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 MEETING MINUTES

DATE: **January 18, 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)
	Sue Dunham	(Emergency Nurses)
	Michael Olinger	(Trauma Physicians)

Darin Hoggatt (Paramedics)

Ed Gordon (Volunteer Fire EMS)

MEMBERS ABSENT: Stephen Champion (Medical Doctor)

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

CALL TO ORDER AND OPENING REMARKS

Meeting called to order at 10:01 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 September 21, 2012 meeting as written. The motion was seconded by Commissioner Hamilton. Motion passed.

State EMS Directors Report

Director Archer congratulated the new governor, Governor Mike Pence. Director Archer also announced that Indiana Department of Homeland Security (IDHS) has a new Executive Director, John Hill. He also introduced a new staff member Heather Stegerman, Training Institution and Certification Specialist. Director Archer offered condolences to Becky Blagrave, retired field services personnel, on the passing of her husband. Director Archer announced that IDHS is taking bids from interested Training Institutions that are willing to offer the Intermediate-99 to Paramedic transition course, please contact Director Archer if you are interested in submitting a bid. Mr. Archer announced that staff is working on the rewriting the rules so that the emergency rules that were adopted by the Commission last summer can be put into the permanent

rules. Mr. Archer mentioned a letter from the IEMSA in support of the Commissions stand to adopt the Nemesis Silver 2.0 data set. IAC 836 1-1-5 has been revised to require only the Nemesis Silver 85 data elements instead of Indiana's over 100 data elements to be submitted with the emergency rule rewrites. Also Mr. Archer announced that after establishing the certification late fees a year ago has generated about $24,000 so far. Those funds have been put into the agency general fund but should be in the EMS fund. Staff has been working with IDHS fiscal department to restore those funds to the correct place. Those funds will be used to support EMS Commission activities once those funds are moved to the correct place. It is hopeful that the meetings that previously had to be eliminated from the schedule can be restored.

STAFF REPORT

Training Report-

Elizabeth Fiato announced that providers need to check their expiration dates and make sure that they submit their renewals to the IDHS office prior to expiration. IDHS is currently in the process of sending out letters to the provider organizations to let them know that they are expired. It is illegal to make EMS runs on an expired provider organization certification and the organization can be fined. Mrs. Fiato also announced that all organizations and certified personal need to update their email addresses with IDHS through Acadis. IDHS will no longer be sending notification letters out and all notifications will be made via email. Mrs. Fiato also announced that IDHS will no longer accept practical skills exams via email. All practical skills exams need to be mailed into the IDHS EMS certifications office. IDHS is working on a drop box for the practical exams to be uploaded to so that several emails do not have to be sent to the office. Mrs. Fiato also announced that IDHS in conjunction with the Fire Chief's Association will be reinstating the ambulance competition at this year's Indiana Emergency Responder Conference. Mrs. Fiato also announced that the PSID look up is currently down. Individuals can still go into their portal accounts and print their certifications.

Individual Certification Report- See attachment #1

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

Provider Certification Report- See attachment #2

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

Data Registry

Mr. Gary Robison from IDHS announced that currently there are some issues with the secure system but he is working to get the issues corrected. Mr. Robison asked that anyone that has data that is ready to be transmitted, how many runs you have ready to report, and the vendor you are using please email him to let him know and he will work with you to get your data submitted. Currently there are 200,000 runs have been reported in the Legacy system, 60,000 that are reporting with the Nemesis system, 44 are reporting through a restricted email and a couple that are sending their data in on CDs via certified mail. There are currently 300 providers reporting. Mr. Robison would like for EMS Commission to make a decision on keeping the Nemesis 2.0 version for at least a year.

EMS PERSONNEL WAIVER REQUEST

The following requested a waiver of **836 IAC 4-4-2 Application for original certification or certification renewal** Authority: IC 16-31-2-7 Affected: IC 16-31 Sec. 2 (c) Certification as an emergency medical technician shall be valid for a period of two (2) years. (d) 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. The applicant is requesting that his EMT certification be renewed. Staff recommends denial of Mr. Anderson's request. His certification expired 12/31/2012. If he has all of his continuing education hours before his expiration then he can turn in his hours and pay the $50.00 processing fee to renew. If his continuing education hours are not completed then he can file for recertification based on previous certification and retest his practical and written exams to regain his certification.

Anderson, Tony L. (EMT- Basic)

A motion was made by Commissioner Mackey to go with staff recommendation and deny the waiver. The motion was seconded by Commissioner Zartman. The motion passed.

The following requested a waiver of 836 IAC 1-1-3 (b) reciprocity for a period of no more than six (6) months. Ms. Bogard's temporary certification lapsed before she was able to get all of her testing completed in order to gain full Indiana certification. Staff asked for more information. Upon inquiry staff found that Ms. Bogard was unable to test due to lack of practical exam sites giving the test within her time frame. Staff recommends approval based on the information obtained during inquiry.

Bogard, Nikki (EMT)

A motion was made by Commissioner Mackey to approve the extension for six (6) months as staff recommended. The motion was seconded by Commissioner Olinger. The motion passed.

The following requested a waiver of 836 IAC 4-5-2 (2,D) to extend his time frame to complete testing for the Primary Instructor certification. Staff recommends that there is no waiver needed he can go test without a waiver. Rule 5. Emergency Medical Services Primary Instructor Certification 836 IAC 4-5-2 Certification and recertification: general
(2) Successfully complete a training course equivalent to the material contained in the Indiana emergency medical services primary instructor course and complete all of the following:
(A) Successfully complete the primary instructor written exam

(B) Successfully complete the primary instructor training program
(C) Be currently certified as an Indiana emergency medical technician
(D) Successfully pass the Indiana basic emergency medical services written and practical skills exam within one (1) year prior to applying for certification as a primary instructor.

Bonomo, Attilio (Ted) (EMS-Paramedic)

A motion was made by Commissioner Mackey to go with staff recommendation that no waiver is needed. The motion was seconded by Director Archer. The motion passed.

The following requested a waiver of 836 IAC 4-4-2 **Application for original certification or certification renewal** Authority: IC 16-31-2-7 Affected: IC 16-31 Sec. 2 (e) If a properly completed renewal application is submitted within one hundred twenty (120) calendar days after the expiration of the certification, 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 certification, and a fifty dollar ($50) reapplication fee, the certification 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 certification. Ms. Byrd is asking to waiver the 120 day time frame from the above rule. Staff recommends approval Ms. Byrd sent in her continuing education paperwork as proof of her completion of her hours.

Byrd, Amber (EMT-Basic)

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

The following requested a waiver of **836 IAC 4-4-2 Application for original certification or certification renewal** Authority: IC 16-31-2-7 Affected: IC 16-31 Sec. 2 (c) Certification as an emergency medical technician shall be valid for a period of two (2) years. (d) 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.
The applicant is requesting that his EMT certification be renewed. Staff recommends that no waiver is need for Mr. Chiang's request. He is still within his 120 day time frame so if he has all of his continuing education hours before his expiration then he can turn in his hours and pay the $50.00 processing fee to renew. If his continuing education hours are not completed then he can file for recertification based on previous certification and retest his practical and written exams to regain his certification.

Chiang, Philip B. (EMT-Basic)

A motion was made by Commissioner Hoggett to go with staff recommendation that no waiver is needed. The motion was seconded by Commissioner Gordon. The motion passed.

The following requested a waiver of 836 IAC 4-5-2 (2,D) to extend her time frame to complete testing for the Primary Instructor certification. Staff recommends that there is no waiver needed he can go test without a waiver. Rule 5. Emergency Medical Services Primary Instructor Certification 836 IAC 4-5-2 Certification and recertification: general
(2) Successfully complete a training course equivalent to the material contained in the Indiana emergency medical services primary instructor course and complete all of the following:
(A) Successfully complete the primary instructor written exam
(B) Successfully complete the primary instructor training program
(C) Be currently certified as an Indiana emergency medical technician
(D) Successfully pass the Indiana basic emergency medical services written and practical skills exam within one (1) year prior to applying for certification as a primary instructor.

Duncan, Shannan (EMT-Basic)

A motion was made by Commissioner Lockard to go with staff recommendation that no waiver is needed. The motion was seconded by Commissioner Zartman. The motion passed.

The following requested a waiver of the following **836 IAC 4-9-5 Continuing education requirements** 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 16-31-3-20 Sec. 5. (a) To renew a certification, a certified paramedic shall submit a report of continuing education every two (2) years that meets or exceeds the minimum requirements in subsection (b).
(b) 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.
(C) Six (6) hours in trauma.
(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 certification 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 certification 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 inservice 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.
Ms. Hunter is asking for an extension of the two year requirement to finish obtaining the rest of her continuing education hours. Staff recommends denial of the waiver. Ms. Hunter can apply for recertification based on previous certification after she re-obtains her National Registry.

Hunter, Angela (EMS-Paramedic)

A motion was made by Commissioner Mackey to go with staff recommendation and deny the waiver. The motion was seconded by Commissioner Zartman. The motion passed. Ms. Hunter spoke to the Commission after the motion was made to request reconsideration. A motion was made by Commission Lockard to have staff reconsider the waiver and come back after the break with any other recommendations. The motion was seconded by Commissioner Zartman. The motion passed.

Staff reviewed the waiver request at the break. After the break staff came back with the same recommendation to deny the waiver request and as soon as Ms. Hunter is ready to recertify she can regain her National Registry Paramedic certification then reapply for her Indiana certification. After hearing staff recommendation a motion was made by Commissioner Zartman to deny the waiver request. The motion was seconded by Commissioner Mackey. The motion passed.

The following requested a waiver of **836 IAC 4-9-6 Paramedic 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 Sec. 6. (a) To obtain paramedic certification 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

certification examinations as set forth and approved by the commission. Application for certification 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 certification examinations prescribed by the commission.
(3) Possesses a valid National Registry paramedic certification.
(b) Notwithstanding subsection (a), any nonresident of Indiana who possesses a certificate of license as a paramedic that is valid in another state, upon residing at an Indiana address, may apply to the agency for temporary certification as a paramedic. Upon receipt of a valid application and verification of valid status by the agency, the agency may issue temporary certification 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 certification may apply for full certification using the procedure required in section 1 of this rule.
Ms. Johnson is asking for an extension of the 6 months due to she was unable to get her testing completed. Ms. Johnson states that she has a practical exam scheduled in February. Staff recommends approval of the extension until March 1, 2013.

Johnson, Pamela (EMS-Paramedic)

A motion was made by Commissioner Mackey to approve the extension as staff recommends until March 1, 2013. The motion was seconded by Commissioner Olinger. The motion passed.

The following requested a waiver of 836 IAC 4-5-2 (2,D) to extend her time frame to complete testing for the Primary Instructor certification. Staff recommends that there is no waiver needed he can go test without a waiver. Rule 5. Emergency Medical Services Primary Instructor Certification 836 IAC 4-5-2 Certification and recertification: general
(2) Successfully complete a training course equivalent to the material contained in the Indiana emergency medical services primary instructor course and complete all of the following:
(A) Successfully complete the primary instructor written exam
(B) Successfully complete the primary instructor training program

(C) Be currently certified as an Indiana emergency medical technician
(D) Successfully pass the Indiana basic emergency medical services written and practical skills exam within one (1) year prior to applying for certification as a primary instructor.

