



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.

State EMS Directors Report

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 inquiries 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
FOUNTAIN TOWN 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.
STEBEN 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 Transport
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/DAVISS 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 (mmddyymm).
- (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 Locker. 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. Hinkenmeyer 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. Hinkenmeyer has not yet been able to successfully pass his National Registry written test. Mr. Hinkenmeyer 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 Hinkenmeyer – 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 inservice 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. Sebyan 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 Sebyan – 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.

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 Service

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 and 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.

ADMINISTRATIVE 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 held 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 the is affiliated with the service to maintain competency and maintenance of the waiver. The recommendation is for the provider organization to provider 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 member 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 chosen 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