

# Attachment #1



MICHAEL R. PENCE, Governor  
STATE OF INDIANA

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

February 16, 2013

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

Dear Mr. Turpen:

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

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

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

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

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Jason R. Smith". The signature is stylized and somewhat cursive.

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

# Attachment #2



MICHAEL R. PENCE, Governor  
STATE OF INDIANA

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

March 22, 2013

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

Dear Mr. Turpen:

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

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

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

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

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Jason R. Smith".

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

# Attachment #3



# EMS Commission Certification Report March, 2013



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

1st Qtr 2013	Count	2nd Qtr 2013	Count	3rd Qtr 2013	Count	4th Qtr 2013	Count
EMS - EVOC							
EVOC INSTRUTOR		EVOC INSTRUTOR		EVOC INSTRUTOR		EVOC INSTRUTOR	
ADVANCED EMT		ADVANCED EMT		ADVANCED EMT		ADVANCED EMT	
EMT - BA		EMT - BA		EMT - BA		EMT - BA	
EMT-BASIC		EMT-BASIC		EMT-BASIC		EMT	
EMT-INTERMEDIATE		EMT-INTERMEDIATE		EMT-INTERMEDIATE		EMT-INTERMEDIATE	
PARAMEDIC		PARAMEDIC		PARAMEDIC		PARAMEDIC	
EMT-PI		EMT-PI		EMT-PI		EMT-PI	
EXTRICATION		EXTRICATION		EXTRICATION		EXTRICATION	
FIRST RESPONDER		FIRST RESPONDER		FIRST RESPONDER		FIRST RESPONDER	
<b>Totals</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

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 INSTRUTOR	5	EVOC INSTRUTOR	0	EVOC INSTRUTOR	0	EVOC INSTRUTOR	7
ADVANCED EMT	43	ADVANCED EMT	58	ADVANCED EMT	52	ADVANCED EMT	5
EMT - BA	574	EMT - BA	523	EMT - BA	492	EMT - BA	13
EMT-BASIC	0	EMT-BASIC	7	EMT-BASIC	111	EMT-INTERMEDIATE	268
EMT-INTERMEDIATE	119	EMT-INTERMEDIATE	12	EMT-INTERMEDIATE	4	EMT-INTERMEDIATE	79
PARAMEDIC	11	PARAMEDIC	0	PARAMEDIC	0	PARAMEDIC	13
EMT-PI	0	EMT-PI	199	EMT-PI	144	EMT-PI	0
EXTRICATION	158	EXTRICATION	0	EXTRICATION	0	EXTRICATION	0
FIRST RESPONDER	954	FIRST RESPONDER	904	FIRST RESPONDER	893	FIRST RESPONDER	124
<b>Totals</b>	<b>954</b>	<b>904</b>	<b>893</b>	<b>601</b>			

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	0	EXTRICATION	7
FIRST RESPONDER	168	FIRST RESPONDER	250	FIRST RESPONDER	145	FIRST RESPONDER	165
<b>Totals</b>	<b>1085</b>		<b>1265</b>		<b>990</b>		<b>734</b>

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

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

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

Number of People Failed to Recertify Last Quarter

609

Number of New People Certified Last Quarter

392

Net gain/Loss of:

-217

### First Responder 2012

■ New ■ Expired ■ Gain/Loss



### EMT 2012

■ New ■ Expired ■ Gain/Loss



### EMT-BA 2012

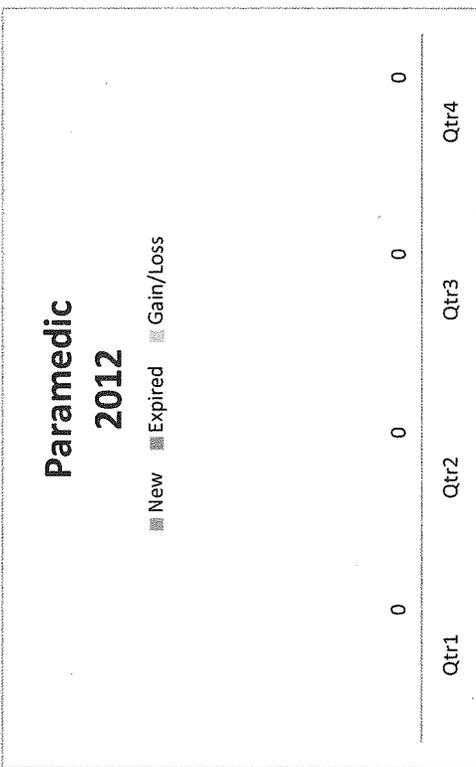
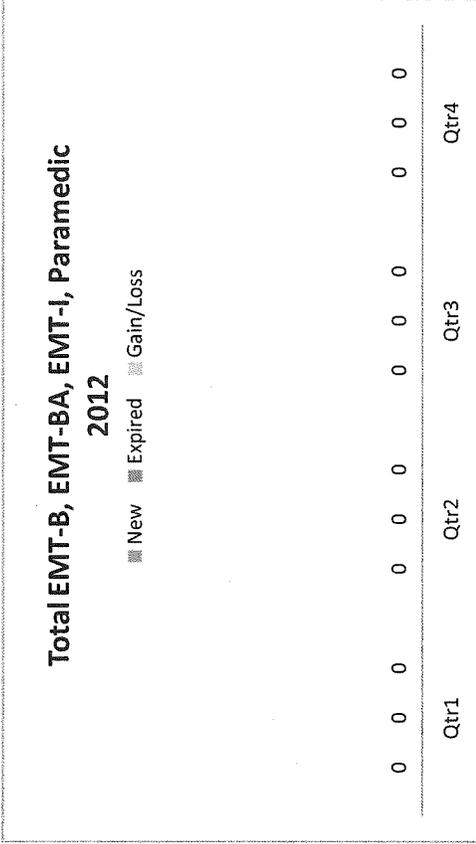
■ New ■ Expired ■ Gain/Loss



### EMT-I 2012

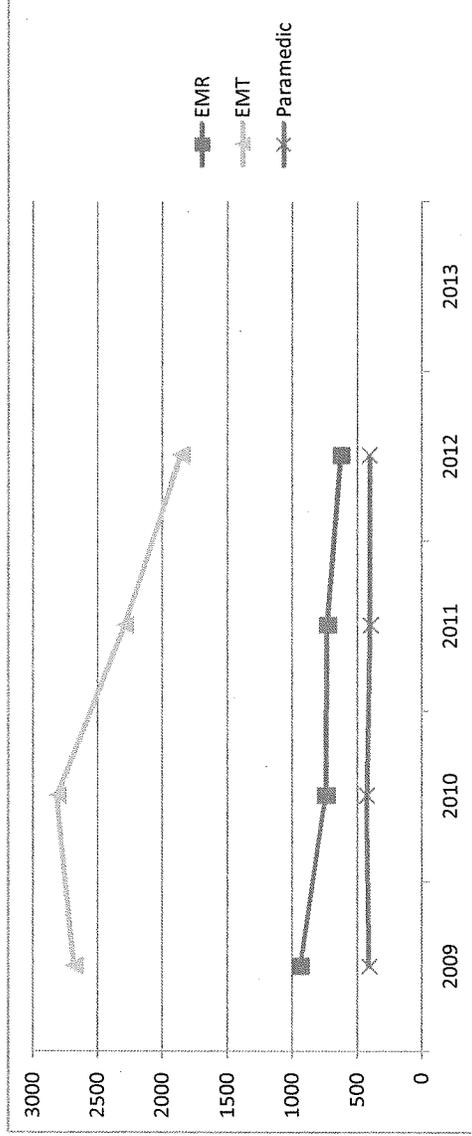
■ New ■ Expired ■ Gain/Loss





## Trending Graph

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



# Attachment #4

**Emergency Medical Services  
Provider Certification Report**

**Date :** March 14, 2013

**March 22, 2013**

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

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

**Total Count: 760**

# Attachment #5

# EMS Sub-Committee for Data Collection Summary

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

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

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

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

## Current Status of Reporting:

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

## Action Items

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

- d. Beta testing with the new software will be initiated prior to launching the system completely.
  - e. An update will be provided to the EMS Commission at the June 7, 2013 meeting.
2. A waiver request has been prepared by staff to be presented at the EMS Commission to waive IAC 836 1-1-5 (b) to allow providers to report the 83 NEMESIS data elements without the Indiana specific data elements.