Kenealy, Shannon L. (EMT-Basic)

A motion was made by Commissioner Lockard to go with staff recommendation that no waiver is needed. The motion was seconded by Director Archer. The motion passed.

The following requested a waiver of 836 IAC 4-5-2 (2,D) to extend her time frame to complete the internship portion for the Primary Instructor certification. Staff recommends approval of this extension until the end of May 2013 due to extenuating circumstances beyond the applicant control. Rule 5. Emergency Medical Services Primary Instructor Certification 836 IAC 4-5-2 Certification and recertification: general
(2) Successfully complete a training course equivalent to the material contained in the Indiana emergency medical services primary instructor course and complete all of the following:
(A) Successfully complete the primary instructor written exam
(B) Successfully complete the primary instructor training program
(C) Be currently certified as an Indiana emergency medical technician
(D) Successfully pass the Indiana basic emergency medical services written and practical skills exam within one (1) year prior to applying for certification as a primary instructor.

Knueven, Amber (EMT-Basic Advanced)

A motion was made by Commissioner Mackey to go with staff recommendation and grant the extension until May 31, 2013. The motion was seconded by Commissioner Olinger. The motion passed.

The following requested a waiver of 836 IAC 4-5-2 (2,D) to extend his time frame to complete testing for the Primary Instructor certification. Staff recommends that there is no waiver needed he can go test without a waiver. Rule 5. Emergency Medical Services Primary Instructor Certification 836 IAC 4-5-2 Certification and recertification: general
(2) Successfully complete a training course equivalent to the material contained in the Indiana emergency medical services primary instructor course and complete all of the following:

(A) Successfully complete the primary instructor written exam
(B) Successfully complete the primary instructor training program
(C) Be currently certified as an Indiana emergency medical technician
(D) Successfully pass the Indiana basic emergency medical services written and practical skills exam within one (1) year prior to applying for certification as a primary instructor.

Null, Ed (EMT-Basic)

A motion was made by Commissioner Hoggett to go with staff recommendation that no waiver is needed. The motion was seconded by Commissioner Hamilton. The motion passed.
Commissioner Zartman commented that it would be a good idea to ask the Technical Advisory Committee (TAC) to renew the Primary Instructor rule for interpretation and clarification. A motion was made by Commissioner Lockard to send the Primary Instructor rule to the TAC for interpretation and clarification. The motion was seconded by Commissioner Zartman. 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:
(5) Be a person who:
(A) holds a current emergency medical technician registration from the National Registry; and
(B) has completed a course equivalent to the Indiana approved curriculum.
(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.
Mr. Raphael is asking for an extension of the six (6) month time frame due to being on active military duty so he was unable to take his exams. Staff recommends approval to grant Mr. Raphael another six (6) months so he can work while completing his testing.

Raphael, Adam (EMT)

A motion was made by Commissioner Zartman to grant the extension for six (6) months as staff recommends. The motion was seconded by Commissioner Hamilton. The motion passed.

The following requested a waiver of **836 IAC 4-4-2 Application for original certification or certification renewal** Authority: IC 16-31-2-7 Affected: IC 16-31 Sec. 2 (c) Certification as an emergency medical technician shall be valid for a period of two (2) years. (d) 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.
The applicant is requesting that his EMT certification be renewed. Mr. Stoffregen's records were destroyed in the Henryville tornados. Staff contacted Mr. Stoffregen's training officer in regards to this matter. The chief is willing to write a letter stating that Mr. Stoffregen has completed all requirements for recertification. Staff recommends approval of this waiver due to undue hardship contingent on IDHS receiving the above stated letter from the fire chief.

Stoffregen, Guy David (EMT)

A motion was made by Commissioner Zartman to go with staff recommendation of renewal contingent on IDHS receiving the letter from the fire chief. The motion was seconded by Commissioner Lockard. The motion passed.

The following requested a waiver of **836 IAC 4-4-2 Application for original certification or certification renewal** Authority: IC 16-31-2-7 Affected: IC 16-31 Sec. 2 (c) Certification as an emergency medical technician shall be valid for a period of two (2) years. (d) 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.
The applicant is requesting that his EMT certification be renewed. Mr. Vaclavik's certification expired 1/1/2012. Staff recommends denial of this wavier due to it has been a year since Mr. Vaclavik's expiration. Staff further recommends that Mr. Vaclavik can apply for recertification based on previous certification to regain his certification.

Vaclavik, Steven Patrick (EMT)

A motion was made by Commissioner Mackey to go with staff recommendation and deny the waiver request. The motion was seconded by Commissioner Zartman. Mr. Vaclavik requested to address the

Commission to state his case after hearing from Mr. Vaclavik Commissioner Mackey withdrew his motion as did Commissioner Zartman. Chairman Turpen requested that staff also review Mr. Vaclavik's request during the break and come back with any additional recommendations to the Commission.

After the break staff came back with the same recommendation to deny the waiver. A motion was made by Commissioner Zartman to deny the waiver request. The motion was seconded by Commissioner Hamilton. The motion passed.

The following requested a waiver of 836 IAC 4-4 Section 5- (1) (f) under emergency rules. Mr. Wiseman is requesting to certify at the EMS-Advanced level based on his previous EMT-Intermediate certification which is now expired. Staff does not have a recommendation. We were trying to contact the National Registry for clarification on their testing requirements.

Wiseman, Kyle (EMT-Basic Advanced)

A motion was made by Commissioner Lockard to table this waiver until further information could be obtained. The motion was seconded by Commissioner Zartman. The motion passed.

During the break Chairman Bell of the TAC had contacted National Registry and found out that National Registry would allow Mr. Wiseman to test. A motion was made by Commissioner Zartman to grant Mr. Wiseman 6 months to complete testing to become an Advanced EMT. The motion was seconded by Commissioner Mackey. The motion passed.

The following requested a waiver of **836 IAC 4-4-2 Application for original certification or certification renewal** Authority: IC 16-31-2-7 Affected: IC 16-31 Sec. 2 (c) Certification as an emergency medical technician shall be valid for a period of two (2) years. (d) 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.
The applicant is requesting that his EMT certification be renewed. His certification expired while he was overseas on contract for the military as a civilian but has now joined the military service.
Mr. Sturm is asking for his certification to be renewed. Staff did not have a recommendation due to it being a last minute submission. This waiver was added to the agenda by staff during the meeting because it was received as we were leaving the office for the meeting.

Sturm, Justin (EMT)

A motion was made by Commissioner Olinger to renew Mr. Sturm's certification. The motion was seconded by Commissioner Lockard. The motion passed.

EMS PROVIDER WAIVER REQUEST

The following requested a waiver of 836 IAC 4-4-1 (e) (1) (A), 836 IAC 4-4-1 (e) (1) (B). This is an extension of an existing waiver to allow for a pilot program. The existing waiver will expire before the next Commission meeting. Staff recommends approval of this waiver. They also submitted a report on the progress of the program.

Parke and Vermillion County Ambulances

A motion was made by Commissioner Hoggett to grant the extension of the waiver until the next Commission meeting. The motion was seconded by Commissioner Gordon. The motion passed.

The following requested a waiver of 836 IAC 4-7.1-3 (d,1,B). This waiver is to give patients that are allergic to morphine Fentayl their medical director is in support of this waiver. Staff recommends approval of this waiver the service demonstrated need and ability.

Pulaski County EMS

A motion was made by Commissioner Mackey to deny this waiver. The motion was seconded by Commissioner Hamilton. The motion passed.

The following requested a waiver of 836 IAC 2-2-1 (g,h,4,A, i,ii) this is the requirement for 24-7 staffing for ALS provider. Applicant states that there are times that paramedics are unavailable for staffing 24-7. Staff recommends denial of this waiver due to not demonstrating no reasonable solution in the event paramedics becomes unavailable.

Pulaski County EMS

A motion was made by Commissioner Mackey to go with staff recommendation to deny this waiver. The motion was seconded by Commissioner Zartman. After the vote of 8 in favor and 3 opposed the motion passed to deny the waiver.

The following requested a waiver of 836 IAC 2-14-3 (b3) audible back-up alarms; 836 IAC 2-14-3 (c1) warning lights; 836 IAC 2-14-3 (c2) display 4 digit Commission number. Applicant is seeking this waiver because they are responding as a Tactical team. The vehicle is ALS non-transport. Staff recommends approval of this waiver.

Lake County STAR Team

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

EMS TRAINING INSTITUTION WAIVER REQUEST

The following requested a waiver of Section 16 (I, D) of the Emergency Rule LAS #12-3939 (E). This would give the Training Institution the ability to teach Cardiac Monitor, 12-lead EKG Acquisition and Transmission, Adult I/O access using EZ-IO/BIG device, continuous positive airway pressure, atrovent, toradol IM, Empinephrine 1;10,000 and Zofran ODT. The staff recommends tabling this waiver request until

after the Old Business section as there is information that will be discussed at that time directly concerning this waiver request.

Scott County EMS

A motion was made by Commissioner Hoggett to table this waiver until later in the meeting. The motion was seconded by Commissioner Zartman. The motion passed.

ADMINSTRATIVE PROCEEDINGS

Orders Issued

Order No. 0049-2012, Christopher Blaisuis (Emergency Order)

No action required, none taken

Order No. 0049-2012, Christopher Blaisuis (Amended Order)

No action required, none taken

Order No. 0055-2012, Christine Brane

No action required, none taken

Order No. 0064-2012, Dwayne Gerald Bratcher

No action required, none taken

Order No. 0058-2012, Thomas Brinson

No action required, none taken

Order No. 0056-2012, Joseph M. Bruce

No action required, none taken

Order No. 0052-2012, Kara L. Buckingham

No action required, none taken

Order No. 0061-2012, Tracy L. Cutler-Wilson

No action required, none taken

Order No. 0051-2012, Bryan S. Fleck

No action required, none taken

Order No. 0070-2012, Audra Gaines

No action required, none taken

Order No. 0062-2012, Kyle L. Gilbert

No action required, none taken

Order No. 0030-2012, Noah P. Hortan (Amended order)

No action required, none taken

Order No. 0071-2012, Kenny L. Human

No action required, none taken

Order No. 0057-2012, Bradley C. Ice

No action required, none taken

Order No. 0068-2012, Amy V. Kjelstrom

No action required, none taken

Order No. 0072-2012, Stephen J. Long

No action required, none taken

Order No. 0065-2012, Katie Lucas

No action required, none taken

Order No. 0001-2013, Jarod T. Mason

No action required, none taken

Order No. 0042-2012, Laura D. Meyer

No action required, none taken

Order No. 0069-2012, Tiffany G. Miller

No action required, none taken

Order No. 0054-2012, Eddie Mixon

No action required, none taken

Order No. 0053-2012, Calenna L. Morley

No action required, none taken

Order No. 0063-2012, Brandon Oxley

No action required, none taken

Order No. 0050-2012, Troy E. Phillipy

No action required, none taken

Order No. 0067-2012, Jason Pickering

No action required, none taken

Order No. 0060-2012, Ryan Reed

No action required, none taken

Order No. 0066-2012, Nasha Rolle

No action required, none taken

Order No. 0059-2012, Myla Williams

No action required, none taken

Order No. 0034-2012, David Wymer

No action required, none taken

The following filed a timely appeal to Administrative Orders:

Christopher Blaisuis

Tracy Cutler-Wilson

Christopher Meeks

Carlanna Morley

Jason Pickering

A motion was made by Commissioner Zartman to grant the appeals. The motion was seconded by Commissioner Lockard. The motion passed.

