MICHAEL R. PENCE, Governor
STATE OF INDIANA

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

EMERGENCY MEDICAL SERVICES COMMISSION

TECHNICAL ADVISORY COMMITTEE MEETING SUMMARY

DATE:	September 2, 2014 10:00 a.m.
LOCATION:	Noblesville Fire Department, Station 77 15251 Olio Road Noblesville, IN 46060
PRESENT:	Leon Bell, Chairman, ALS Training Institute Elizabeth Weinstein, EMS for Children Michael McNutt, BLS Training Program Director Faril Ward, EMS Chief of Operating Officer Jaren Kilian, Jessica Lawley, ALS Training Program Director Sherry Fetters, Vice Chairman, EMS Chief Executive Officer Sara Brown, EMS Medical Director Michael Gamble, Emergency Department Director Charles Ford, EMS Chief Executive Officer
NOT PRESENT:	Tina Butt, First Responder Training Director Edward Bartkus, EMS Medical Director
OTHERS PRESENT:	John Zartman, EMS Commissioner, Terri Hamilton EMS Commissioner, EMS State Director Michael Garvey, IDHS Staff, other IDHS Staff.

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A) Meeting called to order at 10:20 a.m. by Chairman Leon Bell.
B) Quorum present
C) Adoption of minutes:
D)

A motion was made by Mr. Jaren Killian to approve the minutes from the June 16, 2014 meeting. The motion was seconded by Mr. Charles Ford. The motion passed, minutes were approved.

E) Announcements:
   a. Next meeting date is November 18th.

F) Staff Reports

   a. Review of the last EMS Commission meeting.
      i. The recommendations from the TAC that were taken to the Commission were all approved.
      ii. Announcement and approval of the new State Medical Director Dr. Michael Olinger.
      iii. Narcan training presentation was briefly discussed
      iv. Legislation regarding the hearing on the trauma registry and EMS data being housed in the same agency was briefly mentioned.

G) New business
   1. Primary Instructor manual section 4
      a. Staff will keep links updated on the website and within the document.
      b. Lengthy discussion and review of the entire section 4 took place. Final revised document attached (see attachment #1).

A motion was made by Mr. Michael McNutt to approve Section 4 as revised by the TAC. The motion was seconded by Mr. Jaren Killian. The motion passed unanimously.

H) Old Business
   a. EVOC, background checks, and drug and alcohol screens
      i. Lengthy discussion regarding the survey results and passed recommendation took place.

A motion was made by Mrs. Elizabeth Weinstein to send the original recommendations with survey results and fiscal impact statements be sent to the EMS Commission. The motion was seconded by Mr. Jaren Killian. The motion passed unanimously.

The TAC asked staff to create a process for tracking waivers.

The operation sub-group of the TAC will convene in a separate meeting to discuss and bring recommendations for the use of Epi-pens by EMR to the next TAC meeting.

Chairman Bell stated a discussion regarding TEMS. Director Garvey stated that TEMS can be taken off of the table for the TAC due to the formation of a sub-committee that is currently working on TEMS.

With no further business needing to be discussed a motion was made by Ms. Sara Brown to adjourn the meeting. The motion was seconded by Ms. Jessica Lawley. The motion passed. The meeting was adjourned at 12:32pm.

Approved _____

Leon Bell, Chairman

Attachment #1

Training Reference Manual Section 4 & 5

IV. EMS Student/Candidate Guide: EMT

This resource is designed to guide students or candidates as they prepare for the Indiana Psychomotor and Cognitive Exams. These are the principles which are to be used in the preparation for testing. This document also includes information on remediation and processing of a candidates' certification.

A. Cognitive (Written) Exam Instructions

After a successful course completion of an EMT course and the instructor has submitted a completed Report of Training to IDHS, the candidate will be eligible to register to take the cognitive exam.

Contact an approved testing center in order to schedule your exam. A list of exam sites and contact information can be found at the link below.

Approved Testing Centers
(http://www.in.gov/dhs/files/Workforce_Certification_Centers_2013_IDHS.pdf)

Candidates cannot take the exam until the Report of Training has been processed. According to IAC 836 4-2-4-b the instructor has up to fifteen (15) days to submit this report to our agency.

