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STATE OF INDIANA

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**Indiana Emergency Medical Services Commission
Technical Advisory Committee Meeting Agenda**

October 2, 2012

Noblesville Fire Department
Station 77
15251 Olio Rd.
Noblesville, IN 46060

10:00 AM

- A) Meeting Call to Order
- B) Roll Call
- C) Adoption of Minutes – August 14, 2012
- D) Public Comment
- E) Announcements
- F) Old Business
 - 1) PI Examination
 - 2) Continuing education
 - 3) Fiscal impact of developing a EVOC training course on small business
 - a. Results of the IDHS sponsored survey of Indiana providers
- G) New Business
 - 1) Advanced EMT
 - a. Commission staff report on its deliberations in establishing approval requirements
 - b. Review of the emergency rules (see attachment #1)
 - c. Review of the approved bridge courses (see attachment #2)
 - d. Discussion of proposed additions to the curriculum (see attachment #3)
 - 2) Writing expectations for AEMT providers
 - 3) Building hybrids in the EMR, EMT, AEMT, and Paramedic courses
 - a. Status of the approval process
 - b. What is the current technology?
 - c. What are the guidelines

d. What are the elements necessary to approve a course?

- 4) A discussion of who does the fiscal impact for small business-IDHS staff
 - a. The five W and H
 - b. The legislative mandates the TAC is or is not required to perform
 - c. Distribution of written material

H) Recess if necessary

I) Reconvene if necessary

J) Subcommittee Reports

K) Good of the Order

L) Adjournment

Attachment

#1

Emergency Rule
LSA Document #12-393(E)

DIGEST

Temporarily amends 836 IAC 1, 836 IAC 2, 836 IAC 3 and 836 IAC 4 and adds emergency medical responder and advanced emergency medical technician certification requirements to comply with P.L.77-2012 to provide for licensure of paramedics and to implement an emergency services personnel certification program through emergency rules. Effective July 1, 2012.

SECTION 1. (a) This SECTION supersedes 836 IAC 1-1-1.

(b) The following definitions apply throughout this document unless the context clearly denotes otherwise:

(1) "14 CFR 135 and 14 CFR 119" means air carriers with reference to F.A.R. 135 and 119, and holding a current F.A.A. air carrier certificate, with approved air ambulance operations-helicopter or air ambulance operation-airplane operations specifications.

(2) "Advanced emergency medical technician" means an individual who can perform at least one (1) procedure but not all the procedures of a paramedic and who:

- (A) has completed a prescribed course in advanced life support;
- (B) has been certified by the Indiana emergency medical services commission;
- (C) is associated with a single supervising hospital; and
- (D) is affiliated with a provider organization.

(3) "Advanced life support", for purposes of IC 16-31, means the following:

(A) Care given:

(i) at the scene of an:

- (AA) accident;
- (BB) act of terrorism (as defined in IC 35-41-1-26.5), if the governor has declared a disaster emergency under IC 10-14-3-12 in response to the act of terrorism; or
- (CC) illness;

(ii) during transport; or

(iii) at a hospital;

by a paramedic, emergency medical technician-intermediate, or advance emergency medical technician and that is more advanced than the care usually provided by an emergency medical technician or an emergency medical technician-basic advanced.

(B) The term may include any of the following:

- (i) Defibrillation.
- (ii) Endotracheal intubation.
- (iii) Parenteral injection of appropriate medications.
- (iv) Electrocardiogram interpretation.
- (v) Emergency management of trauma and illness.

(4) "Advanced life support fixed-wing ambulance service provider organization" means a service provider that utilizes fixed-wing aircraft to provide airport to airport transports where the patients involved require a stretcher or cot and are being transported to or from a definite care medical setting.

(5) "Advanced life support nontransport vehicle" means a motor vehicle other than an ambulance, owned or leased by a certified emergency medical service provider organization, that provides advanced life support but does not supply patient transport from the scene of the emergency. The term does not include an employer-owned or employer-operated vehicle used for first aid purposes within or upon the employer's premises.

(6) "Advanced life support rotorcraft ambulance service provider organization" means a service provider that utilizes rotorcraft aircraft to respond directly to the scene of a medical emergency either as an initial first responder or as a secondary responder and are utilized to airlift critically ill or injured patients directly to or between definitive care facilities or to a point of transfer with another more appropriate form of transportation.

(7) "Agency" means the department of homeland security established under IC 10-19-2.

(8) "Air-medical director" means a physician with an unlimited license to practice medicine in Indiana and who has an active role in the delivery of emergency care. The licensed physician shall be ultimately responsible for patient care during each transport. The air-medical director is responsible

for directly overseeing and assuring that appropriate aircraft, air-medical personnel, and equipment are provided for each patient transported by the air ambulances within the air-medical services as well as the performance of air-medical personnel.

(9) "Air-medical personnel" means a person who is licensed by the commission as a paramedic or is a registered nurse or physician.

(10) "Ambulance" means any conveyance on land, sea, or air that is used, or is intended to be used, for the purpose of responding to emergency life-threatening situations and providing transportation of an emergency patient.

(11) "Ambulance service provider organization" means any person certified by the commission who engages in or seeks to furnish, operate, conduct, maintain, advertise, or otherwise engage in services for the transportation and care of emergency patients as a part of a regular course of doing business, either paid or voluntary.

(12) "Auto-injector" means a spring-loaded needle and syringe that:

- (A) contains a single dose of medication; and
- (B) automatically releases and injects the medication.

(13) "Basic life support" means the following:

- (A) Assessment of emergency patients.
- (B) Administration of oxygen.
- (C) Use of mechanical breathing devices.
- (D) Application of antishock trousers.
- (E) Performance of cardiopulmonary resuscitation.
- (F) Application of dressings and bandage materials.
- (G) Application of splinting and immobilization devices.
- (H) Use of lifting and moving devices to ensure safe transport.
- (I) Use of an automatic or a semiautomatic defibrillator if the defibrillator is used in accordance with training procedures established by the commission.
- (J) Administration by an emergency medical technician or emergency medical technician-basic advanced of epinephrine through an auto-injector.
- (K) For an emergency medical technician-basic advanced, the following:
 - (i) Electrocardiogram interpretation.
 - (ii) Manual external defibrillation.
 - (iii) Intravenous fluid therapy.
- (L) Other procedures authorized by the commission, including procedures contained in the revised national emergency medical technician-basic training curriculum guide.
- (M) Except as provided by:
 - (i) clause (J) and the training and certifications standards established under IC 16-31-2-9(4);
 - (ii) clause (K)(iii); and
 - (iii) the training standards established under IC 16-31-2-9(5);

the term does not include invasive medical care techniques or advanced life support.

(14) "Basic life support nontransport provider organization" means an organization, certified by the commission, that provides first response patient care at an emergency that includes defibrillation but does not supply patient transport from the scene of the emergency.

(15) "Certificate" or "certification" means authorization in written form issued by the commission to a person to furnish, operate, conduct, maintain, advertise, or otherwise engage in providing emergency medical services as a part of a regular course of doing business, either paid or voluntary.

(16) "Commission" means the Indiana emergency medical services commission.

(17) "Director" means the executive director of the Indiana department of homeland security created pursuant to IC 10-19-2.

(18) "Emergency ambulance services" means the transportation of emergency patients by ambulance and the administration of basic life support to emergency patients before or during such transportation.

(19) "Emergency management of trauma and illness" means the following:

- (A) For a paramedic, those procedures for which the paramedic has been specifically trained and:
 - (i) that are a part of the curriculum prescribed by the commission; or
 - (ii) are a part of the continuing education program and approved by the supervising hospital and the paramedic provider organization's medical director.
- (B) For an emergency medical technician-intermediate, those procedures for which the emergency medical technician-intermediate has been specifically trained:
 - (i) in the Indiana basic emergency medical technician and Indiana emergency medical technician-intermediate curriculums; and
 - (ii) that have been approved by the administrative and medical staff of the supervising hospital,

the emergency medical technician-intermediate provider organization medical director, and the commission as being within the scope and responsibility of the emergency medical technician-intermediate.

- (20) "Emergency medical responder" means an individual who is:
- (A) certified under IC 16-31 and who meets the commission's standards for emergency medical responder certification; and
 - (B) the first individual to respond to an incident requiring emergency medical services.
- (21) "Emergency medical services" means the provision of emergency ambulance services or other services, including extrication and rescue services, utilized in serving an individual's need for immediate medical care in order to prevent loss of life or aggravation of physiological or psychological illness or injury.
- (22) "Emergency medical services driver" means an individual who has a certificate of completion of a commission-approved driver training course.
- (23) "Emergency medical services provider organization" means any person certified by the commission who engages in or seeks to furnish, operate, conduct, maintain, advertise, or otherwise engage in services for the care of emergency patients as part of a regular course of doing business, either paid or voluntary.
- (24) "Emergency medical services vehicle" means the following:
- (A) An ambulance.
 - (B) An emergency medical service nontransport vehicle.
- (25) "Emergency medical technician" means an individual who is certified under this article to provide basic life support at the scene of an accident or an illness or during transport.
- (26) "Emergency medical technician-basic advanced" means an individual who is certified under IC 16-31 to provide basic life support at the scene of an accident or an illness or during transport and has been certified to perform manual or automated defibrillation, rhythm interpretation, and intravenous line placement.
- (27) "Emergency medical technician-basic advanced provider organization" means an ambulance service provider or other provider organization certified by the commission to provide basic life support services administered by emergency medical technicians-basic advanced and has been certified to perform manual or automated defibrillation, rhythm interpretation, and intravenous line placement in conjunction with a supervising hospital.
- (28) "Emergency medical technician-intermediate" means an individual who can perform at least one (1) but not all of the procedures of a paramedic and who:
- (A) has completed a prescribed course in advanced life support;
 - (B) has been certified by the commission;
 - (C) is associated with a single supervising hospital; and
 - (D) is affiliated with a provider organization.
- (29) "Emergency medical technician-intermediate provider organization" means an ambulance service provider organization or other provider organization certified by the commission to provide advanced life support services administered by emergency medical technician-intermediates or advanced emergency medical technicians in conjunction with a supervising hospital.
- (30) "Emergency patient" means an individual who is acutely ill, injured, or otherwise incapacitated or helpless and who requires emergency care. The term includes an individual who requires transportation on a litter or cot or is transported in a vehicle certified as an ambulance under IC 16-31-3.
- (31) "Extrication service" means any actions that disentangle and free from entrapment.
- (32) "F.A.A." means the Federal Aviation Administration.
- (33) "F.A.R." means the federal aviation regulations, including, but not limited to, 14 CFR.
- (34) "Fixed-wing ambulance" means a propeller or jet airplane.
- (35) "Flight physiology" means the physiological stress of flight encountered during air medical operations to include, but not be limited to:
- (A) temperature;
 - (B) pressure;
 - (C) stresses of barometric pressure changes;
 - (D) hypoxia;
 - (E) thermal and humidity changes;
 - (F) gravitational forces;
 - (G) noise;
 - (H) vibration;
 - (I) fatigue; and
 - (J) volume and mass of gases.

- (36) "License" or "licensure" means authorization in written form issued by the commission to a paramedic to furnish, operate, conduct, maintain, advertise, or otherwise engage in providing emergency medical services as a part of a regular course of doing business, either paid or voluntary.
- (37) "Medical director" means a physician with an unlimited license to practice medicine in Indiana and who has an active role in the delivery of emergency care.
- (38) "Nontransporting emergency medical services vehicle" or "emergency medical service nontransport vehicle" means a motor vehicle, other than an ambulance, used for emergency medical services. The term does not include an employer-owned or employer-operated vehicle used for first aid purposes within or upon the employer's premises.
- (39) "Paramedic" means an individual who:
- (A) is:
 - (i) affiliated with a certified paramedic provider organization;
 - (ii) employed by a sponsoring hospital approved by the commission; or
 - (iii) employed by a supervising hospital with a contract for inservice education with a sponsoring hospital approved by the commission;
 - (B) has completed a prescribed course in advanced life support; and
 - (C) has been licensed by the commission.
- (40) "Paramedic provider organization" means an ambulance service provider organization or other provider organization certified by the commission to provide advanced life support services administered by paramedics or physicians with an unlimited license to practice medicine in Indiana in conjunction with supervising hospitals.
- (41) "Person" means any:
- (A) natural person or persons;
 - (B) partnership;
 - (C) corporation;
 - (D) association;
 - (E) joint stock association; or
 - (F) governmental entity other than an agency or instrumentality of the United States. "Agency or instrumentality of the United States" does not include a person operating under a contract with the government of the United States.
- (42) "Physician" means an individual who currently holds a valid unlimited license to practice medicine in Indiana under IC 25-22.5-1-1.1.
- (43) "Program director" means a person employed by a certified training institution to coordinate the emergency medical services training programs.
- (44) "Provider organization" means an ambulance service or other emergency care organization certified by the commission to provide emergency medical services.
- (45) "Provider organization operating area" means the geographic area in which an emergency medical technician-basic advanced or advanced emergency medical technician, affiliated with a specific emergency medical technician-basic advanced provider organization, is able to maintain two-way voice communication with the provider organization's supervising hospitals.
- (46) "Registered nurse" means a person licensed under IC 25-23-1-1.1.
- (47) "Rescue services" means the provision of basic life support except it does not include the following:
- (A) Administration of oxygen.
 - (B) Use of mechanical breathing devices.
 - (C) Application of antishock trousers.
 - (D) Application of splinting devices.
 - (E) Use of an automatic or a semiautomatic defibrillator.
 - (F) Electrocardiogram interpretation.
 - (G) Manual external defibrillation.
 - (H) Intravenous fluid therapy.
 - (I) Invasive medical care techniques.
- (48) "Rescue squad organization" means an organization that holds a voluntary certification to provide extrication, rescue, or emergency medical services.
- (49) "Supervising hospital" means a hospital licensed under IC 16-21-2 or under the licensing laws of another state that has been certified by the commission to supervise paramedics, emergency medical technicians-intermediate, advanced emergency medical technicians, emergency medical technician-basic advanced, and provider organizations in providing emergency medical care.
- (50) "Training institution" means an institution certified by the commission to administer emergency medical services training programs.

SECTION 2. (a) This SECTION supersedes 836 IAC 1-1-3.

(b) The commission shall waive any rule for a person who provides emergency ambulance service, an emergency medical technician, an emergency medical technician-basic advanced, an advanced emergency medical technician, an emergency medical technician-intermediate, a paramedic, or an ambulance when operating from a location in an adjoining state by contract with an Indiana unit of government to provide emergency ambulance or medical services to patients who are picked up or treated in Indiana. To receive such a waiver, an applicant shall submit the following:

- (1) An application that shall include the following information:
 - (A) Organizational structure, including name, address, and phone number for the owner, chief executive officer, chief operations officer, training officer, and medical director.
 - (B) A description of the service area.
 - (C) Hours of operation.
 - (D) Proof of insurance coverage in amounts as specified in 836 IAC 1-3-6.
 - (E) Other information as required by the commission.
- (2) A copy of the contract with the Indiana unit of government. This contract shall describe the emergency medical services that are to be provided.
- (3) A list of the rule or rules for which the applicant is requesting a waiver.

(c) The commission may waive any rule, including a rule establishing a fee, for a person who submits facts demonstrating that:

- (1) compliance with the rule will impose an undue hardship on the person; and
- (2) either:
 - (A) noncompliance with the rule; or
 - (B) compliance with an alternative requirement approved by the commission; will not jeopardize the quality of patient care.

However, the commission may not waive a rule that sets forth educational requirements for a person regulated under this article.

(d) A waiver granted under SECTION 2(c)(2)(B) [subsection (c)(2)(B)] is conditioned upon compliance with the alternative requirement approved under SECTION 2(c) [subsection (c)].

(e) A waiver granted under SECTION 2(b) or SECTION 2(c) [subsection (b) or (c)] expires on the earlier of the following:

- (1) The date established by the commission when the waiver is granted.
- (2) Two (2) years after the date the commission grants the waiver.

(f) The commission may renew a waiver if the person makes the same demonstration required for the original waiver.

(g) The commission may grant an applicant a waiver from all or part of the continuing education requirement for a renewal period if the applicant was not able to fulfill the requirement due to a hardship that resulted from any of the following:

- (1) Service in the armed forces of the United States during a substantial part of the renewal period.
- (2) An incapacitating illness or injury.
- (3) Other circumstances determined by the commission.

SECTION 3. (a) This SECTION supersedes 836 IAC 1-1-4.

(b) Under IC 16-31-3-3, a certificate or license is not required for a person who provides emergency ambulance service, advanced life support, an emergency medical technician, an ambulance, or a nontransporting emergency medical services vehicle when doing any of the following:

- (1) Providing assistance to persons certified to provide emergency ambulance service or to emergency medical technicians.
- (2) Operating from a location or headquarters outside Indiana to provide emergency ambulance services to patients who are picked up outside Indiana for transportation to locations within Indiana. This includes the return of that patient to the patient's original state of origin if the return trip occurs within twenty-four (24) hours of the transport to Indiana.
- (3) Providing emergency medical services during a major catastrophe or disaster with which persons or ambulance services are insufficient or unable to cope.

(c) An agency or instrumentality of the United States and any paramedic, emergency medical technician, emergency medical technician-basic advanced, advanced emergency medical technician, or ambulances of the agency or instrumentality are not required to be certified or licensed or to conform to the standards prescribed under IC 16-31-3. An agency or instrumentality of the United States does not include a person operating under a contract with the government of the United States.

SECTION 4. (a) This SECTION supersedes 836 IAC 1-1-7.

(b) Each emergency medical service provider organization shall designate one (1) person as the organization's training officer to assume responsibility for inservice training. This person shall be certified as one (1) of the following:

- (1) Emergency medical responder (only for the basic life support nontransport provider organization).
- (2) Emergency responder.
- (3) An emergency medical technician.
- (4) An emergency medical technician-basic advanced.
- (5) Advanced emergency medical technician
- (6) An emergency medical technician-intermediate.
- (7) A paramedic.
- (8) A registered nurse.
- (9) A certified physician assistant.
- (10) A licensed physician who is actively involved in the delivery of emergency medical services with that organization.

(c) The provider organization and training officer shall be responsible for the following:

- (1) Providing and maintaining records of inservice training offered by the provider organization.
- (2) Maintaining the following inservice training session information:
 - (A) Summary of the program content.
 - (B) The name of the instructor.
 - (C) The names of those attending.
 - (D) The date, time, and location of the inservice training sessions.
- (3) Signing individual training records or reports to verify actual time in attendance at training sessions.

SECTION 5. (a) This SECTION supersedes 836 IAC 1-2-5.

(b) A basic life support ambulance service provider organization may transport an emergency patient who would normally require transport by an advanced life support ambulance service provider organization if the following conditions are met:

- (1) The emergency patient is being transported from one (1) health care facility to another health care facility. Health care facility has the meaning set forth in IC 16-28-2-161.
- (2) The transferring physician has issued written approval of the interfacility transfer by the basic life support ambulance service provider organization.
- (3) The ambulance is equipped with the medical supplies and equipment determined by the transferring physician to be necessary to maintain the patient's medical condition and to manage patient complications that may be reasonably anticipated to occur en route to the patient's destination.
- (4) The patient compartment of the ambulance is staffed by at least one (1) employee of the transferring health care facility who the transferring physician has determined has the training and skills necessary to maintain the patient's medical condition and to manage patient complications that may be reasonably anticipated to occur en route to the patient's destination.

(c) A basic life support ambulance service provider organization may transport an emergency patient who would normally require transport by an advanced life support ambulance service provider organization if the following conditions are met:

- (1) The emergency patient is being transported from the scene of a medical emergency to a health care facility.
- (2) An advanced life support provider organizations also responded to the scene, and advanced life support treatment has been initiated by a paramedic or emergency medical technician-intermediate or advanced emergency medical technician and a paramedic or emergency medical technician intermediate or advanced emergency medical technician is present in the patient compartment of the transporting ambulance.