Non-final Order

a. Objection file by Respondent

William Cary

Judge Bippus spoke to the Commission concerning this order. The Commission had to decide if they accepted Mr. Cary's appeal or not and

also if they affirmed, denied or recommended a change to the Judges non-final order.

A motion was made by Commissioner Mackey to not accept Mr. Cary's appeal. The motion was seconded by Commissioner Zartman. The motion passed.

A motion was made by Commissioner Hoggett to affirm Judge Bippus's order. The motion was seconded by Commissioner Lockard. The motion passed.

b. No objection

Dusty Cox

A motion was made by Commissioner Zartman to table this non-final order until the next Commission meeting. The motion was seconded by Commissioner Hoggett. The motion passed.

FIELD SERVICES REPORT

Robin Stump introduced our new field services south programs person, Jenna Rossio. Ms. Stump announced that district task force assessments are going on now and we needed more EMS personnel to join the district task forces. Jason Smith gave a short presentation about Indiana's response to the East Coast for Hurricane Sandy. Director Archer discussed the communications issues that came to light during the deployment to the East Coast. Director Archer announced that the agency has created a committee for inter operability communications that are working on coming up with solutions to these communication issues.

Chairman Turpen gave a directive to staff to draft a short letter of commendation for all of the EMS people that were involved in the deployment from the Commission.

Trauma System Update

Mr. Art Logsdon from the Indiana State Department of Health reported that he has had a promotion to assistant Commissioner of the Department

of Health. Mr. Logsdon also announced that the Indiana State Department of Health is under new leadership, Mr Bill Vanes. Mr. Logsdon introduces Katy Gaddis as the new trauma registry manager. Mr. Logsdon stated that the trauma registry has been up and going since 2008. There about 75,000 records in the system from hospitals and trauma centers. There has not been very good EMS data so far. Mr. Logsdon announced that a preliminary rule has been adopted by the trauma committee on January 9th that requires all hospital, rehab hospitals, and EMS providers that transport patients. The Nemesis Silver data set EMS providers will be required to report by the 15th of the month. The data will be sent through a secured website via email or on paper. The provider will be notified by email that the data has been received. The data will be returned to the provider. If providers do not report they will not be eligible for state funded programs. The Department of Health has bought some software. It will be available for free to EMS providers. Some Commission member and audience members are part of a pilot project to help work out the bugs in the system. In the spring and summer there will be education provided to all 10 districts. Mr. Logsdon announced that under the trauma transport rules there is a provision for hospitals to become Trauma centers. Legal Counsel Mara Snyder has been working with the Committee to define what being in the process of becoming a trauma center means. Trauma Care Committee will meet again on February 8th it is expected that the process will be completed at that meeting. This will help add the number of trauma center in Indiana. Currently there are eight (8) trauma centers, soon to be nine (9).

EMS FOR CHILDREN

No report given. No action taken. Director Archer announced that Stephanie Fahner resigned from EMS for Children and introduced Gretchen Huffman as the new program chair for EMS for Children. Ms. Huffman stated that there will be a report at the next Commission meeting.

Chairman Turpen called for a 15 minute break at 11:55 am. Chairman Turpen called the meeting back to order at 12:13p.m.

TECHNICAL ADVISORY COMMITTEE

Leon Bell, chairman of the TAC, discussed the last TAC meeting briefly. Chairman Turpen asked that the TAC look at the Morgan Lens for use at the EMT level. Mr. Bell stated that the TAC would review the Morgan Lens for use by the EMT. Mr. Bell offered the following as the TAC recommendations (recommendation document attached, see attachment #3):

The TAC recommends to accept the National Educational Standard for the AEMT curriculum as adopted by the TAC at the December 28, 2010 meeting and approved by the EMS Commission in January 2011 and with the following new additions: Adult Intraosseous (Adult I/O).

A motion was made by Commissioner Olinger to adopt the recommendation made by the TAC. The motion was seconded by Commissioner Hamilton. Chairman Turpen called for discussion on the topic. Jennifer Knapp representing Three Rivers Ambulance Authority and the EMS division of the Fire Chiefs Association, Jessica Lawley representing St Mary's Medical Center and the Fire Alliance, Tammy Davis representing Scott County EMS all spoke in favor of the additions that were discussed at the TAC Committee meeting to the Advanced EMT. The additional skills and drugs that are being discussed are as follows:

3 lead monitoring, manual defibrillation, 12 lead EKG, CPAP, Adult Intraosseous, Zofran, Toradol, Epi 1;10,000, Atrovent.

Michael Hunter also spoke to the Commission in support of the TACs recommendations to not make the additions.

After the comments from the audience and discussion among the Commission members Chairman Turpen called for the vote. The motion made by Commissioner Olinger to adopt the TAC recommendations passed.

OLD BUSINESS

There was discussion about the Morgan Lens being left in the paramedic curriculum.

A motion was made by Commissioner Zartman to leave the Morgan Lens in the paramedic curriculum. The motion was seconded by Director Archer. The motion passed.

The following was revised: The following requested a waiver of Section 16 (I, D) of the Emergency Rule LAS #12-3939 (E). This would give the Training Institution the ability to teach Cardiac Monitor, 12-lead EKG Acquisition and Transmission, Adult I/O access using EZ-IO/BIG device, continuous positive airway pressure, atrovent, toradol IM, Epinephrine 1;10,000 and Zofran ODT.

Scott County EMS

A motion was made by Commissioner Valentine to approve. The motion was seconded by Commissioner Hoggett. A vote was taken 5 voted in favor, 6 against. The motion failed. A motion was made by Commissioner Mackey to deny the waiver. The motion was seconded by Commissioner Hamilton. A vote was taken 6 in favor, 5 against. The motion passed the wavier was denied.

The US Steel waivers from the September 21, 2012 EMS Commission meeting were revisited.

The waiver for addition of medications tordal, Zofran. Epi 1;10,000.

A motion was made by Commissioner Valentine to approve the waiver for the additional medications. The motion was seconded by Commissioner Lockard. Discussion followed. A vote was taken 6 in favor, 5 against. The motion passed.

The waiver for CPAP

A motion was made by Commissioner Valentine to approve the waiver for the addition of CPAP. The motion was seconded by Commissioner Hoggett. A vote was taken 7 in favor, 4 against. The motion passed.

The waiver for the addition of the acquisition and transmission of 12 lead ECG.

A motion was made by Commissioner Valentine to approve the waiver. The motion was seconded by Lockard. A vote was taken 8 in favor, 3 against. The motion passed.

Air way management terminology that was on the agenda is being incorporated into the course approval guidelines.

Mrs. Fiato stated that there was a mistake on the Joint Injury Immobilization practical skill sheet that was adopted at the last Commission meeting. This was being brought back to the Commission just for clarification (the skill sheet should say to immobilize the bone above and the bone below the injury site).

A motion was made by Commissioner Zartman to approve the correction to the skill sheet. The motion was seconded by Commissioner Hoggett. The motion passed.

Chairman Turpen announced that at the Executive Session prior to the regular meeting the EMS Commission voted to recommend Jaren Kilian for the open position on the Technical Advisory Committee. The Emergency Room Director position is still open. Chairman Turpen stated that we are looking for applicants for that position.

Delaware County EMS update- Greg Michael from Delaware County EMS presented the updated to the Commission. Sergeant Fretwell was also present for the presentation and stated that there is a roadblock concerning liability, this is being worked on so the program can move forward. (see attachment #4).

No action taken. None taken.

Mrs. Fiato presented the recommendations for course approval made by a PI working group consisting of Jessica Lawley, Sue Ann Bechtold, Jaren

Kilian, Keith Reese, Matt Shady, Alan Bork, Nancy Alling, Belinda Holt, Pam Moore, Heather Coburn, Mark Fair, Kraig Kinney, Deanna Hawkins, Jeremy Luther, Tammy Craig, Mike Ross, Jason Smith, Janice Hosmer, Jessie Olvera. This was to set the "floor" for each certification level so check off forms can be developed to help staff adequately evaluate each course consistently. (see attachment #5 for complete recommendations).

A motion was made by Commissioner Zartman to convert the Indiana Driving Laws to an online course. The motion was seconded by Commissioner Olinger. The motion passed.

A motion was made by Commissioner Zartman to allow the autism course to be obtained online or in the classroom. The motion was seconded by Commissioner Olinger. The motion passed.

A motion was made by Commissioner Zartman to allow the creation of a SIDS course and it be able to be obtained online or in the classroom. The motion was seconded by Commissioner Olinger. The motion passed.

A motion was made by Commissioner Valentine to make Hazmat awareness level and make it 4 hours not 8 the only state requirement and that it can be obtained on line as long as it meets the NFPA requirements. The motion was seconded by Commissioner Hamilton. The motion passed.

A motion was made by Commissioner Hamilton that the AWR 160 meets the Terrorism response and disaster management and that it can be obtained online. The motion was seconded by Commissioner Hoggett. The motion passed.

A motion was made by Commissioner Valentine to accept the course guidelines as written and presented. The motion was seconded by Director Archer. The motion passed.

NEW BUSINES

An honorary EMT certification was requested for Brian Neal.

A motion was made by Director Archer to approve the honorary certification. The motion was seconded by Commissioner Hamilton. The motion passed.

An honorary EMT certification was requested for Daryl Maddux. Mike Cole spoke briefly about Mr. Maddux.

A motion was made by Director Archer to approve the honorary certification. The motion was seconded by Commissioner Hamilton. The motion passed.

An honorary EMT certification was requested for Ron Pickett.

A motion was made by Commissioner Olinger to approve the honorary certification. The motion was seconded by Director Archer. The motion passed.

Director Archer stated that EMT-MAST pants and ATV (automatic transport vent) are not used but are still in curriculum for the EMT level. This came to light as staff was reviewing the curriculum. Also discussion was opened regarding blood transportation by paramedics. Randy Seals, Seals Ambulance Service, spoke to the Commission regarding ventilators. Chairman Turpen directed that staff define and more completely define the non-rule policy statement regarding the ventilators.

No action needed. No action taken.

Commissioner Olinger requested that the Chairman write a letter of support for the Physician Orders for Scope of Treatment (POST) program. The POST program is just a more detailed do not resuscitate order. Staff will draft a letter of support for the POST program and House Bill 1182 contingent on the approval of the new administration.

No action taken at this time.

Director Archer asked the Commission to hold off on the non-rule policy regarding reciprocity until the next Commission meeting.

Mrs. Fiato asked that the Commission look at the Terrorism, Autism, and SIDS all be looked as already part of the NES and Indiana not require additional hours regarding these three subjects.

A motion was made by Commissioner Zartman to accept the NES hours for Terrorism, Autism, and SIDS. The motion was seconded by Commissioner Hamilton. The motion passed.

