



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: August 20, 2014

LOCATION: Indiana Emergency Responder Conference
Sheraton Hotel
8787 Keystone Crossing
Indianapolis, IN 46240

MEMBERS PRESENT:

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

MEMBERS ABSENT:

Sue Dunham	(Emergency Nurses)
Michael Olinger	(Trauma Physicians)

OTHERS PRESENT: Field Staff (Robin Stump, Don Watson, Steve Gressmire and Jason Smith), Candice Hilton, Elizabeth Westfall, and members of the EMS Community



An Equal Opportunity Employer

CALL TO ORDER AND ROLL CALL

Meeting called to order at 3:06pm by Chairman Lee Turpen.

Candice Hilton called roll and announced quorum. Vice Chairman Valentine recognized the Assistant Director for the Indiana Fire Chiefs Association Megan Thiele. Ms. Thiele welcomed everyone to the conference and the Commission meeting. Ms. Thiele also announced that the Indiana Fire Chiefs Association has come under new leadership this year. She welcomed any comments or suggestions anyone has to make improvements to the conference or anything new people would like to see.

HONORARY CERTIFICATION

Mr. Jason Smith, Indiana Department of Homeland Security, presented the request for a honorary EMT certification for Assistant Chief Jamie Middlebrook of the New Carlisle Volunteer Fire Department who died in the line of duty (see attachment #1).

A motion was made by Commissioner Zartman to approve the request. The motion was seconded by Commissioner Hamilton. The motion passed. Chairman Turpen announced that the certificate was presented to Assistant Chief Middlebrook's family at a service held in honor of Assistant Chief Middlebrook prior to this Commission meeting.

ADOPTION OF MINUTES

A motion was made by Commissioner Mackey to accept the minutes from the April 25, 2014 EMS Commission meeting minutes as written. The motion was seconded by Commissioner Zartman. The motion passed.

A motion was made by Commissioner Zartman to adopt the minutes from the June 20, 2014 EMS Commission meeting minutes with the adjustment to the wording of the sentence regarding adding the Primary Instructors to the December meeting minutes. Commissioner Mackey had sent an email to Candice Hilton in regards to this prior to today's Commission meeting. The motion was seconded by Commissioner Valentine. The motion passed.

INDIANA DEPARTMENT OF HEALTH

Mr. Art Logsdon reported out for the Health Department on the ASC in verifications approvals and Changes to the "in process" process. Ms. Katie Gatz reported on the Trauma registry report.

- a. Trauma registry report (see attachment #2)
 - a. Commissioner Mackey asked about the average run mileage. He wanted to know how the mileage was calculated. Ms. Gatz stated that she would do some research and get back to Commissioner Mackey with an accurate answer. Commissioner Lockard asked how many runs have been reported. Ms. Gatz stated that there have been 400,000 runs from 130 services.
- b. ASC in verification approvals
 - a. Mr. Logsdon reported that there are four (4) new applications for the Commission's approval Community North, Community East, Community South, and Methodist Hospital of Gary all level three (3). Commissioner Lockard asked how many in process trauma centers we have in the state now. Mr. Logsdon stated that there are ten (10) in the process. Ms. Gatz stated

that there were ten (10) but two (2) have been verified. There are now eight (8) "in the process" hospitals and eleven (11) verified trauma hospitals in the state of Indiana.

A motion was made by Commissioner Hoggatt to accept the "in process" status for Community North, Community East, Community South and Methodist Hospital of Gary. The motion was seconded by Commissioner Valentine. The motion passed.

- c. Changes to the "in the process" process
 - a. Mr. Logsdon stated that the Health Department is going to take a step back and review the "in process" process and come back to the Commission in December with new recommendation. The Health Department wants to be clearer in their instructions as to what information they need to submit to become "in process" trauma hospitals.

EMS FOR CHILDREN REPORT (EMSC)

Mrs. Gretchen Huffman reported out on progress of projects the EMS for Children's projects. (see attachment #3)

TECHNICAL ADVISORY COMMITTEE (TAC)

Chairman of the Technical Advisory Committee (TAC) Leon Bell reported regarding the last Technical Advisory Committee meeting and presented the following recommendations for the EMS Commission member's consideration and approval:

1. The TAC is recommending the approval of Section (one)1 of the Primary Instructors manual as revised by the Technical Advisory Committee. Mr. Bell briefly went through the changes that were made from the original version of Section 1. (see attachment #4)

A motion was made by Commissioner Zartman to accept Section 1 of the Primary Instructors manual. The motion was seconded by Commissioner Hamilton. The motion passed.

2. The TAC is recommending the approval of Section three (3) of the Primary Instructor manual as revised by the Technical Advisory Committee. Mr. Bell stated that the scenarios have been taken out of Section 3. (see attachment #5)

A motion was made by Commissioner Zartman to accept Section 3 of the Primary Instructors manual. The motion was seconded by Commissioner Lockard. The motion passed.

3. The TAC is recommending that In December of every year the EMS Commission will appoint a special group for review of the Primary Instructor Manual for any needed updates. The sub-group would consist of one (1) Commission member, two (2) Technical Advisory Committee members, two (2) agency staff members, and two (2) member of the EMS Education Community. Mr. Bell stated that the reasoning behind the recommendation for this process is for standardization.

A motion was made by Commissioner Zartman to adopt the TAC's recommendation. The motion was seconded by Commissioner Valentine. Commissioner Mackey asked who would appoint this committee. After discussion Commissioner Zartman amended his motion to state that the committee would be appointed by the Chairman of the EMS Commission. The motion passed.

4. The TAC would like to remind the Commission of the primary instructor recommendations that were passed at a previous Commission meeting. The TAC would also like to have permission to create the Primary Instructor evaluation form and course evaluation form as a work tool.

A motion was made by Commissioner Mackey to grant the TAC permission to work on the primary instructor evaluation form and course evaluation form as a work tool. The motion was seconded by Commissioner Valentine. The motion passed.

5. Mr. Bell notified the Commission members that the survey results have been given the TAC from the EVOC, criminal background checks, and the drug and alcohol screening surveys.
6. Mr. Bell asked for guidance regarding non-consistent attendance of members. Chairman Turpen asked Mr. Bell to send him the attendance of the members for the last year of the TAC meetings. The Commission will make the issue known.

Director Garvey stated that staff is still working on the ability of the EMS Commission and TAC to use teleconference for attendance of meeting. Staff will bring recommendation to the next Commission meeting.

7. Mr. Bell reminded the Commission that the AEMT rules for organizations is still on the table. Commissioner Zartman asked if Ms. Robin Stump had looked over the proposed rule. Director Michael Garvey reminded the Commission of the process to promulgate new rules. (see attachment #6)

A motion was made by Commissioner Zartman to accept the AEMT organization proposed rules as recommended by the TAC. The motion was seconded by Commissioner Mackey. The motion was passed.

Director Garvey also reminded everyone that there are a lot of steps in the promulgation process. This means there are opportunities to make some changes or tweaks to the rule if needed.

8. Mr. Bell stated that the TAC was working on Section 4 of the Primary Instructor manual which will complete the review of the entire Primary Instructor manual and the use of EPI pens by Emergency Medical Responders.

INDIANA EMERGENCY MEDICAL SERVICES ASSOCIATION (IEMSA)

Mr. Garrett Dean presented for the Indiana Emergency Medical Services Association. Mr. Dean introduced himself to the Commission. He is a paramedic with Indianapolis EMS as well as on the Board of Directors of the IEMSA. Mr. Dean announced that IEMSA now has a new website www.indianaemsa.com and also have a Facebook page. Mr. Dean stated that IEMSA is looking at Muncie for their next conference and that they are working on the dates for the conference. Mr. Dean stated that a contract has been signed with the National Associations of EMTs. If you sign up for one you will be signed up for both associations. IEMSA is also offering EMT students and Paramedic students that apply for membership with IEMSA will receive a free year of membership. Mr. Dean announced that the work on the EMS memorial is still moving forward. IEMSA will have a booth at the World Expo that is in Nashville Tennessee this year.

PERSONNEL WAIVER REQUESTS

The following requested a waiver of 836 IAC 4-4-1 (b) The applicant shall apply for certification on forms provided by the agency postmarked within one (1) year of the date that the course was concluded as shown on the course report. Ms. Herron is asking for more time to complete the requirement to become certified as an EMT Bobbie completed EMT Class course number B29-02-11 which had an end of class date of August 6, 2011. Bobbie took her first attempt at the practical on August 6, 2011 and failed. She has not attempted a retest. She also did not attempt the written test. She states that she was diagnosed with cancer in Oct 2011 and the supporting letter states that she has been under doctor's care since August of 2013. Staff recommends denial based on that it has been 3 years since the course was completed.

A motion was made by Commissioner Zartman to deny the waiver request. The motion was seconded by Commissioner Hamilton. Chairman Turpen asked if there was any discussion. Ms. Herron addressed the Commission stating that even though she was unable to test to complete her certification due to extenuating circumstances she has kept up on her education by attending training at fire departments and taking classes through Kansas state on line. She further states that she has practiced skills with Noblesville firefighters at Station #75 and that she can provide documentation of her education and skills verification if needed. Discussion among the Commission members followed. Commissioner Zartman amended his original motion to the following: A motion was made by Commissioner Zartman to allow Ms. Herron to attempt the practical and written exams one time after successful completion of a Department of Transportation or equivalent twenty four (24) hour refresher course and skills competency validated by a Primary Instructor. The motion was seconded by Commissioner Lockard. The motion was further amended to include a deadline of six months from the date of the Commission meeting. Commissioner Lockard agreed to the amendment. 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. Staff recommends approval.

Aboite Township Fire Department

A motion was made by Commissioner Valentine to approve the waiver request for the listed provider organizations. 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. 836 IAC 2-7.2-1 General requirements for emergency medical technician-intermediate provider organization Authority: IC 16-31-2-7; IC 16-31-3-14; IC 16-31-3-14.5; IC 16-31-3-2 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. Staff recommends approval based on previous Commission action and current rules.

Anderson Township Volunteer Fire Department

Carisle Lions Community Ambulance Service

Georgetown Fire Protection District

Thunderbird Fire Department

Vermillion County EMS

A motion was made by Commissioner Hoggatt to approve the listed provider organization waiver requests with the provision that the provider reports every six months to staff their plan to become compliant with the rule and provide 24 hour ALS coverage. The motion was seconded by Commissioner Zartman. The motion passed.

The following requested a waiver of 836 IAC 2-2-1 (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. Gibson County Ambulance Service is requesting a waiver of the personnel requirement in 836 IAC 2-2-1 (h)(2) in the Paramedic rules. Gibson County Ambulance Service is requesting that 1-2 times a month they are without the

EMT required for a paramedic response but do have Firefighters that can assist with the transport. Staff recommends approval with the stipulation of reporting to the agency the following: 6 month update of action plan and send an e-mail to area district manager each time this occurs.

Gibson County Ambulance Service

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

The following requested a waiver of 836 IAC 2-2-1(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. Sullivan City FD is requesting a waiver of the EMT requirement on a paramedic response. They do not have the adequate staffing due to budget cuts. They do have first responders and drivers available. Staff Recommends approval with the stipulation of reporting to the agency the following: 6 month update of action plan and send an e-mail to area district manager each time this occurs

Sullivan City Fire Department

A motion was made by Commissioner Valentine to approve this waiver request. The motion was seconded by Commissioner Lockard. The motion passed.

The following requested a waiver of 836 IAC 2-2-1 (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. Switzerland County EMS is requesting a waiver of the personnel requirement in 836 IAC 2-2-1 (h)(2) in the Paramedic rules. Switzerland County EMS has 2 EMT's with a paramedic chase vehicle. If the run is a basic then the paramedic can stay in the county. If another run comes in then they are requesting that a driver or EMR could be with the paramedic. If approved they will give these personnel extra training on responding with the paramedic. Staff recommends approval with the stipulation of reporting to the agency the following: 6 month update of action plan and send an e-mail to area district manager each time this occurs.

Switzerland County EMS

A motion was made by Commissioner Hoggatt to approve the waiver request with the stipulation that the staff suggested. The motion was seconded by Commissioner Valentine. The Commission also requested that staff obtain clarification as to what extra training constitutes for this service. The motion passed.

The following requested a waiver of 836 IAC 2-2-1 (h) is 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. Prompt Medical Transport is requesting a waiver of the staffing requirement for their specialty transports. They are requesting this waiver for their three provider certification in Highland, South Bend and Lafayette. They state the personnel would be hospital personnel during transport. Staff recommends approval based on previous Commission action and current rules.

Prompt Medical Transportation INC. – Highland, South Bend and Lafayette

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

NEW BUSINESS

1. Narcan discussion and training approval
 - a. Dr. Michael Kauffman, EMS medical director for St. Vincent Hospital, presented information regarding the raising drug overdoses in Indiana and the use of Narcan. Dr. Kauffman also review the new legislation regarding the use of Narcan (see attachment #7). Dr. Kauffman introduced Dr. O'Donnell Indianapolis EMS's EMS medical director. Dr. O'Donnell reports that the IMPD West District pilot program began on April 14, 2014 with 120 patrol officers. The officers received training that

lasted 22 minutes. To date IMPD reports 19 cases of administration of Narcan. This number does not include data from August. There has only been one case of additional administration of Narcan. Dr. O'Donell has been approached by other law enforcement agencies to get the training for Narcan administration. Dr. O'Donell states that they are getting ready to expand the program to the entire IMPD force. Chairman Turpen under Chairman Direction appointed a committee of Commissioner Mackey, Commissioner Valentine, and Commissioner Zartman to go over the training and have it ready for distribution for training. Chairman Turpen directed that it be ready for approval at the next EMS Commission meeting. Commissioner Valentine was appointed the Chairman of the sub-committee.

2. Approval of State Medical Director.
 - a. State Fire Marshal James Greeson attended the EMS Commission meeting on Executive Director John Hill's behalf. Marshal Greeson announced Director Hill's new position as Chief Executive of Public Safety for the Governor. Marshal Greeson reminded everyone of the legislation that was passed creating a position for a State Medical Director. Director Hill and Marshal Greeson met with Dr. Michael Olinger four (4) times over the previous 2 to 3 months discussing the State Medical Director position. Director Hill makes the recommendation that the Commission approve the appointment of Dr. Olinger as the state EMS Medical Director.

A motion was made by Commissioner Valentine to approve the appointment of Dr. Michael Olinger to the State EMS Medical Director position. The motion was seconded by Commissioner Lockard. The motion passed.

Under Chairman's Direction a committee of Commissioner Zartman, Commissioner Craigin, and Commissioner Champion to make recommendations for the EMS state Medical Director's job description. There is a two week deadline to submit recommendations to EMS State Director Garvey and Marshal Greeson. Chairman Turpen asked that Commissioner Craigin coordinate the meeting for this group.

ADMINISTRATIVE PROCEEDINGS

1. **Administrative Orders Issued**
 - a. **Personnel Orders**
 - i. **One Year Probation**

Order No. 0047-2014 Tyler S. Binion

No action required, none taken

- ii. **2 Year Probations**

Order No. 0048-2014 Wesley J. Gutgsell

No action required, none taken

Order No. 0046-2014 Joshua Matthew Harrison

No action required, none taken

STAFF REPORTS

- A. Field Staff Report (see attachment #8)
- B. Certifications report (see attachment #9)

C. Training Report (see attachment #10)

- a. Mrs. Elizabeth Westfall presented the National Registry report. There was discussion on the low pass rates for AEMTs.
- b. Mrs. Elizabeth Westfall reports that there are 106 active Training Institutions in the State.
- c. Mrs. Westfall announced that there were 33 total PI update sessions held throughout the state. Mrs. Westfall asked the Commission what we need to do for the 76 PIs that did not attend any of the sessions. After some discussion the following motion was made:

A motion was made by Commissioner Zartman to inactivate their PI certification until they complete the on line training component and pay a \$50 fee. They also need to submit the reasoning for not attending. The individuals that had medical reasons need to come before the Commission for waiver of the fee.

Additionally no new course applications for the PIs that have not completed the training will be approved until they have completed the training. The motion was seconded by Commissioner Hamilton. The motion passed.

- d. Mrs. Westfall reported that the directions for the airway skills station were left out of the PI manual. Mrs. Westfall stated that there were two grammatical errors.

A motion was made by Commissioner Zartman to add the airway skill station directions to the manual with the grammatical errors corrected. The motion was seconded by Commissioner Mackey. The motion was passed.

STATE EMS DIRECTOR'S REPORT

Director Michael Garvey announced that there are three vacancies in the EMS office. The section chief position has been posted and closed. The training coordinator position has been posted and closed as well. The compliance position has not been posted yet. Director Garvey thanked the staff for their hard work in covering for the vacant positions. Director Garvey spoke about the EVOC program. He stated that there are currently 90 individuals teaching EVOC programs. The EMS Commission approved a training course in 2005. There will be an update to bring the current EVOC instructors up to speed on the 2005 course materials. Director Garvey spoke about REPLICA which is a National Association Interstate Compact. Indiana may not need the compact. There are a few things that hold Indiana back from being eligible to take complete for example finger print based background checks and use the National Registry for testing for EMTs as well as Paramedics. The final draft of the document has not been made available. When Director Garvey receives a copy of the final document he will forward it to the EMS Commission for review. Director Garvey spoke about IN-TIME. This program includes wrecker drivers, EMS, Fire and law enforcement.. Director Garvey spoke a little about EVENT. EVENT tracks EMS injures and violence against EMS personnel. Participation in the EVENT program is voluntary however Director Garvey encourages participation. Director Garvey also reported that forward progress has been made in the area of military reciprocity. Director Garvey reported that it has been discovered that military individuals that have had the 68 whiskey training can be directly certified in Indiana. Director Garvey asked for clarification on the use of haemostatic agents by EMTs.

A motion was made by Commissioner Hoggatt that haemostatic gauze a piece of equipment that can be used by all levels of EMS. The motion was seconded by Commissioner Zartman. The motion passed.

CHAIRMAN'S REPORT AND DIRECTION

Chairman Turpen asked that anyone that if there is any issue with cot/stretchers/gurney tip over or other injury issue report it directly to the manufacture of the cot/stretchers/gurneys so the data can be trended. With this data changes can be made to the cot/stretchers/gurneys. Chairman Turpen stated that they is a good education list at the IERC. Chairman Turpen also mentioned the two major event based conferences that are coming up. The National Association of EMS physicians in Florida in the early weeks of January and closely on the heels of that conference in February or March are the US Consortium of Metropolitan Medical Directors EMS State of the Sciences Conference in Dallas Texas.

NEXT MEETING

Chairman Turpen announced that the next EMS Commission meeting is on October 17, 2014 at Fishers Town Hall One Municipal Drive Fishers, IN 46038 starting at 10am.

ADJOURNMENT

A motion was made by Commissioner Mackey to adjourn the meeting. The motion was seconded by Commissioner Hamilton. The motion passed. The meeting was adjourned at 5:10p.m.

Approved _____

G. Lee Turpen II, Chairman

Attachment #1



MICHAEL R. PENCE, Governor
STATE OF INDIANA

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

August 6, 2014

Indiana Emergency Medical Services Commission
c/o Indiana State Fire Marshal's Office – EMS Branch
ATTN: G. Lee Turpen, Chairman
302 West Washington Street – Room E239
Indianapolis, IN 46204
Dear Mr. Turpen,

Whereas, in the late evening of Tuesday, August 5th, Assistant Chief Jamie Middlebrook responded with the New Carlisle Volunteer Fire Department to a massive business fire in LaPorte County. Multiple agencies from several counties responded to the fire; and

Whereas, following a collapse of the structure, Assistant Chief Middlebrook and a second firefighter were entrapped in the structure, with Middlebrook suffering instantly fatal injuries; and

Whereas, Assistant Chief Middlebrook was a twenty-two year veteran of the New Carlisle Volunteer Fire Department and was also a career EMT and currently serving also as Assistant Chief of New Carlisle EMS. Assistant Chief Middlebrook dedicated his entire life to public safety and the citizens of his community, and ultimately paid the ultimate sacrifice serving others.

Therefore, on behalf of the State of Indiana EMS staff, and the entire Indiana EMS community, I respectfully request that the Indiana Emergency Services Commission posthumously honor EMT Jamie Middlebrook with "Honorary Lifetime" EMT certification.

Respectfully submitted,

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

Jason R. Smith, EMS District Manager
Office of the State Fire Marshal –
Emergency Medical Services Branch
302 West Washington Street – Rm E239
Indianapolis, IN 46204

Attachment #2

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

This report from the Indiana State Department of Health (ISDH) EMS registry includes 171,991 runs from 122 pre-hospital providers during the time frame from July 30, 2013 through July 29, 2014. This report also focuses on several sub-populations in this time frame:

1. 37,415 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. 11,748 incidents where the 12 lead ECG procedure was performed.

Lastly, 19,625 incidents were reported to the ISDH Indiana Trauma Registry from the same time period (July 30, 2013 through July 29, 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 0.61% of chest pain cases were reported to have allergies to aspirin (23 cases). Please note that the medication allergies data element is a National Emergency Medical Services Information System (NEMSIS) gold element which is not required by either the Indiana Department of Homeland Security (IDHS) or ISDH Pre-hospital registries.

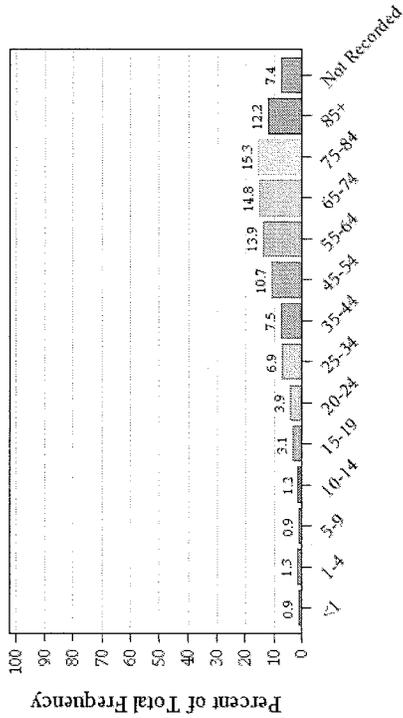


Indiana State
Department of Health

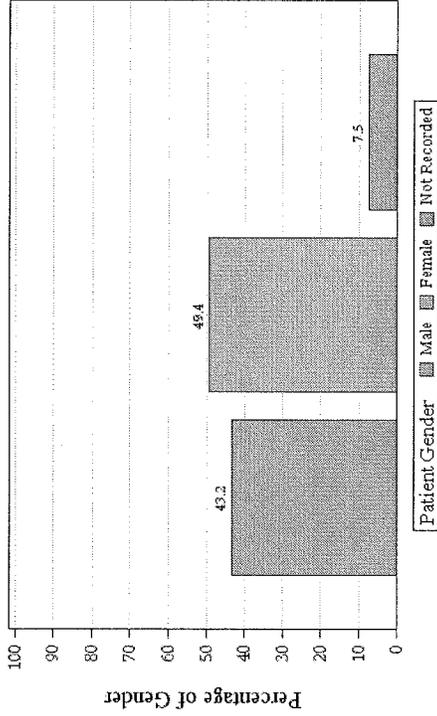
Indiana Trauma Registry Pre-Hospital Data Report
07/30/2013-07/28/2014
122 Total Providers Reporting 171,991 Incidents



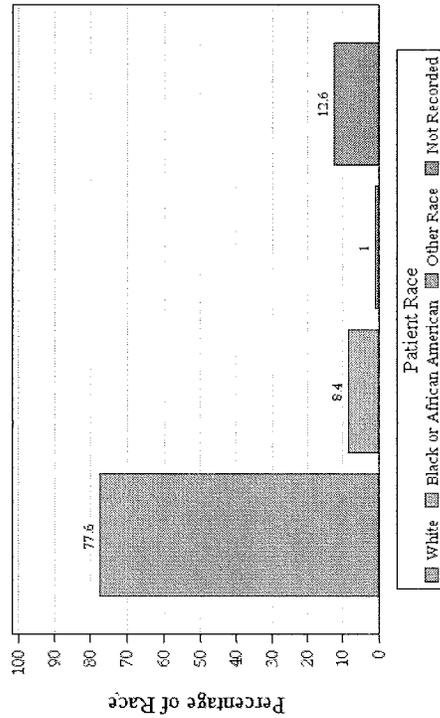
Patient Age (Years)



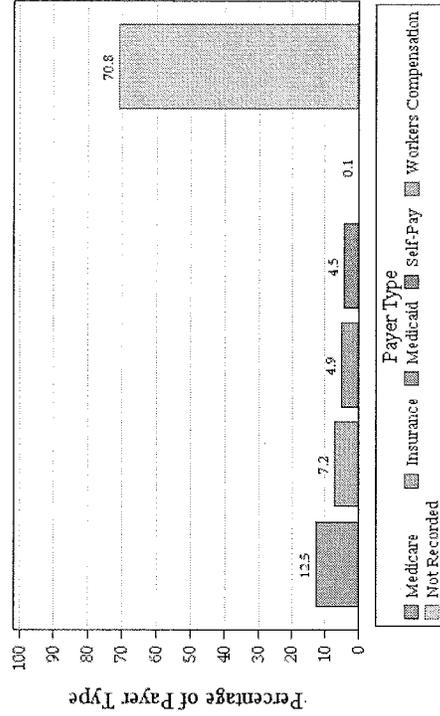
Patient Gender



Patient Race

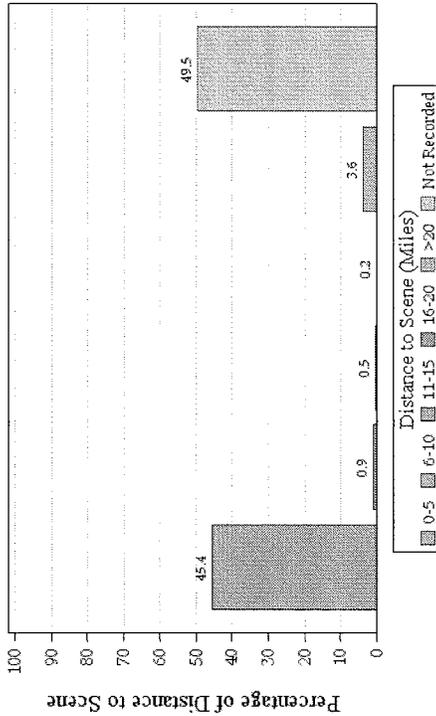


Payer Type

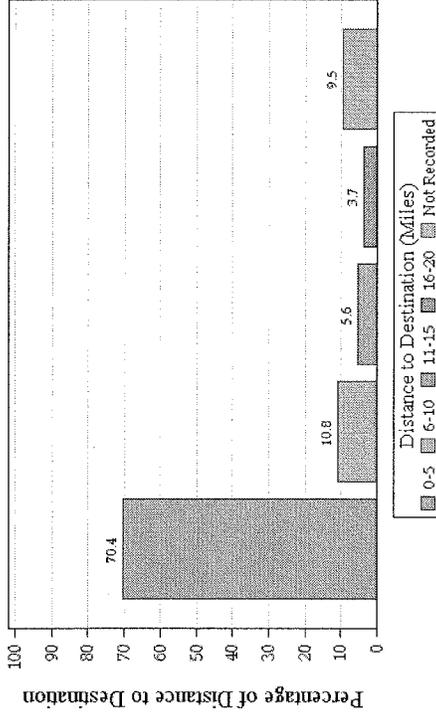


<1% Race: Asian, Native Hawaiian, American Indian/Alaskan Native

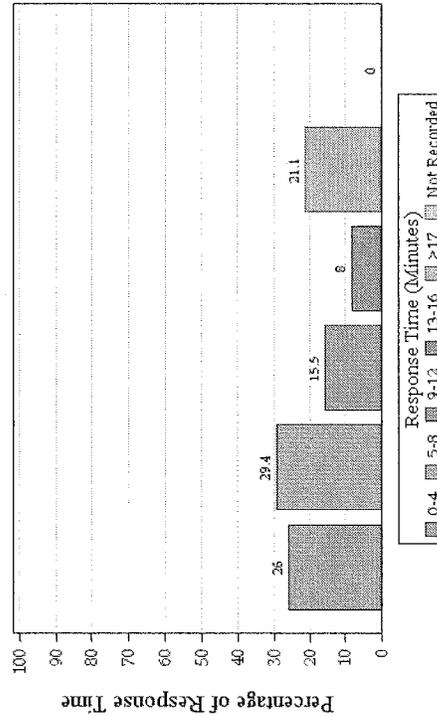
Distance to Scene (Miles)