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

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

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

4. It was stated that the Data Dictionary will need to be updated. The Data Dictionary is not in the statute so it can be updated without a rule change.
5. Ms. Katie Gatz reported out on the Trauma Registry. Ms. Gatz reports that some information has been received by ISDH. IDHS has sent information to ISDH. After the new software at IDHS is in place and receiving data IDHS will be able to send usable data to ISDH.

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

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

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

# Attachment #6

**EMS Week**

- I-EMSC would like to invite you to nominate a *Health Care Hero* for this years EMSC Day!  
Contact: [ghuffman@iupui.edu](mailto:ghuffman@iupui.edu)
- EMSC Day is May 22, 2013



 Indiana - Emergency Medical Services for Children

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# Attachment #7



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

**EMERGENCY MEDICAL SERVICES COMMISSION  
TECHNICAL ADVISORY COMMITTEE MEETING MINUTES**

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

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

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

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

- 1) Meeting called to order at 10:05 a.m. by Chairman Bell. Dr. Weinstein arrived at 10:06 a.m.
- 2) Roll call, quorum present.

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

- 3) Adoption of minutes:

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

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

- 4) Public Comment: None

- 5) Announcements:

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

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

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

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

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

**No action required.**

6) Old Business:

1) PI Exam

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

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

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

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

3) Morgan Lens at the EMT level

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

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

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

4) Discussion concerning the waiver process.

Chairman Bell called for a 10 minute break at 11:25a.m.

Chairman Bell called the meeting back to order at 11:35 a.m.

**Mr. Michael McNutt made a motion that the TAC recommend to the Commission the following standard format for a provider waiver request must be used:**

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

**Initial training:**

**A. Must include training objectives**

- Psychomotor skills
- Cognitive objectives

- B. Training materials**
- C. Competency evaluation tool/testing**

**Continuing Education:**

- A. How often must the continuing education be completed**
- B. Define who is required to complete the continuing education**

**Policy specifically addressing new members of the agency/department:**

- A. Policy must address how each member's training is tracked**
  - B. How long competencies will be maintained on file**
- Upon requesting a renewal of the waiver the Provider must show proof of the above information. The request and all material must be submitted in writing 45 days prior to the Commission Meeting. The motion was seconded by Mr. Faril Ward. Chairman Bell called for the vote. The motion passed.**

**7) New Business:**

**1) Distance Education**

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

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

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

**2) Interpretation of the Primary Instructor rule**

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

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

3) Advanced EMT additions education and validation

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

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

**Initial training:**

**D. Must include training objectives**

- Psychomotor skills

- Cognitive objectives

**E. Training materials**

**F. Competency evaluation tool/testing**

**Continuing Education:**

**C. How often must the continuing education be completed**

**D. Define who is required to complete the continuing education**

**Policy specifically addressing new members of the agency/department:**

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

**D. How long competencies will be maintained on file**

**This process has to have Medical Director approval.**

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

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

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

Approved \_\_\_\_\_

Leon Bell, Chairman

# Attachment #8

# TECHNICAL ADVISORY COMMITTEE – TASK SUMMARY

## INDIANA STATE E.M.S. COMMISSION

### TASK INFORMATION

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

### ASSIGNMENT REVIEW - GUIDELINES - GOALS

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

### TAC RECOMMENDATION

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

#### Training Objectives

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

B. Training materials

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

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

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

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

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

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

B. How long competencies will be maintained on file

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

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

**LIMITATIONS – CHALLENGES – FISCAL IMPACT**

None

**FORMAL MOTION**

**ADDITIONAL COMMENTS**

**VERIFICATION OF REVIEW AND SUBMISSION**

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

\_\_\_\_\_  
Chairman, TAC Committee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Vice-Chairman, TAC Committee

\_\_\_\_\_  
Date

**EMS COMMISSION – RECOMMENDATION - ACTION**

**Commission Actions:**

**Date:**

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

COMMENTS:

# TECHNICAL ADVISORY COMMITTEE – TASK SUMMARY

## INDIANA STATE E.M.S. COMMISSION

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Job Task: Review the elements of waivers  
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### TAC RECOMMENDATION

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

## LIMITATIONS – CHALLENGES – FISCAL IMPACT

None

## FORMAL MOTION

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

Training Objectives

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

B. Training materials

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

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

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

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

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

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

B. How long competencies will be maintained on file

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

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

## ADDITIONAL COMMENTS

## VERIFICATION OF REVIEW AND SUBMISSION

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

Chairman, TAC Committee

Date

**EMS COMMISSION – RECOMMENDATION - ACTION**

**Commission Actions:**

**Date:**

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

COMMENTS:

DRAFT

# TECHNICAL ADVISORY COMMITTEE – TASK SUMMARY

## INDIANA STATE E.M.S. COMMISSION

### TASK INFORMATION

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

### ASSIGNMENT REVIEW - GUIDELINES - GOALS

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

### TAC RECOMMENDATION

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

#### Training Objectives

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

#### B. Training materials

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

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

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

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

#### B. How long competencies will be maintained on file

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

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

**LIMITATIONS – CHALLENGES – FISCAL IMPACT**

None

**FORMAL MOTION**

**ADDITIONAL COMMENTS**

**VERIFICATION OF REVIEW AND SUBMISSION**

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

\_\_\_\_\_  
Chairman, TAC Committee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Vice-Chairman, TAC Committee

\_\_\_\_\_  
Date

**EMS COMMISSION – RECOMMENDATION - ACTION**

**Commission Actions:**

**Date:**

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

COMMENTS:

DRAFT

# Attachment #9

# Indiana Advanced Emergency Medical Technician

Proposed Standardized Curricula Additions: Ipratropium Bromide

Indiana Fire Chief's Associates EMS Section SME Work Group

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## AEMT Ipratropium Bromide Program

### **EMS Commission Policy on Ipratropium Bromide for AEMT**

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

#### **Candidate Prerequisites**

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

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

#### **Instructor Qualifications**

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

#### **Minimal Equipment Needs and Instructor Resources**

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

#### **Minimal Time for Didactic and Laboratory**

# Indiana Advanced Emergency Medical Technician

Proposed Standardized Curricula Additions: Ipratropium Bromide

Indiana Fire Chief's Associates EMS Section SME Work Group

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One hour

## Clinical Requirements

This is not a clinical requirement for this module.