Mrs. Fiato asked for clarification regarding how staff needed to define the waiver in regards to additions to the Advance EMT (does the training institution and provider need to ask for separate waivers).

Commissioners stated that yes the training institution and providers need to request separate waivers.

A motion was made by Commissioner Zartman to request the TAC look into testing for the objectives and validations of the additions to any level of certification but especially the Advanced EMT. Chairman Turpin stated that this needs to be for the gap items from the Advanced EMT level and paramedic level. The motion was seconded by Commissioner Valentine. The motion passed.

Jessica Lawley requested that the issue with Advance EMT bridge testing requirements for the National Registry. Mrs. Fiato addressed the Commission concerning this issue. There has not been a clear answer on this subject.

A motion was made by Commissioner Zartman to request a formal letter from the National Registry to define their testing requirements concerning the bridge or transition courses. The motion was seconded by Commissioner Lockard. The motion passed.

CHAIRMAN'S REPORT AND DIRECTION

Chairman Turpen recognized the paramedic students from Ivy Tech in Columbus. He also recognized the student from Community Health Network.

As part of the Chairman's report Legal Counsel Mara Snyder gave an update on EMS legislation. House Bill 1111 and Senate Bill 503are the Tactical Emergency Medicine bills. House Bill 1111 is being heard on

Tuesday January 22 in the Veterans Affairs and Public Safety Committee at 10:30 am in room 156D. The chairman of the committee is Representative Randy Frye a long time firefighter. These bills basically allow someone that is certified by the Commission and also employed by a law enforcement agency that is certified by the Commission as a provider or an already certified provider to have a contract with a law enforcement agency to respond in primarily SWAT situations. This will be for ALS and BLS levels.

Just for informational purposes concerning the Trauma and Transportation rule Representative Charlie Brown filed the bill to release the funds for the architectural and engineering work as well as a feasibility study for a trauma center in the city of Gary, Indiana.

House Bill 1325 is a bill that was requested by Indiana Department of Homeland Security. This is known as the backfill bill. This was primarily requested from the fire services. This will allow the agency to reimburse fire departments and other services that have sent on duty personnel for mobile support units in response to a request from the Executive Director of IDHS. This bill has been assigned to the Employment Labor and Pensions. The Agency and members of the Fire Alliance are hoping for a meeting with the Chairman of that committee next week. This bill has not yet been set for a hearing.

Senate Bill 243 Senator Tom Weis is another agency bill this is in response to a public records request that the Agency received requesting all certified personnel's name, address, phone number, and emergency contact information from the entire state. The Agency took the stance that the information was not able to be disclosed under Indiana's access to public records act. This bill will just clarify the current bill.

Senate Bill 290 this will require the Commission to certify military personnel that meet certain criteria. The Commission is already doing most of this the bill just puts it into statute. This has not been set for hearing.

Senate Bill 417 will impose an obligation on EMS personnel to report an incident of domestic violence to local law enforcement. This also requires health care providers to implement protocols and policies to

report the incident to law enforcement and offer intervention and treatment options to victims. EMS community may have concerns where collecting data points for required information is concerned due to the main focus will be on treatment of the patient.

Senate Bill 536 it adds crimes to the criminal code. This adds synthetic drugs to the list of offenses that the Commission is allowed to take sanctions against a person.

Chairman Turpen would like to get a cleaning house of information out from peer studies that have been reviewed by physicians. His next step is to reach out to Drs Olinger and Champion for help on this so where copy right laws allow those studies can be sent out to providers.

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 March 22, 2013 at 10:00 am. Closer to the meeting date the time may be modified to 9:30 am. Time will be posted on the IDHS website.

Brownsburg Fire Territory

470 East Northfield Drive

Brownsburg, IN 46112

Approved _____

G. Lee Turpen II, Chairman

Attachment #1

EMS Commission Certification Report
January, 2013

Total Certifications		Issued Since Last Mtg		Issued Same Time 2011		Certified Individuals
EMS - EVOC	2880	EMS - EVOC	108	EMS - EVOC	139	
EMS - EVOC INSTR	79	EMS - EVOC INSTR	7	EMS - EVOC INSTR	8	
ADVANCED EMT	5	ADVANCED EMT	5	ADVANCED EMT	5	
EMT - BA	1708	EMT - BA	17	EMT - BA	66	1708
EMT-BASIC	18959	EMT-BASIC	392	EMT-BASIC	417	13272
EMT-INTERMEDIATE	175	EMT-INTERMEDIATE	0	EMT-INTERMEDIATE		175
PARAMEDIC	3804	PARAMEDIC	110	PARAMEDIC	100	3804
EMT-PI	499	EMT-PI	15	EMT-PI	6	
EXTRICATION	1977	EXTRICATION	0	EXTRICATION	8	
FIRST RESPONDER	5581	FIRST RESPONDER	148	FIRST RESPONDER	195	5581
Totals	35667		802		944	24540

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	Count	2nd Qtr 2010	Count	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	Count	2nd Qtr 2009	Count	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	200	EMS - EVOC	95
EVOC INSTRUCTOR	11	EVOC INSTRUCTOR	2
EMT - BA	192	EMT - BA	37
EMT-BASIC	2856	EMT-BASIC	456
EMT-INTERMEDIATE	20	EMT-INTERMEDIATE	5
PARAMEDIC	705	PARAMEDIC	92
EMT-PI	115	EMT-PI	4
EXTRICATION	0	EXTRICATION	0
FIRST RESPONDER	885	FIRST RESPONDER	190
Totals	4984		881

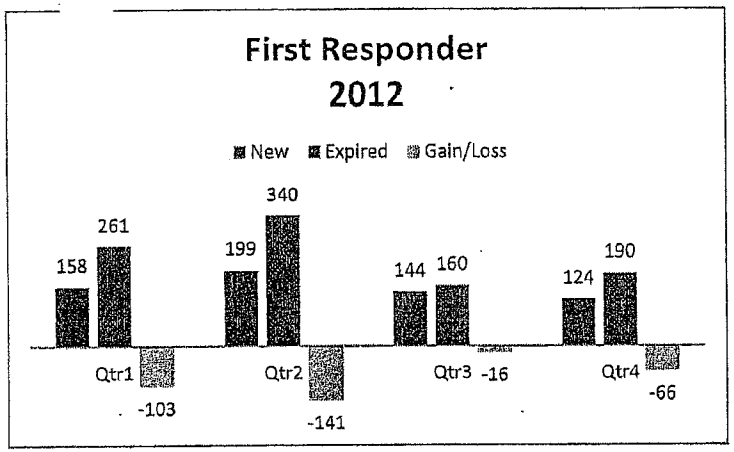
Number of People Failed to Recertify Last Quarter

688

Number of New People Certified Last Quarter

392

Net gain/Loss of: -296


First Responder
2012
New
Expired
Gain/Loss
158
261
-103
199
340
-141
144
160
-16
124
190
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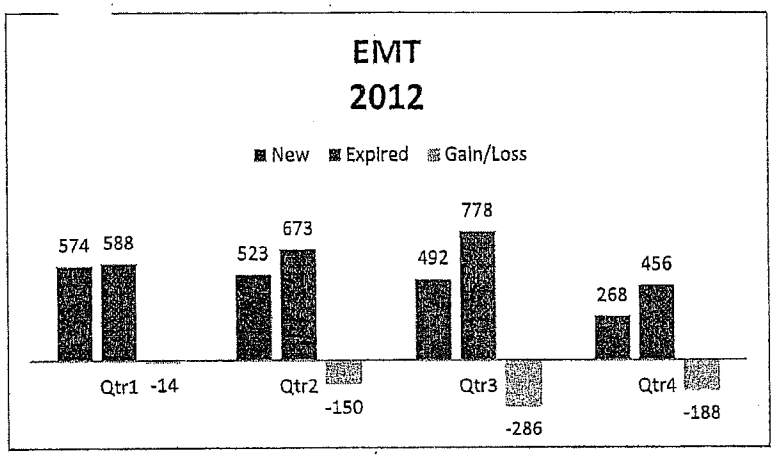
Qtr2
Qtr3
Qtr4


EMT
2012
New
Expired
Gain/Loss
574
588
-14
523
673
-150
492
778
-286
268
456
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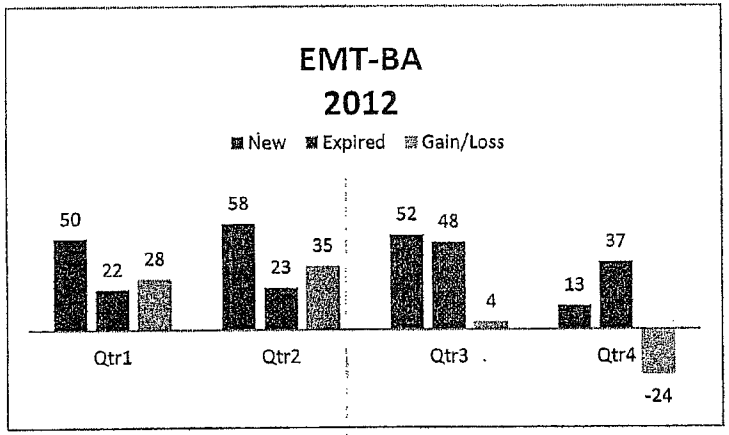
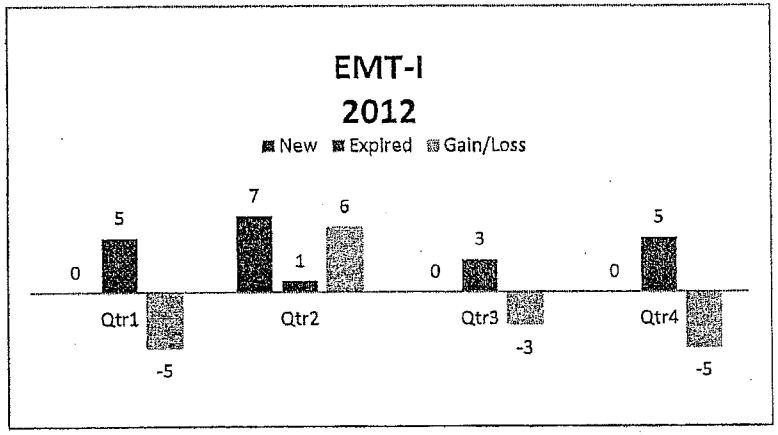
Qtr1
Qtr2
Qtr3
Qtr4


EMT-BA
2012
New
Expired
Gain/Loss
50
22
28
58
23
35
52
48
4
13
37
-24
Qtr1
Qtr2
Qtr3
Qtr4