The candidate will be eligible to register to take the cognitive exam after 16 days following successful completion of EMT course.

B. Psychomotor (Practical) Exam Instructions

Current Version of skill sheets
EMT Skill Sheets
(https://forms.in.gov/Download.aspx?id=9249)

*Includes the What You Need To Know as an Indiana EMT Psychomotor Exam Candidate Document

The random psychomotor skill that is to be tested will be randomly chosen at the beginning of the psychomotor exam for all candidates.

If a candidate fails the random skill station, then the candidate will retest the same random skill station.

Required Stations & Times

EMT	*Skill to be Tested*	*Maximum Time Limit*	*Number of Staff Needed*
Station 1:	Patient Assessment Management - Trauma	10 minutes	Evaluator, Patient
Station 2:	Patient Assessment Management - Medical	10 minutes	Evaluator, Patient
Station 3:	Cardiac Arrest Management/AED	10 minutes	Evaluator, Assistant

Station 4:	BLS Airway Management	10 minutes	Evaluator
Station 5:	Spinal Immobilization-Supine	10 minutes	Evaluator, Assistant, Patient
Station 6:	Spinal Immobilization - Seated Patient	10 minutes	Evaluator, Assistant, Patient
Station 7:		One Random Basic Skill listed below:	

Long Bone Injury Immobilization	5 minutes	Evaluator, Patient
Joint Injury Immobilization	5 minutes	Evaluator, Patient
Traction Splint Immobilization	10 minutes	Evaluator, Patient
Bleeding Control/Shock Management	10 minutes	Evaluator, Patient (real or hard shell mannequin)
Oxygen Preparation and Application	5 minutes	Evaluator

C. Stations for Candidates

The following are instructions to be read to the candidate during the psychomotor testing. This is for informational purposes only.

Trauma

This station is designed to test your ability to perform a patient assessment of a victim of multi-system trauma and "voice" treats all conditions and injuries discovered. You must conduct your assessment as you would in the field including communicating with your patient. You may remove the patient's clothing down to shorts or swimsuit if you feel it is necessary. As you conduct your assessment, you should state everything you are assessing. Clinical information not obtainable by visual or physical inspection will be given to you after you demonstrate how you would normally gain that information. You may assume that you have two EMTs working with you and that they are correctly carrying out the verbal treatments you indicate. You have (10) ten minutes to complete this station.

Do you have any questions?

Sample Trauma Scenario

The following is an example of an acceptable scenario for this station; however, you will use one of the pre-approved scenarios supplied by IDHS.

TRAUMA SITUATION – PATIENT ASSESSMENT/MANAGEMENT

Mechanism of Injury

You are called to the scene of a motor vehicle crash where you find a victim who was thrown from the car. You find severe damage to the front end of the car. The victim is found lying in a field 30 feet from the upright car.

The patient will present with the following injuries. All injuries will be moulaged. Each examiner should program the patient to respond appropriately throughout the assessment and assure the victim has read the —Instructions to Simulated Trauma Victim that have been provided.

Unresponsive
Left side flail chest
Decreased breath sounds, left side
Cool, clammy skin; no distal pulses
Distended abdomen
Pupils equal
Neck veins flat
Pelvis stable
Open injury of the left femur with capillary bleeding
Vital Signs:
Initial: B/P 72/60, P140, RR 26
Upon recheck: B/P 64/48, P 138, RR 44

Medical

This station is designed to test your ability to perform patient assessment of a patient with a chief complaint of a medical nature and "voice" treat all conditions discovered. You must conduct your assessment as you would in the field including communicating with your patient. As you conduct your assessment, you should state everything you are assessing. Clinical information not obtainable by visual or physical inspection will be given to you after you demonstrate how you would normally gain that information. You may assume that you have two (2) EMT's working with you and that they are correctly carrying out the verbal treatments you indicate. You have (10) ten minutes to complete this station. Do you have any questions?
Sample Medical Scenarios

RESPIRATORY
You arrive at a home and find an elderly male patient who is receiving oxygen through a nasal cannula. The patient is 65 years old and appears overweight. He is sitting in a chair in a —tripod position. You see rapid respirations and there is cyanosis around his lips, fingers and capillary beds.