(3) The medical director of the basic life support ambulance service provider organization has established a protocol.

(d) The vehicle staffing required in SECTION 5(c) of this document [subsection (c)] is in addition to the staffing required as determined by the level of certification by the commission for the ambulance service provider organization that transports the patients.

SECTION 6. (a) This SECTION supersedes 836 IAC 1-12-1.

(b) A person shall not:

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

emergency medical services as an emergency medical technician-basic advanced provider organization unless the person is certified by the commission as an emergency medical technician-basic advanced provider organization.

(c) An emergency medical technician-basic advanced provider organization certification provides authority to perform skills set forth and approved by the commission for which certification is granted. The medical director may limit the skills according to local protocols.

(d) If an emergency medical technician-basic advanced provider organization also provides transportation of emergency patients, the emergency medical technician-basic advanced provider organization shall be certified as an ambulance service provider organization under 836 IAC 1-2.

(e) The chief executive officer of an emergency medical technician-basic advanced 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) Provision to allow the emergency medical technicians-basic advanced or advanced emergency medical technicians affiliated with the supervised emergency medical technician-basic advanced 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 emergency medical technician-basic advanced provider organization. In those cases where more than one (1) hospital enters into an agreement, or seeks to enter into an agreement, with an emergency medical technician-basic advanced 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) All ambulances used by the emergency medical technician-basic advanced provider organization shall be certified under 836 IAC 1-3.

(g) All nontransport vehicles used for the provision of emergency medical technician-basic advanced services shall meet all of the following requirements:

- (1) Each nontransport vehicle shall carry the following assembled and readily accessible minimum rescue equipment:
 - (A) Equipment for safeguarding personnel, including one (1) fire extinguisher with an Underwriters Laboratory rating of not less than a five (5) pound rating for 2A:4-B; C, that shall have a current inspection date and be mounted so that it is readily accessible.
 - (B) Equipment for release from entrapment or confinement, including the following:
 - (i) One (1) hammer, four (4) pound, fifteen (15) inch handle (hammer weight and length are minimums).
 - (ii) One (1) wrecking bar, twenty-four (24) inch combination tool minimum.
 - (iii) One (1) self-contained portable light source.
- (2) Each nontransport vehicle shall wrap, properly store, and handle all the single-service implements inserted into the patient's nose or mouth. Multiuse items are to be kept clean and sterile when

indicated and properly stored. The vehicle shall carry the following assembled and readily accessible minimum equipment:

- (A) Respiratory and resuscitation equipment as follows:
 - (i) Portable suction apparatus, capable of a minimum vacuum of three hundred (300) millimeters mercury, equipped with two (2) each of the following:
 - (AA) wide-bore tubings;
 - (BB) rigid catheters;
 - (CC) soft pharyngeal suction tips in child size; and
 - (DD) soft pharyngeal suction tips in adult size.
 - (ii) Bag-mask ventilation units, hand operated, one (1) unit in each of the following sizes, each equipped with clear face masks and oxygen reservoirs with oxygen tubing:
 - (AA) Adult.
 - (BB) Child.
 - (CC) Infant.
 - (DD) Neonatal (mask only).
 - (iii) Oropharyngeal airways, two (2) each of adult, child, and infant.
 - (iv) One (1) pocket mask with one-way valve.
 - (v) Portable oxygen equipment of at least three hundred (300) liters capacity (D size cylinder) with:
 - (AA) yoke;
 - (BB) medical regulator;
 - (CC) pressure gauge; and
 - (DD) nondependent flowmeter.
 - (vi) Oxygen delivery devices shall include the following:
 - (AA) High concentration devices, two (2) each, adult, child, and infant.
 - (BB) Low concentration devices, two (2) each, adult.
 - (vii) Nasopharyngeal airways, two (2) each of the following with water soluble lubricant:
 - (AA) Small (20-24 french).
 - (BB) Medium (26-30 french).
 - (CC) Large (31 french or greater).
 - (viii) Bulb syringe individually packaged in addition to obstetrics kit.
 - (ix) Nonvisualized airway minimum of two (2) with water soluble lubricant.
 - (x) Portable defibrillator equipped with defibrillation pads or paddles appropriate for defibrillation.
- (B) Wound care supplies as follows:
 - (i) Airtight dressings, four (4), for open chest wounds.
 - (ii) Assorted bandaging supplies for the care of soft tissue injuries.
- (C) Patient stabilization equipment as follows:
 - (i) Upper and lower extremity splinting devices, two (2) each.
 - (ii) Rigid extrication collar, two (2) each capable of the following sizes:
 - (AA) Pediatric.
 - (BB) Small.
 - (CC) Medium.
 - (DD) Large.
- (D) Personal protection/universal precautions equipment, minimum of one (1) each, including the following:
 - (i) Gowns.
 - (ii) Face masks and shields.
 - (iii) Gloves.
 - (iv) Biohazard bags.
 - (v) Antimicrobial hand cleaner.
- (E) Miscellaneous items as follows:
 - (i) Obstetrical kit, sterile, one (1).
 - (ii) Blood pressure manometer, one (1) each in the following cuff sizes:
 - (AA) Large adult.
 - (BB) Adult.
 - (CC) Pediatric.
 - (iii) Stethoscopes, one (1) each in the following sizes:
 - (AA) Adult.
 - (BB) Pediatric.
 - (iv) Sharps collector, one (1) being a minimum of seven (7) inches in height.

- (v) Intravenous fluids and administration supplies approved by the medical director.
- (vi) Medication as approved by the medical director limited to the following:
 - (AA) Baby aspirin, eighty-one (81) milligrams each.
 - (BB) Activated charcoal.
 - (CC) Instant glucose.
 - (DD) Epinephrine auto-injector or auto-injectors.

- (3) A current copy of protocols shall be maintained on board the nontransport vehicle at all times.
- (4) A copy of the medication list, including quantities and concentrations approved by the medical director.

(h) An emergency medical technician-basic advanced provider organization shall have a medical director. The duties and responsibilities of the medical director are as follows:

- (1) Provide liaison between the local medical community and the emergency medical service provider organization.
- (2) Assure that appropriate intravenous solution, supplies, and equipment are available to the emergency medical technician-basic advanced provider organization.
- (3) Monitor and evaluate the day-to-day medical operations of the provider organization.
- (4) Assist the supervising hospital in the coordination of in-service training programs.
- (5) Assure continued competence of emergency medical technician-basic advanced and advanced emergency technicians affiliated with, or employed by, the emergency medical technician-basic advanced provider organization.
- (6) Participate in the quarterly audit and review of cases treated by emergency medical technician-basic advanced of the provider organization.
- (7) Establish protocols for emergency medical technician-basic advanced and advanced emergency medical technicians.
- (8) Establish and publish a list of intravenous fluids and administration supplies, including minimum quantities to be carried on the vehicle.
- (9) 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.

- (10) Provide individual consultation to the emergency medical personnel affiliated with the ambulance service provider organization.

(i) Each emergency medical technician-basic advanced provider organization shall notify the agency in writing within thirty (30) days of any changes in the operation as outlined in the application for which certification was granted.

(j) When services administered by an emergency medical technician-basic advanced or an advanced emergency medical technician at the scene of an accident or illness are continued en route to an emergency facility, as a minimum, the patient compartment of the ambulance shall be staffed by not fewer than one (1) person certified as:

- (1) an emergency medical technician-basic advanced;
- (2) an emergency medical technician-intermediate;
- (3) an advanced emergency medical technician; or
- (4) a paramedic.

(k) Provide for a periodic maintenance program to assure that:

- (1) all emergency medical service vehicles, including equipment, are maintained in good working condition at all times; and
- (2) equipment, medication, and supplies have not exceeded the manufacturer's specified expiration date.

(l) Each emergency medical technician-basic advanced provider organization shall show proof of insurance coverage as required by 836 IAC 1-3-6.

(m) The emergency medical technician-basic advanced provider organization shall maintain a communications system established under 836 IAC 1-4.

(n) Each nontransport vehicle used for the purpose of providing emergency medical technician-basic

advanced services when dispatched for the purpose of an emergency medical run shall be staffed, as a minimum, by a certified emergency medical technician-basic advanced or advanced emergency medical technician.

SECTION 7. (a) This SECTION supersedes 836 IAC 1-12-2.

(b) An applicant may apply for and obtain provisional certification as an emergency medical technician-basic advanced provider organization for the purpose of prehospital training of emergency medical technician-basic advanced or advanced emergency medical technician students when in the presence of a preceptor approved by the commission in accordance with this section.

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

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

(e) The provisional certification may only be issued 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.

(f) The provisional certification expires no later than the earlier of the following dates:

- (1) Sixty (60) days after the completion date of the emergency medical technician-basic advanced course completion as identified on the approved course application.
- (2) Six (6) months from the starting date of the course contained on the approved course application.

(g) The issuance of an emergency medical technician-basic advanced provider organization certification invalidates any provisional certification.

SECTION 8. (a) This SECTION supersedes 836 IAC 1-12-4.

(b) Each emergency medical technician-basic advanced provider organization shall do the following:

- (1) Comply with the emergency medical service provider organization operating procedures of 836 IAC 1-1-8.
- (2) Establish daily equipment checklist procedures to ensure the following:
 - (A) Mechanical and electronic equipment is in proper operating condition.
 - (B) Emergency response vehicles are maintained in a safe operating condition at all times.
 - (C) Intravenous fluids and administration sets are available and functional.
 - (D) Equipment, medication, fluid, and supplies do not exceed the manufacturer's specified expiration date.

(c) A copy of the protocols and list of intravenous fluids and administration supplies shall be maintained by the emergency medical technician-basic advanced provider organization. Any changes to the protocols or list of intravenous fluids or administration supplies shall be provided in writing to the agency within thirty (30) days.

(d) The following requirements apply to the use of equipment and supplies by emergency medical technician-basic advanced:

- (1) Emergency medical technician-basic advanced and advanced emergency medical technicians are prohibited from having in their possession, or maintained on board emergency response vehicles, any equipment or supplies that have not been approved by the emergency medical technician-basic advanced provider organization medical director.
- (2) Accountability for:
 - (A) distribution;
 - (B) storage;
 - (C) ownership; and
 - (D) security;

of equipment and supplies shall be in accordance with the requirements established by the issuing pharmacy and medical director.

(e) Each emergency medical technician-basic advanced provider organization shall do the following:

(1) Follow sanitation procedures established in 836 IAC 1-1-8.

(2) Ensure that all ambulances used for the provision of emergency medical technician-basic advanced contain the rescue equipment required in 836 IAC 1-3-4, the emergency care equipment required in 836 IAC 1-3-5, and the communication equipment required in 836 IAC 1-4-2. In addition, the emergency medical services vehicles used for the provision of emergency medical technician-basic advanced shall also carry the following items:

(A) One (1) portable ECG monitor/defibrillator with defibrillation pads or paddles, which may be the defibrillator listed in 836 IAC 1-3-5(1)(L).

(B) Intravenous fluids and administration supplies as approved by the medical director.

(C) A current copy of emergency medical technician-basic advanced protocols shall be maintained on board the emergency medical services vehicle at all times.

(D) A copy of the list of intravenous fluids and administration sets, including quantities as approved by the medical director.

(f) An emergency medical technician-basic advanced 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:

(A) Vitamins.

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

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

(D) Cortisone.

(E) Antibiotics.

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

(A) maintain the patient's established medical intervention; and

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

(g) An emergency medical technician-basic advanced provider organization shall not do the following:

(1) Operate an ambulance or other emergency medical service vehicle unless it is in full compliance with 836 IAC 1-1-2, 836 IAC 1-1-5, 836 IAC 1-1-6, 836 IAC 1-1-8, 836 IAC 1-2-1, 836 IAC 1-2-2, 836 IAC 1-2-3, 836 IAC 1-2-4, 836 IAC 1-3, 836 IAC 1-4, 836 IAC 1-11, 836 IAC 1-12-3, and SECTION 1, SECTION 2, SECTION 3, SECTION 4, SECTION 5, SECTION 6, SECTION 7, and SECTION 8 of this document [SECTIONS 1 through 8 of this document].

(2) Transport any emergency patient in any vehicle except a certified ambulance.

(h) An emergency medical technician-basic advanced provider organization and any affiliated advanced emergency medical technician may administer medications as approved by the medical director.

SECTION 9. (a) This SECTION supersedes 836 IAC 2-1-1.

(b) The definitions in SECTION 1 [of this document] apply throughout 836 IAC 2-2-2, 836 IAC 2-2-3, 836 IAC 2-2-4, 836 IAC 2-14, and SECTION 10, SECTION 11, SECTION 12, SECTION 13, SECTION 14, SECTION 15, SECTION 16, and SECTION 17 of this document [SECTIONS 10 through 17 of this document].

SECTION 10. (a) This SECTION supersedes 836 IAC 2-2-1.

(b) A person shall not:

(1) furnish;

(2) operate;

(3) maintain;

(4) advertise; or

(5) otherwise engage in providing;

emergency medical services as a paramedic provider organization unless the person is certified by the commission as a paramedic provider organization.

(c) If the paramedic provider organization also provides transportation of emergency patients, the paramedic provider organization shall be certified as an ambulance service provider organization in accordance with the requirements specified in 836 IAC 1-1-2, 836 IAC 1-1-5, 836 IAC 1-1-6, 836 IAC 1-1-8, 836 IAC 1-2-1, 836 IAC 1-2-2, 836 IAC 1-2-3, 836 IAC 1-2-4, 836 IAC 1-3, 836 IAC 1-4, 836 IAC 1-11, 836 IAC 1-12-3, and SECTION 1, SECTION 2, SECTION 3, SECTION 4, SECTION 5, SECTION 6, SECTION 7, and SECTION 8 of this document [SECTIONS 1 through 8 of this document]. The paramedic nontransport provider organizations shall meet the requirements specified in 836 IAC 1-1-5, 836 IAC 1-1-6, 836 IAC 1-1-8, and SECTION 4 of this document.

(d) The paramedic provider organization shall ensure the following:

- (1) Ambulances used are certified and meet the requirements specified in SECTION 2 of this document.
- (2) All nontransport emergency medical services vehicles used for the provision of advanced life support meet all of the requirements in 836 IAC 2-14.

(e) The chief executive officer of each paramedic provider organization shall certify that the provider organization has an agreement, or interdepartmental memo if hospital based, with one (1) or more supervising hospitals that agrees to provide the following services:

- (1) Continuing education.
- (2) Audit and review.
- (3) Medical control and direction.
- (4) Provision to allow the paramedics affiliated with the supervised paramedic provider organization to function within the appropriate hospital department in order to obtain continuing practice, remediation, and continuing education in their clinical skills.

The agreement or interdepartmental memo shall include a detailed description of how such services shall be provided to the paramedic provider organization. In those cases where more than one (1) hospital enters into an agreement, or seeks to enter into an agreement, with a paramedic 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 paramedic provider organization shall have a medical director provided by the paramedic 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 paramedic provider organization medical director and the chief executive officer have the duty to enact the policy within the paramedic 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 paramedic provider organization.
- (3) Monitor and evaluate day-to-day medical operations of paramedic provider organizations.
- (4) Assist the supervising hospital in the provision and coordination of continuing education.
- (5) Provide individual consultation to paramedics.
- (6) Participate in at least quarterly audit and review of cases treated by paramedics of the provider organization.
- (7) Attest to the competency of paramedics affiliated with the paramedic provider organization to perform skills required of a paramedic under SECTION 57 of this document.
- (8) Establish protocols for basic and advanced life support in cooperation with the medical control committee of the supervising hospital.
- (9) Establish and publish a list of medications, including minimum quantities and dosages to be carried on the emergency medical services 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 paramedic provider organization shall maintain a communications system that shall be available twenty-four (24) hours a day between the paramedic provider organization and the emergency department, or equivalent, of the supervising hospital using UHF (ultrahigh frequency) or cellular voice communications. The communications system shall be licensed by the Federal Communications Commission.

(h) Each paramedic provider organization shall do the following:

- (1) Maintain an adequate number of trained personnel and emergency response vehicles to provide continuous, twenty-four (24) hour advanced life support services.
- (2) Notify the commission in writing within thirty (30) days of assigning any individual to perform the duties and responsibilities required of a paramedic. This notification shall be signed by the provider organization and medical director of the provider organization.

(i) A paramedic ambulance service provider organization must be able to provide a paramedic level response. For the purpose of SECTION 10 [this SECTION], "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 836 IAC 2-2-3(e).
- (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 or an advanced emergency medical technician and an emergency medical technician; and
 - (ii) an emergency medical technician-intermediate or advanced emergency medical technician 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.

(j) For a paramedic provider organization, when an advanced life support nontransport vehicle is dispatched for a paramedic response, it shall, at a minimum, be staffed by a paramedic.

(k) The paramedic provider organization shall do the following:

- (1) Notify the agency in writing within thirty (30) days of any changes in the operation as stated in the application.
- (2) With medical director and chief executive officer approval, allow a student or graduate of an Indiana approved paramedic course to perform advanced life support under the direction of a preceptor. This person shall be actively pursuing licensure as an Indiana licensed paramedic. This provision shall be limited from one (1) year from date of course completion as indicated on course report.
- (3) Show proof of insurance coverage as required by 836 IAC 1-3-6.

SECTION 11. (a) This SECTION supersedes 836 IAC 2-2-4.

(b) An applicant may apply for and obtain provisional certification as a paramedic provider organization for the purpose of prehospital training of paramedic students when in the presence of a preceptor approved by the commission in accordance with this SECTION.

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

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

(e) The provisional certification may only be issued 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 836 IAC 2 and SECTIONS 11, 12, 13, 14, 15, 16, and 17 of this document [this SECTION and SECTIONS 12 through 17 of this document].

(f) The provisional certification may only be issued if the ambulance service provider organization has and shall maintain an adequate number of paramedic students, preceptors, and ambulances to provide continuous twenty-four (24) hour advanced life support service.

(g) The provisional certification expires no later than the earlier of the following dates:

- (1) Sixty (60) days after the completion date of the paramedic 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.

(h) The issuance of a paramedic provider organization certification invalidates any provisional certification.

SECTION 12. (a) This SECTION supersedes 836 IAC 2-4.1-1.

(b) All hospitals supervising, or seeking to supervise, an emergency medical services provider organization at the following levels shall be certified by the commission:

- (1) Paramedic.
- (2) Emergency medical technician-intermediate.
- (3) Emergency medical technician-basic advanced.
- (4) Advanced emergency medical technician.

(c) Application for certification shall be submitted to the commission not less than sixty (60) days prior to the date for which approval is requested and made on forms provided by the agency. The application shall include the following:

- (1) A description of the communication system, licensed per FCC rules and regulation, that is available twenty-four (24) hours a day, and any other means of communications with emergency medical service provider organizations certified emergency medical technician-basic advanced, emergency medical technician-intermediate, advanced emergency medical technician or paramedic vehicles with a copy of the current FCC license attached.
- (2) A description of procedures to supervise via voice communication the procedures performed by:
 - (A) emergency medical technician-basic advanced;
 - (B) emergency medical technician-intermediate;
 - (C) advanced emergency medical technician; or
 - (D) paramedic;

personnel.

- (3) A list of hospital staff positions approved to give orders for on-line medical control.

- (4) A description of the procedures for audit and review of cases transported by:

- (A) emergency medical technician-basic advanced;
- (B) emergency medical technician-intermediate; or
- (C) paramedic;

provider organizations, including the membership of the medical control committee.

- (5) A written approval from the administrative and medical staff to supervise the procedures performed by the:

- (A) emergency medical technician-basic advanced;
- (B) emergency medical technician-intermediate;
- (C) advanced emergency medical technician; or
- (D) paramedic;

personnel.

