



MICHAEL R. PENCE, Governor
STATE OF INDIANA

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

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

DATE: September 3, 2013 10:00 a.m.

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

PRESENT: Leon Bell, Chairman, ALS Training Institute
Sherry Fetters, Vice Chairman, EMS Chief Executive Officer
Jessica Lawley, ALS Training Program Director
Sara Brown, EMS Medical Director
Jaren Kilian,
Faril Ward, EMS Chief of Operating Officer
Michael McNutt, BLS Training Program Director
Elizabeth Weinstein, EMS for Children

NOT PRESENT: Tina Butt, First Responder Training Director
Charles Ford, EMS Chief Executive Officer
Michael Gamble, Emergency Department Director
Edward Bartkus, EMS Medical Director

OTHERS PRESENT: Myron Mackey, EMS Commissioner
John Zartman, EMS Commissioner
Elizabeth Fiato, Mike Garvey EMS State Director, IDHS Staff,
other IDHS Staff and members of the EMS Community



- A) Meeting called to order at 10:01 a.m. by Vice Chairwoman Sherry Fetter.
- B) Quorum present
- C) Adoption of minutes:
A motion was made by Mr. Jaren Killian to accept the minutes from the July 9th meeting as written. The motion was seconded by Mr. Faril Ward. The motion passed unanimously.
- D) Public Comment:
None
- E) Commission Report:
a. Discussed the Witt report and some of the possible changes within IDHS
- F) Assignments
a. Old
i. Completed
 1. I-99 bridge course Evansville- all members present agreed that this assignment has been completed
 2. Trauma Protocols- all members present agreed that this assignment has been completed-Commission voted on and passed the trauma protocols
 3. National Standard Education Curriculum- all members present agreed that this assignment has been completed-Commission voted and passed to accept the National Education standard.
 4. Discuss and research EMS testing in the state of Indiana-all members present agreed that this assignment has been completed. Research was completed and a recommendation was sent to the Commission.
 5. Classification of EMT-BA- BLS vs. ALS- all members present agreed that this assignment has been completed-Commission voted and passed for EMT-BA to be classified as ALS.
 6. Create a bridge course for EMT-BA to Advanced EMT-all members present agreed that this assignment has been completed- Commission approved a core curriculum for the bridge course.
 7. Review the skill sheets for EMT that the Indiana Fire Chief's Association revised.-all members present agreed that this assignment has been completed- Commission voted to accept the new skill sheets for EMT.
 8. Research if the Advanced EMT ability to read an EKG effects patient outcomes-all members present that this assignment has been completed.
 9. Morgan Lens at the EMT level- all members present agreed that this assignment has been completed- TAC recommended against use and Commission voted and accepted TAC recommendation.
 10. Adams County Hospital hybrid course monitoring-Mr. Leon Bell was monitoring the course- all members present agreed that this assignment has been completed-Mr. Bell gave a report to the Commission at the June 2013 meeting.

11. Primary Instructor rule review- all members present agreed that this assignment has been completed-TAC sent recommendations to the Commission. The Commission voted and approved TAC recommendations.
 12. Review rule changes needed for new certification levels if legislation does not pass all needed support for the new levels-all members present agreed that this assignment has been completed. The Rule passed.
- ii. Unknown if Complete or Incomplete
1. The Indiana Fire Chiefs Association submitted a letter. Chairman directed the TAC to look into this (January 2011)-all members present agreed more research was needed-Commissioner Myron Mackey stated he would search his packet from the 2011 meeting and attempt to locate the above mentioned letter.
 2. Prioritization of the EMS vision for the future document

A motion was made by Chairman Leon Bell to request clarification on the status of the executive summary and the attended data. Also ask for guidance from the Commission as to how the TAC is to proceed with problem. The motion was seconded by Mrs. Jessica Lawley. The motion passed.