EMT-I
2012
New
Expired
Gain/Loss
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1
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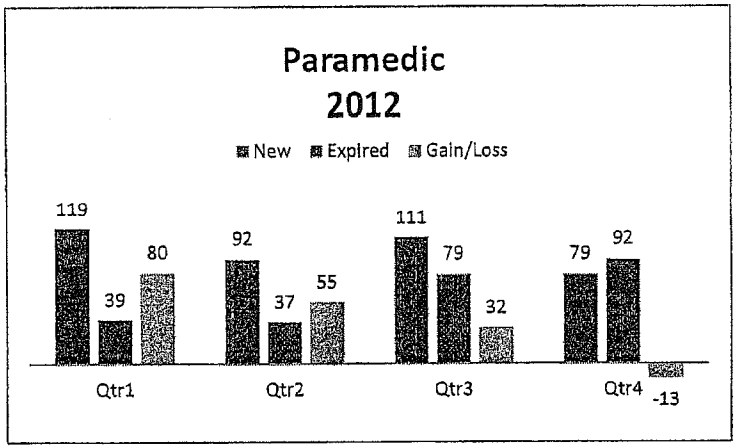
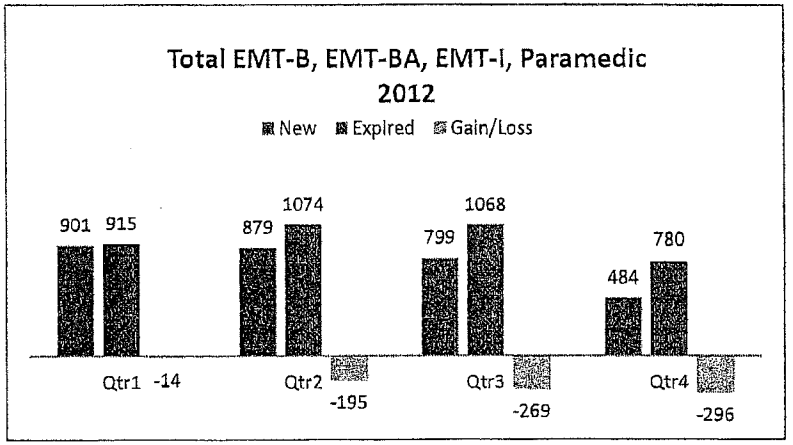
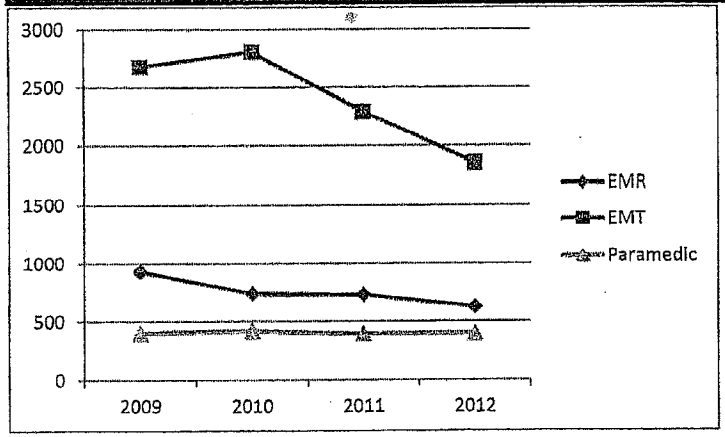
0
3
-3
0
5
-5
Qtr1
Qtr2
Qtr3
Qtr4





Trending Graph

Year	2009	2010	2011	2012
EMR	932	740	726	625
EMT	2678	2809	2290	1857
Paramedic	402	422	395	401



Attachment #2

Emergency Medical Services
Provider Certification Report

Date : January 9, 2013 **January 18, 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 **January 18, 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	10
Basic Life Support Non-Transport	497
Ambulance Service Provider	111
EMT Basic-Advanced Organization	35
EMT Basic-Advanced Organization non-transport	20
EMT Intermediate Organization	2
EMT Intermediate Organization non-transport	0
Paramedic Organization	193
Paramedic Organization non-transport	9
Rotorcraft Air Ambulance	16
Fixed Wing Air Ambulance	3
Total Count:	896

Attachment #3

TECHNICAL ADVISORY COMMITTEE – TASK SUMMARY

INDIANA STATE E.M.S. COMMISSION

TASK INFORMATION

Date Assigned:	**September 21, 2012**	**Assigned to:**	**TAC Chairman – Mr. Bell**
Job Task:	**Review of waiver request from St Mary's Hobart for AEMT curriculum**		
Commission Staff:			
Review Period:	**August 2012-October 2012**		

ASSIGNMENT REVIEW - GUIDELINES - GOALS

Review the waiver requests presented to the EMS Commission for additional elements to the AEMT curriculum.
Additional requests were:
Medications: Zofran, Toradol, Epi 1:10,000, Atrovent
Monitoring: 3 Lead monitor, Manual Defibrillation, 12 Lead
IO: Adult
CPAP
Morgan Lens

TAC RECOMMENDATION

The TAC committee allowed for open public comment. There were 10 speakers. After a long discussion the TAC is making the following recommendation:

The TAC recommends that the EMS Commissions adopt the NES as the minimal level for the AEMT.

All request to add the following elements to the AEMT curriculum were opposed:
Zofran
Toradol
Epi 1:10,000
Atrovent
3 Lead Monitoring
Manual Defibrillation
12 Lead EKG
CPAP
Morgan Lens

The request to add the following element to the AEMT curriculum was passed:
Adult Intraosseous

LIMITATIONS – CHALLENGES – FISCAL IMPACT

No fiscal impacts because there are no recommendations to adding time to the AEMT course.

FORMAL MOTION

The TAC recommends to accept the National Educational Standard for the AEMT curriculum as adopted by the TAC at the December 28, 2010 meeting and approved by the EMS Commission in January 2011 and with the following new addition: Adult Intraosseous.

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.

Tom H Ball — 12-12-12

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:

Request for Consideration of Addition of Medications for Administration to AEMT Curricula

Jessica Lawley and Elizabeth Westfall

Proposed AEMT Minimum Curricula Addition for Medication Administration

Objective: To define the additional minimum education standards to the NES regarding for medication administration as it relates to the Advanced EMT certification level in the State of Indiana.

Background: With the implementation of the Advanced EMT (AEMT) level in the State of Indiana on July 1, 2012 from the passage of Senate Bill 224, the EMS Technical Advisory Committee (TAC) was tasked to develop recommendations for AEMT curriculum by the EMS Commission (EMSC). The intent of this document is to recommend the depth and breadth of the AEMT minimum education standards regarding medication administration, for potential implementation.

Process: Preliminary and informal discussion have taken place between two instructors that will begin teaching an EMT Basic Advanced Bridge to AEMT and initial AEMT course, other previous EMT-Basic Advanced instructors, as well as current EMT Basic Advanced Providers. The NES reflects that the following medications taught in the AEMT curricula:

- Non-medicated Intravenous fluids
- Nitroglycerine sublingual for chest pain
- Epinephrine 1:000 subcutaneous or intramuscular for anaphylaxis
- Glucagon for hypoglycemia
- Dextrose 50% intravenous for hypoglycemia
- Inhaled beta agonist for wheezing
- Intravenous narcotic agonist for overdose
- Nitrous oxide for pain

Current challenges that are of interest to this group relating to curricula for medication administration, are as follows:

- In several areas of throughout the state, the AEMT will be the highest level of care available to persons
- There are several additional patient population sets that would benefit significantly from the addition of a few medications, not mentioned in the NES minimum standards for education
- Where individual Provider Organizations may petition the EMSC for waiver to allow for these medications, there may be need to verify that students were taught and showed competency, regarding these medications.

Recommendation: It is the current consideration that the following medications be added to the AEMT curricula in addition to the NES and AEMT Scope of Practice:

- Atrovent (ipratropium bromide) as second line inhaled medication for continued respiratory distress in the wheezing patient
- Toradol (ketoralac) intramuscular for pain management
- Epinephrine 1:10,000 intravenous or intraosseous for the cardiac arrest patient only
- Zofran (ondansetron) orally dissolving tablet for nausea and vomiting

Rationale: *Atrovent*- The NES for AEMT has albuterol as a minimum education standard for the wheezing patient. In the advances in the treatment of continued respiratory distress for the wheezing patient, the secondary administration of inhaled ipratropium bromide, with albuterol, has become commonplace in the Emergency Department, paramedic pre-hospital setting, as well as the patient's home setting via self-administration. The AEMT student will be educated on the aspects of the autonomic nervous system and autonomic pharmacology regarding sympathetic and parasympathetic systems, as it is a component of the NES. Ipratropium bromide is a parasympatholytic (anticholinergic). Ipratropium bromide is contraindicated in presence of known allergy to this medication, atropine, soybeans or peanuts, and has

been rated as Pregnancy Category B. It is a relative contraindication in the patient with glaucoma. Should a patient suffer allergic reaction to this medication, the AEMT has capabilities for administration of high-dose epinephrine, to counter effects. Ipratropium bromide has been demonstrated as safe, when administered with albuterol. A 12-week study shows side effects of ipratropium bromide to be very similar to those of albuterol. This information may be found at: http://www.drugs.com/sfx/ipratropium-side-effects.html

Toradol IM: The NES for AEMT calls for the education and administration of nitrous oxide for pain management. This is not widely used throughout our state, and the associated costs to implement capabilities to administer nitrous oxide could be significant for our providers. A non-narcotic, more cost effective alternative would be the intramuscular administration of toradol. Recent evidence shows toradol to be effective when administered intranasally, and this alternative administration route may warrant further explanation. Regardless of IM or intranasal, the benefit of toradol can be significant, without the side effects of hypotension or respiratory depression. (http://www.emsworld.com/article/10251608/intranasal-drug-administration-an-innovative-approach-to-traditional-care?page=3) IM administration has gained popularity within the realm of professional sports, with supporting data reflecting relative safety and efficacy of the medication (http://www.amssm.org/NewsletterPDFS/March2012-41.pdf).

Epinephrine 1:10,000 IV/IO: Certain states like Colorado, allow their "EMT IV" to administer this concentration of epinephrine to the cardiac arrest patient (https://www.co.weld.co.us/assets/CDCc6BDdb0C3Bc8cc1Aa.pdf). Within the State of Indiana, our current Intermediates are authorized to administer this medication. With the new AEMT level coming, there are no medication that the AEMT is currently taught to give in the cardiac arrest patient. While we are learning from the American Heart Association that quality compressions are key for return of spontaneous circulation (ROSC), their evidence-based practice still recommends epinephrine 1:10000 as the first line medication for any cardiac arrest patient, regardless of age or presenting rhythm (http://circ.ahajournals.org/content/122/18_suppl_3/S729.full). Iowa has very progressive protocols for their AEMT, expand significantly beyond epinephrine (http://www.idph.state.ia.us/ems/common/pdf/ems_protocols.pdf). Recent studies report increased ROSC, as well as decreased mortality with the use of pre-hospital epinephrine in cardiac arrest (http://jama.jamanetwork.com/article.aspx?volume=307&issue=11&page=1161). The AEMT student will already be educated on the aspects of the autonomic nervous system and autonomic pharmacology regarding sympathetic and parasympathetic systems, as it is a component of the NES, and specifically, the adrenal medulla production of epinephrine, norepinephrine and alpha and beta receptors.

Zofran ODT: Zofran has been trialed and shown effective in the pre-hospital setting for the paramedic (http://www.emsworld.com/article/10318956/literature-review-ondansetron-for-nausea-vomiting). It is currently in use at the AEMT level in Iowa (http://www.idph.state.ia.us/ems/common/pdf/ems_protocols.pdf). In the State of Virginia, Zofran ODT is currently considered a BLS skill, and it is administered by EMTs for adult and pediatric patients. (http://blueridge.vaems.org/index.php?option=com_content&view=article&id=6&Itemid=7). With specific protocols in place, this could be widely beneficial for patients where the AEMT is the highest level of care in the pre-hospital setting.