- (6) Certification by the chief executive officer that the hospital has contractual agreements, or interdepartmental memos if hospital based, with emergency medical technician-basic advanced, emergency medical technician-intermediate, or paramedic provider organizations whereby the administrative and medical staff have agreed to provide the following:

- (A) Continuing education.
- (B) Audit and review.
- (C) Medical control and direction.

(D) Liaison and direction for supply of:

- (i) medications;
- (ii) fluids; and
- (iii) other medical items.

(E) Procedures to allow advanced emergency medical technician or paramedic personnel to function within the appropriate hospital department to maintain continuing education for the:

- (i) emergency medical technician-basic advanced;
- (ii) emergency medical technician-intermediate;
- (iii) advanced emergency medical technician; or
- (iv) paramedic;

personnel skills as defined in 836 IAC 4 and this document, including a list of hospital departments involved and supervisory personnel.

(d) Commission certification as a supervising hospital expires on the date appearing in the expiration date section of the certificate.

(e) Application for the renewal shall be made on forms provided by the agency. The application shall document compliance with 836 IAC 1, 836 IAC 2, 836 IAC 4, and this document.

SECTION 13. (a) This SECTION supersedes 836 IAC 2-4.1-2.

(b) Hospitals seeking commission certification shall meet the following minimum requirements:

- (1) Have an emergency department open and staffed by a physician twenty-four (24) hours a day.
- (2) The hospital's administration shall have approved a written agreement, or interdepartmental memo if provider organization is hospital-based, with one (1) or more emergency medical services provider organizations that furnish advanced life support or emergency medical technician-basic advanced services. The agreement or interdepartmental memo shall include a detailed description whereby the hospital agrees to provide the following services to the certified emergency medical service provider organization:

(A) Continuing education to include the following:

- (i) Frequency of training.
- (ii) Length of training.
- (iii) Attendance policies.
- (iv) Policy on acceptance of training obtained outside of supervising hospital.

(B) Audit and review to include items listed in subdivision (5).

(C) Medical control and direction to include the following:

- (i) Procedure to assure medical control available at all times.
- (ii) How hospital personnel are trained on provider organization protocols.

(D) Provision and supervision of arrangements that allow the emergency medical services clinical personnel affiliated with the supervised emergency medical service provider organization to function within appropriate hospital departments in order to obtain continuing education and remediation in their clinical skills.

- (3) Provide and maintain a voice communication system between the emergency medical service provider organization response personnel and the hospital's emergency department. The communication system shall include the following:

(A) A system capable to provide UHF (ultrahigh frequency) communications.

(B) A system capable to communicate on the frequency of 155.340 MHz to operate on the Indiana Hospital Emergency Radio Network.

The communications system shall be licensed by the Federal Communications Commission. If the method of UHF communication is wireless, the hospital shall maintain a dedicated telephone number with answering points in the emergency department directly accessible to emergency department personnel.

- (4) The hospital shall provide a physician or physician designee who is at all times immediately available to supervise the medical procedures performed by the emergency medical service provider organization's clinical personnel via the voice communication system.

- (5) The hospital shall establish a process for the audit and review of medical procedure performed by the clinical personnel of the emergency medical service provider organization. Audit and review shall be conducted at least quarterly. Requirements for audit and review are as follows:

(A) The audit shall ensure an appropriate level of compliance with medical protocols and appropriate level of skill in the performance of medical techniques by those personnel.

(B) The results of the audit shall be reviewed with the emergency medical service personnel.

(C) Documentation for the audit shall include the following:

- (i) The criteria used to select audited runs.
- (ii) Problem identification and resolution.
- (iii) Date of review.
- (iv) Attendance at the review.
- (v) A summary of the discussion at the review.

(D) The audit and review shall be conducted by the medical control committee as defined in subdivision (9).

(6) The supervising hospital shall review and approve the inservice of the licensed paramedics affiliated with the emergency medical services provider organization.

(7) Send annually during the last quarter of each calendar year a roster of clinical personnel whose sole advanced life support affiliation is with the supervising hospital and personnel affiliated with the emergency medical service provider organizations supervised by the hospital.

(8) The supervising hospital shall report in writing any changes, including affiliated clinical personnel, within thirty (30) days.

(9) The supervising hospital shall establish a medical control committee for audit and review of medical procedures performed by the advanced life support personnel and establish policies for medical direction and control. The membership of the medical control committee shall include the following:

- (A) Medical director of provider organization.
- (B) One (1) or more emergency department supervisory personnel.
- (C) One (1) or more provider organization supervisory personnel.
- (D) EMS educator.
- (E) One (1) or more advanced life support personnel of appropriate level from provider organization.

SECTION 14. (a) This SECTION supersedes 836 IAC 2-7.2-1.

(b) A person shall not:

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

emergency medical services as an emergency medical technician-intermediate provider organization unless the person is certified as an emergency medical technician-intermediate provider organization.

(c) If the emergency medical technician-intermediate provider organization also provides transportation of emergency patients, the emergency medical technician-intermediate provider organization shall be certified as an ambulance service provider organization in accordance with the requirements specified in 836 IAC 1 and SECTION 1, SECTION 2, SECTION 3, SECTION 4, SECTION 5, SECTION 6, SECTION 7, and SECTION 8 of this document [*SECTIONS 1 through 8 of this document*] under IC 16-31. The emergency medical technician-intermediate nontransport provider organizations shall meet the requirements specified in 836 IAC 1-1-4 through 836 IAC 1-1-8 and SECTION 3 and SECTION 4 of this document [*SECTIONS 3 and 4 of this document*].

(d) The emergency medical technician-intermediate 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 meet all of the requirements in 836 IAC 2-14.

(e) The chief executive officer of each emergency medical technician-intermediate 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 emergency medical technician-intermediates and advanced emergency medical technicians affiliated with the supervised emergency medical technician-intermediate 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 emergency medical technician-intermediate provider organization. In those cases where more than one (1) hospital enters into an agreement, or seeks to enter into an agreement, with an emergency medical technician-intermediate 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 emergency medical technician-intermediate provider organization shall have a medical director provided by the emergency medical technician-intermediate 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 emergency medical technician-intermediate provider organization have the duty to enact the policy within the emergency medical technician-intermediate 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 emergency medical technician-intermediate provider organization.

- (3) Monitor and evaluate day-to-day medical operations of emergency medical technician-intermediate provider organizations.
- (4) Assist in the provision and coordination of continuing education.
- (5) Provide individual consultation to emergency medical technician-intermediates and advanced emergency medical technicians.
- (6) Participate in at least quarterly audit and review of cases treated by emergency medical technician-intermediates advanced emergency medical technicians of the supervising hospital.
- (7) Attest to the competency of emergency medical technician-intermediates and advanced emergency medical technicians affiliated with the emergency medical technician-intermediate provider organization to perform skills required of an emergency medical technician-intermediate under 836 IAC 4-7.1 and SECTIONS 39 through 45 of this document or to perform the skills required of an advanced emergency medical technician under SECTIONS 46 through 52 of this document.
- (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 emergency medical technician-intermediate provider organization shall do the following:

- (1) Maintain a communications system that shall be available twenty-four (24) hours a day between the emergency medical technician-intermediate provider organization and the emergency department, or equivalent, of the supervising hospital using UHF (ultrahigh frequency) and 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-intermediate. This notification shall be signed by the provider organization and medical director of the provider organization.

(h) An emergency medical technician-intermediate ambulance service provider organization must be able to provide an emergency medical technician-intermediate level response. For the purpose of this subsection, "emergency medical technician-intermediate response" consists of the following:

- (1) An emergency medical technician-intermediate.
- (2) An emergency medical technician or higher.

-
- (3) An ambulance in compliance with the requirements of SECTION 16 of this document.
 - (4) During transport of the patient, the following are the minimum staffing requirements:
 - (A) If 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 or advanced emergency medical technician and an emergency medical technician; and
 - (ii) an emergency medical technician-intermediate or an advanced emergency medical technician shall be in the patient compartment.
 - (B) 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.

(i) For an emergency medical technician-intermediate provider organization, when an advanced life support nontransport vehicle is dispatched emergency medical technician-intermediate response, it shall, at a minimum, be staffed by an emergency medical technician-intermediate or an advanced emergency medical technician.

- (j) The emergency medical technician-intermediate provider organization shall do the following:
 - (1) 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 emergency medical technician-intermediate or 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 emergency medical technician-intermediate or advanced emergency medical technician. This provision shall be limited from one (1) year from date of course completion as indicated on course report.

(k) All ambulances and nontransport vehicles used by the emergency medical technician-intermediate provider organization shall meet the insurance requirements under 836 IAC 1-3-6.

SECTION 15. (a) This SECTION supersedes 836 IAC 2-7.2-2.

(b) Application for certification as an emergency medical technician-intermediate 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 emergency medical technician-intermediates, including certification numbers, to be affiliated by the emergency medical technician-intermediate 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 emergency medical technician-intermediate 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 emergency medical technician-intermediate 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 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.

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

- (i) emergency medical technician-intermediates;
- (ii) advanced emergency medical technicians;
- (iii) compatibility of the UHF communications with the emergency medical technician-intermediate provider organization's vehicles; and
- (iv) agreement to fulfill the responsibilities of the supervising hospital.

(L) Certification required in SECTION 14 of this document.

(M) Other information as required by the agency.

(c) Emergency medical technician-intermediate 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 emergency medical technician-intermediate provider organization and an ambulance service provider organization certified under IC 16-31. The agreement shall:

- (1) ensure that the nontransporting emergency medical technician-intermediate provider organization can be assured that patients treated shall be transported in a timely and safe manner; and
- (2) not preclude another ambulance service provider organization, if available, from transporting the patients.

(d) Upon approval, an emergency medical technician-intermediate provider organization shall be issued certification for the provisions of advanced life support certification.

(e) The certificate:

- (1) expires on the date appearing in the expiration date section of the certificate; and
- (2) shall be prominently displayed at the place of business.

(f) An application for an emergency medical technician-intermediate provider organization certification renewal shall be made at least sixty (60) days before the expiration date of the current certification. Application for renewal shall:

- (1) be made on forms provided by the agency; and
- (2) show evidence of compliance with the requirements as set forth for original certification.

SECTION 16. (a) This SECTION supersedes 836 IAC 2-7.2-3.

(b) Each emergency medical technician-intermediate provider organization shall do the following:

- (1) Comply with the ambulance service provider operating procedures of 836 IAC 1-2-3. The emergency medical technician-intermediate 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 medical director of the emergency medical technician-intermediate 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 emergency medical technician-intermediate and advanced emergency medical technician.
 - (D) Equipment, medication, fluid, and supplies have not exceeded the manufacturer's specified expiration date.

(c) A copy of the medication list and protocols shall be maintained by the emergency medical technician-intermediate provider organization and the supervising hospital emergency department. Any changes to the medications list shall be forwarded to the agency within thirty (30) days.

(d) 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.

(e) The emergency medical technician-intermediate provider organization shall ensure the following:
(1) That stocking and administration of supplies and medications are limited to the Indiana emergency medical technician-intermediate or advanced emergency medical technician curriculum. Procedures performed by the emergency medical technician-intermediate or advanced emergency medical technician are also limited to the Indiana emergency medical technician-intermediate or advanced emergency medical technician curriculum.

(2) 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 with self-contained cardiac monitor and ECG strip writer and equipped with defibrillation pads or paddles appropriate for both adult and pediatric defibrillation. This may be the defibrillator listed in 836 IAC 1-3-5(1)(L).

(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.

(C) Crystallite intravenous fluids and administration supplies approved by the medical director.

(D) Medications to be administered by emergency medical technician-intermediates or paramedics 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.

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

(F) A copy of the medication list, including quantities and concentrations approved by the medical director.

(f) The emergency medical technician-intermediate provider organization shall do the following:

(1) Ensure that all nontransport emergency medical services vehicles used for the provision of advanced life support meet all of the requirements in 836 IAC 2-14.

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

(g) 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.

(h) An emergency medical technician-intermediate provider organization shall not do the following:

- (1) Operate an ambulance or other emergency medical service vehicle unless it is in full compliance with this article.
- (2) Transport any emergency patient or patient receiving advanced life support in any vehicle except an ambulance certified under IC 16-31.

(i) Emergency medical technician-intermediates and 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 emergency medical technician-intermediate provider organization medical director.

(j) An emergency medical technician-intermediate provider may permit an advanced emergency medical technician to administer medications as approved by the medical director.

SECTION 17. (a) This SECTION supersedes 836 IAC 2-7.2-4.

(b) An applicant may apply for and obtain provisional certification as an emergency medical technician-intermediate provider organization for the purpose of prehospital training of emergency medical technician-intermediate or advanced emergency medical technician students when in the presence of a preceptor approved by the commission in accordance with this section.

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

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

(e) 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 emergency medical technician-intermediate or advanced emergency medical technician students, preceptors, and ambulances to provide continuous twenty-four (24) hour advanced life support service.

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

- (1) Sixty (60) days after the completion date of the emergency medical technician-intermediate or 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.

(g) The issuance of an emergency medical technician-intermediate provider organization certification invalidates any provisional certification.

SECTION 18. (a) This SECTION supersedes 836 IAC 3-1-1.

(b) The definitions in SECTION 1 of this document apply throughout 836 IAC 3 and SECTIONS 18 through 22 of this document [*this SECTION and SECTIONS 19 through 22 of this document*].

SECTION 19. (a) This SECTION supersedes 836 IAC 3-2-1.

(b) Any organization providing, or seeking to provide, rotorcraft ambulance services utilizing rotorcraft aircraft is required to be certified as an advanced life support rotorcraft ambulance service provider organization by the commission. The advanced life support rotorcraft ambulance service provider organization shall be certified in accordance with 836 IAC 3 and SECTIONS 18 through 22 of this document [*SECTION 18 of this document, this SECTION, and SECTIONS 20 through 22 of this document*] under IC 16-31 as appropriate.

(c) The provider organization of rotorcraft ambulance services shall ensure that the aircraft used in conjunction with the provision of advanced life support services meets the guidelines as specified 836

IAC 3 and SECTIONS 18 through 22 of this document [SECTION 18 of this document, this SECTION, and SECTIONS 20 through 22 of this document] under IC 16-31 and is certified by the commission. Each rotorcraft ambulance service provider organization shall meet all applicable parts of F.A.A. regulation and shall hold a valid 14 CFR 135 air carrier certificate or shall have a contract with the holder of a 14 CFR 135 air carrier certificate to provide aviation services under their certificate. Either must also have current F.A.A. approved air ambulance operations specifications.

(d) Advanced life support rotorcraft ambulance service provider organizations will have an agreement with one (1) or more supervising hospitals for the following services:

- (1) Continuing education.
- (2) Audit and review.
- (3) Medical control and direction.
- (4) Provide liaison and direction for supply of medications, fluids, and other items utilized by the provider organization.
- (5) Safety and survival programs and education.

The agreement shall include a detailed description of how such services will be provided to the advanced life support rotorcraft ambulance service 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 life support rotorcraft ambulance service provider organization as a supervising hospital, an interhospital agreement will be provided to the commission that clearly defines the specific duties and responsibilities of each hospital to ensure medical, safety, and administrative accountability of system operation. An agreement is not required when the hospital and the provider are the same organization.

(e) The advanced life support rotorcraft ambulance service provider organization will have an air-medical director provided by the advanced life support rotorcraft ambulance service provider organization, or jointly with the supervising hospital, who has knowledge of air transport problems and flight physiology. The air-medical director is responsible for providing competent medical direction and overall supervision of the medical aspects of the advanced life support rotorcraft ambulance service provider organization. The duties and responsibilities of the air-medical director include, but are not limited to, the following:

- (1) Assuming all medical control and authority over any and all patients treated and transported by the rotorcraft ambulance service.
- (2) Providing liaison with physicians.
- (3) Assuring that the drugs, medications, supplies, and equipment are available to the advanced life support rotorcraft ambulance service provider organization.
- (4) Monitoring and evaluating overall medical operations.
- (5) Assisting in the coordination and provision of continuing education.
- (6) Providing information concerning the operation of the advanced life support rotorcraft ambulance service provider organization to the commission.
- (7) Providing individual consultation to the air-medical personnel.
- (8) Participating on the medical control committee of the supervising hospital in at least quarterly audit and review of cases treated by air-medical personnel.
- (9) Attesting to the competency of air-medical personnel affiliated with the advanced life support rotorcraft ambulance service provider organization.
- (10) Designating an individual or individuals to assist in the performance of these duties.

(f) Each rotorcraft ambulance service provider organization will designate one (1) person to assume responsibility for inservice training. This person shall be licensed as a paramedic, a registered nurse, or a licensed physician and actively provide patient care during air ambulance transport.

(g) A rotorcraft ambulance service provider organization shall not engage in conduct or practices detrimental to the health and safety of emergency patients or to members of the general public while in the course of business or service as a rotorcraft ambulance service provider organization.

(h) The advanced life support rotorcraft ambulance service provider organization shall have an areawide plan to provide safety education and coordinate rotorcraft ambulance service with emergency medical services rescue, law enforcement, mutual aid backup systems, and central dispatch when available.

(i) Each advanced life support rotorcraft ambulance service provider organization shall do the following:

- (1) Maintain an adequate number of trained personnel and aircraft to provide continuous twenty-four (24) hour advanced life support services.
- (2) Notify the agency in writing within thirty (30) days of a paramedic's affiliation or termination of employment, or for any reason that has prohibited a licensed individual from performing the procedures required of a paramedic under 836 IAC 2 and SECTIONS 11 through 17 of this document.

(j) Each rotorcraft ambulance service provider organization shall designate one (1) person to assume the responsibilities for establishment of a safety committee consisting of the following:

- (1) Pilot or pilots.
- (2) Air-medical personnel.
- (3) Aircraft maintenance technician or technicians.
- (4) Communications personnel.

The safety committee shall meet at least quarterly and may be concurrent and in conjunction with the audit/review committee.

SECTION 20. (a) This SECTION supersedes 836 IAC 3-2-5.

(b) Each certified rotorcraft ambulance, while transporting an emergency patient, will be staffed by no fewer than three (3) people that have completed air-medical oriented training as prescribed by the air-medical director. Staffing will include the following requirements:

- (1) The first person shall be a properly certified pilot who shall complete an orientation program covering flight and air-medical operations as prescribed by the air-medical director.
- (2) The second person shall be currently registered, or licensed in Indiana as:
 - (A) a paramedic;
 - (B) a registered nurse; or
 - (C) a physician;

within the state the air-ambulance is stationed and operating.

(3) The third person shall be any appropriate personnel required to properly care for the medical needs of the patient at the discretion of the air-medical director. The air-medical personnel on board the aircraft shall be trained in air transport problems and flight physiology.

(c) The advanced life support rotorcraft ambulance service provider organization shall notify the agency in writing within thirty (30) days of any change in the advanced life support services provided.

(d) Upon suspension, revocation, or termination of a certificate, the provision of advanced life support services shall cease.

SECTION 21. (a) This SECTION supersedes 836 IAC 3-3-1.

(b) Any organization based in Indiana providing, or seeking to provide, fixed-wing air ambulance services utilizing fixed-wing aircraft is required to be certified as an advanced life support fixed-wing air ambulance service provider organization by the commission. The advanced life support fixed-wing air ambulance service provider organization shall be certified in accordance with 836 IAC 3 and SECTIONS 18 through 22 of this document [*SECTIONS 18 through 20 of this document, this SECTION, and SECTION 22 of this document*] under IC 16-31 as appropriate.

(c) The provider organization of fixed-wing air ambulance services shall ensure that the aircraft used in conjunction with the provision of advanced life support services meets the guidelines as specified in this article under IC 16-31 and is certified by the commission. Each fixed-wing air ambulance service provider organization shall meet all applicable parts of F.A.A. regulation and shall hold a valid 14 CFR 135 air carrier certificate or shall have a contract with the holder of a 14 CFR 135 air carrier certificate to provide aviation services under their certificate. Either must also have current F.A.A. approved air ambulance operations specifications.