INITIAL ASSESSMENT Chief Complaint:	—I'm having hard time breathing and I need to go to the hospital.
Apparent Life Threats:	Respiratory compromise.
Level of Responsiveness:	Patient is only able to speak in short sentences interrupted by coughing.
Airway:	Patent
Breathing:	28 and deep, through pursed lips
Circulation:	No bleeding, pulse rate 120 and strong. There is cyanosis around the lips, fingers and capillary beds
Transport Decision:	Immediate transport

FOCUSED HISTORY AND PHYSICAL EXAMINATION

Onset	—I've had emphysema for the past ten years, but my breathing has been getting worse the past couple of days.

Provokes	—Whenever I go up or down steps, it gets really bad.
Quality	—I don't have any pain; I'm just worried because it is so hard to breath. I can't seem to catch my breath
Radiate	—I don't have any pain.
Severity	—I can't stop coughing. I think I'm dying.
Time	—I woke up about three hours ago. I haven't been able to breathe right since then.
Interventions	—I turned up the flow of my oxygen about an hour ago.
Allergies	Penicillin and bee stings
Medications	Oxygen and a hand held inhaler
Past Medical History	Treated for emphysema for past 10 years
Last Meal	—I ate breakfast this morning.
Events Leading to Illness	—I got worse a couple of days ago. The day it got really cold and rained all day. Today, I've just felt bad since I got out of bed.
Focused physical examination	Auscultate breath sounds.
Vitals	RR 28, P 120, BP 140/88

CARDIAC

You arrive on the scene where a 57 year old man is complaining of chest pain. He is pale and sweaty.

INITIAL ASSESSMENT

Chief Complaint:	—My chest really hurts. I have angina but this pain is worse than any I have ever felt before.
Apparent Life Threats:	Cardiac compromise
Level of Responsiveness:	Awake and alert
Airway:	Patent
Breathing:	24 and shallow
Circulation:	No bleeding, pulse rate 124 and weak, skin cool and clammy.
Transport Decision:	Immediate transport

FOCUSED HISTORY AND PHYSICAL EXAMINATION

Onset	—The pain woke me up from my afternoon nap
Provokes	—It hurts really bad and nothing I do makes the pain go away.
Quality	—It started out like indigestion but has gotten a lot worse. It feels like a big weight is pressing against my chest. It makes it hard to breath.
Radiate	—My shoulders and jaws started hurting about ten

	minutes before you got here, but the worse pain is in the middle of my chest. That's why I called you.
Severity	—This is the worst pain I have ever felt. I can't stand it.
Time	—I've had this pain for about an hour, but it seems like days.
Interventions	—I took my nitroglycerin about 15 minutes ago but it didn't make any difference. Nitro always worked before. Am I having a heart attack?
Allergies	None
Medications	Nitroglycerin
Past Medical History	Diagnosed with angina two years ago
Last Meal	—I had soup and a sandwich about three hours ago.
Events Leading to Illness	—I was just sleeping when the pain woke me up.
Focused physical examination	Assessment baseline vital signs.
Vitals	RR 24, P 124, BP 144/92

Cardiac Arrest Management/AED

This station is designed to test your ability to manage a pre-hospital cardiac arrest by integrating CPR skills, defibrillation, airway adjuncts and patient/scene management skills. There will be an assistant in this station. The assistant will only do as you instruct him/her. You will be dispatched to an unconscious patient at a factory. A first responder will be present and performing CPR. You must immediately establish control of the scene and begin management of the situation. You will have, and be expected to use an automated external defibrillator. At the appropriate time, the patient's airway must be controlled and you must ventilate or direct the ventilation of the patient using adjunctive equipment. You may use any of the supplies available in this room.

You have ten (10) minutes to complete this station.

Do you have any questions?