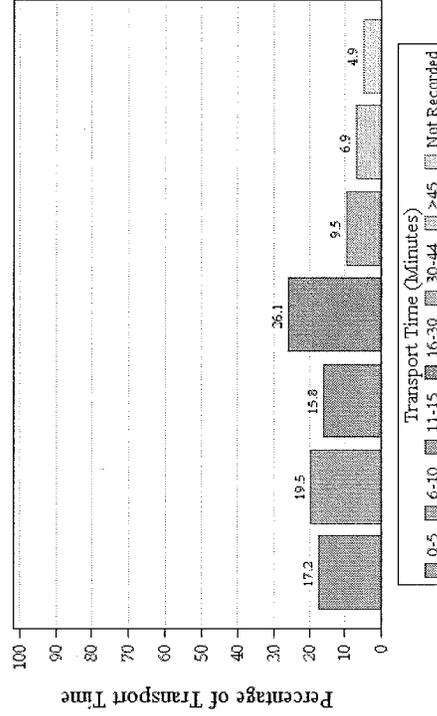
Distance to Destination (Miles)



Response Time (Minutes)



Transport Time (Minutes)



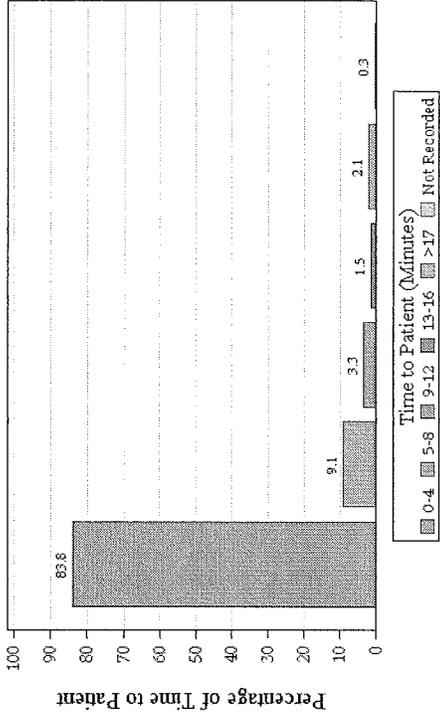
Response Time: Difference in Time from Dispatch to Arrival on Scene

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

Indiana Trauma Registry Pre-Hospital Data Report
07/30/2013-07/29/2014
122 Total Providers Reporting 171,991 Incidents

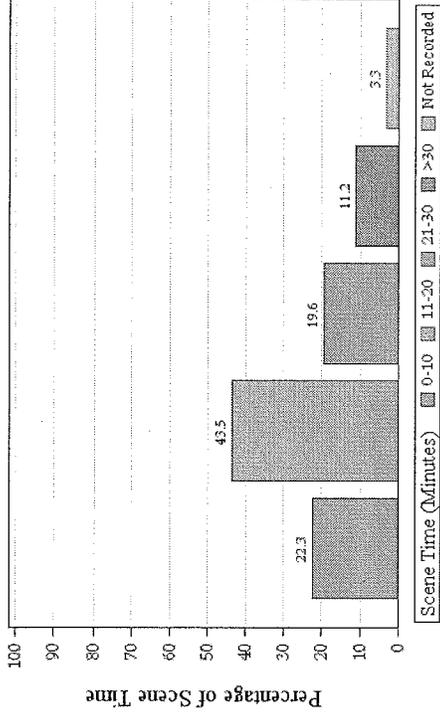


Time to Patient (Minutes)



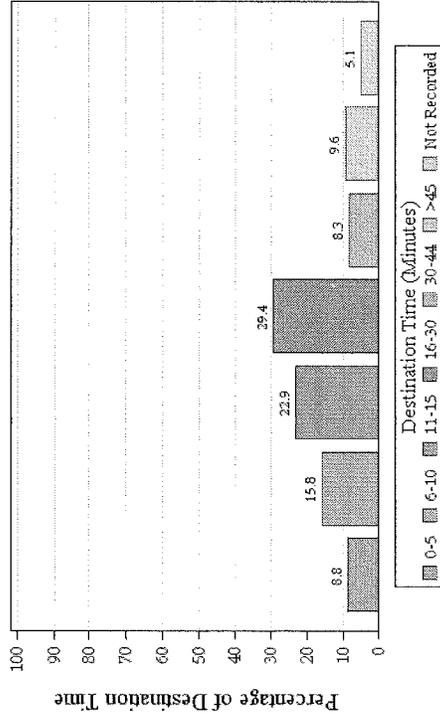
Time To Patient: Difference in Time from Arrival at Scene

Scene Time (Minutes)



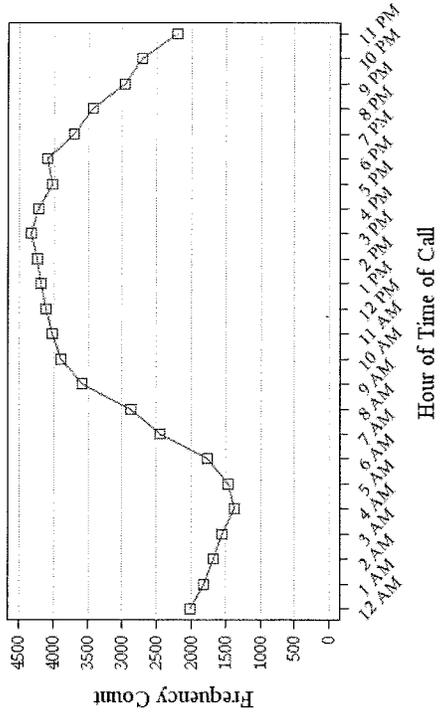
Scene Time: Difference in Time from Arrival at Scene

Destination Time (Minutes)



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

Time of Call



Time of Call Not Recorded for 99,228 Incidents

Indiana Trauma Registry Pre-Hospital Data Report
07/30/2013-07/29/2014
122 Total Providers Reporting 171,991 Incidents



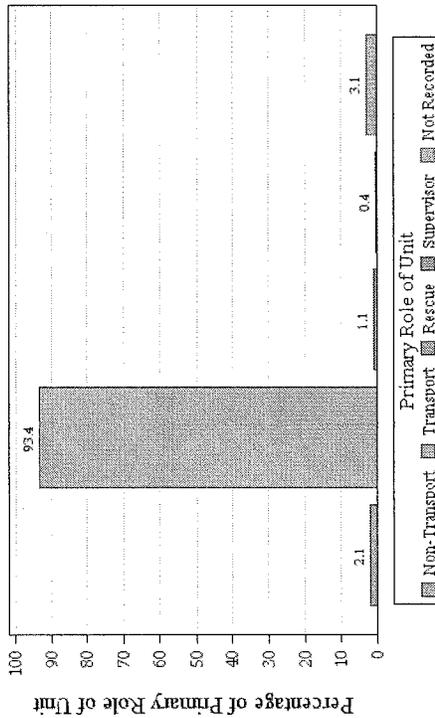
Average Run Mileage

Obs	Destination	Miles
1	Mileage to Scene	3.6
2	Mileage to Destination	3.6
3	Total Mileage	8.0

Average Run Time

Obs	Destination	Minutes
1	Time to Scene	12.49
2	Time to Patient	2.92
3	Time at Scene	18.56
4	Time to Destination	18.69
5	Back in Service	21.54
6	Total Run Time	64.58

Primary Role of Unit



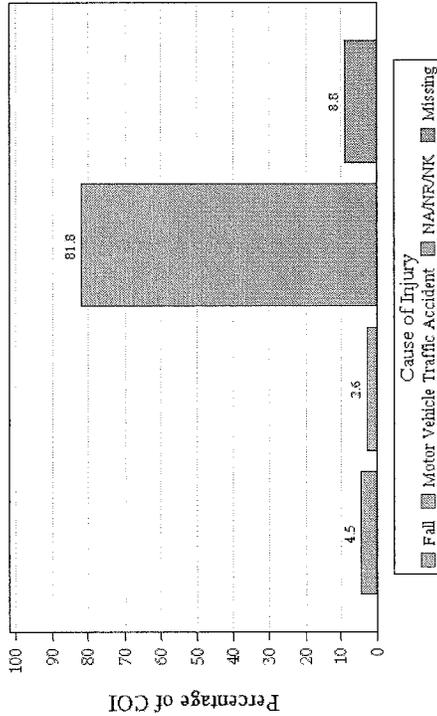
Level of Transport



Indiana Trauma Registry Pre-Hospital Data Report
07/30/2013-07/29/2014
122 Total Providers Reporting 171,991 Incidents

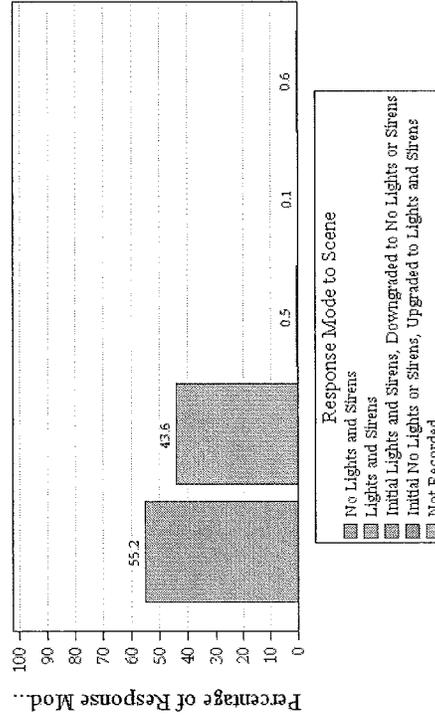


Cause of Injury (COI)

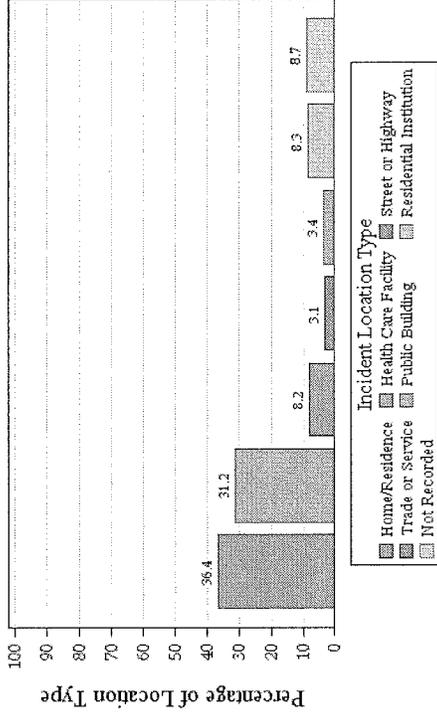


Causes of Injury <1.5% not listed (40 variables)

Response Mode to Scene

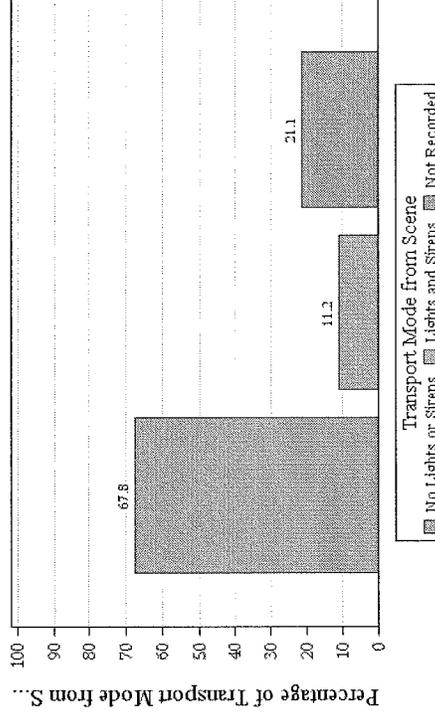


Incident Location Type



Incident Location Type <1% not listed (4 variables)

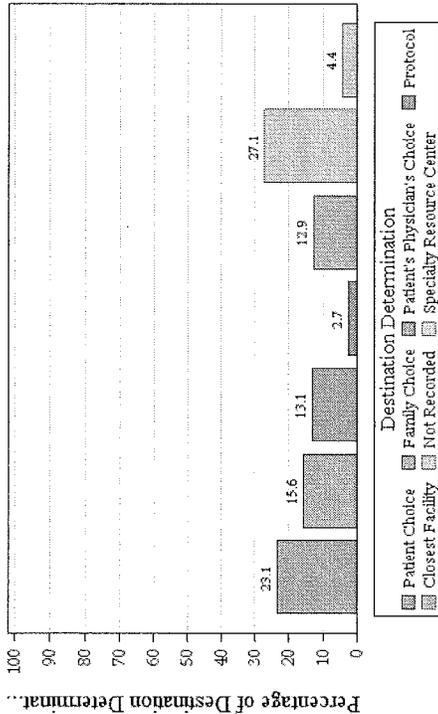
Transport Mode from Scene



Indiana Trauma Registry Pre-Hospital Data Report
07/30/2013-07/29/2014
122 Total Providers Reporting 171,991 Incidents

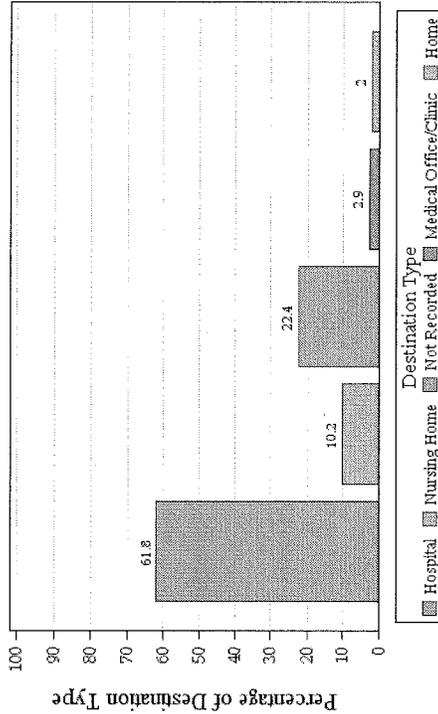


Destination Determination



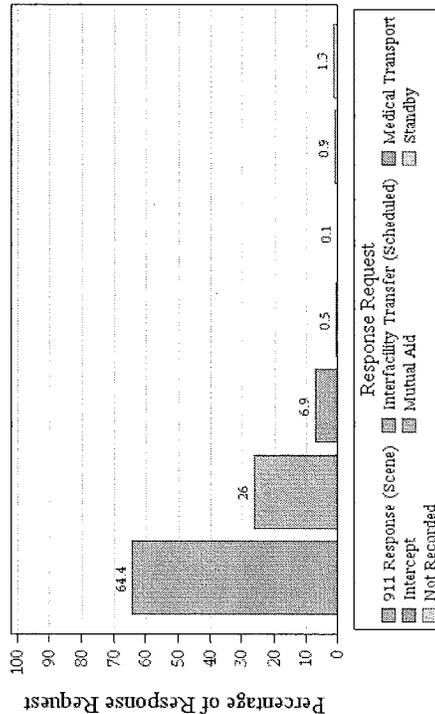
Destination Determinations <1% Not Listed (5 Variables)

Destination Type

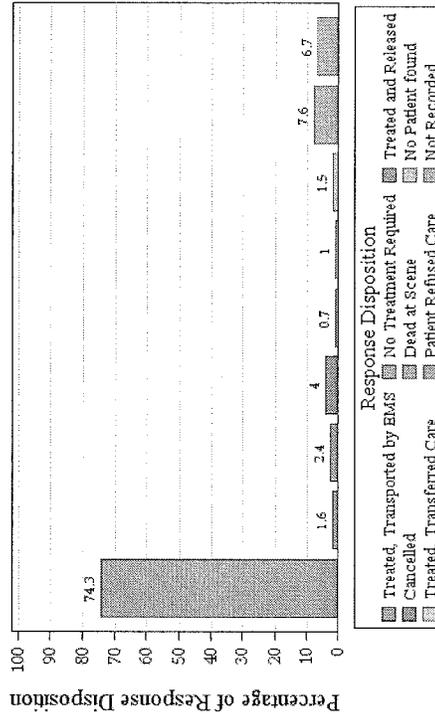


<1% Destination Type: EMS Responder (Ground), Other Morgue, Other EMS Responder (Air), Police/Jail

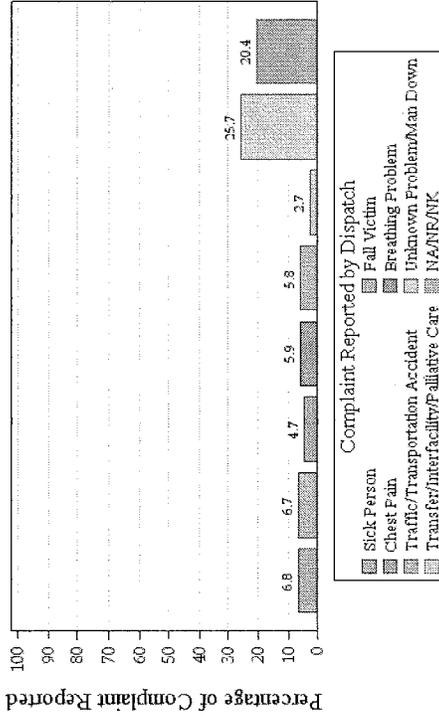
Response Request



Response Disposition

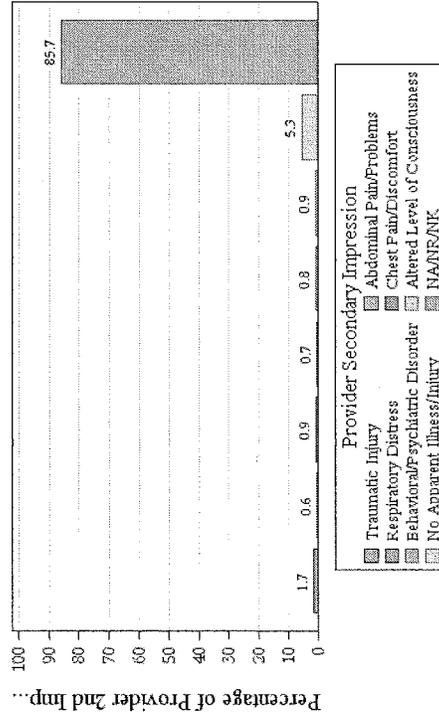


Complaint Reported by Dispatch



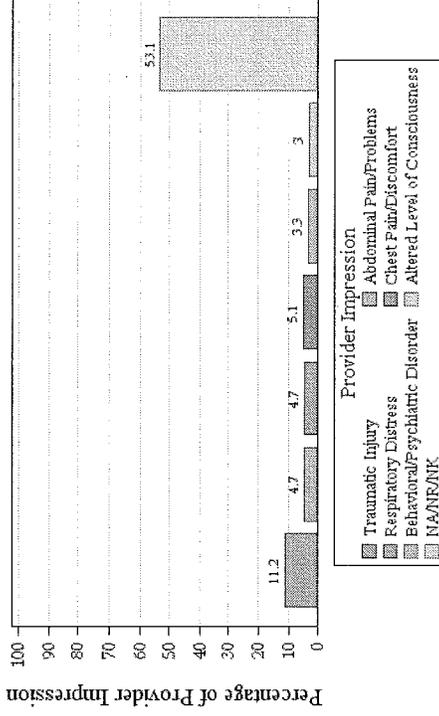
Complaints <2.5% not listed (10 variables)

Provider Secondary Impression



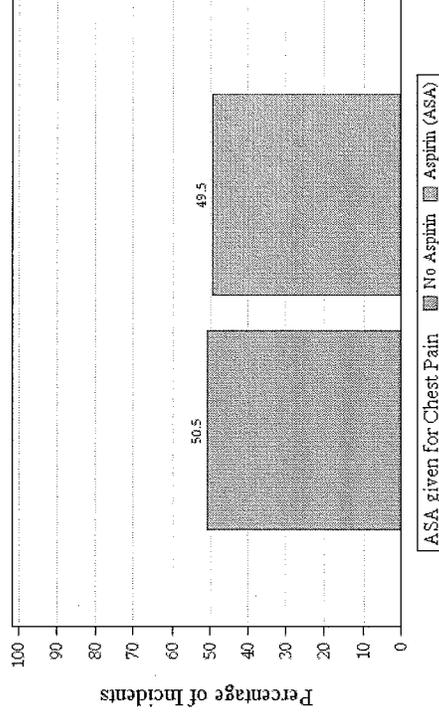
<5% P.I.: Pain, Seizure, Other. Stroke/CVA, Syncope/Fainting
 Poisoning/Drug Ingestion, Cardiac Rhythm Disturbance, Diabetic Symptoms

Provider Primary Impression



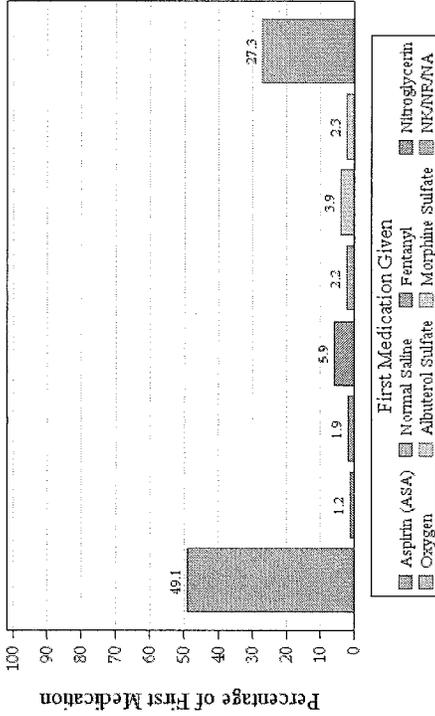
Primary Impressions <2.5% not listed, 26 variables

Chest Pain Incidents where ASA Given



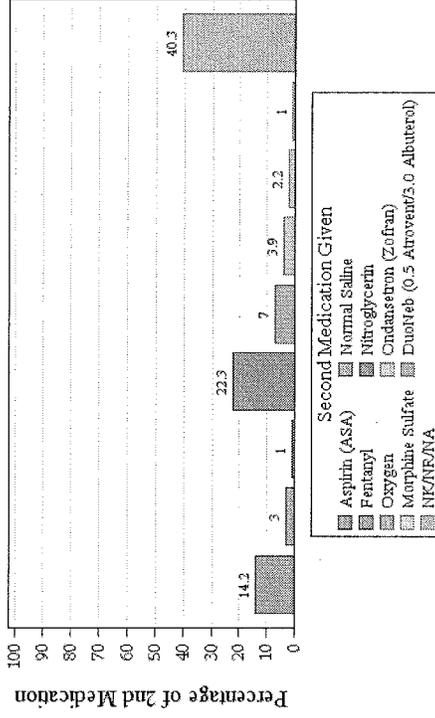
Chest Pain Incidents where ASA was Given (2013-YTD)
 Chest Pain as complaint reported by dispatch or
 the provider's primary or secondary impression; N= 37,415

First Medication Given for Chest Pain



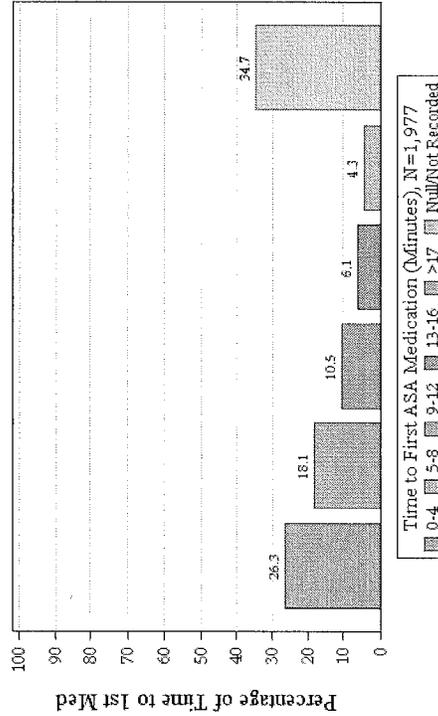
First Medications <0.5% not listed (39 variables)

Second Medication Given for Chest Pain



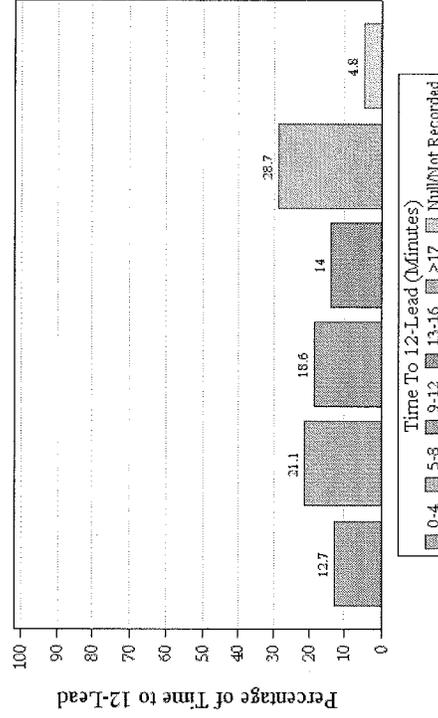
Second Medications <1% not listed (51 variables)

Time to First ASA Medication (Minutes)



