



MICHAEL R. PENCE, Governor
STATE OF INDIANA

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

EMERGENCY MEDICAL SERVICES

COMMISSION MEETING MINUTES

DATE: April 25, 2014

LOCATION: Deaconess Hospital Main Campus
Hospital Auditorium
600 Mary Street
Evansville, IN 47747

MEMBERS PRESENT: John Zartman (Training Institution)
Charles Valentine (Municipal Fire)
G. Lee Turpen II (Private Ambulance)
Myron Mackey (EMTs)
Terri Hamilton (Volunteer EMS)
Mike Garvey (Indiana State EMS Director)
Darin Hoggatt (Paramedics)
Michael Lockard (General Public)
Stephen Champion (Medical Doctor)

MEMBERS ABSENT: Michael Olinger (Trauma Physicians)
Ed Gordon (Volunteer Fire EMS)
Melanie Jane Craigin (Hospital EMS)
Sue Dunham (Emergency Nurses)

OTHERS PRESENT: Elizabeth Fiato, Field Staff (Robin Stump, Don Watson, and Jason Smith),
Candice Hilton, Elizabeth Westfall, Legal Counsel Mara Snyder, and members of
the EMS Community



CALL TO ORDER AND ROLL CALL

Meeting called to order at 10:03 a.m.

Chairman Lee Turpen turned the floor over to Linda White, CEO of Deaconess Hospital for the welcome. Ms. White expressed her appreciation for the EMS community and welcomed everyone to the Commission meeting.

Candice Hilton called roll and announced quorum.

Chairman Turpen led the group in the Pledge of Allegiance.

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

Commissioner Mackey recognized the Paramedic students from the following Training Institutions:

Ivy Tech, IHM, Harrison County, Vincennes University.

COMMENDATIONS

Ms. Candice Hilton read a portion of an email that was sent to IDHS in regards to a motor vehicle collision that took place on November 1, 2013 (see attachment #1). The following individuals and agencies were recognized and received certificates of recognition for their work during the response to the motor vehicle collision:

Blake Clark – Spencer County EMS

Dave Wallace – Spencer County EMS

Perry County EMS

Perry County Rescue

New Boston Fire Department

Chrisney Fire Department

Heather Dixon – Air Methods

Mike Wise – Air Methods

Kelli Reinke – Spencer County Sheriff's Office

Ron Higginbottom – Spencer County Sheriff's Office

Mike Johannes – Santa Claus Police Department

George Wooten –Indiana State Police

Jeremy Galloway – Indiana State Police

Tom Campbell - Indiana State Police

Chairman Turpen recognized the group for the extemporaneous work in dealing with this challenging call.

ADOPTION OF MINUTES

A motion was made by Commissioner Mackey to accept the minutes from the February 14, 2014 meeting. The motion was seconded by Commissioner Zartman. The motion passed.

LEGISLATIVE REPORT

Legal Counsel Mara Snyder gave the legislative update. Ms. Snyder reported the passage of the following bills:

House Bill 1336 which creates the EMS State Medical Directors position. It requires the executive director of the Department of Homeland Security to appoint a State Emergency Medical Services Medical Director to oversee all medical aspects of the state EMS system. Will go into effect July 1.

Senate Bill 227 which provides that a person is immune from arrest or prosecution for certain alcohol offenses if the arrest or prosecution is due to the person: (1) reporting a medical emergency; (2) being the victim of a sex offense; or (3) witnessing and reporting what the person believes to be a crime. (Current law provides immunity from arrest or prosecution only if the person reports a medical emergency that is due to alcohol consumption.) As well as allows an advanced emergency medical technician, an emergency medical responder, an emergency medical technician, a firefighter or volunteer firefighter, a law enforcement officer, or a paramedic to administer an overdose intervention drug to a person suffering from an overdose. Effective March 23rd.

Senate Bill 343 which Requires the **Indiana Emergency Medical Services Commission** to establish protocols for persons who provide emergency medical services to notify law enforcement when services have been provided to an individual who has attempted to commit suicide and who has indicated that the attempt was due in part to bullying.

Senate Bill 61 Authorizes a municipal corporation to provide programs of disability insurance (programs) to its emergency medical services providers who become disabled as the result of an injury or illness for EMS personnel.

Chairman Turpen asked for any questions or comments for Ms. Snyder regarding the legislation report. None were forthcoming.

SUB-COMMITTEE REPORTS

a. Accreditation working group

Commissioner Zartman stated that the group has met and there has been interest for both BLS and ALS training institutions. Commissioner Zartman stated that he would entertain any questions or comments regarding the report that was included in the packet (see attachment #2).

b. EMT-Basic Advance working group

Commissioner Mackey reported out on the groups meeting that took place on April 2, 2014 (see attachment #3). Commissioner Mackey encouraged people to get involved in an association such as the Indiana Emergency Medical Services Association to have a voice.

A motion was made by Commissioner Mackey that no further bridge courses for EMT-BA to AEMT are to be approved. The motion was seconded by Commissioner Zartman. The motion passed.

A motion was made by Commissioner Mackey that medical directors may direct personnel, under their direction, with previous training that resulted in an Indiana certification that include the skills of

IV administration, EKG interpretation, and manual defibrillation, to continue those three skills until December 31, 2015. Their failed to be a second offered for this motion. The motion failed.

Chairman Turpen asked Legal Counsel Mara Snyder to state her concerns as a way of explanation as to why the motion failed. Legal Counsel Snyder stated the concerns over the following:

1. The motion would have allowed a sub-group of personnel that will be EMT- Basics as of July 1 to perform skills that are not approved for EMT-Bs. This would essentially have the EMS Commission "acting against its own boss."
2. The Commission would be creating a sub-universe of EMT-Bs that would be allowed to perform skills that no other EMT- Bs can perform
3. If the motion would have been granted it would have went against administrative code due to EMT-B being BLS and the skills that are being performed would be ALS skills.

INDIANA DEPARTMENT OF HEALTH

Mr. Art Logsdon reported out regarding the data report (see attachment #4).

EMS FOR CHILDREN REPORT

Chairman Turpen read the following report into record for Ms. Gretchen Huffman who was unable to make the meeting:

In January and February I taught 41 new PEPP instructors across the state and they are required to teach 2 courses over a 2 year period in order to share pediatric knowledge. EMSC day is May 21st (Wed of EMS week). EMSC is working with school nurses and the department of education to develop a program that will address pediatric emergencies. We hope to pilot this program in 2014.

TECHNICAL ADVISORY COMMITTEE

Chairman of the Technical Advisory Committee (TAC) Leon Bell reported out on the last two TAC meetings and presented the recommendations for the Commission's consideration (attachment #5 attachment includes presentation material and recommendations).

1. Proposed rule for the new Advance level for provider organizations

A motion was made by Commissioner Zartman to table the proposed rule for the new Advance level for provider organizations until the next EMS Commission meeting to give the TAC time to go through the rule with the District Corrdinators. The motion was seconded by Commissioner Hamilton. The motion passed.

2. Proposed guidelines for hybrid EMT – Paramedic certification levels

Mr. Bell presented information regarding definitions and examples of hybrid, flipped, and on-line courses.

A motion was made by Commissioner Mackey to approve the hybrid course proposal as written. The motion was seconded by Commissioner Lockard. After some discussion it was stated that if a student does not attend enough classes the student will fail. More discussion followed. The motion passed.

3. Proposed continuing education requirements for the new Advance EMT

Discussion followed concerning fiscal impact and the number of hours being proposed.

A motion was made by Commissioner Lockard to send the continuing education recommendations to the TAC for further review upon Mr. Bell's request. The motion was seconded by Commissioner Zartman. The motion passed.

INDIANA EMERGENCY MEDICAL SERVICES ASSOCIATION

Mr. Faril Ward reported on information from the IEMSA. Mr. Ward stated that the IEMSA has evolved recently to include people that work out in the field and a variety of others involved in EMS. He also stated that IEMSA has become more of a legislative focused. The association sees themselves more of an advocacy group. The annual meeting will be June 7th at Seals Ambulance in their training room. At this meeting they will be coming out with their legislative agenda. The IEMSA is working on an EMS memorial. They feel strongly that the memorial needs to be completed. IEMSA has volunteers to raise the funds for the memorial with a license plate. Ball State School of Architecture is working on the design. IEMSA is volunteering to raise the funds to erect the memorial and maintain it. At the June meeting the association will finalize the plans to join IEMSA and the National Association of EMTs the contracts have been signed and the implementation plan has to be approved. Mr. Ward spoke briefly regarding federal reimbursement allocation or a provider self tax. This is a program that will help to increase Medicare reimbursements but all the providers in the state has to want to participate. Mr. Ward also spoke briefly regarding the upcoming May conference.

PERSONNEL WAIVER REQUESTS

The following requested a waiver of Emergency Rule LSA Document #12-393(E) SECTION 56. (a) This SECTION supersedes 836 IAC 4-9-4. (b) Application for licensure as a paramedic shall be made on forms provided by the agency. An applicant shall: (1) complete the required forms; and (2) submit the forms to the agency. (c) All applicants for original licensure shall provide evidence of compliance with the requirements for licensure. (d) Licensure as a paramedic shall be valid for two (2) years. (e) Individuals who have failed to comply with the continuing education requirements shall not exercise any of the rights and privileges nor administer advanced life support services to emergency patients. (f) If a properly completed renewal application is submitted within one hundred twenty (120) calendar days after the expiration of the license, together with the required documentation to show that the applicant has completed all required continuing education within the two (2) years prior to the expiration of the license, and a fifty dollar (\$50) reapplication fee, the license will be reinstated on the date that the commission staff determines that the required application, documentation, and reapplication fee have been properly submitted. The expiration date will be two (2) years from the expiration of the previous, expired license. (g) An individual wanting to reacquire a license shall complete a paramedic relicensure training course and successful completion of state written and practical skills examinations as set forth and approved by the commission. If the individual fails the licensure examinations, the person shall retake an entire paramedic training course. In November, 2012, I was hospitalized with a diagnosis of endocarditic and underwent open heart surgery to repair the damage it caused, including repair and replacement of heart valves and pacemaker implantation. After approximately two months, I was discharged to an Extended Care Facility for physical therapy and rehabilitation. In May of

2013 I underwent a second open heart surgery and aortic root repair because of further infection. Recovery is ongoing, however due to muscle atrophy and other complications arising from the surgeries and hospitalizations, I was predominately homebound until February, 2014. I am regaining strength and mobility, but due to my physical condition, I have been unable to complete the required continuing education to maintain my certification until recently. I respectfully request a 6 month extension to obtain the required in-service hours and regain the physical strength and skills needed for the required skills examination. Request a waiver of Emergency Rule LSA Document #12-393(E) Section 56. Staff recommends denial.

Lester Auxier

EMT

A motion was made by Commissioner Hoggatt to approve the waiver request for a six (6) month extension. The motion was seconded by Commissioner Valentine. The motion passed.

The following requested a waiver of LSA Document #12-393(E) SECTION 37. This SECTION supersedes 836 IAC 4-7-3.5. (b) To renew a certification up to June 30, 2014, a certified emergency medical technician-basic advanced shall submit a report of continuing education every two (2) years that meets or exceeds the minimum requirements to take and report fifty-six (56) hours of continuing education according to the following: (1) Participate in a minimum of thirty-four (34) hours of any combination of: (A) lectures; (B) critiques; (C) skills proficiency examinations; (D) continuing education courses; or (E) teaching sessions; that review subject matter presented in the Indiana basic emergency medical technician curriculum. (2) Participate in a minimum of ten (10) hours of any combination of: (A) lectures; (B) critiques; (C) skills proficiency examinations; or (D) teaching sessions; that review subject matter presented in the Indiana emergency medical technician-basic advanced curriculum. (3) Participate in a minimum of twelve (12) hours of audit and review. (4) Participate in any update course as prescribed by the commission. (5) Successfully complete a proficiency evaluation that tests the skills presented in the Indiana basic emergency medical technician curriculum and the Indiana emergency medical technician-basic advanced curriculum. (c) If a properly completed renewal application is submitted within one hundred twenty (120) calendar days after the expiration of the certification, together with the required documentation to show that the applicant has completed all required continuing education within the two (2) years prior to the expiration of the certification, and a fifty dollar (\$50) reapplication fee, the certification will be reinstated on the date that the commission staff determines that the required application, documentation, and reapplication fee have been properly submitted. The expiration date will be two (2) years from the expiration of the previous, expired certification or June 30, 2014, whichever is earlier. After my father had a massive stroke and heart attack, my family and I moved to help with his daily care. Due to unforeseen circumstances, I was unable to obtain all of my continuing education credits. I did however join a volunteer fire department, after my father's health improved; unfortunately they did not offer continuing education. I am searching for a 24 hour EMS refresher class. I will take the National registry in Oklahoma if the extension is granted. Return in November to Indiana. Staff recommends denial.

