN FIRE DEPARTMENT
SOUTHERN JASPER COUNTY AMBULANCE SERV.
SOUTHERN RIPLEY CO. EMERG. LIFE SQUAD

SOUTHWEST CENTRAL FIRE TERRITORY
SOUTHWEST DISTRICT AMBULANCE SERVICE
SOUTHWEST DISTRICT AMBULANCE SERVICE
SOUTHWEST MEDICAL SERVICES, INC
SPENCER COUNTY EMERGENCY AMBULANCE, INC.
SPIRIT EMS, LLC
SPIRIT MEDICAL TRANSPORT, LLC
ST JOSEPH HOSPITAL & HEALTH CENTER
ST JOSEPH TWP FIRE DEPT
ST MARYS WARRICK EMS
ST. JOSEPH REGIONAL MEDICAL CENTER
ST. MARY'S LIFEFLIGHT
ST. VINCENT HOSPITAL
STARKE COUNTY AMBULANCE SERVICE
STAT AMBULANCE, INC.
STATEWIDE TRANSFER AMBULANCE & RESCUE, INC.
STEUBEN COUNTY EMS
STILESVILLE FIRE & RESCUE
SUGAR CREEK TWP FIRE DEPARTMENT
SULLIVAN COUNTY AMBULANCE SERVICE
SULLIVAN FIRE DEPARTMENT
SUMMITVILLE FIRE DEPARTMENT
SUNMAN AREA LIFE SQUAD INC
SUPERIOR AIR AMBULANCE, INC.
SUPERIOR AIR-GROUND AMBULANCE SERVICE INC.
Superior Air-Ground Ambulance Service of Indiana INC.
S-W RESCUE SERVICES INC
SWITZERLAND COUNTY EMS, INC.
TAYLOR TWSHP FIRE/RESCUE
TERRE HAUTE FIRE DEPT
THE METHODIST HOSPITALS, INC
THREE RIVERS AMBULANCE SERVICES
THUNDERBIRD FIRE PROTECTION TERRITORY
TIPPECANOE EMERGENCY AMBULANCE SERVICE
TIPTON FIRE DEPARTMENT
TOWN OF PLAINFIELD/PLAINFIELD FIRE DEPT
TOWN OF SCHERERVILLE

Town of St. John
TRAFALGAR VOLUNTEER FIRE DEPARTMENT
TRANSCARE AMBULANCE SERVICE INC
Transportation Services Ventures, INC/ Whitewater EMS Medical Transpor
TRI-COUNTY AMBULANCE
TRI-COUNTY AMBULANCE SERVICE INC
TRI-CREEK AMBULANCE SERVICE AGENCY
TRINITY AMBULANCE SERVICE
TURKEY CREEK FIRE TERRITORY
U.S. STEEL
UNION CITY FIRE DEPT
UNION CITY, OHIO, FIRE & RESCUE
UNION NORTH AMBULANCE SERVICE
UNITED E. M. S.
UNITED MOBILE CARE/ DBA UNIFIED MOBILE CARE, INC.
VALPARAISO FIRE DEPARTMENT
VERMILLION COUNTY EMS
VINCENNES TWSHP FIRE DEPT
WABASH FIRE DEPARTMENT
WAKARUSA AMBULANCE DEPARTMENT
WALKERTON-LINCOLN FIRE TERRITORY
WALNUT TWP & TOWN OF NEW ROSS VFD
WARREN COUNTY EMS
WARREN TOWNSHIP FIRE DEPARTMENT
WASHINGTON TWP VOL FIRE DEPARTMENT
WASHINGTON TWP/AVON FIRE DEPT
WAYNE TOWNSHIP FIRE DEPARTMENT
WAYNE TWSHP VFD
WELLS COUNTY EMS, INC.
WEST POINT VOL. FIRE ASSOCIATION
WESTFIELD FIRE DEPARTMENT
WHEATFIELD AMBULANCE
WHITE RIVER TWSHP FIRE DEPT
WHITELAND VOLUNTEER FIRE DEPT.
WHITESTOWN FIRE DEPARTMENT
WHITING FIRE DEPARTMENT
WHITLEY COUNTY EMS

WINCHESTER FIRE DEPT
WOLCOTT AMBULANCE SERVICE
WOODBURN FIRE DEPT
YELLOW AMB OF OWENBORO/DAVIESS COUNTY
YELLOW AMBULANCE SERVICE
ZIONSVILLE VOLUNTEER FIRE DEPT INC.

836 IAC 1-1-5 Reports and records

Authority: IC 16-31-2-7; IC 16-31-3

Affected: IC 4-21.5; IC 16-31-3

Sec. 5.

(a) All emergency medical service provider organizations shall comply with this section.

(b) All emergency medical service provider organizations shall participate in the emergency medical service system review by collecting and reporting data elements. The elements shall be submitted to the agency by the fifteenth of the following month by electronic format or submitted on disk in the format and manner specified by the commission. The data elements prescribed by the commission are the following National Emergency Medical Service Information System (NEMSIS), created by the National

Association of EMS Directors in partnership with the federal National Highway Traffic Safety Administration data elements:

Yellow-NEMSIS Data Elements

Green-Indiana Specific Data Elements

(1) EMS agency number.

(2) EMS agency state.

(3) EMS agency county.

(4) Level of service, for example, paramedic, ALS, BLS, etc.

(5) Organizational type, for example, county, hospital, fire department, etc.

(6) Organization status, for example, volunteer, paid, combination.

(7) Statistical year (current calendar year).

(8) Total service area (in square miles).

(9) Total service area population.

(10) 911 call volume per year.

(11) EMS dispatch volume per year.

(12) EMS transport per year.

(13) EMS patient contact volume per year.

(14) EMS agency time zone.

(15) National provider identifier (assigned by the National Plan and Provider Enumeration System).

*****This is on NEMSIS twice as a required piece of data**

(16) Agency contact zip code.

(17) Patient care report number.

(18) Software creator, that is, company name.

(19) Software name.

(20) Software version.

(21) EMS agency number (in patient record field).

(22) Incident number.

(23) EMS unit (vehicle) response number, that is, vehicle number.

(24) Type of service requested.

(25) Primary role of the unit.

(26) Type of dispatch delay.

(27) Type of response delay.

(28) Type of scene delay.

(29) Type of transport delay.

(30) Type of turn-around delay.

(31) EMS unit call sign, that is, radio number.

(32) Response mode to scene.

(33) Complaint reported by dispatch.

(34) EMD performed.

(35) EMD card number.

(36) Crew member ID (public safety identification number assigned by the Indiana department of homeland security).

(37) Incident on onset date and time, that is, the date and time the injury occurred or the symptoms or problem started.

(38) PSAP call date and time, for example, when call came into 911.

(39) Unit notified by dispatch date and time.

(40) Unit en route date and time.

(41) Unit arrived on scene date and time.

(42) Unit arrived at patient date and time.

(43) Unit left scene date and time.

(44) Patient arrived at destination date and time.

(45) Unit back in service date and time.

(46) Unit canceled date and time.

(47) Unit back at home location date and time.

(48) Patient last name.

(49) Patient's home zip code.

(50) Gender.

(51) Race.

(52) Ethnicity.

(53) Age.

(54) Age units, for example, hours, days, months, or years.

(55) Date of birth (mmddyyyy).

(56) Primary method of payment.

(57) CMS service level.

(58) Condition code number.

(59) Number of patients at scene.

(60) Mass casualty incident (yes or no).

(61) Incident location type, for example, work, residence, retail establishment.

(62) Scene zone number (Indiana homeland security district number).

(63) Incident county.

(64) Incident state of Indiana.

(65) Incident zip code.

(66) Prior aid, that is, aid rendered prior to arrival of unit.

(67) Prior aid performed by.

(68) Outcome of prior aid.

(69) Possible injury.

(70) Chief complaint.

(71) Chief complaint anatomic location.

(72) Chief complaint organ system.

(73) Primary symptom.

(74) Other associated symptoms.

(75) Providers primary impression.

(76) Providers secondary impression.

(77) Cause of injury.

(78) Intent of the injury, for example, self-inflicted.

(79) Mechanism of injury.

(80) Use of occupant safety equipment.

(81) Cardiac arrest.

(82) Cardiac arrest etiology.

(83) Resuscitation attempted.

(84) Barriers to patient care.

(85) Medical and surgical history.

(86) Alcohol and drug use indicators.

(87) Medication given.

(88) Procedure.

(89) Number of procedure attempts.

(90) Procedure successful.

(91) Procedure complication.

(92) Destination/transferred to, name.

(93) Destination/transferred to, code.

(94) Destination zip code.

(95) Destination zone code (Indiana homeland security district number).

(96) Incident/patient disposition.

(97) Transport mode from scene.

(98) Reason for choosing destination.

(99) Type of destination.

(100) Emergency department disposition.

(101) Hospital disposition.

(102) Research survey field.

(103) Medication complication.

On behalf of all Indiana EMS Providers, IDHS is requesting a waiver of the requirement to submit the Indiana Data elements.

A motion was made by Commissioner Zartman to approve the waiver request concerning required data elements to be reported by certified providers, as submitted by the Indiana Department of Homeland Security for the providers listed on the attachments to the waiver request. The motion was seconded by Commissioner Mackey. The motion passed.

A motion was made by Director Archer to require providers to submit only in the .xml format in order for data to be reported to NEMSIS and others. The motion was seconded by Commissioner Lockard. The motion passed.

Director Archer announced that Field staff will be working with provider organizations to help them get software set up for reporting. The agency has set up a web site for all providers to use to report their data. Director Archer also commended the IDHS staff for their work in putting all of this in place for the EMS Commission.

EMS PERSONNEL WAIVER REQUEST

The following requested a waiver of Emergency Rule LSA Document #12-393(E) SECTION 49. (a) An applicant for certification as an advanced emergency medical technician, who currently is not certified as an emergency medical technician-basic advanced, shall meet the following requirements: (1) Be a certified emergency medical technician. (2) Be affiliated with a certified emergency medical technician-intermediate provider organization or a supervising hospital. (3) Successfully complete the Indiana advanced emergency medical technician training course as approved by the commission and administered by an Indiana certified training institution. (4) Pass the advanced emergency medical technician written and practical skills examinations as approved by the commission**.** Mr. Balko completed a Paramedic course as well as the skills portion of the certification exam. He wishes to test at the Advanced EMT level. Staff recommends approval of this waiver.

Ryan Balko – EMT Basic

A motion was made by Commissioner Mackey to approve this waiver request. The motion was seconded by Commissioner Zartman. The motion passed.

The following requested a waiver of SECTION 32. (a) This SECTION supersedes 836 IAC 4-4-2. (e) To renew a certification, a certified emergency medical technician shall submit a report of continuing education every two (2) years that meets or exceeds the minimum requirement to take and report forty (40) hours of continuing education according to the following: (1) Participate in a minimum of thirty-four (34) hours of any combination of: (A) lectures; (B) critiques; (C) skills proficiency examinations; (D) continuing education courses; or (E) teaching sessions; that review subject matter presented in the Indiana basic emergency medical technician curriculum. (2) Participate in a minimum of six (6) hours of audit and review. (3) Participate in any update course as required by the commission. (4) Successfully complete a proficiency evaluation that tests the skills presented in the Indiana basic emergency medical technician curriculum. Mr. Ballard was not able to obtain his in-service for renewal of

his EMT. Mr. Ballard would not tell us how many hours he currently has. Staff recommends denial. Mr. Ballard's certification expires 3/31/2013.

Jerry Ballard- EMT Basic

A motion was made by Commissioner Mackey to deny the waiver request. The motion was seconded by Commissioner Champion. The motion passed.

The following requested a waiver of SECTION 56. (a) This SECTION supersedes 836 IAC 4-9-4. (b) Application for licensure as a paramedic shall be made on forms provided by the agency. An applicant shall: (1) complete the required forms; and (2) submit the forms to the agency. (c) All applicants for original licensure shall provide evidence of compliance with the requirements for licensure. (d) Licensure as a paramedic shall be valid for two (2) years. (e) Individuals who have failed to comply with the continuing education requirements shall not exercise any of the rights and privileges nor administer advanced life support services to emergency patients. (f) If a properly completed renewal application is submitted within one hundred twenty (120) calendar days after the expiration of the license, together with the required documentation to show that the applicant has completed all required continuing education within the two (2) years prior to the expiration of the license, and a fifty dollar ($50) reapplication fee, the license will be reinstated on the date that the commission staff determines that the required application, documentation, and reapplication fee have been properly submitted. The expiration date will be two (2) years from the expiration of the previous, expired license. SECTION 58. (a) This SECTION supersedes 836 IAC 4-9-6. (b) To obtain paramedic licensure based upon reciprocity, an applicant shall be affiliated with a certified paramedic provider organization and be a person who, at the time of applying for reciprocity, meets one (1) of the following requirements: (1) Possesses a valid certificate or license as a paramedic from another state and who successfully passes the paramedic practical and written licensure examinations as set forth and approved by the commission. Application for licensure shall be postmarked or delivered to the agency office within six (6) months after the request for reciprocity. (2) Has successfully completed a course of training and study equivalent to the material contained in the Indiana paramedic training course and successfully completes the written

and practical skills licensure examinations prescribed by the commission. (3) Possesses a valid National Registry paramedic certification. Mr. Creed was both an Indiana certified Paramedic and a National Registry Paramedic. Mr. Creed let his Indiana certification lapse in 9/30/2012, but he has maintained a current National Registry Paramedic certification all the while. Mr. Creed is requesting reinstatement of his State Paramedic License. Staff recommends approval. Staff recommends that Mr Creed either be given reciprocity based on 836 IAC 4-9-6 (b) (3) or granted a waiver for 836 IAC 4-9-4 (f) and pay the $50 reapplication fee.

Matthew Creed- EMT Basic

A motion was made by Commissioner Mackey to grant the waiver for 836 IAC 4-9-4 (f) and pay the $50 reapplication fee. The motion was seconded by Commissioner Zartman. The motion passed.

The following requested a waiver of SECTION 58. (a) This SECTION supersedes 836 IAC 4-9-6. (b) To obtain paramedic licensure based upon reciprocity, an applicant shall be affiliated with a certified paramedic provider organization and be a person who, at the time of applying for reciprocity, meets one (1) of the following requirements: (1) Possesses a valid certificate or license as a paramedic from another state and who successfully passes the paramedic practical and written licensure examinations as set forth and approved by the commission. Application for licensure shall be postmarked or delivered to the agency office within six (6) months after the request for reciprocity. (2) Has successfully completed a course of training and study equivalent to the material contained in the Indiana paramedic training course and successfully completes the written and practical skills licensure examinations prescribed by the commission. (3) Possesses a valid National Registry paramedic certification. Ms. Owen has a National Registry certification. She does not need a waiver as that will suffice for reciprocity. Staff does not believe Ms. Owen needs a waiver.

Tangie Crumb-Owen – Paramedic

No waiver was needed.

The following requested a waiver of 836 IAC 4-3-3 Certification based upon reciprocity Authority: IC 16-31-2-7; IC 16-31-3-14; IC 16-31-3-14.5; IC 16-31-3-20 Affected: IC 16-31-3-8; IC 16-31-3-10 Sec. 3. (a) To obtain certification based upon reciprocity, an individual shall be a minimum of fourteen (14) years of age and meet one (1) of the following requirements: (1) Be a person who: (A) possesses a valid certificate or license as a first responder from another state; (B) while serving in the military of the United States, successfully completed a course of training and study equivalent to the material contained in the Indiana first responder training course; (C) holds a valid unlimited license to practice medicine in Indiana; or (D) successfully completed a course of training and study equivalent to the material contained in the Indiana first responder training course and successfully completes the written and practical skills certification examinations prescribed by the commission. (2) Be a person who: (A) holds a current first responder registration issued by the National Registry; and (B) has completed a course equivalent to Indiana approved curriculum. (b) Any nonresident of Indiana who possesses a certificate or license as a first responder that is valid in another state, upon affiliation with an Indiana certified provider organization, may apply to the agency for temporary certification as a first responder. Upon receipt of a valid application and verification of valid status by the agency, the agency may issue temporary certification, which shall be valid for: (1) the duration of the applicant's current certificate or license; or (2) a period not to exceed six (6) months from the date that the reciprocity request is approved by the agency; whichever period of time is shorter. A person receiving temporary certification may apply for full certification using the procedure required in subsection (a). *(Indiana Emergency Medical Services Commission; 836 IAC 4-3-3; filed Jun 30, 2000, 4:18 p.m.: 23IR 2751; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3568; filed Jul 31, 2007, 10:01 a.m.: 20070829-IR-836060011FRA; readopted filed Jul 29, 2010, 8:07 a.m.: 20100825-IR-836100267RFA)*
Staff does not have a recommendation at this time due to this waiver being received after the last staff meeting that was held to discuss waiver recommendations.

Gregory Fisher – EMT Basic

A motion was made by Commissioner Mackey to grant the waiver. The motion was seconded by Commissioner Lockard. The motion was passed.

The following requested a waiver of SECTION 36. (a) This SECTION supersedes 836 IAC 4-7-3. (b) Certification as an emergency medical technician-basic advanced shall be valid for two (2) years or through June 30, 2014, whichever is earlier. (c) Emergency medical technicians-basic advanced are authorized to perform manual or automated defibrillation, rhythm interpretation, and intravenous line placement. These procedures may only be performed when affiliated with a certified emergency medical technician-basic advanced provider organization and while operating under written protocols or the direct supervision of a physician of the supervising hospital or an individual authorized in writing by the medical staff to act in the behalf of a physician of the approved supervising hospital. Emergency medical technicians-basic advanced are prohibited from performing any advanced life support procedure other than manual or automated defibrillation, rhythm interpretation, and intravenous line placement as prescribed in the Indiana emergency medical technician-basic advanced course, with or without physician direction, for which certification by the commission has not been granted. (d) Individuals who have failed to comply with the continuing education requirements shall not exercise any of the rights and privileges of an emergency medical technician-basic advanced or administer advanced life support to any emergency patient. Ms. Goodell completed all facets of her Basic Advanced training but has not been able to obtain affiliation to get her certification. The Emergency Rule governing Basic Advanced certifications, which supersedes the original rule 836 IAC 4-7-3 requiring affiliation, no longer outlines the requirement for affiliation. Staff recommendation to either grant a 6 month extension to obtain affiliation or grant certification based upon the rule as it is currently written.

Robin Goodell –EMT Basic

A motion was made by Commissioner Mackey to grant the certification based upon the rule as it is currently written. The motion was seconded by Commissioner Hoggatt. The motion passed.

The following requested a waiver of SECTION 58. (a) This SECTION supersedes 836 IAC 4-9-6. (b) To obtain paramedic licensure based upon reciprocity, an applicant shall be affiliated with a certified paramedic provider organization and be a person who, at the time of applying for reciprocity, meets one (1) of the following requirements: (1) Possesses a valid certificate or license as a paramedic from another state and who successfully passes the paramedic practical and written licensure examinations as set forth and approved by the commission. Application for licensure shall be postmarked or delivered to the agency office within six (6) months after the request for reciprocity. (2) Has successfully completed a course of training and study equivalent to the material contained in the Indiana paramedic training course and successfully completes the written and practical skills licensure examinations prescribed by the commission. (3) Possesses a valid National Registry paramedic certification. (c) Notwithstanding subsection (b), any nonresident of Indiana who possesses a certificate or license as a paramedic that is valid in another state, upon residing at an Indiana address, may apply to the agency for temporary licensure as a paramedic. Upon receipt of a valid application and verification of valid status by the agency, the agency may issue temporary licensure that shall be valid for: (1) the duration of the applicant's current certificate or license; or (2) a period not to exceed six (6) months from the date that the reciprocity request is approved by the director; whichever period of time is shorter. A person receiving temporary licensure may apply for full licensure using the procedure required in 836 IAC 4-9-1. Mr. Hinkemeyer requested a waiver at the last commission meeting for a 3 month extension to complete his National Registry Paramedic testing to complete his reciprocity requirements. Mr. Hinkemeyer has not yet been able to successfully pass his National Registry written test. Mr. Hinkemeyer is currently employed as a Paramedic in Indiana. Staff recommends a 3 month extension of his reciprocity to successfully pass his National Registry testing.

Brent Lee Hinkemeyer – EMT Basic

A motion was made by Commissioner Zartman to grant the waiver as staff recommends. The motion was seconded by Commissioner Gordon. The motion passed.

The following requested a waiver of 836 IAC 4-4-3 Certification based upon reciprocity Authority: IC 16-31-2-7 Affected: IC 16-31-3-8; IC 16-31-3-10 Sec. 3. (a) To obtain certification based upon reciprocity, an individual shall be a minimum of eighteen (18) years of age and meet one (1) of the following requirements: (b) Any nonresident of Indiana who possesses a certificate or license as an emergency medical technician that is valid in another state, or a valid registration issued by the National Registry, upon affiliation with an Indiana certified provider organization may apply to the agency for temporary certification as an emergency medical technician. Upon receipt of a valid application and verification of valid status by the agency, the agency may issue temporary certification, which shall be valid for the duration of the applicant's current certificate or license or for a period not to exceed six (6) months from the date that the reciprocity request is approved by the agency, whichever period of time is shorter. A person receiving temporary certification may apply for full certification using the procedure required in section 1 of this rule. *(Indiana Emergency Medical Services Commission; 836 IAC 4-4-3; filed Jun 30, 2000, 4:18 p.m.: 23 IR 2753; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3570; readopted filed Jul 29, 2010, 8:07 a.m.: 20100825-IR-836100267RFA)* Mr. Jones was granted temporary reciprocity from 1/24/2013 to 3/31/2013. He has not been able to complete all of the required Indiana Testing. Mr. Jones is requesting an extension to complete all testing. Staff recommends approval for an extension until 7/31/2013, which will give him 4 additional months to complete his testing.

Jesse Jones- EMT Basic

A motion was made by Commissioner Mackey to approve the waiver. The motion was seconded by Commissioner Lockard. The motion passed.

The following requested a waiver of SECTION 57. (a) This SECTION supersedes 836 IAC 4-9-5. (b) To renew a licensure, a licensed paramedic

shall submit a report of continuing education every two (2) years that meets or exceeds the minimum requirements in subsection (c). (c) An applicant shall report a minimum of seventy-two (72) hours of continuing education consisting of the following: (1) Section IA, forty-eight (48) hours of continuing education through a formal paramedic refresher course as approved by the commission or forty-eight (48) hours of supervising hospital-approved continuing education that includes the following: (A) Sixteen (16) hours in airway, breathing, and cardiology. (B) Eight (8) hours in medical emergencies. (D) Sixteen (16) hours in obstetrics and pediatrics. (E) Two (2) hours in operations. (2) Section IB, attach a current copy of cardiopulmonary resuscitation certification for the professional rescuer. The certification expiration date shall be concurrent with the paramedic licensure expiration date. (3) Section IC, attach a current copy of advanced cardiac life support certification. The certification expiration date shall be concurrent with the paramedic licensure expiration date. (4) Section II, twenty-four (24) additional hours of emergency medical services related continuing education; twelve (12) of these hours shall be obtained from audit and review. The participation in any course as approved by the commission may be included in this section. (5) Section III, skill maintenance (with no specified hour requirement). All skills shall be directly observed by the emergency medical service medical director or emergency medical service educational staff of the supervising hospital either at an in-service or in an actual clinical setting. The observed skills include, but are not limited to, the following: (A) Patient medical assessment and management. (B) Trauma assessment and management. (C) Ventilatory management. (D) Cardiac arrest management. (E) Bandaging and splinting. (F) Medication administration, intravenous therapy, intravenous bolus, and intraosseous therapy. (G) Spinal immobilization. (H) Obstetrics and gynecological scenarios.(I) Communication and documentation. And 836 IAC 4-5-2 Certification and recertification; general Authority: IC 16-31-2-7; IC 16-31-3-14; IC 16-31-3-14.5; IC 16-31-3-20 Affected: IC 16-31-3-14 (b) Certification as an emergency medical services primary instructor is valid for two (2) years. (c) In order to retain certification as a primary instructor, a person shall meet the following requirements: (1) Retain affiliation with at least one (1) Indiana certified training institution. (2) Conduct a minimum of eighty (80) hours of educational sessions based upon the emergency medical service curricula, which in content are either less than or equal to

the primary instructor's level of clinical certification. (3) Complete a minimum of twelve (12) hours of continuing education that specifically addresses the topic of educational philosophy and techniques, offered or approved by the affiliating training institution. (4) Be evaluated by the training institution in regard to instructional skills and compliance with existing standards of the training institution and the commission at least once per course. (5) Every two (2) years present, to the agency, evidence of compliance with this subsection during the period of certification as prescribed by the commission. (6) Maintain the prerequisite certification described in subsection (a)(1)(C). (d) The minimum requirements for emergency medical services primary instructor training is the current version of the Indiana primary instructor course, based upon the current national standard curriculum as amended and approved by the commission. (g) An individual wanting to reacquire a primary instructor certification shall do the following: (1) Meet all prerequisites of an Indiana emergency medical services primary instructor training course. (2) Successfully complete the primary instructor written examination. (3) Successfully complete the primary instructor recertification evaluation. (4) Successfully pass the Indiana basic emergency medical services written and practical skills examinations within one (1) year prior to applying for certification as a primary instructor. Mr. Parkerson was unable to attain all of the in-service he needs for his paramedic and PI renewals due to a grave illness. Mr. Parkerson requesting waiver of requirements and asks that the hours he has suffice for his renewal. Staff recommends a six month extension to obtain missing hours.