## Ipratropium Bromide Module for AEMT Course Objectives

### Terminal Objective:

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

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

### Enabling Objective:

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

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

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

# Indiana Advanced Emergency Medical Technician

Proposed Standardized Curricula Additions: ECG Interpretation

Indiana Fire Chief's Associates EMS Section SME Work Group

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## AEMT ECG Interpretation Program

### **EMS Commission Policy on ECG Interpretation for AEMT**

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

#### **Candidate Prerequisites**

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

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

#### **Instructor Qualifications**

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

#### **Minimal Equipment Needs and Instructor Resources**

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

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

# Indiana Advanced Emergency Medical Technician

Proposed Standardized Curricula Additions: ECG Interpretation

Indiana Fire Chief's Associates EMS Section SME Work Group

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## Clinical Requirements:

Successful interpretation of ??? ECGs.

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

## ECG Interpretation Module for AEMT Course Objectives

### Terminal Objective:

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

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

### Enabling Objectives:

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

#### Monitoring

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

#### Cardiac Anatomy

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

# Indiana Advanced Emergency Medical Technician

Proposed Standardized Curricula Additions: ECG Interpretation

Indiana Fire Chief's Associates EMS Section SME Work Group

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

# Indiana Advanced Emergency Medical Technician

Proposed Standardized Curricula Additions: ECG Interpretation

Indiana Fire Chief's Associates EMS Section SME Work Group

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## Cardiology Physiology

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

## Electrophysiology

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

# Indiana Advanced Emergency Medical Technician

Proposed Standardized Curricula Additions: ECG Interpretation

Indiana Fire Chief's Associates EMS Section SME Work Group

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## ECG Monitoring

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

# Indiana Advanced Emergency Medical Technician

Proposed Standardized Curricula Additions: ECG Interpretation

Indiana Fire Chief's Associates EMS Section SME Work Group

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## Cardiac arrhythmias

30. Discuss the following related to analysis

- a. P wave
  - i. Configuration
  - ii. Duration
  - iii. Atrial rate and rhythm
- b. P-R (P-Q) interval
- c. QRS complex
  - i. Configuration
  - ii. Duration
  - iii. Ventricular rate and rhythm
- d. S-T segment
  - i. Contour
  - ii. Elevation
  - iii. Depression
- e. Q-T interval
  - i. Duration
  - ii. Implications of prolonged Q-T interval
- f. Relationship of P waves to QRS complexes
  - i. Consistent
  - ii. Increasing prolongation
  - iii. No relationship
- g. T waves
- h. U waves

31. Discuss complex origin, rate, rhythm, and clinical significance as it relates to ECG interpretation

32. Describe arrhythmias originating in the sinus node

- a. Sinus bradycardia
- b. Sinus tachycardia
- c. Sinus arrhythmia
- d. Sinus arrest

# Indiana Advanced Emergency Medical Technician

Proposed Standardized Curricula Additions: ECG Interpretation

Indiana Fire Chief's Associates EMS Section SME Work Group

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

# Indiana Advanced Emergency Medical Technician

Proposed Standardized Curricula Additions: ECG Interpretation

Indiana Fire Chief's Associates EMS Section SME Work Group

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

# Indiana Advanced Emergency Medical Technician

Proposed Standardized Curricula Additions: ECG Interpretation

Indiana Fire Chief's Associates EMS Section SME Work Group

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42. Discuss the role of continuous ECG monitoring for the following conditions:

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

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

# Indiana Advanced Emergency Medical Technician

Proposed Standardized Curricula Additions: Ondansetron ODT

Indiana Fire Chief's Associates EMS Section SME Work Group

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## AEMT Ondansetron ODT Program

### **EMS Commission Policy on Ondansetron ODT for AEMT**

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

#### **Candidate Prerequisites**

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

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

#### **Instructor Qualifications**

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

#### **Minimal Equipment Needs and Instructor Resources**

1. Educational component
2. Sample of ondansetron ODT

#### **Minimal Time for Didactic and Laboratory**

One hour

# Indiana Advanced Emergency Medical Technician

Proposed Standardized Curricula Additions: Ondansetron ODT

Indiana Fire Chief's Associates EMS Section SME Work Group

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## Clinical Requirements

This is not a clinical requirement for this module.

## Ondansetron ODT Module for AEMT Course Objectives

### Terminal Objective:

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

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

### Enabling Objective:

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

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

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

# Indiana Advanced Emergency Medical Technician

Proposed Standardized Curricula Additions: Ketorolac

Indiana Fire Chief's Associates EMS Section SME Work Group

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## **AEMT Epinephrine 1:10,000 Program**

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

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

#### **Candidate Prerequisites**

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

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

#### **Instructor Qualifications**

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

#### **Minimal Equipment Needs and Instructor Resources**

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

#### **Minimal Time for Didactic and Laboratory**

One hour

# Indiana Advanced Emergency Medical Technician

Proposed Standardized Curricula Additions: Ketorolac

Indiana Fire Chief's Associates EMS Section SME Work Group

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## Clinical Requirements

This is not a clinical requirement for this module.

## Epinephrine 1:10,000 Module for AEMT Course Objectives

### Terminal Objective:

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

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

### Enabling Objective:

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

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

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

# Indiana Advanced Emergency Medical Technician

Proposed Standardized Curricula Additions: CPAP

Indiana Fire Chief's Associates EMS Section SME Work Group

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## **AEMT Continuous Positive Airway Pressure (CPAP) Program**

### **EMS Commission Policy on CPAP for AEMT**

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

#### **Candidate Prerequisites**

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

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

#### **Instructor Qualifications**

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

#### **Minimal Equipment Needs and Instructor Resources**

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

#### **Minimal Time for Didactic and Laboratory**

Two hours

# Indiana Advanced Emergency Medical Technician

Proposed Standardized Curricula Additions: CPAP

Indiana Fire Chief's Associates EMS Section SME Work Group

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## Clinical Requirement

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

## CPAP Module for AEMT Course Objectives

### Terminal Objective:

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

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

### Enabling Objectives:

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

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

# Indiana Advanced Emergency Medical Technician

Proposed Standardized Curricula Additions: CPAP

Indiana Fire Chief's Associates EMS Section SME Work Group

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

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

# Indiana Advanced Emergency Medical Technician

Proposed Standardized Curricula Additions: Ketorolac

Indiana Fire Chief's Associates EMS Section SME Work Group

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## AEMT Ketorolac Program

### **EMS Commission Policy on Ketorolac for AEMT**

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

#### **Candidate Prerequisites**

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

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

#### **Instructor Qualifications**

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

#### **Minimal Equipment Needs and Instructor Resources**

1. Educational component
2. Sample of ketorolac

#### **Minimal Time for Didactic and Laboratory**

One hour

# Indiana Advanced Emergency Medical Technician

Proposed Standardized Curricula Additions: Ketorolac

Indiana Fire Chief's Associates EMS Section SME Work Group

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## Clinical Requirements

This is not a clinical requirement for this module.

## Ketorolac Module for AEMT Course Objectives

### Terminal Objective:

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

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

### Enabling Objective:

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

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

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

# Indiana Advanced Emergency Medical Technician

Proposed Standardized Curricula Additions: ECG Interpretation

Indiana Fire Chief's Associates EMS Section SME Work Group

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## **AEMT ECG Interpretation Program**

### **EMS Commission Policy on ECG Interpretation for AEMT**

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

#### **Candidate Prerequisites**

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

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

#### **Instructor Qualifications**

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

#### **Minimal Equipment Needs and Instructor Resources**

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

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

# Indiana Advanced Emergency Medical Technician

Proposed Standardized Curricula Additions: ECG Interpretation

Indiana Fire Chief's Associates EMS Section SME Work Group

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## Clinical Requirements:

Successful interpretation of ??? ECGs.