Lester Bulter

EMT Basic Advance

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

The following requested a waiver of Rule 4. Certification of Emergency Medical Technicians 836 IAC 4-4-3 Certification based upon reciprocity Authority: IC 16-31-2-7 Affected: IC 16-31-3-8; IC 16-31-3-10 Sec. 3. (a) To obtain certification based upon reciprocity, an individual shall be a minimum of eighteen (18) years of age and meet one (1) of the following requirements: (1) Be a person who: (A) possesses a valid certificate or license as an emergency medical technician from another state; and (B) successfully completes the written and practical skills certification examinations as prescribed by the commission. (b) Any nonresident of Indiana who possesses a certificate or license as an emergency medical technician that is valid in another state, or a valid registration issued by the National Registry, upon affiliation with an Indiana certified provider organization may apply to the agency for temporary certification as an emergency medical technician. Upon receipt of a valid application and verification of valid status by the agency, the agency may issue temporary certification, which shall be valid for the duration of the applicant's current certificate or license or for a period not to exceed six (6) months from the date that the reciprocity request is approved by the agency, whichever period of time is shorter. A person receiving temporary certification may apply for full certification using the procedure required in section 1 of this rule. There were no practical skill test days in my area for me to attend in the allotted time frame of my temporary certification. I am requesting a time waiver so that I may attend the practical skills test on either May 3rd with St. Mary's Hospital. Being a NREMT for the Indiana National guard also kept me from being able to attend the Practical skills exam. He is requesting a waiver of 836 IAC 4-4-3 (b). Staff recommends denial.

David W Heck

EMT

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

The following requested a waiver of Rule 4. Certification of Emergency Medical Technicians 836 IAC 4-4-3 Certification based upon reciprocity Authority: IC 16-31-2-7 Affected: IC 16-31-3-8; IC 16-31-3-10 Sec. 3. (a) To obtain certification based upon reciprocity, an individual shall be a minimum of eighteen (18) years of age and meet one (1) of the following requirements: (1) Be a person who: (A) possesses a valid certificate or license as an emergency medical technician from another state; and (B) successfully completes the written and practical skills certification examinations as prescribed by the commission. (b) Any nonresident of Indiana who possesses a certificate or license as an emergency medical technician that is valid in another state, or a valid registration issued by the National Registry, upon affiliation with an Indiana certified provider organization may apply to the agency for temporary certification as an emergency medical technician. Upon receipt of a valid application and verification of valid status by the agency, the agency may issue temporary certification, which shall be valid for the duration of the applicant's current certificate or license or for a period not to exceed six (6) months from the date that the reciprocity request is approved by the agency, whichever period of time is shorter. A person receiving temporary certification may apply for full certification using the procedure required in section 1 of this rule. Had been given reciprocity expired 2/19/2012, do to my father being diagnosed with cancer, I let it go so that I could move back home to help him. I was under the impression I would have to retake the course, until December of last year when I spoke with Candice. If granted the extension, I will be able to complete all requirements for my Indiana EMT-B

cert, and be able to further my education. He is requesting a waiver of 836 IAC 4-4-3 (b). Staff recommends denial.

Benjamin R. Jones

EMT

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

The following requested a waiver of 836 IAC 4-5-2 Certification and recertification; general Authority: IC 16-31-2-7; IC 16-31-3-14; IC 16-31-3-14.5; IC 16-31-3-20
Affected: IC 16-31-3-14 Sec. 2. (b) Certification as an emergency medical services primary instructor is valid for two (2) years. (c) In order to retain certification as a primary instructor, a person shall meet the following requirements: (1) Retain affiliation with at least one (1) Indiana certified training institution. (2) Conduct a minimum of eighty (80) hours of educational sessions based upon the emergency medical service curricula, which in content are either less than or equal to the primary instructor's level of clinical certification. (3) Complete a minimum of twelve (12) hours of continuing education that specifically addresses the topic of educational philosophy and techniques, offered or approved by the affiliating training institution. (4) Be evaluated by the training institution in regard to instructional skills and compliance with existing standards of the training institution and the commission at least once per course. (5) Every two (2) years present, to the agency, evidence of compliance with this subsection during the period of certification as prescribed by the commission. (6) Maintain the prerequisite certification described in subsection (a)(1)(C). (d) The minimum requirements for emergency medical services primary instructor training is the current version of the Indiana primary instructor course, based upon the current national standard curriculum as amended and approved by the commission. (e) A primary instructor shall comply with the following: (1) All state and federal laws governing the confidentiality of student information. (2) The material taught by the primary instructor shall not conflict with the curriculum approved by the commission. (3) Not negligently, recklessly, or willfully endanger the health or safety of emergency patients or students. (4) All course standards as established by the training institution course policies and procedures. (f) Individuals who have failed to comply with the continuing education requirements shall not exercise any of the rights and privileges of a primary instructor. (g) An individual wanting to reacquire a primary instructor certification shall do the following: (1) Meet all prerequisites of an Indiana emergency medical services primary instructor training course. (2) Successfully complete the primary instructor written examination. (3) Successfully complete the primary instructor recertification evaluation. (4) Successfully pass the Indiana basic emergency medical services written and practical skills examinations within one (1) year prior to applying for certification as a primary instructor.

Michael Kleuh

PI

A motion was made by Commissioner Zartman to approve the waiver request with the following conditions: Mr. Kleuh attend a PI update, document affiliation with a certified Training Institution, and he passes the primary instructor written exam. The motion was seconded by Commissioner Hamilton. The motion passed.

The following requested a waiver of LSA Document #12-393(E) SECTION 58. (a) This SECTION supersedes 836 IAC 4-9-6. (b) To obtain paramedic licensure based upon reciprocity, an applicant shall be affiliated with a certified paramedic provider organization and be a person who, at the time of applying for reciprocity, meets one (1) of the following requirements: (1) Possesses a valid certificate or license as a paramedic from another state and who successfully passes the paramedic practical and written licensure examinations as set forth and approved by the commission. Application for licensure shall be postmarked or delivered to the agency office within

six (6) months after the request for reciprocity. (2) Has successfully completed a course of training and study equivalent to the material contained in the Indiana paramedic training course and successfully completes the written and practical skills licensure examinations prescribed by the commission. (3) Possesses a valid National Registry paramedic certification. (c) Notwithstanding subsection (b), any nonresident of Indiana who possesses a certificate or license as a paramedic that is valid in another state, upon residing at an Indiana address, may apply to the agency for temporary licensure as a paramedic. Upon receipt of a valid application and verification of valid status by the agency, the agency may issue temporary licensure that shall be valid for: (1) the duration of the applicant's current certificate or license; or (2) a period not to exceed six (6) months from the date that the reciprocity request is approved by the director; whichever period of time is shorter. A person receiving temporary licensure may apply for full licensure using the procedure required in 836 IAC 4-9-1. Refresher course being offered by St. Anthony's Medical System is not until the New Year. I am a full time member of Cedar Lake fire Department. Last class is scheduled for March and my temporary license is up for expiration in April. By that time I will be done with all 48 hour of CE and an extension will grant me enough time to take the National Registry Test.

Matthew Martello

Paramedic

A motion was made by Commissioner Zartman to deny the waiver request. The motion was seconded by Commissioner Lockard. The motion passed. Chairman Turpen directed staff to send a letter to National Registry to open dialog regarding the validity of taking a refresher course to reacquire a certification.

The following requested a waiver of SECTION 47. (a) A registered nurse may challenge the advanced emergency medical technician course if he or she meets the following requirements: (1) Be a registered nurse in Indiana. (2) Be an Indiana certified emergency medical technician. (3) Be able to document one (1) year of experience in an emergency department or as a flight nurse with an air ambulance service. (4) Hold an advanced cardiac life support certification. (5) Hold either an American Heart Association or American Red Cross health care provider card or equivalent. (6) Be able to meet prerequisites required by the commission, the advanced emergency medical technician curriculum, and the local training institution course. (b) For successful completion of the advanced emergency medical technician training course, a registered nurse must meet all of the requirements set forth by the training institution for all students or meet the prerequisites as described in subsection (a) and the following: (1) May earn credit by written examination for individual modules of the advanced emergency medical technician course. (2) Test out of a module to be completed prior to the beginning of that module by completing: (A) the written examination with a passing score; and (B) the practical skills examination with a passing score. Failure of any module exam will require the students to participate in the entire module. (3) Successfully complete the advanced emergency medical technician program comprehensive final examination. (4) Demonstrate skill proficiency by completing the advanced emergency medical technician level skills with course proficiency. (5) May earn credit of clinical hours by review of the student's past experience in the clinical areas. (6) Complete all field internship and required hospital clinical hours. (7) Pass the advanced emergency medical technician written and practical skills examinations as approved by the commission. (8) Meet general certification requirements in SECTION 49 of this document. Ms. Otis is a practicing and Licensed Nurse Practitioner and has been an EMT Basic Advanced active in two fire departments for 15 years. My knowledge, skills and abilities exceed the course curriculum in the

bridge course, and my training exceeds it as well. I would like to substitute my training as a Nurse Practitioner in lieu of the Bridge course in order to obtain the new advanced EMT Certification. Ms. Otis is requesting to waive Section 47.

Dawn Otis

EMT Basic Advance

A motion was made by Commissioner Zartman to approve the waiver request with the condition that Ms. Otis report her National Registry results to Commission. The motion was seconded by Commissioner Champion. The motion passed.

The following requested a waiver of Emergency Rule LSA Document #12-393(E) SECTION 56. (a) This SECTION supersedes 836 IAC 4-9-4. (b) Application for licensure as a paramedic shall be made on forms provided by the agency. An applicant shall: (1) complete the required forms; and (2) submit the forms to the agency. (c) All applicants for original licensure shall provide evidence of compliance with the requirements for licensure. (d) Licensure as a paramedic shall be valid for two (2) years. (e) Individuals who have failed to comply with the continuing education requirements shall not exercise any of the rights and privileges nor administer advanced life support services to emergency patients. (f) If a properly completed renewal application is submitted within one hundred twenty (120) calendar days after the expiration of the license, together with the required documentation to show that the applicant has completed all required continuing education within the two (2) years prior to the expiration of the license, and a fifty dollar (\$50) reapplication fee, the license will be reinstated on the date that the commission staff determines that the required application, documentation, and reapplication fee have been properly submitted. The expiration date will be two (2) years from the expiration of the previous, expired license. (g) An individual wanting to reacquire a license shall complete a paramedic relicensure training course and successful completion of state written and practical skills examinations as set forth and approved by the commission. If the individual fails the licensure examinations, the person shall retake an entire paramedic training course. Requesting an extension for continuing education hours and skills training. With current work and school, I have been unable to complete the required training and education hours. Request a waiver of Emergency Rule LSA Document #12-393(E) SECTION 56.

Holly A Tobolski

Paramedic

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

PROVIDER WAIVER REQUESTS

The following requested a waiver of 836 IAC 2-7.2-3 Emergency medical technician-intermediate provider organization operating procedures Authority: IC 16-31-2-7; IC 16-31-3-14; IC 16-31-3-14.5; IC 16-31-3-20 Affected: IC 16-31-3 (B) Endotracheal intubation devices, including the following: (i) Laryngoscope with extra batteries and bulbs. (ii) Laryngoscope blades (adult and pediatric, curved and straight). (iii) Disposable endotracheal tubes, a minimum of two (2) each, sterile packaged, in sizes 3, 4, 5, 6, 7, 8, and 9 millimeters inside diameter. (D) Medications limited to, if approved by the medical director, the following: (i) Acetylsalicylic acid (aspirin). (ii) Adenosine. (iii) Atropine sulfate. (iv) Bronchodilator (beta 2 agonists): (AA) suggested commonly administered medications: (aa) albuterol; (bb) ipratropium; (cc) isoetharine; (dd) metaproterenol; (ee) salmeterol;

(ff) terbutaline; and (gg) triamcinolone; and (BB) commonly administered adjunctive medications to bronchodilator therapy: (aa) dexamethasone; and (bb) methylprednisolone. (v) Dextrose. (vi) Diazepam. (vii) Epinephrine (1:1,000). (viii) Epinephrine (1:10,000). (ix) Vasopressin. (x) Furosemide. (xi) Lidocaine hydrochloride, two percent (2%). (xii) Amiodarone hydrochloride. (xiii) Morphine sulfate. (xiv) Naloxone. (xv) Nitroglycerin. Aurora Emergency Rescue is requesting a waiver of the medications in 836 IAC 2-7.2-3 in the Intermediate rules. Aurora Emergency Rescue has new ADV EMTs and are moving to the ALS level. Currently our rules do not have ADV EMT so the provider needs to follow the rules at the intermediate level.

Aurora Emergency Rescue INC

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

The following requested a waiver of 836 IAC 2-7.2-1 General requirements for emergency medical technician-intermediate provider organizations Authority: IC 16-31-2-7; IC 16-31-3-14; IC 16-31-3-14.5; IC 16-31-3-20 Affected: IC 4-21.5; IC 16-31-3; IC 16-41-10 (f)(2) Maintain an adequate number of trained personnel and emergency response vehicles to provide continuous, twenty-four (24) hour advanced life support services. Dillsboro Emergency Unit is requesting a Staffing Waiver 836 IAC 2-7.2-1 to maintain 24 hour coverage. Dillsboro is currently working with their county government on ways to fund additional personnel. Dillsboro currently has 8 personnel in a bridge course. Lawrenceburg Emergency Rescue also covers the area and are currently certified at the Intermediate level.

Dillsboro Emergency Unit

A motion was made by Commissioner Mackey to approve the waiver request with the condition that Dillsboro Emergency Unit report their progress on being able to provide 24 hour coverage to the Commission staff every 6 months. The motion was seconded by Commissioner Valentine. The motion passed.