Jeff Parkerson- Paramedic

A motion was made by Commissioner Lockard for a 6 month extension. The motion was seconded by Commissioner Zartman. Discussion followed. Commissioner Lockard amended his motion to by for a 12 month extension instead of a 6 month extension. Commissioner Zartman accepted the amended motion and seconded it. The motion passed.

The following requested a waiver of SECTION 58. (a) This SECTION supersedes 836 IAC 4-9-6. (b) To obtain paramedic licensure based upon reciprocity, an applicant shall be affiliated with a certified paramedic provider organization and be a person who, at the time of applying for reciprocity, meets one (1) of the following requirements: (1) Possesses a valid certificate or license as a paramedic from another state and who successfully passes the paramedic practical and written licensure examinations as set forth and approved by the commission. Application for licensure shall be postmarked or delivered to the agency office within six (6) months after the request for reciprocity. (2) Has successfully completed a course of training and study equivalent to the material contained in the Indiana paramedic training course and successfully completes the written and practical skills licensure examinations prescribed by the commission. (3) Possesses a valid National Registry paramedic certification. (c) Notwithstanding subsection (b), any nonresident of Indiana who possesses a certificate or license as a paramedic that is valid in another state, upon residing at an Indiana address, may apply to the agency for temporary licensure as a paramedic. Upon receipt of a valid application and verification of valid status by the agency, the agency may issue temporary licensure that shall be valid for: (1) the duration of the applicant's current certificate or license; or (2) a period not to exceed six (6) months from the date that the reciprocity request is approved by the director; whichever period of time is shorter. A person receiving temporary licensure may apply for full licensure using the procedure required in 836 IAC 4-9-1. Ms. Sebayan has a waiver from September that extended her time by 6 months to complete her National Registry testing for Indiana reciprocity. She has not successfully completed the written portion of this testing and is requesting an extension. Not length of time was mentioned in her application. Staff abstains

Lynn Sebayan – Paramedic

A motion was made by Commissioner Zartman to grant a 3 month extension. The motion was seconded by Commissioner Champion. The motion passed.

The following requested a waiver of Rule 5. Emergency Medical Services Primary Instructor Certification 836 IAC 4-5-2 Certification and

recertification; general Authority: IC 16-31-2-7; IC 16-31-3-14; IC 16-31-3-14.5; IC 16-31-3-20 Affected: IC 16-31-3-14 Sec. 2. (b) Certification as an emergency medical services primary instructor is valid for two (2) years. (c) In order to retain certification as a primary instructor, a person shall meet the following requirements: (1) Retain affiliation with at least one (1) Indiana certified training institution. (2) Conduct a minimum of eighty (80) hours of educational sessions based upon the emergency medical service curricula, which in content are either less than or equal to the primary instructor's level of clinical certification. (3) Complete a minimum of twelve (12) hours of continuing education that specifically addresses the topic of educational philosophy and techniques, offered or approved by the affiliating training institution. (4) Be evaluated by the training institution in regard to instructional skills and compliance with existing standards of the training institution and the commission at least once per course. (5) Every two (2) years present, to the agency, evidence of compliance with this subsection during the period of certification as prescribed by the commission. (6) Maintain the prerequisite certification described in subsection (a)(1)(C). (d) The minimum requirements for emergency medical services primary instructor training is the current version of the Indiana primary instructor course, based upon the current national standard curriculum as amended and approved by the commission. Mr Schultz was unable to teach or instruct courses for a period of 10 months due to a surgery. He is requesting an extension of 10 months in order to attain the 80 hours of teaching sessions needed to recertify. He expires 6/30/2013 Staff recommends an extension of 10 months from 6/30/2013, which will give Mr. Schultz the amount of time he lost to attain the needed teaching hours.

Raymond Schultz- Primary Instructor

A motion was made by Commissioner Hoggatt to approve the waiver request. The motion was seconded by Commissioner Lockard. The motion passed.

The following requested a waiver of SECTION 32. (a) This SECTION supersedes 836 IAC 4-4-2. (d) Certification as an emergency medical technician shall be valid for a period of two (2) years. (e) To renew a certification, a certified emergency medical technician shall submit a report

of continuing education every two (2) years that meets or exceeds the minimum requirement to take and report forty (40) hours of continuing education according to the following: (1) Participate in a minimum of thirty-four (34) hours of any combination of: (A) lectures; (B) critiques; (C) skills proficiency examinations; (D) continuing education courses; or (E) teaching sessions; that review subject matter presented in the Indiana basic emergency medical technician curriculum. (2) Participate in a minimum of six (6) hours of audit and review. (3) Participate in any update course as required by the commission. (4) Successfully complete a proficiency evaluation that tests the skills presented in the Indiana basic emergency medical technician curriculum. Ms. Worley was unable to attend the IERC conference last year which is where she usually obtains her skills sign offs. She was unable to attend due to an illness, and she has not obtained her skills verification. We have offered her the opportunity to attend a SIM Lab class to get signed off there, and are awaiting a response. All of these classes are in her geographical area over the next two weeks. Staff recommends denial. Ms. Worley has numerous avenues to obtain her skills verification prior to her expiration date. If she does not, she can re-test based on previous certification.

Rebecca Worley- EMT Basic

A motion was made by Commissioner Zartman to deny the waiver request. The motion was seconded by Commissioner Craigin. The motion passed.

EMS PROVIDER WAIVER REQUEST

The following requested a waiver of 836 IAC 1-2-1 General certification provisions Authority: IC 16-31-2-7; IC 16-31-3-14; IC 16-31-3-14.5; IC 16-31-3-20 Affected: IC 4-21.5; IC 16-31-3; IC 16-41-10 Sec. 1. (b) Each ambulance, while transporting a patient, shall be staffed by not fewer than two (2) persons, one (1) of whom shall be: (1) a certified emergency medical technician; and (2) in the patient compartment. (c) An emergency patient shall only be transported in a certified ambulance. (d) Each ambulance service provider organization shall notify the agency in writing as follows: (1) Within thirty (30) days of any changes in any items in the application required in section 2(a) of this rule. (2) Immediately of change in medical director, including medical director approval form and protocols.

Cincinnati Children's Hospital Medical Center is requesting a renewal of their waiver to not be obligated to have EMT or Paramedic in the patient compartment. They currently staff it with a RN, a Critical Care Respiratory Therapist, and if needed, a Physician. Staff recommends a two year renewal.

Cincinnati Children's Hospital Medical Center

A motion was made by Commission Valentine to approve the waiver. The motion was seconded by Commissioner Gordon. The motion passed.

The following requested a waiver of 836 IAC 1-4-2 Emergency medical services vehicle radio equipment Authority: IC 16-31-2-7; IC 16-31-3-14; IC 16-31-3-14.5; IC 16-31-3-20 Affected: IC 16-31-3-2 Sec. 2. (a) All communication used in emergency medical service vehicles for the purpose of dispatch or tactical communications shall demonstrate and maintain the ability to provide a voice communications linkage with the emergency medical service provider organization's dispatch center within the area that the emergency medical service provider organization normally serves or proposes to serve. (b) Communication equipment used in emergency medical services vehicles shall be appropriately licensed through the Federal Communications Commission, when applicable. The maximum power of the transmitter shall be not more than the minimum required for technical operation, commensurate with the: (1) size of the area to be served; and (2) local conditions that affect radio transmission and reception. (c) All emergency medical services vehicles shall be equipped with two (2) channels or talk-groups as follows: (1) One (1) channel or talk-group shall be used primarily for dispatch and tactical communications. (2) One (1) channel or talk-group shall be 155.340 MHz and have the proper tone equipment to operate on the Indiana Hospital Emergency Radio Network (IHERN) unless the provider organization vehicles and all the destination hospitals within the operational area of the provider organization have a system that is interoperable with the Indiana statewide wireless public safety voice and data communications system. Cincinnati Children's Hospital Medical Center is requesting a renewal of their waiver to not have vehicle radio equipment as outlined in 836 IAC 1-4-2. Staff recommends approval of the renewal.

Cincinnati Children's Hospital Medical Center

A motion was made by Commissioner Valentine to approve the waiver. The motion was seconded by Commissioner Zartman. The motion passed.

The following requested a waiver of 836 IAC 1-3-3 Land ambulance specifications Authority: IC 16-31-2-7; IC 16-31-3-14; IC 16-31-3-14.5; IC 16-31-3-20 Affected: IC 16-31-3 Sec. 3. (a) All land ambulances shall meet or exceed the following minimum performance characteristics: (e) All land ambulance bodies shall meet or exceed the following minimum specifications: (1) The length of the patient compartment shall be a minimum of one hundred eleven (111) inches and provide a minimum of twenty-five (25) inches clear space at the head of the litter, and a minimum of ten (10) inches shall be provided from the end of the litter's mattress to the rear loading doors. (f) All land ambulances shall meet or exceed the following minimum standards of construction: (2) The vehicle shall have a loading door or doors on the right side and at the rear of the vehicle. Rear patient compartment (1) doors shall incorporate a tension, spring, or plunger type holding device to prevent the door from closing unintentionally from wind or vibration. Gibson County Ambulance Service is requesting the renewal of their current waiver of land ambulance specifications. Staff recommends approval.

Gibson County EMS

A motion was made by Commissioner Mackey to renew the waiver. The motion was seconded by Commissioner Gordon. The motion passed.

The following requested a waiver of 836 IAC 2-2-1 General requirements for paramedic provider organizations Authority: IC 16-31-2-7; IC 16-31-3-14; IC 16-31-3-14.5; IC 16-31-3-20 Affected: IC 16-31-3; IC 16-41-10 (h) A paramedic ambulance service provider organization must be able to provide a paramedic level response. For the purpose of this subsection, "paramedic response" consists of the following: (1) A paramedic. (2) An emergency medical technician or higher. (3) An ambulance in compliance with the requirements of section 3(e) of this rule. (4) During transport of

the patient, the following are the minimum staffing requirements: (A) If paramedic level advanced life support treatment techniques have been initiated or are needed: (i) the ambulance must be staffed by at least a paramedic and an emergency medical technician; and (ii) a paramedic shall be in the patient compartment. (B) If an emergency medical technician-intermediate level advanced life support treatment techniques have been initiated or are needed: (i) the ambulance must be staffed by at least an emergency medical technician-intermediate and an emergency medical technician. Gibson County EMS is requesting a waiver to operate their Paramedic units with either an EMR or volunteer FF when there are staffing issues. Staff recommends approval on the contingency that in 6 months they provide a plan for developing and maintaining reasonable staffing patterns to comply with the 836 IAC 2-2-1. The waiver should be reassessed at that time.

Gibson County Ambulance Serivce

A motion was made by Commissioner Mackey to approve the waiver as written. The motion was seconded by Commissioner Lockard. The motion passed.

The following requested a waiver of Rule 14. Advanced Life Support Nontransport Vehicles; Standards and Certification 836 IAC 2-14-5 Advanced life support nontransport vehicle emergency care equipment Authority: IC 16-31-2-7; IC 16-31-3-14; IC 16-31-3-14.5; IC 16-31-3-20 Affected: IC 16-31-3 Sec. 5. Each advanced life support nontransport vehicle shall wrap, properly store, and handle all the single-service implements to be inserted into the patient's nose or mouth. Multiuse items are to be kept clean and sterile when indicated and properly stored. The vehicle shall carry the following assembled and readily accessible minimum equipment: (1) Respiratory and resuscitation equipment as follows: (A) Portable suction apparatus, capable of a minimum vacuum of three hundred (300) millimeters mercury, equipped with two (2) each of the following: (i) wide-bore tubings; (ii) rigid catheters; (iii) soft pharyngeal suction tips in child size; and (iv) soft pharyngeal suction tips in adult size. (B) Endotracheal intubation devices, including the following: (i) Laryngoscope with extra batteries and bulbs. (ii) Laryngoscope blades (adult and pediatric, curved and straight). (iii) Disposable endotracheal tubes, a minimum of two (2)

each, sterile packaged, in sizes 3, 4, 5, 6, 7, 8, and 9 millimeters inside diameter. (C) Bag-mask ventilation units, hand operated, one (1) unit in each of the following sizes, each equipped with clear face masks and oxygen reservoirs with oxygen tubing: (i) Adult. (ii) Child. (iii) Infant. (iv) Neonatal (mask only). (D) Oropharyngeal airways, two (2) each of adult, child, and infant. (G) Oxygen delivery devices shall include the following: (i) High concentration devices, two (2) each, adult, child, and infant. (ii) Low concentration devices, two (2) each, adult. (H) Nasopharyngeal airways, two (2) each of the following with water soluble lubricant: (i) Small (20-24 french). (ii) Medium (26-30 french). (iii) Large (31 french or greater). (B) Rigid extrication collar, two (2) each capable of the following sizes: (i) Pediatric. (ii) Small. (iii) Medium. (iv) Large. (B) Blood pressure manometer, one (1) each in the following cuff sizes: (i) Large adult. (ii) Adult. (iii) Pediatric. (C) Stethoscopes, one (1) each in the following sizes: (i) Adult. (ii) Pediatric. Majestic Star Casino (Methodist Hospital contractors) are requesting a waiver to carry pediatric supplies in their casino operation ad children are not permitted on the premises. Staff recommends approval.

Majestic Star Casino

A motion was made by Commissioner Zartman to approve the waiver. The motion was seconded by Commissioner Champion. The motion passed.

The following requested a waiver of Rule 14. Advanced Life Support Nontransport Vehicles; Standards and Certification 836 IAC 2-14-5 Advanced life support nontransport vehicle emergency care equipment Authority: IC 16-31-2-7; IC 16-31-3-14; IC 16-31-3-14.5; IC 16-31-3-20 Affected: IC 16-31-3 Sec. 5. Each advanced life support nontransport vehicle shall wrap, properly store, and handle all the single-service implements to be inserted into the patient's nose or mouth. Multiuse items are to be kept clean and sterile when indicated and properly stored. The vehicle shall carry the following assembled and readily accessible minimum equipment: (1) Respiratory and resuscitation equipment as follows: (A) Portable suction apparatus, capable of a minimum vacuum of three hundred (300) millimeters mercury, equipped with two (2) each of the following: (i) wide-bore tubings; (ii) rigid catheters; (iii) soft pharyngeal suction tips in child size; and (iv) soft pharyngeal suction tips in adult size. (B) Endotracheal

intubation devices, including the following: (i) Laryngoscope with extra batteries and bulbs. (ii) Laryngoscope blades (adult and pediatric, curved and straight). (iii) Disposable endotracheal tubes, a minimum of two (2) each, sterile packaged, in sizes 3, 4, 5, 6, 7, 8, and 9 millimeters inside diameter. (C) Bag-mask ventilation units, hand operated, one (1) unit in each of the following sizes, each equipped with clear face masks and oxygen reservoirs with oxygen tubing: (i) Adult. (ii) Child. (iii) Infant. (iv) Neonatal (mask only). (D) Oropharyngeal airways, two (2) each of adult, child, and infant. (G) Oxygen delivery devices shall include the following: (i) High concentration devices, two (2) each, adult, child, and infant. (ii) Low concentration devices, two (2) each, adult. (H) Nasopharyngeal airways, two (2) each of the following with water soluble lubricant: (i) Small (20-24 french). (ii) Medium (26-30 french). (iii) Large (31 french or greater). (B) Rigid extrication collar, two (2) each capable of the following sizes: (i) Pediatric. (ii) Small. (iii) Medium. (iv) Large. (B) Blood pressure manometer, one (1) each in the following cuff sizes: (i) Large adult. (ii) Adult. (iii) Pediatric. (C) Stethoscopes, one (1) each in the following sizes: (i) Adult. (ii) Pediatric. Majestic Star Casino (Methodist Hospital contractors) are requesting a waiver to carry pediatric supplies in their casino operation ad children are not permitted on the premises. Staff recommends approval.

Northest Allen County Fire and EMS

A motion was made by Commissioner Zartman to table the waiver. The motion was seconded by Commissioner Valentine. The motion passed.

Some discussion followed. The waiver was then brought back to the table.

A motion was made by Commissioner Mackey to table the waiver until after the TAC report. The motion was seconded by Commissioner Zartman. The motion passed.

The following requested a waiver of 836 IAC 4-4-1 General certification provisions Authority: IC 16-31-2-7 Affected: IC 16-31-3 (e) Emergency medical technicians shall comply with the following: (1) An emergency medical technician shall not perform procedures for which the emergency medical technician has not been specifically trained: (A) in the Indiana basic emergency medical technician curriculum; and (B) that have not been

approved by the commission as being within the scope and responsibility of the emergency medical technician. Park and Vermillion County Ambulances are requesting an extension of their current waiver for BLS 12-lead glove EKG project. Staff recommends approval.

Parke and Vermillion County Ambulances

A motion was made by Commissioner Valentine to approve the waiver extension for one year. The motion was seconded by Commissioner Champion. The motion passed.

The following requested a waiver of SECTION 14. (a) This SECTION supersedes 836 IAC 2-7.2-1. (g) The emergency medical technician-intermediate provider organization shall do the following: (2) Maintain an adequate number of trained personnel and emergency response vehicles to provide continuous, twenty-four (24) hour advanced life support services. Salem Township/Daleville EMS are presently a Basic Advanced service. They are going to increase to an Advanced level service. Under the new rules, Advanced will no longer be BLS but ALS and be subject to the 24 hour ALS services rule. Salem Township/Daleville EMS is requesting waiving this rule. Staff recommends approval on the contingency that in 6 months they provide a plan for developing and maintaining continuous Advanced Service. The waiver should be reassessed at that time.

Salem Township/Daleville EMS

A motion was made by Commissioner Zartman to approve the waiver on the contingency that in 6 (six) months they provide a plan for developing and maintaining continuous Advanced Service. The motion was seconded by Commissioner Gordon. The motion passed.

A motion was made by Commissioner Mackey to allow them not to carry intubation equipment. The motion was seconded by Commissioner Lockard. The motion passed.

EMS TRAINING INSTITUTION WAIVER REQUEST

The following requested a waiver of SECTION 33. (a) This SECTION supersedes 836 IAC 4-6.1-1. (d) The minimum curriculum requirements for

advanced emergency medical technician training shall be the Indiana advanced emergency medical technician training curriculum based upon the current national curriculum as amended and approved by the commission. As well as: SECTION 16. (a) This SECTION supersedes 836 IAC 2-7.2-3 (e) The emergency medical technician-intermediate provider organization shall ensure the following: (1) That stocking and administration of supplies and medications are limited to the Indiana emergency medical technician-intermediate or advanced emergency medical technician curriculum. Procedures performed by the emergency medical technician-intermediate or advanced emergency medical technician are also limited to the Indiana emergency medical technician-intermediate or advanced emergency medical technician curriculum. Gibson County EMS wishes to exceed the minimum curriculum requirements for AEMTs by teaching and then practicing:

1. EKG rhythm recognition and interpretation of the 7 basic rhythms outlined in the Basic Advanced curriculum.
2. Lidocaine administration for patient receiving IOs
3. Benadryl administration for anaphylactic reactions
4. Atrovent for the treatment of COPD and Asthma patients

Staff abstains.

Gibson County Ambulance Service

A motion was made by Commissioner Valentine to table this waiver until the next Commission meeting. The motion was seconded by Commissioner Champion. The motion passed.

The following requested a waiver for SECTION 33. (a) This SECTION supersedes 836 IAC 4-6.1-1. (d) The minimum curriculum requirements for advanced emergency medical technician training shall be the Indiana advanced emergency medical technician training curriculum based upon the current national curriculum as amended and approved by the commission. As well as: SECTION 16. (a) This SECTION supersedes 836 IAC 2-7.2-3. (e) The emergency medical technician-intermediate provider organization shall ensure the following: (1) That stocking and administration of supplies and medications are limited to the Indiana

emergency medical technician-intermediate or advanced emergency medical technician curriculum. Procedures performed by the emergency medical technician-intermediate or advanced emergency medical technician are also limited to the Indiana emergency medical technician-intermediate or advanced emergency medical technician curriculum. Huntertown Fire Department wishes to exceed the minimum curriculum requirements for AEMTs by teaching and then practicing:

1. EKG rhythm recognition and interpretation of the 7 basic rhythms outlined in the Basic Advanced curriculum.
2. Manual defibrillation
3. CPAP
4. 12-lead acquisition and transmission
5. Epinephrine 1:10,000 for the use in cardiac arrests
6. Atrovent for the use in COPD and Asthma patients
7. Toradol for pain management
8. Zofran ODT for nausea and vomiting.

Staff abstains.

Huntertown Fire Department

A motion was made by Commissioner Valentine to table this waiver until the next Commission meeting. The motion was seconded by Commissioner Champion. The motion passed.

The following requested a waiver of SECTION 33. (a) This SECTION supersedes 836 IAC 4-6.1-1. (d) The minimum curriculum requirements for advanced emergency medical technician training shall be the Indiana advanced emergency medical technician training curriculum based upon the current national curriculum as amended and approved by the commission. As well as: SECTION 16. (a) This SECTION supersedes 836 IAC 2-7.2-3. (e) The emergency medical technician-intermediate provider organization shall ensure the following: (1) That stocking and administration of supplies and medications are limited to the Indiana emergency medical technician-intermediate or advanced emergency medical technician curriculum. Procedures performed by the emergency medical technician-intermediate or advanced emergency medical technician are also limited to the Indiana emergency medical technician-

intermediate or advanced emergency medical technician curriculum. Margaret Mary Community Hospital wishes to exceed the minimum curriculum requirements for AEMTs by teaching:

1. EKG application
2. 12-lead acquisition and transmission

Staff abstains.

Margaret Mary Community Hospital

A motion was made by Commissioner Hoggatt to table this waiver until the next Commission meeting. The motion was seconded by Commissioner Zartman. The motion passed.

The following requested a waiver of Rule 2. Emergency Medical Services Training Institution 836 IAC 4-2-1 General requirements for training institutions; staff Authority: IC 16-31-2-7; IC 16-31-3-14; IC 16-31-3-14.5; IC 16-31-3-20 Affected: IC 4-21.5; IC 16-21; IC 16-31-3-2; IC 20-12-62-3; IC 20-12-71-8; IC 20-18-2-7 (7) Other information as required by the agency. (g) Certified advanced life support training institutions conducting paramedic training programs on or after July 1, 2008, shall show written proof of national accreditation of the program. Pulaski County EMS is requesting to teach an Intermediate to Paramedic Bridge course, but they are not an accredited training institution. Staff recommends approval. We have a letter from National Registry stating that accreditation is not needed for bridge students to test as long as they took a state approved course.

Pulaski County EMS

A motion was made by Commissioner Valentine to approve this waiver. The motion was seconded by Commissioner Zartman. The motion passed.

Chairman Turpen called for a break 1:16 pm.

Chairman Turpen called the meeting back to order at 1:28 pm.

ADMINSTRATIVE PROCEEDINGS

Orders Issued

a. Personnel Orders

Order No. 0002-2013 Jacob C. Barber

No action required, none taken

Order No. 0012-2013 Lance Blade

No action required, none taken

Order No. 0011-2013 Stephen R. Blinn

No action required, none taken

Order No. 0008-2013 Jerry L. Cox III

No action required, none taken

Order No. 0013-2013 Bruce E. Gipson

No action required, none taken

Order No. 0010-2013 Daryn E. Hendershot (Emergency Order)

No action required, none taken

Order No. 0007-2013 Jonathan M. Kenema (Emergency Order)

No action required, none taken

Order No. 0005-2013 Angela Linder

No action required, none taken

Order No. 0008-2013 Katharina L. Staats

No action required, none taken

Order No. 0004-2013 Christopher Wolfe

No action required, none taken

Order No. 0062-2012, Kyle L. Gilbert

No action required, none taken

b. Provider Orders

Order No. 0003-2013 Samaritan Ambulance, LLC

No action required, none taken

The following filed a timely appeal to Administrative Orders:

Daryn Hendershot

A motion was made by Commissioner Valentine to grant the appeal. The motion was seconded by Commissioner Hoggatt. The motion passed.

Non-final Order

a. Objection file by Respondent

Calvin Johnson

Judge Bippus spoke to the Commission concerning this order. Some discussion followed.

A motion was made by Commissioner Mackey to have a panel of three Commissioners, request all evidence in writing within 30 days to IDHS to be distributed to the panel members. The panel will meet one hour prior to the June 7, 2013 meeting. The motion was seconded by Commissioner Lockard. The motion passed.

Commissioner Mackey, Commissioner Lockard and Commissioner Zartman all volunteered to be on the panel.

b. No objection

Noah P. Horton

A motion was made by Commissioner Valentine to affirm the non-final order of dismissal. The motion was seconded by Commissioner Zartman. The motion passed.

FIELD SERVICES REPORT

Ms. Robin Stump presented the field services report to the Commission. Ms. Stump reported the IMERT team will be having a meeting at Brownsburg March 23. Ms. Stump reported that Mr. Jason Smith is the new appointed member of the FEMA region 5 DMORT team. Ms. Stump let everyone know that if providers need anything they could contact field services personnel to come to help.

Trauma System Update

Art Logsdon from the Indiana Department of Health gave the trauma system update to the Commission. Mr. Logsdon reported that again this summer the Department of Health will be hosting the trauma tour. This summer the trauma tour will be completed twice this summer. The first round of the trauma tour will be similar to the tour last year giving highlights on the things that have been going on through this last year. The first stop will be in South Bend on April 2nd. The second round of the trauma tours will be more of the educational piece to teach interested providers how to use the Imagetrend software that the Department of Health is using and will be available for free to interested providers. The Trauma registry rule which requires EMS providers, hospitals and rehab hospitals to report their data to the trauma registry at the Department of Health has preliminarily passed the executive board at the State Department of Health. The rule will go through its final hearing on April 2nd with the executive board. Six EMS providers are currently reporting and twelve others have signed agreements to start reporting to the trauma registry. The Department of Health had to withdrawal the offer of the grant money to IDHS for the Intermediate to Paramedic bridge course due

to IDHS not being able to find a vendor willing to host the course for the money that was being offered.