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

## ECG Interpretation Module for AEMT Course Objectives

### Terminal Objective:

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

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

### Enabling Objectives:

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

#### Monitoring

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

#### Cardiac Anatomy

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

# Indiana Advanced Emergency Medical Technician

Proposed Standardized Curricula Additions: ECG Interpretation

Indiana Fire Chief's Associates EMS Section SME Work Group

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

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Proposed Standardized Curricula Additions: ECG Interpretation

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## Cardiology Physiology

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

## Electrophysiology

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

# Indiana Advanced Emergency Medical Technician

Proposed Standardized Curricula Additions: ECG Interpretation

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## ECG Monitoring

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

# Indiana Advanced Emergency Medical Technician

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## Cardiac arrhythmias

30. Discuss the following related to analysis

- a. P wave
  - i. Configuration
  - ii. Duration
  - iii. Atrial rate and rhythm
- b. P-R (P-Q) interval
- c. QRS complex
  - i. Configuration
  - ii. Duration
  - iii. Ventricular rate and rhythm
- d. S-T segment
  - i. Contour
  - ii. Elevation
  - iii. Depression
- e. Q-T interval
  - i. Duration
  - ii. Implications of prolonged Q-T interval
- f. Relationship of P waves to QRS complexes
  - i. Consistent
  - ii. Increasing prolongation
  - iii. No relationship
- g. T waves
- h. U waves

31. Discuss complex origin, rate, rhythm, and clinical significance as it relates to ECG interpretation

32. Describe arrhythmias originating in the sinus node

- a. Sinus bradycardia
- b. Sinus tachycardia
- c. Sinus arrhythmia
- d. Sinus arrest

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

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

# Indiana Advanced Emergency Medical Technician

Proposed Standardized Curricula Additions: ECG Interpretation

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

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

# Indiana Advanced Emergency Medical Technician

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

Indiana Fire Chief's Associates EMS Section SME Work Group

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## **AEMT 12-lead ECG Acquisition and Transmission Program**

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

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

#### **Candidate Prerequisites**

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

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

-OR-

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

#### **Instructor Qualifications**

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

# Indiana Advanced Emergency Medical Technician

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

Indiana Fire Chief's Associates EMS Section SME Work Group

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## Minimal Equipment Needs and Instructor Resources

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

**Minimal Time for Didactic and Laboratory:** 2.5 hours

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

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

### Terminal Objective:

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

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

### Enabling Objectives:

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

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

# Indiana Advanced Emergency Medical Technician

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

Indiana Fire Chief's Associates EMS Section SME Work Group

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- viii. Non-ketotic hyperglycemic-hyperosmolar coma
  - ix. hypothyroidism
5. Describe the procedure for successful lead placement for 12-lead ECG acquisition
  6. Demonstrate the procedure for successful lead placement for 12-lead ECG acquisition
  7. Describe the procedure for 12-lead ECG acquisition and transmission

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

DRAFT

# Attachment #10

Draft language for inclusion in the Commission packet

Members of the EMS Commission:

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

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

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

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

**State of Indiana EMT Psychomotor Skills Examination  
Spinal Immobilization (Supine Patient)**

Candidate: \_\_\_\_\_ Examiner Name: \_\_\_\_\_

Date: \_\_\_\_\_ Signature \_\_\_\_\_

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

Actual Time Ended: \_\_\_\_\_

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

**Critical Criteria:**

- \_\_\_\_\_ Did not immediately direct, take, or maintain manual immobilization of the head.
- \_\_\_\_\_ Released or ordered release of manual stabilization before it was maintained mechanically.
- \_\_\_\_\_ Did not properly apply appropriately sized cervical collar before ordering the release of manual stabilization.
- \_\_\_\_\_ Manipulated or moved the patient excessively causing potential spinal compromise.
- \_\_\_\_\_ Upon completion of immobilization, device allows for excessive patient movement.
- \_\_\_\_\_ Head immobilized to the device **before** device sufficiently secured to the torso.
- \_\_\_\_\_ Head immobilization allows for excessive movement.
- \_\_\_\_\_ Upon completion of immobilization, head is not in a neutral, in-line position.
- \_\_\_\_\_ Did not assess motor, sensory, and circulatory function in each extremity **BOTH BEFORE AND AFTER** immobilization to the long board device.
- \_\_\_\_\_ Exhibits unacceptable affect with patient or other personnel.
- \_\_\_\_\_ Failure to manage the patient as a competent EMT.

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

**Critical Criteria Explanation:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

OR

\_\_\_\_\_ There were NO observed Critical Criteria per my evaluation.

\_\_\_\_\_  
Signature of the Examiner

## State of Indiana EMT Psychomotor Skills Examination

### Oxygen Administration

Candidate: \_\_\_\_\_ Examiner Name: \_\_\_\_\_  
 Date: \_\_\_\_\_ Signature: \_\_\_\_\_

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

Actual Time Ended: \_\_\_\_\_

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

**Critical Criteria:**

- \_\_\_\_\_ Failure to assemble the oxygen tank and regulator without leaks.
- \_\_\_\_\_ Failure to pre-fill the oxygen reservoir bag of the non-rebreather mask.
- \_\_\_\_\_ Failure to adjust the oxygen flow rate for the non-rebreather of at least 15 liters/minute.
- \_\_\_\_\_ Failure to adjust the oxygen flow rate for the nasal cannula to 6 liters/minute or less.
- \_\_\_\_\_ Failure to attach either mask in a manner that does not produce proper oxygen delivery.
- \_\_\_\_\_ Exhibits unacceptable affect with patient or other personnel.
- \_\_\_\_\_ Failure to manage the patient as a competent EMT.

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

**Critical Criteria Explanation:**

or

There were NO observed Critical Criteria per my evaluation.

\_\_\_\_\_  
Signature of the Examiner

## State of Indiana EMT Psychomotor Skills Examination

### Traction Splinting

Date: \_\_\_\_\_ Examiner Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_

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

Actual Time Ended: \_\_\_\_\_

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

**Critical Criteria:**

- \_\_\_\_\_ Did not secure the ischial strap before taking traction.
- \_\_\_\_\_ Secured the leg to the splint before applying mechanical traction.
- \_\_\_\_\_ Loss of traction at any point after it was applied.
- \_\_\_\_\_ The foot was excessively rotated or extended after the splint was applied.
- \_\_\_\_\_ Final immobilization failed to support the femur or prevent rotation of injured leg.
- \_\_\_\_\_ Did not assess motor, sensory, and circulatory function in the injured extremity BOTH BEFORE AND AFTER splinting.
- \_\_\_\_\_ Exhibits unacceptable affect with patient or other personnel.
- \_\_\_\_\_ Failure to manage the patient as a competent EMT.

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

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

**Critical Criteria Explanation:**

or

There were NO observed Critical Criteria per my evaluation.

\_\_\_\_\_  
Signature of the Examiner

## State of Indiana EMT Psychomotor Skills Examination

### Bleeding Control/Shock Management

Candidate: \_\_\_\_\_ Examiner Name: \_\_\_\_\_

Date: \_\_\_\_\_ Signature \_\_\_\_\_

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

Actual Time Ended: \_\_\_\_\_

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

**Critical Criteria:**

- \_\_\_\_\_ Did not apply high flow oxygen with an appropriate mask.
- \_\_\_\_\_ Applied a tourniquet before attempting other methods of bleeding control.
- \_\_\_\_\_ Did not control hemorrhage using correct procedures in a timely manner.
- \_\_\_\_\_ Did not indicate the need for immediate transport.
- \_\_\_\_\_ Uses or orders a dangerous or inappropriate intervention.
- \_\_\_\_\_ Exhibits unacceptable affect with patient or other personnel.
- \_\_\_\_\_ Failure to manage the patient as a competent EMT.