BLS/Airway Management

This station requires the proper integration by the candidate of his/her assessment skills, time management skills, evaluation skills, and various device insertion skills to successfully complete this station. This station is designed to test your ability to assess initial responsiveness, assess and manage an airway utilizing appropriate techniques, ventilate a patient using a bag-valve-mask, and inserting a non visualized airway.

As you enter the station, you will find an apparent unresponsive patient. There are no bystanders and artificial ventilation has not been initiated. Patient management required for completion of this station is complete airway management, proper ventilatory support with the bag-valve-mask, and the proper insertion of the non-visualized airway. You must initially ventilate the patient for a minimum of 30 seconds. You will be evaluated on the appropriateness of ventilator volumes.

I will then inform you that a second rescuer has arrived to assist you with ventilations. Medical control will then advise you to provide the patient with a secured airway by using the non visualized airway. You may use only the equipment available in this room. You will have ten (10) minutes to complete this station.

Do you have any questions?

Spinal Immobilization Seated

This station is designed to test your ability to provide spinal immobilization on a patient using a half-spine immobilization device. You and an EMT assistant arrive on the scene of an automobile crash. The scene is safe and there is only one patient. The assistant EMT has completed the initial assessment and no critical condition requiring intervention was found. For the purpose of this station, the patient's vital signs remain stable. You are required to treat the specific, isolated problem of an unstable spine using a half-spine immobilization device. You are responsible for the direction and subsequent actions of the EMT assistant. Transferring and immobilizing the patient to the long backboard should be accomplished verbally. You have (10) ten minutes to complete this station.

Do you have any questions?

Spinal Immobilization Supine

This station is designed to test your ability to provide spinal immobilization on a patient using a long spine immobilization device. You arrive on the scene with an EMT assistant. The assistant has completed the scene size-up as well as the initial assessment and no critical condition was found which would require intervention. For the purpose of this testing station, the patient's vital signs remain stable. You are required to treat the specific problem of an unstable spine using a long spine immobilization device. When moving the patient to the device, you should use the help of the assistant EMT and the evaluator. The assistant should control the head and secure the cervical spine of the patient while you and the evaluator move the patient to the immobilization device. You are responsible for proper direction of the assistant. You may use any equipment available in this room. You have ten (10) minutes to complete this station.

Do you have any questions?

Splinting Long Bone

This station is designed to test your ability to properly immobilize a closed, non-angulated long bone injury. You are required to treat only the specific, isolated injury to the extremity. The scene size-up and initial assessment have been completed and during the focused assessment a closed, non-angulated injury of the _____ (radius, ulna, tibia, fibula, humerus) was detected. Ongoing assessment of the patient's airway, breathing, and central circulation is not necessary. You may use any equipment available in this room. You have (5) five minutes to complete this station.

Do you have any questions?

Splinting Joint

This station is designed to test your ability to properly immobilize a non-complicated joint injury. You are required to treat only the specific, isolated injury. The scene size-up and initial assessment have been accomplished on the victim and during the focused assessment a _____ (elbow, knee, ankle, shoulder) injury was detected. Ongoing assessment of the patient's airway, breathing and central circulation is not necessary. You may use any equipment available in this room. You have (5) five minutes to complete this station.

Do you have any questions?

Traction Splint

This station is designed to test your ability to properly immobilize a mid-shaft femur injury with a traction splint. You will have an EMT assistant to help you in the application of the device by applying manual traction when directed to do so. You are required to treat only the specific, isolated injury to the femur. The scene size-up and initial assessment have been accomplished on the victim and during the focused assessment a mid-shaft femur deformity was detected. Ongoing assessment of the patient's airway, breathing, and central circulation is not necessary. You may use any equipment available in this room. You have (10) ten minutes to complete this station.

Do you have any questions?

Bleeding Control/Shock

This station is designed to test your ability to control hemorrhage. This is a scenario based testing station. As you progress through the scenario, you will be given various signs and symptoms appropriate for the patient's condition. You will be required to manage the patient based on these signs and symptoms. A scenario will be read aloud to you and you will be given an opportunity to ask clarifying questions about the scenario, however, you will not receive answers to any questions about the actual steps of the procedures to be performed. You may use any of the supplies and equipment available in this room. You have (10) ten minutes to complete this station. Do you have any questions?