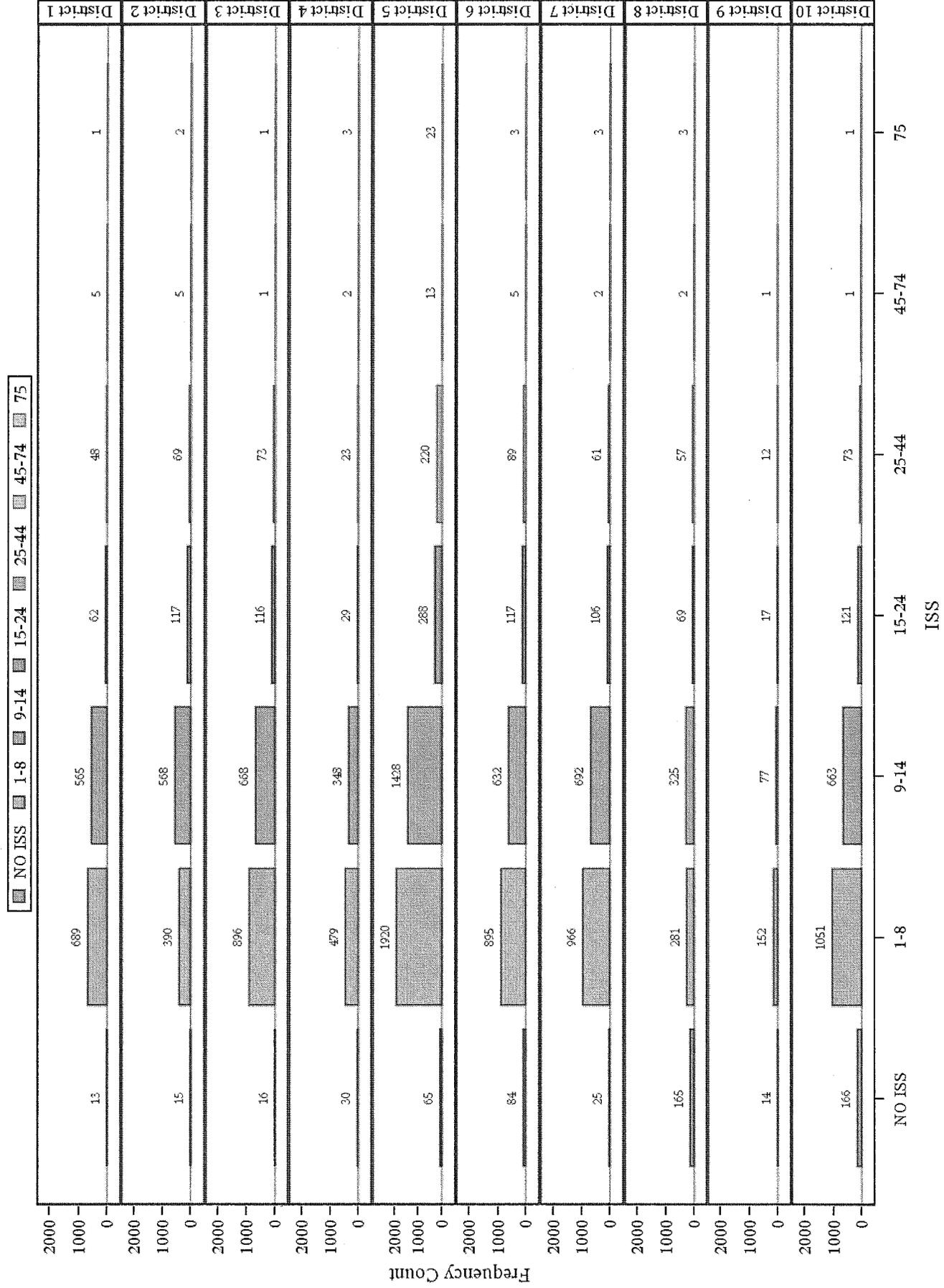
Time to 1st Med: Time from Arrived at Patient to First Medication (Aspirin[ASA]) Administered for Chest Pain

Time to 12-Lead (Minutes)



Time to 12-Lead: Time from Arrived at Patient to Time 12 lead ECG Procedure Performed; N=11,748

Indiana Trauma Registry- July 30, 2013 to July 29, 2014 - 19,625 Incidents Injury Severity Score By Public Health Preparedness Districts



Attachment #3

DEAR PARENT/CAREGIVER,

The Indiana State Department of Health and the MESH Coalition are pleased to introduce the Emergency Preparedness Education Toolkit.

This Toolkit contains the following:

- **Introductory letter explaining the program goals**
- **Informational DVD with contents available in English or Spanish**
- **Sample letters to send to your power company, gas company, local emergency manager and fire department/emergency medical services agency**
- **Emergency preparedness checklists for your home, car and ventilator**
- **Emergency contact information to keep at your fingertips**
- **Tear-off information cards for use in your personal preparedness go-kits**

This Toolkit has been designed to keep you and your loved ones better prepared during an emergency or disaster. We encourage you to watch the DVD, review the materials, and complete the items on the action checklist to be prepared!

If you have additional questions on the program, please contact the Indiana State Department of Health's Division of Public Health Preparedness at 317-233-1325.



www.state.in.us/isdh/



www.meshcoalition.org



www.indianaemsc.org

The content in this Toolkit provides general information about emergency preparedness and is intended for educational purposes only. You assume full responsibility for using the information presented. Content is NOT a substitute for the advice of a physician or other professional healthcare provider.

The producers of this video and developers of this content are not responsible for any claim, loss, or damage resulting from its use by you or any user. This product was developed by the MESH Coalition pursuant to Indiana State Department of Health contract number A70-4-0532194 (BPRS 1373-1).

EMERGENCY PREPAREDNESS
EDUCATION TOOLKIT
TABLE OF CONTENTS

- Letter of Introduction
- Letter Templates to:
 - Power Company
 - Gas Company
 - EMS/Fire/Emergency Management
- Emergency Kit Checklist
- Emergency Phone List
- Action Checklist for Families
- Evacuation Checklist
- Emergency Information Contact Card(s)
- Ventilator Settings
- DVD Program

TO POWER COMPANY

To Whom It May Concern:

 (NAME OF YOUR CHILD) , who lives at (ADDRESS, CITY, ZIP) is a child who is dependent on electrical medical equipment such as a ventilator.

This ventilator requires electricity to run. If this equipment fails the life of (NAME OF YOUR CHILD) may be negatively affected. In the event of a power outage, please restore power to this home immediately and add this address to your power restoration priority list. Please do not cut power to this home without first notifying the homeowners and allowing time for arrangements to be made for safe care.

Thank you.

TO GAS COMPANY

To Whom It May Concern:

 (NAME OF YOUR CHILD) , who lives at (ADDRESS, CITY, ZIP) is a child who is dependent on electrical medical equipment such as a ventilator.

Due to the medical condition and needs of this person interruption of service could have a negative effect on their health. In the event of service loss, please restore services to this home immediately and add this address to your restoration priority list. Please do not cut service to this home without first notifying the homeowners and allowing time for arrangements to be made for safe care.

Thank you.

TO EMS/FIRE/EMERGENCY MANAGEMENT

To Whom It May Concern:

 (NAME OF YOUR CHILD) , who lives at (ADDRESS, CITY, ZIP) is a child who is dependent on electrical medical equipment such as a ventilator.

Caregivers provide care at home to (NAME OF YOUR CHILD) and are familiar with handling basic emergencies that may arise. Please note that if you are called to our home there will be additional equipment and complications with movement. In the event of an evacuation, we may need additional resources to assist in the transfer of our child to a safe location.

Thank you.

HOME GO KIT

- First-aid kit
- Prescription medications (7-day supply)
- Flashlight
- Toothpaste & toothbrush
- Personal hygiene items
- Map of the area
- Duct tape
- Multipurpose tool
- Spare glasses or contacts
- Lighter / matches
- Blankets
- 1 gallon of water per family member per day for up to 3 days
- Batteries
- Whistle
- Compass
- Crackers
- Peanut butter
- Jelly
- Canned fruit, meat & vegetables
- Granola bars
- Disposal utensils, plates & bowls
- Battery powered radio
- Insect repellent
- Sunscreen
- 55 gallon contractor trash bag
- Bar soap
- Clothing for each family member
- Personal ID information
- Credit cards & small cash supply
- List of important phone numbers
- Spare car & house keys
- Single serve drinks

CAR GO KIT

- First-aid kit
- Prescription medications (7-day supply)
- Flashlight
- Toothpaste & toothbrush
- Personal hygiene items
- Map of area
- Duct tape
- Multipurpose tool
- Spare glasses or contacts
- Lighter / matches
- Blankets
- Water bottles
- Batteries
- Whistle
- Compass
- Snacks
- Spare tire & jack
- Jumper cables
- Marker & paper
- Pliers
- Spare clothes & shoes
- Deodorant
- Phone charger
- Items needed for work
- Ventilator car charger

VENTILATOR SUPPLIES

- Bag valve mask
- Additional batteries
- 12 Volt battery
- Extra humidifier
- 2 Portable O2 tanks
- Power cord
- Portable suction
- Apnea monitor
- Medications
- Diapers (if needed)
- Tube feedings
- Extra disposable supplies

EMERGENCY KIT CHECKLIST (MAKE A PLAN/ROTATE GOODS YEARLY)

FAMILY EMERGENCY CONTACTS

	NAME	CELL NUMBER	WORK NUMBER
Emergency Agency	911 Dispatch	911	911
Parent/Guardian			
Parent/Guardian			
Child Care Provider			
Neighbor			
Other Relative			
Other Caregiver			

COMMUNITY EMERGENCY CONTACTS

	NAME	PHONE NUMBER	ADDITIONAL INFORMATION
Pulmonologist (Lung Dr.)			
Primary Doctor			
Home Health Nurse			
Power Company			
Closest Hospital			
Respiratory Therapy			
Home Care Company			
Pharmacy			
Medical Insurance			
Evacuation Site 1			
Evacuation Site 2			

EMERGENCY PHONE LIST

ACTION CHECKLIST FOR FAMILIES

- Send letter to Power Company
- Send letter to EMS (ambulance) Service
- Send letter to Fire Department
- Send letter to local county emergency management office
- Put together home emergency kit
- Put together car emergency kit and put in car
- Consider purchasing a generator, extra battery or alternative charging option (such as a car charger)
- If you have a generator: monthly generator check
- Complete forms in this education kit
- Practice moving your child's equipment to your storm shelter area in your house (i.e. basement)
- Identify one close location you could evacuate to (that has a generator and could accommodate your child)
- Identify one location outside the county you could evacuate to (could be family member's house or even a hotel)
- Identify the quickest way to your closest hospital
- Call your local hospital ask if they stock or could stock some of the specialized equipment your child needs such as the correct tracheostomy tube size
- Practice moving your child and equipment to your storm shelter location in your house (i.e. basement)
- Call your local fire or ambulance company and see if they got your letter and invite them to meet your child and learn about his/her specialized equipment

EVACUATION CHECKLIST

- Ventilator
- Bag valve mask
- 12 volt battery with necessary cables
- Minimum of (2) filled portable oxygen tanks
- Vent power cord/AC adapter
- Car charger for vent
- Extra humidifier
- Portable suction machine and normal saline
- Apnea monitor and supplies
- Medications
- Diapers (if needed)
- Feeding supplies and/or formula

- _____
- _____
- _____
- _____
- _____
- _____
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- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

EMERGENCY INFORMATION (PLACE IN GO-BAG / CARSEAT / WHEELCHAIR ETC.)

PERSONAL INFORMATION

Name:

Address:

Phone:

MEDICAL INFORMATION

Pulmonologist:

Phone:

Pharmacy:

Medications:

EMERGENCY CONTACT

Parent/Caregiver:

Phone:

Parent/Caregiver:

Phone:

* see reverse for ventilator settings *

PERSONAL INFORMATION

Name:

Address:

Phone:

MEDICAL INFORMATION

Pulmonologist:

Phone:

Pharmacy:

Medications:

EMERGENCY CONTACT

Parent/Caregiver:

Phone:

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Phone:

* see reverse for ventilator settings *

EMERGENCY INFORMATION

EMERGENCY INFORMATION

PERSONAL INFORMATION

Name:

Address:

Phone:

MEDICAL INFORMATION

Pulmonologist:

Phone:

Pharmacy:

Medications:

EMERGENCY CONTACT

Parent/Caregiver:

Phone:

Parent/Caregiver:

Phone:

* see reverse for ventilator settings *

PERSONAL INFORMATION

Name:

Address:

Phone:

MEDICAL INFORMATION

Pulmonologist:

Phone:

Pharmacy:

Medications:

EMERGENCY CONTACT

Parent/Caregiver:

Phone:

Parent/Caregiver:

Phone:

* see reverse for ventilator settings *

EMERGENCY INFORMATION

EMERGENCY INFORMATION

VENTILATOR SETTINGS (PLACE IN GO-BAG / CARSEAT / WHEELCHAIR ETC.)

Ventilator:
Manufacturer:
Manufacturer phone number:
Mode:
Tidal Volume (Vt):
Rate (f):
PEEP (Pe):
Pressure Control (PC):
Backup Vt:
Inspiratory Time:
Sensitivity:
Pressure Support (PS):
FiO2/Liters:

Ventilator:
Manufacturer:
Manufacturer phone number:
Mode:
Tidal Volume (Vt):
Rate (f):
PEEP (Pe):
Pressure Control (PC):
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Inspiratory Time:
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Tidal Volume (Vt):
Rate (f):
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Pressure Control (PC):
Backup Vt:
Inspiratory Time:
Sensitivity:
Pressure Support (PS):
FiO2/Liters:

VENTILATOR SETTINGS

VENTILATOR SETTINGS

ESTIMADO PADRE/MADRE/CUIDADOR:

El Departamento de salud del estado de Indiana y la MESH Coalition se complacen en presentar el Kit de herramientas educativas de preparación para emergencias.

Este kit de materiales contiene lo siguiente:

- Carta de presentación explicando las metas del programa
- DVD informativo con contenido disponible en inglés o en español
- Ejemplos de cartas para enviar a las empresas que le suministran electricidad, gas, al administrador local de emergencias y al Departamento de bomberos/Agencia de servicios médicos de emergencia
- Listas de comprobación de preparación para casos de emergencia para conservar en su hogar, vehículo y respirador
- Información para contacto de emergencia que debe conservar a su alcance
- Tarjetas de información desprendibles para usar en sus kits para llevar de emergencia de preparación personal

Este kit de materiales ha sido diseñado para que usted y sus seres queridos estén mejor preparados durante una emergencia o un desastre. ¡Le invitamos a que vea el DVD, revise los materiales y complete los artículos de la lista de comprobación para estar preparado!

Si tiene preguntas adicionales sobre el programa, comuníquese con la División de preparación de salud pública del Departamento de salud del estado de Indiana por el teléfono 317-233-1325.



www.state.in.us/isdh/



www.meshcoalition.org



www.indianaemsc.org

El contenido de este kit de materiales le brinda información general sobre la preparación para casos de emergencia y tiene fines educativos únicamente. Usted asume la responsabilidad total sobre el uso de la información presentada. El contenido NO sustituye la orientación de un médico u otro profesional de la salud.

Los productores de este video y quienes desarrollan este contenido no son responsables de ningún reclamo, pérdida o daños que resultaren del uso de este por parte de usted o de cualquier otra persona. Este producto fue desarrollado por la MESH Coalition de acuerdo con el número de contrato A70-4-0532194 (BPRS 1373-1) del Departamento de salud del estado de Indiana.

KIT DE MATERIALES EDUCATIVOS DE PREPARACIÓN PARA CASOS DE EMERGENCIA

CONTENIDO

- **Carta de presentación**
- **Modelos de carta para:**
 - Empresa que suministra electricidad
 - Empresa que suministra gas
 - Servicios médicos de emergencia/Departamento de bomberos/Gestión de emergencias
- **Lista de comprobación del kit de emergencia**
- **Lista de teléfonos de emergencia**
- **Lista de comprobación de tareas para familias**
- **Lista de comprobación para la evacuación**
- **Tarjeta(s) de contactos con información de emergencia**
- **Configuración del respirador**
- **Programa en DVD**

PARA LA EMPRESA QUE SUMNINISTRA ELECTRICIDAD

A quien pueda interesar:

 (NOMBRE DE SU HIJO) , quien vive en (DIRECCIÓN, CIUDAD, CÓDIGO POSTAL)
 es un menor que depende de equipo médico que funciona con
 electricidad, tal como un respirador.

Este respirador precisa electricidad para funcionar. Si este
 equipo falla la vida de (NOMBRE DE SU HIJO) puede verse afectada
 negativamente. En caso de una falla del suministro eléctrico,
 les agradecemos que restituyan de inmediato la electricidad en
 esta vivienda dirección y que añadan esta dirección a su lista de
 prioridad de restitución de suministro eléctrico. Les rogamos que no
 corten el suministro eléctrico a esta vivienda sin notificar primero a
 los habitantes y permitirles que hagan gestiones para que puedan
 brindarle al menor la atención segura necesaria.

Gracias.

PARA LA EMPRESA QUE SUMNINISTRA GAS

A quien pueda interesar:

 (NOMBRE DE SU HIJO) , quien vive en (DIRECCIÓN, CIUDAD, CÓDIGO POSTAL)
 es un menor que depende de equipo médico que funciona con
 electricidad, tal como un respirador.

Debido a su condición médica y a las necesidades de esta persona,
 la interrupción del servicio podría tener un efecto negativo en
 su salud. En caso de una falla del servicio, les agradecemos que
 lo restituyan de inmediato en esta vivienda y que añadan esta
 dirección a su lista de prioridad de restitución del servicio. Les
 rogamos que no corten el servicio a esta vivienda sin notificar
 primero a los habitantes y permitirles que hagan gestiones para
 puedan brindarle al menor la atención segura necesaria.

Gracias.

**PARA LOS SERVICIOS MÉDICOS DE EMERGENCIA/
 BOMBEROS/GESTIÓN DE EMERGENCIAS**

A quien pueda interesar:

 (NOMBRE DE SU HIJO) , quien vive en (DIRECCIÓN, CIUDAD, CÓDIGO POSTAL)
 es un menor que depende de equipo médico que funciona con
 electricidad, tal como un respirador.

 (NOMBRE DE MI PADRE) recibe cuidados en su hogar y las personas
 encargadas de ello están familiarizadas con el manejo de las
 emergencias básicas que pudieran presentarse. Les rogamos que
 tomen en cuenta que si se les llama para que vengán a nuestro hogar,
 habrá equipo adicional y complicaciones con el movimiento. En caso
 de una evacuación, podríamos necesitar recursos adicionales de
 asistencia para la transferencia de nuestro hijo a un lugar seguro.

Gracias.

KIT DE EMERGENCIA PARA LLEVAR

- Kit de primeros auxilios
- Medicamentos recetados (suministro para 7 días)
- Linterna
- Pasta dental y cepillo
- Artículos de higiene personal
- Mapa del área
- Cinta adhesiva
- Herramienta multiuso
- Lentes de repuesto o lentes de contacto
- Encendedor / fósforos
- Mantas
- 1 galón de agua por cada persona de la familia por día para un máximo de 3 días
- Baterías
- Silbato
- Brújula
- Galletas
- Mantequilla de maní
- Gelatina
- Fruta, carnes y vegetales enlatados
- Barras de granola
- Utensilios, platos y tazones desechables
- Radio de baterías
- Repelente de insectos
- Protector solar
- Bolsa de basura tipo contratista de 55 galones
- Pastilla de jabón
- Ropa para cada miembro de la familia
- Información de identificación personal
- Tarjetas de crédito y una pequeña cantidad de dinero en efectivo
- Lista de números de teléfono importantes
- Llaves de repuesto del carro y de la casa
- Bebidas en envases para una persona

KIT DE EMERGENCIA PARA CONSERVAR EN EL CARRO

- Kit de primeros auxilios
- Medicamentos recetados (suministro para 7 días)
- Linterna
- Pasta dental y cepillo
- Artículos de higiene personal
- Mapa del área
- Cinta adhesiva
- Herramienta multiuso
- Lentes de repuesto o lentes de contacto
- Encendedor / fósforos
- Mantas
- 1 galón de agua por cada persona de la familia por semana
- Baterías
- Silbato
- Brújula
- Bocadillos
- Llantas de repuesto y gato
- Cables auxiliares para la batería
- Marcador y papel
- Alicates
- Muda de ropa y zapatos
- Desodorante
- Cargador del teléfono
- Artículos necesarios para trabajar
- El cargador del coche del ventilador

SUMINISTROS DEL RESPIRADOR

- Máscara con bolsa y válvula
- Baterías adicionales
- Batería de 12 voltios
- Humidificador adicional
- 2 tanques de O₂ portátiles
- Cable eléctrico
- Succión portátil
- Monitor de apnea
- Medicamentos adicionales
- Pañales (si fuese necesario)
- Tubos de alimentación
- Suministros desechables

LISTA DE COMPROBACIÓN PARA CASOS DE EMERGENCIA

(PAGA UN PUNTO PARA CADA UNO DE LOS ARTÍCULOS PROPOSTOS ANTES)

CONTACTOS DE LA FAMILIA

NOMBRE

TELÉFONO CELULAR

TELÉFONO DEL TRABAJO

Agencia de emergencia	Despacho 911	911	911
Padre/Madre/Tutor			
Padre/Madre/Tutor			
Proveedor de atención médica del menor			
Vecino			
Otro familiar			
Otro cuidador			

CONTACTOS DE LA COMUNIDAD

NOMBRE

TELÉFONO

INFORMACIÓN ADICIONAL

Neumólogo (Médico especialista de los pulmones)			
Médico de atención primaria			
Enfermero de atención en el hogar			
Empresa que suministra electricidad			
Hospital más cercano			
Terapia respiratoria			
Empresa de atención en el hogar			
Farmacia			
Seguro médico			
Sitio 1 para evacuación			
Sitio 2 para evacuación			

LISTA DE TELÉFONOS DE EMERGENCIA

LISTA DE COMPROBACIÓN DE TAREAS PARA FAMILIAS

- Enviar una carta a la empresa que suministra electricidad
- Enviar una carta a los servicios médicos de emergencia (ambulancia)
- Enviar una carta a al Departamento de bomberos
- Enviar una carta a la oficina de gestión de emergencias del condado de su localidad
- Reunir los artículos de un kit de emergencia para conservarlo en el hogar
- Reunir los artículos de un kit de emergencia para conservarlo en el carro
- Considerar la adquisición de un generador, batería adicional u opción de recarga alterna (como un cargador en el carro)
- Si tiene un generador: Revisión mensual del generador
- Rellenar los formularios de este kit educativo
- Practicar moviendo el equipo de su hijo a su área de refugio contra tormentas de su hogar (p. ej., el sótano)
- Identificar un lugar cercano hacia donde podría evacuar (que posea un generador y pueda recibir a su hijo)
- Identificar un lugar fuera del condado hacia donde podría evacuar (podría ser la casa de un miembro de la familia o incluso un hotel)
- Identificar la forma más rápida de llegar al hospital más cercano
- Llamar a su hospital local y preguntar si almacenan o podrían almacenar algunos de los equipos especializados que su hijo necesita tales como el tamaño adecuado de tubo de traqueotomía
- Practicar moviendo a su hijo con el equipo hacia el área de refugio contra tormentas de su hogar (p. ej., el sótano)
- Llamar a la empresa de ambulancia o bomberos local y constatar si recibieron su carta e invitarlos a que conozcan a su hijo y aprendan sobre su equipo especializado

LISTA DE COMPROBACIÓN PARA LA EVACUACIÓN

- Respirador
- Máscara con bolsa y válvula
- Batería de 12 voltios con los cables necesarios
- Mínimo (2) tanques de oxígeno portátiles llenos
- Cable de alimentación del respirador/adaptador para corriente alterna
- Cargador de carro para el respirador
- Humidificador adicional
- Máquina de succión portátil y solución salina normal
- Monitor de apnea y suministros
- Medicamentos
- Pañales (si fuese necesario)
- Suministros de alimentación y/o fórmula
- _____
- _____
- _____
- _____
- _____
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- _____
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- _____
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- _____
- _____
- _____
- _____

INFORMACION DE EMERGENCIA

(CÓPLOGUE EN LA BOLSA DE EMERGENCIA PARA LA HEAVY ASIENTO DEL CARRIL/SILLA DE RUEDAS, ETC.)

INFORMACIÓN PERSONAL

Nombre:

Dirección:

Teléfono:

INFORMACIÓN MÉDICA

Neumólogo:

Teléfono:

Farmacia:

Medicamentos:

CONTACTO DE EMERGENCIA

Padre/madre/cuidador:

Teléfono:

Padre/madre/cuidador:

Teléfono:

* consulte al dorso para la configuración del respirador

INFORMACIÓN PERSONAL

Nombre:

Dirección:

Teléfono:

INFORMACIÓN MÉDICA

Neumólogo:

Teléfono:

Farmacia:

Medicamentos:

CONTACTO DE EMERGENCIA

Padre/madre/cuidador:

Teléfono:

Padre/madre/cuidador:

Teléfono:

* consulte al dorso para la configuración del respirador

INFORMACION DE EMERGENCIA

INFORMACION DE EMERGENCIA

INFORMACIÓN PERSONAL

Nombre:

Dirección:

Teléfono:

INFORMACIÓN MÉDICA

Neumólogo:

Teléfono:

Farmacia:

Medicamentos:

CONTACTO DE EMERGENCIA

Padre/madre/cuidador:

Teléfono:

Padre/madre/cuidador:

Teléfono:

* consulte al dorso para la configuración del respirador

INFORMACIÓN PERSONAL

Nombre:

Dirección:

Teléfono:

INFORMACIÓN MÉDICA

Neumólogo:

Teléfono:

Farmacia:

Medicamentos:

CONTACTO DE EMERGENCIA

Padre/madre/cuidador:

Teléfono:

Padre/madre/cuidador:

Teléfono:

* consulte al dorso para la configuración del respirador

INFORMACION DE EMERGENCIA

INFORMACION DE EMERGENCIA

CONFIGURACIONES DEL RESPIRADOR

COLOCAR EN LA BOLSA DE EMERGENCIA PARA LEVAR AL ASIENTADO DEL CARRO/SILLA DE RUEDAS, ETC.