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

**Critical Criteria Explanation:**

or

There were NO observed Critical Criteria per my evaluation.

\_\_\_\_\_  
Signature of the Examiner

# State of Indiana EMT Psychomotor Skills Examination

## Joint Immobilization

Candidate: \_\_\_\_\_ Examiner Name: \_\_\_\_\_

Date: \_\_\_\_\_ Signature \_\_\_\_\_

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

Actual Time Ended: \_\_\_\_\_

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

**Critical Criteria:**

- \_\_\_\_\_ Grossly moves the injured joint or affected extremity.
- \_\_\_\_\_ Did not immobilize the bone above and the bone below the injury site.
- \_\_\_\_\_ Did not support the joint so that the joint did not bear distal weight.
- \_\_\_\_\_ Uses or orders a dangerous or inappropriate intervention.
- \_\_\_\_\_ Did not assess motor, sensory, and circulatory function in the affected extremity **BOTH BEFORE AND AFTER** splinting.
- \_\_\_\_\_ Exhibits unacceptable affect with patient or other personnel.
- \_\_\_\_\_ Failure to manage the patient as a competent EMT.

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

**Critical Criteria Explanation:**

OR

There were NO observed Critical Criteria per my evaluation.

\_\_\_\_\_  
Signature of the Examiner

## State of Indiana EMT Psychomotor Skills Examination

### Long Bone Immobilization

Candidate: \_\_\_\_\_ Examiner Name: \_\_\_\_\_

Date: \_\_\_\_\_ Signature \_\_\_\_\_

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

Actual Time Ended: \_\_\_\_\_

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

**Critical Criteria:**

- \_\_\_\_\_ Grossly moves the injured extremity.
- \_\_\_\_\_ Did not immobilize the joint above and the joint below the injury site.
- \_\_\_\_\_ Did not immobilize the affected hand or foot in a position of function.
- \_\_\_\_\_ Uses or orders a dangerous or inappropriate intervention.
- \_\_\_\_\_ Did not assess motor, sensory, and circulatory function in the injured extremity **BOTH BEFORE AND AFTER** splinting.
- \_\_\_\_\_ Exhibits unacceptable affect with patient or other personnel.
- \_\_\_\_\_ Failure to manage the patient as a competent EMT.

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

**Critical Criteria Explanation:**

or

There were NO observed Critical Criteria per my evaluation.

\_\_\_\_\_  
Signature of the Examiner

## State of Indiana EMT Psychomotor Skills Examination

### Mouth to Mask with Supplemental Oxygen

Candidate: \_\_\_\_\_ Examiner Name: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

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

Actual Time Ended: \_\_\_\_\_

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

**Critical Criteria:**

- \_\_\_\_\_ Failure to correctly connect the one-way valve to the mask.
- \_\_\_\_\_ Failure to adjust the oxygen flow rate to at least 15 liters/minute.
- \_\_\_\_\_ Failure to produce visible chest rise and fall with ventilations  
(more than 2 inadequate ventilations per minute observed)
- \_\_\_\_\_ Failure to ventilate the patient at a rate of 10-12 breaths per minute.
- \_\_\_\_\_ Exhibits unacceptable affect with patient or other personnel.
- \_\_\_\_\_ Failure to manage the patient as a competent EMT.

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

**Critical Criteria Explanation:**

or

There were NO observed Critical Criteria per my evaluation.

\_\_\_\_\_  
Signature of the Examiner

## State of Indiana EMT Psychomotor Skills Examination

### Patient Assessment/Management - Trauma

Candidate: \_\_\_\_\_ Examiner Name: \_\_\_\_\_  
 Date: \_\_\_\_\_ Scenario #: \_\_\_\_\_

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

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

**Critical Criteria:**

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

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

**Critical Criteria Explanation:**

or

There were NO observed Critical Criteria per my evaluation.

\_\_\_\_\_  
Signature of the Examiner

**Notes or Clarifications:**

# State of Indiana EMT Psychomotor Skills Examination

## Patient Assessment/Management - Medical

Candidate: \_\_\_\_\_ Examiner Name: \_\_\_\_\_  
 Date: \_\_\_\_\_ Scenario #: \_\_\_\_\_

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

Actual Time Ended: \_\_\_\_\_

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

**Critical Criteria:**

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

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

**Critical Criteria Explanation:**

or

There were NO observed Critical Criteria per my evaluation.

\_\_\_\_\_  
Signature of the Examiner

**Notes or Clarifications:**

## State of Indiana EMT Psychomotor Skills Examination

### Cardiac Arrest Management/AED

Candidate: \_\_\_\_\_ Examiner Name: \_\_\_\_\_  
 Date: \_\_\_\_\_ Signature: \_\_\_\_\_

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

Actual Time Ended: \_\_\_\_\_

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

**Critical Criteria:**

- \_\_\_\_\_ Did not confirm patient to be PULSELESS and APNEIC.
- \_\_\_\_\_ Failure to initiate or resume CPR at appropriate periods
- \_\_\_\_\_ Interrupts CPR for more than 10 seconds at any point .
- \_\_\_\_\_ Failure to demonstrate CPR rates & depths consistent with current AHA guidelines.
- \_\_\_\_\_ Failure to operate the AED properly (failure to deliver shock or turns off AED during testing).
- \_\_\_\_\_ Failure to attach AED pads correctly on the patient.
- \_\_\_\_\_ Failure to provide high flow/concentration of oxygen.
- \_\_\_\_\_ Failure to assure that all individuals are clear of the patient during rhythm analysis and before delivering shock(s). Must verbalize and observe "All Clear."
- \_\_\_\_\_ Requests, uses or orders a dangerous or inappropriate intervention
- \_\_\_\_\_ Exhibits unacceptable affect with patient or other personnel.
- \_\_\_\_\_ Failure to manage the patient as a competent EMT.

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

# State of Indiana EMT Psychomotor Skills Examination

## BLS Airway Management

Candidate: \_\_\_\_\_ Examiner Name: \_\_\_\_\_  
 Date: \_\_\_\_\_ Signature: \_\_\_\_\_

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

Actual Time Ended: \_\_\_\_\_

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

**Critical Criteria:**

- \_\_\_\_\_ Failure to initiate ventilations within 30 seconds after suctioning or interrupts ventilations for greater than 30 seconds.
- \_\_\_\_\_ Failure to suction **before** ventilating the patient.
- \_\_\_\_\_ Did not demonstrate acceptable suction technique (including suctioning for prolonged time).
- \_\_\_\_\_ Failure to check responsiveness, breathing or pulse for a period of between 5-10 seconds.
- \_\_\_\_\_ Inserts any adjunct in a manner dangerous to the patient.
- \_\_\_\_\_ Failure to voice and ultimately provide high flow/concentration of oxygen.
- \_\_\_\_\_ Failure to ventilate the patient at a rate of at least 10 per minute and no more than 12 per minute.
- \_\_\_\_\_ Failure to insert the non-visualized airway device properly within 3 attempts.
- \_\_\_\_\_ Failure to inflate cuff(s) properly, MUST remove syringes for cuff(s) to remain inflated.
- \_\_\_\_\_ Failure to provide adequate volumes per breath (maximum of 2 errors/minute permissible)
- \_\_\_\_\_ Failure to confirm that the patient is being ventilated by observing chest rise, auscultation over the epigastrium , and bilaterally over each lung.
- \_\_\_\_\_ Exhibits unacceptable affect with patient or other personnel.
- \_\_\_\_\_ Failure to manage the patient as a competent EMT.