Oxygen Preparation and Application

This station is designed to test your ability to correctly assemble the equipment needed to administer supplemental oxygen in the pre-hospital setting. This is an isolated skills test. You will be required to assemble an oxygen tank and a regulator and administer oxygen to a patient using a non-rebreather mask. At this point you will be instructed to discontinue oxygen administration by the non-rebreather mask and start oxygen administration using a nasal cannula because the patient cannot tolerate the mask. Once you have initiated oxygen administration using a nasal cannula, you will be instructed to discontinue oxygen administration completely. You may use only the equipment available in this room. You have five (5) minutes to complete this station.

Do you have any questions?

D. 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

E. 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.

V. EMS Student/Candidate Guide: EMR

This resource is designed to guide students or candidates as they prepare for the Indiana Psychomotor and Cognitive Exams. These are the principals which are to be used in the preparation for testing. This document also includes information on remediation and processing of a candidates certification.

A. Cognitive (Written) Exam Instructions

After a successful course completion of an EMR course and the instructor has submitted a completed Report of Training to IDHS, the candidate will be eligible to register to take the cognitive exam.

Contact an approved testing center in order to schedule your exam. A list of exam sites and contact information can be found at the link below. Contact your instructor for additional testing site information.

Approved Testing Centers
(http://www.in.gov/dhs/files/Workforce_Certification_Centers_2013_IDHS.pdf)

Candidates cannot take the exam at Ivy Tech locations until the Report of Training has been processed. According to IAC 836 4-2-4-b the instructor has up to fifteen (15) days to submit this report to our agency.

The candidate will be eligible to register to take the cognitive exam after 16 days following successful completion of EMT course.

B. Psychomotor (Practical) Exam Instructions

Current Version of skill sheets
EMR Skill Sheets
(https://forms.in.gov/Download.aspx?id=9764)

*Includes the What You Need To Know as an Indiana EMR Psychomotor Exam Candidate Document

Random Station

The random psychomotor skill that is to be tested will be randomly chosen at the beginning of the psychomotor exam for all candidates.

If a candidate fails the random skills station, then the candidate will retest the same random skills station.

Required Stations & Times

EMR	*Skill to be Tested*	*Maximum Time Limit*	*Number of Staff Needed*
Station 1:	Patient Assessment Management - Trauma	10 minutes	Evaluator, Patient
Station 2:	Patient Assessment Management - Medical	10 minutes	Evaluator, Patient
Station 3:	Cardiac Arrest Management/AED	10 minutes	Evaluator, Assistant
Station 4:	Spinal Immobilization-Supine	10 minutes	Evaluator, Assistant, Patient
Station 5:		One Random Basic Skill listed below:	

Long Bone Injury Immobilization	5 minutes	Evaluator, Patient
Bleeding Control/Shock Management	10 minutes	Evaluator, Patient
Ventilation and Airway Management of the Apneic Patient	5 minutes	Evaluator
Oxygen Preparation and Application	5 minutes	Evaluator

C. Stations for Candidates

The following are instructions to be read to the candidate during the psychomotor testing. This is for informational purposes only.

Trauma

This station is designed to test your ability to perform a patient assessment of a victim of multi-system trauma and "voice" treats all conditions and injuries discovered. You must conduct your assessment as you would in the field including communicating with your patient. You may remove the patient's clothing down to shorts or swimsuit if you feel it is necessary. As you conduct your assessment, you should state everything you are assessing. Clinical information not obtainable by visual or physical inspection will be given to you after you demonstrate how you would normally gain that information. You may assume that you have two EMTs working with you and that they are correctly carrying out the verbal treatments you indicate. You have (10) ten minutes to complete this station.

Do you have any questions?

Sample Trauma Scenario

The following is an example of an acceptable scenario for this station; however, you will use one of the pre-approved scenarios supplied by IDHS.

TRAUMA SITUATION – PATIENT ASSESSMENT/MANAGEMENT

Mechanism of Injury

You are called to the scene of a motor vehicle crash where you find a victim who was thrown from the car. You find severe damage to the front end of the car. The victim is found lying in a field 30 feet from the upright car.

The patient will present with the following injuries. All injuries will be moulaged. Each examiner should program the patient to respond appropriately throughout the assessment and assure the victim has read the —Instructions to Simulated Trauma Victim that have been provided.

Unresponsive
Left side flail chest
Decreased breath sounds, left side
Cool, clammy skin; no distal pulses
Distended abdomen
Pupils equal
Neck veins flat
Pelvis stable
Open injury of the left femur with capillary bleeding
Vital Signs:
Initial: B/P 72/60, P140, RR 26
Upon recheck: B/P 64/48, P 138, RR 44

Medical

This station is designed to test your ability to perform patient assessment of a patient with a chief complaint of a medical nature and "voice" treat all conditions discovered. You must conduct your assessment as you would in the field including communicating with your patient. As you conduct your assessment, you should state everything you are assessing. Clinical information not obtainable by visual or physical inspection will be given to you after you demonstrate how you would normally gain that information. You may assume that you have two (2) EMT's working with you and that they are correctly carrying out the verbal treatments you indicate. You have (10) ten minutes to complete this station. Do you have any questions?
Sample Medical Scenarios

RESPIRATORY
You arrive at a home and find an elderly male patient who is receiving oxygen through a nasal cannula. The patient is 65 years old and appears overweight. He is sitting in a chair in a —tripod position. You see rapid respirations and there is cyanosis around his lips, fingers and capillary beds.

INITIAL ASSESSMENT Chief Complaint:	—I'm having hard time breathing and I need to go to the hospital.
Apparent Life Threats:	Respiratory compromise.
Level of Responsiveness:	Patient is only able to speak in short sentences

	interrupted by coughing.
Airway:	Patent
Breathing:	28 and deep, through pursed lips
Circulation:	No bleeding, pulse rate 120 and strong. There is cyanosis around the lips, fingers and capillary beds
Transport Decision:	Immediate transport

FOCUSED HISTORY AND PHYSICAL EXAMINATION

Onset	—I've had emphysema for the past ten years, but my breathing has been getting worse the past couple of days.
Provokes	—Whenever I go up or down steps, it gets really bad.
Quality	—I don't have any pain; I'm just worried because it is so hard to breath. I can't seem to catch my breath
Radiate	—I don't have any pain.
Severity	—I can't stop coughing. I think I'm dying.
Time	—I woke up about three hours ago. I haven't been able to breathe right since then.
Interventions	—I turned up the flow of my oxygen about an hour ago.
Allergies	Penicillin and bee stings
Medications	Oxygen and a hand held inhaler
Past Medical History	Treated for emphysema for past 10 years
Last Meal	—I ate breakfast this morning.
Events Leading to Illness	—I got worse a couple of days ago. The day it got really cold and rained all day. Today, I've just felt bad since I got out of bed.
Focused physical examination	Auscultate breath sounds.
Vitals	RR 28, P 120, BP 140/88

CARDIAC

You arrive on the scene where a 57 year old man is complaining of chest pain. He is pale and sweaty.

INITIAL ASSESSMENT

Chief Complaint:	—My chest really hurts. I have angina but this pain is worse than any I have ever felt before.
Apparent Life Threats:	Cardiac compromise
Level of Responsiveness:	Awake and alert
Airway:	Patent
Breathing:	24 and shallow
Circulation:	No bleeding, pulse rate 124 and weak, skin cool

	and clammy.
Transport Decision:	Immediate transport

FOCUSED HISTORY AND PHYSICAL EXAMINATION

Onset	—The pain woke me up from my afternoon nap
Provokes	—It hurts really bad and nothing I do makes the pain go away.
Quality	—It started out like indigestion but has gotten a lot worse. It feels like a big weight is pressing against my chest. It makes it hard to breath.
Radiate	—My shoulders and jaws started hurting about ten minutes before you got here, but the worse pain is in the middle of my chest. That's why I called you.
Severity	—This is the worst pain I have ever felt. I can't stand it.
Time	—I've had this pain for about an hour, but it seems like days.
Interventions	—I took my nitroglycerin about 15 minutes ago but it didn't make any difference. Nitro always worked before. Am I having a heart attack?
Allergies	None
Medications	Nitroglycerin
Past Medical History	Diagnosed with angina two years ago
Last Meal	—I had soup and a sandwich about three hours ago.
Events Leading to Illness	—I was just sleeping when the pain woke me up.
Focused physical examination	Assessment baseline vital signs.
Vitals	RR 24, P 124, BP 144/92