Some discussion followed among the EMS Commission members regarding the currently certified Intermediate individuals within the state.

EMS FOR CHILDREN

Gretchen gave a report on behalf of the EMS for Children. Ms Gretchen reported that again this year that they are taking nominations for individuals that have provided outstanding medical care for children. EMS for Children week will be in May. The banquet will be the Wednesday of that week. If you have a nomination for the award please submit the nomination to Ms. Gretchen's email (see attachment #6). EMS for Children will be sending out a needs survey.

TECHNICAL ADVISORY COMMITTEE

Chairman of the Technical Advisory Committee (TAC) Leon Bell reported to the Commission the results and recommendations from the last TAC meeting which was help on February 5, 2013 (see attachment #7 for a copy of the TAC minutes). The TAC was asked to look at the Morgan Lens again at the EMT Basic level. The TAC is recommending to not add the Morgan Lens to the EMT Basic level. The Morgan lens discussion led to the discussion of the referral that was sent to the TAC at the last Commission meeting which was the crux of the TAC's discussion. When a rule is established which the Commission did at the last meeting which was to establish all levels, EMR, EMT, Advanced EMT, and Paramedic, would be trained to the National Education Standard. What the TAC recommended and what the Commission approved was to establish the foundation of education standards so that there is an educational requirement. The rules state that an education requirement cannot be waived. The Commission with the approval of the US Steel established what the TAC is now referring to as post graduation waivers. The TAC discussed what is needed in order

for a provider organization to present to the Commission for a post graduation waiver. The TAC is proposing a tool for the EMS Commission to adopt, for providers that are seeking to add to the requirements post graduation, to use in requesting the waiver (see attachment #8 for the recommendation). Mr. Bell read the recommendation into record. To review the TAC is recommending that the provider organization demonstrate in the two years of the waiver to the Commission what is being done for each individual that is affiliated with the service to maintain competency and maintenance of the waiver. The recommendation is for the provider organization to provide training materials, education plan, cognitive objectives and exams, psychomotor objectives and exams, how new members will be trained, and how training will be provided to maintain competency of the waiver with existing members of the service. The Commission will also need to set a record retention schedule for these records. Also for the first time the TAC is recommending that the waivers be submitted 45 days prior to the EMS Commission meeting. Chairman Turpen asked Mr. Bell "you are recommending to not develop a standardized curricula for each one of these?" Mr. Bell stated no because people are in different areas and different areas have different needs and each has a different medical director. Chairman Turpen expressed concern about not having a standardized curricula for everyone to following due to the possibility of a decline in training and could jeopardize patient care. Some discussion followed. Commissioner Zartman asked what constitutes an education requirement. Legal Counsel Mara Snyder states that the Commission establishes what an education requirement is and she believes that this is maybe a discussion that has not yet taken place. More discussion followed regarding the issue of the standardized curricula. Mr. Bell presented the second recommendation from the TAC which is the same as the first recommendation but for all waivers not just specifically AEMT post graduation waivers.

Commissioner Valentine stated that Mrs. Elizabeth Fiato said that the Fire Chiefs Association has been working on standardized modules for the

additional AEMT curricula. Chairman Turpen requested to have this subject heard now rather than wait until the new business section due to it pertaining to the issues being discussed at this point. Jennifer Knapp with the Fire Chiefs Association EMS section gave a report on the work they have been doing (see attachment #9). The Fire Chiefs Association has contacted a psychometrician whose recommendation was to choose 5 subject matter experts. 4 of the 5 subject matter experts have taught a bridge or full AEMT course. So far they have developed modules for EKG, 12 lead acquisition and transmission, CPAP, Zofran, EPI 1;10,000 for use in cardiac arrest only , Atrovent, Toradol. The group took it a step further and has started developing exams for the modules. Chairman Turpen asked Randy Seals, owner/operator of Seals Ambulance, if he would prefer to have the module just handed to him. Randy states that it could be a good thing. Discussion followed and a few other provider organization representatives spoke in favor of the modules. Randy Fox from Elkhart General Hospital stated that he has concern about the Advance EMT needing to be taught at an accredited training institution. Some of the additions to the AEMT that have been the topic of discussion may not need a waiver. Legal Counsel Mara Snyder states that research is needed on this topic.

A motion was made by Commissioner Zartman to table this discussion and any proposed waivers from this meeting until the Commission can receive legal opinion. The motion was seconded by Commissioner Gordon. Discussion followed. The motion passed.

OLD BUSINESS

Director Archer withdrew the non-rule policy for reciprocity from the agenda.

Ms. Candice Hilton spoke briefly about the National Registry letter that the Commission members requested at the last Commission meeting. Mrs. Elizabeth Fiato gave a brief summary of the request (see attachment #10).

Mr. Dan from Gibson County presented the request for the issuance of an honorary lifetime certification for Mr. Phil Earls.

A motion was made by Commissioner Valentine to issue an honorary lifetime EMT Basic Advanced certification to Mr. Earls. The motion was seconded by Commissioner Hoggatt. The motion passed.

NEW BUSINES

Mrs. Elizabeth Fiato presented the information concerning the work of the Indiana Fire Chiefs Association. The association is requesting an addition to the EMT skills sheets that have been previously approved by the TAC and the EMS Commission. They wish to add affective domain in the critical fail section.

A motion was made by Commissioner Zartman to accept the EMT skills sheets. The motion was seconded by Commissioner Lockard. The motion passed.

Mrs. Fiato stated that the EMR skills sheets have been revised to mirror the EMT skills sheets since the skills are the same at both levels. The EMR just has fewer skills. The Fire Chiefs Association also wants to add the c-collar and long spine board station to the standard or have the training institution validate these skills.

A motion was made by Commissioner Hoggatt to make the c-collar and the long spine board as a standard testing station for the EMR level. The motion was seconded by Commissioner Zartman. The motion passed.

Some discussion followed as to when we should start making the new skills sheets mandatory.

A motion was made by Commissioner Zartman that the new requirements start being used on May 1st and anyone prior to May that the PI will need to validate the skills. The motion was seconded by Commissioner Lockard. The motion passed.

Legal Counsel Mara Snyder presented the non-rule policy for the ACS (see attachment #11 and attachment #12)

A motion was made by Commissioner Zartman to approve the non-rule policy as attached to the Commissioners packet. The motion was seconded by Commissioner Valentine. The motion passed.

A motion was made by Commissioner Lockard to approve the form and the attachment as presented to the Commission. The motion was seconded by Director Archer. The motion passed.

Mrs. Elizabeth Fiato presented information concerning the American Disability Act as it concerns state testing. Legal Counsel Mara Snyder interjected that this was to the extent that such accommodations are required. At this time we do not have anything in writing as to what we are going to do for these accommodations if anything. The agency is asking if the Commission wants to refer this to the TAC or have discussion and make a decision at this meeting. Some discussion followed.

A motion was made by Commissioner Lockard to mirror the National Registry's accommodations and give students citing a disability 1.5 times the amount of time for the written test. The motion was seconded by Commissioner Gordon. The motion passed.

Ms. Jessica Lawley (an addition to the agenda) spoke regarding the new legislation for accommodation for military personnel. Legal Counsel Mara Snyder stated that the law allows for the Commission to make a rule to add these accommodations. Ms. Snyder also states that the Commission is going to take care of this with a rule write and that there is also already some rules and processes in place for military personnel.

CHAIRMAN'S REPORT AND DIRECTION

Chairman Turpen spoke briefly regarding some new studies that are coming out regarding EMS. He encourages the EMS community to pay attention to

publications such as Pre-Hospital and Disaster Medicine, The Annals of Emergency Medicine.

Commissioner Zartman made a motion to adjourn the meeting. The motion was seconded by Commissioner Hamilton. Chairman Turpen adjourned the meeting. The meeting was adjourned at 2:23 p.m.

GENERAL INFORMATION

The next EMS Commission meeting will be held on June 7, 2013 at 10:00 am.

Brownsburg Fire Territory

470 East Northfield Drive

Brownsburg, IN 46112

Approved _____

G. Lee Turpen II, Chairman

Attachment #1

MICHAEL R. PENCE, Governor
STATE OF INDIANA

INDIANA DEPARTMENT OF HOMELAND SECURITY
302 West Washington Street
Indianapolis, IN 46204

February 16, 2013

Indiana Emergency Medical Services Commission
c/o Indiana Department of Homeland Security
ATTN: G. Lee Turpen, Chairman
302 West Washington Street – Room E208
Indianapolis, Indiana 46204
Dear Mr. Turpen:

Whereas, in the early morning hours of February 16th, 2013, EMT (Private) Timothy McCormick and Paramedic (Specialist) Cody Medley, of Indianapolis EMS were involved in a line-of-duty crash in their ambulance, at the intersection of Senate Avenue and St. Clair Street in downtown Indianapolis; and

Whereas, both EMT McCormick and Paramedic Medley were entrapped in the wreckage of the crash, had to be extricated from their ambulance, and suffered traumatic injuries as a result of that crash; and

Whereas, despite valiant efforts from fellow emergency medical services, and other public safety personnel at the scene, along with further valiant efforts from healthcare providers at Wishard Hospital, both EMT McCormick and Paramedic Medley both succumbed to their traumatic injuries they sustained in the line-of-duty crash;

Therefore, on behalf of the State of Indiana EMS staff, and the entire Indiana EMS community, I respectfully request that the Indiana Emergency Medical Services Commission posthumously honor EMT McCormick and Paramedic Medley with 'Honorary Lifetime' certifications, commensurate with their levels of certification/licensure at the time of their untimely deaths in the line of duty. Greater love hath no man than this, that a man lay down his life for his friends.

Respectfully submitted,

Jason R. Smith, EMS Field Coordinator
Indiana Department of Homeland Security
302 West Washington Street – Room E208
Indianapolis, IN 46204

Attachment #2

MICHAEL R. PENCE, Governor
STATE OF INDIANA

INDIANA DEPARTMENT OF HOMELAND SECURITY
302 West Washington Street
Indianapolis, IN 46204

March 22, 2013

Indiana Emergency Medical Services Commission
c/o Indiana Department of Homeland Security
ATTN: G. Lee Turpen, Chairman
302 West Washington Street – Room E208
Indianapolis, Indiana 46204
Dear Mr. Turpen:

Whereas, in the early morning hours of February 16th, 2013, EMT (Private) Timothy McCormick and Paramedic (Specialist) Cody Medley, of Indianapolis EMS were involved in a line-of-duty crash in their ambulance, at the intersection of Senate Avenue and St. Clair Street in downtown Indianapolis. Both suffered traumatic injuries, and despite valiant efforts at the scene and at the hospital, both succumbed to the traumatic injuries they sustained in the line-of-duty crash; and

Whereas, I have previously petitioned the EMS Commission to posthumously honor both EMT McCormick and Paramedic Medley with 'Honorary Lifetime' certifications commensurate with their levels of certification/licensure at the time of their untimely deaths; and

Whereas, since that time our staff has confirmed that EMT Timothy McCormick had successfully completed Paramedic training and had successfully completed one of two examinations required by the National Registry in order to obtain Paramedic certification;

Therefore, on behalf of the State of Indiana EMS staff, and the entire Indiana EMS community, I respectfully request that the Indiana Emergency Medical Services Commission posthumously honor EMT McCormick with an 'Honorary Lifetime (Indiana) Paramedic' license.

Respectfully submitted,

Jason R. Smith, EMS Field Coordinator
Indiana Department of Homeland Security
302 West Washington Street – Room E208
Indianapolis, IN 46204

Attachment #3

EMS Commission Certification Report
March, 2013

Total Certifications		Issued Since Last Mtg		Issued Same Time 2012		Certified Individuals
EMS - EVOC	2907	EMS - EVOC	15	EMS - EVOC	34	
EMS - EVOC INSTR	79	EMS - EVOC INSTR		EMS - EVOC INSTR	4	
ADVANCED EMT	5	ADVANCED EMT	17	ADVANCED EMT	0	
EMT - BA	1726	EMT - BA		EMT - BA	20	1726
EMT	19392	EMT	899	EMT-BASIC	444	13605
EMT-INTERMEDIATE	179	EMT-INTERMEDIATE	2	EMT-INTERMEDIATE	0	179
PARAMEDIC	3882	PARAMEDIC	79	PARAMEDIC	68	3882
EMT-PI	505	EMT-PI	6	EMT-PI	9	
EXTRICATION	1979	EXTRICATION		EXTRICATION	0	
EMR	5801	EMR	178	FIRST RESPONDER	118	5801
Totals	**36455**		**1196**		**697**	**25193**

1st Qtr 2013	Count	2nd Qtr 2013	Count	3rd Qtr 2013	Count	4th Qtr 2013	Count
EMS - EVOC		EMS - EVOC		EMS - EVOC		EMS - EVOC	
EVOC INSTRUCTOR		EVOC INSTRUCTOR		EVOC INSTRUCTOR		EVOC INSTRUCTOR	
ADVANCED EMT		ADVANCED EMT		ADVANCED EMT		ADVANCED EMT	
EMT - BA		EMT - BA		EMT -BA		EMT - BA	
EMT-BASIC		EMT-BASIC		EMT-BASIC		EMT	
EMT-INTERMEDIATE		EMT-INTERMEDIATE		EMT-INTERMEDIATE		EMT-INTERMEDIATE	
PARAMEDIC		PARAMEDIC		PARAMEDIC		PARAMEDIC	
EMT-PI		EMT-PI		EMT-PI		EMT-PI	
EXTRICATION		EXTRICATION		EXTRICATION		EXTRICATION	
FIRST RESPONDER		FIRST RESPONDER		FIRST RESPONDER		FIRST RESPONDER	
Totals	**0**		**0**		**0**		**0**

1st Qtr 2012	Count	2nd Qtr 2012	Count	3rd Qtr 2012	Count	4th Qtr 2012	Count
EMS - EVOC	44	EMS - EVOC	13	EMS - EVOC	89	EMS - EVOC	92
EVOC INSTRUCTOR	5	EVOC INSTRUCTOR	0	EVOC INSTRUCTOR	1	EVOC INSTRUCTOR	7
ADVANCED EMT		ADVANCED EMT		ADVANCED EMT	0	ADVANCED EMT	5
EMT - BA	43	EMT - BA	58	EMT -BA	52	EMT - BA	13
EMT-BASIC	574	EMT-BASIC	523	EMT-BASIC	492	EMT	268
EMT-INTERMEDIATE	0	EMT-INTERMEDIATE	7	EMT-INTERMEDIATE		EMT-INTERMEDIATE	
PARAMEDIC	119	PARAMEDIC	92	PARAMEDIC	111	PARAMEDIC	79
EMT-PI	11	EMT-PI	12	EMT-PI	4	EMT-PI	13
EXTRICATION	0	EXTRICATION	0	EXTRICATION	0	EXTRICATION	0
FIRST RESPONDER	158	FIRST RESPONDER	199	FIRST RESPONDER	144	FIRST RESPONDER	124
Totals	**954**		**904**		**893**		**601**

1st Qtr 2011	Count	2nd Qtr 2011	Count	3rd Qtr 2011	Count	4th Qtr 2011	Count
EMS - EVOC	120	EMS - EVOC	40	EMS - EVOC	127	EMS - EVOC	73
EVOC INSTRUCTOR	8	EVOC INSTRUCTOR	3	EVOC INSTRUCTOR	11	EVOC INSTRUCTOR	6
EMT - BA	50	EMT - BA	51	EMT - BA	56	EMT - ADVANCED	46
EMT-BASIC	652	EMT-BASIC	781	EMT-BASIC	516	EMT-BASIC	341
EMT-INTERMEDIATE	4	EMT-INTERMEDIATE	3	EMT-INTERMEDIATE	4	EMT-INTERMEDIATE	3
PARAMEDIC	79	PARAMEDIC	135	PARAMEDIC	94	PARAMEDIC	87
EMT-PI	4	EMT-PI	2	EMT-PI	7	EMT-PI	6
EXTRICATION	0	EXTRICATION	0	EXTRICATION	30	EXTRICATION	7
FIRST RESPONDER	168	FIRST RESPONDER	250	FIRST RESPONDER	145	FIRST RESPONDER	165
Totals	**1085**		**1265**		**990**		**734**

1st Qtr 2010		2nd Qtr 2010		3rd Qtr 2010	Count	4th Qtr 2010	Count
EMS - EVOC	124	EMS - EVOC	166	EMS - EVOC	240	EMS - EVOC	107
EVOC INSTRUCTOR	1	EVOC INSTRUCTOR	1	EVOC INSTRUCTOR	0	EVOC INSTRUCTOR	5
EMT - BA	41	EMT - BA	35	EMT - BA	51	EMT - BA	47
EMT-BASIC	801	EMT-BASIC	767	EMT-BASIC	841	EMT-BASIC	400
EMT-INTERMEDIATE	4	EMT-INTERMEDIATE	5	EMT-INTERMEDIATE	4	EMT-INTERMEDIATE	7
PARAMEDIC	121	PARAMEDIC	123	PARAMEDIC	95	PARAMEDIC	83
EMT-PI	9	EMT-PI	15	EMT-PI	3	EMT-PI	5
EXTRICATION	20	EXTRICATION	10	EXTRICATION	12	EXTRICATION	0
FIRST RESPONDER	230	FIRST RESPONDER	274	FIRST RESPONDER	131	FIRST RESPONDER	105
Totals	**1351**		**1396**		**1377**		**759**

1st Qtr 2009		2nd Qtr 2009		3rd Qtr 2009	Count	4th Qtr 2009	Count
EMS - EVOC	47	EMS - EVOC	163	EMS - EVOC	82	EMS - EVOC	331
EVOC INSTRUCTOR	4	EVOC INSTRUCTOR	0	EVOC INSTRUCTOR	0	EVOC INSTRUCTOR	0
EMT - BA	74	EMT - BA	23	EMT - BA	70	EMT - BA	55
EMT-BASIC	738	EMT-BASIC	514	EMT-BASIC	856	EMT-BASIC	570
EMT-INTERMEDIATE	7	EMT-INTERMEDIATE	5	EMT-INTERMEDIATE	6	EMT-INTERMEDIATE	13
PARAMEDIC	135	PARAMEDIC	91	PARAMEDIC	93	PARAMEDIC	83
EMT-PI	14	EMT-PI	10	EMT-PI	15	EMT-PI	14
EXTRICATION	0	EXTRICATION	47	EXTRICATION	0	EXTRICATION	1
FIRST RESPONDER	178	FIRST RESPONDER	268	FIRST RESPONDER	239	FIRST RESPONDER	247
Totals	**1197**		**1121**		**1361**		**1314**

Certs Due for Re-N	3/31/2013	Expired 01/01/2013	
EMS - EVOC	147	EMS - EVOC	91
EVOC INSTRUCTOR	7	EVOC INSTRUCTOR	2
EMT - BA	102	EMT - BA	36
EMT-BASIC	1792	EMT-BASIC	402
EMT-INTERMEDIATE	6	EMT-INTERMEDIATE	3
PARAMEDIC	347	PARAMEDIC	64
EMT-PI	46	EMT-PI	4
EXTRICATION	0	EXTRICATION	0
FIRST RESPONDER	519	FIRST RESPONDER	168
Totals	**2966**		**770**

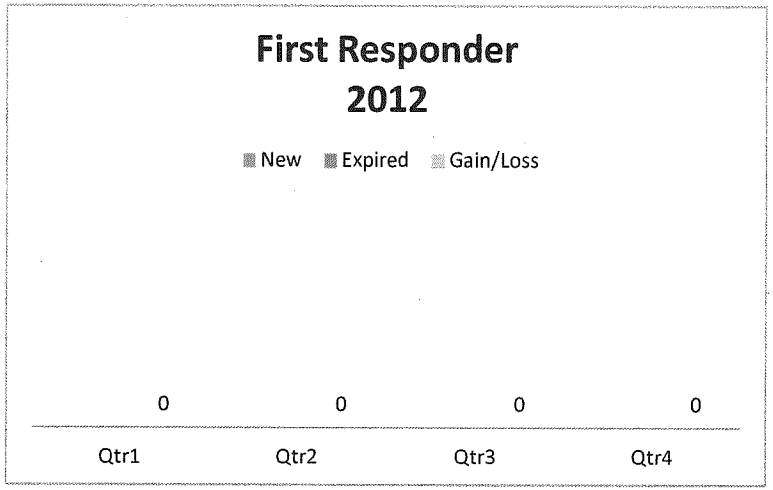
Number of People Failed to Recertify Last Quarter

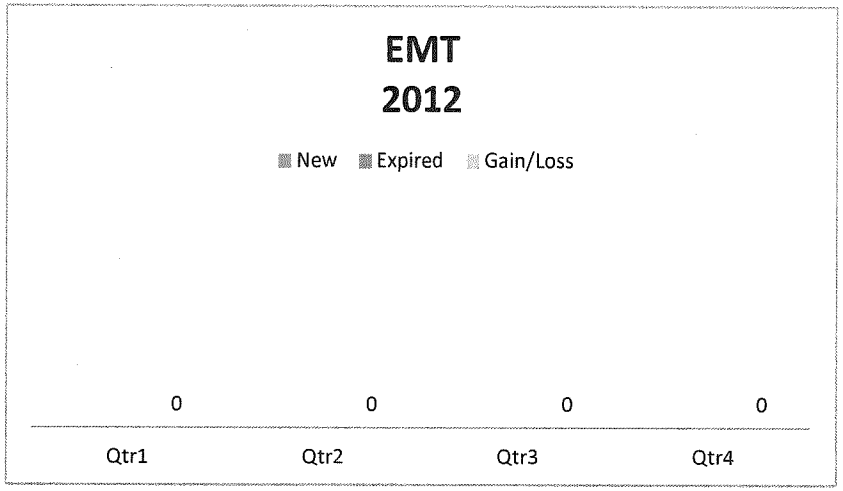
609

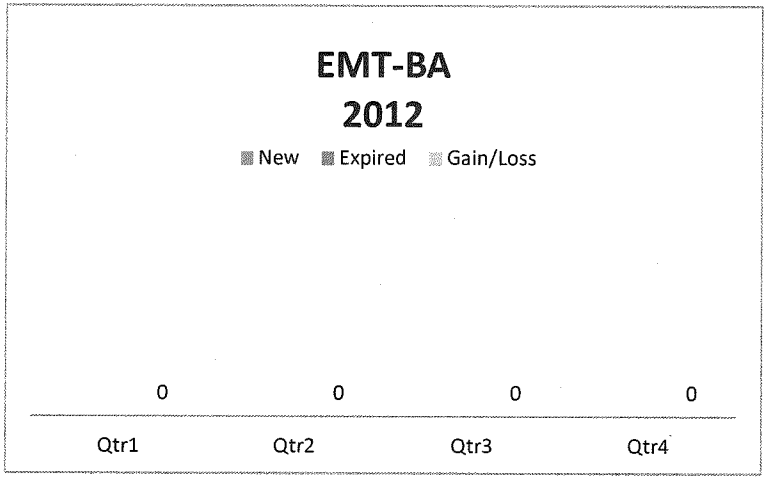
Number of New People Certified Last Quarter