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

***Critical Criteria Explanation:***

or

There were NO observed Critical Criteria per my evaluation.

\_\_\_\_\_  
Signature of the Examiner

***Notes or Clarifications:***

## State of Indiana EMT Psychomotor Skills Examination

### Spinal Immobilization (Seated Patient)

Candidate: \_\_\_\_\_ Examiner Name: \_\_\_\_\_  
 Date: \_\_\_\_\_ Signature \_\_\_\_\_

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

Actual Time Ended: \_\_\_\_\_

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

**Critical Criteria:**

- \_\_\_\_\_ Did not immediately direct, take, or maintain manual immobilization of the head.
- \_\_\_\_\_ Released or ordered release of manual stabilization before it was maintained mechanically.
- \_\_\_\_\_ Did not properly apply appropriately sized cervical collar before ordering the release of manual stabilization.
- \_\_\_\_\_ Manipulated or moved the patient excessively causing potential spinal compromise.
- \_\_\_\_\_ Torso fixation inhibits chest rise, resulting in respiratory compromise.
- \_\_\_\_\_ Upon completion of immobilization, device allows for excessive patient movement.
- \_\_\_\_\_ Head immobilized to the device **before** device sufficiently secured to the torso.
- \_\_\_\_\_ Head immobilization allows for excessive movement.
- \_\_\_\_\_ Upon completion of immobilization, head is not in a neutral, in-line position.
- \_\_\_\_\_ Did not assess motor, sensory, and circulatory function in each extremity **BOTH BEFORE AND AFTER** immobilization to the short board device.
- \_\_\_\_\_ Exhibits unacceptable affect with patient or other personnel.
- \_\_\_\_\_ Failure to manage the patient as a competent EMT.

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

**Critical Criteria Explanation:**

or

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

\_\_\_\_\_  
 Signature of the Examiner

**State of Indiana EMR Psychomotor Skills Examination  
Spinal Immobilization (Supine Patient)**

Candidate: \_\_\_\_\_ Examiner Name: \_\_\_\_\_  
Date: \_\_\_\_\_ Signature \_\_\_\_\_

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

Actual Time Ended: \_\_\_\_\_

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

**Critical Criteria:**

- \_\_\_\_\_ Did not immediately direct, take, or maintain manual immobilization of the head.
- \_\_\_\_\_ Released or ordered release of manual stabilization before it was maintained mechanically.
- \_\_\_\_\_ Did not properly apply appropriately sized cervical collar before ordering the release of manual stabilization.
- \_\_\_\_\_ Manipulated or moved the patient excessively causing potential spinal compromise.
- \_\_\_\_\_ Upon completion of immobilization, device allows for excessive patient movement.
- \_\_\_\_\_ Head immobilized to the device **before** device sufficiently secured to the torso.
- \_\_\_\_\_ Head immobilization allows for excessive movement.
- \_\_\_\_\_ Upon completion of immobilization, head is not in a neutral, in-line position.
- \_\_\_\_\_ Did not assess motor, sensory, and circulatory function in each extremity **BOTH BEFORE AND AFTER** immobilization to the long board device.
- \_\_\_\_\_ Exhibits unacceptable affect with patient or other personnel.
- \_\_\_\_\_ Failure to manage the patient as a competent EMT.

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

**Critical Criteria Explanation:**

or

There were NO observed Critical Criteria per my evaluation.

\_\_\_\_\_  
Signature of the Examiner

## State of Indiana EMR Psychomotor Skills Examination

### Patient Assessment/Management - Trauma

Candidate: \_\_\_\_\_ Examiner Name: \_\_\_\_\_  
 Date: \_\_\_\_\_ Scenario #: \_\_\_\_\_

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

Actual Time Ended: \_\_\_\_\_

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

**Critical Criteria:**

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

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

**Critical Criteria Explanation:**

or

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

\_\_\_\_\_  
Signature of the Examiner

**Notes or Clarifications:**

# State of Indiana EMR Psychomotor Skills Examination

## Patient Assessment/Management - Medical

Candidate: \_\_\_\_\_ Examiner Name: \_\_\_\_\_  
 Date: \_\_\_\_\_ Scenario #: \_\_\_\_\_

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

Actual Time Ended: \_\_\_\_\_

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

**Critical Criteria:**

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

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

***Critical Criteria Explanation:***

or

There were NO observed Critical Criteria per my evaluation.

\_\_\_\_\_  
Signature of the Examiner

***Notes or Clarifications:***

## State of Indiana EMR Psychomotor Skills Examination

### Cardiac Arrest Management/AED

Candidate: \_\_\_\_\_ Examiner Name: \_\_\_\_\_  
 Date: \_\_\_\_\_ Signature \_\_\_\_\_

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

Actual Time Ended: \_\_\_\_\_

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

**Critical Criteria:**

- \_\_\_\_\_ Did not confirm patient to PULSELESS and APNEIC.
- \_\_\_\_\_ Failure to initiate or resume CPR at appropriate periods
- \_\_\_\_\_ Interrupts CPR for more than 10 seconds at any point.
- \_\_\_\_\_ Failure to demonstrate CPR rates & depths consistent with current AHA guidelines.
- \_\_\_\_\_ Failure to operate the AED properly (failure to deliver shock or turns off AED during testing).
- \_\_\_\_\_ Failure to attach AED pads correctly on the patient.
- \_\_\_\_\_ Failure to provide high flow/concentration of oxygen.
- \_\_\_\_\_ Failure to assure that all individuals are clear of the patient during rhythm analysis and before delivering shock(s). Must verbalize and observe "All Clear."
- \_\_\_\_\_ Requests, uses or orders a dangerous or inappropriate intervention
- \_\_\_\_\_ Failure to manage the patient as a competent EMR.
- \_\_\_\_\_ Exhibits unacceptable affect with patient or other personnel.

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

## State of Indiana EMR Psychomotor Skills Examination

### Ventilation & Airway Management for Apneic Patient

Candidate: \_\_\_\_\_ Examiner Name: \_\_\_\_\_  
 Date: \_\_\_\_\_ Signature: \_\_\_\_\_

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

Actual Time Ended: \_\_\_\_\_

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

**Critical Criteria:**

- \_\_\_\_\_ Failure to initiate ventilations within 30 seconds after suctioning or interrupts ventilations for greater than 30 seconds.
- \_\_\_\_\_ Failure to suction **before** ventilating the patient.
- \_\_\_\_\_ Did not demonstrate acceptable suction technique (including suctioning for prolonged time).
- \_\_\_\_\_ Failure to check responsiveness, breathing or pulse for a period of between 5-10 seconds.
- \_\_\_\_\_ Inserts any adjunct in a manner dangerous to the patient.
- \_\_\_\_\_ Failure to voice and ultimately provide high flow/concentration of oxygen.
- \_\_\_\_\_ Failure to ventilate the patient at a rate of at least 10 per minute and no more than 12 per minute.
- \_\_\_\_\_ Failure to provide adequate volumes per breath (maximum of 2 errors/minute permissible)
- \_\_\_\_\_ Uses or orders a dangerous or inappropriate intervention.
- \_\_\_\_\_ Failure to manage the patient as a competent EMR
- \_\_\_\_\_ Exhibits unacceptable affect with patient or other personnel

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

*Critical Criteria Explanation:*

or

There were NO observed Critical Criteria per my evaluation.