The following requested a waiver of 836 IAC 2-7.2-3 Emergency medical technician-intermediate provider organization operating procedures Authority: IC 16-31-2-7; IC 16-31-3-14; IC 16-31-3-14.5; IC 16-31-3-20 Affected: IC 16-31-3 (B) Endotracheal intubation devices, including the following: (i) Laryngoscope with extra batteries and bulbs. (ii) Laryngoscope blades (adult and pediatric, curved and straight). (iii) Disposable endotracheal tubes, a minimum of two (2) each, sterile packaged, in sizes 3, 4, 5, 6, 7, 8, and 9 millimeters inside diameter. (D) Medications limited to, if approved by the medical director, the following: (i) Acetylsalicylic acid (aspirin). (ii) Adenosine. (iii) Atropine sulfate. (iv) Bronchodilator (beta 2 agonists): (AA) suggested commonly administered medications: (aa) albuterol; (bb) ipratropium; (cc) isoetharine; (dd) metaproterenol; (ee) salmeterol; (ff) terbutaline; and (gg) triamcinolone; and (BB) commonly administered adjunctive medications to bronchodilator therapy: (aa) dexamethasone; and (bb) methylprednisolone. (v) Dextrose. (vi) Diazepam. (vii) Epinephrine (1:1,000). (viii) Epinephrine (1:10,000). (ix) Vasopressin. (x) Furosemide. (xi) Lidocaine hydrochloride, two percent (2%). (xii) Amiodarone hydrochloride. (xiii) Morphine sulfate. (xiv) Naloxone. (xv) Nitroglycerin. Greendale Emergency Medical Service is requesting a waiver of the medications in 836 IAC 2-7.2-3 in the Intermediate rules. Greendale Emergency Medical Service

has new ADV EMTs and are moving to the ALS level. Currently our rules do not have ADV EMT so the provider needs to follow the rules at the intermediate level.

Greendale Emergency Medical Service

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

The following requested a waiver of 836 IAC 2-7.2-3 Emergency medical technician-intermediate provider organization operating procedures Authority: IC 16-31-2-7; IC 16-31-3-14; IC 16-31-3-14.5; IC 16-31-3-20 Affected: IC 16-31-3 (B) Endotracheal intubation devices, including the following: (i) Laryngoscope with extra batteries and bulbs. (ii) Laryngoscope blades (adult and pediatric, curved and straight). (iii) Disposable endotracheal tubes, a minimum of two (2) each, sterile packaged, in sizes 3, 4, 5, 6, 7, 8, and 9 millimeters inside diameter. (D) Medications limited to, if approved by the medical director, the following: (i) Acetylsalicylic acid (aspirin). (ii) Adenosine. (iii) Atropine sulfate. (iv) Bronchodilator (beta 2 agonists): (AA) suggested commonly administered medications: (aa) albuterol; (bb) ipratropium; (cc) isoetharine; (dd) metaproterenol; (ee) salmeterol; (ff) terbutaline; and (gg) triamcinolone; and (BB) commonly administered adjunctive medications to bronchodilator therapy: (aa) dexamethasone; and (bb) methylprednisolone. (v) Dextrose. (vi) Diazepam. (vii) Epinephrine (1:1,000). (viii) Epinephrine (1:10,000). (ix) Vasopressin. (x) Furosemide. (xi) Lidocaine hydrochloride, two percent (2%). (xii) Amiodarone hydrochloride. (xiii) Morphine sulfate. (xiv) Naloxone. (xv) Nitroglycerin. Huntertown Fire Department is requesting a waiver of the medications in 836 IAC 2-7.2-3 in the Intermediate rules. Huntertown FD has new ADV EMTs and are moving to the ALS level. Currently our rules do not have ADV EMT so the provider needs to follow the rules at the intermediate level.

Huntertown Fire Department

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

The following requested a waiver of 836 IAC 2-2-1 General requirements for paramedic provider organizations Authority: IC 16-31-2-7; IC 16-31-3-14; IC 16-31-3-14.5; IC 16-31-3-20 Affected: IC 16-31-3; IC 16-41-10 (g)(1) Maintain an adequate number of trained personnel and emergency response vehicles to provide continuous, twenty-four (24) hour advanced life support services. New Washington Volunteer FD is asking for a staffing waiver of 24 hour service. New Washington currently has new ADV EMT's and paramedics on staff but are unable to provide 24 hour coverage. Clark County is also covered by New Chapel EMS and Yellow Ambulance Service which are both paramedic services. New Washington would like to be able to function at the ALS level when staffing is available.

New Washington Volunteer FD

A motion was made by Commissioner Mackey to approve the waiver request with the condition that New Washington Volunteer FD report their progress on being able to provide 24 hour coverage to the Commission staff every 6 months. The motion was seconded by Commissioner Valentine. The motion passed. Chairman Turpen directed staff to group any waiver requests that are the same together so they can be voted on in blocks.

The following requested a waiver of 836 IAC 2-2-1 General requirements for paramedic provider organizations Authority: IC 16-31-2-7; IC 16-31-3-14; IC 16-31-3-14.5; IC 16-31-3-20 Affected: IC 16-31-3; IC 16-41-10 (h) A paramedic ambulance service provider organization must be able to provide a paramedic level response. For the purpose of this subsection, "paramedic response" consists of the following: (1) A paramedic. (2) An emergency medical technician or higher. (3) An ambulance in compliance with the requirements of section 3(e) of this rule. (4) During transport of the patient, the following are the minimum staffing requirements: (A) If paramedic level advanced life support treatment techniques have been initiated or are needed: (i) the ambulance must be staffed by at least a paramedic and an emergency medical technician; and (ii) a paramedic shall be in the patient compartment. (B) If an emergency medical technician-intermediate level advanced life support treatment techniques have been initiated or are needed: (i) the ambulance must be staffed by at least an emergency medical technician-intermediate and an emergency medical technician; and (ii) an emergency medical technician-intermediate shall be in the patient compartment. (C) If advanced life support treatment techniques have not been initiated and are not needed: (i) the ambulance must be staffed by at least an emergency medical technician; and (ii) an emergency medical technician shall be in the patient compartment. Perry County EMS is asking for a staffing waiver of the EMT and Paramedic. Perry County has two ALS units that cover the county. They are asking that if a third truck is available with just a paramedic they would like to be able to have an first responder, rescue squad members or law enforcement to drive.

Perry County EMS

A motion was made by Commissioner Valentine to approve the waiver request. The motion was seconded by Commissioner Mackey. After discussing regarding the staffing requirements Chairman Turpen set a sub-committee. The sub-committee members will be Chairman Turpen, Commissioner Mackey, and Commissioner Zartman. The motion passed.

The following requested a waiver of 836 IAC 2-7.2-1 General requirements for emergency medical technician-intermediate provider organizations Authority: IC 16-31-2-7; IC 16-31-3-14; IC 16-31-3-14.5; IC 16-31-3-20 Affected: IC 4-21.5; IC 16-31-3; IC 16-41-10 (f)(2) Maintain an adequate number of trained personnel and emergency response vehicles to provide continuous, twenty-four (24) hour advanced life support services. Southern Ripley County Emergency Life Squad Inc. is requesting a Staffing Waiver 836 IAC 2-7.2-1 to maintain 24 hour coverage. Southern Ripley County is also covered by a paramedic chase vehicle operated by Ripley County EMS.

Southern Ripley County Emergency Life Squad INC

A motion was made by Commissioner Mackey to approve the waiver request with the condition that Southern Ripley County Emergency Life Squad INC report their progress on being able to provide 24 hour coverage to the Commission staff every 6 months. The motion was seconded by Commissioner Hoggatt. The motion passed.

The following requested a waiver of 836 IAC 2-7.2-3 Emergency medical technicians-intermediate provider organization operating procedures Authority: IC 16-31-2-7; IC 16-31-3-14; IC 16-31-3-14.5; IC 16-31-3-20 Affected: IC 16-31-3 (B) Endotracheal intubation devices, including the following: (i) Laryngoscope with extra batteries and bulbs. (ii) Laryngoscope blades (adult and pediatric, curved and straight). (iii) Disposable endotracheal tubes, a minimum of two (2) each, sterile packaged, in

sizes 3, 4, 5, 6, 7, 8, and 9 millimeters inside diameter. (D) Medications limited to, if approved by the medical director, the following: (i) Acetylsalicylic acid (aspirin). (ii) Adenosine. (iii) Atropine sulfate. (iv) Bronchodilator (beta 2 agonists): (AA) suggested commonly administered medications: (aa) albuterol; (bb) ipratropium; (cc) isoetharine; (dd) metaproterenol; (ee) salmeterol; (ff) terbutaline; and (gg) triamcinolone; and (BB) commonly administered adjunctive medications to bronchodilator therapy: (aa) dexamethasone; and (bb) methylprednisolone. (v) Dextrose. (vi) Diazepam. (vii) Epinephrine (1:1,000). (viii) Epinephrine (1:10,000). (ix) Vasopressin. (x) Furosemide. (xi) Lidocaine hydrochloride, two percent (2%). (xii) Amiodarone hydrochloride. (xiii) Morphine sulfate. (xiv) Naloxone. (xv) Nitroglycerin. Sunman Area Life Squad is requesting a waiver of the medications in 836 IAC 2-7.2-3 in the Intermediate rules. Sunman Area Life Squad has new ADV EMTs and are moving to the ALS level. Currently our rules do not have ADV EMT so the provider needs to follow the rules at the intermediate level.

Sunman Area Life Squad

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

OLD BUSINESS

a. POST

EMS State Director Michael Garvey asked the Commission to clarify when the POST is required to be completed. Director Garvey discussed a few of the issues that have occurred with the POST test.

A motion was made by Commissioner Zartman to require all EMS personnel complete the POST by December 31, 2014. The motion was seconded by Commissioner Hoggatt. The motion passed.

b. PI manual

Chairman Turpen stated discussion regarding the Primary Instructor manual. Vice Chairman Chuck Valentine asked about the revision date on the front of the Primary Instructor manual. Legal Counsel Mara Snyder asked if there was a way to make the changes that have been made to the manual. Vice Chairman Valentine stated that he would like to see the manual sent to the TAC for review to tie the recommendations in the manual to the regulations. Discussion followed. Commissioner Zartman asked questions regarding the funding stream for the State representative program: If there currently is funding or not. Discussion regarding the testing site requirements and how small department would be able to meet some of the requirements. Director Garvey stated that we would be happy to have the TAC review the manual. Director Garvey also commended the Education Working Group for their hard work on the manual. Director Garvey also stated he thought the manual was a good guideline. Legal Counsel stated that if cannot meet rules or recommended non-rule policies, or write as a recommended best practice policy.

A motion was made by Commissioner Valentine to send the manual to the TAC for review. The TAC is directed to make the manual a priority at the next TAC meeting and be ready to present recommendations at the June 20, 2014 Commission meeting. The motion was seconded by Commissioner Lockard. The motion passed.

c. Clarification of the BLS 12-lead non-rule policy (see attachment #6).

NEW BUSINESS

- a. Emergency Vehicle Operator Course (EVOC)
Mrs. Elizabeth Westfall reported out on a meeting that took place at the Indiana Law Enforcement Academy regarding the current EVOC and EVOC Instructor courses. At the EVOC meeting discussion occurred regarding the EVOC Instructor course. The group recommends to the Commission that the EVOC Instructor courses be suspended until new standards could be presented to the TAC for recommendations. Discussion followed.

- b. American Heart Association (AHA) presentation by Greg Poe (see attachment #6). Mr. Greg Poe gave a short introduction of himself and the Mission life line program. The goal of the program is to get stemi patients to the cath lab within 90 minutes. New this year to the program is EMS recognition. Mr. Poe gave measurements to receive the award. The measurements are included in the attachment. There are three levels Gold, Silver and Bronze. Silver and Bronze are the only ones that are able to be earned this year since it is the first year. There is an electronic application has to be filled out and sent in to be consider for the award. The Gold recognition with start in 2015. The following Indiana services were recognized with a silver award:

American Medical Responder

Fishers Fire Department

Indianapolis EMS

For more information go to the American Heart Association web site.

ADMINISTRATIVE PROCEEDINGS

1. Administrative Orders Issued
 - a. Personnel Orders
 - i. Letter of Reprimand

Overholster, Lance

No action required, none taken

 - ii. 2 Year Probations

Order No. 0009-2014 Barrow, Justin A.

No action required, none taken

Order No. 0021-2014 Coffman, Jory Wayne

No action required, none taken

Order No. 0016-2014 Fouts, Joshua Aaron

No action required, none taken

Order No. 0023-2014 Recker, Timothy

No action required, none taken

Order No. 0020-2014 Samuel, Nick D.

No action required, none taken

Order No. 0015-2014 Westbury, Thomas E.

No action required, none taken

iii. **7 Month Probation**

Order No. 0012-2014 Hall, Allen D.

No action required, none taken

iv. **Revocation for 1 Year**

Order No. 0022-2014 Sutton (Davis), Amber Nicole

No action required, none taken

v. **Emergency Order**

Order No. 0079-2013 Kaufman, David G.

No action required, none taken

Order No. 0095-2013 West, Jeremy

No action required, none taken

vi. **Revocation of Denial Order**

Order No. 0118-2013 Barrow, Justin

No action required, none taken

vii. **Suspension followed by Probation**

Order No. 0019-2014 Smith, Shannon R.

No action required, none taken

Order No. 0001-2014 Allen M. Soppet

No action required, none taken

viii. **Revocation of Suspension Order**

Order No. 0010-2014 (Clark) Mikels, Amanada

No action required, none taken

ix. **Suspension for 1 Year**

Order No. 0017-2014 Cross, Katie

No action required, none taken

2. **Appeals Filed in a timely manner**

- a. Greenlee, Timothy

A motion was made by Commissioner Lockard to grant Mr. Greenlee's appeal. The motion was seconded by Commissioner Hamilton. The motion passed.