(d) Advanced life support fixed-wing air ambulance service provider organizations will have an agreement with one (1) or more supervising hospitals for the following services:

- (1) Continuing education.
- (2) Audit and review.
- (3) Medical control and direction.
- (4) Provide liaison and direction for supply of medications, fluids, and other items utilized by the provider organization.

(5) Safety and survival programs and education.

The agreement will include a detailed description of how such services will be provided to the advanced life support fixed-wing air ambulance service 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 life support fixed-wing air ambulance service provider organization as a supervising hospital, an interhospital agreement will be provided to the agency that clearly defines the specific duties and responsibilities of each hospital to ensure medical, safety, and administrative accountability of system operation. An agreement is not required when the hospital and the provider are the same organization.

(e) The advanced life support fixed-wing air ambulance service provider organization will have an air-medical director provided by the advanced life support fixed-wing air ambulance service provider organization, or jointly with the supervising hospital, who has knowledge of air transport problems and flight physiology. The air-medical director is responsible for providing competent medical direction and overall supervision of the medical aspects of the advanced life support fixed-wing air ambulance service provider organization. The duties and responsibilities of the air-medical director include, but are not limited to, the following:

- (1) Assume all medical control and authority over any and all patients treated and transported by the fixed-wing air ambulance service.
- (2) Providing liaison with physicians.
- (3) Assuring that the drugs, medications, supplies, and equipment are available to the advanced life support fixed-wing air ambulance service provider organization.
- (4) Monitoring and evaluating overall operations.
- (5) Assisting in the coordination and provision of continuing education.
- (6) Providing information concerning the operation of the advanced life support fixed-wing air ambulance service provider organization to the agency.
- (7) Providing individual consultation to the air-medical personnel.
- (8) Participating on the assessment committee of the supervising hospital in at least quarterly audit and review of cases treated by air-medical personnel.
- (9) Attesting to the competency of air crewmembers affiliated with the advanced life support fixed-wing air ambulance service provider organization.
- (10) Designating an individual or individuals to assist in the performance of these duties.

(f) Each fixed-wing air ambulance service provider organization shall designate one (1) person to assume responsibility for inservice training. This person shall be licensed as a paramedic, a registered nurse, or a licensed physician and actively provide patient care during air transport.

(g) A fixed-wing air ambulance service provider organization shall not engage in conduct or practices detrimental to the health and safety of emergency patients or to members of the general public while in the course of business or service as a fixed-wing air ambulance service provider organization.

(h) Each advanced life support fixed-wing air ambulance service provider organization shall maintain an adequate number of trained personnel and aircraft to provide advanced life support services as advertised and specified in the fixed-wing air ambulance service provider organization's application for certification or certification renewal.

(i) Each fixed-wing air ambulance service provider organization shall designate one (1) person to assume the responsibilities for establishment of a safety committee consisting of the following:

- (1) Pilot or pilots.
- (2) Air-medical personnel.
- (3) Aircraft maintenance technician or technicians.
- (4) Communications personnel.

The safety committee shall meet at least quarterly and may be concurrent and in conjunction with the audit/review committee.

SECTION 22. (a) This SECTION supersedes 836 IAC 3-3-5.

(b) Each certified fixed-wing ambulance while transporting an emergency patient shall be staffed by no less than three (3) people and include the following requirements:

- (1) The first person shall be a properly certified pilot who shall complete an orientation program covering flight and air-medical operations as prescribed by the air-medical director.
- (2) The second person shall be an Indiana licensed paramedic or registered nurse or a physician.

(3) The third person shall be any appropriate personnel to properly care for the medical needs of the patient as required on board the fixed-wing aircraft in the patient compartment.

(4) All medical personnel on board the aircraft must be trained in air transport problems and principles of flight physiology.

(c) The advanced life support fixed-wing air ambulance service provider organization shall notify the agency in writing within thirty (30) days of any change in the advanced life support services provided.

(d) Upon suspension, revocation, or termination of a certificate, the provision of advanced life support services shall cease.

SECTION 23. (a) This SECTION supersedes 836 IAC 4-1-1.

(b) The definitions in SECTION 1 of this document apply throughout 836 IAC 4 and SECTIONS 23 through 60 of this document [this SECTION and SECTIONS 24 through 60 of this document].

SECTION 24. (a) This SECTION supersedes 836 IAC 4-2-1.

(b) All institutions administering or seeking to administer emergency medical services training programs shall:

- (1) be certified by the commission prior to providing such training; and
- (2) comply with this section.

Any multiple campus institution administering or seeking to administer such programs shall have its training institution certified by the commission on a campus-by-campus basis.

(c) Each Indiana emergency medical services training institution of emergency medical technician programs shall be:

- (1) a postsecondary institution as defined in IC 20-12-71-8;
- (2) a private technical, vocational, or trade school as defined in IC 20-12-62-3;
- (3) a high school as defined in IC 20-18-2-7;
- (4) a provider organization as defined in IC 16-31; or
- (5) an appropriately accredited hospital licensed under IC 16-21;

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.

(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. The application shall include the following:

- (1) The name and address of the training institution.
- (2) The name of the institution official.
- (3) Agreement or agreements of affiliation with clinical and internship facilities.
- (4) Type of emergency medical service courses conducted.
- (5) Medical director approval form listing affiliated instructor or instructors.
- (6) In-course standards and criteria by which the instructor is to determine successful completion of the didactic and clinical portions of the course to include the following:
 - (A) Attendance requirements and absentee policies.
 - (B) Testing procedures.
 - (C) Number and scope of in-course tests.
 - (D) Didactic pass/fail grade average and criteria.
 - (E) Provision for makeup test and classes.
 - (F) Minimal age for enrollment.
 - (G) Policies for provider organization reasonable accommodations under the Americans with Disabilities Act.
 - (H) Description of the screening and evaluation process for acceptance into any certified training program.
- (7) Other information as required by the agency.

(e) Certification as an emergency medical services training institution is valid for a period of two (2) years from the date of certification.

(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 as follows:

(1) A basic life support training institution is defined as an institution that presents one (1) or more of the following training courses:

- (A) Basic emergency medical technician.
- (B) Emergency medical technician-basic advanced.
- (C) Emergency medical responder training courses.

(2) 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 under subdivision (1):

- (A) Emergency medical technician-intermediate.
- (B) Advanced emergency medical technician.
- (C) Paramedic.

(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.

(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.

SECTION 25. (a) This SECTION supersedes 836 IAC 4-2-2.

(b) A certified training institution seeking commission approval for administering emergency medical services training courses shall meet the following minimum requirements:

(1) Designate one (1) person as a training institution official responsible for:

- (A) administering all of the activities of the emergency medical services training institution; and
- (B) communicating with the agency.

(2) Submit to an inspection of training facilities and equipment.

(3) Provide a list of educational staff to meet staffing-student ratio requirements established in approved curricula.

(4) Have the necessary clinical facilities, or affiliations with clinical facilities, to conduct the required clinical phases of emergency medical service training programs.

(5) Under conditions where didactic and clinical training are to be conducted by separate institutions, program responsibility will rest with the institution that is certified by the commission. In cases where two (2) or more certified training institutions are cooperating in the presentation of an emergency medical services training program, both institutions will be held jointly responsible for the training programs.

(6) Provide classroom space to effectively present the various requirements in the curricula.

(7) The curriculum requirements for all certified training programs shall be approved by the commission. Course applications will be made in a manner prescribed by the agency. The agency or commission may disapprove a course application when it has been determined that the training institution or primary instructor has been found in noncompliance with rules and regulations.

(8) Have the training equipment and training aids (including the emergency care equipment) required by the curriculum of the courses that the training institution offers. The training institution shall have an adequate amount of the training equipment to be utilized by students to meet any equipment-to-student ratios prescribed by the curriculum being presented.

(9) Make available a minimum of twelve (12) hours, over a two (2) year period, of continuing education in educational principles and techniques for each of its affiliated primary instructors. A training institution may offer this continuing education or advise its faculty members of such continuing education at other sites. The training institution official may accept educational programs conducted at other facilities.

(10) Evaluate each course and retain a record of the evaluation.

(11) Evaluate each affiliated instructor at least one (1) time a calendar year and retain a record of the evaluation.

(12) Provide educational personnel for each approved training course, consisting of the following:

- (A) A medical director.
- (B) A program director. For an advanced emergency medical technician, the program director shall be:
 - (i) an advanced emergency medical technician;
 - (ii) a paramedic;

- (iii) a physician; or
- (iv) a registered nurse.
- (C) For a paramedic course, the program director shall be:
 - (i) a paramedic;
 - (ii) a physician; or
 - (iii) a registered nurse.
- (D) A primary instructor.
- (E) Instructional staff.
- (13) Be responsible for in-course standards and criteria by which it determines a student's successful completion of the didactic and clinical portions of the course. The criteria include, but are not limited to, the following:
 - (A) Attendance requirements and absentee policies.
 - (B) In-course testing procedures.
 - (C) Number and scope of in-course tests.
 - (D) Didactic pass/fail grade average and criteria.
 - (E) Provision for makeup classes and tests.
 - (F) Minimum age for enrollment.
 - (G) Policies for providing reasonable accommodation under the Americans with Disabilities Act.
- (14) Be responsible for the screening and evaluation criteria for admission into any certified training program.
- (15) Assure a certified primary instructor, affiliated with the training institution, is present in each emergency medical technician class session unless a specialty topic instructor in:
 - (A) hazardous materials;
 - (B) terrorism;
 - (C) emergency vehicle operation; or
 - (D) extrication;is presenting the specific session in their specialty.
- (16) Have a retention schedule of seven (7) years for all training and course records.

SECTION 26. (a) This SECTION supersedes 836 IAC 4-3-1.

(b) First responder training shall not be provided after June 30, 2012.

SECTION 27. (a) This SECTION supersedes 836 IAC 4-3-2.

(b) First responder certification is not available after June 30, 2012.

SECTION 28. (a) This SECTION supersedes 836 IAC 4-3-3.

(b) First responder certification based upon reciprocity is not available after June 30, 2012.

SECTION 29. (a) This SECTION, SECTION 30 and SECTION 31 [*This SECTION and SECTIONS 30 and 31 of this document*] establish training and certification requirements for emergency medical responders.

(b) The minimum requirements for emergency medical responder training shall be the following:

- (1) The curriculum of the emergency medical responder training course shall be the Indiana emergency medical responder training curriculum, which is based on the current national curriculum for emergency medical responders, as amended and approved by the commission.
- (2) Each emergency medical responder training course shall be coordinated by a primary instructor, and each class shall be conducted by approved faculty members who shall be certified at a minimum as emergency medical technicians, or appropriate nurses and physicians.
- (3) To successfully complete the Indiana emergency medical responder training course for original certification or for certification renewal, a student shall pass the commission-authorized practical and written examinations.

SECTION 30. (a) Applicants for original certification as an emergency medical responder shall meet the following requirements:

- (1) Be a minimum of fourteen (14) years of age.
- (2) Have successfully completed the following:
 - (A) A commission-approved emergency medical responder course.
 - (B) State written and practical skills examinations as approved by the commission.

(b) Certification as an emergency medical responder shall be valid for a period of two (2) years.

(c) To renew a certification, an emergency medical responder shall submit a report of continuing education every two (2) years that meets or exceeds the minimum requirement to take and report twenty (20) hours of continuing education according to the following:

(1) Participate in a minimum of sixteen (16) hours of any combination of lectures, critiques, skills proficiency examination, or audit and review that reviews subject matter presented in the Indiana emergency medical responder curriculum.

(2) Participate in a minimum of four (4) hours in defibrillation and airway management as presented in the Indiana emergency medical responder curriculum.

(d) An individual who fails to comply with the continuing education requirements described in this article:

(1) forfeits all rights and privileges of a certified emergency medical responder; and

(2) shall cease from providing the services authorized by an emergency medical responder certification as of the date of expiration of the current certificate.

(e) An individual wanting to reacquire a certification shall:

(1) complete an emergency medical responder recertification training course as approved by the commission; and

(2) successfully complete the state written and practical skills examinations as set forth and approved by the commission.

If the individual fails either certification examination, the person must retake an Indiana emergency medical responder training course.

(f) Emergency medical responders shall:

(1) not perform procedures for which the emergency medical responder has not been specifically trained:

(A) in the Indiana emergency medical responder curriculum; and

(B) that have not been approved by the commission as being within the scope and responsibility of the emergency medical responder;

(2) not act negligently, recklessly, or in such a manner that endangers the health or safety of emergency patients or the members of the general public;

(3) comply with the state and federal laws governing the confidentiality of patient medical information;

(4) not delegate to a less qualified individual any skill that requires an emergency medical responder; and

(5) comply with the protocols established by the:

(A) commission;

(B) provider organization; and

(C) provider organization's medical director.

SECTION 31. (a) To obtain certification based upon reciprocity, an individual shall be a minimum of fourteen (14) years of age and meet one (1) of the following requirements:

(1) Be a person who:

(A) possesses a valid certificate or license as an emergency medical responder from another state;

(B) while serving in the military of the United States, successfully completed a course of training and study equivalent to the material contained in the Indiana emergency medical responder training course;

(C) holds a valid unlimited license to practice medicine in Indiana; or

(D) successfully completed a course of training and study equivalent to the material contained in the Indiana emergency medical responder training course and successfully completes the written and practical skills certification examinations prescribed by the commission.

(2) Be a person who:

(A) holds a current emergency medical responder registration issued by the National Registry; and

(B) has completed a course equivalent to Indiana approved curriculum.

(b) Any nonresident of Indiana who possesses a certificate or license as an emergency medical responder that is valid in another state, upon affiliation with an Indiana certified provider organization, may apply to the agency for temporary certification as an emergency medical responder. Upon receipt of

a valid application and verification of valid status by the agency, the agency may issue temporary certification, which shall be valid for:

- (1) the duration of the applicant's current certificate or license; or
- (2) a period not to exceed six (6) months from the date that the reciprocity request is approved by the agency;

whichever period of time is shorter. A person receiving temporary certification may apply for full certification using the procedure required in subsection (a).

SECTION 32. (a) This SECTION supersedes 836 IAC 4-4-2.

(b) Application for emergency medical technician certification shall be made on forms provided by the agency. Applicants shall complete the required forms and submit the forms to the agency. The application shall include the following:

- (1) The name and address of the applicant.
- (2) Criminal history declarations of the applicant.
- (3) The name of the training institution where training was completed.
- (4) Other information required by the agency.

(c) All applicants for original certification shall provide evidence of compliance with the requirements for certification.

(d) Certification as an emergency medical technician shall be valid for a period of two (2) years.

(e) To renew a certification, a certified emergency medical technician shall submit a report of continuing education every two (2) years that meets or exceeds the minimum requirement to take and report forty (40) hours of continuing education according to the following:

- (1) Participate in a minimum of thirty-four (34) hours of any combination of:
 - (A) lectures;
 - (B) critiques;
 - (C) skills proficiency examinations;
 - (D) continuing education courses; or
 - (E) teaching sessions;

that review subject matter presented in the Indiana basic emergency medical technician curriculum.

- (2) Participate in a minimum of six (6) hours of audit and review.
- (3) Participate in any update course as required by the commission.
- (4) Successfully complete a proficiency evaluation that tests the skills presented in the Indiana basic emergency medical technician curriculum.

(f) If a properly completed renewal application is submitted within one hundred twenty (120) calendar days after the expiration of the certification, together with the required documentation to show that the applicant has completed all required continuing education within the two (2) years prior to the expiration of the certification, and a fifty dollar (\$50) reapplication fee, the certification will be reinstated on the date that the commission staff determines that the required application, documentation, and reapplication fee have been properly submitted. The expiration date will be two (2) years from the expiration of the previous, expired certification.

(g) Notwithstanding any other provisions of this article, a person also certified as an emergency medical technician-basic advanced, emergency medical technician-intermediate, advanced emergency medical technician, or paramedic under IC 16-31 may substitute the required continuing education credits for those of subsection (e).

(h) An individual who fails to comply with the continuing education requirements described in this article shall not exercise any of the rights and privileges of an emergency medical technician and shall cease from providing the services authorized by an emergency medical technician certification as of the date of expiration of the current certificate.

(i) An individual wanting to reacquire a certification shall:

- (1) complete an emergency medical technician recertification training course as approved by the commission; and
- (2) successfully complete the state written and practical skills examinations as set forth and approved by the commission.

If the individual fails either certification examination, the person must retake an Indiana basic emergency medical technician training course.

SECTION 33. (a) This SECTION supersedes 836 IAC 4-6.1-1.

(b) All institutions administering or seeking to administer training programs for advanced emergency medical technicians who engage in the provision of advanced life support services are required to be certified by the commission.

(c) An institution certified by the commission to conduct training programs for advanced emergency medical technicians must:

- (1) be a training institution certified under 836 IAC 4-2, SECTION 24 and SECTION 25 of this document [SECTIONS 24 and 25 of this document]; and
- (2) operate according to the procedures described in 836 IAC 4-2, SECTION 24 and SECTION 25 of this document [SECTIONS 24 and 25 of this document].

(d) The minimum curriculum requirements for advanced emergency medical technician training shall be the Indiana advanced emergency medical technician training curriculum based upon the current national curriculum as amended and approved by the commission.

(e) The program director shall be a physician, a registered nurse, a paramedic, or an advanced emergency medical technician responsible for the duties of 836 IAC 4-2, SECTION 24 and SECTION 25 of this document [SECTIONS 24 and 25 of this document].

SECTION 34. (a) This SECTION supersedes 836 IAC 4-7-1.

(b) Emergency medical technician-basic advanced training shall not be provided after June 30, 2012.

SECTION 35. (a) This SECTION supersedes 836 IAC 4-7-2.

(b) Emergency medical technicians-basic advanced are prohibited from having in their possession, or maintained on board emergency response vehicles, any equipment or supplies that have not been approved by the emergency medical technician-basic advanced provider organization medical director.

(c) Emergency medical technicians-basic advanced shall comply with the following:

- (1) An emergency medical technician-basic advanced shall not perform a procedure for which the emergency medical technician-basic advanced has not been specifically trained:
 - (A) in the Indiana emergency medical technician basic and the Indiana emergency medical technician-basic advanced curriculums; or
 - (B) that have not been approved by the commission as being within the scope and responsibility of the emergency medical technician-basic advanced.
- (2) An emergency medical technician-basic advanced shall not act negligently, recklessly, or in such a manner that endangers the health or safety of emergency patients or the members of the general public.
- (3) An emergency medical technician-basic advanced shall comply with the state and federal laws governing the confidentiality of patient medical information.
- (4) An emergency medical technician-basic advanced shall not delegate to a less qualified individual any skill that requires an emergency medical technician-basic advanced.
- (5) An emergency medical technician-basic advanced shall comply with the protocols established by the commission, the provider organization, and the provider organization's medical director.

SECTION 36. (a) This SECTION supersedes 836 IAC 4-7-3.

(b) Certification as an emergency medical technician-basic advanced shall be valid for two (2) years or through June 30, 2014, whichever is earlier.

(c) Emergency medical technicians-basic advanced are authorized to perform manual or automated defibrillation, rhythm interpretation, and intravenous line placement. These procedures may only be performed when affiliated with a certified emergency medical technician-basic advanced provider organization and while operating under written protocols or the direct supervision of a physician of the supervising hospital or an individual authorized in writing by the medical staff to act in the behalf of a

physician of the approved supervising hospital. Emergency medical technicians-basic advanced are prohibited from performing any advanced life support procedure other than manual or automated defibrillation, rhythm interpretation, and intravenous line placement as prescribed in the Indiana emergency medical technician-basic advanced course, with or without physician direction, for which certification by the commission has not been granted.