\_\_\_\_\_  
Signature of the Examiner

*Notes or Clarifications:*

## State of Indiana EMR Psychomotor Skills Examination

### Bleeding Control/Shock Management

Candidate: \_\_\_\_\_ Examiner Name: \_\_\_\_\_

Date: \_\_\_\_\_ Signature \_\_\_\_\_

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

Actual Time Ended: \_\_\_\_\_

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

**Critical Criteria:**

- \_\_\_\_\_ Did not apply high flow oxygen with an appropriate mask.
- \_\_\_\_\_ Applied a tourniquet before attempting other methods of bleeding control.
- \_\_\_\_\_ Did not control hemorrhage using correct procedures in a timely manner.
- \_\_\_\_\_ Did not indicate the need for immediate transport.
- \_\_\_\_\_ Uses or orders a dangerous or inappropriate intervention.
- \_\_\_\_\_ Failure to manage the patient as a competent EMR
- \_\_\_\_\_ Exhibits unacceptable affect with patient or other personnel

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

**Critical Criteria Explanation:**

or

There were NO observed Critical Criteria per my evaluation.

\_\_\_\_\_  
Signature of the Examiner

## State of Indiana EMR Psychomotor Skills Examination

### Long Bone Immobilization

Candidate: \_\_\_\_\_ Examiner Name: \_\_\_\_\_

Date: \_\_\_\_\_ Signature \_\_\_\_\_

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

Actual Time Ended: \_\_\_\_\_

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

**Critical Criteria:**

- \_\_\_\_\_ Grossly moves the injured extremity.
- \_\_\_\_\_ Did not immobilize the joint above and the joint below the injury site.
- \_\_\_\_\_ Did not immobilize the affected hand or foot in a position of function.
- \_\_\_\_\_ Uses or orders a dangerous or inappropriate intervention.
- \_\_\_\_\_ Did not assess motor, sensory, and circulatory function in the injured extremity.
- \_\_\_\_\_ **BOTH BEFORE AND AFTER** splinting.
- \_\_\_\_\_ Failure to manage the patient as a competent EMR.
- \_\_\_\_\_ Exhibits unacceptable affect with patient or other personnel.

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

**Critical Criteria Explanation:**

or

There were NO observed Critical Criteria per my evaluation.

Signature of the Examiner

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## State of Indiana EMR Psychomotor Skills Examination

### Mouth to Mask with Supplemental Oxygen

Candidate: \_\_\_\_\_ Examiner Name: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

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

Actual Time Ended: \_\_\_\_\_

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

**Critical Criteria:**

- \_\_\_\_\_ Failure to correctly connect the one-way valve to the mask.
- \_\_\_\_\_ Failure to adjust the oxygen flow rate to at least 15 liters/minute.
- \_\_\_\_\_ Failure to produce visible chest rise and fall with ventilations.  
(more than 2 inadequate ventilations per minute observed)
- \_\_\_\_\_ Failure to ventilate the patient at a rate of 10-12 breaths per minute.
- \_\_\_\_\_ Failure to manage the patient as a competent EMR
- \_\_\_\_\_ Exhibits unacceptable affect with patient or other personnel

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

**Critical Criteria Explanation:**

or

There were NO observed Critical Criteria per my evaluation.

\_\_\_\_\_  
Signature of the Examiner

## State of Indiana EMR Psychomotor Skills Examination

### Oxygen Administration

Candidate: \_\_\_\_\_ Examiner Name: \_\_\_\_\_  
 Date: \_\_\_\_\_ Signature: \_\_\_\_\_

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

Actual Time Ended: \_\_\_\_\_

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

- Critical Criteria:**
- \_\_\_\_\_ Failure to assemble the oxygen tank and regulator without leaks.
  - \_\_\_\_\_ Failure to pre-fill the oxygen reservoir bag of the non-rebreather mask.
  - \_\_\_\_\_ Failure to adjust the oxygen flow rate for the non-rebreather of at least 15 liters/minute.
  - \_\_\_\_\_ Failure to adjust the oxygen flow rate for the nasal cannula to 6 liters/minute or less. \*
  - \_\_\_\_\_ Failure to attach either mask in a manner that does not produce proper oxygen delivery.
  - \_\_\_\_\_ Use or orders a dangerous or inappropriate intervention.
  - \_\_\_\_\_ Failure to manage the patient as a competent EMR.
  - \_\_\_\_\_ Exhibits unacceptable affect with patient or other personnel.

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

**Critical Criteria Explanation:**

or

There were NO observed Critical Criteria per my evaluation.

Signature of the Examiner

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# Attachment #11

## 836 IAC - EMERGENCY MEDICAL SERVICES COMMISSION

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

**Date:** January 18, 2013

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

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

# Attachment #12



MICHAEL R. PENCE, Governor  
STATE OF INDIANA

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

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

Date submitted: \_\_\_\_\_

1. Applicant legal name:

\_\_\_\_\_

Mailing Address (City, State, Zip)

Street Address (City, State, Zip)

( )

( )

( )

Business Telephone No.

24-hour Contact Telephone No.

Business Fax Number

2. Chief Executive Officer

Name	Title	Telephone No.	E-Mail Address
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3. Trauma Program Medical Director

Name	Title	Telephone No.	E-Mail Address
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4. Trauma Program Manager

Name	Title	Telephone No.	E-Mail Address
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TRAUMA LEVEL BEING REQUESTED (*check one*):

LEVEL 1 \_\_\_\_\_

LEVEL 2 \_\_\_\_\_

LEVEL 3 \_\_\_\_\_

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

# Indiana Department of Homeland Security

## Application for “in the process” Level I Trauma Center status

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

1. **A Trauma Medical Director** who is Board-Certified, or Board-Eligible, or an American College of Surgeons Fellow. This is usually a general surgeon who participates in trauma call and is current in Advanced Trauma Life Support (ATLS). The Medical Director must be dedicated to one hospital.
2. **A full-time Trauma Program Manager**. This person is usually a registered nurse and must show evidence of educational preparation, with a minimum of 16 hours (internal or external) of trauma-related continuing education per year and clinical experience in the care of injured patients.
3. **Submission of trauma data to the State Registry**. The hospital must be submitting data to the Indiana Trauma Registry following the Registry’s data dictionary data standard within 30 days of application and at least quarterly thereafter.
4. **A Trauma Registrar**. This is someone who abstracts high-quality data into the hospital’s trauma registry and works directly with the hospital’s trauma team. This position is managed by the Trauma Program Manager.
5. **Tiered Activation System**. There must be a clearly defined Tiered Activation System that is continuously evaluated by the hospital’s Performance Improvement and Patient Safety (PIPS) program.
6. **Trauma Surgeon on call**. The surgeon must be dedicated to the trauma center while on call. Supporting documentation for this requirement must also include a written letter of commitment signed by all surgeons of the hospital that the scheduled Trauma Surgeon will be dedicated to the trauma center. There must also be evidence provided that a Trauma Surgeon is a member of the hospital’s disaster committee. A roster of the membership of the disaster committee must be provided.
7. **Trauma Surgeon response times**. Evidence must be submitted that response times for the Trauma Surgeon are 15 minutes maximum, tracked from patient arrival at the hospital, and must be compliant at least 80% of the time, as defined by the Optimal Resources document of the American College of Surgeons. A published back-up schedule for trauma surgery must also be available and provided as part of the documentation. Also, there must be a written letter of commitment to the center’s Trauma Surgeon response times, signed by the Trauma Medical Director, that is included as part of the hospital’s application.
8. **In-house Emergency Department physician coverage**. There must be 24-hour-per-day, 365-days-per-year, in-house Emergency Department physician coverage. The Emergency Department