3. **Non-Final Orders**

- a. Jacob R. Thornton

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

STAFF REPORTS

A. Data Registry (see attachment #9)

Director Garvey introduced the new Assistant State Fire Marshal Robert Johnson who has been working on getting the data issues worked out. Director Garvey also announced the retirement of Mr. Gary Robison effective June 6, 2014. Assistant State Fire Marshal Johnson reported out on the progress that has been made by the agency in regards to the data reporting system.

B. Field Staff Report

Ms. Robin Stump gave a brief report regarding the provider forums that took place (see attachment #8).

C. Certifications report (see attachment #10)

D. Training Report (see attachment #11)

STATE EMS DIRECTOR'S REPORT

Director Garvey reminded everyone that May 18 – May 24th is EMS Appreciation week. Director Garvey mentioned the provider forums and thanked everyone that attended the forums. He also stated that there was a lot of good information that came from the forums that will help in development of an Indiana State strategic plan. Director Garvey announced Al Verbish's resignation and that the position will be posted soon. He also announced that the Southwest manager position is opened through the Sunday after the Commission meeting.

CHAIRMAN'S REPORT AND DIRECTION

Chairman Turpen stated that moving forward that anything that is intricate or needs to be study and is not received in the state office at least 3 weeks prior to the Commission meeting it will probably be tabled to give the Commission members time to review the material to be able to make a good informed decisions. Chairman Turpen announced Commissioner Ed Gordon's resignation from the Commission and thanked him for his service.

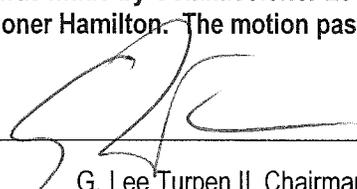
NEXT MEETING

Methodist Hospital Seyl Auditorium North Lake Campus 600 Grant Street Gary, IN 46402 June 20, 2014
10am local time

ADJOURNMENT

A motion was made by Commissioner Lockard to adjourn the meeting. The motion was seconded by Commissioner Hamilton. The motion passed. The meeting was adjourned at 12:47p.m.

Approved _____


G. Lee Turpen II, Chairman

Attachment #1

Hilton, Candice

From: Lasher, Rachel Lynn [rlasher@imail.iu.edu]
Sent: Monday, February 17, 2014 1:44 PM
To: Hilton, Candice
Subject: Sarah

On November 1, 2013 my cousin, Sarah Goffinet, was involved in an auto accident. Sarah's mother, Darla, wrote the following as part of a Facebook post a few days after the accident and it explains a little of what happened, initial injuries, and so on:

"Sarah and I were in separate cars coming home from Evansville Friday evening. I was in front of her. As I went over the hill on the Troy side of the Evanston turnoff, I heard a crash, looked in my rearview mirror to see the bulldozer which had been on a large flatbed truck fly across the road, and realized Sarah wasn't behind me. I don't know what happened. All I know is they hit head-on. I was back at her car in less than a minute to find her trapped and the car on fire. I climbed into the back seat to hold her as much as I could. Things then became a blur with respect to time and sequence. All I know is there are so many amazing people who risked themselves to help. A group effort, lead by Rick Krutz and his girlfriend, Lisa, put the fire out. Ambulances, first responders, fire trucks, police officers, angels from heaven came upon us. I think the accident happened around 5:30. I think it was 7 or later when she was finally released from her car. I may be completely off on the time. I know it seemed like a lifetime as we were standing on the side of the road as her car was being pulled away from her, piece by piece, to release her little body. Sarah was conscious the entire time and was talking to me. I don't know how to thank Lisa for helping us keep it together. Trisha Grass was right behind the truck, and I was so thankful to see her and to have her help in getting in touch with Chris and Reed.

We were told upon her release from the car that she had suffered significant damage to her legs and that they needed to get her to the closest trauma center. We were also told that her left leg would probably have to be amputated. But the first order of business was to keep her alive. She was life-flighted to St. Mary's and our guardian angels, Kevin Waninger and Alan Malone, got us there safely and quickly. Lauren and her roommate Brittany came from Owensboro and left before we did, so they were at the hospital when Sarah landed. We weren't too far behind.

Upon evaluation, we were told things like "if she makes it through the first round of surgeries," and "I've not seen this kind of trauma on anyone who came in alive." Anyone who cares enough to read this knows that Sarah is the most strong-willed, bull-headed, downright mean little ball of 19 year old they've ever met. That tenacity, that will, that determination, are what saved her life. She was in surgery 3+ hours Friday night. In just a few short hours we'd been told her leg was going to be amputated, that she might not survive the surgery, to she had all of her extremities and lived through the surgery. She was given 4 units of blood in the air bus, 4 during the first surgery, and 2 more during her 7 hour surgery Saturday morning. The surgery Friday night was to stabilize her . . . basically, to keep her alive. Saturday she had surgery to start the repairs.

She has a compound fracture to her left arm. Both lungs are collapsed, and she has a lacerated spleen. Her right leg was pulverized with a compound fracture to the femur, tibia and fibula. She has a rod from her hip to her knee and from her knee to her ankle. The right femur was so severely damaged that the rod isn't stabilizing bone . . . the bone is gone. Her left upper leg has a deep laceration; luckily it missed the femoral artery or she would

have bled out at the scene. Her left knee cap was completely ripped away. She will require reconstructive knee surgery but that is probably 3 months down the road.

Right now we are working on getting her awake enough to remove the vent - she is breathing on her own but they won't take the tube out until she is alert enough to respond to several questions. Her right lung is repairing well and that breathing tube should come out soon. The left lung suffered significant damage. She received such an impact to her left side that her heart was actually pushed over to the right side of her body. We've seen the x-rays. It's like nothing most of us have ever seen, and I pray that you never will. She will have the left breathing tube for a long time. They hope her spleen repairs itself. She is being closely monitored for blood clots, further internal bleeding, infection, etc. She will likely be in STICU for several days. She will go to a rehab facility at some point; we don't know if there will be a "normal" hospital stay between STICU and rehab. We are looking at months of rehab. But she's alive . . . she has both of her legs . . .”

Sarah's cat, Hobo, was in the accident with her. Hobo may have saved Sarah's life by blocking her femoral arteries. He was in her lap, when the accident occurred and didn't make it. I've read and re-read Darla's words describing those moments where she sat in the back seat, holding and talking to Sarah, thinking they were going to die in that car together.

A background on Sarah: She is now 20 years old. She is a student at the University of Southern Indiana, in Evansville. Sarah is on the USI Cross Country team. After seeing Sarah in the hospital, just days after she woke up; it's amazing to see where she is now. She is walking. She drove a car for the first time this past weekend. She enrolled in classes, so she doesn't fall too far behind in school.

Feel free to look up their page on Facebook, and you can see pictures/videos/updates on Chris Goffinet's page and or Sarah Lynn Goffinet's page. It is a truly amazing and inspirational story.

<https://www.facebook.com/photo.php?v=10152034980561422&set=vb.638341421&type=2&theater>

<https://www.facebook.com/photo.php?v=551799908252273&set=vb.100002668056906&type=2&theater>

Candice,

EMS

Spencer County EMS ----- Blake Clark and Dave Wallace
(They will be there)

Perry County EMS
Perry County Rescue

Please contact Steve Hauser (He is in charge of the rescue) and he will help you with
Perry County Agencies
1-812-309-0674

FIRE DEPARTMENTS

New Boston Fire Department Dale Conen, Fire Chief They will have someone there.
(812)630-7828

Chrisney Fire Department Jimmy Perkins Asst. Chief They will have someone there
(812)660-0490

AIR TRANSPORT

Air Methods Amy Helms 1-270-401-3587
Heather Dixon RN
Mike Wise EMT-P

LAW ENFORCEMENT

Spencer County Sheriff's Office

Kelli Reinke 812 686-1170

Ron Higginbottom 812 686-1171

Santa Claus Police 812 686-3550

Officer Mike Johannes 812 686-0806

Indiana State Police #34 812 482-1441

George Wooten PE7589

Jeremy Galloway PE 8610

Tom Campbell PE4456

Attachment #2



MICHAEL R. PENCE, Governor
STATE OF INDIANA

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

EMERGENCY MEDICAL SERVICES

EMSC Accreditation Subcommittee Work Group

Minutes

DATE: March 10, 2014
TIME: 10:00 A.M.
LOCATION: Community Hospital East
EMS Education Center
1500 Ritter Avenue
Indianapolis, IN 46219

INDIVIDUALS PRESENT:

Commissioner, John Zartman – Technical Advisory Committee, Leon Bell, Randy Samuels, Dr. Michael Kauffman, Mike Fair, Matt Shady, Charles Sims, Christopher Jones, Tom Fentress, Liz Fiato, IDHS, Elizabeth Westfall, IDHS, Josh Kreigh, IDHS, Candice Hilton, IDHS and Pam Moore, IDHS.

Meeting called to order at 10:11 am by Commissioner John Zartman.

Commissioner Zartman started off by stating that the purpose of this committee is not to do away with accreditation as there have been many rumors to this nature. The purpose of this committee/working group is to look at the overall pass rates for the new AEMT and Paramedic levels and to figure out how to improve the pass rates for these levels.

Commissioner Zartman stated that there are various reasons why people are not wanting to bridge up to the new Advance EMT certification from the Indiana

Basic-Advance EMT certification. Several people expressed concerns such as, the National Registry exam is too hard to pass or “you can’t pass the National Registry exam”, the overall training isn’t good, they don’t want to give up what they already have. There are students that are calling into the state and complaining and/or calling legislators about these issues. Mr. Mark Fair stated that his students do not want to complete their clinicals. This group of students had a meeting and invited Commissioners and staff from IDHS to come to the meeting in Connersville, IN. The students expressed to state personnel and the Commissioners that attended that they did not feel that the course was taught very well. The students also stated that they were not taught anything new or what they had already learned in the past.

Mrs. Elizabeth Westfall discussed the Advance course that she held before she started working for IDHS. She stated it was tough and for the most part the complaints ranged from feeling pressured to upgrade their certifications to the (New) Advance level because they would lose money if they didn’t bridge up. Not all of her students have tested yet. Both Mr. Fair and Mrs. Westfall stated that students are hearing that there is a possibility that they could be “grandfathered” into the new level and not have to complete the course or the clinicals. Mr. Leon Bell asked where the being “grandfathered” came from? How did the discussion begin? When would it happen? During discussion it was stated that the students are hoping that is what will happen so they do not have to take the National Registry. It was also stated that if an extension was granted by legislation that it would give more time to get more Basic-advanced certification level moved up to the New Advance certification level. The question was posed to the group is it just the bridge course or is it both the full course and the bridge course that are having issues. More discussion followed including the possibility of a “state wide” class to help get people transitioned from Basic-Advance to the Advance level.

Commissioner Zartman moved the discussion to the accreditation progress reports and what to do with the training institutions that are not doing well. The Commission directed staff to look into the training institutions that have been

identified as having issues through the CoAEMSP accreditation process. IDHS can coach the Training Institutions that have identified issues or help get them with a mentor to help with the issues. Discussion followed regarding different ideas on how to correct issues and keep track of how training institutions are doing. It was stated that the 836 rules need to be rewritten in regards to training institutions. Mrs. Liz Fiato stated she would send out an invite to all training institution coordinators and primary instructors to set a date and start discussion on rule rewrites.

The discussion was started on the possibility of lowering the age requirement for EMTs. This discussion was brought up due to a presentation from HOSA at an EMS Commission meeting. It was stated that the state needed to talk to providers to see if they can hire anyone under the age of 21 due to insurance to cover individuals driving that are under the age of 21. Mr. Samuels stated there are only three carriers left in the US that will write insurance for EMS only without being associated with a Fire department. Discussion followed regarding having younger EMTs out in the field. Mr. Bell suggested pulling information on how long EMTs stay EMTs and paramedics stay paramedics.

The meeting was adjourned at 12:00p.m.

Respectfully Submitted,

John R. Zartman,

EMS Commission Member
Subcommittee Chairman

Attachment #3

To the Indiana EMS Commission: *Please accept the following report and recommendations from the EMT-BA to AEMT Work Group. This document is written with the unanimous support of all four work group members.*

Work group members:

John Gott, EMT-P, EMS Director for an EMT-BA provider, Program director of an ASL provider.
Dr. James Nosset, Hendricks Regional Hospital, Former EMT-BA, Medical Director
Robin Stump, IDHS – EMS Division
Myron Mackey, EMT-P, Indiana EMS Commission Member

Work Group Findings EMT-BA to AEMT:

- Less than timely receipt of a complete and clear NES curriculum for the new AEMT was an issue. That issue in addition to changing Indiana objectives resulted in moving educational targets and a great deal of confusion among training institutions and their instructional staff.
- A large burden for the failure of Indiana EMS to realize more of their current EMT-BA's moving to the new AEMT level lies with inadequate time and hurried efforts to properly beta test and set a clearly defined and workable transition plan.
- Bridge courses have been found to be, in part, less than adequate for proper education of the new AEMT candidate resulting in low test scores.
- The financial impact on the already underpaid certified EMT-BA and the logistics of their employment along with family responsibilities as well as finding a training institution with workable training and clinical schedules within their area, were underestimated. The stress of those challenges in too short of a time frame was cause for promoting discouragement for many EMT-BA's resulting in their failure to pursue advancing to the next level of certification.
- Neither the TAC nor the Commission recommended a specific timetable for the transition to be completed before the legislature set June 30, 2014 as the ending date through the emergency legislation. Earlier discussions had targeted a longer transition period.
- Two legislators entertained extending the emergency legislation during the 2014 short session. One of the legislators felt confident he would have succeeded in his effort to extend the date via an attachment to another bill but "the clock ran out" in this session. His recommendation was to request the Governor extend the date by Executive Order.
- The attorney general's office was contacted to learn if the word "advanced" could be utilized to allow the current EMT-BA level to continue in a manner as to not affect possible reimbursement issues and that effort failed.