Implementation: The depth and breadth of these additional medications to add to the AEMT on curricula would be taken from the National Education Standards Paramedic Instruction Guidelines, as it pertains to only the medications discussed in this document.

Request: We are looking for feedback and rationale from those that would be impacted by this change. I stress that this is a consideration, and that no definitive decisions have been made by the parties involved.

Request for Consideration of Addition of Psychomotor to AEMT Curricula and Scope

Jessica Lawley and Elizabeth Westfall

Proposed AEMT Minimum Curricula Addition for Psychomotor skills

Objective: To define the additional minimum education standards to the NES regarding psychomotor as it relates to the Advanced EMT certification level in the State of Indiana.

Background: With the implementation of the Advanced EMT (AEMT) level in the State of Indiana on July 1, 2012 from the passage of Senate Bill 224, the EMS Technical Advisory Committee (TAC) was tasked to develop recommendations for AEMT curriculum by the EMS Commission (EMSC). The intent of this document is to determine a recommendation regarding the depth and breadth of the AEMT minimum education standards regarding medication administration, for potential implementation.

Process: Preliminary and informal discussion have taken place between two instructors that will begin teaching an EMT Basic Advanced Bridge to AEMT and initial AEMT course, other previous EMT-Basic Advanced instructors, as well as current EMT Basic Advanced Providers. The NES reflects that the following skills will be taught in the AEMT curricula:

- Airways not intended for insertion into the trachea (esophageal-tracheal, multi-lumen)
- Tracheal-bronchial suctioning of an already intubated patient
- Establishing and maintaining peripheral intravenous access
- Establishing and maintaining pediatric intraosseous access
- Blood glucose monitor

The current challenges that are of interest to this group as it relates to curricula for medication administration and the AEMT, are as follows:

- In several areas of throughout the state, the AEMT will be the highest level of care available to persons with a medical or traumatic emergency
- There are several additional patient population sets that would benefit significantly from the addition of these two skills not mentioned in the NES minimum standards for education
- Where individual Provider Organizations may petition the EMSC for waiver to allow for these skills, we will need to verify that our students were taught, trained, and tested showing competency, with regard to these additional skills.
- One of these proposed skills is in practice with the current EMT Basic Advanced, and will be "lost" with the AEMT, according to NES and current curricula.

Recommendation: It is the current consideration that the following psychomotor skills be added to the AEMT curricula in addition to the NES and AEMT Scope of Practice:

- Tibial or humeral intraosseous access in the adult patient using EZ-IO type device
- Administration of continuous positive airway pressure (CPAP) in the adult patient with respiratory failure, or impending respiratory failure

Request for Consideration of Addition of Psychomotor to AEMT Curricula and Scope

Jessica Lawley and Elizabeth Westfall

Rationale: Adult IO- With the increasing popularity of intraosseous (IO) drills, it has been demonstrated in the hospital and pre-hospital setting that placing an IO with a drill is quicker, safer, and has fewer complications that the utilization of the Jamshidi/Illinois type manual IO needles (http://emedicine.medscape.com/article/80431-overview). Additionally, the American Heart Association has recommended IO placement in children and adults, if venous access is not quickly and easily available. As the curricula currently stands, the NES calls for pediatric intraosseous insertion only. The addition of the adults, with an EZ-IO type device would be greatly beneficial to the AEMT who is providing care for the critical patient with poor peripheral veins.

CPAP: Our AEMT will not be equipped with medication to treat acute respiratory distress/failure resulting from heart failure. The administration of non-invasive CPAP in the acute respiratory distress/failure resulting from heart failure can rapidly improve the patient's respiratory status, ventilator status, and oxygenation status, reduce needs for intubation, as well as decrease patient morbidity and mortality (http://www.jems.com/article/patient-care/many-benefits-cpap and http://www.ems1.com/ems-products/medical-equipment/articles/390898-A-Look-at-CPAP-for-EMS/). CPAP is a BLS skill in the states of Ohio, Wisconsin, Minnesota, Tennessee, and numerous other states. The additional of this skill at the AEMT level could be significant for those services where they are the highest certified pre-hospital professional.

Implementation: The depth and breadth of the curricula regarding these specific psychomotor skills would be taken from the National Education Standards Paramedic Instruction Guidelines, as it pertains to only the skills discussed in this document.

Request: We are looking for feedback and rationale from those that would be impacted by this change. I stress that this is a proposal, and that no definitive decisions have been made by the parties involved.

Prepared by Jessica L. Lawley, CCEMTP-PI

Request for Consideration of Addition of ECG Interpretation into AEMT Curricula

Jessica Lawley and Elizabeth Westfall

Proposed ECG Interpretation for Minimum Educational Requirements in AEMT

Objective: To define the minimum education standards and scope of ECG interpretation as it relates to the Advanced EMT certification level in the State of Indiana

Background: With the implementation of the Advanced EMT (AEMT) level in the State of Indiana on July 1, 2012 from the passage of Senate Bill 224, the EMS Technical Advisory Committee (TAC) was tasked to develop recommendations for AEMT curriculum by the EMS Commission (EMSC). The intent of this document is to determine a recommendation regarding the depth and breadth of the AEMT ECG interpretation minimum education standards, for potential implementation.

Process: Preliminary and informal discussion have taken place between two instructors that will begin teaching an EMT Basic Advanced Bridge to AEMT and initial AEMT course, other previous EMT-Basic Advanced instructors, as well as current EMT Basic Advanced Providers. The consensus thus far is that the following ECG rhythm interpretations were taught in the EMT-Basic Advanced curricula:

- Sinus rhythm
- Ventricular fibrillation
- Ventricular tachycardia
- Asystole
- PEA

The current challenges that are of interest to this group as it relates to ECG interpretation and the AEMT, are as follows:

- ECG interpretation is not a component in the minimum National Education Standards for AEMT
- Current Indiana EMT Basic Advanced have been taught some ECG interpretation
- Current Indiana EMT Basic Advanced (personnel and providers) do not want to lose their current ECG interpretations and monitoring with the transition to AEMT

Recommendation: It is the current consideration that the following ECG interpretations be added to the AEMT curricula and AEMT Scope of Practice:

- Sinus bradycardia
- Normal sinus rhythm
- Sinus tachycardia
- Ventricular fibrillation
- Ventricular tachycardia with pulses
- Ventricular tachycardia without pulses
- Asystole
- Pulseless Electrical Activity
- Atrial fibrillation
- 12-lead acquisition and transmission

Prepared by Jessica L. Lawley, CCEMTP-PI

Request for Consideration of Addition of ECG Interpretation into AEMT Curricula

Jessica Lawley and Elizabeth Westfall

Rationale: The addition of sinus bradycardia and sinus tachycardia are fairly simple additions to the teaching of sinus rhythm at the EMT Basic Advanced level. ECG rate determination would be added to the AEMT curricula. Differentiating ventricular tachycardia with pulses from ventricular tachycardia without pulses would require minimal additional education. Current EMT Basic Advanced are taught "ventricular tachycardia"; the student would now determine the presence or absence of pulse with the corresponding rhythm to identify said rhythm as "ventricular tachycardia without pulses" and opposed to "PEA." No educational modifications are needed for ventricular tachycardia, asystole or PEA, as they are currently taught to the EMT Basic Advanced. The addition of teaching atrial fibrillation (controlled and uncontrolled), is not that the EMTA would initiate care for such rhythm in the pre-hospital setting, however, they would be able to identify the rhythm and alert the receiving facility of this particular rhythm disturbance. Atrial fibrillation can be common, and a part of a patient's medical history, or it can also present as new onset, which would require potential aggressive intervention in the Emergency Department setting. It is thought that the potential patient benefits from identifying this rhythm in the pre-hospital setting could be significant, with minimal additional education material to be taught, and few negatively associated effects.

Implementation: The depth and breadth of the ECG Interpretation curricula would be taken from the National Education Standards Paramedic Instruction Guidelines page 175-180, as it pertains to only the rhythms discussed in this document.

Request: We are looking for feedback and rationale from those that would be impacted by this change. I stress that this is a proposal, and that no definitive decisions have been made by the parties involved.

Prepared by Jessica L. Lawley, CCEMTP-PI

Attachment #4

Delaware County EMS
Indiana University/Ball Memorial Hospital
Military Training Requirements

The Delaware County Emergency Medical Service and IU Ball Hospital Readiness Skill Sustainment Training Program (RSSTP) is a program (including weekends) that includes orientation, pre-hospital and clinical experiences and simulation exercises.

Required Vaccinations/Shot Record Documentation:

- Hep B- 3 shot series or positive titer
- MMR - 2 shorts or positive titer
- Varicella- 1 short or positive titer
- TB test:
  - -If you have been tested within a year of your participation in the RSSTPand can provide evidence of the negative TB test, no TB test is required.
  - -If you do not have evidence of a negative TB test within a year of your participation in RSSTP, you must provide proof of a negative TB test.
  - -If you have a history of a positive reaction to a TB test, no TB test is required. You must provide documentation of initial negative chest x-ray.

Licensure Documentation:

- Current CPR card
- Current EMT certification (for EMT's)
- Current EMT/P license (for Medics)
- Current RN license/current provider license
- Providers (MD, DO, PA, NP) must fill out a licensure letter

Uniforms/Scrubs/Name Tags/Rank Insignia

Clinical uniform will be white polo shirt, blue, kaki or black BDU style pants.
Black or Military Issued Boots that provide support and protection up to and including the ankle.

Clinical Departments and Locations:

While at IU Ball Memorial Hospital, you will have the opportunity to work in these clinical departments:
-ED
-ICU
-CICU
-OB
-Other clinical departments
IU Ball Memorial Hospital (IUBMH) is located at 2401 West University Avenue Muncie IN 47303.

Pre-Hospital experience:

You will have the opportunity to participate in a pre-hospital experience with the Delaware County Emergency Medical Service.There are 3 Delaware County EMS stations strategically located within the county. These stations are manned 24 hours a day 365 days of the year. The department operates using the Modified Kelly Shift. The shift identifiers are Red Shift, Black Shift and Green Shift.

- Station#1 is located at 401 East Jackson Street Muncie IN 47305
- Station#2 is located at 8901 West Smith Street Yorktown IN 47396
- Station#3 is located at 4501 East Memorial Street Muncie IN 47303

Delaware County EMS

Field Training Officer Training Course

Program Objectives

- To train and evaluate all recruit officers in preparation for solo patrol duty.
- To achieve a 90% success rate for all recruit officers trained.
- To train newly appointed field training officers and sergeants in preparation for their new duties.
- To provide information and training to outside agencies in the development and implementation of the EMS Educational Model of the Field Training and Evaluation Program.
- Still Refining some of the Objectives.

Day 1

Welcome to the Field Training Officer Training Program

What are you getting into being an FTO?