Respirador:
Fabricante:
Teléfono del fabricante:
Modalidad:
Volumen corriente (Vt):
Índice (f):
PEEP (Pe):
Control de presión (PC):
Respaldo del Vt:
Tiempo de inspiración:
Sensibilidad:
Soporte de presión (PS):
FiO2/Litros:

Respirador:
Fabricante:
Teléfono del fabricante:
Modalidad:
Volumen corriente (Vt):
Índice (f):
PEEP (Pe):
Control de presión (PC):
Respaldo del Vt:
Tiempo de inspiración:
Sensibilidad:
Soporte de presión (PS):
FiO2/Litros:

CONFIGURACIONES DEL RESPIRADOR

CONFIGURACIONES DEL RESPIRADOR

Respirador:
Fabricante:
Teléfono del fabricante:
Modalidad:
Volumen corriente (Vt):
Índice (f):
PEEP (Pe):
Control de presión (PC):
Respaldo del Vt:
Tiempo de inspiración:
Sensibilidad:
Soporte de presión (PS):
FiO2/Litros:

Respirador:
Fabricante:
Teléfono del fabricante:
Modalidad:
Volumen corriente (Vt):
Índice (f):
PEEP (Pe):
Control de presión (PC):
Respaldo del Vt:
Tiempo de inspiración:
Sensibilidad:
Soporte de presión (PS):
FiO2/Litros:

CONFIGURACIONES DEL RESPIRADOR

CONFIGURACIONES DEL RESPIRADOR

DEAR PARENT/CAREGIVER,

The Indiana State Department of Health and the MESH Coalition are pleased to introduce the Emergency Preparedness Education Toolkit.

This Toolkit contains the following:

- **Introductory letter explaining the program goals**
- **Informational DVD with contents available in English or Spanish**
- **Sample letters to send to your power company, gas company, local emergency manager and fire department/emergency medical services agency**
- **Emergency preparedness checklists for your home, car and ventilator**
- **Emergency contact information to keep at your fingertips**
- **Tear-off information cards for use in your personal preparedness go-kits**

This Toolkit has been designed to keep you and your loved ones better prepared during an emergency or disaster. We encourage you to watch the DVD, review the materials, and complete the items on the action checklist to be prepared!

If you have additional questions on the program, please contact the Indiana State Department of Health's Division of Public Health Preparedness at 317-233-1325.



www.state.in.us/isdh/



www.meshcoalition.org



www.indianaemsc.org

The content in this Toolkit provides general information about emergency preparedness and is intended for educational purposes only. You assume full responsibility for using the information presented. Content is NOT a substitute for the advice of a physician or other professional healthcare provider.

The producers of this video and developers of this content are not responsible for any claim, loss, or damage resulting from its use by you or any user. This product was developed by the MESH Coalition pursuant to Indiana State Department of Health contract number A70-4-0532194 (BPRS 1373-1).

EMERGENCY PREPAREDNESS
EDUCATION TOOLKIT
TABLE OF CONTENTS

- Letter of Introduction
- Letter Templates to:
 - Power Company
 - Gas Company
 - EMS/Fire/Emergency Management
- Emergency Kit Checklist
- Emergency Phone List
- Action Checklist for Families
- Evacuation Checklist
- Emergency Information Contact Card(s)
- Ventilator Settings
- DVD Program



DEAR PARENT/CAREGIVER,

The MESH Coalition is creating a list of children in our state who are medically dependent on electricity. The hope is that this list will be used to create a system to provide early warnings of power outages and other disasters that may affect electricity and therefore pose a threat to your child. While no such system exists now, we hope that your information and support will help us build one in Indiana.

MESH is a nonprofit, public-private partnership whose mission is to enable healthcare providers to effectively respond to emergency events and remain viable through recovery. MESH provides a number of services, including community-based planning, clinical training and education, policy analysis, and healthcare intelligence services for public, private, state and federal partners.

MESH considers it a privilege to work with you and your family and takes your privacy seriously. All individual contact and private health information is protected and shared only with those specified. We would like to invite you to enroll your child in the Indiana Pediatric Home Ventilator Registry at <https://redcap.uits.iu.edu/surveys/?s=6f2G5TSsFi> or ask your healthcare provider for a consent form.

If you have any questions about this project or would like more information about MESH please visit www.meshcoalition.org. Specific questions about your ventilator should be directed to the company that provided it. If you have medical questions, please contact your healthcare provider. Thank you for helping us explore ways to better support you and connect you with community resources to protect your child's health in the event of a disastrous loss of power.

Thank you,
The MESH Coalition

TO POWER COMPANY

To Whom It May Concern:

 (NAME OF YOUR CHILD) , who lives at (ADDRESS, CITY, ZIP) is a child who is dependent on electrical medical equipment such as a ventilator.

This ventilator requires electricity to run. If this equipment fails the life of (NAME OF YOUR CHILD) may be negatively affected. In the event of a power outage, please restore power to this home immediately and add this address to your power restoration priority list. Please do not cut power to this home without first notifying the homeowners and allowing time for arrangements to be made for safe care.

Thank you.

TO GAS COMPANY

To Whom It May Concern:

 (NAME OF YOUR CHILD) , who lives at (ADDRESS, CITY, ZIP) is a child who is dependent on electrical medical equipment such as a ventilator.

Due to the medical condition and needs of this person interruption of service could have a negative effect on their health. In the event of service loss, please restore services to this home immediately and add this address to your restoration priority list. Please do not cut service to this home without first notifying the homeowners and allowing time for arrangements to be made for safe care.

Thank you.

TO EMS/FIRE/EMERGENCY MANAGEMENT

To Whom It May Concern:

 (NAME OF YOUR CHILD) , who lives at (ADDRESS, CITY, ZIP) is a child who is dependent on electrical medical equipment such as a ventilator.

Caregivers provide care at home to (NAME OF YOUR CHILD) and are familiar with handling basic emergencies that may arise. Please note that if you are called to our home there will be additional equipment and complications with movement. In the event of an evacuation, we may need additional resources to assist in the transfer of our child to a safe location.

Thank you.

HOME GO KIT

- First-aid kit
- Prescription medications (7-day supply)
- Flashlight
- Toothpaste & toothbrush
- Personal hygiene items
- Map of the area
- Duct tape
- Multipurpose tool
- Spare glasses or contacts
- Lighter / matches
- Blankets
- 1 gallon of water per family member per day for up to 3 days
- Batteries
- Whistle
- Compass
- Crackers
- Peanut butter
- Jelly
- Canned fruit, meat & vegetables
- Granola bars
- Disposal utensils, plates & bowls
- Battery powered radio
- Insect repellent
- Sunscreen
- 55 gallon contractor trash bag
- Bar soap
- Clothing for each family member
- Personal ID information
- Credit cards & small cash supply
- List of important phone numbers
- Spare car & house keys
- Single serve drinks

CAR GO KIT

- First-aid kit
- Prescription medications (7-day supply)
- Flashlight
- Toothpaste & toothbrush
- Personal hygiene items
- Map of area
- Duct tape
- Multipurpose tool
- Spare glasses or contacts
- Lighter / matches
- Blankets
- Water bottles
- Batteries
- Whistle
- Compass
- Snacks
- Spare tire & jack
- Jumper cables
- Marker & paper
- Pliers
- Spare clothes & shoes
- Deodorant
- Phone charger
- Items needed for work
- Ventilator car charger

VENTILATOR SUPPLIES

- Bag valve mask
- Additional batteries
- 12 Volt battery
- Extra humidifier
- 2 Portable O2 tanks
- Power cord
- Portable suction
- Apnea monitor
- Medications
- Diapers (if needed)
- Tube feedings
- Extra disposable supplies

EMERGENCY KIT CHECKLIST (MAKE A PLAN! ROTATE GOODS YEARLY!)

FAMILY EMERGENCY CONTACTS

	NAME	CELL NUMBER	WORK NUMBER
Emergency Agency	911 Dispatch	911	911
Parent/Guardian			
Parent/Guardian			
Child Care Provider			
Neighbor			
Other Relative			
Other Caregiver			

COMMUNITY EMERGENCY CONTACTS

	NAME	PHONE NUMBER	ADDITIONAL INFORMATION
Pulmonologist (Lung Dr.)			
Primary Doctor			
Home Health Nurse			
Power Company			
Closest Hospital			
Respiratory Therapy			
Home Care Company			
Pharmacy			
Medical Insurance			
Evacuation Site 1			
Evacuation Site 2			

EMERGENCY PHONE LIST

ACTION CHECKLIST FOR FAMILIES

- Send letter to Power Company
- Send letter to EMS (ambulance) Service
- Send letter to Fire Department
- Send letter to local county emergency management office
- Put together home emergency kit
- Put together car emergency kit and put in car
- Consider purchasing a generator, extra battery or alternative charging option (such as a car charger)
- If you have a generator: monthly generator check
- Complete forms in this education kit
- Practice moving your child's equipment to your storm shelter area in your house (i.e. basement)
- Identify one close location you could evacuate to (that has a generator and could accommodate your child)
- Identify one location outside the county you could evacuate to (could be family member's house or even a hotel)
- Identify the quickest way to your closest hospital
- Call your local hospital ask if they stock or could stock some of the specialized equipment your child needs such as the correct tracheostomy tube size
- Practice moving your child and equipment to your storm shelter location in your house (i.e. basement)
- Call your local fire or ambulance company and see if they got your letter and invite them to meet your child and learn about his/her specialized equipment

EVACUATION CHECKLIST

- Ventilator
- Bag valve mask
- 12 volt battery with necessary cables
- Minimum of (2) filled portable oxygen tanks
- Vent power cord/AC adapter
- Car charger for vent
- Extra humidifier
- Portable suction machine and normal saline
- Apnea monitor and supplies
- Medications
- Diapers (if needed)
- Feeding supplies and/or formula

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EMERGENCY INFORMATION (PLACE IN GO-BAG / CARSEAT / WHEELCHAIR ETC)

PERSONAL INFORMATION

Name:

Address:

Phone:

MEDICAL INFORMATION

Pulmonologist:

Phone:

Pharmacy:

Medications:

EMERGENCY CONTACT

Parent/Caregiver:

Phone:

Parent/Caregiver:

Phone:

* see reverse for ventilator settings *

PERSONAL INFORMATION

Name:

Address:

Phone:

MEDICAL INFORMATION

Pulmonologist:

Phone:

Pharmacy:

Medications:

EMERGENCY CONTACT

Parent/Caregiver:

Phone:

Parent/Caregiver:

Phone:

* see reverse for ventilator settings *

EMERGENCY INFORMATION

EMERGENCY INFORMATION

PERSONAL INFORMATION

Name:

Address:

Phone:

MEDICAL INFORMATION

Pulmonologist:

Phone:

Pharmacy:

Medications:

EMERGENCY CONTACT

Parent/Caregiver:

Phone:

Parent/Caregiver:

Phone:

* see reverse for ventilator settings *

PERSONAL INFORMATION

Name:

Address:

Phone:

MEDICAL INFORMATION

Pulmonologist:

Phone:

Pharmacy:

Medications:

EMERGENCY CONTACT

Parent/Caregiver:

Phone:

Parent/Caregiver:

Phone:

* see reverse for ventilator settings *

EMERGENCY INFORMATION

EMERGENCY INFORMATION

VENTILATOR SETTINGS (PLACE IN CO-BAG / CARSEAT / WHEELCHAIR ETC.)

Ventilator:
Manufacturer:
Manufacturer phone number:
Mode:
Tidal Volume (Vt):
Rate (f):
PEEP (Pe):
Pressure Control (PC):
Backup Vt:
Inspiratory Time:
Sensitivity:
Pressure Support (PS):
FiO2/Liters:

Ventilator:
Manufacturer:
Manufacturer phone number:
Mode:
Tidal Volume (Vt):
Rate (f):
PEEP (Pe):
Pressure Control (PC):
Backup Vt:
Inspiratory Time:
Sensitivity:
Pressure Support (PS):
FiO2/Liters:

VENTILATOR SETTINGS

Ventilator:
Manufacturer:
Manufacturer phone number:
Mode:
Tidal Volume (Vt):
Rate (f):
PEEP (Pe):
Pressure Control (PC):
Backup Vt:
Inspiratory Time:
Sensitivity:
Pressure Support (PS):
FiO2/Liters:

Ventilator:
Manufacturer:
Manufacturer phone number:
Mode:
Tidal Volume (Vt):
Rate (f):
PEEP (Pe):
Pressure Control (PC):
Backup Vt:
Inspiratory Time:
Sensitivity:
Pressure Support (PS):
FiO2/Liters:

VENTILATOR SETTINGS

VENTILATOR SETTINGS

ESTIMADO PADRE/MADRE/CUIDADOR:

El Departamento de salud del estado de Indiana y la MESH Coalition se complacen en presentar el Kit de herramientas educativas de preparación para emergencias.

Este kit de materiales contiene lo siguiente:

- **Carta de presentación explicando las metas del programa**
- **DVD informativo con contenido disponible en inglés o en español**
- **Ejemplos de cartas para enviar a las empresas que le suministran electricidad, gas, al administrador local de emergencias y al Departamento de bomberos/Agencia de servicios médicos de emergencia**
- **Listas de comprobación de preparación para casos de emergencia para conservar en su hogar, vehículo y respirador**
- **Información para contacto de emergencia que debe conservar a su alcance**
- **Tarjetas de información desprendibles para usar en sus kits para llevar de emergencia de preparación personal**

Este kit de materiales ha sido diseñado para que usted y sus seres queridos estén mejor preparados durante una emergencia o un desastre. ¡Le invitamos a que vea el DVD, revise los materiales y complete los artículos de la lista de comprobación para estar preparado!

Si tiene preguntas adicionales sobre el programa, comuníquese con la División de preparación de salud pública del Departamento de salud del estado de Indiana por el teléfono 317-233-1325.



www.state.in.us/isdh/



www.meshcoalition.org



www.indianaemsc.org

El contenido de este kit de materiales le brinda información general sobre la preparación para casos de emergencia y tiene fines educativos únicamente. Usted asume la responsabilidad total sobre el uso de la información presentada. El contenido NO sustituye la orientación de un médico u otro profesional de la salud.

Los productores de este video y quienes desarrollan este contenido no son responsables de ningún reclamo, pérdida o daños que resultaren del uso de este por parte de usted o de cualquier otra persona. Este producto fue desarrollado por la MESH Coalition de acuerdo con el número de contrato A70-4-0532194 (BPRS 1373-1) del Departamento de salud del estado de Indiana.

KIT DE MATERIALES EDUCATIVOS DE PREPARACIÓN PARA CASOS DE EMERGENCIA

CONTENIDO

- **Carta de presentación**
- **Modelos de carta para:**
 - Empresa que suministra electricidad
 - Empresa que suministra gas
 - Servicios médicos de emergencia/Departamento de bomberos/Gestión de emergencias
- **Lista de comprobación del kit de emergencia**
- **Lista de teléfonos de emergencia**
- **Lista de comprobación de tareas para familias**
- **Lista de comprobación para la evacuación**
- **Tarjeta(s) de contactos con información de emergencia**
- **Configuración del respirador**
- **Programa en DVD**



ESTIMADO PADRE/MADRE/CUIDADOR:

El MESH Coalition están creando una lista de los menores de nuestro estado que dependen de la electricidad por motivos médicos. Tenemos la esperanza de que esta lista se utilice para crear un sistema que proporcione advertencias tempranas de fallas del suministro eléctrico y otro tipo de desastres que pudieran afectar la electricidad y por consiguiente representar una amenaza para su hijo. Aunque tal sistema no existe actualmente, esperamos que su información y apoyo nos ayude a crear uno en Indiana.

MESH es una asociación sin fines de lucro, entre sectores públicos y privados, cuya misión es facilitar a los proveedores de atención médica la respuesta efectiva en situaciones de emergencia y permanecer viables durante el restablecimiento. MESH proporciona una diversidad de servicios, incluyendo la planificación en función de la comunidad, la capacitación y educación clínica, el análisis de políticas y los servicios de inteligencia de atención médica para los socios públicos, privados, estatales y federales.

MESH considera que es un privilegio trabajar con usted y su familia y toma en serio su privacidad. Toda la información privada de salud y de contacto de las personas está protegida y se comparte solo con quienes se ha especificado. Nos gustaría invitar a que inscriba a su hijo en el Registro de respiradores pediátricos de Indiana en <https://redcap.uits.iu.edu/surveys/?s=6f2G5TSsFi> o pedirle a su proveedor de atención médica un formulario de consentimiento.

Si tiene preguntas sobre este proyecto o desea recibir más información sobre MESH visite www.meshcoalition.org. Las preguntas específicas sobre su respirador debe dirigir las a la empresa que lo suministra. Si tiene preguntas médicas, comuníquese con su proveedor de atención médica. Le agradecemos su ayuda para que exploremos mejores formas de apoyarlo y conectarlo con los recursos de la comunidad para proteger la salud de su hijo en caso de una pérdida catastrófica del suministro eléctrico.

Gracias,
El MESH Coalition

PARA LA EMPRESA QUE SUMINISTRA ELECTRICIDAD

A quien pueda interesar:

 (NOMBRE DE SU HIJO) , quien vive en (DIRECCIÓN, CIUDAD, CÓDIGO POSTAL)
 es un menor que depende de equipo médico que funciona con
 electricidad, tal como un respirador.

Este respirador precisa electricidad para funcionar. Si este
 equipo falla la vida de (NOMBRE DE SU HIJO) puede verse afectada
 negativamente. En caso de una falla del suministro eléctrico,
 les agradecemos que restituyan de inmediato la electricidad en
 esta vivienda dirección y que añadan esta dirección a su lista de
 prioridad de restitución de suministro eléctrico. Les rogamos que no
 corten el suministro eléctrico a esta vivienda sin notificar primero a
 los habitantes y permitirles que hagan gestiones para que puedan
 brindarle al menor la atención segura necesaria.

Gracias.

PARA LA EMPRESA QUE SUMINISTRA GAS

A quien pueda interesar:

 (NOMBRE DE SU HIJO) , quien vive en (DIRECCIÓN, CIUDAD, CÓDIGO POSTAL)
 es un menor que depende de equipo médico que funciona con
 electricidad, tal como un respirador.

Debido a su condición médica y a las necesidades de esta persona,
 la interrupción del servicio podría tener un efecto negativo en
 su salud. En caso de una falla del servicio, les agradecemos que
 lo restituyan de inmediato en esta vivienda y que añadan esta
 dirección a su lista de prioridad de restitución del servicio. Les
 rogamos que no corten el servicio a esta vivienda sin notificar
 primero a los habitantes y permitirles que hagan gestiones para
 puedan brindarle al menor la atención segura necesaria.

Gracias.

**PARA LOS SERVICIOS MÉDICOS DE EMERGENCIA/
 BOMBEROS/GESTIÓN DE EMERGENCIAS**

A quien pueda interesar:

 (NOMBRE DE SU HIJO) , quien vive en (DIRECCIÓN, CIUDAD, CÓDIGO POSTAL)
 es un menor que depende de equipo médico que funciona con
 electricidad, tal como un respirador.

 (NOMBRE DE MENOR) recibe cuidados en su hogar y las personas
 encargadas de ello están familiarizadas con el manejo de las
 emergencias básicas que pudieran presentarse. Les rogamos que
 tomen en cuenta que si se les llama para que vengán a nuestro hogar,
 habrá equipo adicional y complicaciones con el movimiento. En caso
 de una evacuación, podríamos necesitar recursos adicionales de
 asistencia para la transferencia de nuestro hijo a un lugar seguro.

Gracias.

KIT DE EMERGENCIA PARA LLEVAR

- Kit de primeros auxilios
- Medicamentos recetados (suministro para 7 días)
- Linterna
- Pasta dental y cepillo
- Artículos de higiene personal
- Mapa del área
- Cinta adhesiva
- Herramienta multiuso
- Lentes de repuesto o lentes de contacto
- Encendedor / fosforos
- Mantas
- 1 galón de agua por cada persona de la familia por día para un máximo de 3 días
- Baterías
- Silbato
- Brújula
- Galletas
- Mantequilla de maní
- Gelatina
- Fruta, carnes y vegetales enlatados
- Barras de granola
- Utensilios, platos y tazones desechables
- Radio de baterías
- Repelente de insectos
- Protector solar
- Bolsa de basura tipo contratista de 55 galones
- Pastilla de jabón
- Ropa para cada miembro de la familia
- Información de identificación personal
- Tarjetas de crédito y una pequeña cantidad de dinero en efectivo
- Lista de números de teléfono importantes
- Llaves de repuesto del carro y de la casa
- Bebidas en envases para una persona

KIT DE EMERGENCIA PARA CONSERVAR EN EL CARRO

- Kit de primeros auxilios
- Medicamentos recetados (suministro para 7 días)
- Linterna
- Pasta dental y cepillo
- Artículos de higiene personal
- Mapa del área
- Cinta adhesiva
- Herramienta multiuso
- Lentes de repuesto o lentes de contacto
- Encendedor / fosforos
- Mantas
- 1 galón de agua por cada persona de la familia por semana
- Baterías
- Silbato
- Brújula
- Bocadillos
- Lanta de repuesto y gato
- Cables auxiliares para la batería
- Marcador y papel
- Alicates
- Muda de ropa y zapatos
- Desodorante
- Cargador del teléfono
- Artículos necesarios para trabajar
- El cargador del coche del ventilador

SUMINISTROS DEL RESPIRADOR

- Máscara con bolsa y válvula
- Baterías adicionales
- Batería de 12 voltios
- Humidificador adicional
- 2 tanques de O₂ portátiles
- Cable eléctrico
- Succión portátil
- Monitor de apnea
- Medicamentos adicionales
- Pañales (si fuese necesario)
- Tubos de alimentación
- Suministros desechables

LISTA DE COMPROBACIÓN PARA CASOS DE EMERGENCIA

(MÁSCARA, PAÑALES, MUELTOS, ANTICIGARILLOS, FOSFOROS, ATQISI)

CONTACTOS DE LA FAMILIA

	NOMBRE	TELÉFONO CELULAR	TELÉFONO DEL TRABAJO
Agencia de emergencia	Despacho 911	911	911
Padre/Madre/Tutor			
Padre/Madre/Tutor			
Proveedor de atención médica del menor			
Vecino			
Otro familiar			
Otro cuidador			

CONTACTOS DE LA COMUNIDAD

	NOMBRE	TELÉFONO	INFORMACIÓN ADICIONAL
Neumólogo (Médico especialista de los pulmones)			
Médico de atención primaria			
Enfermero de atención en el hogar			
Empresa que suministra electricidad			
Hospital más cercano			
Terapia respiratoria			
Empresa de atención en el hogar			
Farmacia			
Seguro médico			
Sitio 1 para evacuación			
Sitio 2 para evacuación			

LISTA DE TELÉFONOS DE EMERGENCIA

LISTA DE COMPROBACIÓN DE TAREAS PARA FAMILIAS

- Enviar una carta a la empresa que suministra electricidad
- Enviar una carta a los servicios médicos de emergencia (ambulancia)
- Enviar una carta a al Departamento de bomberos
- Enviar una carta a la oficina de gestión de emergencias del condado de su localidad
- Reunir los artículos de un kit de emergencia para conservarlo en el hogar
- Reunir los artículos de un kit de emergencia para conservarlo en el carro
- Considerar la adquisición de un generador, batería adicional u opción de recarga alterna (como un cargador en el carro)
- Si tiene un generador: Revisión mensual del generador
- Rellenar los formularios de este kit educativo
- Practicar moviendo el equipo de su hijo a su área de refugio contra tormentas de su hogar (p. ej., el sótano)
- Identificar un lugar cercano hacia donde podría evacuar (que posea un generador y pueda recibir a su hijo)
- Identificar un lugar fuera del condado hacia donde podría evacuar (podría ser la casa de un miembro de la familia o incluso un hotel)
- Identificar la forma más rápida de llegar al hospital más cercano
- Llamar a su hospital local y preguntar si almacenan o podrían almacenar algunos de los equipos especializados que su hijo necesita tales como el tamaño adecuado de tubo de traqueotomía
- Practicar moviendo a su hijo con el equipo hacia el área de refugio contra tormentas de su hogar (p. ej., el sótano)
- Llamar a la empresa de ambulancia o bomberos local y constatar si recibieron su carta e invitarlos a que conozcan a su hijo y aprendan sobre su equipo especializado

LISTA DE COMPROBACIÓN PARA LA EVACUACIÓN

- Respirador
- Máscara con bolsa y válvula
- Batería de 12 voltios con los cables necesarios
- Mínimo (2) tanques de oxígeno portátiles llenos
- Cable de alimentación del respirador/adaptador para corriente alterna
- Cargador de carro para el respirador
- Humidificador adicional
- Máquina de succión portátil y solución salina normal
- Monitor de apnea y suministros
- Medicamentos
- Pañales (si fuese necesario)
- Suministros de alimentación y/o fórmula
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

INFORMACION DE EMERGENCIA

INFORMACIÓN PERSONAL

Nombre:

Dirección:

Teléfono:

INFORMACIÓN MÉDICA

Neumonólogo:

Teléfono:

Farmacia:

Medicamentos:

CONTACTO DE EMERGENCIA

Padre/madre/cuidador:

Teléfono:

Padre/madre/cuidador:

Teléfono:

* consulte al dorso para la configuración del respirador

INFORMACIÓN PERSONAL

Nombre:

Dirección:

Teléfono:

INFORMACIÓN MÉDICA

Neumonólogo:

Teléfono:

Farmacia:

Medicamentos:

CONTACTO DE EMERGENCIA

Padre/madre/cuidador:

Teléfono:

Padre/madre/cuidador:

Teléfono:

* consulte al dorso para la configuración del respirador

INFORMACION DE EMERGENCIA

INFORMACIÓN PERSONAL

Nombre:

Dirección:

Teléfono:

INFORMACIÓN MÉDICA

Neumonólogo:

Teléfono:

Farmacia:

Medicamentos:

CONTACTO DE EMERGENCIA

Padre/madre/cuidador:

Teléfono:

Padre/madre/cuidador:

Teléfono:

* consulte al dorso para la configuración del respirador

INFORMACIÓN PERSONAL

Nombre:

Dirección:

Teléfono:

INFORMACIÓN MÉDICA

Neumonólogo:

Teléfono:

Farmacia:

Medicamentos:

CONTACTO DE EMERGENCIA

Padre/madre/cuidador:

Teléfono:

Padre/madre/cuidador:

Teléfono:

* consulte al dorso para la configuración del respirador

INFORMACION DE EMERGENCIA

INFORMACION DE EMERGENCIA

INFORMACION DE EMERGENCIA

Coloque en la bolsa de emergencia para llevar/
asiento del carro/silla de ruedas, etc.

CONFIGURACIONES DEL RESPIRADOR

COLOQUE EN LA BOLSA DE EMERGENCIA PARA LLEVAR/
ASIENTO DEL CARRO/SILLA DE RUEDAS, ETC.