Work Group Recommendations to the Commission:

1. The Commission should charge staff to continue their efforts, including online options, to better address the educational challenges learned from the past 2 years.
2. Extend the current EMT-Basic Advanced level for a period of 18 months, until December 31, 2015. All currently certified EMT-Basic Advanced must complete a full NES EMT Advanced course and successfully complete the National Registry Certification Examination by December 31, 2015. No Bridge, Transitions, Extensions, Wavers, or any additional modifications will be granted. All individuals that do not complete the requirements will be converted back to an EMT level effective midnight December 31, 2015.

Work group submitted April 2, 2014

Attachment #4

Indiana Trauma Registry Pre-hospital Data Report Report for April 2014

This report from the Indiana State Department of Health (ISDH) EMS registry includes 128,263 runs from 100 pre-hospital providers during the time frame from March 1, 2013 through March 27, 2014. This report also focuses on several sub-populations in this time frame:

1. 11,463 chest pain incidents where chest pain was the complaint reported by dispatch or the provider's primary or secondary impression was chest pain/ discomfort.
2. 8,950 incidents where the 12 lead ECG procedure was performed.

Lastly, 19,817 incidents were reported to the ISDH Indiana Trauma Registry from the same time period (March 1, 2013 to March 27, 2014) and were included to provide data on the injury severity score (ISS) by public health preparedness district.

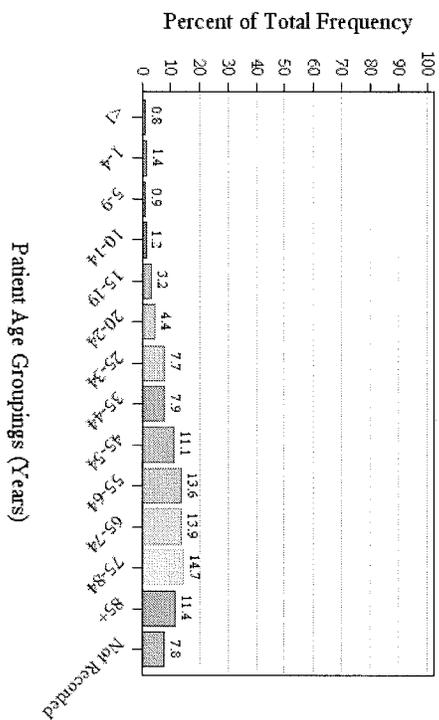
At a previous EMS Commission meeting, it was requested that prior aid data be provided, specifically to know if aspirin (ASA) was given before the EMS arrived on the scene in cases of chest pain. Additionally, it was requested that medical history of aspirin allergy be provided for incidents of chest pain. Approximately 0.42% of chest pain cases were reported to have allergies to aspirin (15 cases). Please note that the medication allergies data element is a National Emergency Medical Services Information System (NEMESIS) gold element which is not required by either the Indiana Department of Homeland Security (IDHS) or ISDH Pre-hospital registries.



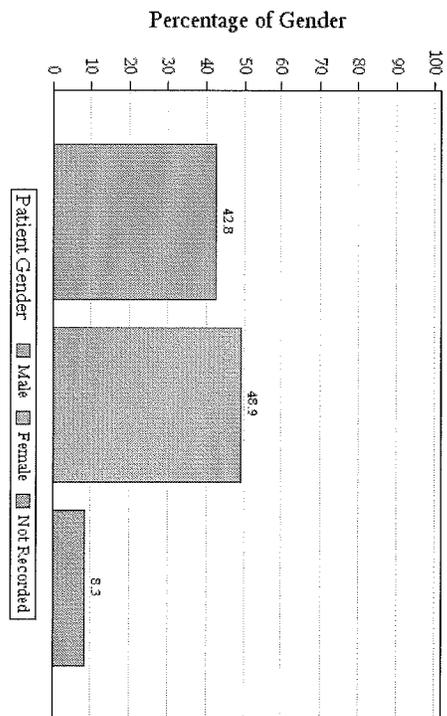
Indiana State
Department of Health

Indiana Trauma Registry Pre-Hospital Data Report
03/01/2013-3/27/2014
100 Total Providers Reporting 128,263 Incidents

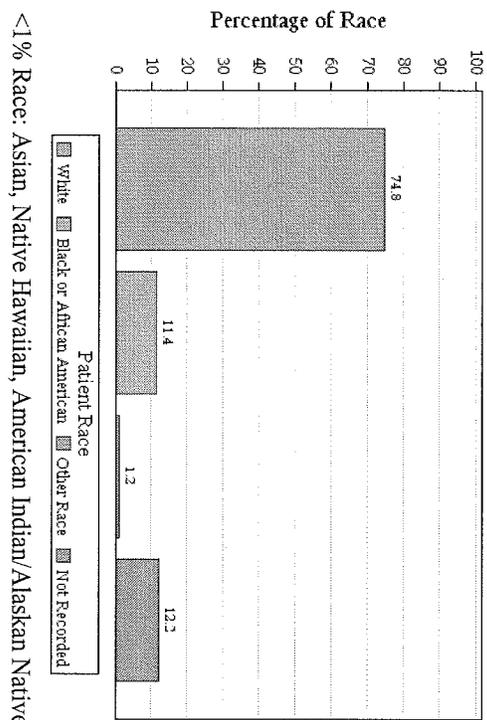
Patient Age (Years)



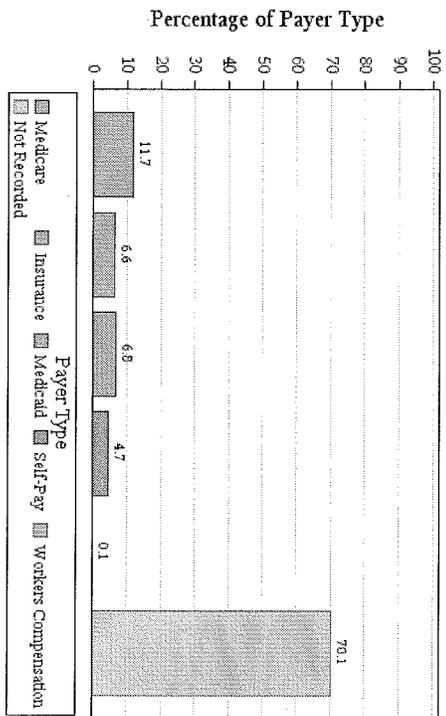
Patient Gender



Patient Race



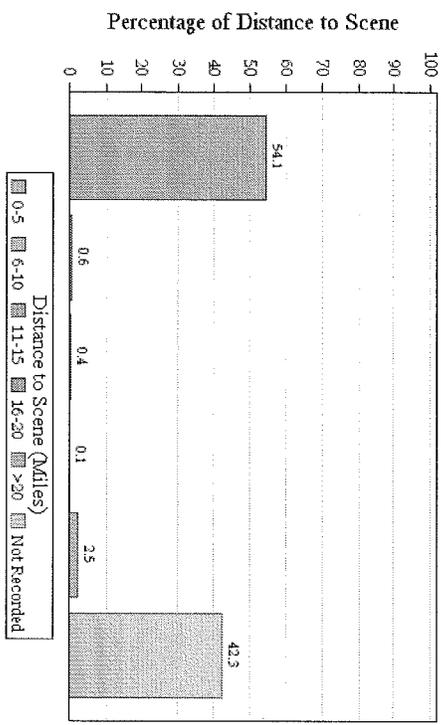
Payer Type



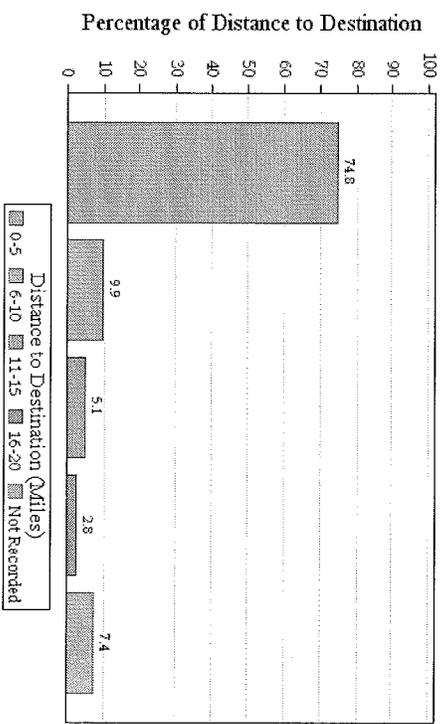
<1% Race: Asian, Native Hawaiian, American Indian/Alaskan Native

Indiana Trauma Registry Pre-Hospital Data Report
03/01/2013-3/27/2014
100 Total Providers Reporting 128,263 Incidents

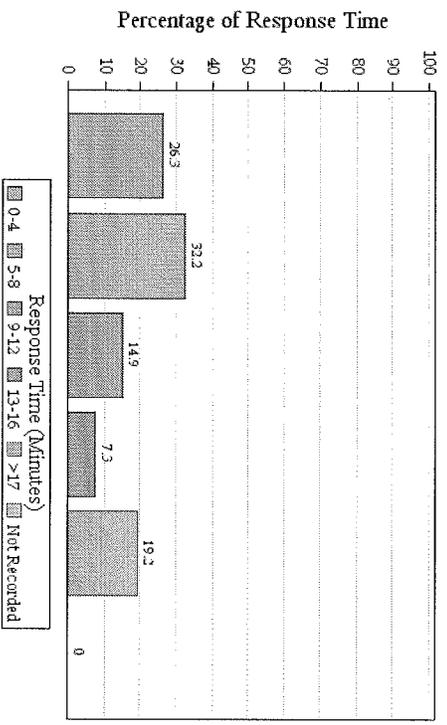
Distance to Scene (Miles)



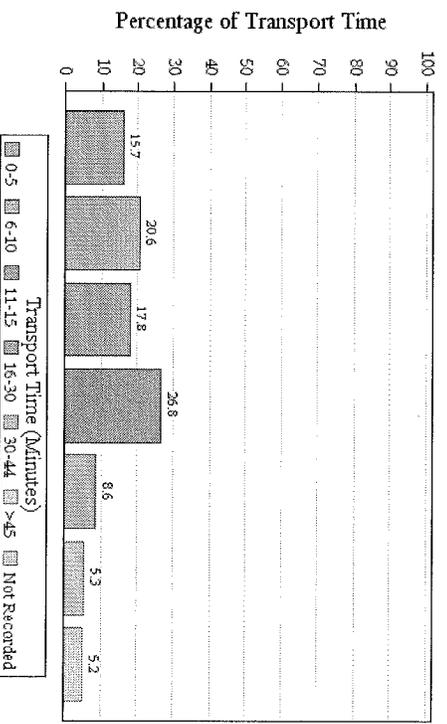
Distance to Destination (Miles)



Response Time (Minutes)



Transport Time (Minutes)

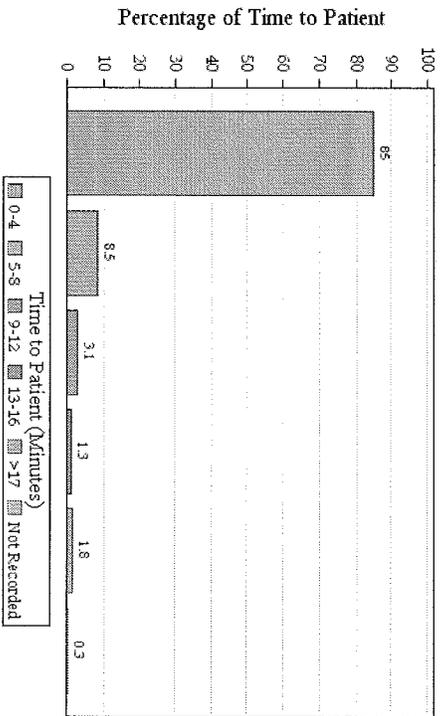


Response Time: Difference in Time from Dispatch to Arrival on Scene

Transport Time: Difference in Time from Departure from Scene to Arrival At Destination

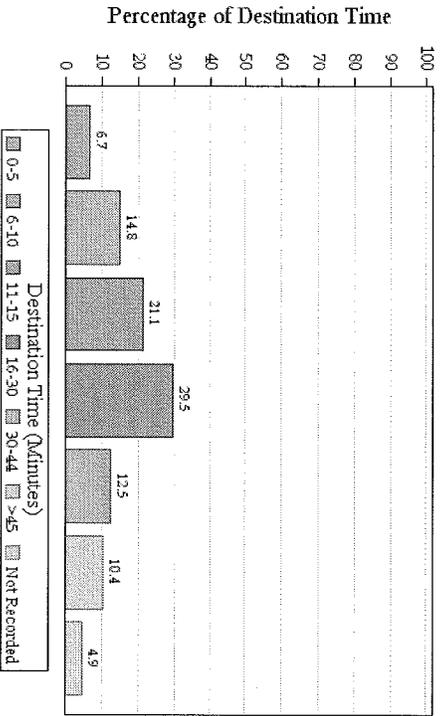
Indiana Trauma Registry Pre-Hospital Data Report
03/01/2013-3/27/2014
100 Total Providers Reporting 128,263 Incidents

Time to Patient (Minutes)