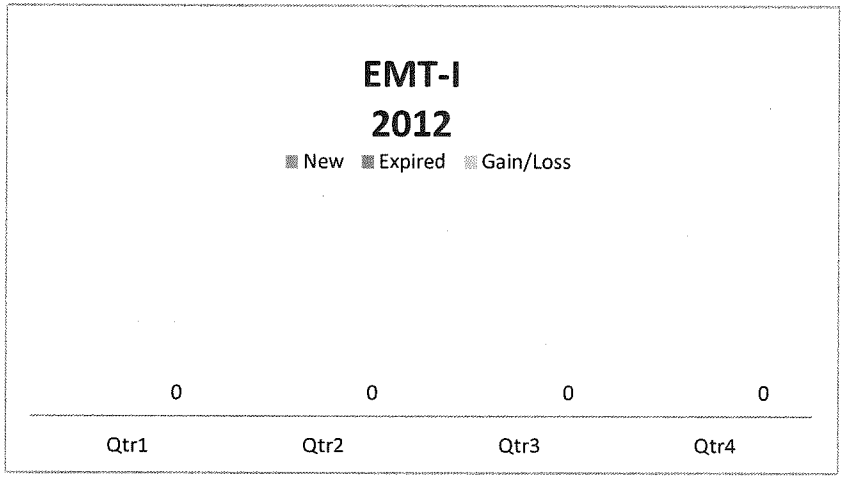
392

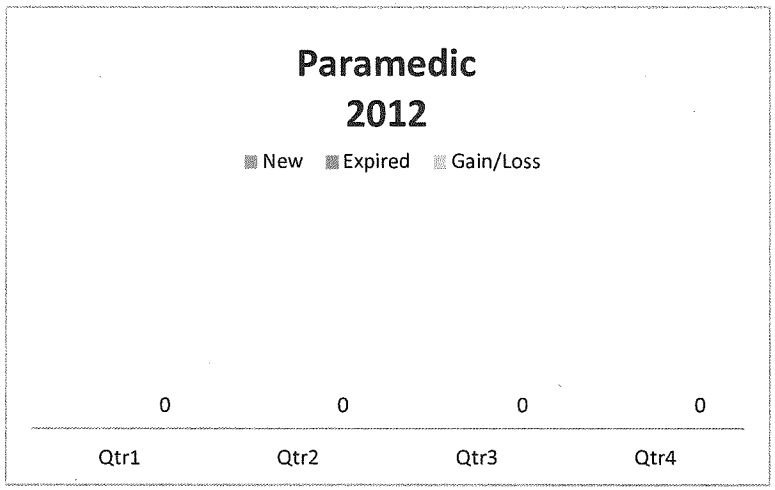
Net gain/Loss of: -217

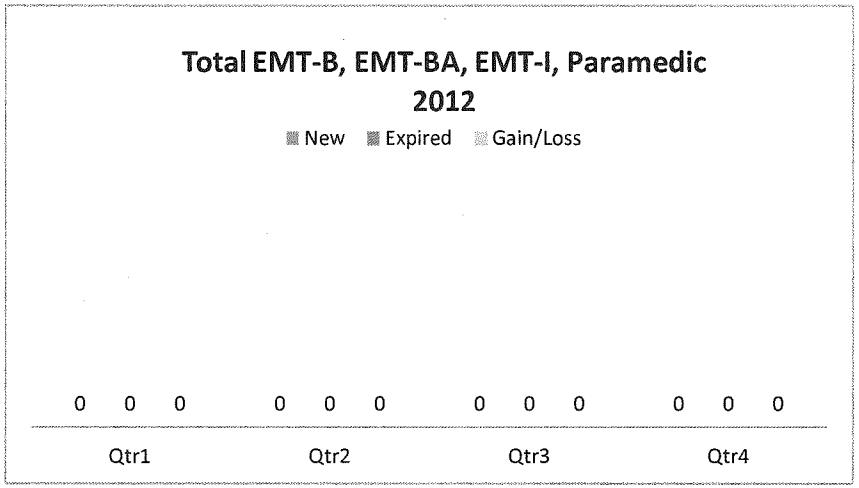

First Responder
2012
New
Expired
Gain/Loss
0
0
0
0
Qtr1
Qtr2
Qtr3
Qtr4


EMT
2012
New
Expired
Gain/Loss
0
0
0
0
Qtr1
Qtr2
Qtr3
Qtr4


EMT-BA
2012
New
Expired
Gain/Loss
0
0
0
0
Qtr1
Qtr2
Qtr3
Qtr4

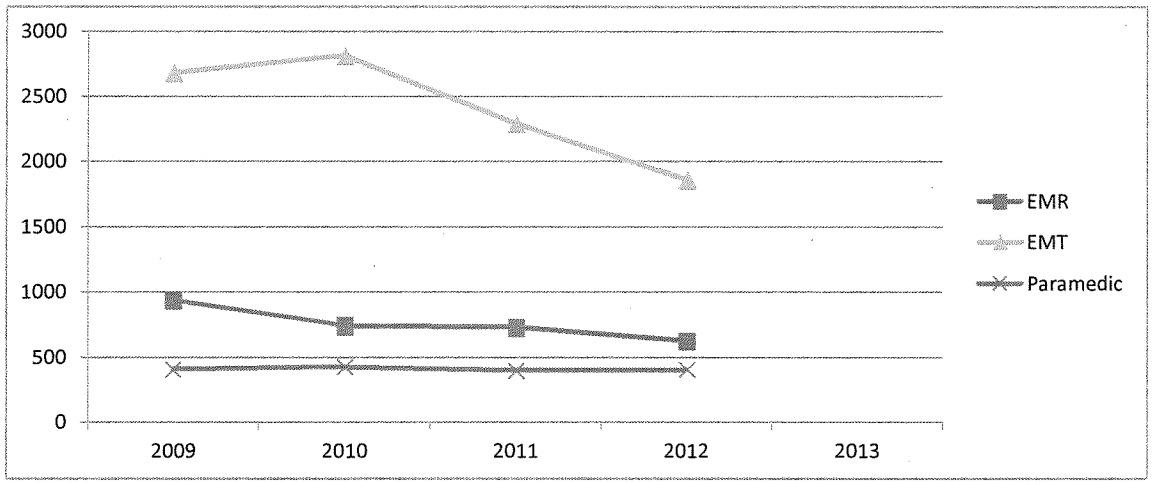

EMT-I
2012
New
Expired
Gain/Loss
0
0
0
0
Qtr1
Qtr2
Qtr3
Qtr4





Trending Graph

Year	2009	2010	2011	2012	2013
EMR	932	740	728	625	
EMT	2678	2809	2290	1857	
Paramedic	402	422	395	401	



Attachment #4

Emergency Medical Services
Provider Certification Report

Date : March 14, 2013 **March 22, 2013**

In compliance with the Rules and Regulations for the operation and administration of Emergency Medical Services, this report is respectfully submit to the Commission at the **March 22, 2013** Commission meeting, the following report of agencies who have meet the requirements for certification as Emergency Medical Service Providers and their vehicles.

Provider Level	Counts
Rescue Squad Organization	5
Basic Life Support Non-Transport	394
Ambulance Service Provider	100
EMT Basic-Advanced Organization	34
EMT Basic-Advanced Organization non-transport	19
EMT Intermediate Organization	1
EMT Intermediate Organization non-transport	0
Paramedic Organization	184
Paramedic Organization non-transport	8
Rotorcraft Air Ambulance	12
Fixed Wing Air Ambulance	3
Total Count:	760

Attachment #5

EMS Sub-Committee for Data Collection Summary

The following notes were taken at the EMS Commission Sub-Committee Meeting that occurred at Decatur Twp. Fire Department on March 13, 2013.

Attendees: Michael Lockard, Chairman, Charles Valentine, Member, Rick Archer, Member. Dr. Olinger, Member was absent.

Staff in attendance: Candice Hilton, Gary Robison, Angie Biggs, Robin Stump, Elizabeth Fiato, Ryan Hansome, Jenna Rossio, Fire Marshal Jim Greeson, Chief of Staff Mike Garvey.

Other Attendees: Don Matson, ISDH, Katie Gatz, ISHD, Derek Zollinger, ISDH, Brian Carnes, ISDH.

Current Status of Reporting:

1. Total of 9,000 runs have been reported on the legacy system.
2. Approximately 12,000 are reporting on NEMSIS compliant system.
3. Runs for 2012 are still being reported
4. 210,433 runs in the system through legacy system. Approximately 8,000 runs have been reported on the dot net system.

Action Items

1. Fire Marshal Jim Greeson reported on actions that IDHS have been taking to help get provider organizations compliant with the rules and regulations.
    a. The Indiana specific data elements have been identified as being one issue that is keeping providers from reporting. A temporary waiver needs to be requested from the EMS Commission to ask that provider organizations only need to report the 83 NEMSIS elements.
    b. Providers need to move from the Legacy system to the dot net system.
        i. A new software program has been purchased and put into place.
        ii. The new software will be effective as of March 13, 2013 (the day of this meeting). This new software will help to validate data as it is received.
        iii. The agency has a plan in place to help get provider organizations compliant with data reporting.
        iv. Staff from our Field services and planning divisions will be trained on the new software system so that they can help educate and train providers.
    c. The goal of the Agency is to have the majority of providers compliant by June 2013.

d. Beta testing with the new software will be initiated prior to launching the system completely.
e. An update will be provided to the EMS Commission at the June 7, 2013 meeting.

2. A waiver request has been prepared by staff to be presented at the EMS Commission to waive IAC 836 1-1-5 (b) to allow providers to report the 83 NEMSIS data elements without the Indiana specific data elements.

Mr. Chuck Valentine offered a motion for the Sub-Committee to support the waiver request from Indiana Department of Homeland Security prepared on behalf of all providers in Indiana to waive the Indiana specific data elements. The motion was seconded by Mr. Rick Archer. The motion passed.

3. After discussion it was decided that a non-rule policy needs to be draft and presented to the EMS Commission to set how data will be submitted to the state.

Mr. Chuck Valentine offered a motion for staff to draft a non-rule policy that states providers must send data in xml format to the state. The motion was seconded by Chairman Michael Lockard. The motion passed.

4. It was stated that the Data Dictionary will need to be updated. The Data Dictionary is not in the statue so it can be updated without a rule change.

5. Ms. Katie Gatz reported out on the Trauma Registry. Ms. Gatz reports that some information has been received by ISDH. IDHS has sent information to ISDH. After the new software at IDHS is in place and receiving data IDHS will be able to send usable data to ISDH.

Mr. Gary Robison posed the question "will there be mutual sharing of data between the two agencies?" Ms. Gatz and Mr. Brian Carnes stated that yes there would be mutual sharing.

6. Chairman Lockard opened discussion regarding when the next Sub-committee meeting would be set. After discussion it was decided that a meeting will be set after the June 7 2013 EMS Commission meeting.

With there being no more business for the good of the order Mr. Chuck Valentine made a motion to adjourn the meeting. The motion was seconded by Mr. Rick Archer. The motion passed. The meeting was adjourned at 4:33pm.

Attachment #6

EMS Week

- I-EMSC would like to invite you to nominate a ***Health Care Hero*** for this years EMSC Day!

Contact: **ghuffman@iupui.edu**

- EMSC Day is May 22, 2013

Indiana – Emergency Medical Services for Children

Attachment #7

MICHAEL R. PENCE, Governor
STATE OF INDIANA

DEPARTMENT OF HOMELAND SECURITY JOHN H. HILL, EXECUTIVE DIRECTOR

Indiana Department of Homeland Security
Indiana Government Center South
302 West Washington Street
Indianapolis, IN 46204
317-232-3980

EMERGENCY MEDICAL SERVICES COMMISSION
TECHNICAL ADVISORY COMMITTEE MEETING MINUTES

DATE: February 5, 2013; 10:00 a.m.

LOCATION: Noblesville Fire Department, Station 77
15251 Olio Road
Noblesville, IN 46060

PRESENT: Leon Bell, Chairman, ALS Training Institute
Charles Ford, EMS Chief Executive Officer
Faril Ward, EMS Chief Operating Officer
Sara Brown, EMS Medical Director
Edward Bartkus, EMS Medical Director
Tina Butt, First Responder Training Director
Sherry Fetters, Vice Chairman, EMS Chief Executive Officer
Michael McNutt, BLS Training Program Director
Jessica Lawley, ALS Training Program Director
Michael Gamble, Emergency Department Director
Elizabeth Weinstein, EMS for Children

OTHERS PRESENT: Myron Mackey, EMS Commissioner
Rick Archer, EMS State Director
Ken William, Fire Chief, Noblesville
John Zartman, EMS Commissioner
Terri Hamilton, EMS Commissioner
Elizabeth Fiato, IDHS Staff
Other IDHS Staff
Several members of the EMS Community

1) Meeting called to order at 10:05 a.m. by Chairman Bell. Dr. Weinstein arrived at 10:06 a.m.

2) Roll call, quorum present.

Chairman Bell introduced new TAC member Jaren Killian. Mr. Killian is presently Division Chief of EMS with Clay Fire Territory in the South Bend area. Mr. Killian is also a primary instructor.

3) Adoption of minutes:

Mr. Edward Bartkus made a motion to accept the minutes from the October 2, 2012 meeting. The motion was seconded by Ms. Sherry Fetters. Chairman Bell called for additions or amendments to the minutes. Mr. Michael McNutt stated that on page 3 there are places where EMT Basic Advanced should be changed to Advanced EMT. Also page 5 item A Chris Jones it does not state if he spoke in favor or against the additions to the EMT Advanced curriculum. The motion passed to adopt the minutes as amended.

Mr. Charles Ford offered a motion to adopt the additions and amendments. The motion was seconded by Ms. Elizabeth Weinstein. The motion passed.

4) Public Comment: None

5) Announcements:

Chairman Bell spoke about the EMS Commission meeting that occurred on January 18. By mistake the Morgan Lens was presented as it pertained to the paramedic level. Chairman Turpin had asked for the Morgan Lens to be reviewed at the EMT level. The TAC will have to revisit the topic of the Morgan Lens at the EMT level.

Chairman Bell spoke about the Commission passing the National Education Standard as the TAC recommended. A waiver was introduced for US Steel to add the additional skills that were discussed at length at

the last TAC meeting and also at the January 18th Commission meeting. He also explained the waiver process. Chairman Bell stated that educational requirements cannot be waived. The Commission has asked the TAC to help establish a structure for the waiver process.

Chairman Bell gave a short summary of the PI work group that met prior to the EMS Commission meeting. The work group established a template for staff and Primary Instructors to use for all levels of certification.

Some discussion regarding waivers and the waiver process followed Chairman Bell's announcements/information.

No action required.

6) Old Business:

1) PI Exam

Mr. Michael McNutt presented information regarding the status of the PI exam. Some Primary Instructors were given the exam. About 20 questions were found that nearly every one of the participants missed. Most of the questions that were missed were dealing with theory. John Zartman has a Primary Instructor class that is ending in March. The new exam is going to be administered to the class then the results will be analyzed. The PI exam sub-committee will meet again to look at the questions that have been missed and see if they need to be changed. There was discussion regarding creating an Indiana specific module and have PI students taking it on-line so they would know the process of turning in paperwork etc. Elizabeth Fiato will help work on creating this module. Discussion was held regarding the use of a psychometrician. The goal is to have the exam ready for final approval by the TAC by the April 2nd meeting. Mr. McNutt felt that the April 2nd date was not likely to be met given the re-write of questions, the fact that the PI class will have just taken the exam and it is unknown what the psychometrician will say about the exam.

2) Fiscal impact of developing a EVOC training course on small business

a. Results of the IDHS sponsored survey of Indiana providers

Chairman Bell requested the indulgence of the Committee members regarding this topic to give him time to work with IDHS staff to compose the survey and get it sent out the providers until the next TAC meeting. The survey questions would be to find out if provider's insurance

companies require their drivers to have defensive driving training, what is the defensive driving course, does the insurance company give a discount for having the drivers go through the training. Dr. Edward Bartkus pointed out that there is a difference between an EVOC course and defensive driving course. The intent of the recommendation was to have the EVOC training.

3) Morgan Lens at the EMT level

Chairman Bell stated that he feels more research is needed before the CPAP can be discussed by the group regarding adding it to the EMT level this will be discussed at a future meeting.

Dr. Bartkus stated that it wouldn't make sense to add the Morgan Lens since the TAC just voted against it at the Advance level. The TAC established the base level for the education standards. Dr. Weinstein commented that there are other ways to flush the eye that are less invasive. It was demonstrated at the last TAC meeting that in certain settings it is the most effective method to use. Ms. Tina Butt commented that it didn't make sense to make all BLS trucks to carry the IV fluid and additional equipment when most would not use the Morgan Lens. Extensive discussion followed concerning waivers, additions to curriculum, fragmentation of EMS in Indiana, transportation times, and rule revisions.

Mr. Faril Ward made a motion to recommend to the EMS Commission that BLS providers need to request a waiver of the National Standard of education. The motion was seconded by Dr. Elizabeth Weinstein. The motion passed.

4) Discussion concerning the waiver process.

Chairman Bell called for a 10 minute break at 11:25a.m.
Chairman Bell called the meeting back to order at 11:35 a.m.

Mr. Michael McNutt made a motion that the TAC recommend to the Commission the following standard format for a provider waiver request must be used:
When asking for a waiver the following information must be given:
Initial training:

A. Must include training objectives

- **Psychomotor skills**
- **Cognitive objectives**

B. Training materials

C. Competency evaluation tool/testing

Continuing Education:

A. How often must the continuing education be completed

B. Define who is required to complete the continuing education

Policy specifically addressing new members of the agency/department:

A. Policy must address how each member's training is tracked

B. How long competencies will be maintained on file

Upon requesting a renewal of the waiver the Provider must show proof of the above information. The request and all material must be submitted in writing 45 days prior to the Commission Meeting. The motion was seconded by Mr. Faril Ward. Chairman Bell called for the vote. The motion passed.

7) New Business:

1) Distance Education

a. Chairman Bell started a discussion regarding distance learning in EMS. Discussion followed regarding how distance learning can occur within the current rules and regulations. The current EMT rule says a Primary Instructor must be physically present at every class.

Dr. Edward Bartkus made a motion to recommend that the wording be changed in the EMT rule so it reads that the PI must oversee the course and take out the wording that states the PI must be physically present at every class. Mr. Charles Ford seconded the motion. Discussion followed. Following the discussion Dr. Bartkus withdrew his motion and Mr. Ford withdrew his second.

Chairman Bell asked for volunteers to form a sub-committee to further study distance learning. Sherry Fetter volunteered and is the chairwoman of the sub-committee. Michael McNutt and Faril Ward both also volunteered for this sub-committee.

2) Interpretation of the Primary Instructor rule

a. Chairman Bell started a discussion on the interpretation of the PI rule.

Chairman Bell asked for volunteers for a sub-committee for the interpretation of the PI rule. Sherry Fetter, Jessica Lawley, Jaren Killian, and Michael McNutt all volunteered.

3) Advanced EMT additions education and validation

Dr. Elizabeth Weinstein made a motion that the TAC recommend to the Commission the following standard format for a provider waiver request must be used:

When asking for a waiver the following information must be given:

Initial training:

D. Must include training objectives

- **Psychomotor skills**
- **Cognitive objectives**

E. Training materials

F. Competency evaluation tool/testing

Continuing Education:

C. How often must the continuing education be completed

D. Define who is required to complete the continuing education

Policy specifically addressing new members of the agency/department:

C. Policy must address how each member's training is tracked

D. How long competencies will be maintained on file

This process has to have Medical Director approval.

Upon requesting a renewal of the waiver the Provider must show proof of the above information. The request and all material must be submitted in writing 45 days prior to the Commission Meeting. The motion was seconded by Dr Edward Bartkus. Chairman Bell called for the vote. 5 voted in favor, 4 voted against. The motion passed.

8) Meeting will be held at Noblesville Fire Station 77 on April 2, 2013 at 10:00am.

Dr. Edward Bartkus made a motion to adjourn the meeting. The motion was seconded by Mr. Michael Gamble. The motion passed. The meeting was adjourned at 2:03 p.m.

Approved _____

Leon Bell, Chairman

Attachment #8

TECHNICAL ADVISORY COMMITTEE – TASK SUMMARY

INDIANA STATE E.M.S. COMMISSION

TASK INFORMATION

Date Assigned:	**February 5, 2013**	Assigned to: C	**TAC**
Job Task:	**Review the elements of waivers to the NES post graduation**		
Commission Staff:			
Review Period:	**February 5, 2013**		

ASSIGNMENT REVIEW - GUIDELINES - GOALS

At the last Commission meeting a referral from the Commission was made to the TAC to determine a set of continuing education elements that will be necessary for providers wishing to waive the certification standard at AEMT level post-graduation. The waivers are permits by administrative rule and have been part of the Commission business for over 20 years. The TAC evaluated a method that can be published and universally followed by provides desirous of waiving the certification rules.

TAC RECOMMENDATION

The Technical Advisory Committee is recommending that the EMS Commission adapt a tool to guide providers seeking to waive the rules for any waiver of the rules. The guidelines are in two parts. Part "A" is how the provider will accomplish the initial additional continuing education to bring the ambulance service provider to the level of competency to activate and implement the waiver. As a minimum the service requesting a waiver for post-graduation activity must include a plan

Training Objectives

- a method to examine and evaluate Psychomotor skills to prove competency to the Commission
- a method to examine and evaluate Cognitive objectives to prove competency to the Commission

B. Training materials

C. Competency evaluation tool/testing that will be used to verify outcomes

Generally, a waiver issued by the Commission is for two years. Part two of the recommendation will require a provider service to renew the waiver to include

A. How often must the continuing education must be completed to maintain competency

B. Define who in the provider service is required to complete the continuing education

There must be a policy written at the provider service level specifically addressing how new members are in-serviced and examined to establish competency (waiver) for the new members of the agency/department:

A. Policy must written to address how each member's training is tracked regarding maintenance of the waiver competency

B. How long competencies will be maintained on file

Upon requesting a renewal of the waiver the Provider must show proof of the above information. Finally, the waiver request and all material must be submitted in writing 45 days prior to the Commission Meeting.

LIMITATIONS – CHALLENGES – FISCAL IMPACT

None

FORMAL MOTION

ADDITIONAL COMMENTS

VERIFICATION OF REVIEW AND SUBMISSION

By signing this document, the (TAC) Technical Advisory Committee formally submits to the Indiana State EMS Commission the above proposed recommendations for review, consideration, and implementation. We acknowledge receipt of review, and submit this document for consideration to the Indiana EMS Commission on the date listed below.

Chairman, TAC Committee *Date*

Vice-Chairman, TAC Committee *Date*

EMS COMMISSION – RECOMMENDATION - ACTION

Commission Actions: **Date:**

- ☐ Approved, as listed.
- ☐ Approved, with changes listed below.
- ☐ Re-assigned for future recommendation.
- ☐ Rejected
- ☐ Other

COMMENTS:

TECHNICAL ADVISORY COMMITTEE – TASK SUMMARY

INDIANA STATE E.M.S. COMMISSION

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TAC RECOMMENDATION

TAC recommend to the Commission the following standard format for a provider waiver request must be used:

LIMITATIONS – CHALLENGES – FISCAL IMPACT

None

FORMAL MOTION

The Technical Advisory Committee is recommending that the EMS Commission adapt a tool to guide providers seeking to waive the rules for post-graduation initiatives. The guidelines are in two parts. Part "A" is how the provider will accomplish the initial additional continuing education to bring the ambulance service provider to the level of competency to activate and implement the waiver. As a minimum the service requesting a waiver for post-graduation activity must include a plan

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EMS COMMISSION – RECOMMENDATION - ACTION

Commission Actions: **Date:**

- ☐ Approved, as listed.
- ☐ Approved, with changes listed below.
- ☐ Re-assigned for future recommendation.
- ☐ Rejected
- ☐ Other

COMMENTS:

TECHNICAL ADVISORY COMMITTEE – TASK SUMMARY

INDIANA STATE E.M.S. COMMISSION

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TAC RECOMMENDATION

The Technical Advisory Committee is recommending that the EMS Commission adapt a tool to guide providers seeking to waive the rules for post-graduation initiatives. The guidelines are in two parts. Part "A" is how the provider will accomplish the initial additional continuing education to bring the ambulance service provider to the level of competency to activate and implement the waiver. As a minimum the service requesting a waiver for post-graduation activity must include a plan

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A. Policy must written to address how each member's training is tracked regarding maintenance of the waiver competency

B. How long competencies will be maintained on file

Upon requesting a renewal of the waiver the Provider must show proof of the above information.

Finally, the waiver request and all material must be submitted in writing 45 days prior to the Commission Meeting

LIMITATIONS – CHALLENGES – FISCAL IMPACT

None

FORMAL MOTION

ADDITIONAL COMMENTS

VERIFICATION OF REVIEW AND SUBMISSION

By signing this document, the (TAC) Technical Advisory Committee formally submits to the Indiana State EMS Commission the above proposed recommendations for review, consideration, and implementation. We acknowledge receipt of review, and submit this document for consideration to the Indiana EMS Commission on the date listed below.

Chairman, TAC Committee *Date*

Vice-Chairman, TAC Committee *Date*

EMS COMMISSION – RECOMMENDATION - ACTION

Commission Actions: **Date:**

- ☐ Approved, as listed.
- ☐ Approved, with changes listed below.
- ☐ Re-assigned for future recommendation.
- ☐ Rejected
- ☐ Other

COMMENTS:

Attachment #9

AEMT Ipratropium Bromide Program

EMS Commission Policy on Ipratropium Bromide for AEMT

Advanced Emergency Medical Technicians seeking to expand their scope of practice to include the administration of ipratropium bromide must have successfully completed a training program which was approved by Indiana Department of Homeland Security and met the EMS Commission approved program requirements and objectives.

Candidate Prerequisites

The following are required prerequisites for individuals seeking to expand their scope of practice to include the administration of ipratropium bromide:

1. Must be currently certified as a National Registry Advanced Emergency Medical Technician or Indiana Advanced Emergency Medical Technician (AEMT) AND
2. Must be affiliated with an Advanced Life Support Provider Organization with Medical Director approved protocol for the AEMT to utilize ipratropium bromide in their scope of practice.
   -OR-
3. An emergency medical technician (or higher) currently enrolled in an Indiana Department of Homeland Security approved AEMT training program that has EMS Commission approval to teach this additional subject matter.

Instructor Qualifications

Shall be an experienced educator, minimally certified as an Indiana AEMT and approved by the administering Training Institution or Supervising Hospital. Instructors should be capable and able to encourage interactive learning, facilitate discussions on the topic, apply different styles of instruction as needed, and provide remedial education when required.

Minimal Equipment Needs and Instructor Resources

1. Educational component
2. Small-volume nebulizer and required components
3. Sample of ipratropium bromide
4. Sample of albuterol
5. Actual or simulated oxygen source

Minimal Time for Didactic and Laboratory

Indiana Advanced Emergency Medical Technician

Proposed Standardized Curricula Additions: Ipratropium Bromide

Indiana Fire Chief's Associates EMS Section SME Work Group

One hour

Clinical Requirements

This is not a clinical requirement for this module.

Ipratropium Bromide Module for AEMT Course Objectives

Terminal Objective:

At the completion of this unit of instruction, the participant shall be able to:

1. Formulate a treatment plan to include the pharmacological administration of ipratropium bromide, as appropriate, for the patient with respiratory compromise.

