



MICHAEL R. PENCE, Governor
STATE OF INDIANA

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

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

DATE: November 10, 2015 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
Michael McNutt, BLS Training Program Director
Faril Ward, EMS Chief of Operating Officer
Charles Ford, EMS Chief Executive Officer
Michael Cole, First Responder Training Director
Edwin Eppler, EMS Medical Director

NOT PRESENT: Elizabeth Weinstein, EMS for Children
Jaren Kilian, ALS Training Program Director
Michael Gamble, Emergency Department Director

OTHERS PRESENT: John Zartman, EMS Commissioner, EMS State Director Michael Garvey, other IDHS Staff, Kraig Kinney, and Dr. Michael Olinger



- A) Meeting called to order at 10:15 a.m. by Chairman Leon Bell.
- B) Quorum present
- C) Adoption of minutes:
 - a. September 01, 2015 minutes

A motion was made by Mr. Faril Ward to approve the minutes from the September 1, 2015 meeting as written. The motion was seconded by Mr. Michael Cole. The motion passed, minutes were approved.

New Technical Advisory Committee member Michael Cole was introduced to the group. Mr. Cole is the chief paramedic with Jennings County EMS. Mr. Cole stated in the volunteer fire service in 1994. He started with his career at Sugar Creek FD for three years prior to starting work with Jennings County EMS.

- D) Public Comment: None
- E) Announcements:
 - a. Proposed TAC meeting dates for 2016:
 - 1. January 5, 2016
 - 2. March 1, 2016
 - 3. May 10, 2016
 - 4. July 12, 2016
 - 5. September 13, 2016
 - 6. November 1, 2016

All above dates were approved by the TAC members that were present. Ms. Candice Hilton will send out calendar invites to all the members for the 2016 meetings.

b. Commission Staff Report:
Ms. Robin Stump, Ms. Candice Hilton, and Mr. Tony Pagano reported regarding the last EMS Commission meeting. Ms. Hilton stated that there were no new assignments from the Commission to the TAC. All three staff members reported that the Commission meeting was short and that there was nothing major to report. The Primary Instructor process was discussed at the Commission meeting but nothing was decided.

Ms. Stump reported that the Governor's office has put together three different task forces in regards to Narcan use. The IDHS EMS staff has been asked to compile a report for the Governor's office.

- F) Old Business
 - a. Review the Primary Instructor Written exam
 - i. Mr. Tony Pagano opened discussion on the PI written exam. Mr. Pagano stated that the group that was assigned to look at the exam has met and reviewed the exam. Students are doing well on the new exam. Extensive discussion followed regarding the passing grade, if it needs to be raised back to 80% or left at 75%. Included in the discussion was how the Primary Instructor course should be taught. Mr. Michael McNutt stated that the Primary Instructor curriculum needs to be taught not the text book.

An extensive discussion also took place in regards of the possibility of a central course and not letting just anyone teach the PI course.

A sub-group was appointed to look at the criteria for teaching a Primary Instructor course. This sub-group will consist of Mrs. Jessica Lawley - chair, Mr. Michael McNutt and people from the Education working group. This group was asked to have recommendations for the next TAC meeting.

A motion was made by Vice Chairman Sherry Fetters to raise the PI written exam passing score back to 80% in 2016. The motion was seconded by Mr. Faril Ward. The motion passed unanimously.

A motion was made by Mr. Charles Ford to let Primary Instructor classes take place in 2016 but also have one central group class sponsored by the State. At the end of 2016 compare the test results of all other PI courses to the one central group class. The motion was seconded by Mr. McNutt. The motion passed unanimously.

Chairman Bell called for a short break at 11:35 am

Chairman Bell reconvened the meeting at 11:45am

- b. P.I. Pass procedures/ Initial certification process (see attachment #1) Mr. Kraig Kinney presented a power point to the TAC to outline a recommended PI initial certification process. An extensive discussion followed and adjustments to the power point were made.

A motion was made by Mr. McNutt to make the passing grade for the Pre-primary instructor written exam (EMT written exam) and the Primary Instructor written exam both 80% for any courses that are started after January 1, 2016. The motion was seconded by Vice chairman Fetters. The motion passed unanimously.

- c. Develop tool for reporting of waivers by provider organizations (see attachment #2) - Vice Chairman Fetters presented the waiver tool.

A motion was made by Mr. McNutt to send the waiver tool to the Commission for approval and that field staff send out and test the waiver tool until the next TAC meeting. At the next TAC meeting if changes need to be made those changes will be recommended at that time. The motion was seconded by Mr. Ward. The motion passed unanimously.

- d. PI Manual updated – two TAC members were assigned to help with the manual review.
- e. Glucometer monitoring for BLS levels (see attachment #3) - Dr. Sara Brown briefly discussed the power point and skill sheets. Mr. Pagano stated that Connecticut gave their permission to use the objectives as long as they were given

credit. The TAC voted to accept the power point and skill sheets pending getting permission from Connecticut to use their material at the last meeting.

G) New Business – no new business to discuss at this meeting.

With no further business needing to be discussed a motion was made by Mr. Michael Cole to adjourn the meeting. The motion was seconded by Mr. Faril Ward. The motion passed. The meeting was adjourned at 1:03 pm.

Approved _____

Leon Bell, Chairman

Attachment #1

PI Certification Process

Indiana EMS Training Manual Section 5

December 2015

PI Certification Process—Indiana Primary Instructor Course

836 IAC 4-5-2 Certification and recertification; general

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

Affected: IC 16-31-3-14

Sec. 2. (a) Application for certification will be made on forms and according to procedures prescribed by the agency. In order to be certified as an emergency medical services primary instructor, the applicant shall meet one (1) of the following requirements:

- (1) Successfully complete a commission-approved Indiana emergency medical services primary instructor training course and complete all of the following:
 - (A) Successfully complete the primary instructor written examination.
 - (B) Successfully complete the primary instructor training program.
 - (C) Be currently certified as an Indiana emergency medical technician.
 - (D) Successfully pass the Indiana basic emergency medical services written and practical skills examinations within one (1) year prior to applying for certification as a primary instructor.

1. The Primary Instructor candidate will secure and provide to both the host Primary Instructor class coordinator and keep on file with their Training Institution:
 - a. Evidence of certification as an EMS provider for at least one (1) year.
 - b. The agreement with the Training Institution to affiliate on appropriate forms
 - c. A letter from an EMS ambulance provider (operations level manager or chief or above) attesting to exposure and competency in pre-hospital EMS for a period of not less than one (1) year.
 - * Note while this determination is left to the EMS provider, it should include direct patient contact on 911 responses (not just pre-scheduled transports) with transport to an emergency department and should be verifiable.
 - ** While each region may determine the volume and type of responses, it should be noted that for paramedic class enrollment, a candidate must document 20 verifiable patient contacts.
 - d. A letter from an EMS Medical Director attesting to the competency in provision of EMS as well as recommendation for certification as an EMS Instructor.
2. For testing the EMT written and practical examinations, the following guidelines shall apply:
 - a. EMT Written: Two (2) attempts before (not to exceed a year in advance) the Course Completion Date.
 - i. The PI Candidate must have an 80% pass rate on the current Indiana EMT written examination.
 - ii. Candidates can either be issued a testing ID by IDHS with the submission of the PI Class Roster or contact IDHS for a "Challenge" ID.
 - b. EMT Practical: One single (1) Attempt cycle before (not to exceed a year in advance) the Course Completion Date.

PI Certification Process

Indiana EMS Training Manual Section 5

December 2015

PI Certification Process—Reciprocity

836 IAC 4-5-2 Certification and recertification; general

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

Affected: IC 16-31-3-14

Sec. 2. (a) Application for certification will be made on forms and according to procedures prescribed by the agency. In order to be certified as an emergency medical services primary instructor, the applicant shall meet one (1) of the following requirements:

(2) Successfully complete a training course equivalent to the material contained in the Indiana emergency medical service primary instructor course and complete all of the following:

(A) Successfully complete the primary instructor written examination.