Attributes of Effective Educators

Your Roles as a Field Training Officer and Educator

Building Blocks for the Field Training Officer

Learning Styles of Students

Structure of the Field Internship

Questions for the Field Training Officer

Avoiding the One Way or the Highway Issues

Assisting the Students during Training

Tools for Individual Learning

Tools for Field and Clinical Learning

TRAINING AFFILIATION AGREEMENT
BETWEEN
(19th CERFP MEDICAL ELEMENT)
AND
DELAWARE COUNTY EMERGENCY MEDICAL SERVICE
401 EAST JACKSON STREET
MUNCIE INDIANA 47305
FOR

Readiness Skills Sustainment Training Program (RSSTP)

- **Background:**
  - This agreement is entered into by and between (United States Air Force CBRNE Enhanced Response Force Package), (Address), hereafter referred to as "19th CERFP" and Delaware County Emergency Medical Service 401 East Jackson Street Muncie Indiana 47305 hereafter referred to as "DCEMS".
  - The specific purpose of this agreement is to provide refresher training in trauma and resuscitation care for medical personnel, which are otherwise not attainable at 19th CERFP. These personnel will include, but are not limited to physicians, surgeons, registered nurses including advanced practice or nurse practitioners, dieticians, pararescuemen, and medical technicians to include independent medical technicians, radiology, pharmacy, physical therapy and cardiopulmonary technicians. This clinical experience is invaluable to the educational preparation of healthcare providers who may be involved in current or future wartime, trauma or other mass casualty scenarios.
  - The administrators of DCEMS have agreed to allow a clinical rotation at DCEMS in furtherance of improving clinical skills.
  - Individuals can obtain readiness skills sustainment training at DCEMS during various timeframes ranging from one day (8-12 hours) to extended periods of seasonal training (30-90 days) clinical rotations while on military orders.
  - Once an individual completes the initial DCEMS orientation, training can be on an as-needed basis, but must be pre-coordinated with the Military Partnership staff.

- **Understanding:** The parties acknowledge and agree to the following:
  - While training at DCEMS, the 19th CERFP personnel will perform clinical care and training under the control and supervision of the EMS Director at DCEMS, or the Director's designee, and will be subject to, and be required to abide by, all facility rules and applicable regulations.
  - It is understood and agreed that there will be no training expense incurred by the (United States Air Force) because of this agreement.
  - This program will not result in, nor is it meant to displace employees or impair existing contracts for services.

- The number and assignment of program participants will be mutually agreed upon between 19th CERFP and DCEMS prior to beginning each training period. DCEMS reserves the right to refuse acceptance of any participant, and/or bar any participant when determined that further participation would not be in the best interest of the DCEMS.
- Consistent with the policies of DCEMS, 19th CERFP will permit photographing of military personnel during rotation for promoting this program to other DOD, Federal, State and local agencies. DCEMS agrees to obtain advanced written permission from 19th CERFP RSSTP Coordinator for any promotion or advertising relating to RSSTP or the RSSTP personnel assigned to that program. Such approval shall not impermissibly imply USAF/DOD endorsement of a non-federal entity.
- In addition to other provisions of this agreement, it is further agreed that 19th CERFP specifically agrees to:
  - Be responsible for health examinations and such other medical examinations and protective measures necessary for its staff members.
  - Prohibit military members from publishing any materials developed as a result of his/her clinical experience that has not been approved for release, in writing, by 19th CERFP and DCEMS.
  - Ensure all military personnel detailed to RSSTP wear names tags clearly identifying them as being members of RSSTP while on duty at DCEMS, and wear appropriate attire given their respective duty assignment to the classroom or clinical areas.
- Any and all claims, including but not limited to those claims for personal injury, death, worker's compensation or injury to property, demands, causes of action, liabilities, costs, damages, expenses and attorney's fees resulting from the operation of this agreement shall be determined by applicable state and federal law. All parties shall notify each other upon receiving any notice of such claims or complaints and cooperate to the extent authorized by applicable federal and state law.
- Military personnel are prohibited from engaging in off-duty employment with DCEMS during their involvement with this training program.
- All parties agree to inform each other upon learning of actual or potential claims or suits arising out of operation of this Training Affiliation Agreement. All parties agree to cooperate in the investigation of such complaints, to include making available any medical records, medical material including radiographs, slides, tissues, and witness statements, the names of all other defendants and providing access to personnel for interviews through counsel, all such documentation and personnel must be reasonably accessible to the parties. Notification to 19th CERFP regarding such issues shall be made to TSgt Sean Fretwell and medical unit's address. Notification to DCEMS regarding any such issues shall be to the DCEMS's attorney, ENTER ATTORNEY'S NAME AND ADDRESS HERE.

- DCEMS will continue to operate its service in a manner consistent with its purpose of providing quality patient care. DCEMS shall retain over its facilities all jurisdictional power incident to its separate ownership and operation, including the power to determine general and fiscal policies relating to operation of its facilities, including all patient services and the types of activities occurring within any or all such facilities. The 19th CERFP will continue to operate its medical program and retain all jurisdictional powers incident to its separate operations, including the power to determine the general and fiscal policies of its trauma sustainment program.
- In addition to other provisions in this agreement, DCEMS specifically agrees to:
  - Make available the clinical and related facilities needed for training.
  - Schedule program participant's clinical hours as long as there schedule will not conflict with other education programs.
  - Designate a DCEMS official to supervise and coordinate the program participant's clinical learning experience during the rotation. This will involve planning with faculty or staff members for the assignment of military members to specific clinical cases and experiences, with an emphasis on clinical trauma and critical care patients to include their attendance at selected conferences, clinics, courses, and programs conducted under the direction of DCEMS. This liaison will ensure all personnel are thoroughly apprised of DCEMS's policies, rules and standards.
  - Permit, on reasonable request, the inspection of clinical and related facilities by government agencies or other agencies charged with the responsibility for accreditation of 19th CERFP education programs.
  - Provide emergency medical treatment and transport to CERFP members while at DCEMS for clinical's or training. The reasonable cost of such treatment will be paid for by the United States Air Force.
- In addition to other provisions of this agreement, 19th CERFP specifically agrees to:
  - Identify a military coordinator who will assist in program development and coordination.
  - Ensure compliance with all DCEMS's rules and applicable instructions.
  - Provide an individual readiness skills verification checklist to DCEMS to facilitate the identification of applicable training opportunities.
  - Be responsible for health examinations and such other medical examinations and protective measures necessary for its military members. The 19th CERFP shall provide to DCEMS satisfactory evidence that each member is free from contagious disease and does not otherwise present a health hazard to DCEMS patients, employees, volunteers or guests prior to his or her rotation.
  - The 19th CERFP shall be responsible for compliance by military personnel with the final regulations issued by the Occupational Safety and Health

Administration governing employee exposure to blood borne pathogens in the workplace under Section VI (b) of the Occupational Health and Safety Act of 1970 which regulations became effective March 6, 1992, and as may be amended or superseded from time to time (the Regulations), including but not limited to accepting the same level of responsibility as the employer would have to provide all employees with (1) information and training about the protective measures to be taken to minimize the risk of occupational exposure to blood borne pathogens, (2) training in the appropriate actions to take in an emergency involving exposure to blood and other potentially infectious materials, and (3) information as to the reason the employee should participate in hepatitis B vaccination and post exposure evaluation and follow-up. The 19th CERFP responsibility with respect to the Regulations also shall include the provision of the hepatitis B vaccine or documentation of declination in accordance with the Regulations.

- Required vaccinations/shot record documentation:
  Hepatitis B — 3 shot series

  MMR — 2 shot series or positive titer

  Varicella — 1 shot or positive titer

  TB test: See explanation of criteria below.

  - If you have been tested within a year of your participation in the Readiness Skills Sustainment Training Program and can provide evidence of negative TB test, no TB test is required.
  - If you do not have evidence of a negative TB test within a year of your participation in the Readiness Skills Sustainment Training Program, you must provide proof of a negative TB test.
  - If you have a history of a positive reaction to a TB test, no TB test is required. You must have documentation of initial chest x-ray and must not have current signs and symptoms of disease as documented in a physician's note.
- The unit military coordinator shall be responsible for arranging for the military members' medical care and/or treatment, if necessary, including transportation in case of illness or injury while participating in the training program. In no event, shall DCEMS be financially or otherwise responsible for said medical care and treatment
- The 19th CERFP ensures no personnel detailed to DCEMS are currently, or ever have been, excluded from participation in a federal healthcare program (e.g., Medicare or Medicaid) or excluded as a GAP vendor. The military coordinator will notify DCEMS immediately of any such individual who is so excluded during the terms of this agreement.

- It is understood and agreed DCEMS will generate professional bills for services rendered by military members. Proceeds from these professional bills will become the exclusive property of the DCEMS and the 19th CERFP shall have no right or claim to such proceeds.

- It is understood that the military participant shall abide by DCEMS HIPAA policies. No protected healthcare information is anticipated to be exchanged between 19th CERFP and DCEMS. It is agreed that military participants are considered members of DCEMS's workforce pursuant to the terms of this agreement and does not meet the definition of business associates under HIPAA. Therefore, no business associate agreement between the parties is necessary.
- It is understood that this agreement shall be controlled by federal law, and where such law calls for application of state law, the law of the state of Indiana shall apply. Consequently, while assigned to DCEMS and training to the terms of this agreement, the military members remain employees of the United States performing duties within the course and scope of their federal employment. Furthermore, the provisions of the Federal Tort Claims Act (Title 28, U.S.C., Section 1346(b), 2671-2680), including the state's borrowed servant defense and any other applicable defenses and immunities by the military participants while acting within the scope of their duties pursuant to this agreement.
- It is expressly agreed that this written statement embodies the entire agreement of the parties regarding this affiliation, and no other agreements exist between the parties except as herein expressly set forth. Any changes or modifications to this agreement must be in writing and be signed by both parties.
- The terms of this agreement will commence as of the date signed by both parties and approval by HQ USAF/SG1N (or your service equivalent) and will continue until terminated by either party. Termination by either party will require that written notification to be sent by registered mail thirty (30) days prior to the termination date. It is understood that the Surgeon General, HQ USAF, (or your service equivalent) will have the right to terminate this agreement without such required notice at any time, if determined necessary to be in the interests of (United States Air Force) mission requirements.

- The 19th CERFP administrative point of contact for this TAA is person's name/rank /commercial phone number. The RSSTP Military Coordinator is person's name/rank/commercial phone number.

Department of Defense
CBRNE Enhanced Response Force Packages (CERFPs)
Fact Sheet

- There are 17 CERFP States: New York, Massachusetts, Pennsylvania, West Virginia, Colorado, California, Texas, Illinois, Missouri, Florida, Hawaii, Washington, Virginia, Ohio, Georgia, Minnesota, and Nebraska.
    - When the first two HRFs are established, Ohio and Washington will no longer have CERFPs; Indiana and Alabama will become CERFP host states to maintain the capability and number of CERFPs units at 17.

- CERFPs locate and extract victims from a contaminated environment, perform mass patient/casualty decontamination, and provide treatment as necessary to stabilize patients for evacuation.

- CERFPs are composed of existing National Guard units on state active duty, Title 32 or Title 10 status, and are specially trained to respond to a weapons-of-mass-destruction incident. They must be ready to deploy within six hours of notification.