Respirador:
Fabricante:
Teléfono del fabricante:
Modalidad:
Volumen corriente (Vt):
Índice (f):
PEEP (Pe):
Control de presión (PC):
Respaldo del Vt:
Tiempo de inspiración:
Sensibilidad:
Soporte de presión (PS):
FiO2/Litros:

Respirador:
Fabricante:
Teléfono del fabricante:
Modalidad:
Volumen corriente (Vt):
Índice (f):
PEEP (Pe):
Control de presión (PC):
Respaldo del Vt:
Tiempo de inspiración:
Sensibilidad:
Soporte de presión (PS):
FiO2/Litros:

CONFIGURACIONES DEL RESPIRADOR

CONFIGURACIONES DEL RESPIRADOR

Respirador:
Fabricante:
Teléfono del fabricante:
Modalidad:
Volumen corriente (Vt):
Índice (f):
PEEP (Pe):
Control de presión (PC):
Respaldo del Vt:
Tiempo de inspiración:
Sensibilidad:
Soporte de presión (PS):
FiO2/Litros:

Respirador:
Fabricante:
Teléfono del fabricante:
Modalidad:
Volumen corriente (Vt):
Índice (f):
PEEP (Pe):
Control de presión (PC):
Respaldo del Vt:
Tiempo de inspiración:
Sensibilidad:
Soporte de presión (PS):
FiO2/Litros:

CONFIGURACIONES DEL RESPIRADOR

CONFIGURACIONES DEL RESPIRADOR

Attachment #4

III. State Representative Program, Rules, and Guidelines

Introduction

In the absence of a formal agency approved and independent State Representative program, the responsibility of acting as a "State Psychomotor Representative" falls upon the Training Institution and Exam Coordinator or his/her designee. However, the psychomotor exams must still be performed pursuant to state guidelines included in this Manual. This is a guidebook and resource for the Psychomotor Examination Representatives as they function on behalf of the State of Indiana. This portion will cover the selection, roles, responsibilities, duties, and oversight of the State Representatives in the performance of their duties. No manual can cover every possible challenge but the goal is provide the best framework for consistency and fairness of Indiana Psychomotor Examinations across the state

A. Standards of Ethical Conduct for Indiana Psychomotor Examination Representatives

(Modified from the American Medical Associations Principles of Medical Ethics)**

- (1) An Indiana Psychomotor Examination Representative shall be dedicated to providing competent and consistent psychomotor examination administration in accordance with current agency guidelines and deliver such functioning with compassion and respect for human dignity and rights.
- (2) An Indiana Psychomotor Examination Representative shall uphold the standards of professionalism, be honest in all professional interactions, and strive to report exam site coordinators or instructors deficient in character or competence, or engaging in fraud or deception, to the agency.
- (3) An Indiana Psychomotor Examination Representative shall continue to study, apply, and advance scientific knowledge, maintain a commitment to medical education, and make relevant information available to colleagues and the public.
- (4) An Indiana Psychomotor Examination Representative shall establish customer satisfaction as a primary goal for his or her performance of duties. Customers include all participants in the psychomotor examination process from site coordinators, to training staff, to evaluators and patients, and to the candidates themselves.
- (5) The Indiana Psychomotor Examination Representative serves as a customer advocate in resolution of concerns and resolution of conflicts and complaints that arise during the examination process.

B. Pass/Fail Criteria

Indiana Emergency Medical Responder Psychomotor Examination

STATION	MINIMUM PASSING SCORE
Patient Assessment/Management—Trauma	30 and no critical criteria
Patient Assessment/Management—Medical	22 and no critical criteria
Cardiac Arrest/AED	13 and no critical criteria
Spinal Immobilization-Supine	9 and no critical criteria
Random Skills	
Bleeding Control/Shock Management	7 and no critical criteria
Long Bone injuries	7 and no critical criteria
Ventilation & Airway Management for Apneic Patient	12 and no critical criteria
Oxygen Preparation and Application	12 and no critical criteria

Indiana EMT Psychomotor Examination

STATION	MINIMUM PASSING SCORE
Patient Assessment/Management—Trauma	30 and no critical criteria
Patient Assessment/Management—Medical	22 and no critical criteria
Cardiac Arrest/AED	18 and no critical criteria
BLS Airway Management	18 and no critical criteria
Spinal immobilization-Seated Patient	8 and no critical criteria
Spinal Immobilization-Supine Patient	9 and no critical criteria
Random Skills	
Oxygen Preparation and Application	12 and no critical criteria
Bleeding Control/Shock Management	6 and no critical criteria
Long Bone injuries	7 and no critical criteria
Joint Injury	6 and no critical criteria
Traction Splint	9 and no critical criteria

C. The "Attempt" Process

Indiana Emergency Medical Responder Psychomotor Examination

Each candidate will be given up to two (2) attempts to successfully pass the psychomotor exam. Hopefully, this will assist instructors and candidates in understanding the "attempts".

1A → 1st attempt - all five (5) stations are tested.

POSSIBLE OUTCOMES:

Pass 5 stations - psychomotor is passed.*

Pass 4 / fail 1 - go to 1R1 testing

Pass 3 / fail 2 - go to 1R1 testing

Pass 2 / fail 3 - Failure of first attempt - go to **REMEDIATION**

Pass 1 / fail 4 - Failure of first attempt - go to **REMEDIATION**

Pass 0 / fail 5 - Failure of first attempt - go to **REMEDIATION**

1R1 – candidate only attempts stations failed during 1A

POSSIBLE OUTCOMES:

Pass all stations - psychomotor is passed. *

Fail at least 1 station - go to **1R2**.

1R2 - candidate only attempts stations failed during **1R1**

POSSIBLE OUTCOMES:

Pass all stations - psychomotor exam is passed. *

Fail at least 1 station - go to REMEDIATION.

REMEDIATION - Review all psychomotor skills and complete the remediation form. This form is included for your information. Each candidate required to complete remediation will receive a copy with their official results. When the remediation documentation form is returned to the Office of EMS, the candidate may begin the 2A / 2nd attempt testing.

2A → 2nd attempt - all five (5) stations are tested.

POSSIBLE OUTCOMES:

Pass 5 stations - psychomotor is passed.*

Pass 4 / fail 1 - go to 2R1 testing

Pass 3 / fail 2 - go to 2R1 testing

Pass 2 / fail 3 - **Fail of second attempt – FAIL psychomotor exam. ***

Pass 1 / fail 4 - **Fail of second attempt – FAIL psychomotor exam. ***

Pass 0 / fail 5 - **Fail of second attempt – FAIL psychomotor exam. ***

2R1 - candidate only attempts stations failed during **2A**

POSSIBLE OUTCOMES:

Pass all stations – psychomotor exam is passed. *

Fail at least 1 station - go to **2R2**.

2R2 - candidate only attempts stations failed during **2R1**

POSSIBLE OUTCOMES:

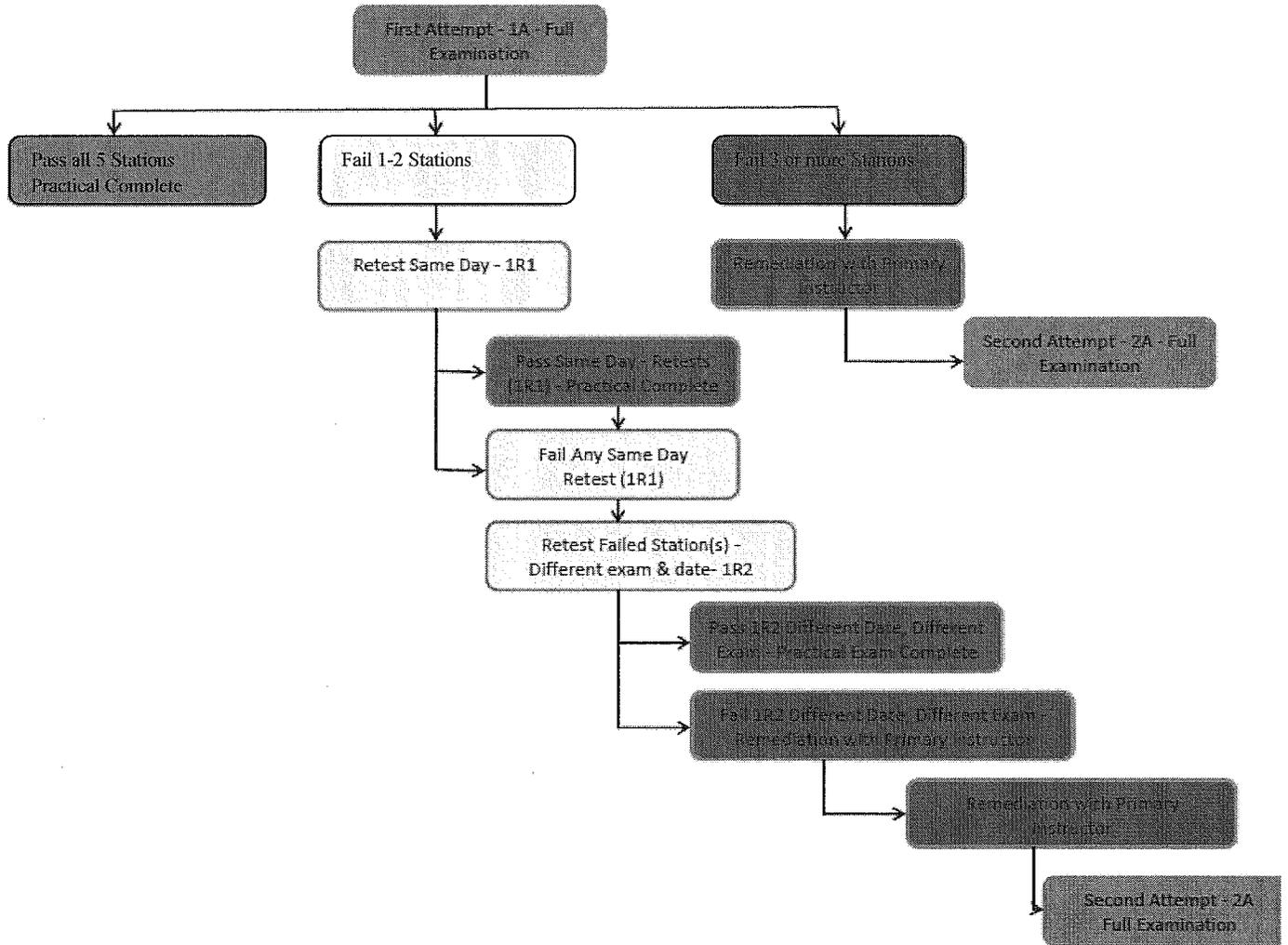
Pass all stations - psychomotor exam is passed. *

Fail at least 1 station - FAIL psychomotor. *

* Results given at the exam sites are **UNOFFICIAL RESULTS**.

FAILURE of psychomotor exam - NO FURTHER TESTING.

EMR Attempt Process



Indiana EMT Psychomotor Examination

Each candidate per EMS Rules will be given up to two (2) attempts to successfully pass the psychomotor exam. Hopefully this will assist instructors and candidates in understanding the "attempts".

1A → 1st attempt - all seven (7) stations are tested.

POSSIBLE OUTCOMES:

Pass 7 stations – psychomotor exam is passed.*

Pass 6 / fail 1 - go to 1R1 testing

Pass 5 / fail 2 - go to 1R1 testing

Pass 4 / fail 3 - go to 1R1 testing

Pass 3 / fail 4 - Failure of first attempt - go to **REMEDIATION**

Pass 2 / fail 5 - Failure of first attempt - go to **REMEDIATION**

Pass 1 / fail 6 - Failure of first attempt - go to **REMEDIATION**

Pass 0 / fail 7 - Failure of first attempt - go to **REMEDIATION**

1R1 – candidate only attempts stations failed during **1A**

POSSIBLE OUTCOMES:

Pass all stations – psychomotor exam is passed. *

Fail at least 1 station - go to **1R2**.

1R2 - candidate only attempts stations failed during **1R1**

POSSIBLE OUTCOMES:

Pass all stations - psychomotor exam is passed. *

Fail at least 1 station - go to **REMEDIATION**.

REMEDIATION - Review all psychomotor skills and complete the remediation form. This form is included for your information. Each candidate required to complete remediation will receive a copy with their official results. When the remediation documentation form is returned to our office the candidate may begin the **2A** / 2nd attempt testing.

2A → 2nd attempt - all seven (7) stations are tested.

POSSIBLE OUTCOMES:

Pass 7 stations - psychomotor exam is passed. *

Pass 6 / fail 1 - go to 2R1 testing

Pass 5 / fail 2 - go to 2R1 testing

Pass 4 / fail 3 - go to 2R1 testing

Pass 3 / fail 4 - Fail of second attempt – **FAIL** psychomotor exam. *

Pass 2 / fail 5 - Failure of second attempt – **FAIL** psychomotor exam. *

Pass 1 / fail 6 - Failure of second attempt – **FAIL** psychomotor exam. *

Pass 0 / fail 7 - Failure of second attempt – **FAIL** psychomotor exam. *

2R1 - candidate only attempts stations failed during **2A**

POSSIBLE OUTCOMES:

Pass all stations - psychomotor exam is passed. *

Fail at least 1 station - go to **2R2**.

2R2 - candidate only attempts stations failed during 2R1

POSSIBLE OUTCOMES:

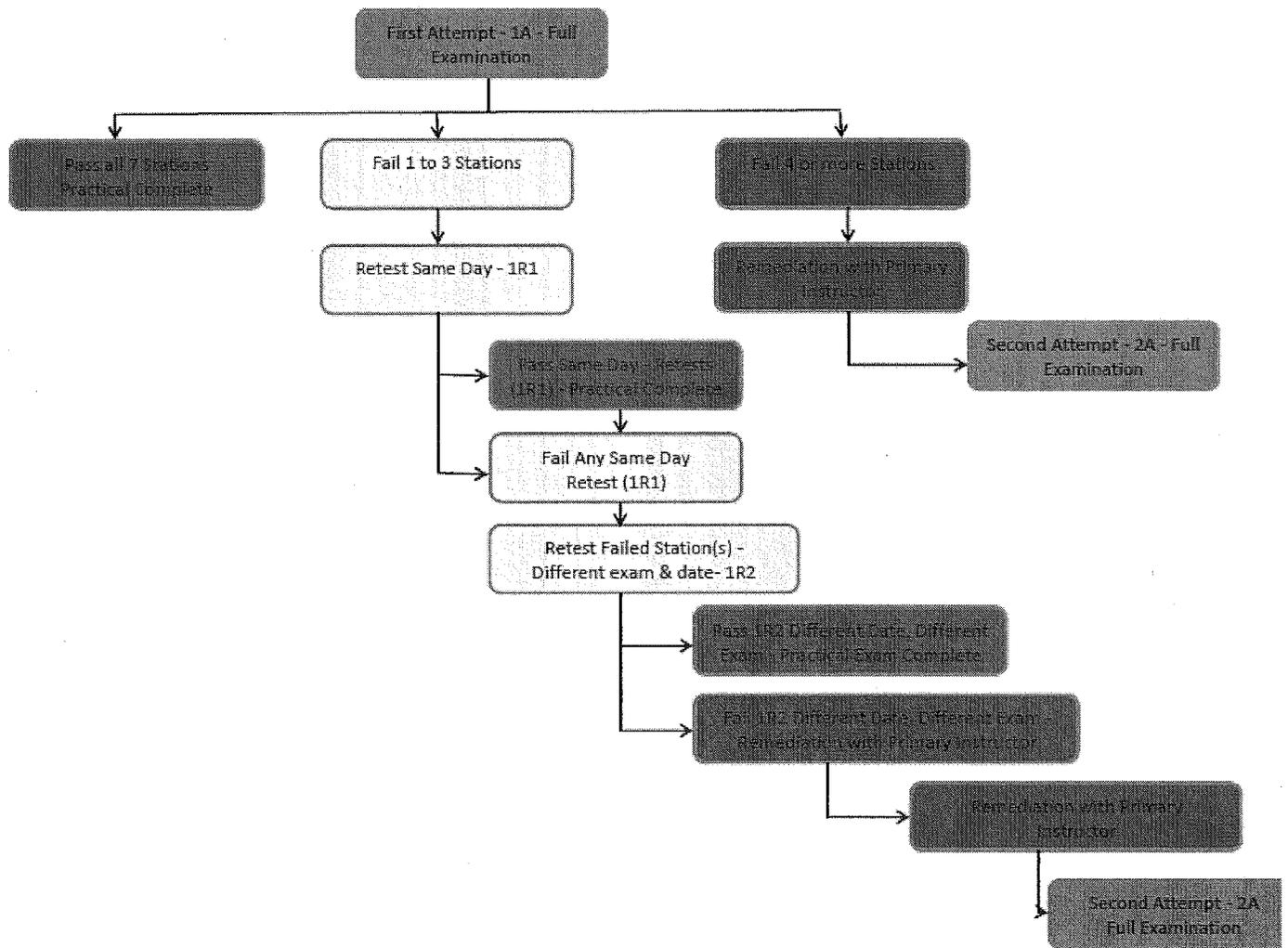
Pass all stations - psychomotor exam is passed. *

Fail at least 1 station - FAIL psychomotor exam. *

* Results given at the exam sites are **UNOFFICIAL RESULTS**.

FAILURE of Psychomotor Exam - NO FURTHER TESTING.

EMT Attempt Process



D. Roles and Responsibilities of the Indiana Psychomotor Exam Representative

The Indiana Psychomotor Exam Representative should be dressed in business casual attire and be clean and presentable. In general, the Representative should follow these guidelines:

- Polo or dress shirt, khaki/dress pants (no jeans, sweat pants, or shorts), and comfortable shoes

The Indiana Psychomotor Exam Representative should:

- Professionally represent EMS and the agency
- Be knowledgeable of the exam rules and procedures as outlined in the Indiana State EMS Training Resource Manual
- Keep current in changes that the agency makes to the exam process
- Be impartial, open-minded, and welcoming
- Use appropriate language and avoid swearing
- Representative must remain on site during the entire exam
- No use of any tobacco products (including electronic nicotine devices) at an exam site
- Find his/her replacement if unable to serve as planned and communicate the change to the agency staff

Roles and Responsibilities of the Indiana Psychomotor Exam Representative

	Task
One week before the exam, call the Exam Coordinator and review the following:	
	1. Confirm exam location and directions. Exchange cell phone numbers. Obtain hotel information if needed.
	2. Confirm times. What time are you expected to arrive? What time will you meet with evaluators/staff? What time will you meet with candidates? What time will candidates begin the exam process? Is there a time change between where you are and the exam site? Explain that the time you are told to arrive is the time that stations, evaluators, and candidates should be ready to go.
	3. Get estimate of number of candidates. Advise the coordinator to keep you posted as candidates are added.
	4. Advise the Exam Coordinator of number of stations recommended based on number of candidates. There should be one set of stations for every 15 candidates. This does not preclude a site from setting up more stations than required if they have the resources available. Explain that an insufficient number of stations may lead to cancellation of the exam.
	5. Advise the Exam Coordinator of number of rooms needed, including the candidate holding room. Explain that stations must be in separate rooms or physically separated so that candidates <u>cannot hear and/or see</u> what is happening in another station. You need to stress this requirement.
	6. Explain that you will need a separate, private room with enough table space for organizing exam paperwork.
	7. Advise the Exam Coordinator of number of staff (evaluators, assistants, patients) based on number of stations. Remind coordinator that realistic moulage must be applied. Refer to Training Resource Manual for more instructions.
	8. Advise the Exam Coordinator of evaluator certification/licensure level requirements. Certifications/licenses must be current, and the responsibility for ensuring evaluator credentials lies with the coordinator.
	9. Review with the Exam Coordinator the equipment that is required for the psychomotor exam. Refer the Exam Coordinator to the Training Resource Manual and explain that the verification checklist must be completed by them before the exam and handed to you upon your arrival. Explain that if the required equipment cannot be obtained, the exam will be cancelled. You should confirm equipment availability so that you do not make an unnecessary trip to the exam site.
	10. Explain the process for the random station and the required equipment and staffing.
	11. Advise the Exam Coordinator that it is his/her responsibility to provide the exam paperwork. Review the documents needed (instructions, candidate evaluation forms), the quantity of documents needed (two of each candidate evaluation form, one set of instructions for each station), and the color coding requirements. Refer to Training Resource Manual for detailed instructions. Remind the coordinator that these forms must be kept secure.
	12. Confirm that the candidates have received the "What I Need to Know" document. This is an item on the Exam Coordinator's checklist.
	13. Explain that the Medical Director or designee must be either physically present at the exam or available by telephone. Instruct the Exam Coordinator to e-mail the Medical Director asking for his or her availability and contact information for the day of the exam. Have the coordinator copy you on the e-mail or forward the response to your e-mail. Print the e-mail and take it with you to the exam. Include it in the materials you return to IDHS.
	14. Since the spelling of names can be difficult, recommend some options that will help ensure proper spelling on evaluation forms. The best option is to print a sheet of labels for each candidate so that the candidate can hand a label to the evaluator. This eliminates any confusion caused by poor handwriting.
	15. Answer any questions regarding the exam that the Exam Coordinator has.

	<p>16. Stress the following expectations and explain that failure to meet the requirements may lead to cancellation of the exam and/or revocation of privileges as an approved Examination Institution.:</p> <ul style="list-style-type: none"> a. Stations, candidates and evaluators must be ready to go at the designated start time. b. Evaluators must be currently qualified to evaluate the station they are assigned. c. Sufficient number of stations, staffing and equipment must be available for the number of candidates testing.
<p>On the day of exam, prior to beginning the exam, do the following:</p>	
	<p>1. Make contact with the Exam Coordinator, who will escort you to your designated area. Discuss plans for the day and whether stations, staff, and candidates are ready to begin.</p>
	<p>2. Get organized in your area.</p>
	<p>3. Confirm that there are sufficient stations set up for the number of candidates completing the exam.</p>
	<p>4. Confirm that there are sufficient evaluators, assistants and patients for the number of stations needed.</p>
	<p>5. Check each station; ensure that all equipment is provided and that all equipment is in working order; check combi-tube balloons, AEDs, etc.</p>
	<p>6. Verify Medical Director's availability. If you were not copied on a prior e-mail, you will need to call the Medical Director to confirm his/her availability.</p>
	<p>7. Prepare evaluators for the exam by reading the evaluator script, distributing paperwork to evaluators, and verifying appropriate certification/licensure of evaluators using a sign in sheet. Obtain PSID numbers for the agency certified/licensed evaluators.</p>
	<p>8. Prepare patients with appropriate moulage and scenario instructions.</p>
	<p>9. Prepare candidates for the exam by reading the candidate script, walking candidates through completing paperwork, and verifying identity of test takers using a state issued form of identification. Review the "What I need to know" side of the document and have candidates sign the acknowledgment.</p>
	<p>10. Place the completed candidate paperwork on the table in your work area in separate piles in alphabetical order.</p>
<p>During the exam:</p>	
	<p>1. Visit the stations and spend a few minutes observing the process being used and the staff's conduct. Ensure that a fair and accurate process is being used and equipment is functioning properly. Visit stations as early on as possible to identify problems with evaluators. Try to visit every station at least once.</p>
	<p>2. If an evaluator is incorrectly judging candidate performance, discuss the problem with the evaluator and inform the Exam Coordinator of the situation. If appropriate, void prior evaluations and have candidates re-test the station. If the evaluator continues to judge performance incorrectly, instruct the Exam Coordinator to replace the evaluator. Contact the agency staff if needed.</p>
	<p>3. Visit the candidate staging area often so that the candidates see you and can approach you with concerns.</p>
	<p>4. If a candidate cites equipment/station problems or makes a complaint, work with the Exam Coordinator to rectify the situation. Use the formal complaint process and involve the Medical Director if needed.</p>
	<p>5. Ensure the integrity of the exam by making sure that evaluation forms, scenarios and other documents and materials are secured. Collect candidate notes from stations. DO NOT leave the exam site until you have confirmed all testing materials, especially scenarios, have been returned to you.</p>
	<p>6. Collect completed exam sheets. Make sure forms are complete, including start and stop times. Check the appropriate box (pass/fail) on the corresponding candidate's exam form and place the document under the candidate's exam form. Keep a running tally of retests needed by candidate name using the checklist provided by the agency.</p>

	7. Check, double check and triple check each candidate's exam sheets vs. cover sheet. You want to be confident that the results you share with candidates are as accurate as possible.
	8. Any situations that cannot be resolved by the Quality Assurance Committee, made up of the Medical Director, Exam Representative and/or Exam Coordinator, the Exam Coordinator must contact the EMS EOC at 1-800-669-7362 for further consultation.

Once all candidates have completed all of the stations:

	1. Confirm all paperwork has been submitted.
	2. Obtain all remaining station paperwork from evaluators and have them complete their exam evaluation.
	3. In collaboration with the Exam Coordinator, determine whether retests will be offered. The preference is to allow retests. However, you may choose to not offer retests if there are an excessive number of retests, if staffing has fallen too low, if time does not permit, or any situation has arisen that would make offering retests impractical.
	4. If retests will be offered, redistribute station paperwork to the retest evaluators.
	5. Review candidate sheets one more time.
	6. Call candidates to a private area one at a time and give them results. Stress that the results are unofficial. Do not engage in a discussion with the candidate about how he/she performed. For each candidate: <ul style="list-style-type: none"> a. Ask the candidate if he/she has any concerns to address (outside of equipment failure/bias) b. Inform the candidate of his/her results without giving specific information about why they failed a station. c. If the candidate is eligible for retest and retests are being offered, ask the candidate if he/she would like to retest. Explain to the candidate that he/she is not obligated to retest at that time. d. If the candidate is not eligible for retest, explain the next step in the certification process for them and how to find another exam site.
	7. Sign all exam cover sheets verifying the results you distributed. A comment must be added explaining the outcome of the exam for the candidate (passed on first attempt, failed first attempt-passed retest, failed first attempt-chose not to retest, failed first attempt-not eligible for retest).

After the psychomotor exam:

	1. Complete the exam quality control evaluation.
	2. Discuss things that went well and improvements that can be made for the next exam with the exam coordinator.
	3. Send completed paperwork to the agency per their instructions.

E. Psychomotor Examination Orientation to Station Examiners

Good (morning, afternoon, evening). My name is _____. I will be the State Representative administering this examination. On behalf of the State of Indiana, I would like to thank you for serving as a station examiner. All data relative to a candidate's performance is based upon your **OBJECTIVE** recordings and observations. All performances must be reported with the greatest degree of objectivity possible. The sheets you are using today have been designed to assist you in objectively evaluating the candidates.

Please place all cell phones, pagers, radios, etc. on silent and avoid using the device while exams are in progress. Please check these devices now!

Let me emphasize that this examination is a formal verification procedure not designed for teaching, coaching or remedial training. Therefore *you are not permitted to give any indication whatsoever of satisfactory or unsatisfactory performance to any candidate at any time.* You must not discuss any specific performances with anyone other than me. If you are unsure of scoring a particular performance, notify me as soon as possible. Do not sign or complete any evaluation form if you have any questions at all, until we have discussed the performance.