Enabling Objective:

At the completion of this unit of instruction, the participant shall be able to:

1. Identify the following for ipratropium bromide, as it relates to the scope of practice of the paramedic (reference page 16 of the National Education Standards):
    a. Names
    b. Actions
    c. Indications
    d. Contraindications
    e. Complications
    f. Routes of administration
    g. Side effects
    h. Interactions
    i. Dosages for the medication administered

Individuals who show competency and successful completion of this Indiana Ipratropium Bromide for AEMT Module which includes didactic instruction, supervised laboratory, and written exam, may participate in the administration of ipratropium bromide as an AEMT in affiliation with an ALS Provider Organization and medical director approval.

AEMT ECG Interpretation Program

EMS Commission Policy on ECG Interpretation for AEMT

Advanced Emergency Medical Technicians seeking to expand their scope of practice to include ECG interpretation must have successfully completed a training program which was approved by Indiana Department of Homeland Security and met the EMS Commission approved program requirements and objectives.

Candidate Prerequisites

The following are required prerequisites for individuals seeking to expand their scope of practice to include ECG interpretation:

1. Must be currently certified as a National Registry Advanced Emergency Medical Technician or Indiana Advanced Emergency Medical Technician (AEMT) AND
2. Must be affiliated with an Advanced Life Support Provider Organization with Medical Director approved protocol for the AEMT to perform ECG interpretation within their scope of practice.
   -OR-
3. An emergency medical technician (or higher) currently enrolled in an Indiana Department of Homeland Security approved AEMT initial training program that has EMS Commission approval to teach this additional subject matter.

Instructor Qualifications

Shall be an experienced AEMT, paramedic, registered nurse, or physician approved by the administering Training Institution or Supervising Hospital. Instructors should be capable and able to encourage interactive learning, facilitate discussions on the topic, apply different styles of instruction as needed, and provide remedial education when required.

Minimal Equipment Needs and Instructor Resources

1. Educational component
2. ECG monitor
3. Rhythm generator
4. Electrodes
5. Simulated patient

Minimal Time for Didactic and Laboratory: 16 hours didactic, 8 hours laboratory

Indiana Advanced Emergency Medical Technician

Proposed Standardized Curricula Additions: ECG Interpretation

Indiana Fire Chief's Associates EMS Section SME Work Group

Clinical Requirements:

Successful interpretation of ??? ECGs.

Successful ECG placement on ??? patients (simulated or live) Do we want/need a clinical component?

ECG Interpretation Module for AEMT Course Objectives

Terminal Objective:

At the completion of this unit of instruction, the participant shall be able to:

1. Formulate a treatment plan to include the application and interpretation of the ECG, as appropriate, for patient with various complaints.
2. Do we want/need additional terminal objectives?

Enabling Objectives:

At the completion of this unit of instruction, the participant shall be able to complete the following for ECG interpretation, as it relates to the scope of practice of the paramedic (reference page 52 of the National Education Standards):

Monitoring

1. State the purpose continuous ECG monitoring
2. List indications and limitations for continuous ECG monitoring
3. Describe the procedure for continuous ECG monitoring

Cardiac Anatomy

4. Relate papillary muscle and chordate tendineae to the anatomy and physiology of the heart
5. Describe the following as related to myocardial blood supply, distribution to the conduction system, and distribution to the chambers of the heart:
    a. Left coronary artery
    b. Left anterior descending artery
    c. Circumflex artery

   d. Right coronary artery
   e. Marginal artery
6. identify the function of the coronary sinus and great cardiac vein
7. Describe to following as related to the conduction system:
   a. Sinoatrial node
   b. Atrioventricular node
   c. Atrioventricular bundle
   d. Bundle branches
      i. Left anterior fascicle
      ii. Left posterior fascicle
      iii. right
   e. Purkinje network
   f. Intermodal and interatrial pathways
      i. AV node
      ii. Left atrium (Bachmann's bunle)
      iii. Middle intermodal tract (Wenckebach's tract)
      iv. Posterior internodal tract (Thorel's tract)
   g. Anatomical tracts that bypass the AV node
      i. Conduction anomalies (Wolff-Parkinson-White, Lown-Ganong-Levine)
         1. James fibers
         2. Mahaim fibers
         3. Accessory bindle of Kent
8. Explain the function and impact of the following as related to the vascular system:
   a. Ascending, thoracic, and abdominal aorta
   b. Superior and inferior vena cava
   c. Venous return (preload)
      i. Skeletal muscle pump
      ii. Thoracoabdominal pump
      iii. Respiratory cycle
      iv. Gravity
      v. Effects of IPPB, PEEP, CPAP and BiPAP on venous return
   d. Systemic vascular resistance and capacitance (afterload)
   e. Pulmonary veins

Cardiology Physiology

9. State the following related to the cardiac cycle
    a. Normal duration
    b. Events that occur in one cardiac cycle including the details of atrial systole, isovolumetric contraction, ejection, isovolumetric relaxation, rapid ventricular filling, and reduced ventricular filling
        i. Describe correlating waveforms and heart sounds as applicable
        ii. Discuss the impact that heart failure has on these events
10. Explain the impact of Starling's law and contractility on cardiac output

Electrophysiology

11. Distinguish between automaticity, excitability, conductivity and contractility
12. Identify the electrolytes involved with action potential
13. Describe depolarization, repolarization and refractory periods
14. Explain the effects of acetycholine and cholinesterase on the myocardium and vessels
15. Discuss the relationship of the following to the cardiovascular system
    a. Medulla
    b. Carotid sinus and baroreceptors
    c. Parasympathetic system
    d. Sympathetic system
        i. Alpha receptors
        ii. Beta receptor effects of inotropic, dromotropic, and chronotropic
16. Discuss incidence, morbidity/mortality, risk factors, possible contributing risks, and prevention strategies as related to cardiac events.
17. Describe the components of the primary survey, history and physical, and secondary survey for the patient requiring a cardiovascular assessment

ECG Monitoring

18. Explain the following pertaining to electrophysiology and wave forms
    a. Origination
    b. Production
    c. Relationship of cardiac events to respective wave forms
    d. Clinical significance of normal intervals
    e. Segments
19. Describe the electrode, anatomical position of the leads, correct placement of leads, and artifact
20. Identify the inferior, left lateral, precordial, and anterior/posterior surfaces of the heart and the respective leads
21. Explain the standardized amplitudes, rate, and duration for wave forms, segments, complexes and intervals
22. Explain the terms isoelectric, positive, and negative as it relates to waveform analysis
23. Perform ECG "strip method" and "300"/triplicate method to calculate heart rate for regular and irregular rhythms
24. Discuss the value and limitations of ECG rhythm analysis
25. Describe the acute signs of ischemia, injury and necrosis along with the rationale for possible early identification of patients with acute myocardial infarction for definitive interventional therapies
26. Explain the advantages and disadvantages of acute ischemia, injury and necrosis
27. Determine criteria for ST segment elevation as it correlates to height, depth and contour
28. Explain the identification and significant of acute ST changes for anterior and inferior involvement, ST segment depression in eight leads or more, and ST segment elevation in aVR and V1
29. Determine the significance of Q waves pertaining to their depth and duration

Cardiac arrhythmias

30. Discuss the following related to analysis
    a. P wave
        i. Configuration
        ii. Duration
        iii. Atrial rate and rhythm
    b. P-R (P-Q) interval
    c. QRS complex
        i. Configuration
        ii. Duration
        iii. Ventricular rate and rhythm
    d. S-T segment
        i. Contour
        ii. Elevation
        iii. Depression
    e. Q-T interval
        i. Duration
        ii. Implications of prolonged Q-T interval
    f. Relationship of P waves to QRS complexes
        i. Consistent
        ii. Increasing prolongation
        iii. No relationship
    g. T waves
    h. U waves
31. Discuss complex origin, rate, rhythm, and clinical significance as it relates to ECG interpretation
32. Describe arrhythmias originating in the sinus node
    a. Sinus bradycardia
    b. Sinus tachycardia
    c. Sinus arrhythmia
    d. Sinus arrest

33. Describe arrhythmias originating in the atria
    a. Premature atrial complex
    b. Atrial (ectopic) tachycardia
    c. Re-entrant tachycardia
    d. Multifocal atrial tachycardia
    e. Atrial flutter
    f. Atrial fibrillation
    g. Atrial flutter or atrial fibrillation with junctional rhythm
    h. Atrial flutter or atrial fibrillation with pre-excitation syndromes
34. Describe arrhythmias originating within the AV junction
    a. First degree AV block
    b. Second degree AV block
        i. Type I
        ii. Type II
    c. Complete AV block
35. Describe arrhythmias sustained or originating in the AV junction
    a. AV nodal re-entrant tachycardia
    b. AV reciprocating tachycardia (narrow and wide)
    c. Junctional escape rhythm
    d. Premature junctional complex
    e. Accelerated junctional rhythm
    f. Junctional tachycardia
36. Describe arrhythmias originating in the ventricles
    a. Idioventricular rhythm
    b. Accelerated idioventricular rhythm
    c. Premature ventricular complex
        i. R on T phenomenon
        ii. Paired/couplets
        iii. Multiformed
        iv. Frequent uniform
    d. "Rule of bigeminy"
    e. Ventricular tachycardia (monomorphic, polymorphic, and torsades de pointes)
    f. Ventricular fibrillation
    g. Ventricular standstill
    h. asystole

37. Describe abnormalities originating within the bundle branch system
    a. Complete versus incomplete
    b. Right bundle branch block
    c. Left bundle branch block
38. Explain the following pertaining to differentiation of wide QRS complex tachycardia:
    a. SVT with bundle branch block
    b. Accessory pathways
    c. Impact of physical evaluations
    d. ECG differences
        i. Aberrancy caused by PAC
            1. Identify PAC in previous ST segment or T wave
            2. Sudden change in rate with BBB
            3. Hidden retrograde conduction
            4. Refractoriness of RBBB
        ii. RBBB aberrancy
            1. Biphasic lead I with broad terminal S wave
            2. Triphasic QRS in V4
        iii. LBBB aberrancy
            1. Monophsic notched lead I
            2. Slurred, notched, or RSr' in V4, V5 or V6
        iv. Completely positive or completely negative pattern in all precordial leads in diagnostic of ventricular tachycardia (concordance)
        v. Preexisting BBB by patient history prior to tachycardia
        vi. Other considerations
            1. Pitfalls
                a. Age is not a differential
                b. Slower rates may present as hemodynamically stable
            2. Regularity
                a. SVT is frequently faster than monomorphic V-tach; both are regular
                b. Polymorphic V-tach is irregular
39. Explain pulseless electrical activity
40. Discuss other ECG phenomena
41. Correlate hypothermia, hyperkalemia, and hypokalemia to ECG changes

42. Discuss the role of continuous ECG monitoring for the following conditions:
    a. Acute coronary syndromes
    b. Abdominal complaints and gastrointestinal disorders
    c. Patients that have sustained chest trauma
    d. Hypothermia emergencies
    e. Certain pediatric emergencies
    f. Specific complaints in geriatrics not limited to:
        i. Delirium
        ii. Gastrointestinal bleeding
        iii. Biliary disease
        iv. Chronic renal failure
        v. Urinary tract infections
        vi. Diabetes mellitus
        vii. Diabetic ketoacidosis
        viii. Non-ketotic hyperglycemic-hyperosmolar coma
        ix. Hypothyroidism

Individuals who show competency and successful completion of this Indiana ECG interpretation for AEMT Module which includes didactic instruction, supervised laboratory, and written exam, may participate in ECG interpretation as an AEMT in affiliation with an ALS Provider Organization and medical director approval.

AEMT Ondansetron ODT Program

EMS Commission Policy on Ondansetron ODT for AEMT

Advanced Emergency Medical Technicians seeking to expand their scope of practice to include the administration of ondansetron ODT must have successfully completed a training program which was approved by Indiana Department of Homeland Security and met the EMS Commission approved program requirements and objectives.

Candidate Prerequisites

The following are required prerequisites for individuals seeking to expand their scope of practice to include the administration of ondansetron ODT:

1. Must be currently certified as a National Registry Advanced Emergency Medical Technician or Indiana Advanced Emergency Medical Technician (AEMT) AND
2. Must be affiliated with an Advanced Life Support Provider Organization with Medical Director approved protocol for the AEMT to utilize ondansetron ODT in their scope of practice.
   -OR-
3. An emergency medical technician (or higher) currently enrolled in an Indiana Department of Homeland Security approved AEMT training program that has EMS Commission approval to teach this additional subject matter.

Instructor Qualifications

Shall be at minimum an experienced AEMT or educator approved by the administering Training Institution or Supervising Hospital. Instructors should be capable and able to encourage interactive learning, facilitate discussions on the topic, apply different styles of instruction as needed, and provide remedial education when required.

Minimal Equipment Needs and Instructor Resources

1. Educational component
2. Sample of ondansetron ODT

Minimal Time for Didactic and Laboratory

One hour

Clinical Requirements

This is not a clinical requirement for this module.

Ondansetron ODT Module for AEMT Course Objectives

Terminal Objective:

At the completion of this unit of instruction, the participant shall be able to:

1. Formulate a treatment plan to include the pharmacological administration of ondansetron ODT, as appropriate, for the patient with nausea and/or vomiting.

Enabling Objective:

At the completion of this unit of instruction, the participant shall be able to:

1. Identify the following for ondansetron ODT, as it relates to the scope of practice of the paramedic (reference page 16 of the National Education Standards):
    a. Names
    b. Actions
    c. Indications
    d. Contraindications
    e. Complications
    f. Routes of administration
    g. Side effects
    h. Interactions
    i. Dosages for the medication administered

Individuals who show competency and successful completion of this Indiana Ondansetron ODT for AEMT Module which includes didactic instruction, supervised laboratory, and written exam, may participate in the administration of ondansetron ODT as an AEMT in affiliation with an ALS Provider Organization and medical director approval.

AEMT Epinephrine 1:10,000 Program

EMS Commission Policy on Epinephrine 1:10,000 for AEMT

Advanced Emergency Medical Technicians seeking to expand their scope of practice to include the administration of epinephrine 1:10,000 must have successfully completed a training program which was approved by Indiana Department of Homeland Security and met the EMS Commission approved program requirements and objectives.

Candidate Prerequisites

The following are required prerequisites for individuals seeking to expand their scope of practice to include the administration of epinephrine 1:10,000:

1. Must be currently certified as a National Registry Advanced Emergency Medical Technician or Indiana Advanced Emergency Medical Technician (AEMT) AND
2. Must be affiliated with an Advanced Life Support Provider Organization with Medical Director approved protocol for the AEMT to utilize epinephrine 1:10,000 in their scope of practice.
   -OR-
3. An emergency medical technician (or higher) currently enrolled in an Indiana Department of Homeland Security approved AEMT training program that has EMS Commission approval to teach this additional subject matter.

Instructor Qualifications

Shall be an experienced educator, minimally certified as an Indiana AEMT and approved by the administering Training Institution or Supervising Hospital. Instructors should be capable and able to encourage interactive learning, facilitate discussions on the topic, apply different styles of instruction as needed, and provide remedial education when required.

Minimal Equipment Needs and Instructor Resources

1. Educational component
2. Sample of epinephrine 1:10,000

Minimal Time for Didactic and Laboratory

One hour

Clinical Requirements

This is not a clinical requirement for this module.

Epinephrine 1:10,000 Module for AEMT Course Objectives

Terminal Objective:

At the completion of this unit of instruction, the participant shall be able to:

1. Formulate a treatment plan to include the pharmacological administration of epinephrine 1:10,000, as appropriate, for the patient in cardiorespiratory arrest.

Enabling Objective:

At the completion of this unit of instruction, the participant shall be able to:

1. Identify the following for epinephrine 1:10,000, as it relates to the scope of practice of the paramedic (reference page 16 of the National Education Standards):
    a. Names
    b. Actions
    c. Indications
    d. Contraindications
    e. Complications
    f. Routes of administration
    g. Side effects
    h. Interactions
    i. Dosages for the medication administered

Individuals who show competency and successful completion of this Indiana Epinephrine 1:10,000 for AEMT Module which includes didactic instruction, supervised laboratory, and written exam, may participate in the administration of epinephrine 1:10,000 as an AEMT in affiliation with an ALS Provider Organization and medical director approval.

AEMT Continuous Positive Airway Pressure (CPAP) Program

EMS Commission Policy on CPAP for AEMT

Advanced Emergency Medical Technicians seeking to expand their scope of practice to include the administration of CPAP must have successfully completed a training program which was approved by Indiana Department of Homeland Security and met the EMS Commission approved program requirements and objectives.

Candidate Prerequisites

The following are required prerequisites for individuals seeking to expand their scope of practice to include the administration of CPAP:

1. Must be currently certified as a National Registry Advanced Emergency Medical Technician or Indiana Advanced Emergency Medical Technician (AEMT) AND
2. Must be affiliated with an Advanced Life Support Provider Organization with Medical Director approved protocol for the AEMT to utilize CPAP in their scope of practice.
   -OR-
3. An emergency medical technician (or higher) currently enrolled in an Indiana Department of Homeland Security approved AEMT training program that has EMS Commission approval to teach this additional subject matter.

Instructor Qualifications

Shall be an experienced educator, minimally certified as an Indiana AEMT and approved by the administering Training Institution or Supervising Hospital. Instructors should be capable and able to encourage interactive learning, facilitate discussions on the topic, apply different styles of instruction as needed, and provide remedial education when required.

Minimal Equipment Needs and Instructor Resources

1. Educational component
2. Functioning CPAP with required components (tubing, mask, straps, PEEP, etc)
3. Simulated or actual oxygen supply
4. Simulated patient

Minimal Time for Didactic and Laboratory

Two hours

Indiana Advanced Emergency Medical Technician

Proposed Standardized Curricula Additions: CPAP

Indiana Fire Chief's Associates EMS Section SME Work Group

Clinical Requirement

Successful identification of five patients (simulated or live) that would benefit from the application of CPAP and subsequent successful application of CPAP for those patients.

CPAP Module for AEMT Course Objectives

Terminal Objective:

At the completion of this unit of instruction, the participant shall be able to:

1. Formulate a treatment plan to include the application CPAP, as appropriate, for the patient with respiratory compromise.

Enabling Objectives:

At the completion of this unit of instruction, the participant shall be able to complete the following for CPAP, as it relates to the scope of practice of the paramedic (reference page 18 and 52 of the National Education Standards):

1. State the definition of CPAP
2. Identify the role of CPAP as it relates to
    a. increased lung compliance
    b. reduced alveolar collapse
    c. increased laminar airflow,
    d. decreased intubation rates
3. Identify the indication for CPAP is patients with:
    a. CHF/acute pulmonary edema
    b. COPD/asthma
    c. near drowning
4. Discuss similar equipment used for home treatment of sleep apnea
5. Describe contraindications for the application of CPAP
6. Discuss the implications and formulate an appropriate treatment plan for the following complications of CPAP:
    a. requires adequate tidal volume
    b. patient must be alert and follow instructions
    c. patient must tolerate mask
    d. gastric insufflation

   e. vomiting and aspiration risk
   f. barotraumas
   g. facial hair
   h. dysmorphic faces
7. Demonstrate the correct assembly of the equipment prior to application to the patient
8. Demonstrate the correct application of the CPAP to a simulated patient.
9. State the definition of PEEP
10. Identify the role of PEEP as it relates to:
   a. increased positive airway pressure
   b. positive pressure situations
   c. increased lung compliance
11. Identify indications and contraindications for PEEP
12. Describe how PEEP can diminish venous return and cause barotraumas
13. Discuss the procedure for PEEP

Individuals who show competency and successful completion of this Indiana CPAP for AEMT Module which includes didactic instruction, supervised laboratory, and written exam, may participate in the administration of CPAP as an AEMT in affiliation with an ALS Provider Organization and medical director approval.

AEMT Ketorolac Program

EMS Commission Policy on Ketorolac for AEMT

Advanced Emergency Medical Technicians seeking to expand their scope of practice to include the administration of ketorolac must have successfully completed a training program which was approved by Indiana Department of Homeland Security and met the EMS Commission approved program requirements and objectives.

Candidate Prerequisites

The following are required prerequisites for individuals seeking to expand their scope of practice to include the administration of ketorolac:

1. Must be currently certified as a National Registry Advanced Emergency Medical Technician or Indiana Advanced Emergency Medical Technician (AEMT) AND
2. Must be affiliated with an Advanced Life Support Provider Organization with Medical Director approved protocol for the AEMT to utilize ketorolac in their scope of practice.
   -OR-
3. An emergency medical technician (or higher) currently enrolled in an Indiana Department of Homeland Security approved AEMT training program that has EMS Commission approval to teach this additional subject matter.

Instructor Qualifications

Shall be an experienced educator, minimally certified as an Indiana AEMT and approved by the administering Training Institution or Supervising Hospital. Instructors should be capable and able to encourage interactive learning, facilitate discussions on the topic, apply different styles of instruction as needed, and provide remedial education when required.

Minimal Equipment Needs and Instructor Resources

1. Educational component
2. Sample of ketorolac

Minimal Time for Didactic and Laboratory

One hour

Indiana Advanced Emergency Medical Technician

Proposed Standardized Curricula Additions: Ketorolac

Indiana Fire Chief's Associates EMS Section SME Work Group

Clinical Requirements

This is not a clinical requirement for this module.

Ketorolac Module for AEMT Course Objectives

Terminal Objective:

At the completion of this unit of instruction, the participant shall be able to:

1. Formulate a treatment plan to include the pharmacological administration of ketorolac, as appropriate, for the patient in need of pain management.

Enabling Objective:

At the completion of this unit of instruction, the participant shall be able to:

1. Identify the following for ketorolac, as it relates to the scope of practice of the paramedic (reference page 16 of the National Education Standards):
    a. Names
    b. Actions
    c. Indications
    d. Contraindications
    e. Complications
    f. Routes of administration
    g. Side effects
    h. Interactions
    i. Dosages for the medication administered

Individuals who show competency and successful completion of this Indiana Ketorolac for AEMT Module which includes didactic instruction, supervised laboratory, and written exam, may participate in the administration of ketorolac as an AEMT in affiliation with an ALS Provider Organization and medical director approval.

AEMT ECG Interpretation Program

EMS Commission Policy on ECG Interpretation for AEMT

Advanced Emergency Medical Technicians seeking to expand their scope of practice to include ECG interpretation must have successfully completed a training program which was approved by Indiana Department of Homeland Security and met the EMS Commission approved program requirements and objectives.

Candidate Prerequisites

The following are required prerequisites for individuals seeking to expand their scope of practice to include ECG interpretation:

1. Must be currently certified as a National Registry Advanced Emergency Medical Technician or Indiana Advanced Emergency Medical Technician (AEMT) AND
2. Must be affiliated with an Advanced Life Support Provider Organization with Medical Director approved protocol for the AEMT to perform ECG interpretation within their scope of practice.
   -OR-
3. An emergency medical technician (or higher) currently enrolled in an Indiana Department of Homeland Security approved AEMT training program that has EMS Commission approval to teach this additional subject matter.

Instructor Qualifications

Shall be an experienced educator, minimally certified as an Indiana AEMT and approved by the administering Training Institution or Supervising Hospital. Instructors should be capable and able to encourage interactive learning, facilitate discussions on the topic, apply different styles of instruction as needed, and provide remedial education when required.

Minimal Equipment Needs and Instructor Resources

1. Educational component
2. ECG monitor
3. Rhythm generator
4. Electrodes
5. Simulated patient

Minimal Time for Didactic and Laboratory: 16 hours didactic, 8 hours laboratory

Indiana Advanced Emergency Medical Technician

Proposed Standardized Curricula Additions: ECG Interpretation

Indiana Fire Chief's Associates EMS Section SME Work Group

Clinical Requirements:

Successful interpretation of ??? ECGs.

Successful ECG placement on ??? patients (simulated or live) Do we want/need a clinical component?

ECG Interpretation Module for AEMT Course Objectives

Terminal Objective:

At the completion of this unit of instruction, the participant shall be able to:

1. Formulate a treatment plan to include the application and interpretation of the ECG, as appropriate, for patient with various complaints.
2. Do we want/need additional terminal objectives?

Enabling Objectives:

At the completion of this unit of instruction, the participant shall be able to complete the following for ECG interpretation, as it relates to the scope of practice of the paramedic (reference page 52 of the National Education Standards):

Monitoring

1. State the purpose continuous ECG monitoring
2. List indications and limitations for continuous ECG monitoring
3. Describe the procedure for continuous ECG monitoring

Cardiac Anatomy

4. Relate papillary muscle and chordate tendineae to the anatomy and physiology of the heart
5. Describe the following as related to myocardial blood supply, distribution to the conduction system, and distribution to the chambers of the heart:
    a. Left coronary artery
    b. Left anterior descending artery
    c. Circumflex artery

   d. Right coronary artery
   e. Marginal artery
6. identify the function of the coronary sinus and great cardiac vein
7. Describe to following as related to the conduction system:
   a. Sinoatrial node
   b. Atrioventricular node
   c. Atrioventricular bundle
   d. Bundle branches
      i. Left anterior fascicle
      ii. Left posterior fascicle
      iii. right
   e. Purkinje network
   f. Intermodal and interatrial pathways
      i. AV node
      ii. Left atrium (Bachmann's bunle)
      iii. Middle intermodal tract (Wenckebach's tract)
      iv. Posterior internodal tract (Thorel's tract)
   g. Anatomical tracts that bypass the AV node
      i. Conduction anomalies (Wolff-Parkinson-White, Lown-Ganong-Levine)
         1. James fibers
         2. Mahaim fibers
         3. Accessory bindle of Kent
8. Explain the function and impact of the following as related to the vascular system:
   a. Ascending, thoracic, and abdominal aorta
   b. Superior and inferior vena cava
   c. Venous return (preload)
      i. Skeletal muscle pump
      ii. Thoracoabdominal pump
      iii. Respiratory cycle
      iv. Gravity
      v. Effects of IPPB, PEEP, CPAP and BiPAP on venous return
   d. Systemic vascular resistance and capacitance (afterload)
   e. Pulmonary veins

Cardiology Physiology

9. State the following related to the cardiac cycle
    a. Normal duration
    b. Events that occur in one cardiac cycle including the details of atrial systole, isovolumetric contraction, ejection, isovolumetric relaxation, rapid ventricular filling, and reduced ventricular filling
        i. Describe correlating waveforms and heart sounds as applicable
        ii. Discuss the impact that heart failure has on these events
10. Explain the impact of Starling's law and contractility on cardiac output

Electrophysiology

11. Distinguish between automaticity, excitability, conductivity and contractility
12. Identify the electrolytes involved with action potential
13. Describe depolarization, repolarization and refractory periods
14. Explain the effects of acetycholine and cholinesterase on the myocardium and vessels
15. Discuss the relationship of the following to the cardiovascular system
    a. Medulla
    b. Carotid sinus and baroreceptors
    c. Parasympathetic system
    d. Sympathetic system
        i. Alpha receptors
        ii. Beta receptor effects of inotropic, dromotropic, and chronotropic
16. Discuss incidence, morbidity/mortality, risk factors, possible contributing risks, and prevention strategies as related to cardiac events.
17. Describe the components of the primary survey, history and physical, and secondary survey for the patient requiring a cardiovascular assessment

ECG Monitoring

18. Explain the following pertaining to electrophysiology and wave forms
    a. Origination
    b. Production
    c. Relationship of cardiac events to respective wave forms
    d. Clinical significance of normal intervals
    e. Segments
19. Describe the electrode, anatomical position of the leads, correct placement of leads, and artifact
20. Identify the inferior, left lateral, precordial, and anterior/posterior surfaces of the heart and the respective leads
21. Explain the standardized amplitudes, rate, and duration for wave forms, segments, complexes and intervals
22. Explain the terms isoelectric, positive, and negative as it relates to waveform analysis
23. Perform ECG "strip method" and "300"/triplicate method to calculate heart rate for regular and irregular rhythms
24. Discuss the value and limitations of ECG rhythm analysis
25. Describe the acute signs of ischemia, injury and necrosis along with the rationale for possible early identification of patients with acute myocardial infarction for definitive interventional therapies
26. Explain the advantages and disadvantages of acute ischemia, injury and necrosis
27. Determine criteria for ST segment elevation as it correlates to height, depth and contour
28. Explain the identification and significant of acute ST changes for anterior and inferior involvement, ST segment depression in eight leads or more, and ST segment elevation in aVR and V1
29. Determine the significance of Q waves pertaining to their depth and duration

Cardiac arrhythmias

30. Discuss the following related to analysis
    a. P wave
        i. Configuration
        ii. Duration
        iii. Atrial rate and rhythm
    b. P-R (P-Q) interval
    c. QRS complex
        i. Configuration
        ii. Duration
        iii. Ventricular rate and rhythm
    d. S-T segment
        i. Contour
        ii. Elevation
        iii. Depression
    e. Q-T interval
        i. Duration
        ii. Implications of prolonged Q-T interval
    f. Relationship of P waves to QRS complexes
        i. Consistent
        ii. Increasing prolongation
        iii. No relationship
    g. T waves
    h. U waves
31. Discuss complex origin, rate, rhythm, and clinical significance as it relates to ECG interpretation
32. Describe arrhythmias originating in the sinus node
    a. Sinus bradycardia
    b. Sinus tachycardia
    c. Sinus arrhythmia
    d. Sinus arrest

33. Describe arrhythmias originating in the atria
    a. Premature atrial complex
    b. Atrial (ectopic) tachycardia
    c. Re-entrant tachycardia
    d. Multifocal atrial tachycardia
    e. Atrial flutter
    f. Atrial fibrillation
    g. Atrial flutter or atrial fibrillation with junctional rhythm
    h. Atrial flutter or atrial fibrillation with pre-excitation syndromes
34. Describe arrhythmias originating within the AV junction
    a. First degree AV block
    b. Second degree AV block
        i. Type I
        ii. Type II
    c. Complete AV block
35. Describe arrhythmias sustained or originating in the AV junction
    a. AV nodal re-entrant tachycardia
    b. AV reciprocating tachycardia (narrow and wide)
    c. Junctional escape rhythm
    d. Premature junctional complex
    e. Accelerated junctional rhythm
    f. Junctional tachycardia
36. Describe arrhythmias originating in the ventricles
    a. Idioventricular rhythm
    b. Accelerated idioventricular rhythm
    c. Premature ventricular complex
        i. R on T phenomenon
        ii. Paired/couplets
        iii. Multiformed
        iv. Frequent uniform
    d. "Rule of bigeminy"
    e. Ventricular tachycardia (monomorphic, polymorphic, and torsades de pointes)
    f. Ventricular fibrillation
    g. Ventricular standstill
    h. asystole

37. Describe abnormalities originating within the bundle branch system
    a. Complete versus incomplete
    b. Right bundle branch block
    c. Left bundle branch block
38. Explain the following pertaining to differentiation of wide QRS complex tachycardia:
    a. SVT with bundle branch block
    b. Accessory pathways
    c. Impact of physical evaluations
    d. ECG differences
        i. Aberrancy caused by PAC
            1. Identify PAC in previous ST segment or T wave
            2. Sudden change in rate with BBB
            3. Hidden retrograde conduction
            4. Refractoriness of RBBB
        ii. RBBB aberrancy
            1. Biphasic lead I with broad terminal S wave
            2. Triphasic QRS in V4
        iii. LBBB aberrancy
            1. Monophsic notched lead I
            2. Slurred, notched, or RSr' in V4, V5 or V6
        iv. Completely positive or completely negative pattern in all precordial leads in diagnostic of ventricular tachycardia (concordance)
        v. Preexisting BBB by patient history prior to tachycardia
        vi. Other considerations
            1. Pitfalls
                a. Age is not a differential
                b. Slower rates may present as hemodynamically stable
            2. Regularity
                a. SVT is frequently faster than monomorphic V-tach; both are regular
                b. Polymorphic V-tach is irregular
39. Explain pulseless electrical activity
40. Discuss other ECG phenomena
41. Correlate hypothermia, hyperkalemia, and hypokalemia to ECG changes

42. Discuss the role of continuous ECG monitoring for the following conditions:
    a. Acute coronary syndromes
    b. Abdominal complaints and gastrointestinal disorders
    c. Patients that have sustained chest trauma
    d. Hypothermia emergencies
    e. Certain pediatric emergencies
    f. Specific complaints in geriatrics not limited to:
        i. Delirium
        ii. Gastrointestinal bleeding
        iii. Biliary disease
        iv. Chronic renal failure
        v. Urinary tract infections
        vi. Diabetes mellitus
        vii. Diabetic ketoacidosis
        viii. Non-ketotic hyperglycemic-hyperosmolar coma
        ix. Hypothyroidism

Individuals who show competency and successful completion of this Indiana ECG interpretation for AEMT Module which includes didactic instruction, supervised laboratory, and written exam, may participate in ECG interpretation as an AEMT in affiliation with an ALS Provider Organization and medical director approval.

AEMT 12-lead ECG Acquisition and Transmission Program

EMS Commission Policy on 12-lead ECG Acquisition and Transmission for AEMT

Advanced Emergency Medical Technicians seeking to expand their scope of practice to include the administration of 12-lead ECG acquisition and transmission must have successfully completed a training program which was approved by Indiana Department of Homeland Security and met the EMS Commission approved program requirements and objectives.

Candidate Prerequisites

The following are required prerequisites for individuals seeking to expand their scope of practice to include the administration of 12-lead ECG acquisition and transmission:

1. Must be currently certified as a National Registry Advanced Emergency Medical Technician or Indiana Advanced Emergency Medical Technician (AEMT) AND
2. Must be affiliated with an Advanced Life Support Provider Organization with Medical Director approved protocol for the AEMT to utilize 12-lead ECG acquisition and transmission in their scope of practice.

   -OR-

3. An emergency medical technician (or higher) currently enrolled in an Indiana Department of Homeland Security approved AEMT training program that has EMS Commission approval to teach this additional subject matter.

Instructor Qualifications

Shall be an experienced educator, minimally certified as an Indiana AEMT and approved by the administering Training Institution or Supervising Hospital. Instructors should be capable and able to encourage interactive learning, facilitate discussions on the topic, apply different styles of instruction as needed, and provide remedial education when required.

Indiana Advanced Emergency Medical Technician

Proposed Standardized Curricula Additions: 12-lead ECG Acquisition and Transmission

Indiana Fire Chief's Associates EMS Section SME Work Group

Minimal Equipment Needs and Instructor Resources

1. Educational component
2. ECG monitor with 12-lead capability
3. Rhythm generator
4. Electrodes
5. Simulated patient

Minimal Time for Didactic and Laboratory: 2.5 hours

Clinical Requirements: Successful 12-lead ECG acquisition on 5 simulated or live patients.

12-lead ECG acquisition and transmission Module for AEMT Course Objectives

Terminal Objective:

At the completion of this unit of instruction, the participant shall be able to:

1. Formulate a treatment plan to include the acquisition and transmission of 12-lead ECG, as appropriate, for patient experiencing a suspected cardiac event.

Enabling Objectives:

At the completion of this unit of instruction, the participant shall be able to complete the following for 12-lead ECG acquisition and transmission, as it relates to the scope of practice of the paramedic (reference page 52 of the National Education Standards):

1. State the purpose of 12-lead ECG acquisition and transmission
2. Discuss the role of out-of-hospital 12-lead acquisition and transmission
3. List indications for 12-lead ECG acquisition and transmission
4. Discuss the role of the 12-lead for the following conditions:
    a. Acute coronary syndromes
    b. Specific complaints in geriatrics not limited to:
        i. Delirium
        ii. Gastrointestinal bleeding
        iii. Biliary disease
        iv. Chronic renal failure
        v. Urinary tract infections
        vi. Diabetes mellitus
        vii. Diabetic ketoacidosis

viii. Non-ketotic hyperglycemic-hyperosmolar coma
ix. hypothyroidism

5. Describe the procedure for successful lead placement for 12-lead ECG acquisition
6. Demonstrate the procedure for successful lead placement for 12-lead ECG acquisition
7. Describe the procedure for 12-lead ECG acquisition and transmission

Individuals who show competency and successful completion of this Indiana 12-lead ECG acquisition and transmission for AEMT Module which includes didactic instruction, supervised laboratory, and written exam, may participate in the administration of 12-lead ECG acquisition and transmission as an AEMT in affiliation with an ALS Provider Organization and medical director approval.

Attachment #10

Draft language for inclusion in the Commission packet

Members of the EMS Commission:

The Indiana Fire Chiefs Association EMS Education Section has been assisting in the revision of several documents:

1. The EMT Skills Sheets
2. The EMR Skills Sheets
3. The Indiana Practical Skills Representative Manual

The EMT skills sheets have been approved by the TAC and the EMS Commission, but we are requesting a final review to approve the addition of the affective domain in the critical criteria. While it was recommended that this criterion be used for any station not using simulated patients, it is our consensus that personnel behavior and affect is important for all skills being tested whether a live patient or simulated patient is being used. Thus, it is our recommendation that the affective critical failure criteria be in every skills station. This will also be consistent with National Registry psychomotor exams as they have this critical criterion in all of their skills stations.

The EMR Skills sheets mirror those already approved by the EMS Commission and TAC for the EMT skills. The EMR skills test is a shortened version of the EMT, and the affective critical criteria has been included in all skills stations for the EMR as is recommended for the EMT. The addition of the Indiana specific skills causes us to make two recommendations pertaining to the testing of long spine board and c-collar application. The IFCA recommends that this skill either be tested in the Indiana State Psychomotor exam as a fifth skill station (mirroring the skill station tested at the EMT level) or be tested by the training institution prior to conferring course completion of that student. The 3 required skills stations for the EMR are Trauma Assessment, Medical Assessment, and Cardiac Arrest Management. All students will test 1 random station, which will be pulled from the following: Airway Management, Bleeding Control and Shock Management, Long Bone Immobilization, Oxygen Administration, or Mouth to Mask.

State of Indiana EMT Psychomotor Skills Examination

Spinal Immobilization (Supine Patient)

Candidate: _____ Examiner Name: _____

Date: _____ Signature _____

Actual Time Started _____

	Possible Points	Points Awarded
Demonstrates/verbalizes initial or continued consideration of BSI precautions	1	
Directs assistant to place and maintain manual immobilization of the head in the neutral, in-line position	1	
Assesses motor, sensory, and circulatory function in each extremity	1	
Appropriately sizes and correctly applies extrication collar	1	
Directs/supervises assistants to assist with moving the patient onto the device in a manner that prevents compromising the integrity of the spine	1	
Evaluates and VERBALIZES need for padding of voids, and pads as necessary	1	
Immobilizes the patient's torso (chest AND hip straps) to the device	1	
Evaluates and VERBALIZES need for padding behind the head, and pads as needed	1	
Immobilizes the patient's head to the device	1	
Secures the patient's legs to the device	1	
Secures the patient's arms to the device	1	
Reassesses motor, sensory, and circulatory function in each extremity	1	
TOTAL	12	

Actual Time Ended: _____

**** Examiner must list times above and then sign below after reviewing Critical Criteria****

Critical Criteria:

_____ Did not immediately direct, take, or maintain manual immobilization of the head.

_____ Released or ordered release of manual stabilization before it was maintained mechanically.

_____ Did not properly apply appropriately sized cervical collar before ordering the release of manual stabilization.

_____ Manipulated or moved the patient excessively causing potential spinal compromise.

_____ Upon completion of immobilization, device allows for excessive patient movement.

_____ Head immobilized to the device ***before*** device sufficiently secured to the torso.

_____ Head immobilization allows for excessive movement.

_____ Upon completion of immobilization, head is not in a neutral, in-line position.

_____ Did not assess motor, sensory, and circulatory function in each extremity ***BOTH BEFORE AND AFTER*** immobilization to the long board device.

_____ Exhibits unacceptable affect with patient or other personnel.

_____ Failure to manage the patient as a competent EMT.

You must factually document your rationale for checking any of the above critical criteria below.

Critical Criteria Explanation:

or

☐ **There were NO observed Critical Criteria per my evaluation.**

_____

Signature of the Examiner

State of Indiana EMT Psychomotor Skills Examination

Oxygen Administration

Candidate: _____ Examiner Name: _____

Date: _____ Signature: _____

Actual Time Started _____

	Possible Points	Points Awarded
Demonstrates/verbalizes initial or continued consideration of BSI precautions	1	
Cracks the oxygen tank valve before attaching the regulator	1	
Attaches the regulator to the oxygen tank	1	
Opens the oxygen tank valve with the regulator attached	1	
Checks oxygen regulator and tank for leaks	1	
Checks and verbalizes the oxygen tank pressure	1	
Attaches non-breather mask to oxygen	1	
Prefills the oxygen reservoir mask with oxygen	1	
Adjusts the regulator to assure oxygen flow rate of fifteen (15) liters per minute	1	
Attaches mask to patient's face and adjusts to fit snugly	1	
NOTE: Examiner must now inform the candidate that the patient is not tolerating the non-rebreather mask and that a nasal cannula should be applied to the patient.		
Removes non-rebreather mask and then attaches nasal cannula to oxygen	1	
Adjusts liter flow to six (6) liters per minute or less	1	
Applies nasal cannula to the patient properly	1	
NOTE: Examiner must now instruct the candidate to discontinue oxygen therapy.		
Removes the nasal cannula from the patient	1	
Shuts off the regulator	1	
Relieves the pressure within the regulator	1	
TOTAL	16	

Actual Time Ended: _____

**** Examiner must list times above and then sign below after reviewing Critical Criteria****

Critical Criteria:

_____ Failure to assemble the oxygen tank and regulator without leaks.

_____ Failure to pre-fill the oxygen reservoir bag of the non-rebreather mask.

_____ Failure to adjust the oxygen flow rate for the non-rebreather of at least 15 liters/minute.

_____ Failure to adjust the oxygen flow rate for the nasal cannula to 6 liters/minute or less.

_____ Failure to attach either mask in a manner that does not produce proper oxygen delivery.

_____ Exhibits unacceptable affect with patient or other personnel.

_____ Failure to manage the patient as a competent EMT.

You must factually document your rationale for checking any of the above critical items on this form in the space below, being specific as what occurred or did not occur.

Critical Criteria Explanation:

or

☐ **There were NO observed Critical Criteria per my evaluation.**

_____

Signature of the Examiner

State of Indiana EMT Psychomotor Skills Examination

Traction Splinting

ıidate: _____ Examiner Name: _____

Date: _____ Signature _____

Actual Time Started _____

	Possible Points	Points Awarded
Demonstrates/verbalizes initial or continued consideration of BSI precautions	1	
Candidate directs application of manual stabilization of the injured leg	1	
Assesses motor, sensory, & circulatory function in the injured extremity	1	
NOTE: The examiner acknowledges "motor, sensory, & circulatory function are present and normal."		
Applies the distal securing device (e.g. ankle hitch)	1	
Directs application of manual traction ***see note below	1	
Prepares/adjusts splint to the proper length by measuring with UNINJURED leg	1	
Positions the splint appropriately to the injured leg	1	
Applies the proximal securing device (e.g. ischial strap)	1	
Applies mechanical traction	1	
Positions/secures the support straps	1	
Re-evaluates the proximal / distal securing devices	1	
Reassesses motor, sensory & circulatory function in the injured extremity	1	
NOTE: The examiner acknowledges "motor, sensory, & circulatory function are present and normal" and asks the candidate how he/she would prepare the patient for transport.		
Verbalizes correctly securing the patient and splint to a long backboard	1	
TOTAL	13	

al Time Ended: _____

**** Examiner must list times above and then sign below after reviewing Critical Criteria****

Critical Criteria:

_____ Did not secure the ischial strap before taking traction.

_____ Secured the leg to the splint before applying mechanical traction.

_____ Loss of traction at any point after it was applied.

_____ The foot was excessively rotated or extended after the splint was applied.

_____ Final immobilization failed to support the femur or prevent rotation of injured leg.

_____ Did not assess motor, sensory, and circulatory function in the injured extremity BOTH BEFORE AND AFTER splinting.

_____ Exhibits unacceptable affect with patient or other personnel.

_____ Failure to manage the patient as a competent EMT.

*** Note: If the Sagar splint or the Kendricks Traction Device is used without elevating the patient's leg, application of manual traction is not necessary. The candidate should be awarded one (1) point as if manual traction has been applied. If the leg is elevated at all, manual traction must be applied before elevating the leg. The ankle hitch may be applied before elevating the leg and used to provide manual traction.

You must factually document your rationale for checking any of the above critical criteria below or on the reverse side.

Critical Criteria Explanation:

or

_____ **There were NO observed Critical Criteria per my evaluation.**

_____

Signature of the Examiner

State of Indiana EMT Psychomotor Skills Examination

Bleeding Control/Shock Management

Candidate: _____ Examiner Name: _____

Date: _____ Signature _____

Actual Time Started _____

	Possible Points	Points Awarded
Demonstrates/verbalizes initial or continued consideration of BSI precautions	1	
Candidate applies direct pressure to the wound	1	
Candidate elevates the extremity	1	
NOTE: The examiner must now inform the candidate that the wound continues to heavily bleed.		
Candidate applies tourniquet in an appropriate manner and location	1	
NOTE: The examiner must now inform the candidate that the patient is now showing signs and symptoms indicative of hypoperfusion.		
Candidate properly positions the patient	1	
Candidate administers high concentration of oxygen	1	
Candidate initiates steps to prevent heat loss from the patient	1	
Candidate indicates need for immediate transport	1	
TOTAL	8	

Actual Time Ended: _____

**** Examiner must list times above and then sign below after reviewing Critical Criteria****

Critical Criteria:

_____ Did not apply high flow oxygen with an appropriate mask.

_____ Applied a tourniquet before attempting other methods of bleeding control.

_____ Did not control hemorrhage using correct procedures in a timely manner.

_____ Did not indicate the need for immediate transport.

_____ Uses or orders a dangerous or inappropriate intervention.

_____ Exhibits unacceptable affect with patient or other personnel.

_____ Failure to manage the patient as a competent EMT.

You must factually document your rationale for checking any of the above critical criteria below.

Critical Criteria Explanation:

or

☐ **There were NO observed Critical Criteria per my evaluation.**

_____

Signature of the Examiner

State of Indiana EMT Psychomotor Skills Examination

Joint Immobilization

Candidate: _____ Examiner Name: _____

Date: _____ Signature _____

Actual Time Started _____

	Possible Points	Points Awarded
Demonstrates/verbalizes initial or continued consideration of BSI precautions	1	
Candidate directs application of manual stabilization of the injured joint	1	
Assesses motor, sensory, & circulatory function in the injured extremity.	1	
NOTE: The examiner acknowledges "motor, sensory, & circulatory function are present and normal."		
Selects the proper splinting material	1	
Immobilizes the site of the injury	1	
Immobilizes the bone above the injury site	1	
Immobilizes the bone below the injury site	1	
Secures the entire injured extremity	1	
Reassesses motor, sensory & circulatory function in the injured extremity	1	
NOTE: The examiner acknowledges "motor, sensory, & circulatory function are present and normal."		
	TOTAL 9	

Actual Time Ended: _____

**** Examiner must list times above and then sign below after reviewing Critical Criteria****

Critical Criteria:

_____ Grossly moves the injured joint or affected extremity.

_____ Did not immobilize the bone above and the bone below the injury site.

_____ Did not support the joint so that the joint did not bear distal weight.

_____ Uses or orders a dangerous or inappropriate intervention.

_____ Did not assess motor, sensory, and circulatory function in the affected extremity ***BOTH BEFORE AND AFTER*** splinting.

_____ Exhibits unacceptable affect with patient or other personnel.

_____ Failure to manage the patient as a competent EMT.

You must factually document your rationale for checking any of the above critical criteria below.
Critical Criteria Explanation:

or

_____ **There were NO observed Critical Criteria per my evaluation.**

_____

Signature of the Examiner

State of Indiana EMT Psychomotor Skills Examination

Long Bone Immobilization

Candidate: _____ Examiner Name: _____

Date: _____ Signature _____

Actual Time Started _____

	Possible Points	Points Awarded
Demonstrates/verbalizes initial or continued consideration of BSI precautions	1	
Candidate directs application of manual stabilization of the injury	1	
Assesses motor, sensory, & circulatory function in the injured extremity.	1	
NOTE: The examiner acknowledges "motor, sensory, & circulatory function are present and normal."		
Measures the splint.	1	
Applies the splint	1	
Immobilizes the joint above the injury site	1	
Immobilizes the joint below the injury site	1	
Secures the entire injured extremity	1	
Immobilizes the affected hand/foot in the position of function	1	
Reassesses motor, sensory & circulatory function in the injured extremity	1	
NOTE: The examiner acknowledges "motor, sensory, & circulatory function are present and normal."		
TOTAL	10	

Actual Time Ended: _____

**** Examiner must list times above and then sign below after reviewing Critical Criteria****

Critical Criteria:

_____ Grossly moves the injured extremity.

_____ Did not immobilize the joint above and the joint below the injury site.

_____ Did not immobilize the affected hand or foot in a position of function.

_____ Uses or orders a dangerous or inappropriate intervention.

_____ Did not assess motor, sensory, and circulatory function in the injured extremity ***BOTH BEFORE AND AFTER*** splinting.

_____ Exhibits unacceptable affect with patient or other personnel.

_____ Failure to manage the patient as a competent EMT.

You must factually document your rationale for checking any of the above critical criteria below.

Critical Criteria Explanation:

or

☐ **There were NO observed Critical Criteria per my evaluation.**

_____

Signature of the Examiner

State of Indiana EMT Psychomotor Skills Examination

Mouth to Mask with Supplemental Oxygen

Candidate: _____ Examiner Name: _____

Date: _____ Signature: _____

Actual Time Started _____

	Possible Points	Points Awarded
Demonstrates/verbalizes initial or continued consideration of BSI precautions	1	
Connects the one way valve to the mask	1	
Opens the patient's airway or confirms the patient's airway is open (may be done manually or with an adjunct)	1	
Establishes and maintains a proper mask to face seal	1	
Ventilates the patient with visible chest rise and fall (The observed rates should be between 10-12 breaths per minute)	1	
Connects the mask to a high concentration of oxygen	1	
Adjusts the oxygen flow rate to at least fifteen (15) liters/minute	1	
Continues ventilations of the patient with visible chest rise and fall (The observed rates should be between 10-12 breaths per minute)	1	
NOTE: Examiner must witness ventilations for at least 30 seconds.		
TOTAL	8	

Actual Time Ended: _____

**** Examiner must list times above and then sign below after reviewing Critical Criteria****

Critical Criteria:

_____ Failure to correctly connect the one-way valve to the mask.

_____ Failure to adjust the oxygen flow rate to at least 15 liters/minute.

_____ Failure to produce visible chest rise and fall with ventilations (more than 2 inadequate ventilations per minute observed)

_____ Failure to ventilate the patient at a rate of 10-12 breaths per minute.

_____ Exhibits unacceptable affect with patient or other personnel.

_____ Failure to manage the patient as a competent EMT.

You must factually document your rationale for checking any of the above critical items on this form in the space below, being specific as what occurred or did not occur.

Critical Criteria Explanation:

or

☐ **There were NO observed Critical Criteria per my evaluation.**

_____

Signature of the Examiner

State of Indiana EMT Psychomotor Skills Examination

Patient Assessment/Management - Trauma

Candidate: _____ Examiner Name: _____

Date: _____ Scenario #: _____

Actual Time Started _____

		Possible Points	Points Awarded
Takes or verbalizes appropriate body substance isolation precautions		1	
SCENE SIZE-UP			
Determines the scene/situation is safe		1	
Determines the mechanism of injury		1	
Determines the number of patients		1	
Request additional help, if necessary		1	
Considers stabilization of the spine		1	
PRIMARY SURVEY/RESUSCITATION (Initial Assessment)			
Verbalizes general impression of the patient		1	
Determines responsiveness/level of consciousness		1	
Determines chief complaint/apparent life threats		1	
Airway	Opens and assesses the airway	1	
	Inserts an adjunct as indicated	1	
Breathing	Assesses breathing	1	
	Assures adequate ventilation	1	
	Initiates adequate oxygen therapy	1	
	Manages any injury which may compromise breathing/ventilation	1	
Circulation	Checks for pulse	1	
	Assesses skin (color, temperature, & condition)	1	
	Assess for and controls major bleeding, if present	1	
	Evaluates for and initiates shock management, if applicable (includes patient positioning, oxygen, and body heat conservation)	1	
Identifies patient priority and makes treatment/transport decision		1	
History Gathering			
Selects appropriate assessment (focused or rapid assessment)		1	
Attempts to obtain a SAMPLE history		1	
SECONDARY ASSESSMENT (Detailed Exam) *Credit should be given to candidates that use a brief exam for life-threatening injuries in the Primary Survey so long as it does not delay appropriate care.			
Head	Inspects mouth, nose, and assesses facial area	1	
	Inspects and palpates scalp and ears	1	
	Assesses eyes	1	
Neck	Checks position of trachea	1	
	Checks jugular veins	1	
	Palpates cervical spine	1	
Chest	Inspects chest	1	
	Palpates chest	1	
	Auscultates chest	1	
Abdomen/pelvis	Inspects and palpates abdomen	1	
	Assesses pelvis	1	
	Verbalizes assessment of genitalia/perineum, as needed	1	
Lower Extremities	Inspects, palpates, & assesses motor, sensory & distal function (1 point per each leg)	2	
Upper Extremities	Inspects, palpates, & assesses motor, sensory & distal function (1 point per each arm)	2	
Posterior	Inspects & palpates posterior thorax	1	
	Inspects & palpates lumbar and buttocks regions	1	
Vital Signs			
Obtains baseline vitals (minimum is heart rate, blood pressure & respiratory)		1	
Manages Secondary injuries and wounds appropriately		1	
Reassessment			
Verbalizes/demonstrates how and when to reassess the patient		1	
	TOTAL	42	

Actual Time Ended: _____

**** Examiner must list times above and then sign on reverse after reviewing Critical Criteria****

Critical Criteria:

_____ Failure to take or verbalize body substance isolation precautions.
_____ Failure to determine scene safety before approaching patient.
_____ Failure to initially consider and/or provide for stabilization of the spine when indicated.
_____ Failure to assess/provide adequate ventilations.
_____ Failure to verbalize/provide adequate supplemental oxygen as scenario indicates.
_____ Failure to find or manage problems associated with airway, breathing, hemorrhage or shock.
_____ Failure to differentiate between patient's need for immediate transportation versus continued assessment or treatment on the scene.
_____ Performs secondary assessment before assessing or treating threats to airway, breathing or circulation.
_____ Requests, uses or orders a dangerous or inappropriate intervention.
_____ Failure to initiate or call for transport of the patient within the 10 minute time limit.
_____ Exhibits unacceptable affect with patient or other personnel.
_____ Failure to manage the patient as a competent EMT.

You must factually document your rationale for checking any of the above critical items on this form in the space on the reverse side, being specific as to what occurred or did not occur versus repeating the statement from above.

Critical Criteria Explanation:

or

☐ **There were NO observed Critical Criteria per my evaluation.**

_____
Signature of the Examiner

Notes or Clarifications:

State of Indiana EMT Psychomotor Skills Examination

Patient Assessment/Management - Medical

Candidate: _____ Examiner Name: _____

Date: _____ Scenario #: _____

Actual Time Started _____

		Possible Points	Points Awarded
Takes or verbalizes appropriate body substance isolation precautions		1	
SCENE SIZE-UP			
Determines the scene/situation is safe		1	
Determines the mechanism of injury/nature of illness		1	
Determines the number of patients		1	
Request additional help, if necessary		1	
Considers stabilization of the spine		1	
PRIMARY SURVEY/RESUSCITATION			
Verbalizes general impression of the patient		1	
Determines responsiveness/level of consciousness		1	
Determines chief complaint/apparent life threats		1	
Airway	Opens and assesses the airway	1	
	Inserts an adjunct as indicated	1	
Breathing	Assesses breathing	1	
	Assures adequate ventilation	1	
	Initiates adequate oxygen therapy	1	
Circulation	Checks for pulse	1	
	Assesses skin (color, temperature, & condition)	1	
	Assess for and controls major bleeding and/or shock, if present	1	
Identifies patient priority and makes treatment/transport decision		1	
History Taking **History of present illness**			
Candidate should ask pertinent signs & symptoms questions related to illness (such as OPQRST)	No questions about present illness asked	Critical Fail/ 0 points	
	One question about present illness asked	Award 1 point	
	Two questions about present illness asked	Award 2 points	
	Three questions about present illness asked	Award 3 points	
	Four or more questions about present illness asked	Award 4 points	
	Examiner should award 0-4 points	4	
Past Medical History			
Allergy questions asked		1	
Medication questions asked		1	
Past pertinent medical history questions asked		1	
Last oral intake questions asked		1	
Events leading to present illness questions asked		1	
Secondary Assessment			
Assesses appropriate body part/systems related to the present illness **Could include: cardiovascular, pulmonary, neurological, musculoskeletal, skin, GI/GU, reproductive, and psychological/social		1	
Vital Signs / Application of assessment			
Obtains baseline vitals (minimum is heart rate, blood pressure & respiratory)		1	
States field impression of patient		1	
Interventions: Verbalizes proper interventions/treatment		1	
Candidate demonstrates ability to give adequate verbal report to receiving facility or ALS unit (may be hospital report or report to get orders for treatment)		1	
Reassessment			
Verbalizes/demonstrates how and when to reassess the patient		1	
	TOTAL	32	

Actual Time Ended: _____

**** Examiner must list times above and then sign on reverse after reviewing Critical Criteria****

Critical Criteria:

_____ Failure to take or verbalize body substance isolation precautions.

_____ Failure to determine scene safety before approaching patient.

_____ Failure to initially consider and/or provide for stabilization of the spine when indicated.

_____ Failure to assess/provide adequate ventilations

_____ Failure to verbalize/provide adequate supplemental oxygen as scenario indicates.

_____ Failure to find or manage problems associated with airway, breathing, hemorrhage or shock.

_____ Failure to differentiate between patient's need for immediate transportation versus continued assessment or treatment on the scene.

_____ Performs secondary assessment before assessing or treating threats to airway, breathing or circulation.

_____ Requests, uses or orders a dangerous or inappropriate intervention.

_____ Failure to initiate or call for transport of the patient within the 10 minute time limit.

_____ Exhibits unacceptable affect with patient or other personnel.

_____ Failure to manage the patient as a competent EMT.

You must factually document your rationale for checking any of the above critical items on this form in the space on the reverse side, being specific as to what occurred or did not occur versus repeating the statement from above.

Critical Criteria Explanation:

or

☐ **There were NO observed Critical Criteria per my evaluation.**

_____

Signature of the Examiner

Notes or Clarifications:

State of Indiana EMT Psychomotor Skills Examination

Cardiac Arrest Management/AED

Candidate: _____ Examiner Name: _____

Date: _____ Signature _____

Actual Time Started _____

	Possible Points	Points Awarded
Demonstrates/verbalizes initial or continued consideration of BSI precautions	1	
Determines the scene/situation is safe	1	
Attempts to question bystanders about arrest events	1	
Directs rescuer to stop CPR/checks patient for responsiveness	1	
NOTE: The examiner must now inform the candidate: "The patient is unresponsive."		
Assesses patient for spontaneous signs of breathing	1	
NOTE: The examiner must now inform the candidate: "The patient is apneic."		
Checks carotid pulse (no more than 10 seconds)	1	
NOTE: The examiner must now inform the candidate: "The patient is pulseless."		
Immediately begins chest compressions ** Adequate depth and rate must be performed with chest recoil	1	
Candidate performs or directs 2 minutes of high quality, 2-rescuer CPR		
Adequate depth and rate observed	1	
Correct compression to ventilation ratio observed	1	
Candidate allows the chest to recoil completely	1	
Directs or controls adequate volumes delivered for each breath with OPA/NPA and BVM Device	1	
Minimal interruptions of less than 10 seconds throughout	1	
NOTE: After 2 minutes (5 cycles), patient is assessed and remains apneic.		
Candidate turns power on AED	1	
Candidate follows prompts and correctly attaches AED pads to patient	1	
Directs CPR to stop and ensures all individuals are clear for rhythm analysis	1	
Ensures all individuals are clear of the patient and delivers AED shock.	1	
Immediately directs rescuer to resume chest compressions	1	
Minimal interruptions of less than 10 seconds throughout	1	
Transition		
During scenario, verbalizes or directs insertion of airway adjunct (OP or NP)	1	
Assures high flow/concentration of oxygen is delivered to the patient.	1	
Confirms effectiveness of CPR compressions.	1	
Re-evaluates the patient.	1	
Repeats defibrillator sequence.	1	
Immediately directs rescuer to resume chest compressions	1	
Verbalizes technique for transport of patient.	1	
TOTAL	25	

Actual Time Ended: _____

**** Examiner must list times above and then sign on reverse after reviewing Critical Criteria****

Critical Criteria:

_____ Did not confirm patient to be PULSELESS and APNEIC.

_____ Failure to initiate or resume CPR at appropriate periods

_____ Interrupts CPR for more than 10 seconds at any point .

_____ Failure to demonstrate CPR rates & depths consistent with current AHA guidelines.

_____ Failure to operate the AED properly (failure to deliver shock or turns off AED during testing).

_____ Failure to attach AED pads correctly on the patient.

_____ Failure to provide high flow/concentration of oxygen.

_____ Failure to assure that all individuals are clear of the patient during rhythm analysis and before delivering shock(s). Must verbalize and observe "All Clear."

_____ Requests, uses or orders a dangerous or inappropriate intervention

_____ Exhibits unacceptable affect with patient or other personnel.

_____ Failure to manage the patient as a competent EMT.

You must factually document your rationale for checking any of the above critical items on reverse side.

State of Indiana EMT Psychomotor Skills Examination

BLS Airway Management

Candidate: _____ Examiner Name: _____

Date: _____ Signature: _____

Actual Time Started _____

		Possible Points	Points Awarded
Demonstrates/verbalizes initial or continued consideration of BSI precautions		1	
Checks Responsiveness	NOTE: After checking responsiveness and breathing for at least 5 but no more than 10 seconds, examiner informs the candidate: "The patient is unresponsive & apneic"	1	
Checks Breathing		1	
Checks for pulse for at least 5 but no more than 10 seconds		1	
NOTE: Examiner must now inform the candidate: "You palpate a weak carotid pulse of 60."			
Candidate opens the airway manually		1	
NOTE: Examiner must now inform the candidate: "The mouth is full of secretions and vomitus."			
Candidate turns on/prepares the suction device		1	
Candidate assures presence of mechanical suction		1	
Candidate attaches and inserts rigid suction catheter without applying suction		1	
Candidate suctions the mouth and oropharynx		1	
NOTE: Examiner must now inform the candidate: "The mouth and oropharynx are now clear."			
Candidate re-opens the airway manually		1	
Candidate measures airway and selects an appropriately sized OP airway		1	
Candidate inserts OP airway without pushing the tongue to the posterior		1	
NOTE: Examiner must now inform the candidate: "No gag reflex is present and the patient accepts the airway adjunct." without difficulty."			
Ventilates the patient immediately (within 30 seconds) with a BVM device.		1	
Candidate attaches the BVM assembly to high flow oxygen (15 liters per minute)		1	
NOTE: Examiner must now inform the candidate that ventilation is being performed without difficulty. and that a non-visualized airway should be inserted.			
Directs assistant to pre-oxygenate patient at a rate of 10-20 per minute		1	
Checks/prepares airway device		1	
Lubricates distal tip of the device		1	
Positions the head properly		1	
Performs a tongue-jaw lift		1	
Inserts device in accordance with manufacturer's instructions		1	
Adequately inflates cuff(s), removes syringe(s)		1	
Attaches/directs attachment of BVM to the device and ventilates		1	
Confirms placement and ventilation by observing chest rise, breath sounds, and listening over the epigastrium.		1	
Ventilates the patient with adequate volume to produce chest rise		1	
Ventilates patient at a proper rate (10-12 per minute not to exceed 12 per minute)		1	
Note: Candidate must correct/adjust the device as needed to assure adequate rise/fall of the chest and not gastric ventilations.			
Ventilates patient at a proper rate (10-12 per minute not to exceed 12 per minute)		1	
	TOTAL	26	

Actual Time Ended: _____

**** Examiner must list times above and then sign on reverse after reviewing Critical Criteria****

Critical Criteria:

_____ Failure to initiate ventilations within 30 seconds after suctioning or interrupts ventilations for greater than 30 seconds.

_____ Failure to suction **before** ventilating the patient.

_____ Did not demonstrate acceptable suction technique (including suctioning for prolonged time).

_____ Failure to check responsiveness, breathing or pulse for a period of between 5-10 seconds.

_____ Inserts any adjunct in a manner dangerous to the patient.

_____ Failure to voice and ultimately provide high flow/concentration of oxygen.

_____ Failure to ventilate the patient at a rate of at least 10 per minute and no more than 12 per minute.

_____ Failure to insert the non-visualized airway device properly within 3 attempts.

_____ Failure to inflate cuff(s) properly, MUST remove syringes for cuff(s) to remain inflated.

_____ Failure to provide adequate volumes per breath (maximum of 2 errors/minute permissible)

_____ Failure to confirm that the patient is being ventilated by observing chest rise, auscultation over the epigastrium , and bilaterally over each lung.

_____ Exhibits unacceptable affect with patient or other personnel.

_____ Failure to manage the patient as a competent EMT.

You must factually document your rationale for checking any of the above critical items on this form in the space below, being specific as what occurred or did not occur versus repeating the statement above.

Critical Criteria Explanation:

or

☐ **There were NO observed Critical Criteria per my evaluation.**

_____

Signature of the Examiner

Notes or Clarifications:

State of Indiana EMT Psychomotor Skills Examination

Spinal Immobilization (Seated Patient)

Candidate: _____ Examiner Name: _____

Date: _____ Signature _____

Actual Time Started _____

	Possible Points	Points Awarded
Demonstrates/verbalizes initial or continued consideration of BSI precautions	1	
Directs assistant to place and maintain manual immobilization of the head in the neutral, in-line position	1	
Assesses motor, sensory, and circulatory function in each extremity	1	
Appropriately sizes and correctly applies extrication collar	1	
Positions the immobilization device behind the patient	1	
Secures the device to the patient's torso (ALL Straps)	1	
Evaluates torso fixation and adjust as necessary	1	
Evaluates and VERBALIZES need for padding, and pads as necessary	1	
Secures the patient's head to the device	1	
Reassesses motor, sensory, and circulatory function in each extremity	1	
Verbalizes moving the patient to a long backboard	1	
TOTAL	11	

Actual Time Ended: _____

**** Examiner must list times above and then sign below after reviewing Critical Criteria****

Critical Criteria:

_____ Did not immediately direct, take, or maintain manual immobilization of the head.

_____ Released or ordered release of manual stabilization before it was maintained mechanically.

_____ Did not properly apply appropriately sized cervical collar before ordering the release of manual stabilization.

_____ Manipulated or moved the patient excessively causing potential spinal compromise.

_____ Torso fixation inhibits chest rise, resulting in respiratory compromise.

_____ Upon completion of immoblization, device allows for excessive patient movement.

_____ Head immobilized to the device ***before*** device sufficiently secured to the torso.

_____ Head immobilization allows for excessive movement.

_____ Upon completion of immobilization, head is not in a neutral, in-line position.

_____ Did not assess motor, sensory, and circulatory function in each extremity ***BOTH BEFORE AND AFTER*** immobilization to the short board device.

_____ Exhibits unacceptable affect with patient or other personnel.

_____ Failure to manage the patient as a competent EMT.

You must factually document your rationale for checking any of the above critical criteria below.

Critical Criteria Explanation:

or

☐ **There were NO observed Critical Criteria per my evaluation.**

_____

Signature of the Examiner

State of Indiana EMR Psychomotor Skills Examination

Spinal Immobilization (Supine Patient)

Candidate: _____ Examiner Name: _____

Date: _____ Signature _____

Actual Time Started _____

	Possible Points	Points Awarded
Demonstrates/verbalizes initial or continued consideration of BSI precautions	1	
Directs assistant to place and maintain manual immobilization of the head in the neutral, in-line position	1	
Assesses motor, sensory, and circulatory function in each extremity	1	
Appropriately sizes and correctly applies extrication collar	1	
Directs/supervises assistants to assist with moving the patient onto the device in a manner that prevents compromising the integrity of the spine	1	
Evaluates and VERBALIZES need for padding of voids, and pads as necessary	1	
Immobilizes the patient's torso (chest AND hip straps) to the device	1	
Evaluates and VERBALIZES need for padding behind the head, and pads as needed	1	
Immobilizes the patient's head to the device	1	
Secures the patient's legs to the device	1	
Secures the patient's arms to the device	1	
Reassesses motor, sensory, and circulatory function in each extremity	1	
TOTAL	12	

Actual Time Ended: _____

**** Examiner must list times above and then sign below after reviewing Critical Criteria****

Critical Criteria:

_____ Did not immediately direct, take, or maintain manual immobilization of the head.

_____ Released or ordered release of manual stabilization before it was maintained mechanically.

_____ Did not properly apply appropriately sized cervical collar before ordering the release of manual stabilization.

_____ Manipulated or moved the patient excessively causing potential spinal compromise.

_____ Upon completion of immobilization, device allows for excessive patient movement.

_____ Head immobilized to the device ***before*** device sufficiently secured to the torso.

_____ Head immobilization allows for excessive movement.

_____ Upon completion of immobilization, head is not in a neutral, in-line position.

_____ Did not assess motor, sensory, and circulatory function in each extremity ***BOTH BEFORE AND AFTER*** immobilization to the long board device.

_____ Exhibits unacceptable affect with patient or other personnel.

_____ Failure to manage the patient as a competent EMT.

You must factually document your rationale for checking any of the above critical criteria below.

Critical Criteria Explanation:

or

_____ **There were NO observed Critical Criteria per my evaluation.**

_____

Signature of the Examiner

State of Indiana EMR Psychomotor Skills Examination

Patient Assessment/Management - Trauma

Candidate: _____ Examiner Name: _____

Date: _____ Scenario #: _____

Actual Time Started _____

		Possible Points	Points Awarded
Takes or verbalizes appropriate body substance isolation precautions		1	
SCENE SIZE-UP			
Determines the scene/situation is safe		1	
Determines the mechanism of injury		1	
Determines the number of patients		1	
Request additional help, if necessary		1	
Considers stabilization of the spine		1	
PRIMARY SURVEY/RESUSCITATION (Initial Assessment)			
Verbalizes general impression of the patient		1	
Determines responsiveness/level of consciousness		1	
Determines chief complaint/apparent life threats		1	
Airway	Opens and assesses the airway	1	
	Inserts an adjunct as indicated	1	
Breathing	Assesses breathing	1	
	Assures adequate ventilation	1	
	Initiates adequate oxygen therapy	1	
	Manages any injury which may compromise breathing/ventilation	1	
Circulation	Checks for pulse	1	
	Assesses skin (color, temperature, & condition)	1	
	Assess for and controls major bleeding, if present	1	
	Evaluates for and initiates shock management, if applicable (includes patient positioning, oxygen, and body heat conservation)	1	
Identifies patient priority and makes treatment/transport decision		1	
History Gathering			
Selects appropriate assessment (focused or rapid assessment)		1	
Attempts to obtain a SAMPLE history		1	
SECONDARY ASSESSMENT (Detailed Exam) *Credit should be given to candidates that use a brief exam for life-threatening injuries in the Primary Survey so long as it does not delay appropriate care.			
Head	Inspects mouth, nose, and assesses facial area	1	
	Inspects and palpates scalp and ears	1	
	Assesses eyes	1	
Neck	Checks position of trachea	1	
	Checks jugular veins	1	
	Palpates cervical spine	1	
Chest	Inspects chest	1	
	Palpates chest	1	
	Auscultates chest	1	
Abdomen/pelvis	Inspects and palpates abdomen	1	
	Assesses pelvis	1	
	Verbalizes assessment of genitalia/perineum, as needed	1	
Lower Extremities	Inspects, palpates, & assesses motor, sensory & distal function (1 point per each leg)	2	
Upper Extremities	Inspects, palpates, & assesses motor, sensory & distal function (1 point per each arm)	2	
Posterior	Inspects & palpates posterior thorax	1	
	Inspects & palpates lumbar and buttocks regions	1	
Vital Signs			
Obtains baseline vitals (minimum is heart rate, blood pressure & respiratory)		1	
Manages Secondary injuries and wounds appropriately		1	
REASSESSMENT			
Describes how and when to reassess the patient.		1	
	TOTAL	42	

Actual Time Ended: _____

**** Examiner must list times above and then sign on reverse after reviewing Critical Criteria****

Critical Criteria:

_____ Failure to take or verbalize body substance isolation precautions
_____ Failure to determine scene safety before approaching patient
_____ Failure to initially consider and/or provide for stabilization of the spine when indicated
_____ Failure to assess/provide adequate ventilations
_____ Failure to verbalize/provide adequate supplemental oxygen as scenario indicates
_____ Failure to find or manage problems associated with airway, breathing, hemorrhage or shock.
_____ Failure to differentiate between patient's need for immediate transportation versus continued assessment or treatment on the scene
_____ Performs secondary assessment before assessing or treating threats to airway, breathing or circulation
_____ Requests, uses or orders a dangerous or inappropriate intervention
_____ Failure to manage the patient as a competent EMR
_____ Exhibits unacceptable affect with patient or other personnel

You must factually document your rationale for checking any of the above critical items on this form in the space below, being specific as what occurred or did not occur versus repeating the statement above.

Critical Criteria Explanation:

or

☐ **There were NO observed Critical Criteria per my evaluation.**

_____
Signature of the Examiner

Notes or Clarifications:

State of Indiana EMR Psychomotor Skills Examination

Patient Assessment/Management - Medical

Candidate: _____ Examiner Name: _____

Date: _____ Scenario #: _____

Actual Time Started _____

		Possible Points	Points Awarded
Takes or verbalizes appropriate body substance isolation precautions		1	
SCENE SIZE-UP			
Determines the scene/situation is safe		1	
Determines the mechanism of injury/nature of illness		1	
Determines the number of patients		1	
Request additional help, if necessary		1	
Considers stabilization of the spine		1	
PRIMARY SURVEY/RESUSCITATION			
Verbalizes general impression of the patient		1	
Determines responsiveness/level of consciousness		1	
Determines chief complaint/apparent life threats		1	
Airway	Opens and assesses the airway	1	
	Inserts an adjunct as indicated	1	
Breathing	Assesses breathing	1	
	Assures adequate ventilation	1	
	Initiates adequate oxygen therapy	1	
Circulation	Checks for pulse	1	
	Assesses skin (color, temperature, & condition)	1	
	Assess for and controls major bleeding and/or shock, if present	1	
Identifies patient priority and makes treatment/transport decision		1	
History Taking **History of present illness**			
Candidate should ask pertinent signs & symptoms questions related to illness (such as OPQRST)	No questions about present illness asked	Critical Fail/ 0 points	
	One question about present illness asked	Award 1 point	
	Two questions about present illness asked	Award 2 points	
	Three questions about present illness asked	Award 3 points	
	Four or more questions about present illness asked	Award 4 points	
	Examiner should award 0-4 points	4	
Past Medical History			
Allergy questions asked		1	
Medication questions asked		1	
Past pertinent medical history questions asked		1	
Last oral intake questions asked		1	
Events leading to present illness questions asked		1	
Secondary Assessment			
Assesses appropriate body part/systems related to the present illness **Could include: cardiovascular, pulmonary, neurological, musculoskeletal, skin, GI/GU, reproductive, and psychological/social		1	
Vital Signs / Application of assessment			
Obtains baseline vitals (minimum is heart rate, blood pressure & respiratory)		1	
States field impression of patient (including ALS or BLS transport requested)		1	
Interventions: Verbalizes proper interventions/treatment		1	
REASSESSMENT			
Describes/demonstrates how and when to reassess the patient		1	
Gives brief report to arriving transport unit		1	
	TOTAL	32	

Actual Time Ended: _____

**** Examiner must list times above and then sign on reverse after reviewing Critical Criteria****

Critical Criteria:

_____ Failure to take or verbalize body substance isolation precautions
_____ Failure to determine scene safety before approaching patient
_____ Failure to initially consider and/or provide for stabilization of the spine when indicated
_____ Failure to assess/provide adequate ventilations
_____ Failure to verbalize/provide adequate supplemental oxygen as scenario indicates
_____ Failure to find or manage problems associated with airway, breathing, hemorrhage or shock.
_____ Failure to differentiate between patient's need for immediate transportation versus continued assessment or treatment on the scene
_____ Performs secondary assessment before assessing or treating threats to airway, breathing or circulation
_____ Requests, uses or orders a dangerous/inappropriate intervention or outside scope of practice
_____ Failure to manage the patient as a competent EMR
_____ Exhibits unacceptable affect with patient or other personnel

You must factually document your rationale for checking any of the above critical items on this form in the space below, being specific as what occurred or did not occur versus repeating the statement above.

Critical Criteria Explanation:

or

☐ **There were NO observed Critical Criteria per my evaluation.**

_____
Signature of the Examiner

Notes or Clarifications:

State of Indiana EMR Psychomotor Skills Examination

Cardiac Arrest Management/AED

Candidate: _____ Examiner Name: _____

Date: _____ Signature _____

Actual Time Started _____

	Possible Points	Points Awarded
Demonstrates/verbalizes initial or continued consideration of BSI precautions	1	
Determines the scene/situation is safe	1	
Attempts to question bystanders about arrest events	1	
Determines patient responsiveness	1	
NOTE: The examiner must now inform the candidate: "The patient is unresponsive."		
Assesses patient for spontaneous signs of breathing	1	
NOTE: The examiner must now inform the candidate: "The patient is apneic, agonal, or gasping"		
Checks carotid pulse (no more than 10 seconds)	1	
NOTE: The examiner must now inform the candidate: "The patient is pulseless."		
Immediately begins chest compressions ** Adequate depth and rate must be performed with chest recoil	1	
Candidate performs 2 minutes of high quality, single-rescuer CPR		
Requests additional EMS response	1	
Adequate depth and rate observed	1	
Correct compression to ventilation ratio observed	1	
Candidate allows the chest to recoil completely	1	
Directs or controls adequate volumes delivered for each breath with OPA/NPA and BVM Device	1	
Minimal interruptions of less than 10 seconds throughout	1	
NOTE: After 2 minutes (5 cycles), patient is assessed and remains pulseless & apneic.		
A second rescuer arrives to perform compressions while the candidate operates the AED.		
Candidate turns power on AED	1	
Candidate follows prompts and correctly attaches AED pads to patient	1	
Directs CPR to be halted and ensures all individuals are clear for rhythm analysis	1	
Ensures all individuals are clear of the patient and delivers AED shock.	1	
Immediately directs rescuer to resume chest compressions	1	
Minimal interruptions of less than 10 seconds throughout	1	
TOTAL	18	

Actual Time Ended: _____

**** Examiner must list times above and then sign on reverse after reviewing Critical Criteria****

Critical Criteria:

_____ Did not confirm patient to PULSELESS and APNEIC.

_____ Failure to initiate or resume CPR at appropriate periods

_____ Interrupts CPR for more than 10 seconds at any point .

_____ Failure to demonstrate CPR rates & depths consistent with current AHA guidelines.

_____ Failure to operate the AED properly (failure to deliver shock or turns off AED during testing).

_____ Failure to attach AED pads correctly on the patient.

_____ Failure to provide high flow/concentration of oxygen.

_____ Failure to assure that all individuals are clear of the patient during rhythm analysis and before delivering shock(s). Must verbalize and observe "All Clear."

_____ Requests, uses or orders a dangerous or inappropriate intervention

_____ Failure to manage the patient as a competent EMR.

_____ Exhibits unacceptable affect with patient or other personnel.

You must factually document your rationale for checking any of the above critical items on reverse side.

State of Indiana EMR Psychomotor Skills Examination

Ventilation & Airway Management for Apneic Patient

Candidate: _____ Examiner Name: _____

Date: _____ Signature: _____

Actual Time Started _____

		Possible Points	Points Awarded
Demonstrates/verbalizes initial or continued consideration of BSI precautions		1	
Checks Responsiveness	NOTE: After checking responsiveness and breathing for at least 5 but no more than 10 seconds, examiner informs the candidate: "The patient is unresponsive & apneic"	1	
Checks Breathing		1	
Checks for pulse for at least 5 but no more than 10 seconds		1	
NOTE: Examiner must now inform the candidate: "Your palpate a weak carotid pulse of 60."			
Candidate opens the airway manually		1	
NOTE: Examiner must now inform the candidate: "The mouth is full of secretions and vomitus."			
Candidate turns on/prepares the suction device		1	
Candidate assures presence of mechanical suction		1	
Candidate attaches and inserts rigid suction catheter without applying suction		1	
Candidate suctions the mouth and oropharynx		1	
NOTE: Examiner must now inform the candidate: "The mouth and oropharynx are now clear-but there are no signs of breathing."			
Candidate re-opens the airway manually		1	
Candidate measures airway and selects an appropriately sized OP airway		1	
Candidate inserts OP airway without pushing the tongue to the posterior		1	
NOTE: Examiner must now inform the candidate: "No gag reflex is present and the patient accepts the airway adjunct."			
Ventilates the patient immediately (within 30 seconds) with a BVM device.		1	
Candidate attaches the BVM assembly to high flow oxygen (15 liters per minute)		1	
NOTE: Examiner must now inform the candidate: "ventilation is being performed without difficulty."			
Re-checks the pulse for at least 5 but no more than 10 seconds		1	
Candidate adequately ventilates and confirms there is chest rise/fall		1	
Ventilates patient at a proper rate (10-12 per minute not to exceed 12 per minute)		1	
	TOTAL	17	

Actual Time Ended: _____

**** Examiner must list times above and then sign on reverse after reviewing Critical Criteria****

Critical Criteria:

_____ Failure to initiate ventilations within 30 seconds after suctioning or interrupts ventilations for greater than 30 seconds.

_____ Failure to suction **before** ventilating the patient.

_____ Did not demonstrate acceptable suction technique (including suctioning for prolonged time).

_____ Failure to check responsiveness, breathing or pulse for a period of between 5-10 seconds.

_____ Inserts any adjunct in a manner dangerous to the patient.

_____ Failure to voice and ultimately provide high flow/concentration of oxygen.

_____ Failure to ventilate the patient at a rate of at least 10 per minute and no more than 12 per minute.

_____ Failure to provide adequate volumes per breath (maximum of 2 errors/minute permissible)

_____ Uses or orders a dangerous or inappropriate intervention.

_____ Failure to manage the patient as a competent EMR

_____ Exhibits unacceptable affect with patient or other personnel

You must factually document your rationale for checking any of the above critical items on this form in the space below, being specific as what occurred or did not occur versus repeating the statement above.

Critical Criteria Explanation:

or

☐ **There were NO observed Critical Criteria per my evaluation.**

Signature of the Examiner

Notes or Clarifications:

State of Indiana EMR Psychomotor Skills Examination

Bleeding Control/Shock Management

Candidate: _____ Examiner Name: _____

Date: _____ Signature _____

Actual Time Started _____

	Possible Points	Points Awarded
Demonstrates/verbalizes initial or continued consideration of BSI precautions	1	
Candidate applies direct pressure to the wound	1	
Candidate elevates the extremity	1	
NOTE: The examiner must now inform the candidate that the wound continues to heavily bleed.		
Candidate applies tourniquet in an appropriate manner and location	1	
NOTE: The examiner must now inform the candidate that the patient is now showing signs and symptoms indicative of hypoperfusion.		
Candidate properly positions the patient	1	
Candidate administers high concentration of oxygen	1	
Candidate initiates steps to prevent heat loss from the patient	1	
Candidate indicates need for immediate transport	1	
TOTAL	8	

Actual Time Ended: _____

**** Examiner must list times above and then sign below after reviewing Critical Criteria****

Critical Criteria:

_____ Did not apply high flow oxygen with an appropriate mask.

_____ Applied a tourniquet before attempting other methods of bleeding control.

_____ Did not control hemorrhage using correct procedures in a timely manner.

_____ Did not indicate the need for immediate transport.

_____ Uses or orders a dangerous or inappropriate intervention.

_____ Failure to manage the patient as a competent EMR

_____ Exhibits unacceptable affect with patient or other personnel

You must factually document your rationale for checking any of the above critical criteria below.

Critical Criteria Explanation:

or

☐ **There were NO observed Critical Criteria per my evaluation.**

_____

Signature of the Examiner

State of Indiana EMR Psychomotor Skills Examination

Long Bone Immobilization

Candidate: _____ Examiner Name: _____

Date: _____ Signature _____

Actual Time Started _____

	Possible Points	Points Awarded
Demonstrates/verbalizes initial or continued consideration of BSI precautions	1	
Candidate directs application of manual stabilization of the injury	1	
Assesses motor, sensory, & circulatory function in the injured extremity.	1	
NOTE: The examiner acknowledges "motor, sensory, & circulatory function are present and normal."		
Measures the splint.	1	
Applies the splint	1	
Immobilizes the joint above the injury site	1	
Immobilizes the joint below the injury site	1	
Secures the entire injured extremity	1	
Immobilizes the affected hand/foot in the position of function	1	
Reassesses motor, sensory & circulatory function in the injured extremity	1	
NOTE: The examiner acknowledges "motor, sensory, & circulatory function are present and normal."		
TOTAL	10	

Actual Time Ended: _____

**** Examiner must list times above and then sign below after reviewing Critical Criteria****

Critical Criteria:

_____ Grossly moves the injured extremity.

_____ Did not immobilize the joint above and the joint below the injury site.

_____ Did not immobilize the affected hand or foot in a position of function.

_____ Uses or orders a dangerous or inappropriate intervention.

_____ Did not assess motor, sensory, and circulatory function in the injured extremity. ***BOTH BEFORE AND AFTER*** splinting.

_____ Failure to manage the patient as a competent EMR.

_____ Exhibits unacceptable affect with patient or other personnel.

You must factually document your rationale for checking any of the above critical criteria below.

Critical Criteria Explanation:

or

_____ **There were NO observed Critical Criteria per my evaluation.**

Signature of the Examiner

State of Indiana EMR Psychomotor Skills Examination

Mouth to Mask with Supplemental Oxygen

Candidate: _____ Examiner Name: _____

Date: _____ Signature: _____

Actual Time Started _____

	Possible Points	Points Awarded
Demonstrates/verbalizes initial or continued consideration of BSI precautions	1	
Connects the one way valve to the mask	1	
Opens the patient's airway or confirms the patient's airway is open (may be done manually or with an adjunct)	1	
Establishes and maintains a proper mask to face seal	1	
Ventilates the patient with visible chest rise and fall (The observed rates should be between 10-12 breaths per minute)	1	
Connects the mask to a high concentration of oxygen	1	
Adjusts the oxygen flow rate to at least fifteen (15) liters/minute	1	
Continues ventilations of the patient with visible chest rise and fall (The observed rates should be between 10-12 breaths per minute)	1	
NOTE: Examiner must witness ventilations for at least 30 seconds.		
TOTAL	8	

Actual Time Ended: _____

**** Examiner must list times above and then sign below after reviewing Critical Criteria****

Critical Criteria:

_____ Failure to correctly connect the one-way valve to the mask.

_____ Failure to adjust the oxygen flow rate to at least 15 liters/minute.

_____ Failure to produce visible chest rise and fall with ventilations.
(more than 2 inadequate ventilations per minute observed)

_____ Failure to ventilate the patient at a rate of 10-12 breaths per minute.

_____ Failure to manage the patient as a competent EMR

_____ Exhibits unacceptable affect with patient or other personnel

You must factually document your rationale for checking any of the above critical items on this form in the space below, being specific as what occurred or did not occur.

Critical Criteria Explanation:

or

☐ **There were NO observed Critical Criteria per my evaluation.**

_____

Signature of the Examiner

State of Indiana EMR Psychomotor Skills Examination

Oxygen Administration

Candidate: _____ Examiner Name: _____

Date: _____ Signature: _____

Actual Time Started _____

	Possible Points	Points Awarded
Demonstrates/verbalizes initial or continued consideration of BSI precautions	1	
Cracks the oxygen tank valve before attaching the regulator	1	
Attaches the regulator to the oxygen tank	1	
Opens the oxygen tank valve with the regulator attached	1	
Checks oxygen regulator and tank for leaks	1	
Checks and verbalizes the oxygen tank pressure	1	
Attaches non-breather mask to oxygen	1	
Prefills the oxygen reservoir mask with oxygen	1	
Adjusts the regulator to assure oxygen flow rate of fifteen (15) liters per minute	1	
Attaches mask to patient's face and adjusts to fit snugly	1	
NOTE: Examiner must now inform the candidate that the patient is not tolerating the non-rebreather mask and that a nasal cannula should be applied to the patient.		
Removes non-rebreather mask and then attaches nasal cannula to oxygen	1	
Adjusts liter flow to six (6) liters per minute or less	1	
Applies nasal cannula to the patient properly	1	
NOTE: Examiner must now instruct the candidate to discontinue oxygen therapy.		
Removes the nasal cannula from the patient	1	
Shuts off the regulator	1	
Relieves the pressure within the regulator	1	
TOTAL	16	

Actual Time Ended: _____

**** Examiner must list times above and then sign below after reviewing Critical Criteria****

Critical Criteria:

_____ Failure to assemble the oxygen tank and regulator without leaks.

_____ Failure to pre-fill the oxygen reservoir bag of the non-rebreather mask.

_____ Failure to adjust the oxygen flow rate for the non-rebreather of at least 15 liters/minute.

_____ Failure to adjust the oxygen flow rate for the nasal cannula to 6 liters/minute or less.

_____ Failure to attach either mask in a manner that does not produce proper oxygen delivery.

_____ Use or orders a dangerous or inappropriate intervention.

_____ Failure to manage the patient as a competent EMR.

_____ Exhibits unacceptable affect with patient or other personnel.

You must factually document your rationale for checking any of the above critical items on this form in the space below, being specific as what occurred or did not occur.

Critical Criteria Explanation:

or

_____ **There were NO observed Critical Criteria per my evaluation.**

Signature of the Examiner

Attachment #11

836 IAC - EMERGENCY MEDICAL SERVICES COMMISSION

Title: Interpretation of 836 IAC 1-2.1-3(7)

Date: January 18, 2013

Purpose: To explain and clarify the phrase "in the ACS verification process."

Interpretation: The Emergency Medical Services Commission interprets the phrase "in the ACS verification process" to mean that the hospital is sufficiently qualified to provide the appropriate level of patient care pending completion of the verification process

Attachment #12

MICHAEL R. PENCE, Governor
STATE OF INDIANA

INDIANA DEPARTMENT OF HOMELAND SECURITY
302 West Washington Street
Indianapolis, IN 46204

APPLICATION FOR HOSPITAL TO BE DESIGNATED *"IN THE ACS VERIFICATION PROCESS"*

Date submitted: _____

1. Applicant legal name:

_____

_____
Mailing Address (City, State, Zip) Street Address (City, State, Zip)

(___)_____(___)_____(___)_____
Business Telephone No. 24-hour Contact Telephone No. Business Fax Number

2. Chief Executive Officer

_____
Name Title Telephone No. E-Mail Address

3. Trauma Program Medical Director

_____
Name Title Telephone No. E-Mail Address

4. Trauma Program Manager

_____
Name Title Telephone No. E-Mail Address

TRAUMA LEVEL BEING REQUESTED *(check one)*:

LEVEL 1_____
LEVEL 2 _____
LEVEL 3 _____

ATTESTATION In signing this application, we are attesting that all of the information contained herein is true and correct and that we and the applicant hospital agree to be bound by the rules, policies and decisions of the Indiana Emergency Medical Services Commission regarding our status.

Indiana Department of Homeland Security

Application for "in the process" Level I Trauma Center status

Hospitals that wish to apply for status as an "in the process" Level I Trauma Center must provide sufficient documentation for Indiana Emergency Medical Services Commission to conclude that your hospital complies with each of the following requirements:

1. **A Trauma Medical Director** who is Board-Certified, or Board-Eligible, or an American College of Surgeons Fellow. This is usually a general surgeon who participates in trauma call and is current in Advanced Trauma Life Support (ATLS). The Medical Director must be dedicated to one hospital.

2. **A full-time Trauma Program Manager**. This person is usually a registered nurse and must show evidence of educational preparation, with a minimum of 16 hours (internal or external) of trauma-related continuing education per year and clinical experience in the care of injured patients.

3. **Submission of trauma data to the State Registry**. The hospital must be submitting data to the Indiana Trauma Registry following the Registry's data dictionary data standard within 30 days of application and at least quarterly thereafter.

4. **A Trauma Registrar**. This is someone who abstracts high-quality data into the hospital's trauma registry and works directly with the hospital's trauma team. This position is managed by the Trauma Program Manager.

5. **Tiered Activation System**. There must be a clearly defined Tiered Activation System that is continuously evaluated by the hospital's Performance Improvement and Patient Safety (PIPS) program.

6. **Trauma Surgeon on call**. The surgeon must be dedicated to the trauma center while on call. Supporting documentation for this requirement must also include a written letter of commitment signed by all surgeons of the hospital that the scheduled Trauma Surgeon will be dedicated to the trauma center. There must also be evidence provided that a Trauma Surgeon is a member of the hospital's disaster committee. A roster of the membership of the disaster committee must be provided.

7. **Trauma Surgeon response times.** Evidence must be submitted that response times for the Trauma Surgeon are 15 minutes maximum, tracked from patient arrival at the hospital, and must be compliant at least 80% of the time, as defined by the Optimal Resources document of the American College of Surgeons. A published back-up schedule for trauma surgery must also be available and provided as part of the documentation. Also, there must be a written letter of commitment to the center's Trauma Surgeon response times, signed by the Trauma Medical Director, that is included as part of the hospital's application.

8. **In-house Emergency Department physician coverage**. There must be 24-hour-per-day, 365-days-per-year, in-house Emergency Department physician coverage. The Emergency Department

17. **Laboratory services**. There must be laboratory services available 24 hours per day for the standard analyses of blood, urine and other bodily fluids, including micro-sampling when appropriate.

18. **Post-anesthesia care unit**. The post-anesthesia care unit (PACU) must have qualified nurses and necessary equipment 24 hours per day. Documentation for this requirement must include a list of available equipment in the PACU.

19. **Relationship with an organ procurement organization (OPO)**. There must be written evidence that the hospital has an established relationship with a recognized OPO. There must also be written policies for triggering of notification of the OPO.

20. **Diversion policy**. The hospital must provide a copy of its diversion policy and affirm that it will not be on diversion status more than 5% of the time. The hospital's documentation must include a record for the previous year showing dates and length of time for each time the hospital was on diversion.

21. **Operational process performance improvement committee**. There must be a trauma program operational process performance improvement committee and documentation must include a roster of the committee and meeting times for the previous year.

22. **Nurse credentialing requirements**. Briefly describe credentialing requirements for nurses who care for trauma patients in your Emergency Department, ICU and PACU.

23. **Commitment by the governing body and medical staff**. There must be separate written commitments by the hospital's governing body and medical staff to establish a Level I Trauma Center and to pursue verification by the American College of Surgeons within 1 year of this application and to achieve ACS verification within 2 years of the granting of "in the process" status. Further, the documentation provided must include recognition by the hospital that if it does not pursue verification within one year of this application and/or does not achieve ACS verification within 2 years of the granting of "in the process" status that the hospital's "in the process" status will immediately be revoked, become null and void and have no effect whatsoever.

Indiana Department of Homeland Security

Application for "in the process" Level II Trauma Center status

Hospitals that wish to apply for status as an "in the process" Level II Trauma Center must provide sufficient documentation for Indiana Emergency Medical Services Commission to conclude that your hospital complies with each of the following requirements:

1. **A Trauma Medical Director** who is Board-Certified, or Board-Eligible, or an American College of Surgeons Fellow. This is usually a general surgeon who participates in trauma call and is current in Advanced Trauma Life Support (ATLS). The Medical Director must be dedicated to one hospital.

2. **A full-time Trauma Program Manager**. This person is usually a registered nurse and must show evidence of educational preparation, with a minimum of 16 hours (internal or external) of trauma-related continuing education per year and clinical experience in the care of injured patients.

3. **Submission of trauma data to the State Registry**. The hospital must be submitting data to the Indiana Trauma Registry following the Registry's data dictionary data standard within 30 days of application and at least quarterly thereafter.

4. **A Trauma Registrar**. This is someone who abstracts high-quality data into the hospital's trauma registry and works directly with the hospital's trauma team. This position is managed by the Trauma Program Manager.

5. **Tiered Activation System**. There must be a clearly defined Tiered Activation System that is continuously evaluated by the hospital's Performance Improvement and Patient Safety (PIPS) program.

6. **Trauma Surgeon on call**. The surgeon must be dedicated to the trauma center while on call. Supporting documentation for this requirement must also include a written letter of commitment signed by all surgeons of the hospital that the scheduled Trauma Surgeon will be dedicated to the trauma center. There must also be evidence provided that a Trauma Surgeon is a member of the hospital's disaster committee. A roster of the membership of the disaster committee must be provided.

7. **Trauma Surgeon response times.** Evidence must be submitted that response times for the Trauma Surgeon are as defined by the Optimal Resources document of the American College of Surgeons. A published back-up schedule for trauma surgery must also be available and provided as part of the documentation. Also, there must be a written letter of commitment to the center's Trauma Surgeon response times, signed by the Trauma Medical Director, that is included as part of the hospital's application.

8. **In-house Emergency Department physician coverage**. The Emergency Department must have a designated emergency physician director, supported by an appropriate number of additional physicians to ensure immediate care for injured patients.

19. **Relationship with an organ procurement organization (OPO)**. There must be written evidence that the hospital has an established relationship with a recognized OPO. There must also be written policies for triggering of notification of the OPO.

20. **Diversion policy**. The hospital must provide a copy of its diversion policy and affirm that it will not be on diversion status more than 5% of the time. The hospital's documentation must include a record for the previous year showing dates and length of time for each time the hospital was on diversion.

21. **Operational process performance improvement committee**. There must be a trauma program operational process performance improvement committee and documentation must include a roster of the committee and meeting times for the previous year.

22. **Nurse credentialing requirements**. Briefly describe credentialing requirements for nurses who care for trauma patients in your Emergency Department, ICU and PACU.

23. **Commitment by the governing body and medical staff**. There must be separate written commitments by the hospital's governing body and medical staff to establish a Level II Trauma Center and to pursue verification by the American College of Surgeons within 1 year of this application and to achieve ACS verification within 2 years of the granting of "in the process" status. Further, the documentation provided must include recognition by the hospital that if it does not pursue verification within one year of this application and/or does not achieve ACS verification within 2 years of the granting of "in the process" status that the hospital's "in the process" status will immediately be revoked, become null and void and have no effect whatsoever.

Indiana Department of Homeland Security

Application for "in the process" Level III Trauma Center status

Hospitals that wish to apply for status as an "in the process" Level III Trauma Center must provide sufficient documentation for Indiana Emergency Medical Services Commission to conclude that your hospital complies with each of the following requirements:

1. **A Trauma Medical Director** who is Board-Certified, or Board-Eligible, or an American College of Surgeons Fellow. This is usually a general surgeon who participates in trauma call and is current in Advanced Trauma Life Support (ATLS). The Medical Director must be dedicated to one hospital.

2. **A Trauma Program Manager**. This person is usually a registered nurse and must show evidence of educational preparation, with a minimum of 16 hours (internal or external) of trauma-related continuing education per year and clinical experience in the care of injured patients.

3. **Submission of trauma data to the State Registry**. The hospital must be submitting data to the Indiana Trauma Registry following the Registry's data dictionary data standard within 30 days of application and at least quarterly thereafter.

4. **A Trauma Registrar**. This is someone who abstracts high-quality data into the hospital's trauma registry and works directly with the hospital's trauma team. This position is managed by the Trauma Program Manager.

5. **Tiered Activation System**. There must be a clearly defined Tiered Activation System that is continuously evaluated by the hospital's Performance Improvement and Patient Safety (PIPS) program.

6. **Trauma Surgeon response times.** Evidence must be submitted that response times for the Trauma Surgeon are as defined by the Optimal Resources document of the American College of Surgeons. Also, there must be a written letter of commitment, signed by the Trauma Medical Director, that is included as part of the hospital's application. There must be evidence that a trauma surgeon is a member of the hospital's disaster committee.

7. **In-house Emergency Department physician coverage**. The Emergency Department must have a designated emergency physician director, supported by an appropriate number of additional physicians to ensure immediate care for injured patients.

8. **Orthopedic Surgery**. There must be an orthopedic surgeon on call and promptly available 24 hours per day. There must also be a written letter of commitment, signed by orthopedic surgeons and the Trauma Medical Director, for this requirement.

9. **Neurosurgery**. The hospital must have a plan that determines which type of neurologic injuries should remain at the facility for treatment and which types of injuries should be transferred out for higher levels of care. This plan must be approved by the facility's Trauma Medical Director. There must be a transfer agreement in place with Level I or Level II trauma centers for the

22. **Commitment by the governing body and medical staff**. There must be separate written commitments by the hospital's governing body and medical staff to establish a Level III Trauma Center and to pursue verification by the American College of Surgeons within 1 year of this application and to achieve ACS verification within 2 years of the granting of "in the process" status. Further, the documentation provided must include recognition by the hospital that if it does not pursue verification within one year of this application and/or does not achieve ACS verification within 2 years of the granting of "in the process" status that the hospital's "in the process" status will immediately be revoked, become null and void and have no effect whatsoever.