(d) Individuals who have failed to comply with the continuing education requirements shall not exercise any of the rights and privileges of an emergency medical technician-basic advanced or administer advanced life support to any emergency patient.

SECTION 37. This SECTION supersedes 836 IAC 4-7-3.5.

(b) To renew a certification up to June 30, 2014, a certified emergency medical technician-basic advanced shall submit a report of continuing education every two (2) years that meets or exceeds the minimum requirements to take and report fifty-six (56) hours of continuing education according to the following:

(1) Participate in a minimum of thirty-four (34) hours of any combination of:

- (A) lectures;
- (B) critiques;
- (C) skills proficiency examinations;
- (D) continuing education courses; or
- (E) teaching sessions;

that review subject matter presented in the Indiana basic emergency medical technician curriculum.

(2) Participate in a minimum of ten (10) hours of any combination of:

- (A) lectures;
- (B) critiques;
- (C) skills proficiency examinations; or
- (D) teaching sessions;

that review subject matter presented in the Indiana emergency medical technician-basic advanced curriculum.

(3) Participate in a minimum of twelve (12) hours of audit and review.

(4) Participate in any update course as prescribed by the commission.

(5) Successfully complete a proficiency evaluation that tests the skills presented in the Indiana basic emergency medical technician curriculum and the Indiana emergency medical technician-basic advanced curriculum.

(c) If a properly completed renewal application is submitted within one hundred twenty (120) calendar days after the expiration of the certification, together with the required documentation to show that the applicant has completed all required continuing education within the two (2) years prior to the expiration of the certification, and a fifty dollar (\$50) reapplication fee, the certification will be reinstated on the date that the commission staff determines that the required application, documentation, and reapplication fee have been properly submitted. The expiration date will be two (2) years from the expiration of the previous, expired certification or June 30, 2014, whichever is earlier.

SECTION 38. (a) This SECTION supersedes 836 IAC 4-7-4.

(b) Emergency medical technician-basic advanced certification based upon reciprocity is not permitted after June 30, 2012.

SECTION 39. (a) This SECTION supersedes 836 IAC 4-7.1-1.

(b) Emergency medical technician-intermediate training shall not be provided after June 30, 2012.

SECTION 40. (a) This SECTION supersedes 836 IAC 4-7.1-2.

(b) A registered nurse may not challenge the emergency medical technician-intermediate course after June 30, 2012.

SECTION 41. (a) This SECTION supersedes 836 IAC 4-7.1-2.5.

(b) An emergency medical technician-intermediate may not request inactive emergency medical

technician-intermediate status after June 30, 2012.

SECTION 42. (a) This SECTION supersedes 836 IAC 4-7.1-3.

(b) Emergency medical technician-intermediates 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 in writing by the emergency medical technician-intermediate provider organization medical director.

(c) Emergency medical technician-intermediates shall:

(1) not perform a procedure for which the emergency medical technician-intermediate has not been specifically trained:

(A) in the Indiana emergency medical technician basic and the Indiana emergency medical technician-intermediate curriculums; or

(B) that have not been approved by the commission as being within the scope and responsibility of the emergency medical technician-intermediate;

(2) not act negligently, recklessly, or in such a manner that endangers the health or safety of emergency patients or the members of the general public;

(3) comply with the state and federal laws governing the confidentiality of patient medical information;

(4) not delegate to a less qualified individual any skill that requires an emergency medical technician-intermediate; and

(5) comply with the protocols established by the:

(A) commission;

(B) provider organization; and

(C) provider organization's medical director.

SECTION 43. (a) This SECTION supersedes 836 IAC 4-7.1-4.

(b) Certification as an emergency medical technician-intermediate shall be valid for two (2) years or through June 30, 2014, whichever is earlier.

(c) Individuals who have failed to comply with the continuing education requirements shall not exercise any of the rights and privileges nor administer advanced life support services to emergency patients.

(d) If a properly completed renewal application is submitted within one hundred twenty (120) calendar days after the expiration of the certification, together with the required documentation to show that the applicant has completed all required continuing education within the two (2) years prior to the expiration of the certification, and a fifty dollar (\$50) reapplication fee, the certification will be reinstated on the date that the commission staff determines that the required application, documentation, and reapplication fee have been properly submitted. The expiration date will be two (2) years from the expiration of the previous, expired certification or June 30, 2014, whichever is earlier.

SECTION 44. (a) This SECTION supersedes 836 IAC 4-7.1-5.

(b) To renew a certification, a certified emergency medical technician-intermediate shall submit a report of continuing education every two (2) years that meets or exceeds the minimum requirements in subsection (c).

(c) An applicant shall report a minimum of seventy-two (72) hours of continuing education consisting of the following:

(1) Section 1a, completion of an emergency medical technician-intermediate refresher course based on federal DOT-approved curriculum consisting of a minimum of thirty-six (36) hours, which refresher course may be completed through a supervising hospital-approved continuing education course consisting of the following:

(A) Twelve (12) hours in airway, breathing, and cardiology.

(B) Six (6) hours in medical emergencies.

(C) Five (5) hours in trauma.

(D) Twelve (12) hours in obstetrics and pediatrics.

(E) One (1) hour in operations.

- (2) Section Ib, attach a current copy of advanced cardiac life support certification. The certification expiration date shall be concurrent with the emergency medical technician-intermediate certification expiration date.
- (3) Section Ic, attach a current copy of cardiopulmonary resuscitation for the professional rescuer certification. The certification expiration date shall be concurrent with the emergency medical technician-intermediate certification expiration date.
- (4) Section II, participate in a minimum of twelve (12) hours audit and review.
- (5) Section III, participate in twenty-four (24) hours of additional emergency medical services-related continuing education. Additional hours may include participation in any update course as required by the commission.
- (6) Section IV, skill maintenance (with no specified hour requirement). All skills shall be directly observed by the emergency medical service medical director or emergency medical service educational staff of the supervising hospital, either at an in-service or in an actual clinical setting. The observed skills include, but are not limited to, the following:
 - (A) Patient assessment and management; medical and trauma.
 - (B) Ventilatory management skills/knowledge.
 - (C) Cardiac arrest management.
 - (D) Bandaging and splinting.
 - (E) Medication administration, intravenous therapy, intravenous bolus, and intraosseous therapy.
 - (F) Spinal immobilization; seated and lying patients.
 - (G) Obstetrics and gynecological scenarios.
 - (H) Communications documentation.

SECTION 45. (a) This SECTION supersedes 836 4-7.1-6 [836 IAC 4-7.1-6].

(b) Emergency medical technician-intermediate certification based upon reciprocity is not permitted after June 30, 2012.

SECTION 46. (a) This SECTION, SECTION 47, SECTION 48, SECTION 49, SECTION 50, SECTION 51 and SECTION 52 [This SECTION and SECTIONS 47 through 52 of this document] establish training and certification requirements for advanced emergency medical technicians.

(b) An applicant for Indiana advanced emergency medical technician training shall meet the following requirements:

- (1) Hold a valid certificate as an emergency medical technician.
- (2) Be at a minimum of eighteen (18) years of age.
- (3) Have a high school diploma or general education diploma.

(c) Individuals who have successfully completed an Indiana basic emergency medical technician course or are accepted for basic reciprocity and have taken the Indiana basic written and practical certification examinations may hold a provisional spot in an advanced emergency medical technician course.

SECTION 47. (a) A registered nurse may challenge the advanced emergency medical technician course if he or she meets the following requirements:

- (1) Be a registered nurse in Indiana.
- (2) Be an Indiana certified emergency medical technician.
- (3) Be able to document one (1) year of experience in an emergency department or as a flight nurse with an air ambulance service.
- (4) Hold an advanced cardiac life support certification.
- (5) Hold either an American Heart Association or American Red Cross health care provider card or equivalent.
- (6) Be able to meet prerequisites required by the commission, the advanced emergency medical technician curriculum, and the local training institution course.

(b) For successful completion of the advanced emergency medical technician training course, a registered nurse must meet all of the requirements set forth by the training institution for all students or meet the prerequisites as described in subsection (a) and the following:

- (1) May earn credit by written examination for individual modules of the advanced emergency medical technician course.
- (2) Test out of a module to be completed prior to the beginning of that module by completing:

- (A) the written examination with a passing score; and
- (B) the practical skills examination with a passing score.

Failure of any module exam will require the students to participate in the entire module.

- (3) Successfully complete the advanced emergency medical technician program comprehensive final examination.
- (4) Demonstrate skill proficiency by completing the advanced emergency medical technician level skills with course proficiency.
- (5) May earn credit of clinical hours by review of the student's past experience in the clinical areas.
- (6) Complete all field internship and required hospital clinical hours.
- (7) Pass the advanced emergency medical technician written and practical skills examinations as approved by the commission.
- (8) Meet general certification requirements in SECTION 49 of this document.

SECTION 48. (a) An advanced emergency medical technician requesting inactive advanced emergency medical technician status shall be:

- (1) currently certified in Indiana as an advanced emergency medical technician; and
- (2) an individual who has previously recertified as an advanced emergency medical technician in Indiana at least one (1) time.

The individual's certification must be in good standing with the commission at the time inactive status is applied for and granted. Applicants for inactive status do not have to be affiliated with an emergency medical technician-intermediate provider organization at the time the inactive status is applied for or granted. Applicants requesting inactive status shall submit a request in writing to the commission.

(b) If an advanced emergency medical technician wants to keep an active emergency medical technician certification, the advanced emergency medical technician shall meet the requirements set forth in 836 IAC 4-4 and SECTION 32 of this document.

(c) An advanced emergency medical technician on inactive status shall collect and report continuing education requirements listed in SECTION 51 of this document, during the inactive period, and the continuing education hours shall be reported to the commission prior to the expiration date of the certificate.

(d) An advanced emergency medical technician with an inactive status wishing to return to active status must meet the following requirements:

- (1) Comply with subsection (c) during inactive status.
- (2) Submit a fully completed application for advanced life support.

(e) Upon completion of the requirements listed in subsection (d), the advanced emergency medical technician certification shall become active.

SECTION 49. (a) An applicant for certification as an advanced emergency medical technician, who currently is not certified as an emergency medical technician-basic advanced, shall meet the following requirements:

- (1) Be a certified emergency medical technician.
- (2) Be affiliated with a certified emergency medical technician-intermediate provider organization or a supervising hospital.
- (3) Successfully complete the Indiana advanced emergency medical technician training course as approved by the commission and administered by an Indiana certified training institution.
- (4) Pass the advanced emergency medical technician written and practical skills examinations as approved by the commission.

(b) An applicant for certification as an advanced emergency medical technician who currently is certified as an emergency medical technician-basic advanced shall meet the following requirements:

- (1) Successfully complete a bridge training course approved by the commission.
- (2) Pass the advanced emergency medical technician written and practical skills examinations as approved by the commission.

(c) The applicant shall do the following:

- (1) Apply for certification on forms provided by the agency postmarked within one (1) year of the date of successful completion of the required certification examinations.
- (2) Submit verification of all affiliated provider organizations and supervising hospitals.

(d) Certification exemptions identified under SECTION 3 of this document apply to the certification of advanced emergency medical technicians.

(e) 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 in writing by the emergency medical technician-intermediate provider organization medical director.

(f) Advanced emergency medical technicians shall:

(1) not perform a procedure for which the advanced emergency medical technician has not been specifically trained:

(A) in the Indiana emergency medical technician basic and the Indiana advanced emergency medical technician curriculums; or

(B) that has not been approved by the commission as being within the scope and responsibility of the advanced emergency medical technician;

(2) not act negligently, recklessly, or in such a manner that endangers the health or safety of emergency patients or the members of the general public;

(3) comply with the state and federal laws governing the confidentiality of patient medical information;

(4) not delegate to a less qualified individual any skill that requires an advanced emergency medical technician; and

(5) comply with the protocols established by the:

(A) commission;

(B) provider organization; and

(C) provider organization's medical director.

SECTION 50. (a) Application for certification as an advanced emergency medical technician shall be made on forms provided by the agency. An applicant shall:

(1) complete the required forms; and

(2) submit the forms to the agency.

(b) All applicants for original certification shall provide evidence of compliance with the requirements for certification.

(c) Certification as an advanced emergency medical technician shall be valid for two (2) years.

(d) Individuals who have failed to comply with the continuing education requirements shall not exercise any of the rights and privileges nor administer advanced life support services to emergency patients.

(e) If a properly completed renewal application is submitted within one hundred twenty (120) calendar days after the expiration of the certification, together with the required documentation to show that the applicant has completed all required continuing education within the two (2) years prior to the expiration of the certification, and a fifty dollar (\$50) reapplication fee, the certification will be reinstated on the date that the commission staff determines that the required application, documentation, and reapplication fee have been properly submitted. The expiration date will be two (2) years from the expiration of the previous, expired certification.

(f) An individual wanting to reacquire a certification shall complete an advanced emergency medical technician recertification training course and successful completion of state written and practical skills examinations as set forth and approved by the commission. If the individual fails the certification examinations, the person shall retake an entire advanced emergency medical technician training course.

SECTION 51. (a) To renew a certification, a certified advanced emergency medical technician shall submit a report of continuing education every two (2) years that meets or exceeds the minimum requirements to take and report fifty-six (56) hours of continuing education according to the following:

(1) Participate in a minimum of thirty-four (34) hours of any combination of:

(A) lectures;

(B) critiques;

(C) skills proficiency examinations;

- (D) continuing education courses; or
 - (E) teaching sessions;
- that review subject matter presented in the Indiana basic emergency medical technician curriculum.
- (2) Participate in a minimum of ten (10) hours of any combination of:
- (A) lectures;
 - (B) critiques;
 - (C) skills proficiency examinations; or
 - (D) teaching sessions;
- that review subject matter presented in the Indiana emergency medical technician-basic advanced curriculum.
- (3) Participate in a minimum of twelve (12) hours of audit and review.
- (4) Participate in any update course as prescribed by the commission.
- (5) Successfully complete a proficiency evaluation that tests the skills presented in the Indiana basic emergency medical technician curriculum and the Indiana advanced emergency medical technician curriculum.

(c) If a properly completed renewal application is submitted within one hundred twenty (120) calendar days after the expiration of the certification, together with the required documentation to show that the applicant has completed all required continuing education within the two (2) years prior to the expiration of the certification, and a fifty dollar (\$50) reapplication fee, the certification will be reinstated on the date that the commission staff determines that the required application, documentation, and reapplication fee have been properly submitted. The expiration date will be two (2) years from the expiration of the previous, expired certification.

SECTION 52. (a) To obtain advanced emergency medical technician certification based upon reciprocity, an applicant shall be affiliated with a certified emergency medical technician-intermediate provider organization and be a person who, at the time of applying for reciprocity, meets one (1) of the following requirements:

- (1) Possesses a valid certificate or license as an advanced emergency medical technician from another state and who successfully passes the advanced emergency medical technician practical and written certification examinations as set forth and approved by the commission. Application for certification shall be postmarked or delivered to the agency office within six (6) months after the request for reciprocity.
- (2) Has successfully completed a course of training and study equivalent to the material contained in the Indiana advanced emergency medical technician training course and successfully completes the written and practical skills certification examinations prescribed by the commission.
- (3) Possesses a valid National Registry certification based on the advanced emergency medical technician curriculum approved by the commission.

(b) Notwithstanding subsection (a), any nonresident of Indiana who possesses a certificate or license as an advanced emergency medical technician that is valid in another state may apply to the director for temporary certification as an advanced emergency medical technician. Upon receipt of a valid application and verification of valid status by the agency, the agency may issue temporary certification that shall be valid for:

- (1) the duration of the applicant's current certificate or license; or
- (2) a period not to exceed six (6) months from the date that the reciprocity request is approved by the agency;

whichever period of time is shorter. A person receiving temporary certification may apply for full certification using the procedure required in SECTION 49 of this document.

SECTION 53. (a) This SECTION supersedes 836 IAC 4-9-2.

(b) A registered nurse can challenge the paramedic course if they meet the following:

- (1) Be a registered nurse in Indiana.
- (2) Be an Indiana certified emergency medical technician.
- (3) Be able to document one (1) year of experience in an emergency department or as a flight nurse with an air ambulance service.
- (4) Hold an advanced cardiac life support certification.
- (5) Hold either an American Heart Association or American Red Cross Health care provider card or equivalent.
- (6) Be able to meet prerequisites required by the commission, the emergency medical technician

paramedic curriculum, and the local training institution course.

(c) For successful completion of the paramedic training course, a registered nurse must meet all of the requirements set forth by the training institution for all students or meet the prerequisites as described in subsection (a) and the following:

- (1) May earn credit by written examination for individual modules of the paramedic course.
- (2) Test out of a module to be completed prior to the beginning of that module by completing:
 - (A) the written examination with a passing score; and
 - (B) the practical skills examination with a passing score.

Failure of any module exam will require the students to participate in the entire module.

- (3) Successfully complete the paramedic program comprehensive final examination.
- (4) Demonstrate skill proficiency by completing the paramedic level skills with course proficiency.
- (5) May earn credit of clinical hours by review of the student's past experience in the clinical areas.
- (6) Complete all field internship and required hospital clinical hours.
- (7) Pass the paramedic written and practical skills examinations as approved by the commission.
- (8) Meet general licensure requirements in SECTION 55 of this document.

SECTION 54. (a) This SECTION supersedes 836 IAC 4-9-2.5.

(b) A paramedic requesting inactive paramedic status shall be currently licensed in Indiana as a paramedic and be an individual who has previously relicensed as a paramedic in Indiana at least one (1) time. The individual's license must be in good standing with the commission at the time inactive status is granted. Applicants for inactive status do not have to be affiliated with a paramedic provider organization. Applicants wanting inactive status shall submit a request in writing to the commission.

(c) If a paramedic wants to keep an active emergency medical technician certification, the paramedic shall meet the requirements set forth in 836 IAC 4-4.

(d) Paramedics on inactive status must collect the following continuing education hours during the inactive period, and the continuing education hours must be reported to the commission prior to the expiration date of the certificate:

- (1) Collect and report continuing education requirements listed in SECTION 55 of this document.
- (2) Collect and report twelve (12) additional continuing education hours.

(e) Paramedics with an inactive status wishing to return to active status must meet the following requirements:

- (1) Comply with subsection (b) during inactive status.
- (2) Be affiliated with an Indiana certified paramedic provider organization or an Indiana certified paramedic supervising hospital by submitting a signed application for advanced life support.
- (3) Submit in writing a verified statement attesting to the applicant's competency in skills listed in SECTION 57 of this document signed by the paramedic provider medical director.

Upon completion of these requirements, the paramedic license will become active.

SECTION 55. (a) This SECTION supersedes 836 IAC 4-9-3.

(b) An applicant for licensure as a paramedic shall meet the following requirements:

- (1) Be a certified emergency medical technician.
- (2) Be affiliated with a certified paramedic provider organization or a supervising hospital.
- (3) Successfully complete the Indiana paramedic training course as approved by the commission and administered by an Indiana certified training institution.
- (4) Pass the paramedic written and practical skills examinations as approved by the commission.

(c) The applicant shall do the following:

- (1) Apply for licensure on forms provided by the agency postmarked within one (1) year of the date of successful completion of the required licensure examinations.
- (2) Submit verification of all affiliated provider organizations and supervising hospitals.

(d) Licensure exemptions identified under SECTION 3 of this document apply to the licensure of paramedics.

(e) Paramedics 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 in writing by the paramedic provider organization medical director.