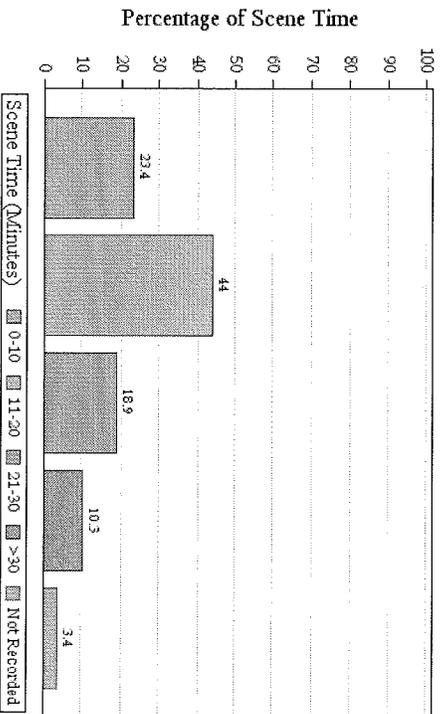
Time To Patient: Difference in Time from Arrival at Scene

Destination Time (Minutes)



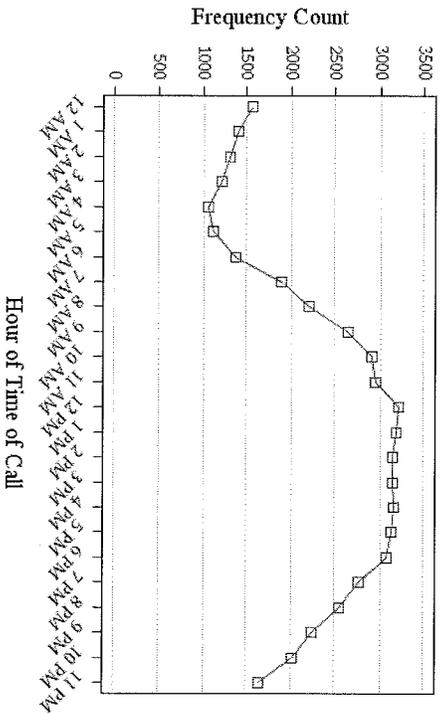
Scene Time: Difference in Time from Arrival at Destination to Unit Back in Service

Scene Time (Minutes)



Scene Time: Difference in Time from Arrival at Scene

Time of Call



Time of Call Not Recorded for 73,344 Incidents

Indiana Trauma Registry Pre-Hospital Data Report
03/01/2013-3/27/2014
100 Total Providers Reporting 128,263 Incidents

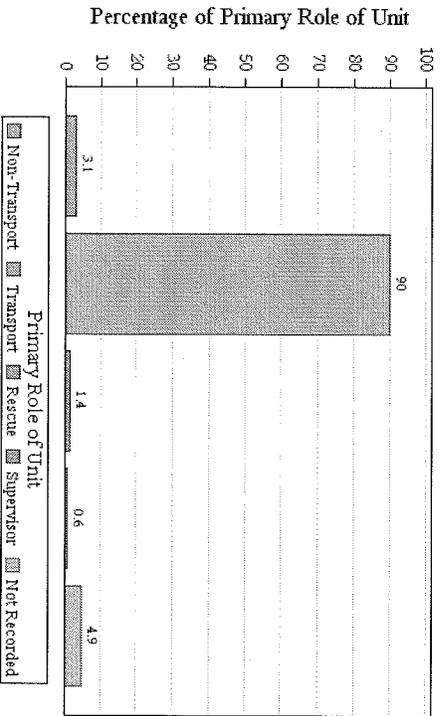
Average Run Mileage

Obs	Destination	Miles
1	Mileage to Scene	2.1
2	Mileage to Destination	3.1
3	Total Mileage	6.2

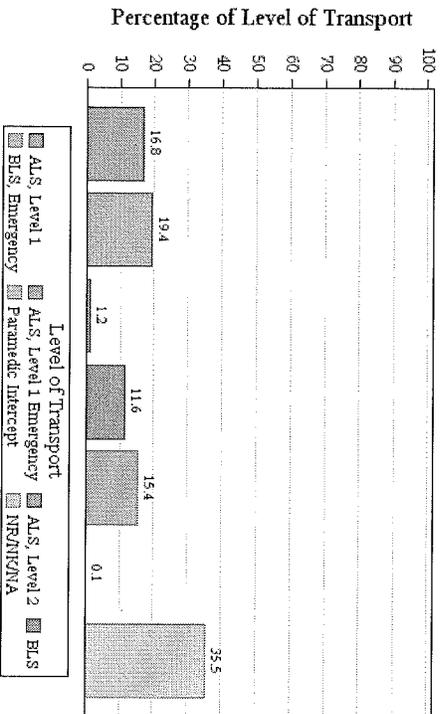
Average Run Time

Obs	Destination	Minutes
1	Time to Scene	11.95
2	Time to Patient	2.77
3	Time at Scene	18.07
4	Time to Destination	17.68
5	Back in Service	23.19
6	Total Run Time	61.26

Primary Role of Unit

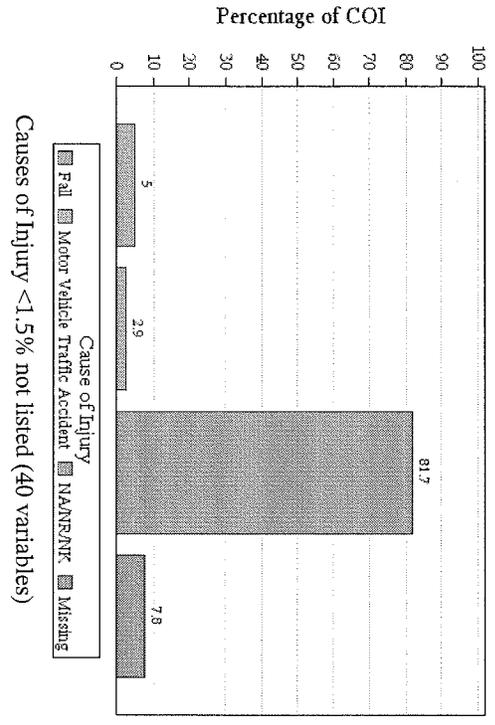


Level of Transport

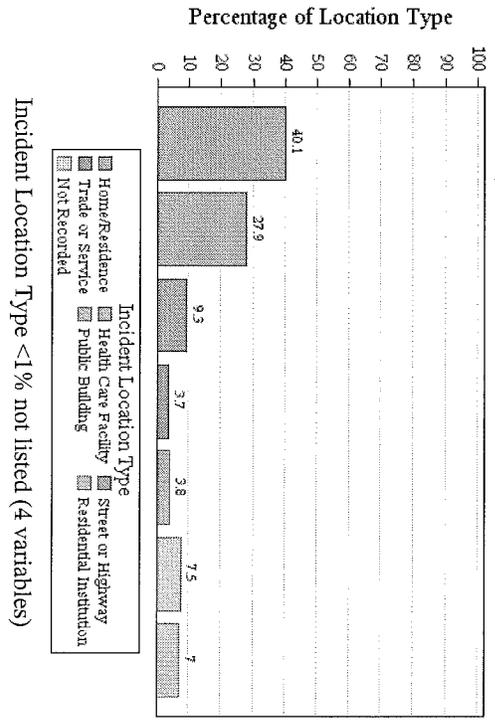


Indiana Trauma Registry Pre-Hospital Data Report
03/01/2013-3/27/2014
100 Total Providers Reporting 128,263 Incidents

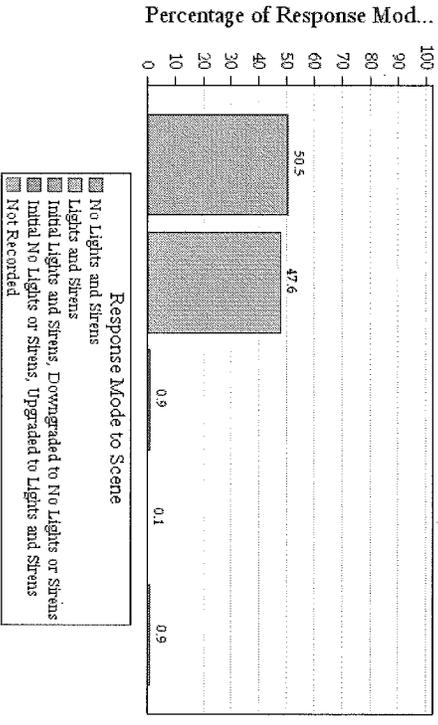
Cause of Injury (COI)



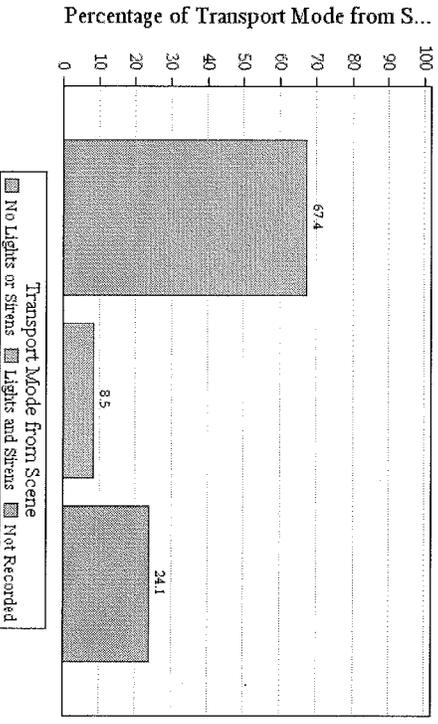
Incident Location Type



Response Mode to Scene

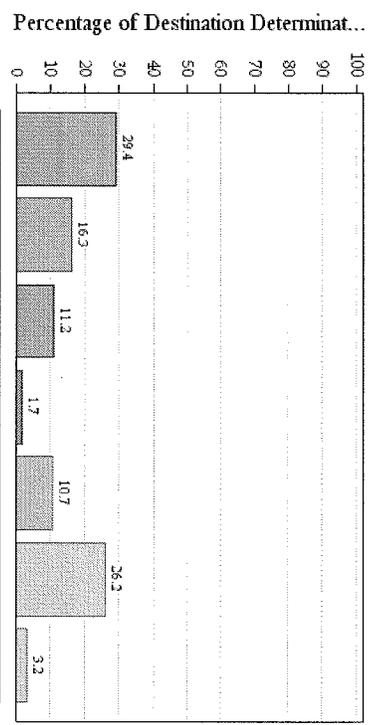


Transport Mode from Scene



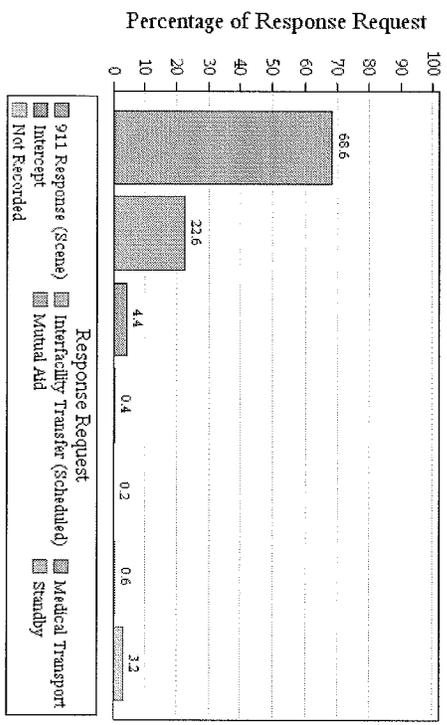
Indiana Trauma Registry Pre-Hospital Data Report
03/01/2013-3/27/2014
100 Total Providers Reporting 128,263 Incidents

Destination Determination

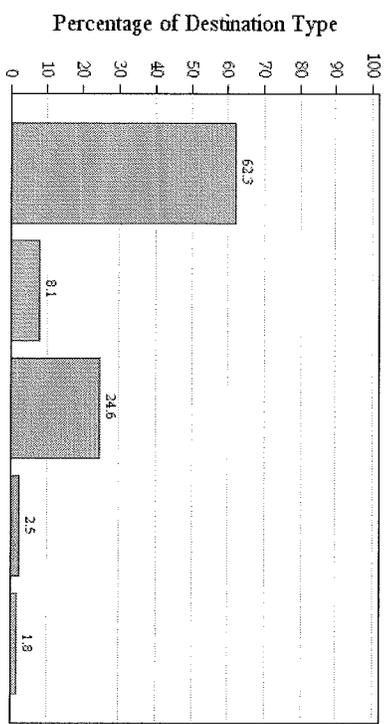


Destination Determinations <1% Not Listed (5 Variables)