(B) Successfully complete the primary instructor training program.

(C) Be currently certified as an Indiana emergency medical technician.

(D) Successfully pass the Indiana basic emergency medical services written and practical skills examinations within one (1) year prior to applying for certification as a primary instructor.

1. Same process as the Indiana Primary Instructor Course candidate as noted in the previous section with the following modifications.
 - a. The NAEMSE Level I Instructor Course completion will suffice for the Primary Instructor Course so long as the provider has valid documentation of Course Completion as well as holds a current NCEE certification .
 - b. Candidate would then have to complete the following within one year of the initial application:
 - i. EMT Written: Two (2) attempts before (not to exceed a year in advance) the Course Completion Date.
 - 1) The PI Candidate must have an 80% pass rate on the current Indiana EMT written examination.
 - 2) Candidates can either be issued a testing ID by IDHS with the submission of the PI Class Roster or contact IDHS for a "Challenge" ID.
 - ii. EMT Practical: One single (1) Attempt cycle before (not to exceed a year in advance) the Course Completion Date.
 - 1) Note that a single "Attempt" cycle means one process which could include re-tests so long as four of the EMT stations are passed on the initial attempt and no single station may be attempted more than three (3) times total.

PI Certification Process

Indiana EMS Training Manual Section 5

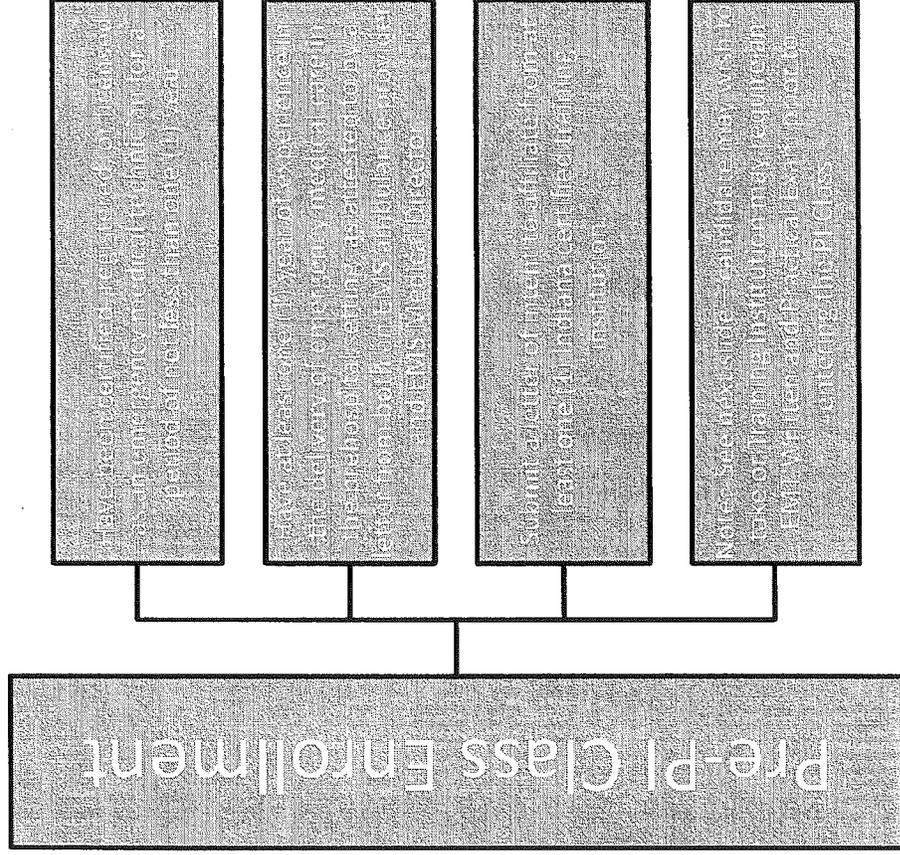
December 2015

- 2) There is only one EMT practical attempt cycle per PI Reciprocity application.
 - c. The PI candidate will successfully complete the Indiana Primary Instructor Internship Requirements within one year of the Course Completion Date as noted on the Report of Training for the PI Course. This must be verified by the Training Institution on the approved PI Internship checklist submitted to the Office of EMS with all other paperwork.
 - d. Upon successful completion of all of the above, the PI candidate will remit all required documentation to the State of Indiana EMS office within one year of the PI application date.
2. Upon EMS staff review and compliance with the above outlined process, the PI candidate will be issued Primary Instructor Certification.
3. Reciprocity within Indiana for Firefighter II and II instructors for acceptance as an EMS Primary Instructor.
 - a. Currently, the curriculum of the FF II and III is being reviewed to determine if the same course objectives and standards are met.

Indiana Primary Instructor Certification Process

Developed by the Indiana EMS
Education Workgroup and TAC as
approved by the TAC & EMS
Commission on _____

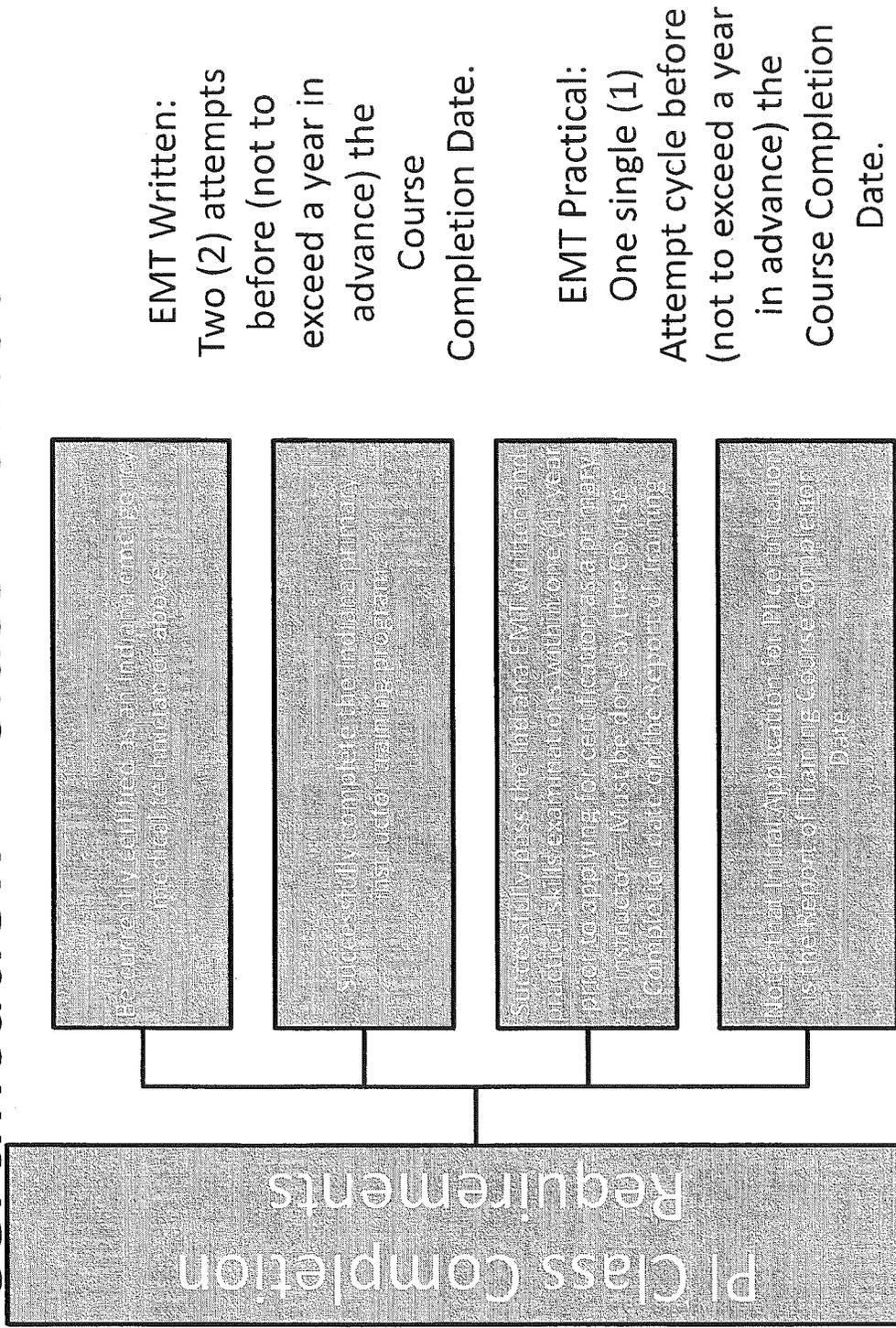
Indiana EMS Primary Instructor Certification – Class Trained