iii. Incomplete

1. Analysis of full AEMT course at Vincennes University
After discussion the TAC asked that IDHS staff pull the NREMT exam results for all of the AEMT students that have test so far as well as the NREMT exam results for Paramedics.
2. Templates for hybrid course from EMR to Paramedic level-after some discussion it was determined this would be assigned to the education sub-committee.
3. EVOC training- after some discussion it was determined that the TAC is waiting on survey to be sent out by IDHS and legal opinion. The operations sub-committee was assigned to write up the survey questions as this meeting.
4. Background checks-after some discussion it was determined that the TAC is waiting on survey to be sent out by IDHS and legal opinion. The operations sub-committee was assigned to write up the survey questions as this meeting. Vice Chairman Fetters request staff to get legal opinion by the next TAC meeting.
5. Drug and alcohol screens- after some discussion it was determined that the TAC is waiting on survey to be sent out by IDHS and legal opinion. The operations sub-committee was assigned to write up the survey questions as this meeting. Vice Chairman Fetters request staff to get legal opinion by the next TAC meeting.
6. Pediatric equipment (pediatric pulse ox meter, length based resuscitation tape, and McGill's forceps) to the required equipment list and would also like to see two additional hours be added to continuing education- after some discussion it was determined that the TAC made a recommendation regarding the addition of the

pediatric equipment to the Commission. The Commission voted on and accepted the TAC recommendation. The continuing education piece was assigned at this meeting to the education sub-committee for the EMR-AEMT levels.

After discussion the members of the TAC agreed that it is important that the communication between the Commission and the TAC be formalized. The TAC is requesting that when the EMS Commission requests that the TAC address an issue that the TAC assignment tool be utilized and forwarded to the TAC. It was agreed this will help formalize the process and allow for better tracking of tasks. TAC members suggest that is come from Chairman Turpen.

- iv. New (Assigned August 16, 2013)
 1. Attendance standard for all levels in regards to hybrid/on-line courses-this was assigned to the Education sub-committee
- v. Psychomotor process for paramedic level-Airway requirement-after some discussion this was assigned to the education sub-committee.
- vi. AEMT curriculum-Medical Directors to review-the medical directors that were present along with Mrs. Elizabeth Fiato were getting together during the break out session to discuss.
- vii. Discuss proposal for strategic plan for rule review
 1. Please discuss the methodology for bringing together appropriate SMEs to review and re-write Title 836- Operational sub-committee was assigned to handle the renew and re-writes of title 836.
 2. Develop plan and timeline to address project (strategic plan)- EMS State Director Mike Garvey stated that IDHS would take care of coming up with the strategic plan for rewriting the rules of Title 836
- viii. Training Institutions self reporting- after discussion this was assigned to the education sub-committee.
- ix. Discussion on Military course analysis-after discussion this was assigned to the operations sub-committee.

**Break out session for sub-committee work at 11:55am
Chairman Bell reconvened the meeting at 1:20pm**

Dr. Elizabeth Weinstein reported that the group made some major changes to the document and that Mrs. Fiato will email the revised recommendation to the rest of the Medical Directors that are on the TAC. After they all review the recommendation will be taken to the Commission at their October 18, 2013 meeting.

Mrs. Jessica Lawley and Mr. Michael McNutt reported out for the education sub-committee. The education sub-committee made the following recommendation regarding the hybrid template including the attendance standard:

Hybrid application

TI to submit with course application

- Percentage of hours and the actual number of hours that are in class, instructor lecture

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

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

The education sub-committee felt that each Training Institution should set their own standards regarding attendance just as they do now for other programs. When a Training Institution applies for a hybrid course they must define those parameters noted above with the application.

A motion was made by Vice Chairwoman Sherry Fetters to accept the report as presented and this is to be converted onto the tool to be sent to the Commission. The motion was seconded Mr. Jaren Killian. The motion passed unanimously.

Mrs. Jessica Lawley presented the report on the airway management. The following is the recommendation presented:

From CoAEMSP Standards Interpretations

“For airway management: Each student must demonstrate competency in airway management. The program sets the required minimums approved by the Medical Director and Advisory Committee as described above. For example, the paramedic student should be successful in a combination of live intubations, high definition simulations, low fidelity simulations, and cadaver labs in all age brackets. High definition simulation, defined by SIM Man, Meti Man, etc., is highly recommended but optional. Low fidelity simulation is defined by traditional simulation heads, such as Laredal, etc. Paramedic students should have exposure to diverse environments, including but not limited to hospital units (e.g., operating rooms, emergency departments, intensive care units), ambulatory centers, and out of hospital settings (e.g., ambulance, field, home) and laboratories (floor, varied noise levels, varied lighting conditions). The paramedic student should have no fewer than **fifty (50) attempts** at airway management across all age levels, with a **90% success rate utilizing endotracheal intubation models in their last ten (10) attempts**. The paramedic student needs to be **100% successful in the management of their last twenty (20) attempts at airway management**. The majority of airway attempts should be emphasized with live intubations, realistic simulation labs, or both. As with all other required skills, terminal competency needs to be validated by the program medical director’s signature.”

Mediums to perform airway management skills:

- Intubation heads
- High definition simulators (Meti-Man, etc)
- Cadavers
- Live patients in the hospital and field setting

Airway management skills, as may be defined by the TI, to include any of the below:

- Oropharyngeal and nasopharyngeal airways
- Non-visualized airways
- Oxygen administration via oxygen delivery devices
- CPAP
- Endotracheal intubation
- Cricothyrotomy
- Needle thoracentesis
- Suctioning techniques

After some discussions and changes being made the following is the final recommendation:

From CoAEMSP Standards Interpretations

“For airway management: Each student must demonstrate competency in airway management. The program sets the required minimums approved by the Medical Director and Advisory Committee as described above. For example, the paramedic student should be successful in a combination of live intubations, high definition simulations, low fidelity simulations, and cadaver labs in all age brackets. High definition simulation, defined by SIM Man, Meti Man, etc., is highly recommended but optional. Low fidelity simulation is defined by traditional simulation heads, such as Laredal, etc. Paramedic students should have exposure to diverse environments, including but not limited to hospital units (e.g., operating rooms, emergency departments, intensive care units), ambulatory centers, and out of hospital settings (e.g., ambulance, field, home) and laboratories (floor, varied noise levels, varied lighting conditions). The paramedic student should have no fewer than **fifty (50) attempts** at airway management across all age levels, with a **90% success rate utilizing endotracheal intubation models in their last ten (10) attempts**. The paramedic student needs to be **100% successful in the management of their last twenty (20) attempts at airway management**. The majority of airway attempts should be emphasized with live intubations, realistic simulation labs, or both. As with all other required skills, terminal competency needs to be validated by the program medical director’s signature.”

Mediums to perform airway management skills:

- Intubation heads
- High definition simulators (Meti-Man, etc)
- Cadavers
- Live patients in the hospital and field setting

Airway management skills, as may be defined by the TI, to include, but not limited to, any of the below:

- Oropharyngeal and nasopharyngeal airways
- Non-visualized airways
- Oxygen administration via oxygen delivery devices
- CPAP/BiPAP
- Endotracheal intubation
- Cricothyrotomy
- Needle thoracentesis
- Suctioning techniques
- Techniques for manually opening the airway
- Manual ventilation
- Mechanical ventilation
- Nebulized medication administration

A motion was made by Mr. Jaren Killian to accept the final recommendation and that it be put into the tool to be presented to the Commission. The motion was seconded by Vice Chairwoman Sherry Fetters. The motion passed unanimously.

Mrs. Jessica Lawley and Mr. Michael McNutt presented the recommendation for continuing education hours for EMR, EMT, and AEMT levels:

Recommended Continuing Education Hours for Certification Renewal

Topic	EMR- 16 hours total (12 NR)	EMT- (24 NR) 40 hours total
Preparatory	1	1
Airway	2	2
Patient Assessment	2	3
Circulation	3	0
Illness/injury	3	0
Childbirth/children	1	2
Medical/behavioral	X	4
Trauma	X	4
Audit and Review	x	6
Elective	4	18 (8 NR)

AEMT

Topic	Hours 72 total (same as NR)
Airway, Breathing, Cardiology	12
Medical	6
Trauma	5
OB/pediatrics	12
Operations	1
Audit and Review	10
Elective	26***
The twenty-six hours (26) of electives shall follow the parameters outlined to the right, as based on National Registry guidelines	18 hours in one topic
	16 hours from ABLIS; ACLS; AMLS; BTLS; ITLS; NALS; PALS; PEPP; PHTLS; PPC; teaching EMS courses
	12 hours teaching CPR, EMD, emergency driving
	18 hours from college related courses
	18 distance learning

After some discussion and a few revisions the following is the final recommendation:
Recommended Continuing Education Hours for Certification Renewal

Topic	EMR- 16 hours total (12 NR)	EMT- (24 NR) 40 hours total
Preparatory	1	1
Airway	2	2
Patient Assessment	2	3
Circulation	3	0
Illness/injury	3	0
Childbirth/children	1	2

Medical/behavioral	X	4
Trauma	X	4
Audit and Review	x	6 (if affiliated)
Elective	4	18 (8 NR) (24 if not affiliated)

AEMT

Topic	Hours 72 total (same as NR)
Airway, Breathing, Cardiology	12
Medical	6
Trauma	5
OB/pediatrics	12
Operations	1
Audit and Review	10
Elective	26***
***The twenty-six hours (26) of electives shall pertain to the EMT and/or AEMT curriculum	

A motion was made by Mr. Jaren Killian to accept the final recommendation to be put into the tool and presented to the Commission. The motion was seconded by Vice Chairwoman Sherry Fetters. The motion passed unanimously. Chairman Leon Bell is going to request at the October 18th EMS Commission meeting that the Commission refer the psychomotor continuing education requirements be sent to the TAC for review.

Mrs. Jessica Lawley presented the following recommendation in regards to Training Institution self-reporting:

TI IDHS/public Reporting

Training Institutions should report the follow data to IDHS for publication on the state website every two years for the preceding two year cycle for each Paramedic and AEMT classes with their TI renewal:

- Total class enrollment
- Number of drops/fails
- Number of students passing program

- Number of students passing NR written exam by 3rd attempt
- Number of student pass NR written exam by 6th attempt

After some discussion and revisions the following is the final recommendation:

TI IDHS/public Reporting

Training Institutions shall report the follow data to IDHS for publication on the state website every two years for the preceding two year cycle for each Paramedic and AEMT classes with their TI renewal:

- Total class enrollment
- Number of non-academic drops
- Number of fails
- Number of students passing program
- Number of students passing NR written exam by 3rd attempt
- Number of student pass NR written exam by 6th attempt

It was felt by the sub-committee that this information was already being reported and should be public information. It was the assessment of the TAC that few consumers would probably utilize this information to choose a Training Institution. Generally it was felt that it would have the same effect as hospitals whom are now required to publish their data, they strive to improve

A motion was made by Mr. Jaren Killian to accept the final recommendation to be put into the tool and presented to the Commission. The motion was seconded by Mr. Faril Ward. The motion passed unanimously. Chairman Leon Bell gave Commission staff to research how EMR and EMT testing data can be gathered and report back to the TAC at their next meeting in November.

Vice Chairwoman Sherry Fetters presented the operation sub-committee recommendations.

Vice Chairwoman Sherry Fetters presented the proposed survey questions in regards to the EVOG survey to be sent out by IDHS staff. The following are the questions presented:

Survey Questions:

EVOG – Going to agencies

1. Who requires motor vehicle background checks during the pre-employment screening?
 - a. The agency
 - b. The agency's insurance carrier
 - c. All the above
 - d. None of the above
2. Does your organization have a formal emergency vehicle driver training program?
3. If yes, what program do you use? (Check all that apply)
 - a. State EVOG (Emergency Vehicle Operation Course) program
 - b. CEVO (Certified Emergency Vehicle Operations) program

- c. Agency developed program
 - d. Other _____
4. If yes, do you require all employees complete the program?
 5. If yes, is there a timeline for completion of the program?
 6. If yes, do you require a didactic and practical application?
 7. Is your program required by your insurance carrier?
 8. If not required by insurance, do you receive a discounted insurance rate for maintaining a program?
 9. Do you require continuing education/annual review of the emergency vehicle driver training program?
 10. If an employee is involved in an incident while driving an emergency vehicle (emergency or non-emergency driving), do you require the employee repeat or refresh the emergency vehicle driver training program?

A motion was made by Mr. Michael McNutt to accept the survey questions and send them to IDHS staff to be put into survey monkey then distributed. The motion was seconded by Dr. Sara Brown. The motion passed unanimously.

Vice Chairwoman Sherry Fetters presented the following for Training Institutions in regards to background checks and drug and alcohol tests:

Going to Training Institutions

1. Does your training institution do a criminal background check on students?
2. If yes, please check all that apply:
 - a. Indiana State Police limited criminal background
 - b. Indiana statewide from another source
 - c. Nationwide source
 - d. Child offender registry
 - e. Federal Healthcare exclusion database
 - f. Other _____
3. Does your training institution require a drug and alcohol screening?
 - a. Yes
 - b. No
4. If yes, when is the drug and alcohol screening performed?(Check all that apply)
 - a. Prior to admission into class
 - b. Prior to first day of clinical
 - c. Annually
 - d. Upon reasonable suspicion
 - e. Random
 - f. Other _____
5. How is the drug and alcohol screening performed?(Check all that apply)
 - a. Internally

- b. Externally
 - c. Externally to confirm a failure of internal testing
6. Do you perform the OSHA 1910 respirator fit testing?
 - a. Yes
 - b. No
 7. Who incurs the cost of drug and alcohol screening, criminal background, and respirator fit testing?
 - a. Student pays all costs in the tuition
 - b. Student pays costs as item is completed (separate from tuition)
 - c. Training Institution
 - d. Student's agency of employment/volunteer agency
 8. What is the cost of the drug and alcohol screening?
 - a. \$0-\$50
 - b. \$51-\$100
 - c. \$101-\$150
 - d. \$151 plus
 9. What is the cost of the criminal background?
 - a. \$0-\$50
 - b. \$51-\$100
 - c. \$101-\$150
 - d. \$151 plus
 10. What is the cost of the respirator fit testing?
 - a. \$0-\$50
 - b. \$51-\$100
 - c. \$101-\$150
 - d. \$151 plus

A motion was made by Mr. Michael McNutt to accept the survey questions and send them to IDHS staff to be put into survey monkey then distributed. The motion was seconded by Mrs. Jessica Lawley. The motion passed unanimously.

Vice Chairwoman Sherry Fetters presented the following for Provider organizations in regards to drug and alcohol testing:

Going to Agencies

1. Describe your agency. (Candice add the types)
 - a.
 - b.
2. Does your agency do a criminal background check on prospective employees?
3. If yes, please check all that apply:
 - a. Indiana State Police limited criminal background
 - b. Indiana statewide from another source

- c. Nationwide source
 - d. Child offender registry
 - e. Federal Healthcare exclusion database
 - f. Other _____
4. Does your agency require a drug and alcohol screening?
 5. If yes, when is the drug and alcohol screening performed?(Check all that apply)
 - a. After the offer of employment
 - b. Prior to the first day
 - c. Annually
 - d. Upon reasonable suspicion
 - e. Randomly
 - f. Other _____
 6. How is the drug and alcohol screening performed? (Check all that apply)
 - a. Internally
 - b. Externally
 - c. Externally to confirm a failure of internal testing
 7. What is the cost of the drug and alcohol screening?
 - a. \$0-\$50
 - b. \$51-\$100
 - c. \$101-\$150
 - d. \$151 plus
 8. What is the cost of the criminal background?
 - a. \$0-\$50
 - b. \$51-\$100
 - c. \$101-\$150
 - d. \$151 plus
 9. What is the cost of the respirator fit testing?
 - a. \$0-\$50
 - b. \$51-\$100
 - c. \$101-\$150
 - d. \$151 plus
 10. Do you perform the OSHA 1910 respirator fit testing?
 11. Do you perform annual respirator fit testing?

A motion was made by Mrs. Jessica Lawley accept the survey questions and send them to IDHS staff to be put into survey monkey then distributed. The motion was seconded by Mr. Michael McNutt. The motion passed unanimously. Candice Hilton was asked to add provider types as already defined in the IDHS data base to the surveys. Chairman Leon Bell directed that the surveys be left opened for three weeks. IEMS, Fire Chiefs Association, IDHS field staff, EMS State Director Mike Garvey, TAC members, and EMS Commission members will all help push out the surveys.

Chairman Leon Bell opened discussion regarding the AEMT provider level. After discussion and some proposed changes Chairman Leon Bell sent the recommendation back to the operations sub-committee for work on the revisions. Some concern was expressed regarding the time line in waiting to get this passed and sent to the Commission. After some more discussion Chairman Leon Bell sent the recommendation back to the operations sub-committee for work on the revision to be presented at the November TAC meeting with recommendations to go to the EMS Commission at their December meeting.

Mrs. Jessica Lawley asked that the TAC look at a possible student bill of rights and a code of conduct. She is going to email out a link of an example of these items for everyone's review for discussion at the November TAC meeting.

Chairman Leon Bell requested that the TEMS and POST items on the agenda be moved to the November agenda for discussion.

A motion was made by Mr. Jaren Killian to adjourn the meeting. The motion was seconded by Mrs. Jessica Lawley. The motion passed. The meeting was adjourned at 2:40pm.

Approved _____



Leon Bell, Chairman