Response Request

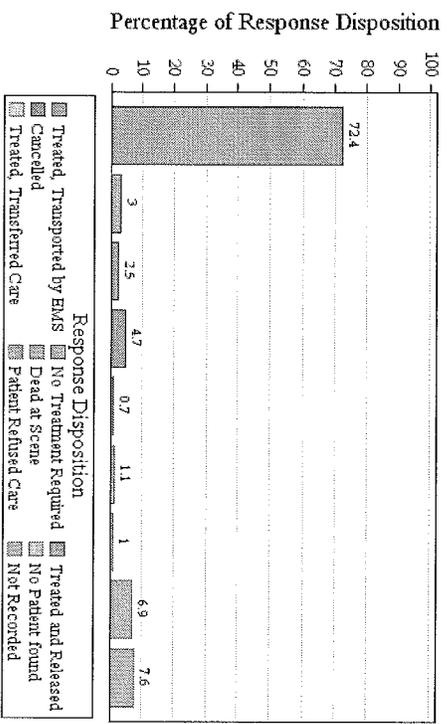


Destination Type



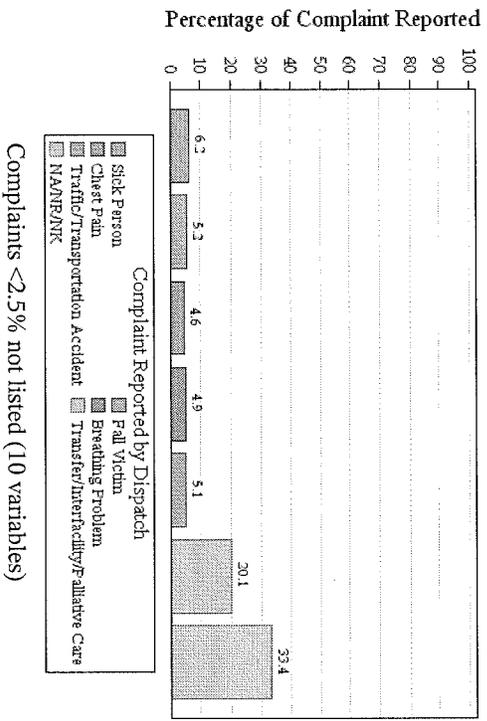
<1% Destination Type:EMS Responder (Ground), Other Morgue, Other EMS Responder (Air), Police/Jail

Response Disposition

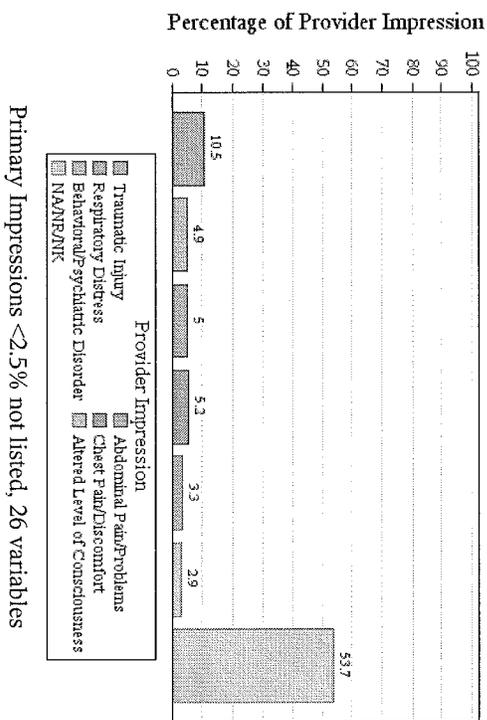


Indiana Trauma Registry Pre-Hospital Data Report
 03/01/2013-3/27/2014
 100 Total Providers Reporting 128,263 Incidents

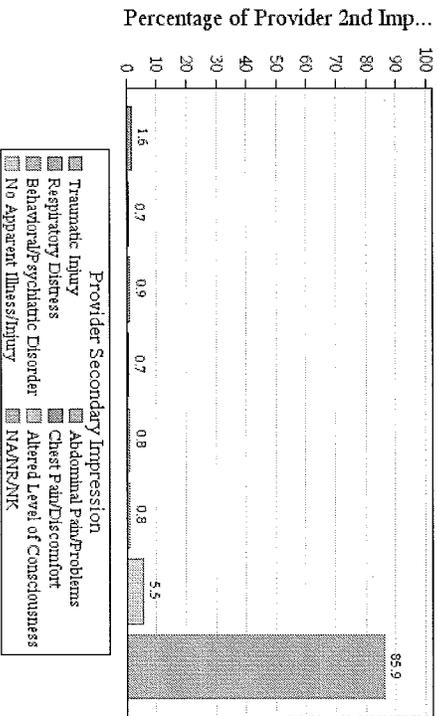
Complaint Reported by Dispatch



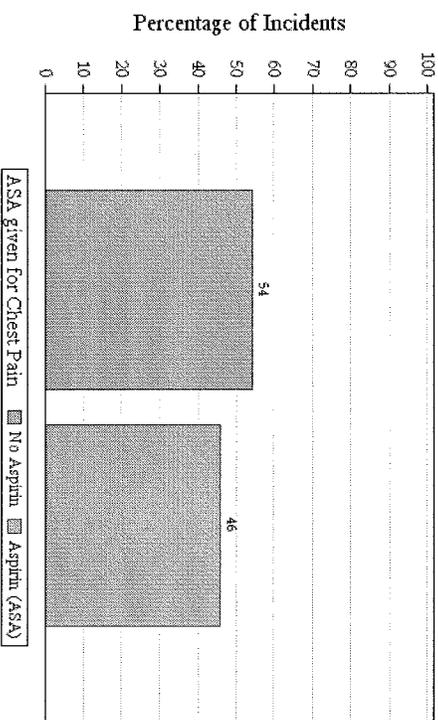
Provider Primary Impression



Provider Secondary Impression



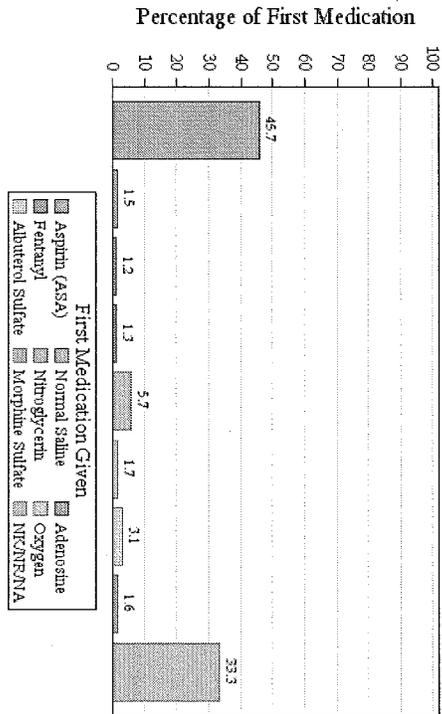
Chest Pain Incidents where ASA Given



<5% P.I.: Pain, Seizure, Other. Stroke/CVA, Syncope/Fainting
 Poisoning/Drug Ingestion, Cardiac Rhythm Disturbance, Diabetic Symptoms

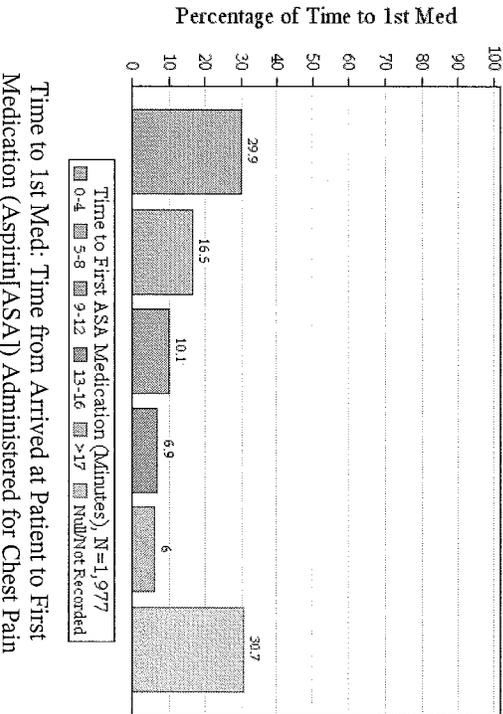
Chest Pain Incidents where ASA was Given (2013 YTD)
 Chest Pain as complaint reported by dispatch or
 the provider's primary or secondary impression; N= 11,463

First Medication Given for Chest Pain



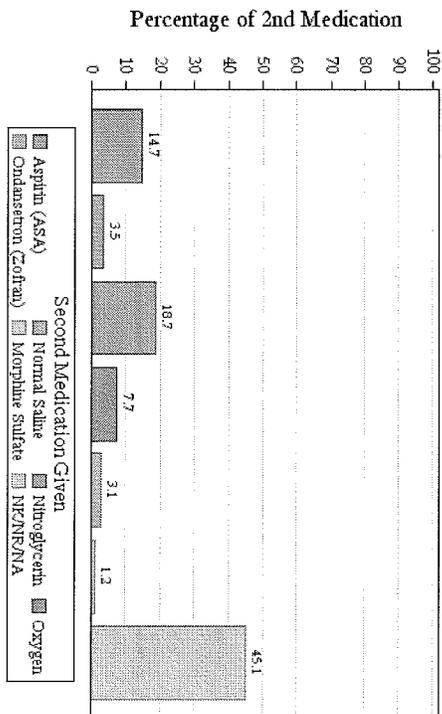
First Medications <0.5% not listed (39 variables)

Time to First ASA Medication (Minutes)



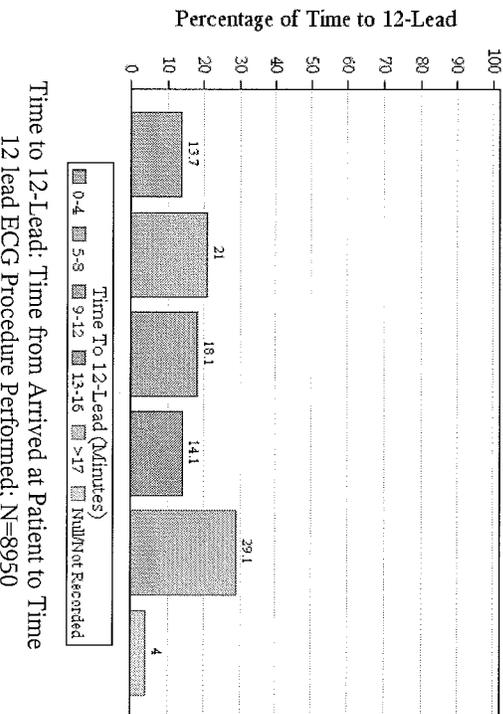
Time to 1st Med: Time from Arrived at Patient to First Medication (Aspirin[ASA]) Administered for Chest Pain

Second Medication Given for Chest Pain



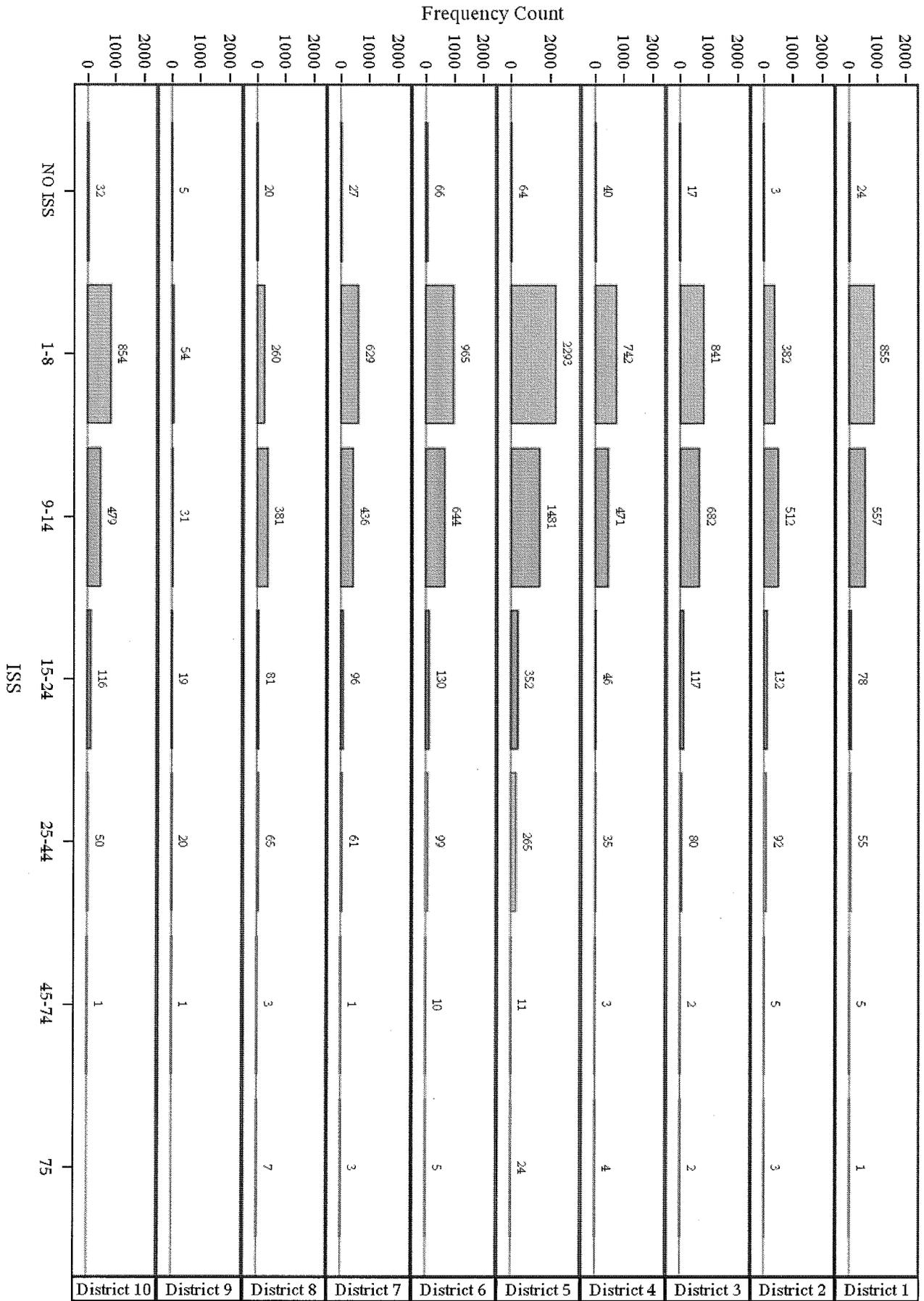
Second Medications <1% not listed (51 variables)

Time to 12-Lead (Minutes)



Time to 12-Lead: Time from Arrived at Patient to Time 12 lead ECG Procedure Performed; N=8950

Indiana Trauma Registry- March 1, 2013 to March 27, 2014 - 19817 Incidents Injury Severity Score By Public Health Preparedness Districts



Attachment #5



MICHAEL R. PENCE, Governor
STATE OF INDIANA

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

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

DATE: March 4, 2014 10:00 a.m.