Source: 836 IAC 4-5-1

Step 1

Indiana EMS Primary Instructor Certification – Class Trained



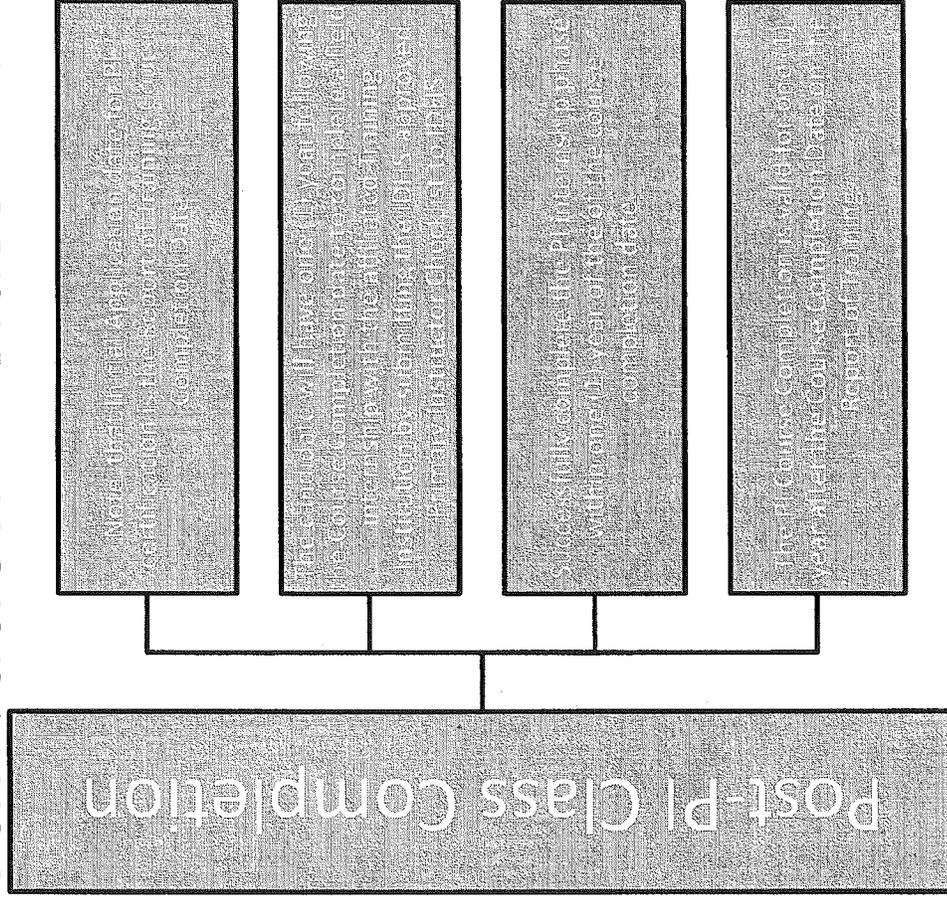
Step 2

Source: 836 IAC 4-5-2 and EMS Commission policy

Notes—Successful PI Class Process

- The Primary Instructor (PI) Course must be approved by IDHS and be based on the national curriculum for EMS Educators.
- The Course Completion Date on the Report of Training is always the candidate's "Application Date" for purposes of certification.
- EMT Written: Two (2) attempts before (not to exceed a year in advance) the Course Completion Date.
 - The PI Candidate must have an 80% pass rate on the current Indiana EMT written examination.
 - Candidates can either be issued a testing ID by IDHS with the submission of the PI Class Roster or contact IDHS for a "Challenge" ID.
- EMT Practical: One single (1) Attempt before (not to exceed a year in advance) the Course Completion Date.
 - Note that a single "Attempt" means one process which could include re-tests so long as four of the EMT stations are passed on the initial attempt and no single station may be attempted more than three (3) times total.
 - There is only one attempt per PI Course attempt/enrollment.

Indiana EMS Primary Instructor Certification – Class Trained



Source: 836 IAC 4-5-1 and EMS Commission Policy

Step 3

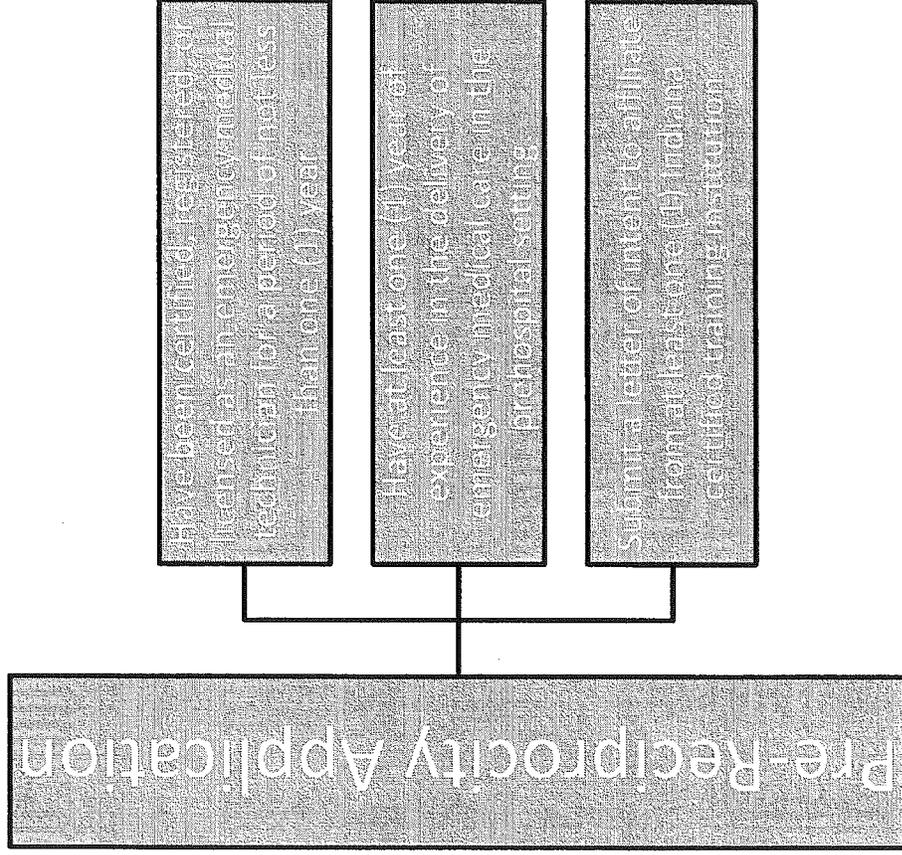
Notes– Post-PI Class Completion

- The Indiana PI Exam must be passed with a 80% passage rate within one (1) year of the PI Course Completion Date on the Report of Training.
 - The PI Candidate is allowed two attempts following a successful course completion as designated on a Report of Training submitted to IDHS.
 - A third and final attempt will be allowed if the candidate submits a letter of remediation by a certified Indiana PI through their affiliating Training Institution and can be completed within the one (1) year of the Course Completion Date on the Report of Training.
 - If not successful on the third attempt, the PI candidate would have to complete all pre-requisites and the PI class again with retesting not less than a year after completion of the current course.