You should act in a professional manner at all times, paying particular attention to the manner in which you address candidates. You must be consistent, fair and respectful in carrying out your duties as a formal examiner. The safest approach is to limit your dialogue to examination-related material only. Be careful to the manner in which you address candidates as many will interpret your remarks as some indication of their performance. You should ask questions for clarification purposes only. For example, if a candidate states "I'd now apply high flow oxygen," your appropriate response might be; "Please explain how you would do that." Do not ask for additional information beyond the scope of the skill, such as having the candidate explain the FiO₂ delivered by the device, contraindications to the use of the device or other knowledge-type information. You may also have to stimulate a candidate to perform some action. If a candidate states "I'd do a quick assessment of the legs," you must respond by asking the candidate to actually perform the assessment as he/she would in a field situation.

We suggest you introduce yourself to each candidate as you call them in to the station. No candidate, at any time, is permitted to remain in the testing area while waiting for his/her next station. Take a few moments to clearly print the candidate's first and last name on the evaluation form as well as the date and scenario number (if there is one). You should use a black ink pen and follow good medical-legal documentation practices when completing these forms. You should read aloud the "Instructions to the Candidate" exactly as printed at the end of you essay. You may not add or detract from these instructions but may repeat any portion as requested. The instructions must be read to each candidate in the same manner to assure consistency and fairness. Give the candidate time to inspect the equipment if necessary and explain any specific design features of the equipment if you are asked. If the candidate brings his/her own equipment, be sure I have inspected it and that you are familiar with its use prior to evaluating the candidate.

As the candidate begins the performance, document the time started in the space provided on the exam sheet. As the candidate progresses through the station, fill out the evaluation form in the following manner:

- (1) Place the point or points awarded in the appropriate space at the time each item is completed.

- (2) Only whole points may be awarded for those steps performed in an acceptable manner. **You are not permitted to award fractions of a point.**
- (3) Place a zero (0) in the "Points Awarded" column for any step which was not completed or was performed in an unacceptable manner (inappropriate or non-sequential resulting in excessive and detrimental delay).

All psychomotor exam sheets should be filled out in a manner which prohibits the candidate from directly observing the points you award or the comments you may note. Do not become distracted by searching for the specific statements when you should be observing the candidate's performance. Ideally you should be familiar with these exam sheets. If you are not familiar, simply turn the exam over and concisely record the entire performance on the back side. After the candidate finishes the performance, document the time the candidate completed or when the exam was stopped. Also, complete the front side of the evaluation instrument in accordance with the documented performance. Please remember, the most accurate method of fairly evaluating any candidate is one in which your attention is devoted entirely to the performance of the candidate.

You must observe and enforce all time limits for the stations. If the candidate is in the middle of a step allow him/her to complete only that step. The candidate should not be allowed to start another step. You should then place a zero (0) in the "Points Awarded" column for any steps which were not completed within the allotted time.

When the candidate has completed the station make sure he/she returns to the staging area promptly. Do not allow the candidate to take any recordings of the station with him/her.

After all points have been awarded, you must total them and enter the total in the appropriate space in the evaluation form. Next, review all "Critical Criteria" statements printed on the evaluation form and check any that apply to the performance you just observed. **You must factually document, on the reverse side of the evaluation form, you rational for checking any "Critical Criteria" statement.** Factually document the candidate's **actions** which caused you to check any of these statements. You may also wish to document, in the same way, each step of the skill in which zero (0) points were awarded. Be sure to sign the exam sheets in the appropriate space and then prepare the station for the next candidate. Exam sheets should only be completed while a candidate is being evaluated and should not be filled out in advance (date, signature, times etc.) If you make an error on a form that makes it unusable please void that form and return it to me.

It should be noted that there are two Critical Criteria that deal with the affective domain, which measures the candidate's attitudes, behaviors, and professional attributes. The best place for "constructive criticism" is in the classroom and clinical phases of education—not during the examination process. A failure for a Critical Criteria for an affective or behavior based performance issue should be reserved for an egregious behavior that is serious enough that it would result in harsh disciplinary action in most EMS systems. While the examination process is stressful, it will often demonstrate how the candidate will perform if they are certified and under the stresses of the EMS response. The affective performance based criteria are "Failure to manage the patient as a competent EMT" and "Exhibits unacceptable affect with patient or other personnel." While this document cannot identify all of the forms of behavior, some of the behaviors that would be unacceptable are listed below. Any failure for a critical criteria relating to affective domain should be based upon a clearly defined "offensive" observation by the evaluator and not just "unreasonable" behaviors. As a guide, but not intended to be exclusive are some potential Critical Criteria level of behaviors:

- Fails to behave with INTEGRITY. Unacceptable would be any form of cheating during the testing process, lying during the testing process, or deliberate disrespectful/ insubordinate behavior towards the patient, assistants, or evaluator.
- Lack of EMPATHY or failure to treat the simulated patient in a calm, compassionate manner. Unacceptable examples would be deliberate over-bearing or belligerent behavior or repeatedly stepping over the patient.
- Lack of PROFESSIONAL APPEARANCE AND PERSONAL HYGIENE to the extent that detracts from the candidate's performance. Inappropriately fitting clothing or grooming are examples. As an examiner, please consult with the State Representative if you have any concerns.
- Lack of COMMUNICATION that impedes patient evaluation or care. Examples would include failure to communicate with simulated patient clearly or patient care strategies that are not clearly relayed to other assistants (such as failure to order an organized log roll attempt in a spinal immobilization).
- Lack of TEAMWORK AND DIPLOMACY to the extent that the overall treatment effort results in failure to adequately manage the patient.
- Lack of RESPECT for the patient or other assistants includes no deliberate demeaning terms or derogatory language.

This explanation of the affective domain criteria has been included in individual station instructions as a reference as well.

You are responsible to the security of all evaluation material, instructions, scenarios and all exam sheets. You must return ALL material to me before you leave this examination site. If you need to take a break secure all exam sheets which were issued to you.

After you receive your materials for today's examination, you may proceed to your station and check the props, equipment and moulage to assure the station is prepared for the first candidate. You should orient any victims and assistants over their roles in today's examination. The victims should act as a similar patient would in a field situation and the assistants should perform as trained EMS professionals. Please emphasize the importance of their consistent and professional performance throughout today's examination. You **must** read through the essay and instructions, brief your assistants and simulated patients and review the exam sheets before evaluating any candidate. Please wait until I have inspected your station and answered any of your specific questions before evaluating your first candidate. Are there any questions?

F. General Instructions to the Candidate

Welcome to the Indiana EMR/EMT Psychomotor Examination. My name is _____. I will be serving as the Indiana Psychomotor Examination Representative today. By successfully completing this examination process and receiving subsequent certification, you will have proven to yourself and the medical community that you have achieved the level of competency assuring that the public receives quality pre-hospital care.

Please note: No personal electronic devices are permitted in the building. These must either be left in your vehicle or at home.

The station examiners utilized today are state certified personnel and are observers and recorders of your expected appropriate actions. They record your performance in relationship to the criteria listed on the exam sheets approved by the National Registry of EMTs and the Indiana EMS Commission.

The station examiner will call you into the station when it is prepared for testing. **NO** candidate, at any time, is permitted to remain in the testing area while waiting for his/her next station. You must wait outside the testing area until the station is open and you are called. You are not permitted to take any books, pamphlets, brochures or other study material into the station. You are not permitted to make any copies or recordings of any station. When the examiner asks your name, please assist him/her in spelling your name so that your results may be recorded accurately, or provide him/her with the pre-printed sticker provided to you by staff. Please avoid using nicknames.

If you have concerns with the objectivity of an evaluator, you must notify me prior to being evaluated. I will address each notification on a case by case basis.

Please pay close attention to the instructions, as they correspond to dispatch information you might receive on a similar emergency call and give you valuable information on what will be expected of you during the station. The station examiner will offer to repeat the instructions and will ask you if the instructions were understood. Do not ask for additional information not contained within the instructions, as the station examiner is not permitted to give this information.

We have instructed the station examiners not to indicate to you in any way a judgment regarding your performance in the station. Do not interpret any of the examiners remarks or documentation practices as an indication of your overall performance. Please recognize the station examiner's attitude as professional and objective, and simply perform the skills to the best of your ability.

You will be given time at the beginning of the station to survey and select the equipment necessary for the appropriate management of the patient. Do not feel obligated to use all the equipment. If you brought any of your own equipment, I must inspect and approve it before you enter the station.

The station examiner does not know or play a role in the establishment of pass/fail criteria, but is merely an observer and recorder of your actions in the station. This is an examination experience, not a teaching or learning experience.

Each station has an overall time limit; the examiner will inform you of this during the reading of the instructions. When you reach the time limit, the station examiner will inform you to stop your performance. However, if you complete the station before the allotted time, inform the examiner that you are finished. You may be asked to remove equipment from the patient before leaving the station.

You are not permitted to discuss any details of any scenario with each other at any time. Please be courteous to the candidates who are testing by keeping all excess noise to a minimum. Be prompt in reporting to each station so that we may complete this examination within a reasonable time period.

Failure of less than the majority of stations (as noted on the skills cover sheet) entitles you to a retest of those stations failed. Failure of the majority of stations constitutes complete failure of the entire psychomotor examination, requiring a retest of the entire psychomotor examination after remedial training. Failure of a same-day retest entitles you to a retest of those skills failed. **This retest must be accomplished at a different date and test site, with a different examiner.** Failure of the retest at the different site constitutes a complete failure of the psychomotor examination, and you will be required to retest the entire psychomotor examination after providing proof of remedial training to the Indiana Emergency Medical Services Commission. A candidate is allowed to test a single station a maximum of three (3) times before he/she must retest the entire psychomotor examination. Any retest of the entire psychomotor examination requires the candidate to document remedial training over all skills before re-attempting the examination. Failure to pass all stations by the end of two (2) full examination attempts constitutes a complete failure of the skills testing process. Therefore, you must complete a new EMR/EMT training program to be eligible for future testing for certification. NOTE: You have one (1) year from your EMR/EMT course completion date to successfully complete all phases of the psychomotor examination process.

The results of the psychomotor examination are reported as a pass/fail of the skill station. You will not receive a detailed critique of your performance on any skill. Please remember that today's examination is a formal verification process and was not designed to assist with teaching or learning. Identifying errors will be contrary to the principle of this type of examination, and could result in the candidate "learning" the examination while still not being competent in the necessary skill.

If you feel you have a complaint concerning the examination, a formal complaint procedure does exist. Complaints must be initiated with me before you learn of your results or leave this site. You may file a complaint for only two (2) reasons:

1. You feel you have been discriminated against. Any situation in which you feel an unfair evaluation of your abilities occurred may be considered discriminatory.
2. There was an equipment problem or malfunction in your station.

If you feel either of these two things occurred, you must contact me immediately to initiate the written complaint process. The Indiana Psychomotor Examination Representative, Examination Coordinator and, if warranted, the Medical Director will review your concerns.

I am here today to assure that a fair, objective, and impartial testing process occurs. If you have any concerns, notify me immediately to discuss them. I may be visiting stations throughout the examination to verify appropriate testing procedures.

Does anyone have any questions concerning the psychomotor examination at this time?

POINTS TO REMEMBER

1. Follow instructions from the staff.
2. During the examination, move only to areas directed by the staff.
3. Give your name as you arrive at each station.
4. Listen carefully as the testing scenario is explained at each station.
5. Ask questions if the instructions are not clear.

6. During the examination, do not talk about the examination with anyone other than the station examiner, programmed patient and, when applicable, to the trained assistant.
7. Be aware of the time limit, but do not sacrifice quality performance for speed.
8. Equipment will be provided. Select and use only that which is necessary to care for your patient adequately.

***** Read Roster and Check ID's**

G. Electronic Psychomotor Examination Reservation

Objective

To provide a cost effective and efficient process of administering EMS Psychomotor Exams while maintaining excellent customer service to the EMS citizens in Indiana.

Procedures

- (1) Examination and/or Training Institutions shall submit a Psychomotor Exam reservation to the agency. They can do this in two ways:
 - a. Place the request on the Course Request Form
 - b. Submit a Psychomotor Exam Reservation Form and an explanation of why this Psychomotor Exam is not associated with a course

Forms should be sent to this agency e-mail address:

certCourseApps@dhs.in.gov

- (2) All forms are in the appendix of the Indiana EMS Training Manual. Please print off the needed forms for each psychomotor exam.
- (3) Upon completion of the psychomotor exam, the Examination Institution shall return the following testing materials within five (5) business days from the approved exam date:
 - a. Examination Report (state form 54502)
 - b. Each candidate's individual station forms
 - c. The completed roster
- (4) The Indiana Psychomotor Exam Representatives should send back all signed forms by one of the following:
 - a. US Mail, Federal Express, or UPS (***Preferred***)
 - b. Email certCourseApps@dhs.in.gov
- (5) All records pertaining to a psychomotor exam shall be kept on file at the Examination Institution's place of business for seven (7) years in accordance to 836 IAC 4-2-2.
- (6) Any discrepancies and/or complaints must be filled out on the forms provided and returned with the exam forms.
- (7) The agency certification staff shall review the Psychomotor Exams and record all exam grades.

H. Forms

For All Courses

Course Application (<https://forms.in.gov/Download.aspx?id=9755>)

Report of Training (<https://forms.in.gov/Download.aspx?id=7147>)

Psychomotor Exam Reservation (<https://forms.in.gov/Download.aspx?id=9753>)

For EMR Course

Course Checklist (<https://forms.in.gov/Download.aspx?id=9343>)

EMR Examination Report Form (Psychomotor Exam sheets)
(<https://forms.in.gov/Download.aspx?id=9764>)

Statement of Remediation

Cognitive (<http://www.in.gov/dhs/files/54414.pdf>)

Psychomotor (<https://forms.in.gov/Download.aspx?id=9344>)

For EMT Course

Course Checklist (<https://forms.in.gov/Download.aspx?id=9387>)

Psychomotor Examination Report Form (Skills Sheets)
(<https://forms.in.gov/Download.aspx?id=9249>)

Statement of Remediation

Cognitive (<http://www.in.gov/dhs/files/54414.pdf>)

Psychomotor (<https://forms.in.gov/Download.aspx?id=9382>)

For Advanced EMT Course

Course Checklist

(<https://forms.in.gov/Download.aspx?id=10129>)

For Paramedic Course

Course Checklist

(<https://forms.in.gov/Download.aspx?id=10131>)

Attachment #5

Vision Statement

The Indiana Department of Homeland Security EMS Branch under the State Fire Marshal Office, the Indiana EMS Commission, and the instructors of the State of Indiana are committed to providing a training format that will ensure our EMS professionals have access to adequate and uniform training standard from all EMS training institutions. This training standard should meet the established guidelines set forth by the EMS Commission of the State of Indiana. The training that Indiana adopts for EMS should allow our responders to maintain both Indiana and National EMS certifications where possible. This training manual should be the key resource on how Indiana conducts EMS training and testing.

Mission Statement

This EMS Training Resource Manual is a work product adopted by the Indiana EMS Commission and the policies of the Indiana Department of Homeland Security EMS Branch under the State Fire Marshal Office. Our mission is to create a manual that can be accessible to State of Indiana staff and our EMS community.

Acknowledgement

The Indiana EMS Commission and the Indiana Department of Homeland Security would like to recognize the individuals of the Indiana EMS Community who contributed countless hours towards the creation of this document. Without their dedication and expertise, this creation of this guide would not have been possible.

I. Training Institutions

EMS Training Guidance (for Instructors and Training Institutions)

This section is designed for Training Institutions and Primary Instructors who are applying to become training institutions, applying for Indiana certified EMS training courses, and for the remittance of course information. The following directions will assist you in the timely and efficient submission of all information necessary to become a training institution and to open and close a certified EMS training course. These guidelines follow the rules outlined in Title 836, processes as approved by the EMS Commission, as well as Indiana Department of Homeland Security (IDHS) policy. The links in this manual will be updated as legislation and forms are revised.

A. Becoming a Indiana Certified Training Institution

836 Emergency Rules

(<http://www.in.gov/legislative/iac/20120711-IR-836120393ERA.xml.pdf>)

836 IAC Article 4. Training and Certification

(http://www.in.gov/legislative/iac/iac_title?iact=836&iaca=4)

Points to Remember

1. “836 IAC 4-2-1 (c) Each Indiana emergency medical services training institution of emergency medical technician programs shall be:

A post secondary institution as defined in IC 20-12-71-8

A private technical, vocational, or trade school as defined in IC 20-12-62-3

A high school as defined in IC 20-18-2-7;

A provider organization as defined in IC 16-31; or

An appropriately accredited hospital licensed under IC 16-21;”

AND

“that has adequate resources and dedication to educational endeavors. Educational institutions shall be appropriately accredited by a regional accrediting association for higher education or have state licensure that assures comparable educational standards.”

2. “836 IAC 4-2-1 (d) Such an institution shall submit an application to the agency at least ninety (90) days prior to the date for which certification is requested in a manner prescribed by the agency.”

Training Institution application

(<https://forms.in.gov/Download.aspx?id=9396>)

Certification

“836 IAC 4-2-1 (e) Certification as an emergency medical services training institution is valid for a period of two (2) years from the date of certification.”

“836 IAC 4-2-1 (f) Certified emergency medical services training institutions shall be certified according to the institution's intent and ability to teach various levels of emergency medical services curricula.”

The EMS Commission currently approved courses for basic life support training institution is defined as an institution that presents one (1) or more of the following training courses:

- (a) Emergency Medical Responder
- (b) Emergency Medical Technician

The EMS Commission currently approved courses for an advanced life support training institution is defined as an institution that presents one (1) or more of the following training courses and may include one (1) or more of the basic life support training courses listed above:

- (a) Advanced Emergency Medical Technician
- (b) Paramedic.

“836 IAC 4-2-1 (g) A certified training institution shall submit an application for recertification to the agency at least sixty (60) days prior to the date of certification expiration. The application for recertification shall indicate compliance with the requirements currently in effect at the time of the application for renewal.”

“836 IAC 4-2-1 (h) Certified advanced life support training institutions conducting paramedic training programs on or after July 1, 2008, shall show written proof of national accreditation of the program.”

B. 836 IAC 4-2-2 Institution Responsibilities

836 Emergency Rules

(<http://www.in.gov/legislative/iac/20120711-IR-836120393ERA.xml.pdf>)

836 IAC 4-2-2 is the responsibility of each training institution.

Points to Remember:

- Evaluation on each course is required
- Evaluation on each affiliated instructor is required annually
- Classrooms must have adequate space and equipment
- Make available twelve (12) hours over a two (2) year period of continuing education.
- Must keep all records for seven (7) years

C. 836 IAC 4-2-3 Educational Staff Requirements and Responsibilities

836 Emergency Rules

(<http://www.in.gov/legislative/iac/20120711-IR-836120393ERA.xml.pdf>)

836 IAC 4-2-3 is the responsibility of each training institution.

Remember:

- A Program Director must be an Indiana Primary Instructor
- A Program Director must be at the highest level of certification that is being presented by the training institution.
- Medical Directors are responsible for the competency of the course graduates
- Medical Directors must approve all affiliated instructors and the courses that are administered
- During psychomotor testing instructional staff must be certified or licensed to at least the level of skill being tested
- Program Director is responsible for coordinating and evaluating all didactic, clinical, psychomotor, and field internship components

D. Curriculum

The following documents provide the minimum requirements for each type of EMS Course. These courses are:

- EMR
- EMT
- AEMT (ALS Training Institutions)
- Paramedic (CoAEMSP Accredited Training Institutions)

EMS Course Requirements

(http://www.in.gov/dhs/files/EMS_Course_Requirements_9-18-13.pdf)

Indiana EMS Commission Levels of EMS Personnel Certification Quick Reference

(http://www.in.gov/dhs/files/IN_EMS_lvls_EMS_Personnel_Cert061713.pdf)

Indiana Skill Levels and Scope of Practice

(http://www.in.gov/dhs/files/Indiana_EMS_Skills_Side_by_Side_Comparison_8-27-13.pdf)

Indiana EMS Course Standards

The following documents are the **minimum course times and standards for each EMS course**. All courses must comply with the minimum standards for course approval. Pre-requisite and co-requisite material can be applied towards the section time standards, but you must indicate that in your syllabi. Any questions regarding course creation can be sent to certcourseapps@dhs.in.gov.

- EMR Minimum Course Hours (*http://www.in.gov/dhs/files/EMR_Hours.pdf*)
- EMT Minimum Course Hours (*http://www.in.gov/dhs/files/EMT_Hours.pdf*)
- AEMT Minimum Course Hours (*http://www.in.gov/dhs/files/AEMT_Hours_9-18-13.pdf*)
- Paramedic Minimum Course Hours (*http://www.in.gov/dhs/files/Paramedic_Hours.pdf*)

National Education Standards and Instructional Guidelines

The following are links to the National Educational Standards and Instructional Guidelines. Please utilize these documents as guides to creating your syllabi. All sections of the instructional guidelines must be addressed in your course, according to the Indiana EMS Commission, as well as any Indiana specific curricula which can be found in the minimum course hour documents above.

- [National EMS Education Standards](http://www.ems.gov/pdf/811077a.pdf) (<http://www.ems.gov/pdf/811077a.pdf>)
- [Emergency Medical Responder Instructional Guidelines](http://www.ems.gov/pdf/811077b.pdf) (<http://www.ems.gov/pdf/811077b.pdf>)
- [Emergency Medical Technician Instructional Guidelines](http://www.ems.gov/pdf/811077c.pdf) (<http://www.ems.gov/pdf/811077c.pdf>)
- [Advanced Emergency Medical Technician Instructional Guidelines](http://www.ems.gov/pdf/811077d.pdf) (<http://www.ems.gov/pdf/811077d.pdf>)
- [Paramedic Instructional Guidelines](http://www.ems.gov/pdf/811077e.pdf) (<http://www.ems.gov/pdf/811077e.pdf>)

E. 836 IAC 4-2-4 Institution Reporting Requirements

“836 IAC 4-2-4 Each Training Institution shall submit any staff changes within thirty (30) days to the agency that includes the following information:

- (1) Name, address, and telephone number of the training institution official.
- (2) List of affiliated educational staff, including name, certification level, and certification number.
- (3) Changes in the training institutions standards and criteria.”

“836 IAC 4-2-4 Each Training Institution will provide a final report on each course to the agency within fifteen (15) days following the completion of the course. These reports will be submitted in a manner prescribed by the agency.”

- The final report on each course is defined by the agency as the Report of Training.

Report of Training

(<https://forms.in.gov/Download.aspx?id=7147>)

The Report of Training must be submitted for BLS courses prior to students taking State certification exams.

Candidates will not be allowed to take the State Cognitive until the completed Report of Training is submitted to the agency and processed. Training Institutions are no longer allowed to authorize candidates to take the Indiana Cognitive Exams by signing the authorization letter.

F. Agency Policies

Submitting a Course

- All course requests must be submitted 30 days prior to the course start date.
- Collect and organize all necessary information
 - Course syllabus (including dates, times, and locations of course)
 - Course check list
 - For EMR, EMT, AEMT, and Paramedic, the hourly requirements must be identified on the syllabus that meet or exceed the hourly requirements outlined on the checklist.

EMR Course Checklist

<https://forms.in.gov/Download.aspx?id=9343>

EMT Course Checklist

<https://forms.in.gov/Download.aspx?id=9387>

AEMT Course Checklist

<https://forms.in.gov/Download.aspx?id=10129>

Paramedic Course Checklist

<https://forms.in.gov/Download.aspx?id=10131>

- You must, in narrative form, outline how you will fulfill the Indiana required curriculum as well as how you will fulfill/verify the psychomotor requirements.
- Fill out the EMS Training Course and Psychomotor Exam Reservation form.
 - These two components are now on one form.
 - Please make sure that you fill out the form in its entirety or it will be sent back.

Course Application

<https://forms.in.gov/Download.aspx?id=9755>

- If you are holding a psychomotor exam, please use the form listed below to make a reservation.
 - This form is to be used for the EMR and EMT psychomotor examination reservation.

Psychomotor Exam Reservation

<https://forms.in.gov/Download.aspx?id=9753>

- E-mail the course syllabus, check list, attachments, and Course/Reservation form to:

certcourseapps@dhs.in.gov

- Please title the subject line of any e-mail with the reason for the correspondence.
- Once we receive and review your application, you will be notified via e-mail of your approval or whether we need more information.
- Once a completed course request (including all necessary attachments) is received, you will receive your course confirmation.
- Carry out the course once approval is granted.

Candidate Remediation

- If you have a student who needs to be remediated for either failing the State Cognitive Exam or the State Psychomotor Exam:
- Complete remediation according to the mandatory hours for the State Cognitive Exam (see remediation form for hourly requirements) or the needed skill(s) for the State Psychomotor Exam.

Cognitive Remediation Form

(<http://www.in.gov/dhs/files/54414.pdf>)

EMT Psychomotor Remediation Form

(<https://forms.in.gov/Download.aspx?id=9382>)

EMR Remediation Form

(<https://forms.in.gov/Download.aspx?id=9344>)

- All remediation must be completed by a **Primary Instructor**

Cognitive Exam Remediation Required Hours

EMR 6 Hours

EMT 24 Hours

AEMT 24 Hours

- Fill out the remediation form in its entirety including necessary signatures
- Submit the remediation form by any of the following manners:
 - US Mail, Federal Express, or UPS (**Highly recommend sending via Certified mail with delivery confirmation**)
 - Email to certCourseApps@dhs.in.gov
 - Fax to 317-233-0497
- Candidate will be mailed a letter allowing retest

Processing Information

- Once testing is entirely completed and submitted to the state (both Cognitive and Psychomotor testing), it may take up to 4 weeks to become certified.
- If a candidate has ever been charged or convicted of a crime as an adult other than a minor traffic violation:
 - they must report this to the agency on the appropriate form.
 - their application will be reviewed on a case by case basis.
 - the candidate will receive communication from the agency regarding their certification status.
- Fail letters are the only letters that will be issued to candidates regarding testing results.

- The agency will NOT give test results out over the phone
- The agency can verify whether or not a candidate is missing any requirements for certification
- When a candidate is awarded certification they will receive their initial certification by US mail.