CERFP Capabilities:

- Each CERFP is composed of ~170 personnel.
- CERFPs have a 6-12 hour response posture.
- CERFPs are primarily equipped to deploy via ground transport to CBRNE incident cites, but can be moved by air if necessary.

	Unit Size
Medical Team	45
Search & Extraction Team	50
Decontamination Team	75
Total Personnel	170

Chemical, biological, radiological, and nuclear

From Wikipedia, the free encyclopedia

CBRN is an abbreviation of ***chemical, biological, radiological, and nuclear***. It is used to refer to situations in which any of these four hazards have presented themselves. CBRN defense (CBRND) consists of CBRN passive protection, contamination avoidance, and CBRN mitigation.

CBRN weapons/agents are often referred to as weapons of mass destruction (WMD). However, this is not entirely correct. Although CBRNe agents often cause mass destruction, this is not necessarily the case. Terrorist use of CBRNe agents may cause a limited number of casualties, but a large terrorizing and disruption of society. Terrorist use of CBRNe agents, intended to cause terror instead of mass casualties, is therefore often referred to as weapons of mass disruption.[1]

A CBRN incident differs from a hazardous material incident in both effect scope (i.e., CBRNe can be a mass casualty situation) and in intent. CBRN incidents are responded to under the assumption that they are deliberate, malicious acts with the intention to kill, sicken, and/or disrupt society. Evidence preservation and perpetrator apprehension are of greater concern with CBRN incidents than with HAZMAT incidents.

Recent analysis has concluded that worldwide government spending on CBRN defence products and services will reach $8.38bn in 2011.[2]

Contents

CERFP EVALUATION FORM

Program Participant's Name _____

FTO Name_____ **Name of Site: Delaware County EMS**

Rotation Date _____ **Evaluation Date**_____

Evaluate the participant's competence according to their level of training using the scale:

Code: 7 = Exceptional 6 = Exceeds Expectation 5 = Meets Expectation 4 = Improvement Needed 3 = Unsatisfactory 2 = No Opportunity to Observe 1= Non-Judgmental

Circle the appropriate number and check the core components where improvement is needed.

1. Patient Care: 1 2 3 4 5 6 7
Compassionate, appropriate, and effective for the treatment of health problems.

	Needs Improvement
Caring and respectful behavior	_____
Interviewing	_____
Informed decision-making	_____
Develop & carryout patient treatment plans	_____
Performance of procedures	
• Physical exam	_____
• Medical procedures	_____
• Medication selection	_____
• Medication administration	_____
Work within a team	_____
Uses own & other's time effectively & efficiently	_____
Takes steps to ensure accuracy of work	_____
Takes steps to ensure performance safety	_____

2. Medical Knowledge: 1 2 3 4 5 6 7
On established and evolving sciences and the application of this knowledge to patient care.

	Needs Improvement
Investigatory and analytic thinking	_____
Problem solving and conceptualization	_____
Knowledge and application of basic sciences	_____
Ability to draw conclusions	_____

3. Interpersonal & Communication skills: 1 2 3 4 5 6 7
Effective information exchange and teaming with patients, their families, and other health professionals

	Needs Improvement
Creation of therapeutic relationship with patient's	_____
Listening skills	_____
Effective communication skills	_____
Maintains confidentiality	_____
Openness to supervisory feedback	_____
Incorporates supervisory feedback	_____
Contextual understanding	_____

4. Practice-Based Learning & Improvement: 1 2 3 4 5 6 7
Demonstrates investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care.

	Needs Improvement
Analyze own practice for needed improvements	_____
Use of information technology	_____
Facilitate learning of others	_____
Model concepts for real world application	_____

5. Professionalism: 1 2 3 4 5 6 7
Commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population

	Needs Improvement
Appearance/ hygiene	_____
Punctuality	_____
Respectful, altruistic	_____
Ethically sound practice	_____
Sensitive to cultural, age, gender, disability issues	_____
Exhibits reliability and credibility in dealing with others	_____

Program participant signature_____

Program participant Comments: _____

_____

_____

_____

FTO's signature_____

FTO's Comments: _____

_____

_____

Military Coordinator Liaison Signature_____

Comments: _____

_____

Important note: end-of-clinical-rotation evaluations are considered <u>provisional</u> in the sense that the military coordinator liaison will have an opportunity to revise evaluations in the period immediately following the conclusion of the practicum placement.

Important: Forms are not considered complete unless they contain all three signatures.

Attachment

#5

Course Approval Recommendation

The purpose of this document is to present the recommendation created by the Primary Instructor Working group on January 15, 2013. This group was convened with representative PIs from all of the 10 IDHS districts. The participants were Jessica Lawley, Sue Ann Bechtold, Jaren Kilian, Keith Reese, Matt Shady, Alan Bork, Nancy Alling, Belinda Holt, Pam Moore, Heather Coburn, Mark Fair, Kraig Kinney, Deanna Hawkins, Jeremy Luther, Tammy Craig, Mike Ross, Jason Smith, Janice Hosmer, Suzan Henke, and Elizabeth Westfall. The group was facilitated by Emergency Manager Jessie Olivera, and staff members Rick Archer, Candice Hilton, and Liz Fiato were present. Others in attendance were John Zartman and Leon Bell.

While the EMS Commission has approved the National Education Standards as the core curriculum, there was some confusion as to what the actual class and clinical requirements should be for all classes submitted for approval to the State. This recommendation sets the "floor" for what all courses at all levels should possess, and check off forms would be developed based upon these so that staff can adequately evaluate each course for consistency.

For All Indiana Added Curriculum:

- Convert Indiana Driving Laws to Online course
- Autism course- can be obtained online
- Create SIDS course and able to be obtained online
- Hazmat- make awareness only State requirement (currently states awareness and operations) and 4 hours. Will be online by February
- Terrorism Response and Disaster Management-AWR 160 meets requirement, can be obtained online

Emergency Medical Responder

Emergency Medical Responder		Minimum Times per Section (hours)	
Section 1. Preparatory		5.5	
Section 2. Anatomy and Physiology		2	
Section 3. Medical Terminology		0.5	
Section 4. Pathophysiology		0.5	
Section 5. Lifespan Development		1	
Section 6. Public Health		0.5	
Section 7. Pharmacology		0.5	
Section 8. Airway/Respiratory/Ventilation		2.5	
Section 9. Assessment		2.5	
Section 10. Medicine		8	
Section 11. Shock and Resuscitation		4	
Section 12. Trauma		7.5	
Section 13. Special Patient Populations		6.5	
Section 14. EMS Operations		3	
	NES Core	**44.5**	
Section 15. Indiana Added Curriculum		19.5	
A. Indiana Driving Laws	1	ILEA has portion could be converted to online	
B. Autism Awareness	4	online	
C. SIDS	2.5	will be online	
D. HazMat Awareness and Operation	8	Make only awareness and change to 4 hours	
E. Terrorism Response and Disaster Management	8	AWR-160 online will suffice or incorporate	
F. Cervical Collar	competancy based		
G. Long Back Board	competancy based		
H. Pulse Oximetry/CO Monitoring	competancy based		
http://www.ems.gov/pdf/811077b.pdf	Total	64	

Emergency Medical Technician

Emergency Medical Technician		Minimum Times per Section (hours)	
Section 1. Preparatory		11	
Section 2. Anatomy and Physiology		5	
Section 3. Medical Terminology		1	
Section 4. Pathophysiology		5	
Section 5. Lifespan Development		1.5	
Section 6. Public Health		0.5	
Section 7. Pharmacology		3	
Section 8. Airway/Respiratory/Ventilation		5	
Section 9. Assessment		5	
Section 10. Medicine		33	
Section 11. Shock and Resuscitation		4	
Section 12. Trauma		25	
Section 13. Special Patient Populations		19	
Section 14. EMS Operations		20	
ICS courses (100, 200, 700, and 800)			
If completed, subtract 8 hours from operations			
	NES Core	138	
Section 15. Patient Contacts (10)			
Section 16. Ambulance Field Internship		8	
Section 17. Hospital Clinical Internship		8	
Section 18. Indiana Added Curriculum		22.5	
A. Indiana Driving Laws	1	ILEA has portion could be converted to online	
B. Autism Awareness	4	online	
C. SIDS	2.5	will be online	
D. HazMat Awareness and Operation	8	Make only awareness and change to 4 hours	
E. Terrorism Response and Disaster Management	8	AWR-160 online will suffice or incorporate	
F. Non-Visualized Airway	Competency Based	(Esophageal, Trachael, Multi-Lumen, and Supraglottic Airway)	
G. Peripheral IV Maintenance	3	Recommend Competancy Based	
		176.5	

Advanced Emergency Medical Technician

Advanced Emergency Medical Technician		Minimum Times per Section (hours)
Section 1. Preparatory		10
Section 2. Anatomy and Physiology		8
Section 3. Medical Terminology		2
Section 4. Pathophysiology		8
Section 5. Lifespan Development		0.5
Section 6. Public Health		0.5
Section 7. Pharmacology		30
Section 8. Airway/Respiratory/Ventilation		4
Section 9. Assessment		6
Section 10. Medicine		30
Section 11. Shock and Resuscitation		4
Section 12. Trauma		24
Section 13. Special Patient Populations		21
Section 14. EMS Operations		12
	NES Core	*160*
Section 15. Properly administer medications to at least 15 live patients		
Section 16. Successfully perform all steps and access venous circulation at least 25 times on live patients of various age groups.		
Section 17. Ventilate at least 20 live patients of various age groups		
Section 18. Demonstrate the ability to perform an adequate assessment and formulate and implement a treatment plan for patients with chest pain.		
Section 19. Demonstrate the ability to perform an adequate assessment and formulate and implement a treatment plan for patients in respiratory distress.		
Section 20. Demonstrate the ability to perform an adequate assessment and formulate and implement a treatment plan for patients with altered mental status.		
Section 21. Demonstrate the ability to perform an adequate assessment on pediatric, adult, and geriatric patients		
Section 18. Indiana Added Curriculum		
A. Adult IO		Competancy Based

Paramedic

Paramedic		Minimum Times per Section
Section 1. Preparatory		8
Section 2. Anatomy and Physiology		30
Section 3. Medical Terminology		4
Section 4. Pathophysiology		12
Section 5. Lifespan Development		4
Section 6. Public Health		2
Section 7. Pharmacology		40
Section 8. Airway/Respiratory/Ventilation		12
Section 9. Assessment		14
Section 10. Medicine		134
Section 11. Shock and Resuscitation		18
Section 12. Trauma		80
Section 13. Special Patient Populations		68
Section 14. EMS Operations		26
	NES Core	*452*

Section 15. No fewer than fifty (50) attempts at airway management across all age levels, with a 90% success rate utilizing endotrachael intubation in their last ten (10) attempts.
Section 16. Must be 100% successful in the management of their last 20 attempts at airway management.
Section 17. Clinical experience must include the operating room, recovery room, ICU, coronary care department, labor and delivery room, pediatrics, and ER
Section 18. All students must have adequate exposure, as determined by the program medical director and advisory committee, to pediatric, obstetric, psychiatric, and geriatric patients.
Section 19. All students must complete a Field Internship and successfully manage, assess, and treat patients. Minimum Team Leads must be established by the program medical director and advisory committee and completed by every student.

1000-1300 all four components