Notes— Post-PI Class Completion

- The Indiana PI Internship must be completed through the affiliated Training Institution and the IDHS-approved checklist submitted to IDHS within one (1) year of the PI Course Completion Date on the Report of Training.
 - PI Candidates may teach at any EMS provider level (EMR, EMT, AEMT, Paramedic) so long as the Internship Checklist Requirements are met, the candidate is directly monitored and evaluated by an active PI from the affiliated Training Institution and the PI candidate is teaching at his/her certification level or lower.
 - Note that for an EMR course, a PI is not required to be present for class sessions. However, if it is included as part of the internship, both the PI candidate and supervising affiliated Training Institution PI must be present.

Indiana EMS Primary Instructor Certification – Reciprocity

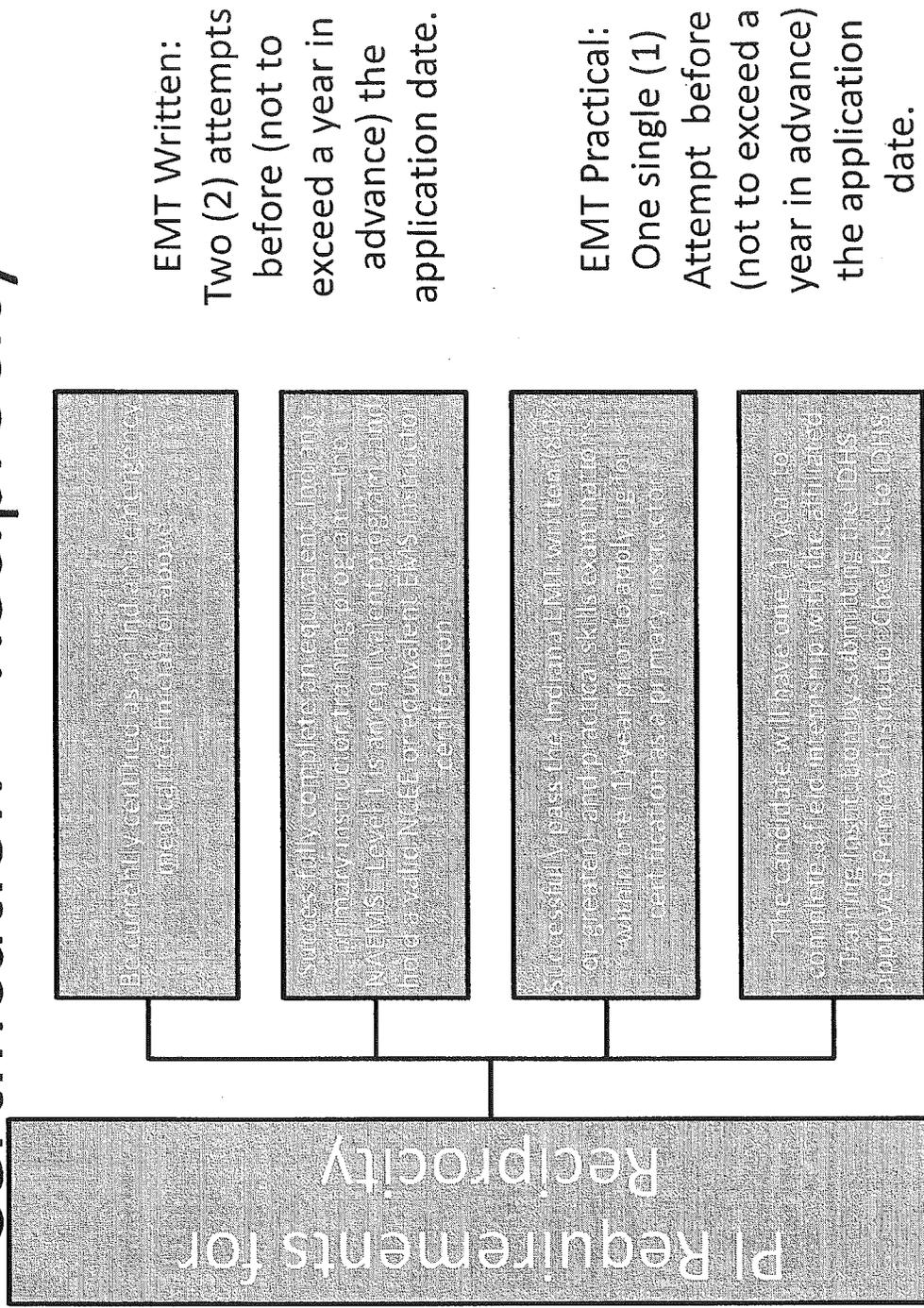


Source: 836 IAC 4-5-1

Step 1

Indiana EMS Primary Instructor

Certification – Reciprocity



EMT Written:
Two (2) attempts before (not to exceed a year in advance) the application date.

EMT Practical:
One single (1) Attempt before (not to exceed a year in advance) the application date.

Step 2

Source: 836 IAC 4-5-2 and EMS Commission policy

Attachment #2

Service Name:

Provider Number:

Rule waived:

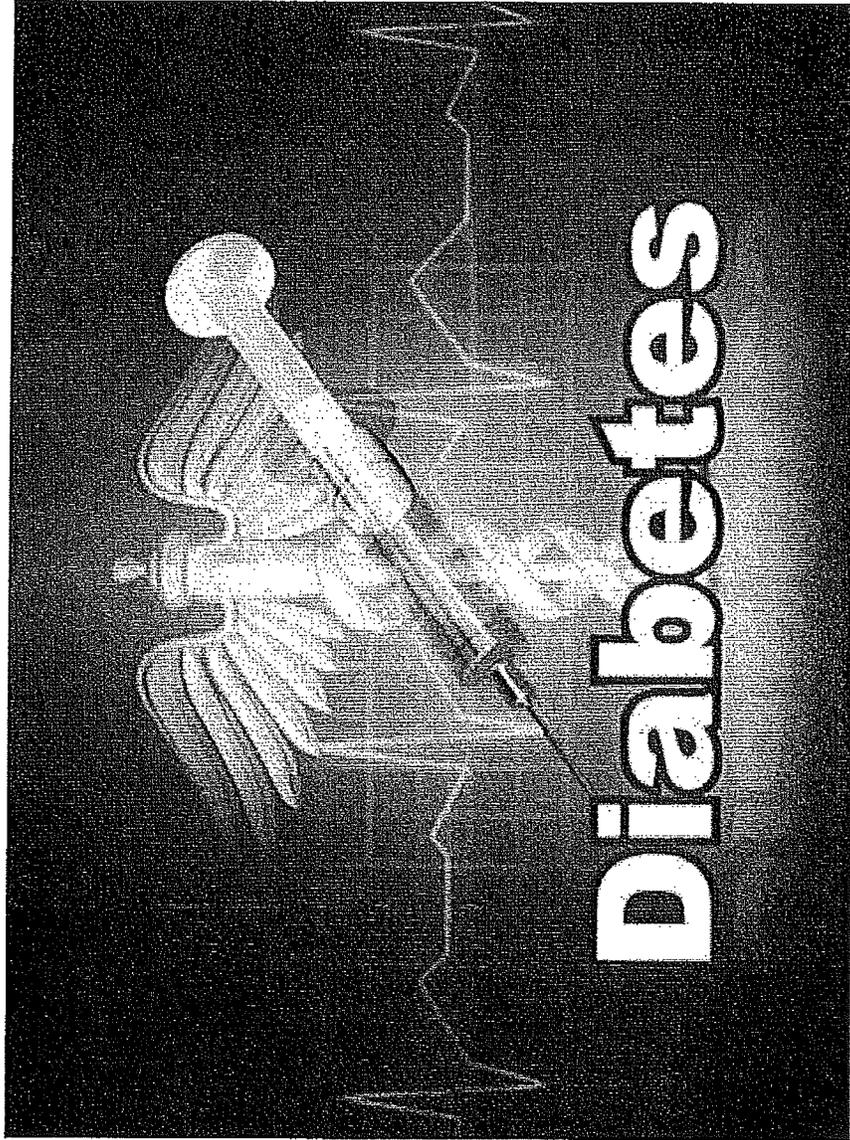
Date	Time	Amount of time	Steps implemented to avoid implementing waivers
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1/2/2015			
1/3/2015			
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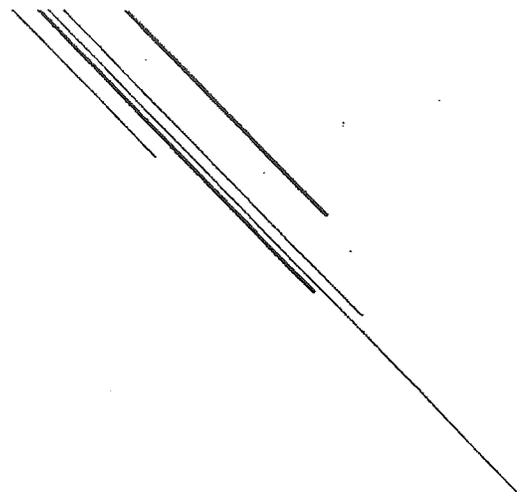
Attachment #3

GLUCOSE TESTING FOR EMT AND EMR



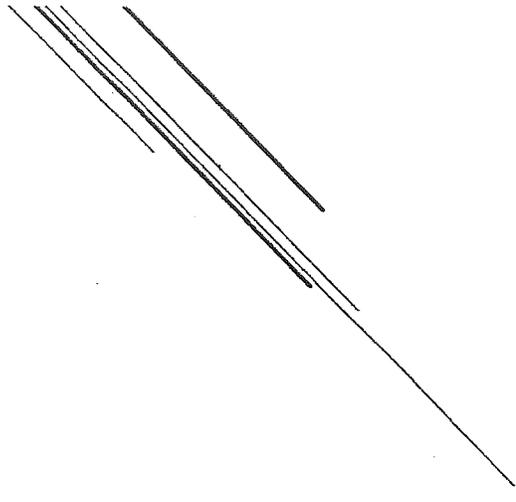


UNDERSTANDING THE DISEASE



- ▶ Glucose is the fuel for all cellular basic energy needs.
- ▶ Some cells can use fats, too, for energy
- ▶ In order for MOST cells to utilize glucose, there needs to be insulin present.

CELLULAR METABOLISM

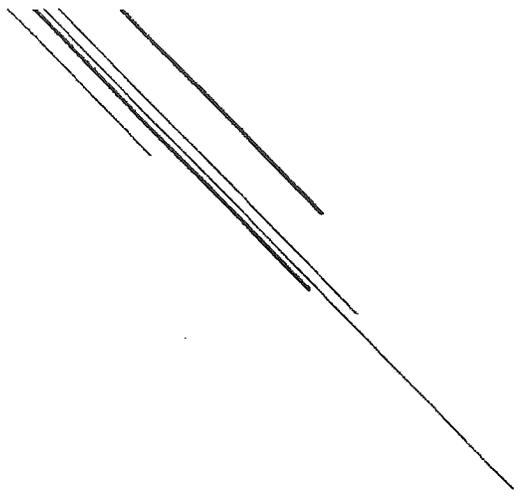


- ▶ Infant 40 – 90
- ▶ Child < 2 Years 60 – 100
- ▶ Child > 2 Years 70 – 105
- ▶ Adult 70 – 105

NORMAL BLOOD GLUCOSE FINDINGS

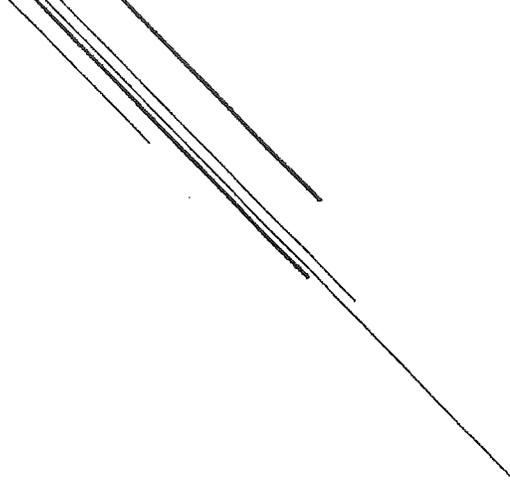
- ▶ Diabetes mellitus
- ▶ Acute stress response
- ▶ Steroid therapy
- ▶ Other

CAUSES OF ELEVATED BLOOD GLUCOSE



- ▶ Insulin overdose
- ▶ Lack of calorie intake
- ▶ Insulin tumor
- ▶ other

CAUSES OF LOW BLOOD GLUCOSE



Low blood glucose

- ▶ Normal or rapid respirations
- ▶ Pale, moist skin
- ▶ Sweating
- ▶ Dizziness, headache
- ▶ Rapid pulse
- ▶ Normal to low blood pressure
- ▶ Altered mental status, aggressive, confused, lethargic, or unusual behavior
- ▶ Anxious or combative behavior
- ▶ Seizure, fainting, coma
- ▶ Weakness on one side of the body (may mimic stroke)

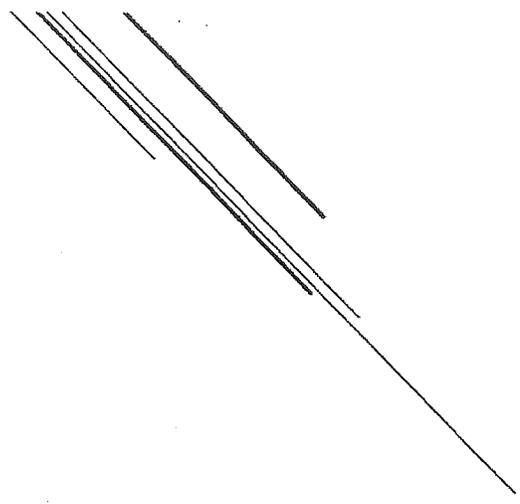
High blood glucose

- ▶ Deep, rapid respirations
 - ▶ Kussmaul
- ▶ Dry skin, sunken eyes
- ▶ Sweet or fruity odor on breath
- ▶ Rapid, weak pulse
- ▶ Normal or slightly low blood pressure
- ▶ Varying degrees of unresponsiveness

CLINICAL
PRESENTATION

- ▶ Insulin and oral medication use
- ▶ Last meal
- ▶ Vomiting
- ▶ Other symptoms

ASSESSMENT

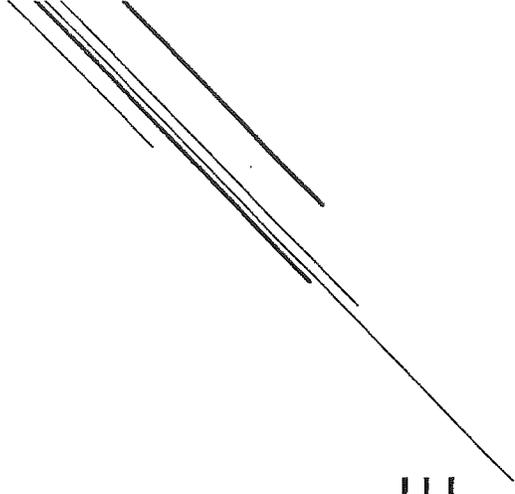


- ▶ Scene size up and body substance isolation
- ▶ Initial assessment
- ▶ Determine need for rapid transport
- ▶ Focused history and physical assessment with vitals
- ▶ Blood glucose check
- ▶ If glucose < 80 with symptoms of low blood glucose and responsive (in control of own airway) administer oral glucose or glucose containing food
- ▶ If glucose < 80 with symptoms of low blood glucose and **UN**responsive (**NOT** in control of own airway) , supportive care and get the patient to ALS care or hospital.
- ▶ Monitor level of consciousness and blood glucose level
- ▶ Supportive care in transport

TREATMENT OF LOW BLOOD GLUCOSE

- ▶ Scene size up and body substance isolation
- ▶ Initial assessment
- ▶ Determine need for rapid transport
- ▶ Focused history and physical assessment with vitals
- ▶ Blood glucose check
- ▶ If glucose > 200 transport to emergency department
- ▶ Consider ALS if vital signs are abnormal
- ▶ Monitor level of consciousness and blood glucose level
- ▶ Supportive care in transport

TREATMENT OF HIGH BLOOD GLUCOSE



Altered level of consciousness in any patient

Shakiness, weakness

Rapid pulse and respiratory rate

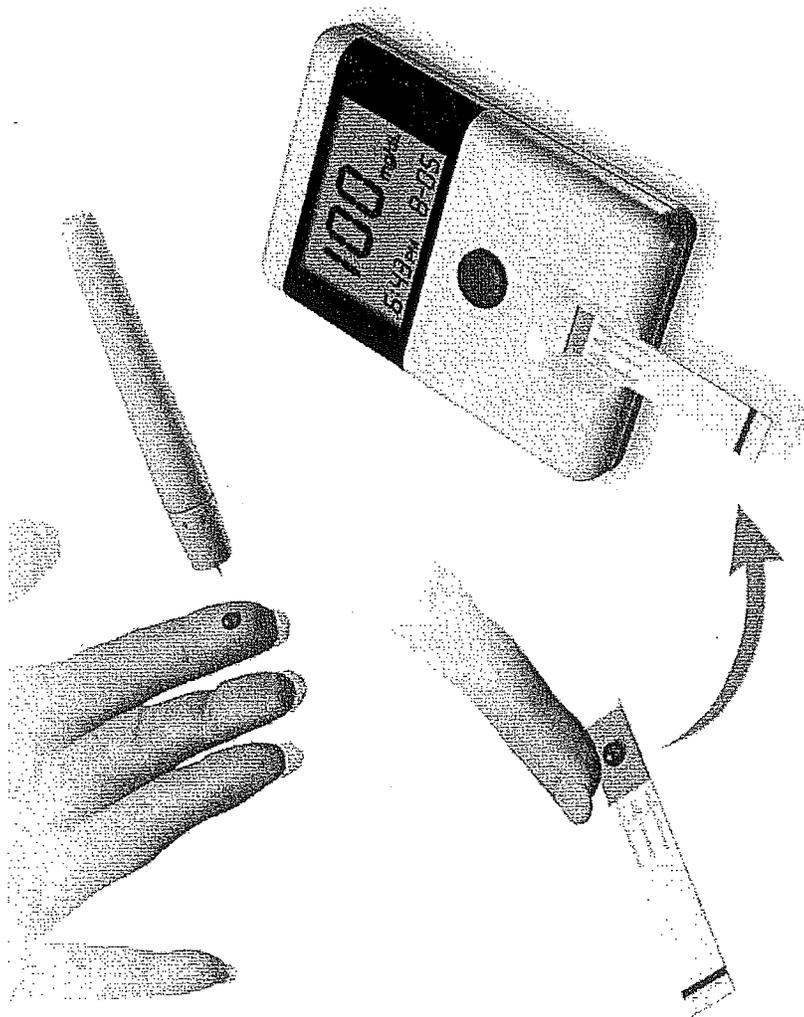
Neurologic deficit (Stroke symptoms)

Seizures

Known diabetic

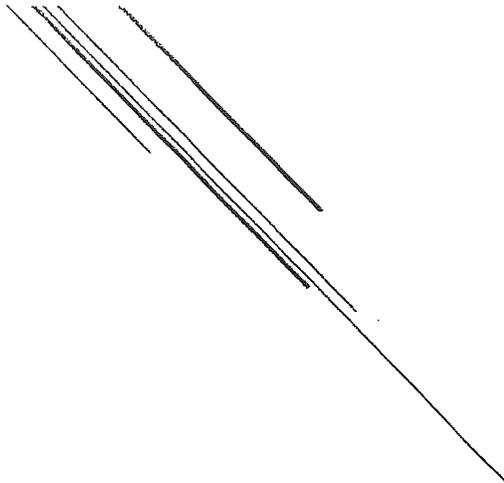
INDICATION FOR BLOOD GLUCOSE
MONITORING

PROCEDURE



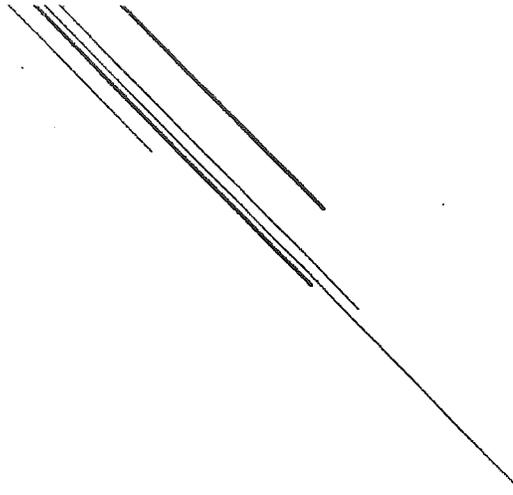
- ▶ Refer to department infection control plan
- ▶ Generally should wear exam gloves

BODY SUBSTANCE ISOLATION PROCEDURES



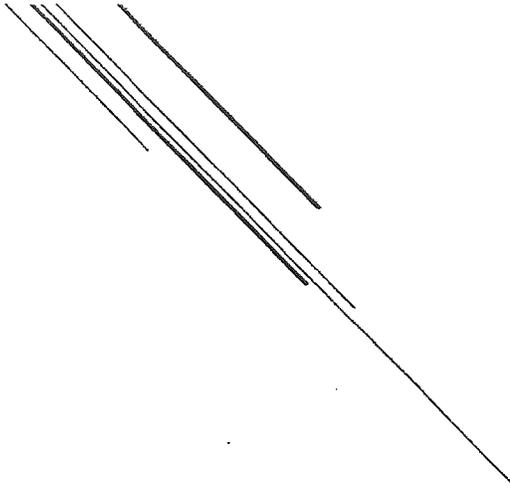
- ▶ Exam gloves
- ▶ Alcohol prep pads
- ▶ Glucometer
- ▶ Test strips
- ▶ Cotton balls / gauze / Band-Aid
- ▶ Lancets
- ▶ Sharps container

EQUIPMENT NEEDED



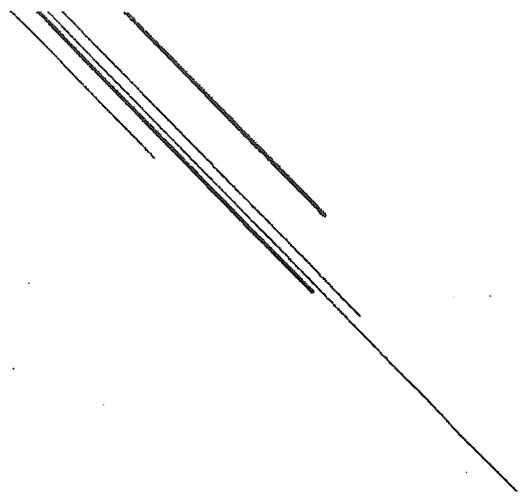
- ▶ Adult and children over 1 year
 - ▶ Fingers, 3rd or 4th on the palmar side
 - ▶ Central fleshy areas

IDENTIFY APPROPRIATE PUNCTURE SITE



- ▶ Cleanse with 70% isopropyl alcohol, using a scrubbing / circular motion
 - ▶ Do NOT use iodine
 - ▶ Allow alcohol to dry

PREPARATION OF THE SITE

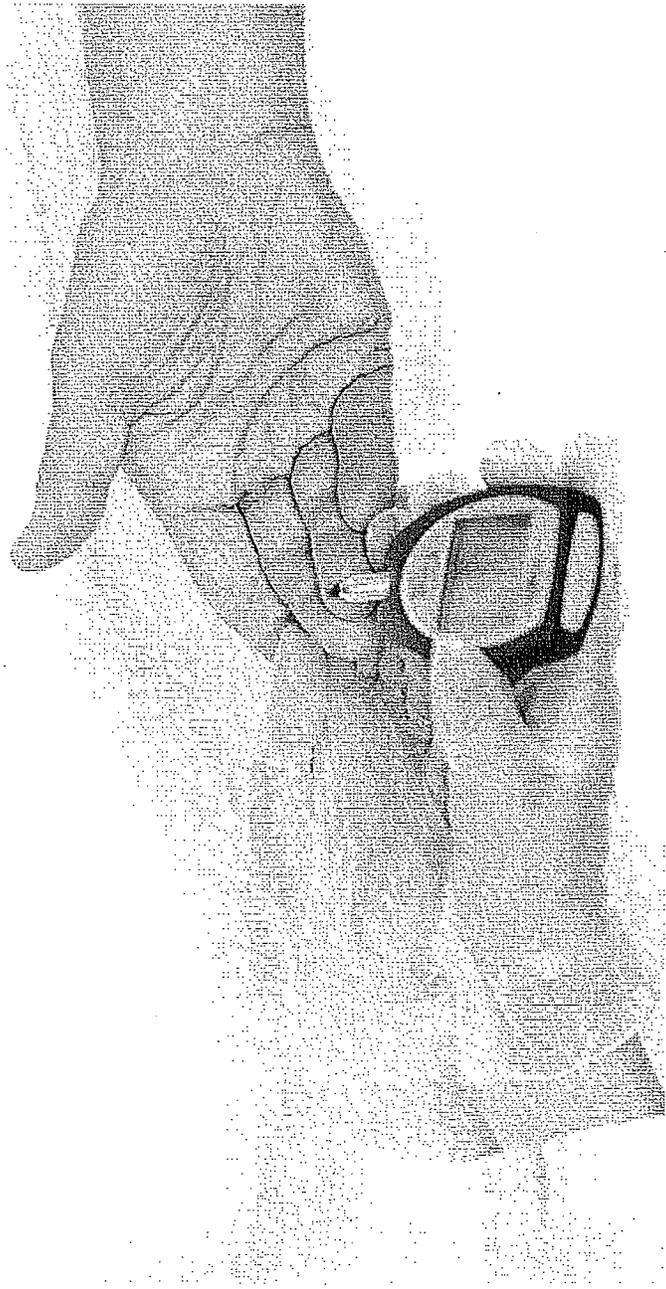


**You must read manufacturer's instructions for
your particular glucometer**

- ▶ Load test strip into meter
- ▶ Glucometer must be set for the test strip code to ensure an accurate test

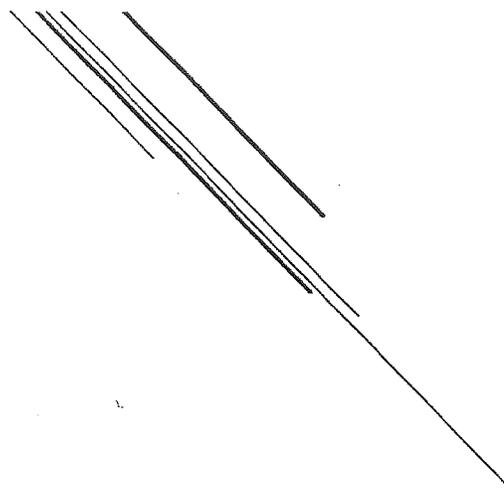


PREPARE GLUCOMETER



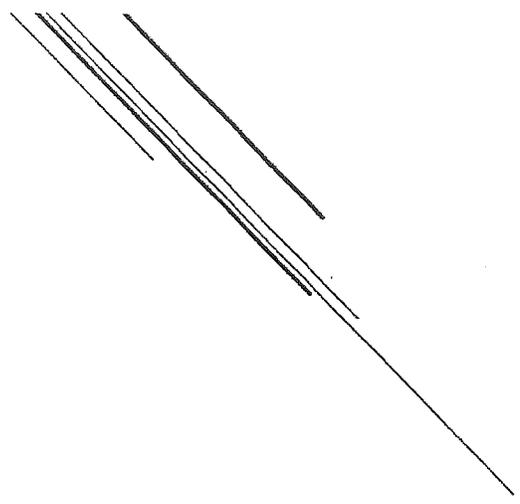
- ▶ Use lancet to stick the site prepared and form a small drop of blood
- ▶ Apply blood drop to the test strip

ACQUIRE BLOOD SPECIMEN



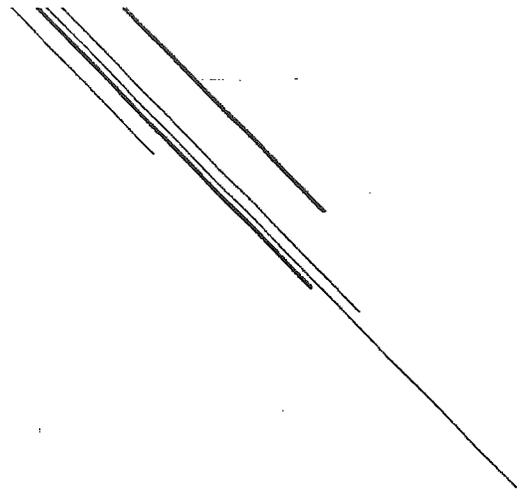
- ▶ Hold pressure to the side with cotton ball or gauze and secure
- ▶ Record blood glucometer reading