G. Agency Forms and Tools

For All Courses

Course Application (<https://forms.in.gov/Download.aspx?id=9755>)

Report of Training (<https://forms.in.gov/Download.aspx?id=7147>)

Psychomotor Exam Reservation (<https://forms.in.gov/Download.aspx?id=9753>)

For EMR Course

Course Checklist (<https://forms.in.gov/Download.aspx?id=9343>)

EMR Examination Report Form (Psychomotor Exam sheets)

(<https://forms.in.gov/Download.aspx?id=9764>)

Statement of Remediation

Cognitive (<http://www.in.gov/dhs/files/54414.pdf>)

Psychomotor (<https://forms.in.gov/Download.aspx?id=9344>)

For EMT Course

Course Checklist (<https://forms.in.gov/Download.aspx?id=9387>)

Psychomotor Examination Report Form (Skills Sheets)

(<https://forms.in.gov/Download.aspx?id=9249>)

Statement of Remediation

Cognitive (<http://www.in.gov/dhs/files/54414.pdf>)

Psychomotor (<https://forms.in.gov/Download.aspx?id=9382>)

For Advanced EMT Course

Course Checklist

(<https://forms.in.gov/Download.aspx?id=10129>)

For Paramedic Course

Course Checklist

(<https://forms.in.gov/Download.aspx?id=10131>)

H. Revision Process

Every year in December the EMS commission will assign a sub group to meet, review and make recommendations for modification of the Training Resource Manual. This subgroup will be made up of 2 members of the TAC, 2 agency staff members, 2 members of the EMS Education Community and a representative of the EMS Commission. The following timeline will govern the process:

Timeline:

- By the Dec EMS Commission Meeting- EMS Subcommittee Assigned
- Feb15- Recommendations to the TAC
- By the May TAC Meeting- Final Recommendations to EMS Commission
- By the June EMS Commission Meeting- Recommendations Reviewed from the TAC
- July 1- Implementation of Changes to Training Resource Manual

Attachment #6

Rule 15. Requirements and Standards for Advanced Emergency Medical Technician Provider Organizations

836 IAC 2-15-1 General requirements for Advanced Emergency Medical Technician 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

Sec. 1. (a) A person shall not:

- (1) furnish;
- (2) operate;
- (3) maintain;
- (4) advertise; or
- (5) otherwise engage in providing;

emergency medical services as an advanced emergency medical Technician provider organization unless the person is certified as an Advanced Emergency Medical Technician provider organization.

(b) If the Advanced Emergency Medical Technician provider organization also provides transportation of emergency patients, the Advanced Emergency Medical Technician provider organization shall be certified as an ambulance service provider organization in accordance with the requirements specified in 836 IAC 1 under IC 16-3.

(c) The Advanced Emergency Medical Technician nontransport provider organizations shall meet the requirements specified in 836 IAC 1-1-4 through 836 IAC 1-1-8.

(d) The Advanced Emergency Medical Technician provider organization shall ensure the following:

- (1) Ambulances used are certified and meet the requirements specified in 836 IAC 1-3.
- (2) All nontransport emergency medical services vehicles used for the provision of advanced life support shall meet all of vehicle requirements in 836 IAC 2-14-1 thru 3
- (3) All nontransport emergency medical services vehicles used for the provision of advance life support shall meet all of the equipment requirements in 836 IAC 2-15-3

(e) The chief executive officer of each Advanced Emergency Medical Technician provider organization shall certify that the provider organization has an agreement, or interdepartmental memo if hospital based, with one (1) or more supervising hospitals for the following services:

- (1) Continuing education.
- (2) Audit and review.
- (3) Medical control and direction.
- (4) Provisions to allow the Advanced Emergency Medical Technicians affiliated with the supervised Advanced Emergency Medical Technician provider organization to function within the appropriate hospital department in order to obtain continuing practice in their clinical skills. The agreement or interdepartmental memo shall include a detailed description of how such services shall be provided to the Advanced Emergency Medical Technician provider organization. In those cases where more than one (1) hospital enters into an agreement, or seeks to enter into an agreement, with an Advanced Emergency Medical Technician provider organization as a supervising hospital, the interhospital agreement shall clearly define the specific duties and responsibilities of each hospital to ensure medical and administrative accountability of system operation.

(f) The Advanced Emergency Medical Technician provider organization shall have a medical director provided by the Advanced Emergency Medical Technician provider organization or jointly with the supervising hospital. The medical director is responsible for providing competent medical direction as established by the medical control committee. Upon establishment of a medical control policy, the medical director and chief executive officer of the Advanced Emergency Medical Technician provider organization have the duty to enact the policy within the Advanced Emergency Medical Technician provider organization and accordingly enforce the policy. The duties and responsibilities of the medical director include, but are not limited to, the following:

- (1) Provide liaison with physicians and the medical community.
- (2) Assure that the:
 - (A) drugs;
 - (B) medications;
 - (C) supplies; and
 - (D) equipment;

are available to the Advanced Emergency Medical Technician provider organization.

(3) Monitor and evaluate day-to-day medical operations of Advanced Emergency Medical Technician provider organizations.

(4) Assist the supervising hospital in the provision and coordination of continuing education.

- (5) Provide individual consultation to Advanced Emergency Medical Technicians.
 - (6) Participate in at least quarterly audit and review of cases treated by Advanced Emergency Medical Technicians of the supervising hospital.
 - (7) Attest to the competency of Advanced Emergency Medical Technicians affiliated with the Advanced Emergency Medical Technician provider organization to perform skills required of an Advanced Emergency Medical Technician under ~~836 IAC 4-7.1~~ emergency rule section 46.
 - (8) Establish protocols for basic life support and advanced life support.
 - (9) Establish and publish a list of medications, including minimum quantities and dosages to be carried on the vehicle.
 - (10) Provide liaison between the:
 - (A) emergency medical service provider organization;
 - (B) emergency medical service personnel; and
 - (C) hospital;
 in regards to communicable disease testing under IC 16-41-10.
- (g) The Advanced Emergency Medical Technician provider organization shall do the following:
- (1) The Advanced Emergency Medical Technician provider organization shall maintain a communications system that shall be available twenty-four (24) hours a day between the Advanced Emergency Medical Technician provider organization and the emergency department, or equivalent, of the supervising hospital using radio or cellular voice communications. The communications system shall be licensed by the Federal Communications Commission.
 - (2) Maintain an adequate number of trained personnel and emergency response vehicles to provide continuous, twenty-four (24) hour advanced life support services.
 - (3) Notify the commission in writing within thirty (30) days of assigning any individual to perform the duties and responsibilities required of an Advanced Emergency Medical Technician. This notification shall be signed by the provider organization and medical director of the provider organization.
- (h) An Advanced Emergency Medical Technician ambulance service provider organization must be able to provide an Advanced Emergency Medical Technician level response. For the purpose of this subsection, "Advanced Emergency Medical response" consists of the following:
- (1) An Advanced Emergency Medical Technician.
 - (2) An emergency medical technician or higher.
 - (3) An ambulance in compliance with the requirements of section 3(a)(5) of this rule.
 - (4) During transport of the patient, the following are the minimum staffing requirements:
 - (i) If Advanced Emergency Medical Technician level advanced life support treatment techniques have been initiated or are needed:
 - (1) the ambulance must be staffed by at least an Advanced Emergency Medical Technician and an emergency medical technician; and
 - (2) an Advanced Emergency Medical Technician shall be in the patient compartment.
 - (ii) If advanced life support treatment techniques have not been initiated and are not needed:
 - (1) the ambulance must be staffed by at least an emergency medical technician; and
 - (2) an emergency medical technician shall be in the patient compartment.
- (i) For an Advanced Emergency Medical Technician provider organization, when an advanced life support nontransport vehicle is dispatched Advanced Emergency Medical Technician response, it shall, at a minimum, be staffed by an Advanced Emergency Medical Technician.
- (1) The Advanced Emergency Medical Technician provider organization shall do the following:
 - (a) Notify the agency in writing within thirty (30) days of any change in the operation as stated in the application.
 - (2) With medical director and chief executive officer approval, allow a graduate or student of an Indiana approved Advanced Emergency Medical Technician course to perform advanced life support under the direction of a preceptor. This person shall be actively pursuing certification as an Indiana certified Advanced Emergency Medical Technician. This provision shall be limited from one (1) year from date of course completion as indicated on course report.
- (j) All ambulances and nontransport vehicles used by the Advanced Emergency Medical Technician provider organization shall meet the insurance requirements under 836 IAC 1-3-6. (*Indiana Emergency Medical Services Commission; 836 IAC 2-7.2-1; filed Feb 20, 2003, 8:00 a.m.: 26 IR 2353; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3542; filed Jul 31, 2007, 10:01 a.m.: 20070829-IR-836060011FRA; readopted filed Jul 29, 2010, 8:07 a.m.: 20100825-IR-836100267RFA*)

836 IAC 2-15-2 Application for certification; renewal

Authority: IC 16-31-2-7; IC 16-31-3-14; IC 16-31-3-14.5; IC 16-31-3-20

Affected: IC 16-31-3

Sec. 2. (a) Application for certification as an Advanced Emergency Medical Technician provider organization shall be made on forms provided by the agency and shall include, but not be limited to, the following:

(1) An applicant shall complete and submit the required forms to the agency at least sixty (60) days before the requested effective date of the certificate.

(2) Each application shall include a narrative summary of plans for providing advanced life support services, including the following:

(A) Defined primary area of response, including location of advanced life support response vehicles.

(B) A listing of all Advanced Emergency Medical Technicians, including certification numbers, to be affiliated by the Advanced Emergency Medical Technician provider organization.

(C) The staffing pattern of personnel.

(D) Base of operations.

(E) Organizational structure, including name, address, and phone numbers for the:

(i) owner;

(ii) chief executive officer;

(iii) chief operations officer;

(iv) training officer; and

(v) medical director.

(F) Location of Advanced Emergency Medical Technician provider organizations records.

(G) Proof of insurance coverage for emergency medical service vehicles as required by 836 IAC 1-3-6.

(H) Plans and methodologies to ensure that the trained personnel are provided with supervised continuing education to maintain proficiency. Continuing education is under the direct supervision of the Advanced Emergency Medical Technician provider organization medical director with the cooperation of the supervising hospital.

(I) A listing of medications and special onboard life support equipment to be carried on board each vehicle as approved by the Commission and the medical director.

~~(J) All scheduled medications shall be stored in a locked container within a locked compartment. Medications storage shall be approved in writing by medical director or issuing pharmacy.~~

(J) Letter of approval from the supervising hospital stating acceptance of the:

(i) Advanced Emergency Medical Technicians;

~~(ii) compatibility of the UHF communications with the Advanced Emergency Medical Technician provider organization's vehicles; and~~

(ii) agreement to fulfill the responsibilities of the supervising hospital.

(K) Certification required in section 1(e) of this rule.

(L) Other information as required by the agency.

(3) Advanced Emergency Medical Technician provider organizations that do not also provide transportation of emergency patients shall submit and maintain a copy of a current written agreement between the nontransporting Advanced Emergency Medical Technician provider organization and an ambulance service provider organization certified under IC 16-31. The agreement shall:

(A) ensure that the nontransporting Advanced Emergency Medical Technician provider organization can be assured that patients treated shall be transported in a timely and safe manner; and

(B) not preclude another ambulance service provider organization, if available, from transporting the patients.

(C) Upon approval, an Advanced Emergency Medical Technician provider organization shall be issued certification for the provisions of advanced life support certification.

(4) The certificate:

(A) expires on the date appearing in the expiration date section of the certificate; and

(B) shall be prominently displayed at the place of business.

(C) An application for an Advanced Emergency Medical Technician provider organization certification renewal shall be made at least sixty (60) days before the expiration date of the current certification.

(5) Application for renewal shall:

(A) be made on forms provided by the agency; and

(B) show evidence of compliance with the requirements as set forth for original certification.

(Indiana Emergency Medical Services Commission; 836 IAC 2-7.2-2; filed Feb 20, 2003, 8:00 a.m.: 26 IR 2355; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3544; filed Jul 31, 2007, 10:01 a.m.: 20070829-IR-836060011FRA; readopted filed Jul 29, 2010, 8:07 a.m.: 20100825-IR-836100267RFA)

836 IAC 2-15-3 Advanced Emergency Medical Technician 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

Sec. 3. (a) Each Advanced Emergency Medical Technician provider organization shall do the following:

(1) Comply with the ambulance service provider operating procedures of 836 IAC 1-2-3. The Advanced Emergency Medical Technician provider organization nontransport provider organization shall comply with the operating procedures listed in 836 IAC 1-1-8.

(2) Establish daily equipment checklist procedures to ensure the following:

(A) Electronic and mechanical equipment are in proper operating condition.

(B) Emergency response vehicles are maintained in a safe operating condition at all times.

(C) All required medications and intravenous fluids approved by the Indiana EMS Commission and medical director of the Advanced Emergency Medical Technician provider organization and the supervising hospital are on board all nontransport emergency medical services vehicles and ambulances when used for the provision of advanced life support and available to the Advanced Emergency Medical Technician.

(D) Equipment, medication, fluid, and supplies have not exceeded the manufacturer's specified expiration date.

(E) A copy of the medication list and protocols shall be maintained by the Advanced Emergency Medical Technician provider organization and the supervising hospital emergency department. Any changes to the medications list shall be forwarded to the agency within thirty (30) days.

(F) All medications and advanced life support supplies are to be supplied by order of the medical director.

Accountability for:

- (1) distribution;
- (2) storage;
- (3) ownership; and
- (4) security;

of medications is subject to applicable requirements as determined by the medical director, pharmacist, and the United States Department of Justice Drug Enforcement Administration.

(3) The Advanced Emergency Medical Technician provider organization shall ensure the following:

(A) That stocking and administration of supplies and medications are limited to the Indiana Advanced Emergency Medical Technician curriculum and the following approved modules:

(i) Acquisition and transmission of 12 Lead with continuing monitoring

(ii) Manual defibrillation

(iii) Acquisition and interpretation of the five (5) rhythms

Ventricular Fibrillation

Ventricular Tachycardia

Asystole

Pulseless Electrical Activity

Normal Sinus

(iv) Non visualized airway

(v) Adult IO

(4) Procedures performed by the Advanced Emergency Medical Technician are also limited to the Indiana Advanced Emergency Medical Technician curriculum and the following approved modules:

(i) Acquisition and transmission of 12 Lead with continuing monitoring

(ii) Manual defibrillation

(iii) Acquisition and interpretation of the five (5) rhythms

Ventricular Fibrillation

Ventricular Tachycardia

Asystole

Pulseless Electrical Activity

Normal Sinus

- (iv) Non visualized airway
- (v) Adult IO

(5) That all ambulances used for the provision of advanced life support contain the emergency care equipment required in 836 IAC 1-3-5, the rescue equipment required in 836 IAC 1-3-4, and communication equipment required in 836 IAC 1-4-2. The advanced life support emergency medical services vehicles shall also carry the following equipment:

- (A) Portable defibrillator
- ~~(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.~~

- (B) Intravenous fluids and administration supplies approved by the medical director, including pediatric and adult IO supplies.

- ~~(D) Cortisone.~~
- ~~(E) Antibiotics.~~

- ~~(C) The ambulance contains sufficient quantities of the intravenous supplies and solutions received by the patient in order to:~~

- ~~(1) maintain the patient's established medical intervention; and to *[sic]*~~
 - ~~(2) manage patient complications that may be reasonably anticipated to occur en route to the patient's destination.~~

- (C) Medications and medical devices as approved by the medical director limited to the following:

- (i) Baby aspirin, eighty-one (81) milligrams each.

- ~~(BB) Activated charcoal.~~

- ~~(ii) Oral glucose.~~
 - ~~(iii) Sublingual Nitroglycerine~~
 - ~~(iv) 1:1000 Epinephrine~~
 - ~~(v) Glucagon~~
 - ~~(vi) Dextrose solution~~
 - ~~(vii) Inhaled beta agonist~~
 - ~~(viii) Narcotic (Opioid) antagonist~~
 - ~~(viii) Blood glucose monitor~~
 - ~~(x) Pulse oximetry capable of adult and pediatric monitoring~~
 - ~~(xi) Length based pediatric resuscitation tape~~

- (D) The following medications and medical devices as approved by the medical director may be carried:

- (i) Cardiac monitor capable of any or all of the following:

- Continuous cardiac monitoring
 - Manual defibrillation
 - 12 Lead Acquisition and transmission

- (ii) Nitrous oxide
 - (iii) Epinephrine auto-injector or auto-injectors

- (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.

(6) An Advanced Emergency Medical Technician provider organization and any affiliated Advanced Emergency Medical Technician possessing approval for intravenous line placement from the medical director may transport and treat a patient or patients from a health care facility as follows if:

(1) The only procedure that has been previously initiated for the patient is an intravenous line or lines administering prepackaged solutions of dextrose or electrolytes that contain one (1) or more of the following additives and no others:

(i) Vitamins.

(ii) Sodium chloride, excluding saline solutions in excess of nine-tenths percent (0.9%) concentration.

(iii) Potassium chloride (forty (40) milliequivalent per liter maximum).

(2) The ambulance contains sufficient quantities of the intravenous supplies and solutions received by the patient in order to:

(i) maintain the patient's established medical intervention; and to *[sic]*

(ii) manage patient complications that may be reasonably anticipated to occur en route to the patient's destination.

(7) A current copy of advanced life support protocols shall be maintained on board the emergency medical services vehicle at all times.

(8) A copy of the medication list, including quantities and concentrations approved by the Indiana EMS Commission and medical director.

(9) The Advanced Emergency Medical Technician provider organization shall do the following:

(A) Ensure that all nontransport emergency medical services vehicles used for the provision of advanced life support meet all of the requirements in 836 IAC 2-15.

(B) Follow the rigid sanitation procedures listed in 836 IAC 1-1-8.

~~(f) All scheduled medications shall be stored in a locked container within a locked compartment. Medications storage shall be approved in writing by medical director or issuing pharmacy.~~

(10) An Advanced Emergency Medical Technician provider organization shall not do the following:

(A) Operate an ambulance or other emergency medical service vehicle unless it is in full compliance with this article.

(B) Transport any emergency patient or patient receiving advanced life support in any vehicle except an ambulance certified under IC 16-31.

(11) Advanced Emergency Medical Technicians are prohibited from having in their possession, or maintained on board emergency response vehicles, any advanced life support equipment or supplies that have not been approved by the Indiana EMS Commission and Advanced Emergency Medical Technician provider organization medical director. (*Indiana Emergency Medical Services Commission; 836*

IAC 2-7.2-3; filed Feb 20, 2003, 8:00 a.m.: 26 IR 2356; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3545; filed Jul 31, 2007, 10:01 a.m.:

20070829-IR-836060011FRA; readopted filed Jul 29, 2010, 8:07 a.m.: 20100825-IR-836100267RFA)

836 IAC 2-15-4 Application for provisional certification

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 16-31-3-8; IC 16-31-3-20

Sec. 4. (a) An applicant may apply for and obtain provisional certification as an Advanced Emergency Medical Technician provider organization for the purpose of prehospital training of Advanced Emergency Medical Technician students when in the presence of a preceptor approved by the commission in accordance with this section.

(b) A provisional certification may only be issued to a certified ambulance service provider organization.

(c) The applicant shall submit a fully completed application for provisional certification on forms provided by the agency.

(d) The provisional certification may only be issued:

(1) after the applicant has demonstrated to the satisfaction of the director that the ambulance to be used for such training is certified and meets the requirements of this article; and

(2) if the ambulance service provider organization has and shall maintain an adequate number of Advanced Emergency Medical Technician students, preceptors, and ambulances to provide continuous twenty-four (24) hour advanced life support service.

(e) The provisional certification expires not later than the earlier of the following dates:

(1) Sixty (60) days after the completion date of the Advanced Emergency Medical Technician course completion as identified on the approved course application.

(2) Twenty-four (24) months from the starting date of the course contained on the approved course application.

(f) The issuance of an Advanced Emergency Medical Technician provider organization certification invalidates any provisional certification. (*Indiana Emergency Medical Services Commission; 836 IAC 2-7.2-4; filed Jun 11, 2004, 1:30 p.m.: 27 IR*

3547; filed Jul 31, 2007, 10:01 a.m.: 20070829-IR-83606001IFRA; readopted filed Jul 29, 2010, 8:07 a.m.: 20100825-IR-836100267RFA)

Attachment #7

Senate Enrolled Act No. 227

2014

Effective March 26, 2014

SECTION 18, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 9. The commission shall establish the following:

- (1) Standards for persons who provide emergency medical services and who are not licensed or regulated under IC 16-31-3.
- (2) Training standards for the administration of antidotes, vaccines, and antibiotics to prepare for or respond to a terrorist or military attack.
- (3) Training and certification standards for the administration of epinephrine through an auto-injector by an emergency medical technician.
- (4) Training standards to permit the use of antidote kits containing atropine and pralidoxime chloride for the treatment of exposure to nerve agents by an emergency medical technician or an emergency medical responder.
- (5) Standards for distribution, administration, use, and training in the use of an overdose intervention drug.**

SECTION 8. IC 16-31-3-23.5 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 23.5. **(a) The following may administer an overdose intervention drug to an individual who is suffering from an overdose:**

- (1) An advanced emergency medical technician.**
 - (2) An emergency medical responder.**
 - (3) An emergency medical technician.**
 - (4) A firefighter or volunteer firefighter.**
 - (5) A law enforcement officer.**
 - (6) A paramedic.**
- (b) A health care provider who is licensed in Indiana and whose scope of practice includes the prescribing of medication may write a prescription, drug order, or protocol for an overdose intervention drug for any of the following:**
- (1) An advanced emergency medical technician.**
 - (2) An emergency medical responder.**
 - (3) An emergency medical technician.**
 - (4) A fire department or volunteer fire department.**
 - (5) A law enforcement agency.**
 - (6) A paramedic.**
- (c) A pharmacist licensed under IC 25-26 may dispense a valid prescription, drug order, or protocol for an overdose intervention drug issued in the name of any of the following:**

Senate Enrolled Act No. 227

2014

Effective March 26, 2014

(1) An advanced emergency medical technician.

(2) An emergency medical responder.

(3) An emergency medical technician.

SEA 227 — Concur

8

(4) A fire department or volunteer fire department.

(5) A law enforcement agency.

(6) A paramedic.

SECTION 9. IC 16-31-6-2.5 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]: **Sec. 2.5. (a) Except for an act of gross negligence or willful misconduct, 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 who administers an overdose intervention drug according to standards established by:**

(1) the department or agency that oversees the individual's employment in providing emergency medical services; or

(2) the commission under IC 16-31-2-9;

to an individual suffering from an overdose is immune from civil liability for acts or omissions when administering the drug.

(b) If:

(1) an advanced emergency medical technician;

(2) an emergency medical responder;

(3) an emergency medical technician;

(4) a firefighter or volunteer firefighter;

(5) a law enforcement officer; or

(6) a paramedic;

is immune from civil liability for the individual's act or omission, a person who has only an agency relationship with the advanced emergency medical technician, emergency medical responder, emergency medical technician, firefighter or volunteer firefighter, law enforcement officer, or paramedic is also immune from civil liability for the act or omission.

SECTION 10. IC 34-31-2-2.5 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS

[EFFECTIVE UPON PASSAGE]: **Sec. 2.5. IC 16-31-6-2.5**

(Concerning certain persons who administer an overdose intervention drug).

Attachment #8

James L. Greeson, Indiana State Fire Marshal
Division of Fire and Building Safety / IDHS



EMS Branch

Field Division Report

New southwest District Manager Elizabeth Westfall.

Field staff have been assisting in the office to help catch up on all test.

Complaints and investigation currently open: 10

Field staff are continually auditing providers and providing technical assistance to EMS around the State.