Cardiac Arrest Management/AED

This station is designed to test your ability to manage a pre-hospital cardiac arrest by integrating CPR skills, defibrillation, airway adjuncts and patient/scene management skills. There will be an assistant in this station. The assistant will only do as you instruct him/her. You will be dispatched to an unconscious patient at a factory. A first responder will be present and performing CPR. You must immediately establish control of the scene and begin management of the situation. You will have, and be expected to use an automated external defibrillator. At the appropriate time, the patient's airway must be controlled and you must ventilate or direct the ventilation of the patient using adjunctive equipment. You may use any of the supplies available in this room.

You have ten (10) minutes to complete this station.

Do you have any questions?

Spinal Immobilization Supine

This station is designed to test your ability to provide spinal immobilization on a patient using a long spine immobilization device. You arrive on the scene with an EMT assistant. The assistant has completed the scene size-up as well as the initial assessment and no critical condition was found which would require intervention. For the purpose of this testing station, the patient's vital signs remain stable. You are required to treat the specific problem of an unstable spine using a long spine immobilization device. When moving the patient to the device, you should use the help of the assistant EMT and the evaluator. The assistant should control the head and secure the cervical spine of the patient while you and the evaluator move the patient to the immobilization device. You are responsible for proper direction of the assistant. You may use any equipment available in this room. You have ten (10) minutes to complete this station.

Do you have any questions?

Splinting Long Bone

This station is designed to test your ability to properly immobilize a closed, non-angulated long bone injury. You are required to treat only the specific, isolated injury to the extremity. The scene size-up and initial assessment have been completed and during the focused assessment a closed, non-angulated injury of the _____ (radius, ulna, tibia, fibula, humerus) was detected. Ongoing assessment of the patient's airway, breathing, and central circulation is not necessary. You may use any equipment available in this room. You have (5) five minutes to complete this station. Do you have any questions?

Bleeding Control/Shock

This station is designed to test your ability to control hemorrhage. This is a scenario based testing station. As you progress through the scenario, you will be given various signs and symptoms appropriate for the patient's condition. You will be required to manage the patient based on these signs and symptoms. A scenario will be read aloud to you and you will be given an opportunity to ask clarifying questions about the scenario, however, you will not receive answers to any questions about the actual steps of the procedures to be performed. You may use any of the supplies and equipment available in this room. You have (10) ten minutes to complete this station.

Do you have any questions?

Ventilation and Airway Management for Apneic Patient

This station is designed to test your ability to effectively ventilate a patient with supplemental oxygen using a bag valve mask technique. The patient management required is suctioning of the patient, placement of an oral adjunct and ventilatory support using a bag valve mask technique with supplemental oxygen. You must ventilate the patient for at least 30 seconds. You will be evaluated on the appropriateness of ventilatory volumes. You may use any equipment available in this room. You have five (5) minutes to complete this station.

Do you have any questions?

Oxygen Preparation and Application

This station is designed to test your ability to correctly assemble the equipment needed to administer supplemental oxygen in the pre-hospital setting. This is an isolated skills test. You will be required to assemble an oxygen tank and a regulator and administer oxygen to a patient using a non-rebreather mask. At this point you will be instructed to discontinue oxygen administration by the non-rebreather mask and start oxygen administration using a nasal cannula because the patient cannot tolerate the mask. Once you have initiated oxygen administration using a nasal cannula, you will be instructed to discontinue oxygen administration completely. You may use only the equipment available in this room. You have five (5) minutes to complete this station.

Do you have any questions?

D. 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

E. 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.