(f) Paramedics shall:

(1) not perform a procedure for which the emergency medical technician paramedic has not been specifically trained:

(A) in the Indiana emergency medical technician basic and the Indiana emergency medical technician paramedic curriculums; or

(B) that have not been approved by the commission as being within the scope and responsibility of the emergency medical technician paramedic;

(2) not act negligently, recklessly, or in such a manner that endangers the health or safety of emergency patients or the members of the general public;

(3) comply with the state and federal laws governing the confidentiality of patient medical information;

(4) not delegate to a less qualified individual any skill that requires a paramedic; and

(5) comply with the protocols established by the:

(A) commission;

(B) provider organization; and

(C) provider organization's medical director.

SECTION 56. (a) This SECTION supersedes 836 IAC 4-9-4.

(b) Application for licensure as a paramedic shall be made on forms provided by the agency. An applicant shall:

(1) complete the required forms; and

(2) submit the forms to the agency.

(c) All applicants for original licensure shall provide evidence of compliance with the requirements for licensure.

(d) Licensure as a paramedic shall be valid for two (2) years.

(e) Individuals who have failed to comply with the continuing education requirements shall not exercise any of the rights and privileges nor administer advanced life support services to emergency patients.

(f) If a properly completed renewal application is submitted within one hundred twenty (120) calendar days after the expiration of the license, together with the required documentation to show that the applicant has completed all required continuing education within the two (2) years prior to the expiration of the license, and a fifty dollar (\$50) reapplication fee, the license will be reinstated on the date that the commission staff determines that the required application, documentation, and reapplication fee have been properly submitted. The expiration date will be two (2) years from the expiration of the previous, expired license.

(g) An individual wanting to reacquire a license shall complete a paramedic relicensure training course and successful completion of state written and practical skills examinations as set forth and approved by the commission. If the individual fails the licensure examinations, the person shall retake an entire paramedic training course.

SECTION 57. (a) This SECTION supersedes 836 IAC 4-9-5.

(b) To renew a licensure, a licensed paramedic shall submit a report of continuing education every two (2) years that meets or exceeds the minimum requirements in subsection (c).

(c) An applicant shall report a minimum of seventy-two (72) hours of continuing education consisting of the following:

(1) Section IA, forty-eight (48) hours of continuing education through a formal paramedic refresher course as approved by the commission or forty-eight (48) hours of supervising hospital-approved continuing education that includes the following:

(A) Sixteen (16) hours in airway, breathing, and cardiology.

(B) Eight (8) hours in medical emergencies.

- (C) Six (6) hours in trauma.
 - (D) Sixteen (16) hours in obstetrics and pediatrics.
 - (E) Two (2) hours in operations.
- (2) Section IB, attach a current copy of cardiopulmonary resuscitation certification for the professional rescuer. The certification expiration date shall be concurrent with the paramedic licensure expiration date.
- (3) Section IC, attach a current copy of advanced cardiac life support certification. The certification expiration date shall be concurrent with the paramedic licensure expiration date.
- (4) Section II, twenty-four (24) additional hours of emergency medical services related continuing education; twelve (12) of these hours shall be obtained from audit and review. The participation in any course as approved by the commission may be included in this section.
- (5) Section III, skill maintenance (with no specified hour requirement). All skills shall be directly observed by the emergency medical service medical director or emergency medical service educational staff of the supervising hospital either at an in-service or in an actual clinical setting. The observed skills include, but are not limited to, the following:
- (A) Patient medical assessment and management.
 - (B) Trauma assessment and management.
 - (C) Ventilatory management.
 - (D) Cardiac arrest management.
 - (E) Bandaging and splinting.
 - (F) Medication administration, intravenous therapy, intravenous bolus, and intraosseous therapy.
 - (G) Spinal immobilization.
 - (H) Obstetrics and gynecological scenarios.
 - (I) Communication and documentation.

SECTION 58. (a) This SECTION supersedes 836 IAC 4-9-6.

(b) To obtain paramedic licensure based upon reciprocity, an applicant shall be affiliated with a certified paramedic provider organization and be a person who, at the time of applying for reciprocity, meets one (1) of the following requirements:

- (1) Possesses a valid certificate or license as a paramedic from another state and who successfully passes the paramedic practical and written licensure examinations as set forth and approved by the commission. Application for licensure shall be postmarked or delivered to the agency office within six (6) months after the request for reciprocity.
- (2) Has successfully completed a course of training and study equivalent to the material contained in the Indiana paramedic training course and successfully completes the written and practical skills licensure examinations prescribed by the commission.
- (3) Possesses a valid National Registry paramedic certification.

(c) Notwithstanding subsection (b), any nonresident of Indiana who possesses a certificate or license as a paramedic that is valid in another state, upon residing at an Indiana address, may apply to the agency for temporary licensure as a paramedic. Upon receipt of a valid application and verification of valid status by the agency, the agency may issue temporary licensure that shall be valid for:

- (1) the duration of the applicant's current certificate or license; or
- (2) a period not to exceed six (6) months from the date that the reciprocity request is approved by the director;

whichever period of time is shorter. A person receiving temporary licensure may apply for full licensure using the procedure required in 836 IAC 4-9-1.

SECTION 59. An emergency medical technician-basic advanced who has not received certification as an advanced emergency medical technician on or before June 30, 2014, shall be deemed certified as an emergency medical technician on and after July 1, 2014.

SECTION 60. An emergency medical technician-intermediate who has not received licensure as a paramedic on or before June 30, 2014, shall be deemed certified as an advanced emergency medical technician on and after July 1, 2014.

SECTION 61. A first responder who is currently certified as a first responder on June 30, 2012, shall be deemed to be certified as an emergency medical responder from July 1, 2012, until the expiration date of their first responder certification.

SECTION 62. A first responder who applies for recertification on or after July 1, 2012, and has complied with the continuing education requirements that applied to first responders prior to July 1, 2012, or the continuing education requirements that apply to emergency medical responders on or after July 1, 2012, shall be recertified as an emergency medical responder.

SECTION 63. A paramedic who is currently certified on June 30, 2012, shall be deemed to be licensed as a paramedic from July 1, 2012, until the expiration date of their paramedic certification.

LSA Document #12-393(E)

Filed with Publisher: June 27, 2012, 8:15 a.m.

Posted: 07/11/2012 by Legislative Services Agency

An [html](#) version of this document.

Attachment

#2

To Whom It May Concern:

Please consider this letter as the formal request to be placed on the EMS Commission meeting agenda for May 18th, 2012, to discuss the approval of our AEMT Full Course.

As the Primary Instructor for Vincennes University, I would like to formally submit a letter of intent to offer the pilot program for the Advanced Emergency Medical Technician. This course would be based on the new curriculum set forth by the NES and Indiana EMS Commission curriculum. The curriculum will follow the current GAP analysis presented by the NES from EMT to AEMT. I have attached a copy of these documents for your review.

The course would be taught by myself and other seasoned instructors which are trained at the Paramedic level. The program would be sponsored by Vincennes University, which is currently certified by Indiana as an ALS Certified Training Institution. Every student, prior to enrollment, will be currently affiliated with and Advanced EMT or higher provider.

Vincennes University currently holds several contracts with hospital sites and ambulance services where students will be allowed to go to complete the required patient contacts. These contracts include Critical Care Units, which will allow a better diversity to the student's education. Our site is also equipped to handle several students of varying backgrounds and class sizes. Following all requirements being met the student will be eligible for certification testing through the National Registry.

Southern Indiana is inundated with Emergency Medical Technicians-Basic Advanced personnel. There is a strong need and support to hold a course in this area where several services rely on the skills of the EMT-BA. Improving the education of these individuals I believe should be a top priority. We are also looking to hopefully provide a crossover course in the fall for those who are currently certified at the EMT-BA level.

If any further information is need please feel free to contact me.

Sincerely,

Elizabeth Westfall

Elizabeth Westfall EMT-P, PI
EMS Program Coordinator
Vincennes University
812-888-6837 812-890-5872
ewestfall@vinu.edu

| <u>Session</u> | <u>Date</u> | <u>Topic</u> | <u>Time</u> | <u>Location</u> | <u>Instructor</u> |
|----------------|-------------|------------------------------------------------------------------------------------------------------|-------------|------------------------|-------------------------------------------|
| 1 | 6/4/12 | Foundations of the Advanced EMT Medical, Legal, and Ethical Issues | 1700-2200 | Homeland Security Bldg | E. Westfall E. Westfall |
| 2 | 6/5/12 | Life Span Development Communications Documentation | 1700-2200 | Homeland Security Bldg | E. Westfall E. Westfall E. Westfall |
| 3 | 6/6/12 | Overview of the Human Anatomy | 1700-2200 | Homeland Security Bldg | E. Westfall |
| 4 | 6/11/12 | Emergency Pharmacology | 1700-2200 | Homeland Security Bldg | E. Westfall |
| 5 | 6/12/12 | Venous Access and Medication Administration | 1700-2200 | Homeland Security Bldg | E. Westfall |
| 6 | 6/13/12 | Clinical Decision Making History Taking/Physical Examination Airway Management and Ventilation | 1700-2200 | Homeland Security Bldg | E. Westfall E. Westfall E. Westfall |
| 7 | 6/18/12 | Shock Respiratory Emergencies | 1700-2200 | Homeland Security Bldg | E. Westfall E. Westfall |
| 8 | 6/19/12 | Cardiovascular Emergencies Neurologic Emergencies | 1700-2200 | Homeland Security Bldg | E. Westfall E. Westfall |
| 9 | 6/20/12 | Non-Traumatic Abdominal Emergencies Diabetic and Hematologic Emergencies | 1700-2200 | Homeland Security Bldg | E. Westfall E. Westfall |
| 10 | 6/25/12 | Allergic Reactions Poisoning/Overdose Emergencies | 1700-2200 | Homeland Security Bldg | E. Westfall E. Westfall |
| 11 | 6/26/12 | Psychiatric Emergencies Gynecologic Emergencies | 1700-2200 | Homeland Security Bldg | E. Westfall E. Westfall |
| 12 | 6/27/12 | Assessment Based Management Trauma Systems and Mechanism of Injury | 1700-2200 | Homeland Security Bldg | E. Westfall E. Westfall |
| 13 | 7/2/12 | Hemorrhage Soft-Tissue Injuries/Burns | 1700-2200 | Homeland Security Bldg | E. Westfall E. Westfall |
| 14 | 7/3/12 | Face and Neck Injuries Head and Spine Injuries | 1700-2200 | Homeland Security Bldg | E. Westfall E. Westfall |
| 15 | 7/4/12 | 4th of July- No Class | | | |
| 15 | 7/9/12 | Thoracic Trauma Abdominal and Genitourinary Injuries | 1700-2200 | Homeland Security Bldg | E. Westfall E. Westfall |
| 16 | 7/10/12 | Orthopaedic Injuries Environmental Emergencies | 1700-2200 | Homeland Security Bldg | E. Westfall E. Westfall |

| | | | | | |
|----|---------|----------------------------------------------------------------|-----------|------------------------|----------------------------|
| 17 | 7/11/12 | Trauma Practical Laboratory Obstetrics and Neonatal Care | 1700-2200 | Homeland Security Bldg | E. Westfall E. Westfall |
| 18 | 7/16/12 | Pediatrics Geriatrics | 1700-2200 | Homeland Security Bldg | E. Westfall E. Westfall |
| 19 | 7/17/12 | Autism/Patients with Special Challenges Hazardous Materials | 1700-2200 | Homeland Security Bldg | E. Westfall E. King |
| 20 | 7/18/12 | Incident Management EMS Response to Terrorism | 1700-2200 | Homeland Security Bldg | J. Streeter J. Streeter |
| 21 | 7/23/12 | Final Exam | 1700 | Homeland Security Bldg | E. Westfall |

Textbook: Advanced Emergency Care and Transportaion of the sick & injured
ISBN-13: 9781449600815

Hospital Hours: ER 20/ CCU 10
Field Internship: Ambulance 20
Ten patient contacts at least one ALS skill minimum

| Topic | EMT | -> AEMT | New material to be taught |
|-------------------------------|-------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PREPARATORY | | | |
| EMS Systems | Simple depth, foundational breadth | fundamental depth, foundational breadth | QI/ pt safety |
| Research | | NC | |
| Workforce Safety and Wellness | | NC | |
| Documentation | fundamental depth, foundational breadth | Complex depth, foundational breadth | medical documentation and report writing |
| EMS Systems Communication | Simple depth, simple breadth | fundamental depth, foundational breadth | EMS Communication systems, communications with other health care professionals, team communications and dynamics |
| Therapeutic Communications | Simple depth, simple breadth | Simple depth, simple breadth | Dealing with difficult patients |
| Medical/Legal and Ethics | | NC | |
| ANATOMY AND PHYSIOLOGY | applies fundamental knowledge of the anatomy and function of all human systems to the practice of EMS | Integrates complex knowledge of the anatomy and physiology of the airway, respiratory and circulatory systems to the practice of EMS | |
| MEDICAL TERMINOLOGY | | NC | |
| PATHOPHYSIOLOGY | Applies fundamental knowledge of the respiration and perfusion to patient assessment and management | Applies comprehensive knowledge of the pathophysiology of respiration and perfusion to the patient assessment and management | |
| LIFE SPAN DEVELOPMENT | | NC | |
| PUBLIC HEALTH | Uses simple knowledge of the principles of illness and injury prevention in emergency care | Uses simple knowledge of the principles of the role of EMS during public health emergencies | |
| PHARMACOLOGY | | | |
| Principles | Simple depth, simple breadth (medication safety, kinds of medications used during an emergency) | Fundamental depth, foundational breadth | Medication safety, Medication legislation, Naming, Classifications, Storage and security, autonomic pharmacology, metabolism and excretion. Mechanism of action medication response relationships, medication interactions, toxicity |
| Medication Administration | Assist/administer medications to a patient within the EMT scope | Fundamental depth, foundational breadth | Routes of administration, medication administration within AEMT scope |
| Emergency Medications | Fundamental depth, simple breadth | Fundamental depth, foundational breadth | Within AEMT scope: Names, actions, indications, contraindications, complications, routes of administration, side effects, interactions, dosages for the medication administered |
| AIRWAY | | | |
| Airway management | Fundamental depth, foundational breadth within EMT scope | Fundamental depth, foundational breadth within AEMT scope | Airway anatomy, airway assessment, techniques of assuring a patent airway |
| Respiration | Fundamental depth, foundational breadth | Complex depth, comprehensive breadth | Anatomy of respiratory system, physiology, pathophysiology of respiration, (pulmonary ventilation, oxygenation external, internal and cellular respiration) |
| Artificial ventilation | Fundamental depth, foundational breadth | Complex depth, foundational breadth | |

| ASSESSMENT | | | | |
|--------------------------------|-----------------------------------------|-----------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Primary patient assessment | Fundamental depth, simple breadth | Simple depth, simple breadth | | |
| History Taking | | nc | | lung sounds |
| Secondary Assessment | Fundamental depth, foundational breadth | Complex depth, foundational breadth | | glucometer |
| Monitoring Devices | | NC | | |
| Reassessment | | NC | | |
| MEDICINE | | | | |
| Medical overview | Simple depth, foundational breadth | Fundamental depth, foundational breadth | | Pathophysiology, assessment, management |
| Neurology | Fundamental depth, foundational breadth | Complex depth, foundational breadth | | Seizures |
| Abd/GI | | NC | | |
| Immunology | Fundamental depth, foundational breadth | Complex depth, comprehensive breadth | | Anatomy, physiology, pathophysiology, assessment and management of hypersensitivity, allergic rxn, anaphylaxis |
| Infectious Disease | Simple depth, simple breadth | Fundamental depth, foundational breadth | | pt with potential bloodborne pathogen, HIV, Hepatitis B, antibiotic resistant infections, current prevalent infectious disease |
| Endocrine | Fundamental depth, foundational breadth | Complex depth, foundational breadth | | Anatomy, physiology, pathophysiology, assessment and management of acute diabetic emergencies (hypoglycemia, DKA, HHNC) |
| Psychiatric | | NC | | |
| Cardiovascular | Fundamental depth, foundational breadth | Complex depth, foundational breadth | | ACS, angina, AMI |
| | Simple depth, simple breadth | Fundamental depth, simple breadth | | Heart failure, hypertensive emergencies |
| Toxicology | | Fundamental depth, foundational breadth | | Opiate toxicology |
| Respiratory | Fundamental depth, foundational breadth | Complex depth, foundational breadth | | Asthma, obstructive/restrictive disease, pneumonia |
| Hematology | Simple depth, simple breadth | Fundamental depth, foundational breadth | | Anatomy, pathophysiology, management of sickle cell |
| GU/Renal | Simple depth, simple breadth | Fundamental depth, simple breadth | | Anatomy, physiology, pathophysiology, assessment and management of complications related to renal dialysis, kidney stones |
| Gynecology | | NC | | |
| Non-Traumatic Musculoskeletal | | NC | | |
| Disease of EENT | | NC | | |
| SHOCK AND RESUSCITATION | | | | Applies fundamental knowledge to provide basic and selected advanced emergency care and transportation based on the assessment findings for a patient in shock, respiratory failure or arrest, cardiac failure or arrest, and post resuscitation management |

| | | | |
|--------------------------------------|-----------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TRAUMA | | | |
| Trauma Overview | | NC | |
| Bleeding | | Complex depth, comprehensive breadth | Fluid resuscitation |
| Chest trauma | Fundamental depth, simple breadth | Fundamental depth, foundational breadth | Pathophysiology, assessment, management of traumatic aortic disruption, pulmonary contusion, blunt cardiac injury, hemothorax, pneumothorax (open, simple, tension), cardiac tamponade, rib fractures, flail chest, commotio cordis, traumatic asphyxia |
| Abd/GU Trauma | Fundamental depth, simple breadth | Fundamental depth, foundational breadth | Pathophysiology, assessment, management of vascular injury, solid and hollow organ injuries, blunt versus penetrating mechanisms, evisceration, retroperitoneal injuries, injuries to the external genitalia, vaginal bleeding due to trauma, sexual assault |
| Orthopedic Trauma | Fundamental depth, foundational breadth | Complex depth, foundational breadth | pelvic fractures, amputation/replantation |
| Soft Tissue Trauma | | Simple depth, simple breadth | compartment syndrome |
| Head, Facial, Neck and Spinal Trauma | Fundamental depth, foundational breadth | Fundamental depth, simple breadth | Crush syndrome |
| Nervous System Trauma | Fundamental depth, foundational breadth | Complex depth, foundational breadth | Pathophysiology, assessment and management of facial fracture, laryngotracheal injuries |
| Special Considerations in Trauma | Fundamental depth, foundational breadth | Complex depth, foundational breadth | Pathophysiology, assessment and management of traumatic brain injury |
| Environmental | | | |
| Multi-System Trauma | Fundamental depth, foundational breadth | Complex depth, foundational breadth | Pathophysiology, assessment and management of trauma in the pregnant, pediatric geriatric abd cognitively impaired patient populations |
| SPECIAL PATIENT POPULATIONS | | | |
| Obstetrics | | NC | |
| Neonatal Care, Pediatrics | | NC | |
| Geriatrics | Fundamental depth, foundational breadth | Complex depth, foundational breadth | Fluid resuscitation in the elderly |
| Patients with Special Challenges | Simple depth, simple breadth | Fundamental depth, foundational breadth | Healthcare implications of abuse, neglect, homelessness, poverty, bariatric, technology dependent, hospice/terminally ill, tracheostomy care/dysfunction, homecare, sensory deficit, developmental disability |
| EMS OPERATION | | | |
| Ground Vehicle Operations | | NC | |
| Incident Management, HazMat | | NC | |
| Air Medical, Vehicle Extrication | | NC | |
| MCI & Terrorism | | NC | |
| SKILLS | | | |
| | | | Tracheal-bronchial suctioning of an already intubated patient, Establish and maintain peripheral IV, Establish and maintain intraosseous access in the pediatric patient |
| MEDICATIONS | | | |
| | | | Albuterol, Dextrose 50%, glucagon, Epinephrine 1:1000, Nalaxone, NTG (sublingual, paste), nitrous oxide, LR, D5W |



Community Healthcare System

ST. MARY Medical Center

1500 South Lake Park Avenue, Hobart, IN 46342

EMS Training Institute

Office: (219) 947-6874 or (219) 947-6347

Fax: (219)947-6119

To Whom it May Concern:

Please allow this letter to serve as our formal request to be placed on the EMS Commission meeting agenda for May 18th, 2012, to discuss the approval of our EMT-BA to AEMT Bridge Course.