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

PRESENT: Leon Bell, Chairman, ALS Training Institute
Jessica Lawley, ALS Training Program Director
Jaren Kilian,
Faril Ward, EMS Chief of Operating Officer
Michael McNutt, BLS Training Program Director
Tina Butt, First Responder Training Director
Charles Ford, EMS Chief Executive Officer
Michael Gamble, Emergency Department Director
Sherry Fetters, Vice Chairman, EMS Chief Executive Officer

NOT PRESENT: Edward Bartkus, EMS Medical Director
Elizabeth Weinstein, EMS for Children
Sara Brown, EMS Medical Director

OTHERS PRESENT: Myron Mackey, EMS Commissioner, John Zartman, EMS
Commissioner, Terri Hamilton EMS Commissioner, Elizabeth
Fiato, IDHS Staff, other IDHS Staff and members of the EMS
Community

- A) Meeting called to order at 10:35 a.m. by Chairman Leon Bell.
- B) Quorum present
- C) Adoption of minutes:
A motion was made by Mr. Jaren Kilian to accept the minutes from the meeting held on November 5, 2013 with his name corrected in the minutes. The motion was seconded by Dr. Michael Gamble. The motion passed unanimously.
- D) Public Comment:
None
- E) Announcements:
 - a. Upcoming TAC meeting dates were decided on by the TAC members that were present:
 - i. May 6, 2014
 - ii. July 1, 2014
 - iii. September 2, 2014
 - iv. November 18, 2014

Ms. Candice Hilton will send out calendar invites to all the TAC and EMS Commission members for all of the upcoming TAC meeting dates as well as getting them posted on the IDHS website. Chairman Bell stated that since there was not a meeting in January due to the weather there may need to be a makeup meeting scheduled.

- b. Commission Staff Report
 - i. Chairman Bell announced that an email has been sent out stating the AEMT supplemental exam is up and running so TAC members can let people know that it is now available.
 - ii. Mrs. Elizabeth Fiato stated that IDHS has contracted with a psychometrician from IU Northwest in Gary, IN. The contract should be done by the next Education working group meeting. One of the big chores is going to be bringing the TAC and the education working group together so there isn't any duplication of efforts.
 - iii. Chairman Bell asked for a review of the working groups that the Commission has created. Ms. Candice Hilton reported the following:
 - 1. Accreditation working group- their first meeting is Monday March 10th
 - 2. Narcotics Sub-Committee that has met two times-the last meeting was in November.
 - 3. EMT-Basic Advance working group headed up by Myron to explore the possibility of an extension.
 - 4. Communications subcommittee that has not met in awhile.
Commissioner Zartman commented that he would like to help clear up a rumor that the Accreditation working group is looking at dissolving or doing away with accreditation programs or National Registry. They are looking at improving training institution quality and student outcomes.
 - iv. Chairman Bell spoke about the Commission referring to the Accreditation group a gentle investigation into the four training institutions that have poor results

- v. Chairman Bell stated that someone will be showing results from surveys to the TAC. Ms. Candice Hilton stated that there are no results at this time. The surveys have not been sent out yet. Chairman Bell requested that someone notify Chairman of the Commission Lee Turpen. Ms. Hilton stated she would send an email to inform the Chairman of the status of the surveys.

F) Old Business:

- a. On-line and hybrid courses
 - i. Chairman Bell stated he would like to leave today with recommendations for the Commission for the On-line and hybrid courses.
- b. Continuing Education
 - i. Chairman Bell started discussion regarding continuing education. He stated that since the 80s Indiana continuing education requirements and National registry continuing education requirements have not matched. This makes people that are certified and training officers have to track to separate sets of continuing education. Chairman Bell put the idea of different standards for continuing education up for discussion. The National Registry has their requirements, Indiana has their own, why local training officers couldn't put together their own standard that fits the local need. Why couldn't training officers and/or services choose which in-service type they have. Is there a way to get Acadis to recognize the different standards? Discussion followed regarding the pros and cons of such a system. The discussion also involved the different continuing education programs that are available and which additional certification that have to be held and how they work (such as PALS, ACLS, and AHA CPR). One of the issues would be staff couldn't track which services are following which standards when a person gets audited. Another issues would be EMTs and EMRs that are not affiliated with a service so they would not have a structure to follow. Some of the smaller and volunteer services would not have the resources to be able to come up with continuing education standards for their affiliates to follow. Chairman Bell asked Mrs. Fiato to explain an email she sent out before the last EMS Commission meeting. Mrs. Fiato stated that National Registry stated that a training institution did not have to be accredited to conduct classes for the Intermediate to Paramedic. What wasn't made clear is that if the person is not a current National Registry I-99 to go to a non-accredited training institution to get the National Registry Paramedic certification. If the person is not a National Registry I-99 or expired I-99 has to go to an accredited training institution to get the National Registry Paramedic certification. Vice Chairman Sherry Fetter asked the Commission members that were present for clarification regarding what the Commission wants in regards to the continuing education requirements. Commission Mackey stated they were asking for clarification on what should be required. Discussion continued regarding if the proposal/discussion should involve all levels or just AEMT. After some

discussion it was decided to look at only the AEMT continuing education requirements at this meeting.

A motion was made by Mrs. Jessica Lawley to send three recommendations to the Commission one that is the original recommendation that went to the Commission but explain that the recommendation is in line with the National Registry requirements, recommendation number two would contain more hours, and the third recommendation have fewer hours with the explanation that the person is going to be on their own to get the rest of the hours required to maintain their National Registry certification. The motion was seconded by Mr. Jaren Kilian. The motion was opened for discussion. There were several options discussed including requiring hours ranging from thirty six (36) hours on the low end and seventy two (72) hours on the high end with a variety of options. Discussion also involved the pros and cons of taking multiple recommendations on the same thing to the Commission. Discussion over the continuing education requirements took almost two hours. Mrs. Jessica Lawley and Mr. Jaren Kilian withdrew their motion and second. A motion was made by Mrs. Lawley to recommend to the Commission the following for continuing education for the AEMT level: 36 hours of core education in the following categories 12 hours in Airway, Breathing, and Cardiology, 6 hours of medical, 12 hours of OB/Peds, 5 hours of trauma, 1 hour of operations, 2 hours of pharmacology, 12 hours of Audit and Review, and 22 hours of electives (examples 12 lead- static and dynamic interpretation and 5 rhythms, HIPPA, Blood borne pathogens, OSHA 1910, local protocols and procedures). The motion was seconded by Mr. Michael McNutt. The motion passed by unanimous vote.

- c. Attendance Standards for hybrid and on-line classes
 1. The TAC members that were present all agreed to define on-line and blended/hybrid/flipped course as follows:
 - a. On-line
 - i. Majority or all of the course is delivered online
 - ii. No face to face at all
 - b. Blended/hybrid/flipped
 - i. Substantial portion is delivered online by voice over
 - ii. Face to face will consist of the following:
 1. Exams
 2. Skills
 3. Homework
 - a. Problem solving

Chairman Bell will include a copy of The Blue Ridge Academic Health Group report 17 Health Professions education: Accelerating Innovation Through Technology (see attachment #1). This will accompany the recommendation to the EMS Commission. Chairman Bell started the discussion on attendance standards for a hybrid course. Several suggestions and discussion for nearly two hours followed Chairman Bell's opening statements regarding hybrid classes and the difference between hybrid and on-line classes.

A motion was made by Mr. Jaren Kilian to recommend the following to the EMS Commission: Proposed EMS Course Standards: Course composition

- 1. No more than 50% of the total didactic and laboratory content may be presented as hybrid interactive lecture, and a minimum of 50% of the didactic and laboratory content must be face-to-face.**

Didactic and Laboratory Attendance

- 2. In order to be eligible for successful course completion, students must have attended 90% of the didactic and laboratory scheduled course hours.**

Internship/clinical Attendance

- 3. Internship and clinical attendance must be complete as per the course application.**

The motion was seconded by Mr. Michael McNutt. The motion passed by unanimous vote.

- d. Comprehensive rule rewrite is on hold until the EMS strategic plan has been start and deadlines/dates have been given to the TAC.

G) Assignments- were discussed by the TAC members that were present and the following was decided.

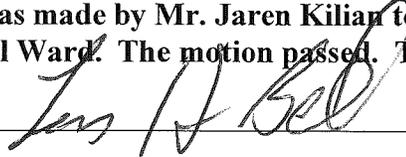
- a. Old Assignments (2010-present)

- i. In Progress

1. Templates for hybrid course from EMR to Paramedic level
2. EVOC training, Background Checks, Drug and Alcohol screens- the TAC is waiting on the results from IDHS after they are sent out.
3. Pediatric two additional hours be added to continuing education.
 - a. Continuing education hours and curriculum proposal- already taken to the Commission and approved
4. Attendance standard for all levels
 - a. For on-line courses- being worked on at this meeting
5. Psychomotor process from paramedic level
 - a. Airway requirement-has been taken care of
6. AEMT curriculum-Medical Directors to review- completed and taken to the Commission
7. Training Institutions self reporting –reassigned to the Accreditation working group no longer a TAC assignment.
8. Discussion on Military course analysis- Completed by IDHS staff
9. Reassigned the Indiana Fire Chiefs Association letter –EPI pen EMR level- has been assigned to the operations group.

A motion was made by Mr. Jaren Kilian to adjourn the meeting. The motion was seconded by Mr. Faril Ward. The motion passed. The meeting was adjourned at 2:26pm.

Approved _____


Leon Bell, Chairman

TECHNICAL ADVISORY COMMITTEE – TASK SUMMARY

INDIANA STATE E.M.S. COMMISSION

TASK INFORMATION

Date Assigned: Assigned to: TAC Chairman – Mr. Bell
Job Task: Drafting of EMS course attendance policy
Commission Staff:
Review Period:

ASSIGNMENT REVIEW - GUIDELINES - GOALS

TAC was assigned to draft an attendance policy for IDHS EMS courses.

TAC RECOMMENDATION

The TAC Education Sub-committee drafted a proposed attendance policy for IDHS EMS courses, and said policy was approved by the TAC on March 4, 2014.

The TAC makes the following recommendations:

Course composition

1. No more than 50% of the total didactic and laboratory content may be presented as hybrid interactive lecture, and a minimum of 50% of the didactic and laboratory content must be face-to-face.

Didactic and Laboratory Attendance

2. In order to be eligible for successful course completion, students must have attended 90% of the didactic and laboratory scheduled course hours.

Internship/clinical Attendance

3. Internship and clinical attendance must be complete as per the course application.

LIMITATIONS – CHALLENGES – FISCAL IMPACT

The TAC does not believe there is a fiscal impact. The TAC does not believe there will be any expected limitations or challenges.

FORMAL MOTION

TAC makes a motion that:

1. The EMS Commission to approve the attendance policy for IDHS EMS course.

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 for the EMS Commission

Proposed EMS Course Standards

March 2014

Proposed EMS Course Standards

Course composition

1. No more than 50% of the total didactic and laboratory content may be presented as hybrid interactive lecture, and a minimum of 50% of the didactic and laboratory content must be face-to-face.

Didactic and Laboratory Attendance

2. In order to be eligible for successful course completion, students must have attended 90% of the didactic and laboratory scheduled course hours.

Internship/clinical Attendance

3. Internship and clinical attendance must be complete as per the course application.

TECHNICAL ADVISORY COMMITTEE – TASK SUMMARY

INDIANA STATE E.M.S. COMMISSION

TASK INFORMATION

Date Assigned: Assigned to: TAC Chairman – Mr. Bell

Job Task: Drafting of application requirements for Training Institutions applying for hybrid EMS courses

Commission Staff:

Review Period:

ASSIGNMENT REVIEW - GUIDELINES - GOALS

TAC was assigned to draft course application requirements for Training Institutions when applying for hybrid EMS courses.

TAC RECOMMENDATION

The TAC Education Sub-committee drafted course application requirements for Training Institutions when applying for hybrid EMS courses, and said policy was approved by the TAC on March 4, 2014.

The TAC makes the following recommendations:

TI to submit with course application

- Percentage of hours and the actual number of hours that are in class, instructor lecture
 - What are the attendance requirements?
- Percentage of hours that are lab (skills)
 - What are the attendance requirements?
- Percentage of hours that are on-line
 - What are the attendance requirements?
 - How is attendance verified
 - How are the online modules sequenced in the curriculum to enhance and optimize the student learning experience
- How is competency verification achieved?
 - Cognitive
 - In-class
 - On-line (if applicable)
 - Psychomotor
 - Affective

On-line content should correspond to the sequence of the in class sessions, and the on-line content should be presented to the student (with attendance verified) prior to said in class session.

LIMITATIONS – CHALLENGES – FISCAL IMPACT

The TAC does not believe there is a fiscal impact. The TAC does not believe there will be any expected limitations or challenges.

FORMAL MOTION

TAC makes a motion that:

1. The EMS Commission to approve the course application requirements for Training Institutions when applying for hybrid EMS courses.

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: