



**FINDINGS AND ORDER OF THE  
INDIANA DEPARTMENT OF HOMELAND SECURITY**

**Guidance on EMS Preparedness for Coronavirus Covid-19  
General Waiver #2**

**TO:**

**All Certified or Licensed EMS Individuals  
All EMS Provider Organizations  
All Training Institutions & Officials  
All EMS Medical Directors**

**ORDER NUMBER: W0031-2020**

Pursuant to the authority of Indiana Code § 4-21.5-3-6 and Indiana Code § 16-31-3-5, the Indiana Department of Homeland Security (Department) enters this Findings and Order in response the Public Health Emergency of the Coronavirus Covid-19 and with regard to the operational rules for the certification held by or being issued to Indiana EMS provider organizations.

The Public Health Emergency of the coronavirus Covid-19 has created potential challenges for the emergency services providers of Indiana. Many providers have questioned if they may be waived from the EMS rules in order to prepare and respond to this emerging health emergency. This Guidance and Order clarifies what waivers are being issued generally. More specific waiver requests may be submitted for consideration as needed.

**I.  
FINDINGS**

Upon review of all of the information available to staff and after consultation with several EMS providers, the staff of the EMS branch of the Indiana Department of Homeland Security finds that:

The circumstances of the Public Health Emergency demonstrate that

(1) compliance with the rule will impose an undue hardship on the Applicant; and

(2) either:

(A) noncompliance with the rule; or

(B) compliance with an alternative requirement approved by the Indiana Department of Homeland Security;

will not jeopardize the quality of patient care.

## II. ORDER

Based upon the Findings set forth above, the Department Orders the following:

1. For the State of Indiana, the Governor has indicated that the Indiana State Department of Health (ISDH) is the lead agency for coordination of response to the Public Health Emergency. EMS providers should monitor the ISDH website for guidance and direction: <https://www.in.gov/isdh/28470.htm>. The ISDH link does include Guidance to Emergency Responders. Furthermore, extensive guidance from the CDC can be found at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-for-ems.html> Provider organizations should be alert for the changing recommendations in PPE and post-exposure guidance. IDHS has a presentation in ACADIS provider accounts that will continue to be updated as information changes, search for “EMS - Emergency Medical Technician - LMS Content: COVID - 19 Information for EMS and Dispatch”

2. In accordance with current ISDH guidance, the March 26, 2020, Indiana EMS Commission meeting is cancelled.

### Operations

3. EMS provider organizations are encouraged to work with their Medical Directors and their dispatch centers to develop 911 screening policies. The dispatch protocols are within the discretion of the dispatch Medical Director and are not regulated by the EMS rules. Provider organizations may work with their Medical Director to determine priority of calls within their system. If a EMD type system is used, typically a priority system would prioritize by urgency beginning with Delta (ALS hot response), Charlie (ALS cold response), Beta (BLS hot response), Alpha (BLS cold response and then Omega (referral or alternate care response).

4. EMS provider organizations may alter their medical protocols by order of their Medical Director. This may be modifying existing medical protocol or via a specified protocol specifically addressing suspected coronavirus Covid-19. A Medical Director approved protocol may also delineate appropriate alternate means of transport in consideration of ISDH and CDC guidelines. A Medical Director may also designate alternate transport destinations or downgrading of patients (for instance, if the Medical Director approves, an isolated administration of Zofran could be downgraded to a BLS transport during the Public Health Emergency). Any protocol modifications should be reported to the appropriate district EMS District Manager.

5. 836 IAC 1-1-8(c)(2) and 836 IAC 2-2-3(4) are waived in that medications and equipment with expiration dates may be utilized after the specified expiration date IF 1) the shortage is a result of the Public Health Emergency; and/or 2) the use of the expired medication or equipment has been recommended by the CDC, FDA, or other regulatory body.

6. 836 IAC 1-1-8(k) which provides for proper sanitation procedures to be in effect remains in effect. The specific standards should be targeted for the CDC recommendations on cleaning and disinfecting for the Covid-19 coronavirus.

7. 836 1-2-1(c) which provides that “an emergency patient shall only be transported in a certified ambulance” is waived IF 1) there are not sufficient ambulances available for transport as a result of the Public Health Emergency without creating a significant delay in response/transport time; and 2) the provider organization Medical Director or local Department of Health has approved alternate transport methods other than ambulance transport *for non-critical patients*. **Note that this applies to BLS transports only.** 836 IAC 2-2-3 prohibits any paramedic provider organization from transporting a patient receiving ALS care in any vehicle other than a certified ambulance and *remains in effect*.

8. Emergency care equipment for BLS ambulance (836 IAC 1-3-5), BLS non-transport vehicles (836 IAC 1-11-4), AEMT ambulance (Emergency Rule, LSA Document #12-393(E), SECTION 6), Paramedic ambulance (836 IAC 2-2-3), and ALS non-transport vehicles (836 IAC 2-14-5) is modified as follows:

- a. Consumables that become unavailable due to any supply shortages related to the Public Health Emergency are waived from compliance at the minimum stocking level.
  - b. Personal Protection Equipment (PPE) that become unavailable due to any supply shortages related to the Public Health Emergency are waived from compliance at the minimum stocking level. Providers should follow current guidance from ISDH and CDC about when to use PPE, the re-use of PPE, and the utilization of expired PPE items.
  - c. Providers continue to have the opportunity to add additional equipment beyond the minimal standards (including items to address the response to the Public Health Emergency) so long as the equipment is within the scope of practice of the certification level of the ambulance or vehicle and that the medical director & provider organization have both approved and provided training for staff on use.
9. 836 IAC 2-2-1(g) which requires paramedic provider organizations to provide continuous 24-hour ALS coverage is waived IF there is not sufficient staffing due to the Public Health Emergency impacting staffing. If 24-hour coverage cannot be provided then, the provider organization shall notify the local or affected dispatch center(s) and the IDHS EMS District Manager(s) for the impacted district(s).
10. 836 IAC 2-2-1 (h) which requires an EMT or higher accompany a paramedic for a “paramedic response” and then, if ALS techniques have been initiated, there be an EMT or higher on the transporting ambulance with the paramedic is waived IF 1) there is a staffing shortage as a result of the Public Health Emergency and 2) the provider organization Medical Director has approved the alternate staffing arrangement.. Note that alternate staffing by utilization of emergency medical responders (EMR) in place of an EMT is preferred. Similarly, the requirement for an AEMT response (836 IAC 2-7.2-1(g)) of EMT or higher co-staffing for both an “AEMT response” and an AEMT transport are waived IF 1) there is a staffing shortage as a result of the Public Health Emergency and 2) the provider organization Medical Director has approved the alternate staffing arrangement.

### **Certifications**

**Note. Out of roughly 3,222 renewals for March 2020, only 1,177 have not renewed as of the date of this Order. IDHS is aware the NREMT is postponing expiration dates for their certifications, but the State of Indiana is not extending our dates. Indiana allows on-line offerings with no restrictions on number of hours, just that they be verifiable.**

11. All provider organization certifications remain on cycle with the scheduled expiration/renewal date. Staff will review a request for extension for extraordinary reasons but generally providers should remain on cycle and an extension could have billing consequences.
12. All primary instructor (PI) certifications remain on cycle with the scheduled expiration/renewal date.
13. All emergency medical responder (EMR) certifications remain on cycle with the scheduled expiration/renewal date.
14. All emergency medical technician (EMT) certifications remain on cycle with the scheduled expiration/renewal date. Certified persons may substitute audit and review hours with regular continuing education hours if approved by the provider organization and medical director, if affiliated. As a reminder, skills may be obtained in smaller settings such as one-on-one or even with simulation mannequins.
15. All advanced emergency medical technician (AEMT) certifications and paramedic licensure remain on cycle with the scheduled expiration/renewal date. Certified persons may substitute audit and review hours with regular continuing education hours if approved by the provider organization and medical director, if affiliated. For the March 2020 and June 2020 expiration periods, ALS providers may obtain a skills verification signature from their affiliated provider organization Medical Director on their State continuing education form and do not have to have individual skills signatures. The Medical Director can determine what specific skills or skills verification process they wish to utilize.
16. Certified persons should still provide their provider organization and Medical Director with their continuing education prior to renewing. Signatures should be obtained on continuing education forms but IDHS will accept either an electronically signed PDF or a verifiable email. This is so providers do not have to physically find their Medical Director for a face to face signature.

### **EMS Education**


17. EMT didactic course instruction will continue. The local Training Institutions have the authority to dictate the means of instruction and an increased use of distance or on-line education is permitted.
18. EMT clinicals requirements will continue. As a reminder, accreditation bodies do accept the use of simulation (per CoAEMSP). During the Public Health Emergency period, training institutions may elect to require additional ambulance field internship hours as a substitute for hospital clinical experience as well.
19. EMT Cognitive testing remains available through Ivy Tech at this time. They have increased their cleaning procedures and are performing cursory health screening for candidates.
20. EMT psychomotor examinations will continue until further notice—given that having new EMTs in the workforce at this time is crucial. However, Training Institutions and Exam Coordinators should ensure the following:
  - a. At no time, should there be more than fifty (50) individuals at any test site. Large examinations are discouraged and consideration to smaller examinations should be given.
  - b. All participants (candidates, evaluators and patients/assistants) shall be screened for illness under a policy developed by the training institution and program Medical Director. Anyone that appears to be ill or does not pass screening criteria should be asked to leave immediately.
  - c. Where possible, no more than ten (10) individuals should be in the same room at the same time. State Representatives can consider options such as handing out the orientation overview in lieu of bringing everyone to one room to read orientation.


- d. Simulation mannequins or anatomically appropriate mannequins should be utilized in lieu of patients.
  - e. Sanitation procedures should be carefully planned based upon current CDC guidance but shall include proper capability for handwashing or sanitizer usage between testing stations. Examination gloves should be utilized on candidates to minimize the risk of contamination. Mannequins and other equipment shall be cleaned between each candidate.
  - f. State Representatives are granted broad authority to modify the examination parameters where necessary for a safe examination site that limits the potential for possible viral exposure. A State Representative has authority to close an examination if the Representative believes the testing site poses a risk to any person present.
  - g. If a training site cannot meet these requirements or where it is otherwise in the best interests to postpone a practical examination, then the Training Institution should do so.
21. Reciprocity candidates (IAC 836 4-3-3 EMR, 836 IAC 4-4-3 EMT, Emergency Rule, LSA Document #12-393(E), SECTION 52 AEMT, and 836 IAC 4-9-6 Paramedic) are already waived for examination testing if they hold a valid NREMT certification at the same level. During this Public Health Emergency and if the reciprocity applicant does not hold a NREMT certification, the applicant may submit verification of their skills proficiency from another source such as their home state certification documentation or a letter attesting to skills from their prior employer or a current Indiana provider.

**III.  
EFFECTIVE DATE OF FINDINGS AND ORDER**

This Order is effective immediately and will expire in 90 days, subject to renewal. This Order may also be rescinded by further Order if the Public Health Emergency ends.

**SO ORDERED.**

  
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By: Kraig Kinney, Director  
Emergency Medical Services  
Indiana Department of Homeland Security

  
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Date