Attachment #9



EMS COMMISSION CERTIFICATION REPORT

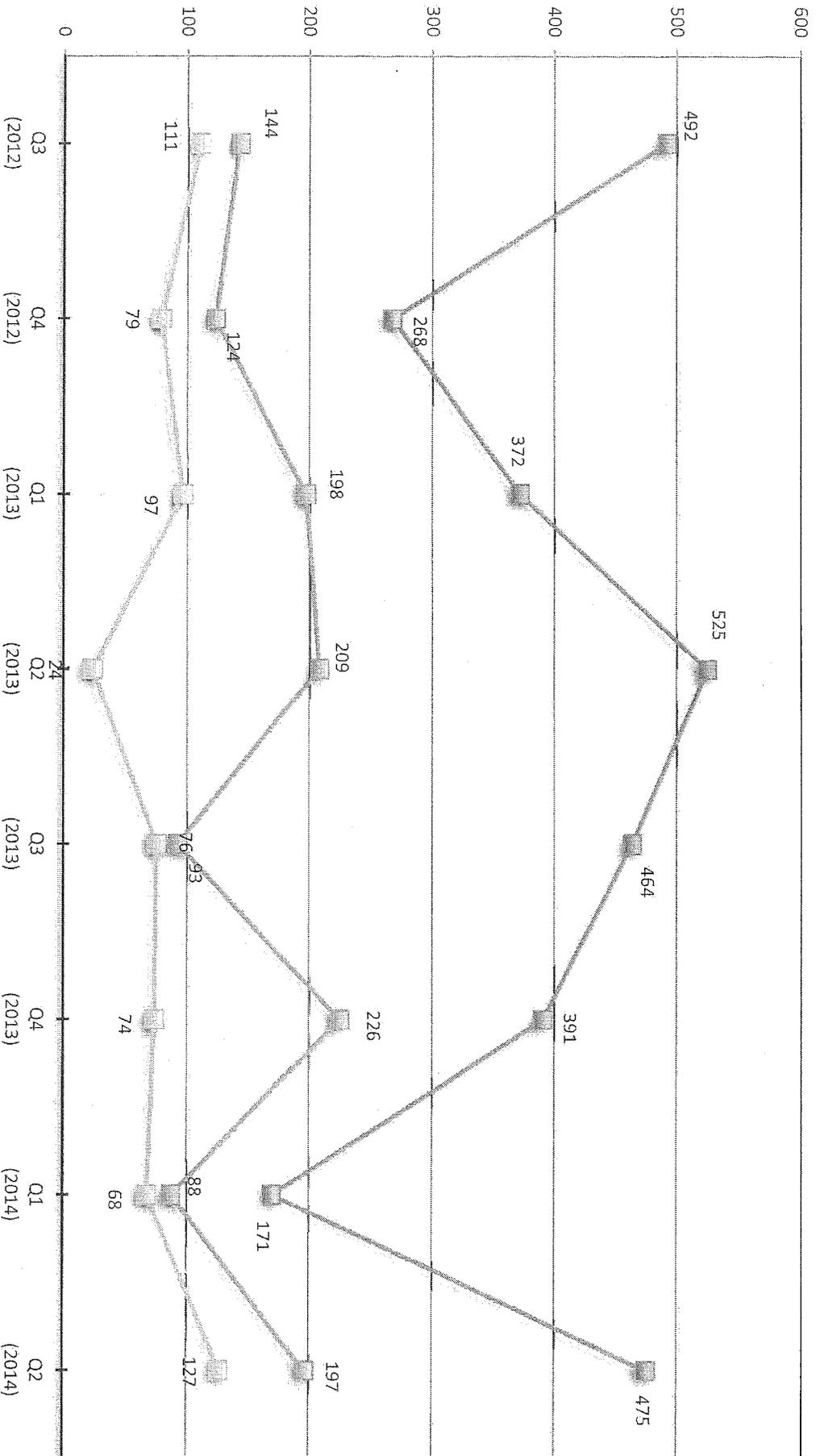
Compiled: August 5, 2014



CERTIFICATIONS (8/5/2014)	Total # of Certs	Highest Lvl. Cert
EMS - PARAMEDIC	4164	4164
EMT - INTERMEDIATE	0	0
EMS - ADVANCED EMT (new)	356	329
EMT - ADVANCED	0	0
EMS - EMT	19425	14950
EMS - EMR	5399	5083
EMT - PI	501	N/A
TOTAL:	29845	24526

Year	Category	Count
Q1 - 2014	EMS - PARAMEDIC	68
	EMT - INTERMEDIATE	0
	EMS - ADVANCED EMT (new)	44
	EMT - BASIC ADVANCED	0
	EMS - EMT	171
	EMS - EMR	88
	EMT - PI	7
TOTAL:	378	
Q2 - 2014	EMS - PARAMEDIC	127
	EMT - INTERMEDIATE	0
	EMS - ADVANCED EMT (new)	80
	EMT - BASIC ADVANCED	0
	EMS - EMT	475
	EMS - EMR	197
	EMT - PI	2
TOTAL:	881	
Q3 - 2014	EMS - PARAMEDIC	0
	EMS - ADVANCED EMT	0
	EMS - EMT	0
	EMS - EMR	0
	EMT - PI	0
	TOTAL:	0
	Q4 - 2014	EMS - PARAMEDIC
EMS - ADVANCED EMT		0
EMS - EMT		0
EMS - EMR		0
EMT - PI		0
TOTAL:		0
Q1 - 2013		EMS - PARAMEDIC
	EMT - INTERMEDIATE	2
	EMS - ADVANCED EMT (new)	0
	EMT - BASIC ADVANCED	18
	EMS - EMT	372
	EMS - EMR	198
	EMT - PI	8
TOTAL:	695	
Q2 - 2013	EMS - PARAMEDIC	24
	EMT - INTERMEDIATE	2
	EMS - ADVANCED EMT (new)	2
	EMT - BASIC ADVANCED	14
	EMS - EMT	525
	EMS - EMR	209
	EMT - PI	3
TOTAL:	779	
Q3 - 2013	EMS - PARAMEDIC	76
	EMT - INTERMEDIATE	1
	EMS - ADVANCED EMT (new)	11
	EMT - BASIC ADVANCED	1
	EMS - EMT	464
	EMS - EMR	93
	EMT - PI	15
TOTAL:	661	
Q4 - 2013	EMS - PARAMEDIC	74
	EMT - INTERMEDIATE	0
	EMS - ADVANCED EMT (new)	15
	EMT - BASIC ADVANCED	0
	EMS - EMT	391
	EMS - EMR	226
	EMT - PI	6
TOTAL:	712	
Q1 - 2012	EMS - PARAMEDIC	119
	EMT - INTERMEDIATE	0
	EMS - ADVANCED EMT (new)	0
	EMT - BASIC ADVANCED	43
	EMS - EMT	574
	EMS - EMR	158
	EMT - PI	11
TOTAL:	905	
Q2 - 2012	EMS - PARAMEDIC	92
	EMT - INTERMEDIATE	7
	EMS - ADVANCED EMT (new)	0
	EMT - BASIC ADVANCED	58
	EMS - EMT	523
	EMS - EMR	199
	EMT - PI	12
TOTAL:	891	
Q3 - 2012	EMS - PARAMEDIC	111
	EMT - INTERMEDIATE	0
	EMS - ADVANCED EMT (new)	0
	EMT - BASIC ADVANCED	52
	EMS - EMT	492
	EMS - EMR	144
	EMT - PI	4
TOTAL:	803	
Q4 - 2012	EMS - PARAMEDIC	79
	EMT - INTERMEDIATE	0
	EMS - ADVANCED EMT (new)	0
	EMT - BASIC ADVANCED	13
	EMS - EMT	268
	EMS - EMR	124
	EMT - PI	13
TOTAL:	497	

QUARTERLY	Q3 (2012)	Q4 (2012)	Q1 (2013)	Q2 (2013)	Q3 (2013)	Q4 (2013)	Q1 (2014)	Q2 (2014)
EMT	492	268	372	525	464	391	171	475
EMR	144	124	198	209	93	226	88	197
PARAMEDIC	111	79	97	24	76	74	68	127



EMT
 EMR
 PARAMEDIC

YEARLY	2009	2010	2011	2012	2013	2014
EMT	2678	2809	2290	1857	2350	-
EMR	932	740	728	625	726	-
PARAMEDIC	402	422	395	401	667	-

YEARLY CHANGE	'09-'10	'10-'11	'11-'12	'12-'13	'13-'14
EMT	131	(519)	(433)	493	-
EMR	(192)	(12)	(103)	101	-
PARAMEDIC	20	(27)	6	266	-



EMT
 EMR
 PARAMEDIC

Emergency Medical Services Provider Certification Report

Date : August 11, 2014

August 20, 2014

In compliance with the Rules and Regulations for the operation and administration of Emergency Medical Services, this report is respectfully submit to the Commission at the **August 20, 2014** Commission meeting, the following report of agencies who have meet the requirements for certification as Emergency Medical Service Providers and their vehicles.

<u>Provider Level</u>	<u>Counts</u>
Rescue Squad Organization	4
Basic Life Support Non-Transport	429
Ambulance Service Provider	101
EMT Basic-Advanced Organization	27
EMT Basic-Advanced Organization non-transport	20
EMT Intermediate Organization	7
EMT Intermediate Organization non-transport	0
Paramedic Organization	189
Paramedic Organization non-transport	11
Rotorcraft Air Ambulance	13
Fixed Wing Air Ambulance	3

Total Count: 804

New Providers Since 20-JUN-14

AURORA EMERGENCY RESCUE

**Intermediate Certification:
06/24/2014**

**Emergency Medical Services
Provider Certification Report**

Date : August 11, 2014

August 20, 2014

In compliance with the Rules and Regulations for the operation and administration of Emergency Medical Services, this report is respectfully submit to the Commission at the **August 20, 2014** Commission meeting, the following report of agencies who have meet the requirements for certification as Emergency Medical Service Providers and their vehicles.

Amboy Volunteer Fire Department Inc.	Basic Certification: 08/01/2014
BATESVILLE VOL. FIRE & RESCUE DEPT.-- EMS 10	Intermediate Certification: 07/02/2014
CULVER UNION TOWNSHIP AMBULANCE SERVICE	Advanced Certification: 06/24/2014
CULVER UNION TOWNSHIP AMBULANCE SERVICE	Intermediate Certification: 06/24/2014
GILL TOWNSHIP FIRE DEPARTMENT	Basic Certification: 08/05/2014
Madison Twp. Volunteer Fire Department	Basic Certification: 07/30/2014
RESQ AMBULANCE, LLC	Basic Certification: 07/02/2014
St. Clair EMS / Precision Ambulance LLC	Paramedic Certification: 07/03/2014
WALKERTON-LINCOLN FIRE TERRITORY	Intermediate Certification: 07/03/2014

Attachment #10

Pass/Fail Report

Report Date: 8/20/2014 6:51:27 AM
Report Type: Program Report (IN)
Registration Level: Advanced EMT (AEMT)
Course Completion Date: 8/20/2013 to 8/20/2014
Training Program: All

Program Name	Program Code	Attempted The Exam	First Attempt Pass	Cumulative Pass Within 3 Attempts	Cumulative Pass Within 6 Attempts	Failed All 6 Attempts	Eligible For Retest	Did Not Complete Within 2 Years
Alliance EMS	IN-5293	11	73% (8 / 11)	73% (8 / 11)	73% (8 / 11)	0% (0 / 11)	27% (3 / 11)	0% (0 / 11)
Ball Memorial Hospital	IN-4369	19	47% (9 / 19)	53% (10 / 19)	53% (10 / 19)	0% (0 / 19)	47% (9 / 19)	0% (0 / 19)
Columbus Regional Hospital	IN-4355	8	50% (4 / 8)	50% (4 / 8)	50% (4 / 8)	0% (0 / 8)	50% (4 / 8)	0% (0 / 8)
Deaconess Hospital	IN-4516	2	50% (1 / 2)	50% (1 / 2)	50% (1 / 2)	0% (0 / 2)	50% (1 / 2)	0% (0 / 2)
Dearborn County Hospital	IN-4065	11	55% (6 / 11)	55% (6 / 11)	55% (6 / 11)	0% (0 / 11)	45% (5 / 11)	0% (0 / 11)
Harrison County Hospital EMS	IN-4336	6	83% (5 / 6)	83% (5 / 6)	83% (5 / 6)	0% (0 / 6)	17% (1 / 6)	0% (0 / 6)
Indiana University Health Goshen Hospital	IN-4162	10	40% (4 / 10)	50% (5 / 10)	50% (5 / 10)	0% (0 / 10)	50% (5 / 10)	0% (0 / 10)
Ivy Tech Community College Northeast	IN-4169	4	100% (4 / 4)	100% (4 / 4)	100% (4 / 4)	0% (0 / 4)	0% (0 / 4)	0% (0 / 4)
Ivy Tech Community College Richmond	IN-4501	1	0% (0 / 1)	0% (0 / 1)	0% (0 / 1)	0% (0 / 1)	100% (1 / 1)	0% (0 / 1)

Ivy Tech South Bend	IN-4070	19	47%	74%	74%	0%	26%	0%
			(9 / 19)	(14 / 19)	(14 / 19)	(0 / 19)	(5 / 19)	(0 / 19)
Jennings County Training Institution	IN-5281	5	40%	40%	40%	0%	60%	0%
			(2 / 5)	(2 / 5)	(2 / 5)	(0 / 5)	(3 / 5)	(0 / 5)
Kings Daughters Hospital EMS	IN-5473	4	50%	50%	50%	0%	50%	0%
			(2 / 4)	(2 / 4)	(2 / 4)	(0 / 4)	(2 / 4)	(0 / 4)
Memorial Hospital	IN-4157	42	55%	67%	69%	0%	31%	0%
			(23 / 42)	(28 / 42)	(29 / 42)	(0 / 42)	(13 / 42)	(0 / 42)
Methodist Hospitals	IN-4072	2	100%	100%	100%	0%	0%	0%
			(2 / 2)	(2 / 2)	(2 / 2)	(0 / 2)	(0 / 2)	(0 / 2)
North Webster Tippecanoe Township EMS Ed	IN-5311	33	55%	67%	67%	0%	33%	0%
			(18 / 33)	(22 / 33)	(22 / 33)	(0 / 33)	(11 / 33)	(0 / 33)
Parkview Huntington Hospital EMS	IN-5269	45	62%	82%	84%	0%	16%	0%
			(28 / 45)	(37 / 45)	(38 / 45)	(0 / 45)	(7 / 45)	(0 / 45)
Parkview Regional Medical Center	IN-5296	16	63%	88%	88%	0%	13%	0%
			(10 / 16)	(14 / 16)	(14 / 16)	(0 / 16)	(2 / 16)	(0 / 16)
Pelham Training	IN-4668	10	10%	30%	30%	0%	70%	0%
			(1 / 10)	(3 / 10)	(3 / 10)	(0 / 10)	(7 / 10)	(0 / 10)
Prompt Ambulance Central	IN-5138	6	100%	100%	100%	0%	0%	0%
			(6 / 6)	(6 / 6)	(6 / 6)	(0 / 6)	(0 / 6)	(0 / 6)
Pulaski County EMS Training Institute	IN-5027	1	0%	0%	0%	0%	100%	0%
			(0 / 1)	(0 / 1)	(0 / 1)	(0 / 1)	(1 / 1)	(0 / 1)
Scott County EMS	IN-4078	4	50%	75%	75%	0%	25%	0%
			(2 / 4)	(3 / 4)	(3 / 4)	(0 / 4)	(1 / 4)	(0 / 4)
St Joseph's Regional Med Ctr-	IN-5001	5	20%	40%	40%	0%	60%	0%
			(1 / 5)	(2 / 5)	(2 / 5)	(0 / 5)	(3 / 5)	(0 / 5)

Plymouth

Terre

Haute

Regional

Hospital

IN-4152 6

17%
(1 / 6)

33%
(2 / 6)

33%
(2 / 6)

0%
(0 / 6)

67%
(4 / 6)

0%
(0 / 6)

Yellow

Ambulance

Training

Bureau

IN-4085 5

40%
(2 / 5)

40%
(2 / 5)

40%
(2 / 5)

0%
(0 / 5)

60%
(3 / 5)

0%
(0 / 5)

Attempted the exam: Number of graduates that make at least one attempt at the exam.

First attempt pass: Number and percent of those who attempt the exam that pass on the first attempt.

Cumulative pass within 3 attempts: Number and percent of those who attempt the exam who pass on the first, second, or third attempt.

Cumulative pass within 6 attempts: Number and percent of those who attempt the exam who pass on the first, second, third, fourth, fifth, or sixth attempt.

Failed all 6 attempts: Number and percent of those who fail the exam six times.

Eligible for retest: Number and percent of those who failed their last attempt, but remain eligible for retest (less than six attempts, less than two years from course completion.)

Did not complete within 2 years: Number and percent of those who fail their last attempt and are no longer eligible for retest (more than two years from course completion.)

Pass/Fail Report

Report Date: 8/20/2014 6:55:29 AM
Report Type: Program Report (IN)
Registration Level: Advanced EMT (AEMT)
Course Completion Date: 8/20/2012 to 8/20/2014
Training Program: All

Program Name	Program Code	Attempted The Exam	First Attempt Pass	Cumulative Pass Within 3 Attempts	Cumulative Pass Within 6 Attempts	Failed All 6 Attempts	Eligible For Retest	Did Not Complete Within 2 Years
Adams Memorial Hospital	IN-4201	9	89% (8 / 9)	89% (8 / 9)	89% (8 / 9)	0% (0 / 9)	11% (1 / 9)	0% (0 / 9)
Alliance EMS	IN-5293	11	73% (8 / 11)	73% (8 / 11)	73% (8 / 11)	0% (0 / 11)	27% (3 / 11)	0% (0 / 11)
Ball Memorial Hospital	IN-4369	21	48% (10 / 21)	57% (12 / 21)	57% (12 / 21)	0% (0 / 21)	43% (9 / 21)	0% (0 / 21)
Columbus Regional Hospital	IN-4355	8	50% (4 / 8)	50% (4 / 8)	50% (4 / 8)	0% (0 / 8)	50% (4 / 8)	0% (0 / 8)
Deaconess Hospital	IN-4516	11	64% (7 / 11)	91% (10 / 11)	91% (10 / 11)	0% (0 / 11)	9% (1 / 11)	0% (0 / 11)
Dearborn County Hospital	IN-4065	11	55% (6 / 11)	55% (6 / 11)	55% (6 / 11)	0% (0 / 11)	45% (5 / 11)	0% (0 / 11)
Harrison County Hospital EMS	IN-4336	10	80% (8 / 10)	80% (8 / 10)	80% (8 / 10)	0% (0 / 10)	20% (2 / 10)	0% (0 / 10)
Indiana University Health Goshen Hospital	IN-4162	10	40% (4 / 10)	50% (5 / 10)	50% (5 / 10)	0% (0 / 10)	50% (5 / 10)	0% (0 / 10)
Ivy Tech Community College	IN-4864	1	0% (0 / 1)	100% (1 / 1)	100% (1 / 1)	0% (0 / 1)	0% (0 / 1)	0% (0 / 1)
Ivy Tech Community College Northeast	IN-4169	4	100% (4 / 4)	100% (4 / 4)	100% (4 / 4)	0% (0 / 4)	0% (0 / 4)	0% (0 / 4)
Ivy Tech								

Community College Richmond	IN-4501	1	0%	0%	0%	0%	100%	0%
			(0 / 1)	(0 / 1)	(0 / 1)	(0 / 1)	(1 / 1)	(0 / 1)
Ivy Tech South Bend	IN-4070	23	43%	70%	70%	0%	30%	0%
			(10 / 23)	(16 / 23)	(16 / 23)	(0 / 23)	(7 / 23)	(0 / 23)
Jennings County Training Institution	IN-5281	10	60%	70%	70%	0%	30%	0%
			(6 / 10)	(7 / 10)	(7 / 10)	(0 / 10)	(3 / 10)	(0 / 10)
Kings Daughters Hospital EMS	IN-5473	4	50%	50%	50%	0%	50%	0%
			(2 / 4)	(2 / 4)	(2 / 4)	(0 / 4)	(2 / 4)	(0 / 4)
Margaret Mary Community Hospital	IN-4084	2	50%	100%	100%	0%	0%	0%
			(1 / 2)	(2 / 2)	(2 / 2)	(0 / 2)	(0 / 2)	(0 / 2)
Memorial Hospital	IN-4157	48	50%	63%	65%	0%	35%	0%
			(24 / 48)	(30 / 48)	(31 / 48)	(0 / 48)	(17 / 48)	(0 / 48)
Memorial Hospital/Jasper	IN-5271	6	33%	50%	50%	0%	50%	0%
			(2 / 6)	(3 / 6)	(3 / 6)	(0 / 6)	(3 / 6)	(0 / 6)
Methodist Hospitals	IN-4072	2	100%	100%	100%	0%	0%	0%
			(2 / 2)	(2 / 2)	(2 / 2)	(0 / 2)	(0 / 2)	(0 / 2)
North Webster Tippecanoe Township EMS Ed	IN-5311	33	55%	67%	67%	0%	33%	0%
			(18 / 33)	(22 / 33)	(22 / 33)	(0 / 33)	(11 / 33)	(0 / 33)
Parkview Huntington Hospital EMS	IN-5269	58	60%	78%	79%	2%	19%	0%
			(35 / 58)	(45 / 58)	(46 / 58)	(1 / 58)	(11 / 58)	(0 / 58)
Parkview Regional Medical Center	IN-5296	16	63%	88%	88%	0%	13%	0%
			(10 / 16)	(14 / 16)	(14 / 16)	(0 / 16)	(2 / 16)	(0 / 16)
Pelham Training	IN-4668	10	10%	30%	30%	0%	70%	0%
			(1 / 10)	(3 / 10)	(3 / 10)	(0 / 10)	(7 / 10)	(0 / 10)
Prompt Ambulance Central	IN-5138	6	100%	100%	100%	0%	0%	0%
			(6 / 6)	(6 / 6)	(6 / 6)	(0 / 6)	(0 / 6)	(0 / 6)
Pulaski County EMS Training Institute	IN-5027	1	0%	0%	0%	0%	100%	0%
			(0 / 1)	(0 / 1)	(0 / 1)	(0 / 1)	(1 / 1)	(0 / 1)
Scott County EMS	IN-4078	10	50%	70%	70%	0%	30%	0%
			(5 / 10)	(7 / 10)	(7 / 10)	(0 / 10)	(3 / 10)	(0 / 10)

St Joseph's Regional Med Ctr-Plymouth	IN-5001 5	20% (1 / 5)	40% (2 / 5)	40% (2 / 5)	0% (0 / 5)	60% (3 / 5)	0% (0 / 5)
St Mary Medical Center/Hobart Sullivan County Community Hospital	IN-4943 9	44% (4 / 9)	44% (4 / 9)	44% (4 / 9)	0% (0 / 9)	56% (5 / 9)	0% (0 / 9)
Switzerland County EMS Inc.	IN-4145 8	25% (2 / 8)	50% (4 / 8)	50% (4 / 8)	0% (0 / 8)	50% (4 / 8)	0% (0 / 8)
Terre Haute Regional Hospital	IN-4152 6	17% (1 / 6)	33% (2 / 6)	33% (2 / 6)	0% (0 / 6)	67% (4 / 6)	0% (0 / 6)
Tri County Ambulance	IN-4644 10	40% (4 / 10)	40% (4 / 10)	50% (5 / 10)	0% (0 / 10)	50% (5 / 10)	0% (0 / 10)
Vincennes University Yellow Ambulance Training Bureau	IN-4153 2	0% (0 / 2)	0% (0 / 2)	0% (0 / 2)	0% (0 / 2)	100% (2 / 2)	0% (0 / 2)
	IN-4085 5	40% (2 / 5)	40% (2 / 5)	40% (2 / 5)	0% (0 / 5)	60% (3 / 5)	0% (0 / 5)

Attempted the exam: Number of graduates that make at least one attempt at the exam.

First attempt pass: Number and percent of those who attempt the exam that pass on the first attempt.

Cumulative pass within 3 attempts: Number and percent of those who attempt the exam who pass on the first, second, or third attempt.

Cumulative pass within 6 attempts: Number and percent of those who attempt the exam who pass on the first, second, third, fourth, fifth, or sixth attempt.

Failed all 6 attempts: Number and percent of those who fail the exam six times.

Eligible for retest: Number and percent of those who failed their last attempt, but remain eligible for retest (less than six attempts, less than two years from course completion.)

Did not complete within 2 years: Number and percent of those who fail their last attempt and are no longer eligible for retest (more than two years from course completion.)

Pass/Fail Report

Report Date: 8/20/2014 6:56:24 AM
Report Type: Program Report (IN)
Registration Level: EMT-Paramedic / Paramedic
Course Completion Date: 8/20/2012 to 8/20/2014
Training Program: All

Program Name	Program Code	Attempted The Exam	First Attempt Pass	Cumulative Pass Within 3 Attempts	Cumulative Pass Within 6 Attempts	Failed All 6 Attempts	Eligible For Retest	Did Not Complete Within 2 Years
Adams Memorial Hospital	IN-4201	23	61% (14 / 23)	87% (20 / 23)	91% (21 / 23)	0% (0 / 23)	9% (2 / 23)	0% (0 / 23)
Community Health Network EMS	IN-4063	37	70% (26 / 37)	86% (32 / 37)	86% (32 / 37)	0% (0 / 37)	14% (5 / 37)	0% (0 / 37)
Elkhart General Hospital	IN-4067	48	60% (29 / 48)	79% (38 / 48)	85% (41 / 48)	4% (2 / 48)	10% (5 / 48)	0% (0 / 48)
Franciscan Saint Anthony Health Crown Point	IN-4079	25	32% (8 / 25)	72% (18 / 25)	76% (19 / 25)	0% (0 / 25)	24% (6 / 25)	0% (0 / 25)
Franciscan St Elizabeth Health	IN-4068	5	60% (3 / 5)	100% (5 / 5)	100% (5 / 5)	0% (0 / 5)	0% (0 / 5)	0% (0 / 5)
Hendricks Regional Health	IN-4380	13	92% (12 / 13)	100% (13 / 13)	100% (13 / 13)	0% (0 / 13)	0% (0 / 13)	0% (0 / 13)
Indiana University Health	IN-4062	16	88% (14 / 16)	94% (15 / 16)	100% (16 / 16)	0% (0 / 16)	0% (0 / 16)	0% (0 / 16)
Indiana University Health Goshen Hospital	IN-4162	5	40% (2 / 5)	100% (5 / 5)	100% (5 / 5)	0% (0 / 5)	0% (0 / 5)	0% (0 / 5)
Ivy Tech Bloomington	IN-4071	10	50% (5 / 10)	60% (6 / 10)	60% (6 / 10)	0% (0 / 10)	40% (4 / 10)	0% (0 / 10)

Ivy Tech Community College - Madison	IN-4542 11	82% (9 / 11)	91% (10 / 11)	91% (10 / 11)	0% (0 / 11)	9% (1 / 11)	0% (0 / 11)
Ivy Tech Community College Columbus	IN-4073 25	84% (21 / 25)	100% (25 / 25)	100% (25 / 25)	0% (0 / 25)	0% (0 / 25)	0% (0 / 25)
Ivy Tech Community College Northeast	IN-4169 27	37% (10 / 27)	48% (13 / 27)	48% (13 / 27)	0% (0 / 27)	52% (14 / 27)	0% (0 / 27)
Ivy Tech Community College Richmond	IN-4501 4	50% (2 / 4)	75% (3 / 4)	75% (3 / 4)	0% (0 / 4)	25% (1 / 4)	0% (0 / 4)
Ivy Tech Community College Terre Haute	IN-4612 27	37% (10 / 27)	44% (12 / 27)	44% (12 / 27)	0% (0 / 27)	56% (15 / 27)	0% (0 / 27)
Ivy Tech Community College- Evansville	IN-4141 24	46% (11 / 24)	67% (16 / 24)	71% (17 / 24)	0% (0 / 24)	29% (7 / 24)	0% (0 / 24)
Ivy Tech Community College- Kokomo	IN-4362 19	63% (12 / 19)	79% (15 / 19)	79% (15 / 19)	0% (0 / 19)	21% (4 / 19)	0% (0 / 19)
Ivy Tech South Bend	IN-4070 24	50% (12 / 24)	58% (14 / 24)	58% (14 / 24)	0% (0 / 24)	42% (10 / 24)	0% (0 / 24)
Methodist Hospitals	IN-4072 17	65% (11 / 17)	88% (15 / 17)	88% (15 / 17)	0% (0 / 17)	12% (2 / 17)	0% (0 / 17)
Pelham Training	IN-4668 107	79% (84 / 107)	86% (92 / 107)	87% (93 / 107)	1% (1 / 107)	12% (13 / 107)	0% (0 / 107)
St Francis Hospital	IN-4080 11	91% (10 / 11)	100% (11 / 11)	100% (11 / 11)	0% (0 / 11)	0% (0 / 11)	0% (0 / 11)
St Mary Medical Center/Hobart	IN-4943 11	64% (7 / 11)	91% (10 / 11)	91% (10 / 11)	0% (0 / 11)	9% (1 / 11)	0% (0 / 11)
St Vincent Hospital	IN-4081 24	100% (24 / 24)	100% (24 / 24)	100% (24 / 24)	0% (0 / 24)	0% (0 / 24)	0% (0 / 24)
Vincennes University	IN-4153 19	53% (10 / 19)	68% (13 / 19)	74% (14 / 19)	5% (1 / 19)	21% (4 / 19)	0% (0 / 19)

Wishard							
Health		92%	100%	100%	0%	0%	0%
Services	IN-4083 39	(36 / 39)	(39 / 39)	(39 / 39)	(0 / 39)	(0 / 39)	(0 / 39)

Attempted the exam: Number of graduates that make at least one attempt at the exam.

First attempt pass: Number and percent of those who attempt the exam that pass on the first attempt.

Cumulative pass within 3 attempts: Number and percent of those who attempt the exam who pass on the first, second, or third attempt.

Cumulative pass within 6 attempts: Number and percent of those who attempt the exam who pass on the first, second, third, fourth, fifth, or sixth attempt.

Failed all 6 attempts: Number and percent of those who fail the exam six times.

Eligible for retest: Number and percent of those who failed their last attempt, but remain eligible for retest (less than six attempts, less than two years from course completion.)

Did not complete within 2 years: Number and percent of those who fail their last attempt and are no longer eligible for retest (more than two years from course completion.)