17. **Laboratory services.** There must be laboratory services available 24 hours per day for the standard analyses of blood, urine and other bodily fluids, including micro-sampling when appropriate.
18. **Post-anesthesia care unit.** The post-anesthesia care unit (PACU) must have qualified nurses and necessary equipment 24 hours per day. Documentation for this requirement must include a list of available equipment in the PACU.
19. **Relationship with an organ procurement organization (OPO).** There must be written evidence that the hospital has an established relationship with a recognized OPO. There must also be written policies for triggering of notification of the OPO.
20. **Diversion policy.** The hospital must provide a copy of its diversion policy and affirm that it will not be on diversion status more than 5% of the time. The hospital's documentation must include a record for the previous year showing dates and length of time for each time the hospital was on diversion.
21. **Operational process performance improvement committee.** There must be a trauma program operational process performance improvement committee and documentation must include a roster of the committee and meeting times for the previous year.
22. **Nurse credentialing requirements.** Briefly describe credentialing requirements for nurses who care for trauma patients in your Emergency Department, ICU and PACU.
23. **Commitment by the governing body and medical staff.** There must be separate written commitments by the hospital's governing body and medical staff to establish a Level I Trauma Center and to pursue verification by the American College of Surgeons within 1 year of this application and to achieve ACS verification within 2 years of the granting of "in the process" status. Further, the documentation provided must include recognition by the hospital that if it does not pursue verification within one year of this application and/or does not achieve ACS verification within 2 years of the granting of "in the process" status that the hospital's "in the process" status will immediately be revoked, become null and void and have no effect whatsoever.

# Indiana Department of Homeland Security

## Application for “in the process” Level II Trauma Center status

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

1. **A Trauma Medical Director** who is Board-Certified, or Board-Eligible, or an American College of Surgeons Fellow. This is usually a general surgeon who participates in trauma call and is current in Advanced Trauma Life Support (ATLS). The Medical Director must be dedicated to one hospital.
2. **A full-time Trauma Program Manager**. This person is usually a registered nurse and must show evidence of educational preparation, with a minimum of 16 hours (internal or external) of trauma-related continuing education per year and clinical experience in the care of injured patients.
3. **Submission of trauma data to the State Registry**. The hospital must be submitting data to the Indiana Trauma Registry following the Registry’s data dictionary data standard within 30 days of application and at least quarterly thereafter.
4. **A Trauma Registrar**. This is someone who abstracts high-quality data into the hospital’s trauma registry and works directly with the hospital’s trauma team. This position is managed by the Trauma Program Manager.
5. **Tiered Activation System**. There must be a clearly defined Tiered Activation System that is continuously evaluated by the hospital’s Performance Improvement and Patient Safety (PIPS) program.
6. **Trauma Surgeon on call**. The surgeon must be dedicated to the trauma center while on call. Supporting documentation for this requirement must also include a written letter of commitment signed by all surgeons of the hospital that the scheduled Trauma Surgeon will be dedicated to the trauma center. There must also be evidence provided that a Trauma Surgeon is a member of the hospital’s disaster committee. A roster of the membership of the disaster committee must be provided.
7. **Trauma Surgeon response times**. Evidence must be submitted that response times for the Trauma Surgeon are as defined by the Optimal Resources document of the American College of Surgeons. A published back-up schedule for trauma surgery must also be available and provided as part of the documentation. Also, there must be a written letter of commitment to the center’s Trauma Surgeon response times, signed by the Trauma Medical Director, that is included as part of the hospital’s application.
8. **In-house Emergency Department physician coverage**. The Emergency Department must have a designated emergency physician director, supported by an appropriate number of additional physicians to ensure immediate care for injured patients.

19. **Relationship with an organ procurement organization (OPO).** There must be written evidence that the hospital has an established relationship with a recognized OPO. There must also be written policies for triggering of notification of the OPO.
20. **Diversion policy.** The hospital must provide a copy of its diversion policy and affirm that it will not be on diversion status more than 5% of the time. The hospital's documentation must include a record for the previous year showing dates and length of time for each time the hospital was on diversion.
21. **Operational process performance improvement committee.** There must be a trauma program operational process performance improvement committee and documentation must include a roster of the committee and meeting times for the previous year.
22. **Nurse credentialing requirements.** Briefly describe credentialing requirements for nurses who care for trauma patients in your Emergency Department, ICU and PACU.
23. **Commitment by the governing body and medical staff.** There must be separate written commitments by the hospital's governing body and medical staff to establish a Level II Trauma Center and to pursue verification by the American College of Surgeons within 1 year of this application and to achieve ACS verification within 2 years of the granting of "in the process" status. Further, the documentation provided must include recognition by the hospital that if it does not pursue verification within one year of this application and/or does not achieve ACS verification within 2 years of the granting of "in the process" status that the hospital's "in the process" status will immediately be revoked, become null and void and have no effect whatsoever.

# Indiana Department of Homeland Security

## Application for “in the process” Level III Trauma Center status

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

1. **A Trauma Medical Director** who is Board-Certified, or Board-Eligible, or an American College of Surgeons Fellow. This is usually a general surgeon who participates in trauma call and is current in Advanced Trauma Life Support (ATLS). The Medical Director must be dedicated to one hospital.
2. **A Trauma Program Manager**. This person is usually a registered nurse and must show evidence of educational preparation, with a minimum of 16 hours (internal or external) of trauma-related continuing education per year and clinical experience in the care of injured patients.
3. **Submission of trauma data to the State Registry**. The hospital must be submitting data to the Indiana Trauma Registry following the Registry’s data dictionary data standard within 30 days of application and at least quarterly thereafter.
4. **A Trauma Registrar**. This is someone who abstracts high-quality data into the hospital’s trauma registry and works directly with the hospital’s trauma team. This position is managed by the Trauma Program Manager.
5. **Tiered Activation System**. There must be a clearly defined Tiered Activation System that is continuously evaluated by the hospital’s Performance Improvement and Patient Safety (PIPS) program.
6. **Trauma Surgeon response times**. Evidence must be submitted that response times for the Trauma Surgeon are as defined by the Optimal Resources document of the American College of Surgeons. Also, there must be a written letter of commitment, signed by the Trauma Medical Director, that is included as part of the hospital’s application. There must be evidence that a trauma surgeon is a member of the hospital’s disaster committee.
7. **In-house Emergency Department physician coverage**. The Emergency Department must have a designated emergency physician director, supported by an appropriate number of additional physicians to ensure immediate care for injured patients.
8. **Orthopedic Surgery**. There must be an orthopedic surgeon on call and promptly available 24 hours per day. There must also be a written letter of commitment, signed by orthopedic surgeons and the Trauma Medical Director, for this requirement.
9. **Neurosurgery**. The hospital must have a plan that determines which type of neurologic injuries should remain at the facility for treatment and which types of injuries should be transferred out for higher levels of care. This plan must be approved by the facility’s Trauma Medical Director. There must be a transfer agreement in place with Level I or Level II trauma centers for the

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