In preparation for this bridge course, I have researched the NES and several textbooks. From the NES I created a gap analysis, and then formed the course schedule around this gap analysis/needs assessment. I feel that the schedule that I have prepared will sufficiently address the new material, as well as review the information that is unchanged, so that our students would be properly prepared to pass the National Registry Advance EMT written exam.

Also attached in this email is the proposed course schedule, the initial course application, and the gap analysis that I performed.

I am more than happy to answer any questions.

Thank you for your efforts and consideration,

Jessica L Lawley, CCEMT-P, PI

EMS Clinical Educator

jllawley@comhs.org

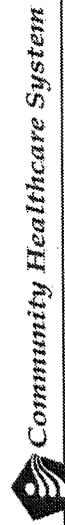
(219)947-6347 (O)

(219) 545-2393 (C)

| Topic | EMT | -> AEMT | New material to be taught |
|-------------------------------|-------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PREPARATORY | | | |
| EMS Systems | Simple depth, foundational breadth | fundamental depth, foundational breadth | QI/ pt safety |
| Research | | NC | |
| Workforce Safety and Wellness | | NC | |
| Documentation | fundamental depth, foundational breadth | Complex depth, foundational breadth | medical documentation and report writing |
| EMS Systems Communication | Simple depth, simple breadth | fundamental depth, foundational breadth | EMS Communication systems, communications with other health care professionals, team communications and dynamics |
| Therapeutic Communications | Simple depth, simple breadth | Simple depth, simple breadth | Dealing with difficult patients |
| Medical/Legal and Ethics | | NC | |
| ANATOMY AND PHYSIOLOGY | applies fundamental knowledge of the anatomy and function of all human systems to the practice of EMS | Integrates complex knowledge of the anatomy and physiology of the airway, respiratory and circulatory systems to the practice of EMS | |
| MEDICAL TERMINOLOGY | | NC | |
| PATHOPHYSIOLOGY | Applies fundamental knowledge of the respiration and perfusion to patient assessment and management | Applies comprehensive knowledge of the pathophysiology of respiration and perfusion to the patient assessment and management | |
| LIFE SPAN DEVELOPMENT | | NC | |
| PUBLIC HEALTH | Uses simple knowledge of the principles of illness and injury prevention in emergency care | Uses simple knowledge of the principles of the role of EMS during public health emergencies | |
| PHARMACOLOGY | | | |
| Principles | Simple depth, simple breadth (medication safety, kinds of medications used during an emergency) | Fundamental depth, foundational breadth | Medication safety, Medication legislation, Naming, Classifications, Storage and security, autonomic pharmacology, metabolism and excretion. Mechanism of action medication response relationships, medication interactions, toxicity |
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| AIRWAY | | | |
| Airway management | Fundamental depth, foundational breadth within EMT scope | Fundamental depth, foundational breadth within AEMT scope | Airway anatomy, airway assessment, techniques of assuring a patent airway |
| Respiration | Fundamental depth, foundational breadth | Complex depth, comprehensive breadth | Anatomy of respiratory system, physiology, pathophysiology of respiration, (pulmonary ventilation, oxygenation external, internal and cellular respiration) |
| Artificial ventilation | Fundamental depth, foundational breadth | Complex depth, foundational breadth | |

| ASSESSMENT | | | | |
|--------------------------------|-----------------------------------------|-----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Primary patient assessment | Fundamental depth, simple breadth | Simple depth, simple breadth | | |
| History Taking | | nc | | |
| Secondary Assessment | Fundamental depth, foundational breadth | Complex depth, foundational breadth | lung sounds glucometer | |
| Monitoring Devices | | NC | | |
| Reassessment | | NC | | |
| MEDICINE | | | | |
| Medical overview | Simple depth, foundational breadth | Fundamental depth, foundational breadth | Pathophysiology, assessment, management | |
| Neurology | Fundamental depth, foundational breadth | Complex depth, foundational breadth | Seizures | |
| Abd/GI | | NC | | |
| Immunology | Fundamental depth, foundational breadth | Complex depth, comprehensive breadth | Anatomy, physiology, pathophysiology, assessment and management of hypersensitivity, allergic rxn, anaphylaxis | |
| Infectious Disease | Simple depth, simple breadth | Fundamental depth, foundational breadth | pt with potential bloodborne pathogen, HIV, Hepatitis B, antibiotic resistant infections, current prevalent infectious disease | |
| Endocrine | Fundamental depth, foundational breadth | Complex depth, foundational breadth | Anatomy, physiology, pathophysiology, assessment and management of acute diabetic emergencies (hypoglycemia, DKA, HHNC) | |
| Psychiatric | | NC | | |
| Cardiovascular | Fundamental depth, foundational breadth | Complex depth, foundational breadth | ACS, angina, AMI | |
| | Simple depth, simple breadth | Fundamental depth, simple breadth | Heart failure, hypertensive emergencies | |
| Toxicology | | Fundamental depth, foundational breadth | Opiate toxicology | |
| Respiratory | Fundamental depth, foundational breadth | Complex depth, foundational breadth | Asthma, obstructive/restrictive disease, pneumonia | |
| Hematology | Simple depth, simple breadth | Fundamental depth, foundational breadth | Anatomy, pathophysiology, management of sickle cell | |
| GU/Renal | Simple depth, simple breadth | Fundamental depth, simple breadth | Anatomy, physiology, pathophysiology, assessment and management of complications related to renal dialysis, kidney stones | |
| Gynecology | | NC | | |
| Non-Traumatic Musculoskeletal | | NC | | |
| Disease of EENT | | NC | | |
| SHOCK AND RESUSCITATION | | | | |
| | | | Applies fundamental knowledge to provide basic and selected advanced emergency care and transportation based on the assessment findings for a patient in shock, respiratory failure or arrest, cardiac failure or arrest, and post resuscitation management | |

| | | | |
|--------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TRAUMA | | | |
| Trauma Overview | | NC | |
| Bleeding | | Complex depth, comprehensive breadth | Fluid resuscitation |
| Chest trauma | Fundamental depth, simple breadth | Fundamental depth, foundational breadth | Pathophysiology, assessment, management of traumatic aortic disruption, pulmonary contusion, blunt cardiac injury, hemothorax, pneumothorax (open, simple, tension), cardiac tamponade, rib fractures, flail chest, commotio cordis, traumatic asphyxia |
| Abd/GU Trauma | Fundamental depth, simple breadth | Fundamental depth, foundational breadth | Pathophysiology, assessment, management of vascular injury, solid and hollow organ injuries, blunt versus penetrating mechanisms, evisceration, retroperitoneal injuries, injuries to the external genitalia, vaginal bleeding due to trauma, sexual assault |
| Orthopedic Trauma | Fundamental depth, foundational breadth | Complex depth, foundational breadth | pelvic fractures, amputation/replantation |
| Soft Tissue Trauma | | Simple depth, simple breadth | compartment syndrome |
| Head, Facial, Neck and Spinal Trauma | Fundamental depth, foundational breadth | Fundamental depth, simple breadth | Crush syndrome |
| Nervous System Trauma | Fundamental depth, foundational breadth | Complex depth, foundational breadth | Pathophysiology, assessment and management of facial fracture, laryngotracheal injuries |
| Special Considerations in Trauma | Fundamental depth, foundational breadth | Complex depth, foundational breadth | Pathophysiology, assessment and management of traumatic brain injury |
| Environmental | Fundamental depth, foundational breadth | Complex depth, foundational breadth | Pathophysiology, assessment and management of trauma in the pregnant, pediatric geriatric abd cognitively impaired patient populations |
| Multi-System Trauma | Fundamental depth, foundational breadth | NC | |
| SPECIAL PATIENT POPULATIONS | | | |
| Obstetrics | | NC | |
| Neonatal Care, Pediatrics | | NC | |
| Geriatrics | Fundamental depth, foundational breadth | Complex depth, foundational breadth | Fluid resuscitation in the elderly |
| Patients with Special Challenges | Simple depth, simple breadth | Fundamental depth, foundational breadth | Healthcare implications of abuse, neglect, homelessness, poverty, bariatric, technology dependent, hospice/terminally ill, tracheostomy care/dysfunction, homecare, sensory deficit, developmental disability |
| EMS OPERATION | | | |
| Ground Vehicle Operations | | NC | |
| Incident Management, HazMat | | NC | |
| Air Medical, Vehicle Extrication | | NC | |
| MCI & Terrorism | | NC | |
| SKILLS | | | |
| | Tracheal-bronchial suctioning of an already intubated patient, Establish and maintain peripheral IV, Establish and maintain intraosseous access in the pediatric patient | | |
| MEDICATIONS | | | |
| | Albuterol, Dextrose 50%, glucagon, Epinephrine 1:1000, Nalaxone, NTG (sublingual, paste), nitrous oxide, LR, D5W | | |



ST. MARY'S Medical Center

1500 S. Lake Park Ave, Hobart, IN 46342

EMS Training Institute
219-947-6347
219-947-6119 (fax)

| Date | Day | Session | Wk | Module 1: Preparatory | Assignment | Time | Location | Hours | Instructor |
|-----------|-----|---------|----|-------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|------------------|------------------------|-------|-----------------|
| 6/19/2012 | Tue | 1 | 1 | Introduction, SMMC Policy & Procedures; Intro to AEMT, EMS Systems, Public Health, and Research, Workplace Safety & Wellness | Student Manual; Brady Ch 1, 2, 3 | 8:00 am- 2:30 pm | EMS Training Classroom | 6 | Lawley, Jessica |
| 6/21/2012 | Th | 2 | | Ethics and Medical/Legal, Ambulance Operations & Response, Therapeutic Communications and Documentation | Ch 4, 5, 6 | 8:00 am- 2:30 pm | EMS Training Classroom | 6 | Lawley, Jessica |

| Date | Day | Session | Wk | Module 2: Anatomy, Physiology, Pathophysiology | Assignment | Time | Location | Hours | Instructor |
|-----------|-----|---------|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|------------------|------------------------|-------|-----------------|
| 6/26/2012 | Tue | 3 | 2 | Exam Module 1; Medical Terminology, Chemical & cellular basis of life, cell membrane, Tissues, Regional anatomy | Review; Ch 7, Ch 8 pg 153-164 | 8:00 am- 4:30 pm | EMS Training Classroom | 8 | Lawley, Jessica |
| 6/28/2012 | Th | 4 | | Systems: skeletal, muscular, integumentary, respiratory anatomy & physiology, cardiac anatomy & physiology, nervous, endocrine, gastrointestinal | ch 8 pg 164-203 | 8:00 am- 4:30 pm | EMS Training Classroom | 8 | Lawley, Jessica |
| 7/3/2012 | Tue | 5 | 3 | Systems: , urinary, reproductive; Life Span Development & Cultural Considerations; Pathophysiology: hypoxic cellular injury, glucose use, acid-base & electrolyte disturbances | Ch 8 pg 203-209; Ch 9 Ch 10 pg 232-248 | 8:00 am- 4:30 pm | EMS Training Classroom | 8 | Lawley, Jessica |

| Date | Day | Session | Wk | Module 3: Pharmacology | Assignment | Time | Location | Hours | Instructor |
|-----------|-----|---------|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|------------------|------------------------|-------|-----------------|
| 7/5/2012 | Th | 6 | | Review; Module 2 Exam Principles of Pharmacology: Profiles, Legislation, Safety and Regulation, Special Considerations, Naming, Classification, Absorption, Distribution, Elimination; Medical Math: Drug dose & drip calculations | Ch 11 pg 264-77 Ch 12 pg 284-95 | 8:00 am- 4:30 pm | EMS Training Classroom | 8 | Lawley, Jessica |
| 7/10/2012 | Tue | 7 | 4 | Autonomic pharmacology, Mechanism of action, Medication response relationships, Medication interactions, Toxicity; Medication Administration: Routes, techniques, Peripheral IV and Pediatric IO access; SKILLS | Handouts, ch 11 pg 277-82 Ch 12 | 8:00 am- 4:30 pm | EMS Training Classroom | 8 | Lawley, Jessica |
| 7/12/2012 | Th | 8 | | Emergency medications for AEMT and their names, actions, indications, contraindications, complications, routes of administration, side effect, interactions, dosages | Ch 13 | 8:00 am- 4:30 pm | EMS Training Classroom | 8 | Lawley, Jessica |

EMTBA - AEMT Bridge

| Date | Day | Session | Wk | Module 4: Assessment & Initial Management | Assignment | Time | Location | Hours | Instructor |
|-----------|-----|---------|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|------------------|------------------------|-------|-----------------|
| 7/17/2012 | Tu | 9 | 5 | Review & Module 3 Exam; Primary pt assessment , Clinical reasoning, Vitals & monitoring devices , History, secondary assessment & reassessment | Ch 14, 15, 18, 19 | 8:00 am- 2:30 pm | EMS Training Classroom | 6 | Lawley, Jessica |
| 7/19/2012 | Th | 10 | | Airway assessment and management, pathophysiology of respiration, Resuscitation: Managing Shock & cardiac arrest | Ch 16, 17 10 pg 248-61 | 8:00 am- 2:30 pm | EMS Training | 6 | Lawley, Jessica |

| Date | Day | Session | Wk | Module 5: Medical | Assignment | Time | Location | Hours | Instructor |
|-----------|-----|---------|----|-----------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------|------------------------|-------|-----------------|
| 7/24/2012 | Tue | 11 | 6 | Review and Module 4 Exam Respiratory disorders and management, cardiovascular disorders and management, Neurology | Ch 20, 21, 22, | 8:00 am- 4:30 pm | EMS Training Classroom | 8 | Lawley, Jessica |
| 7/25/2012 | W | 12 | | Endocrine , Abdominal/Gastrointestinal, Renal, Genitourinary , Gynecology, Hematology, Immunology | Ch 23, 24, 25, 26, 27 | 8:00 am- 4:30 pm | EMS Training | 8 | Lawley, Jessica |
| 7/26/2012 | Th | 13 | | Infectious Disease, Non-Traumatic musculoskeletal disorders, Disorders of EENT, Psychiatric, Toxicology | Ch 28, 29, 30, 31, 32 | 8- 4:30 pm | EMS Training | 8 | Lawley, Jessica |

| Date | Day | Session | Wk | Module 6: Trauma, Shock , and Resuscitation | Assignment | Time | Location | Hours | Instructor |
|-----------|-----|---------|----|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------|------------------------|-------|-----------------|
| 7/31/2012 | Tue | 14 | 7 | Module 5 Exam Trauma systems & overview, MOI & assessment, Soft-tissue injury, Bleeding, Musculoskeletal, Head, brain, face & neck trauma | Ch 33, 34, 35, 36, 37 | 8:00 am- 2:30 pm | EMS Training Classroom | 6 | Lawley, Jessica |
| 8/2/2012 | Th | 15 | | Thoracic, Abdominal/GU trauma, Neuro trauma , Environmental emergencies, special considerations in trauma, multi-system trauma | ch 38, 39, 40, 41, 42 | 8:00 am- 2:30 pm | EMS Training Classroom | 6 | Lawley, Jessica |

| Date | Day | Session | Wk | Module 7: Special Patient Populations & Operations | Assignment | Time | Location | Hours | Instructor |
|-----------|-----|---------|----|-------------------------------------------------------------------------------------------------------------|-------------------|------------------------|------------------------|-------|-----------------|
| 8/6/2012 | M | 16 | 8 | Module 6 Exam; Obstetrics, neonatal care, pediatrics, geriatrics, patients with special challenges | Ch 43, 44, 45, 46 | 8:00 am- 2:30 pm | EMS Training | 6 | Lawley, Jeff |
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| 8/14/2012 | Tu | 18 | 9 | Review and Comprehensive Final Exam | 8:00 am - 12:00 | EMS Training Classroom | EMS Training Classroom | 4 | Bobby & Lawley |

Advanced EMT: A Clinical Reasoning Approach (Brady) textbook & workbook

Total course hours: 124

All students will complete 10 ALS patient contacts and utilize a minimum of at least one new skill.

All classes will be held at the SMMC EMS Training Classroom at 705 East 4th Street, Hobart, IN 46342, Top floor



**APPLICATION FOR EMERGENCY
MEDICAL SERVICES TRAINING COURSE**
State Form 54506 (12-10)

INDIANA DEPARTMENT OF HOMELAND SECURITY
EMS CERTIFICATION, Room E-239
Indiana Government Center South
302 West Washington Street
Indianapolis, IN 46204
1-800-666-7784



PLEASE TYPE OR PRINT CLEARLY

This application must be completed by an Emergency Medical Services Commission Certified Training Institution Official or Emergency Medical Services Commission Certified Instructor responsible for the classroom instruction. Complete all information requested and submit with attachments to Indiana Department of Homeland Security via email to certcourseapps@dhs.in.gov or mail to the above address. NOT LESS THAN thirty (30) calendar days PRIOR to the starting date of the course.

| APPLICATION INFORMATION | | | | | | | |
|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--------------|------------------------------------------------------------|--------------------|------------------------------|--|
| CHECK ONE: | | | | | | | |
| <input type="checkbox"/> | FIRST RESPONDER | <input type="checkbox"/> | INTERMEDIATE | <input type="checkbox"/> | EXTRICATION | | |
| <input type="checkbox"/> | BASIC EMT | <input type="checkbox"/> | PARAMEDIC | <input type="checkbox"/> | PRIMARY INSTRUCTOR | | |
| <input type="checkbox"/> | BASIC ADVANCED | <input type="checkbox"/> | EVOC | <input checked="" type="checkbox"/> | OTHER | EMT-BA to AEMT Bridge course | |
| Certified Training Institution St. Mary Medical Center | | | | Certification Number 4508 | | | |
| Training Institution Official/Coordinator Robert Boby | | | | | | | |
| Email of Training Institution Official/Coordinator rboby@comhs.org | | | | | | | |
| Telephone of Official/Coordinator (219) 947 - 6874 | | | | | | | |
| Address of Classroom Facilities: (number and street) Address 1 705 East 4th Street | | | | | | | |
| Address 2 | | | | County Lake | | | |
| City Hobart | | | State IN | | ZIP code 46342 | | |
| Course Start Date (month, day, year) 6/19/12 | | Course End Date (month, day, year) 8/14/12 | | Days Class Meets Tues and Thurs, occasional Mon and Wed | | | |
| Primary Instructor Jessica Lawley | | | | PSID Number 6693-2578 | | | |
| Email of Primary Instructor jllawley@comhs.org | | | | | | | |
| Telephone of Instructor (219) 947 - 6347 | | | | | | | |
| APPLICATION MATERIALS REQUIRED FOR PROCESSING & APPROVAL OF THE REQUESTED COURSE: | | | | | | | |
| 1. | A course syllabus, textbook and/or resource materials list, that will be used by the students during the course. | | | | | | |
| 2. | A list of the sources and equipment to be used during skills practice (First Responder courses NOT thru a Training Institution only). | | | | | | |
| 3. | Clinical hours for ambulance and hospital, as required. | | | | | | |
| 4. | A COURSE ROSTER MUST BE SENT IN BY THE END OF THE FIRST WEEK OF CLASS. | | | | | | |
| Course Number | | Registered | | Approved | | Notified | |



Community Healthcare System

ST. MARY Medical Center

1500 South Lake Park Avenue, Hobart, IN 46342

EMS Training Institute

Office: (219) 947-6874 or (219) 947-6347

Fax: (219)947-6119

April 12, 2012

The following is additional information requested on the course application:

Field Clinical:

Ambulance – St. Mary Medical Center EMS Training Institute utilizes the following provider for clinical requirements:

Hobart Fire Department (ALS)
Lake Station Fire Department (ALS)
South Haven Fire Department (ALS)
Superior Ambulance (ALS)

At the conclusion of the didactic phase for the AEMT program, the candidate will complete a field internship comprised of a minimum of (10) ten ambulance patient contacts where the candidate successfully performs and manages the ALS assessment and at least (1) one ALS skill included in the AEMT scope of practice. The training Institution will then sign off on the candidate once all requirements have been met to initiate eligibility for certification testing. There are no minimum hour requirements for field clinicals, just patient contact requirements.

Hospital Clinical: St. Mary Medical Center
1500 South Lake Park Ave.
Hobart, IN 46342

All current EMT-BA have met the minimum NES standards for this area.

Equipment:

All equipment utilized during this course is owned, maintained and stored by St. Mary Medical Center.

Please let me know if you need additional information

Thank you,

Jessica L. Lawley, CC-EMT-P, PI
EMS Clinical Educator
St. Mary Medical Center
1500 South Lake Park Avenue
Hobart, IN 46342
jllawley@comhs.org
(219) 545-2393

Attachment

#3



1500 South Lake Park Avenue, Hobart, IN 46342

EMS Training Institute

Office: (219) 947-6874 or (219) 947-6347

Fax: (219)947-6119

To Whom it May Concern:

Please allow this letter to serve as our formal request to be placed on the EMS Commission meeting agenda for May 18th, 2012, to discuss the approval of our EMT-BA to AEMT Bridge Course.

In preparation for this bridge course, I have researched the NES and several textbooks. From the NES I created a gap analysis, and then formed the course schedule around this gap analysis/needs assessment. I feel that the schedule that I have prepared will sufficiently address the new material, as well as review the information that is unchanged, so that our students would be properly prepared to pass the National Registry Advance EMT written exam.

Also attached in this email is the proposed course schedule, the initial course application, and the gap analysis that I performed.

I am more than happy to answer any questions.

Thank you for your efforts and consideration,



Jessica L Lawley, CCCEMT-P, PI

EMS Clinical Educator

jlawley@comhs.org

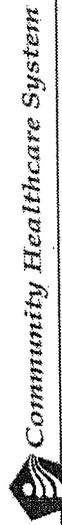
(219)947-6347 (O)

(219) 545-2393 (C)

| Topic | EMT | -> AEMT | New material to be taught |
|-------------------------------|-------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PREPARATORY | | | |
| EMS Systems | Simple depth, foundational breadth | fundamental depth, foundational breadth | QI/ pt safety |
| Research | | NC | |
| Workforce Safety and Wellness | | NC | |
| Documentation | fundamental depth, foundational breadth | Complex depth, foundational breadth | medical documentation and report writing |
| EMS Systems Communication | Simple depth, simple breadth | fundamental depth, foundational breadth | EMS Communication systems, communications with other health care professionals, team communications and dynamics |
| Therapeutic Communications | Simple depth, simple breadth | Simple depth, simple breadth | Dealing with difficult patients |
| Medical/Legal and Ethics | | NC | |
| ANATOMY AND PHYSIOLOGY | applies fundamental knowledge of the anatomy and function of all human systems to the practice of EMS | Integrates complex knowledge of the anatomy and physiology of the airway, respiratory and circulatory systems to the practice of EMS | |
| MEDICAL TERMINOLOGY | | NC | |
| PATHOPHYSIOLOGY | Applies fundamental knowledge of the respiration and perfusion to patient assessment and management | Applies comprehensive knowledge of the pathophysiology of respiration and perfusion to the patient assessment and management | |
| LIFE SPAN DEVELOPMENT | | NC | |
| PUBLIC HEALTH | Uses simple knowledge of the principles of illness and injury prevention in emergency care | Uses simple knowledge of the principles of the role of EMS during public health emergencies | |
| PHARMACOLOGY | | | |
| Principles | Simple depth, simple breadth (medication safety, kinds of medications used during an emergency) | Fundamental depth, foundational breadth | Medication safety, Medication legislation, Naming, Classifications, Storage and security, autonomic pharmacology, metabolism and excretion. Mechanism of action medication response relationships, medication interactions, toxicity |
| Medication Administration | Assist/administer medications to a patient within the EMT scope | Fundamental depth, foundational breadth | Routes of administration, medication administration within AEMT scope |
| Emergency Medications | Fundamental depth, simple breadth | Fundamental depth, foundational breadth | Within AEMT scope: Names, actions, indications, contraindications, complications, routes of administration, side effects, interactions, dosages for the medication administered |
| AIRWAY | | | |
| Airway management | Fundamental depth, foundational breadth within EMT scope | Fundamental depth, foundational breadth within AEMT scope | Airway anatomy, airway assessment, techniques of assuring a patent airway |
| Respiration | Fundamental depth, foundational breadth | Complex depth, comprehensive breadth | Anatomy of respiratory system, physiology, pathophysiology of respiration, (pulmonary ventilation, oxygenation external, internal and cellular respiration) |
| Artificial ventilation | Fundamental depth, foundational breadth | Complex depth, foundational breadth | |

| ASSESSMENT | | | | |
|-----------------------------------------------|-----------------------------------------|-----------------------------------------|-------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Primary patient assessment | Fundamental depth, simple breadth | Simple depth, simple breadth | | |
| History Taking | | nc | | |
| Secondary Assessment | Fundamental depth, foundational breadth | Complex depth, foundational breadth | lung sounds | |
| Monitoring Devices | | NC | glucometer | |
| Reassessment | | NC | | |
| MEDICINE | | | | |
| Medical overview | Simple depth, foundational breadth | Fundamental depth, foundational breadth | | Pathophysiology, assessment, management |
| Neurology | Fundamental depth, foundational breadth | Complex depth, foundational breadth | | Seizures |
| Abd/GI | | NC | | |
| Immunology | Fundamental depth, foundational breadth | Complex depth, comprehensive breadth | | Anatomy, physiology, pathophysiology, assessment and management of hypersensitivity, allergic rxn, anaphylaxis |
| Infectious Disease | Simple depth, simple breadth | Fundamental depth, foundational breadth | | pt with potential bloodborne pathogen, HIV, Hepatitis B, antibiotic resistant infections, current prevalent infectious disease |
| Endocrine | Fundamental depth, foundational breadth | Complex depth, foundational breadth | | Anatomy, physiology, pathophysiology, assessment and management of acute diabetic emergencies (hypoglycemia, DKA, HHNC) |
| Psychiatric | | NC | | |
| Cardiovascular | Fundamental depth, foundational breadth | Complex depth, foundational breadth | | ACS, angina, AMI |
| | Simple depth, simple breadth | Fundamental depth, simple breadth | | Heart failure, hypertensive emergencies |
| Toxicology | | Fundamental depth, foundational breadth | | Opiate toxicology |
| Respiratory | Fundamental depth, foundational breadth | Complex depth, foundational breadth | | Asthma, obstructive/restrictive disease, pneumonia |
| Hematology | Simple depth, simple breadth | Fundamental depth, foundational breadth | | Anatomy, pathophysiology, management of sickle cell |
| GU/Renal | Simple depth, simple breadth | Fundamental depth, simple breadth | | Anatomy, physiology, pathophysiology, assessment and management of complications related to renal dialysis, kidney stones |
| Gynecology | | NC | | |
| Non-Traumatic Musculoskeletal Disease of EENT | | NC | | |
| | | NC | | |
| SHOCK AND RESUSCITATION | | | | |
| | | | | Applies fundamental knowledge to provide basic and selected advanced emergency care and transportation based on the assessment findings for a patient in shock, respiratory failure or arrest, cardiac failure or arrest, and post resuscitation management |

| | | | |
|--------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TRAUMA | | | |
| Trauma Overview | | NC | |
| Bleeding | | Complex depth, comprehensive breadth | Fluid resuscitation |
| Chest trauma | Fundamental depth, simple breadth | Fundamental depth, foundational breadth | Pathophysiology, assessment, management of traumatic aortic disruption, pulmonary contusion, blunt cardiac injury, hemothorax, pneumothorax (open, simple, tension), cardiac tamponade, rib fractures, flail chest, commotio cordis, traumatic asphyxia |
| Abd/GU Trauma | Fundamental depth, simple breadth | Fundamental depth, foundational breadth | Pathophysiology, assessment, management of vascular injury, solid and hollow organ injuries, blunt versus penetrating mechanisms, evisceration, retroperitoneal injuries, injuries to the external genitalia, vaginal bleeding due to trauma, sexual assault |
| Orthopedic Trauma | Fundamental depth, foundational breadth | Complex depth, foundational breadth | pelvic fractures, amputation/replantation |
| Soft Tissue Trauma | | Simple depth, simple breadth | compartment syndrome |
| Head, Facial, Neck and Spinal Trauma | Fundamental depth, foundational breadth | Fundamental depth, simple breadth | Crush syndrome |
| Nervous System Trauma | Fundamental depth, foundational breadth | Complex depth, foundational breadth | Pathophysiology, assessment and management of facial fracture, laryngeotracheal injuries |
| Special Considerations in Trauma | Fundamental depth, foundational breadth | Complex depth, foundational breadth | Pathophysiology, assessment and management of traumatic brain injury |
| Environmental | | NC | Pathophysiology, assessment and management of trauma in the pregnant, pediatric geriatric abd cognitively impaired patient populations |
| Multi-System Trauma | Fundamental depth, foundational breadth | Complex depth, foundational breadth | Pathophysiology, assessment and management of multi-system trauma |
| SPECIAL PATIENT POPULATIONS | | | |
| Obstetrics | | NC | |
| Neonatal Care, Pediatrics | | NC | |
| Geriatrics | Fundamental depth, foundational breadth | Complex depth, foundational breadth | Fluid resuscitation in the elderly |
| Patients with Special Challenges | Simple depth, simple breadth | Fundamental depth, foundational breadth | Healthcare implications of abuse, neglect, homelessness, poverty, bariatric, technology dependent, hospice/terminally ill, tracheostomy care/dysfunction, homecare, sensory deficit, developmental disability |
| EMS OPERATION | | | |
| Ground Vehicle Operations | | NC | |
| Incident Management, HazMat | | NC | |
| Air Medical, Vehicle Extrication | | NC | |
| MCI & Terrorism | | NC | |
| SKILLS | | | |
| | Tracheal-bronchial suctioning of an already intubated patient, Establish and maintain peripheral IV, Establish and maintain intraosseous access in the pediatric patient | | |
| MEDICATIONS | | | |
| | Albuterol, Dextrose 50%, glucagon, Epinephrine 1:1000, Nalaxone, NTG (sublingual, paste), nitrous oxide, LR, D5W | | |



ST. MARY'S Medical Center

1500 S. Lake Park Ave, Hobart, IN 46342

| Date | Day | Session | Wk | Module 1: Preparatory | Assignment | Time | Location | Hours | Instructor |
|-----------|-----|---------|----|--------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|---------------------|------------------------------|-------|-----------------|
| 6/19/2012 | Tue | 1 | 1 | Introduction, SMMC Policy & Procedures; <i>Intro to AEMT, EMS Systems, Public Health, and Research, Workplace Safety & Wellness</i> | Student Manual; Brady Ch 1, 2, 3 | 8:00 am- 2:30 pm | EMS Training Classroom | 6 | Lawley, Jessica |
| 6/21/2012 | Th | 2 | | Ethics and Medical/Legal, Ambulance Operations & Response, <i>Therapeutic Communications and Documentation</i> | Ch 4, 5, 6 | 8:00 am- 2:30 pm | EMS Training | 6 | Lawley, Jessica |

| Date | Day | Session | Wk | Module 2: Anatomy, Physiology, Pathophysiology | Assignment | Time | Location | Hours | Instructor |
|-----------|-----|---------|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|---------------------|------------------------------|-------|-----------------|
| 6/26/2012 | Tue | 3 | 2 | Exam Module 1; Medical Terminology, Chemical & cellular basis of life, cell membrane, Tissues, Regional anatomy | Review; Ch 7, Ch 8 pg 153-164 | 8:00 am- 4:30 pm | EMS Training | 8 | Lawley, Jessica |
| 6/28/2012 | Th | 4 | | Systems: skeletal, muscular, integumentary, <i>respiratory anatomy & physiology, cardiac anatomy & physiology</i> , nervous, endocrine, gastrointestinal | ch 8 pg 164-203 | 8:00 am- 4:30 pm | EMS Training Classroom | 8 | Lawley, Jessica |
| 7/3/2012 | Tue | 5 | 3 | Systems: , urinary, reproductive; Life Span Development & Cultural Considerations; Pathophysiology: <i>hypoxic cellular injury, glucose use, acid-base & electrolyte disturbances</i> | Ch 8 pg 203-209; Ch 9 Ch 10 pg 232-248 | 8:00 am- 4:30 pm | EMS Training Classroom | 8 | Lawley, Jessica |

| Date | Day | Session | Wk | Module 3: Pharmacology | Assignment | Time | Location | Hours | Instructor |
|-----------|-----|---------|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------|------------------------------|-------|-----------------|
| 7/5/2012 | Th | 6 | | Review; Module 2 Exam Principles of Pharmacology: Profiles, Legislation, <i>Safety and Regulation, Special Considerations, Naming, Classification, Absorption, Distribution, Elimination</i> ; Medical Math: Drug dose & drip calculations | Ch 11 pg 264-77 Ch 12 pg 284-95 | 8:00 am- 4:30 pm | EMS Training Classroom | 8 | Lawley, Jessica |
| 7/10/2012 | Tue | 7 | 4 | <i>Autonomic pharmacology, Mechanism of action, Medication response relationships, Medication interactions, Toxicity; Medication Administration: Routes, techniques, Peripheral IV and Pediatric IO access; SKILLS</i> | Handouts, ch 11 pg 277-82 Ch 12 | 8:00 am- 4:30 pm | EMS Training Classroom | 8 | Lawley, Jessica |
| 7/12/2012 | Th | 8 | | <i>Emergency medications for AEMT and their names, actions, indications, contraindications, complications, routes of administration, side effect, interactions, dosages</i> | Ch 13 | 8:00 am- 4:30 pm | EMS Training Classroom | 8 | Lawley, Jessica |

EMTBA- AEMT Bridge

| Date | Day | Session | Wk | Module 4: Assessment & Initial Management | Assignment | Time | Location | Hours | Instructor |
|-----------|-----|---------|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|------------------|------------------------|-------|-----------------|
| 7/17/2012 | Tu | 9 | 5 | Review & Module 3 Exam; <i>Primary pt assessment</i> , Clinical reasoning, <i>Vitals & monitoring devices</i> , History, <i>secondary assessment</i> & reassessment | Ch 14, 15, 18, 19 | 8:00 am- 2:30 pm | EMS Training Classroom | 6 | Lawley, Jessica |
| 7/19/2012 | Th | 10 | | <i>Airway assessment and management, pathophysiology of respiration, Resuscitation: Managing Shock & cardiac arrest</i> | Ch 16, 17 10 pg 248-61 | 8:00 am- 2:30 pm | EMS Training | 6 | Lawley, Jessica |

| Date | Day | Session | Wk | Module 5: Medical | Assignment | Time | Location | Hours | Instructor |
|-----------|-----|---------|----|-----------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------|------------------------|-------|-----------------|
| 7/24/2012 | Tue | 11 | 6 | Review and Module 4 Exam <i>Respiratory disorders and management, cardiovascular disorders and management, Neurology</i> | Ch 20, 21, 22, | 8:00 am- 4:30 pm | EMS Training Classroom | 8 | Lawley, Jessica |
| 7/25/2012 | W | 12 | | <i>Endocrine</i> , Abdominal/Gastrointestinal, <i>Renal, Genitourinary</i> , Gynecology, Hematology, Immunology | Ch 23, 24, 25, 26, 27 | 8:00 am- 4:30 pm | EMS Training | 8 | Lawley, Jessica |
| 7/26/2012 | Th | 13 | | <i>Infectious Disease, Non-Traumatic musculoskeletal disorders, Disorders of EENT, Psychiatric, Toxicology</i> | Ch 28, 29, 30, 31, 32 | 8. 4:30 pm | EMS Training | 8 | Lawley, Jessica |

| Date | Day | Session | Wk | Module 6: Trauma, Shock, and Resuscitation | Assignment | Time | Location | Hours | Instructor |
|-----------|-----|---------|----|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------|------------------------|-------|-----------------|
| 7/31/2012 | Tue | 14 | 7 | Module 5 Exam Trauma systems & overview, MOI & assessment, <i>Soft-tissue injury, Bleeding, Musculoskeletal, Head, brain, face & neck trauma</i> | Ch 33, 34, 35, 36, 37 | 8:00 am- 2:30 pm | EMS Training Classroom | 6 | Lawley, Jessica |
| 8/2/2012 | Th | 15 | | <i>Thoracic, Abdominal/GU trauma, Neuro trauma</i> , Environmental emergencies, <i>special considerations in trauma, multi-system trauma</i> | ch 38, 39, 40, 41, 42 | 8:00 am- 2:30 pm | EMS Training Classroom | 6 | Lawley, Jessica |

| Date | Day | Session | Wk | Module 7: Special Patient Populations & Operations | Assignment | Time | Location | Hours | Instructor |
|-----------|-----|---------|----|-------------------------------------------------------------------------------------------------------------|-------------------|------------------------|------------------------|-------|-----------------|
| 8/6/2012 | M | 16 | 8 | Module 6 Exam; Obstetrics, neonatal care, pediatrics, <i>geriatrics, patients with special challenges</i> | Ch 43, 44, 45, 46 | 8:00 am- 2:30 pm | EMS Training | 6 | Lawley, Jeff |
| 8/8/2012 | W | 17 | | Ground vehicle operations, incident management, HazMat, Air Medical, Vehicle extrication, MCI and Terrorism | ch 47, 48, 49 | 8:00 am- 2:30 pm | EMS Training Classroom | 6 | Lawley, Jessica |
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Advanced EMT: A Clinical Reasoning Approach (Brady) textbook & workbook

Total course hours: 124

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State Form 54506 (12-10)

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EMS CERTIFICATION, Room E-239
Indiana Government Center South
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PLEASE TYPE OR PRINT CLEARLY

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| <input type="checkbox"/> | BASIC EMT | <input type="checkbox"/> | PARAMEDIC | <input type="checkbox"/> | PRIMARY INSTRUCTOR | |
| <input type="checkbox"/> | BASIC ADVANCED | <input type="checkbox"/> | EVOC | <input checked="" type="checkbox"/> | OTHER <u>EMT-BA to AEMT Bridge course</u> | |
| Certified Training Institution St. Mary Medical Center | | | | Certification Number 4508 | | |
| Training Institution Official/Coordinator Robert Boby | | | | | | |
| Email of Training Institution Official/Coordinator rboby@comhs.org | | | | | | |
| Telephone of Official/Coordinator (219) 947 - 6874 | | | | | | |
| Address of Classroom Facilities: (number and street) Address 1 705 East 4th Street | | | | | | |
| Address 2 | | | | County Lake | | |
| City Hobart | | | State IN | | ZIP code 46342 | |
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| Primary Instructor Jessica Lawley | | | | PSID Number 6693-2578 | | |
| Email of Primary Instructor jllawley@comhs.org | | | | | | |
| Telephone of Instructor (219) 947 - 6347 | | | | | | |
| APPLICATION MATERIALS REQUIRED FOR PROCESSING & APPROVAL OF THE REQUESTED COURSE: | | | | | | |
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April 12, 2012

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Hobart, IN 46342

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Please let me know if you need additional information

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Jessica L. Lawley, CC-EMT-P, PI
EMS Clinical Educator
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Hobart, IN 46342
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