AFTER TEST CARE AND PROCEDURE



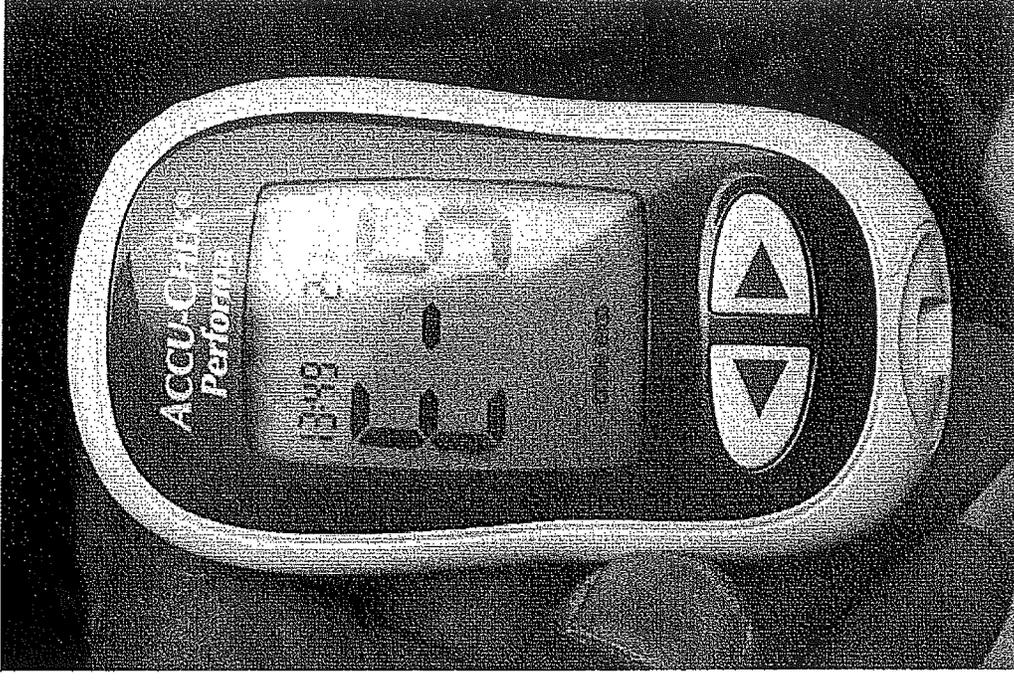
- ▶ Test strip batch number
 - ▶ See manufacturer's instructions
- ▶ Expiration date
- ▶ Meter calibration

METER SET UP

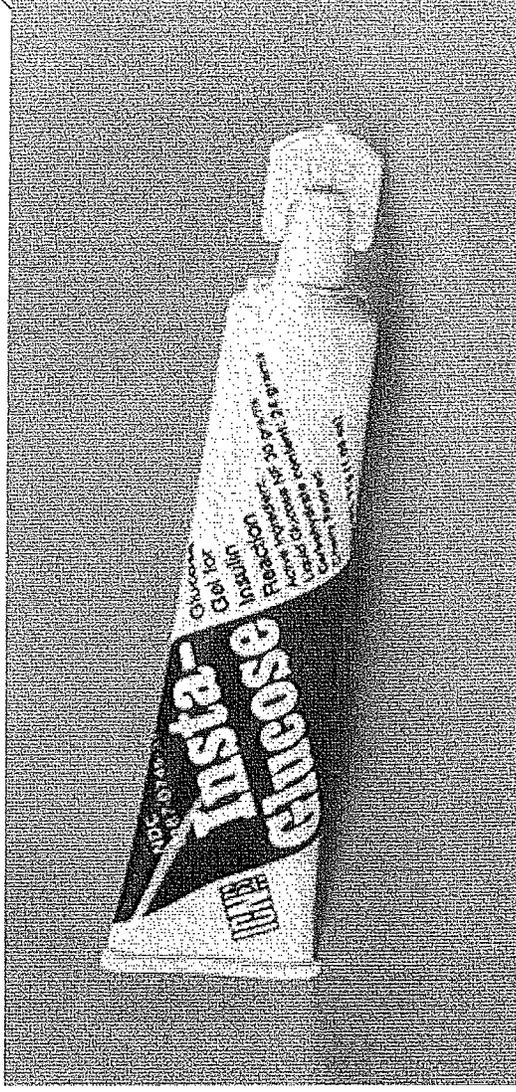


- ▶ Display codes indicate malfunction
 - ▶ See manufacturer instructions
- ▶ Battery failure
- ▶ Test strip batch number
- ▶ "Out of Range"
 - ▶ Consider repeating test
 - ▶ May be extremely high or extremely low blood glucose
- ▶ "Lo"
 - ▶ Less than 20
- ▶ "Hi"
 - ▶ Greater than 500 - 600

METER AND TESTS STRIP PROBLEMS

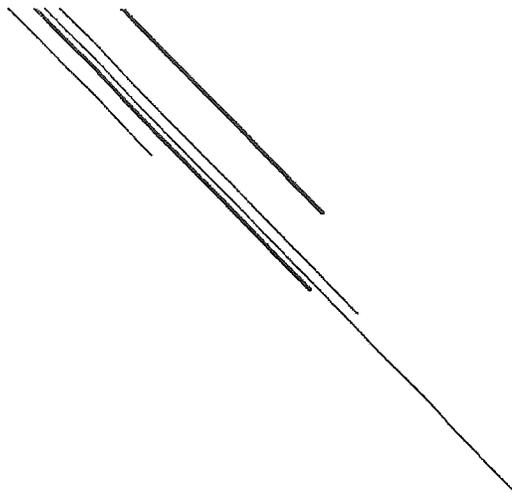


- ▶ Oral glucose
- ▶ Indications
 - ▶ Altered mental status
 - ▶ Blood glucose reading below normal
- ▶ Contraindications
 - ▶ Unresponsive patient
 - ▶ Patients who cannot swallow or maintain their airway
- ▶ Dosage
 - ▶ One tube
 - ▶ May need to be repeated
- ▶ Route
 - ▶ Between cheek and gum



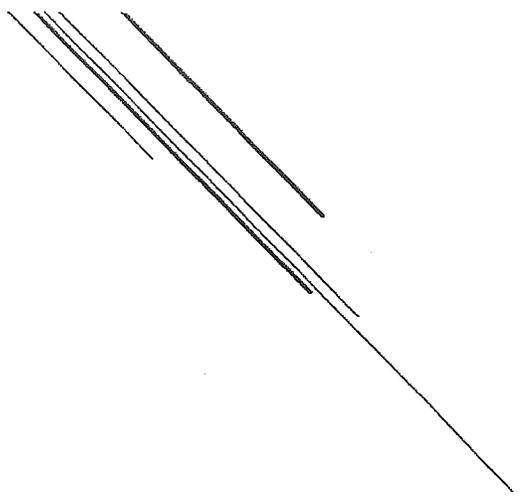
GLUCOSE ADMINISTRATION

CASE # 1



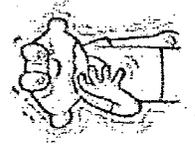
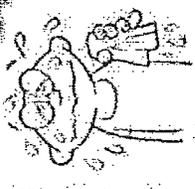
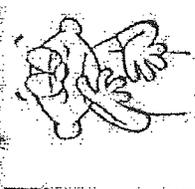
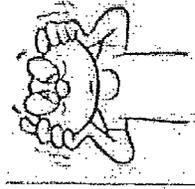
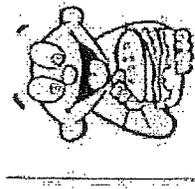
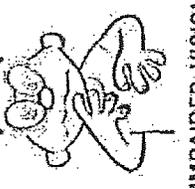
- ▶ Call for insulin reaction
- ▶ 44 year old female
- ▶ Giddy and nervous
- ▶ Insulin dependent diabetic
- ▶ Family reports she had her insulin today but has not eaten

CASE #1

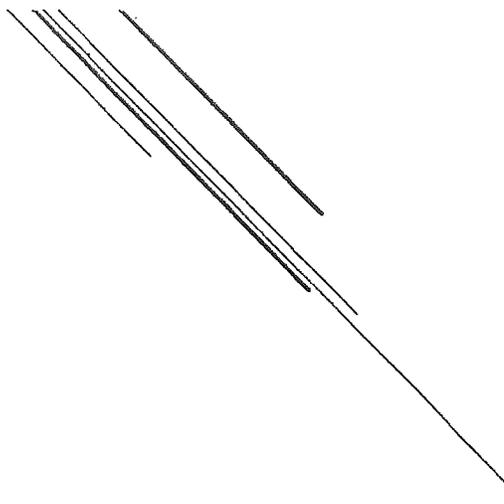


▶ Blood glucose reading shows 40 mg/dl

CASE #1 TREATMENT

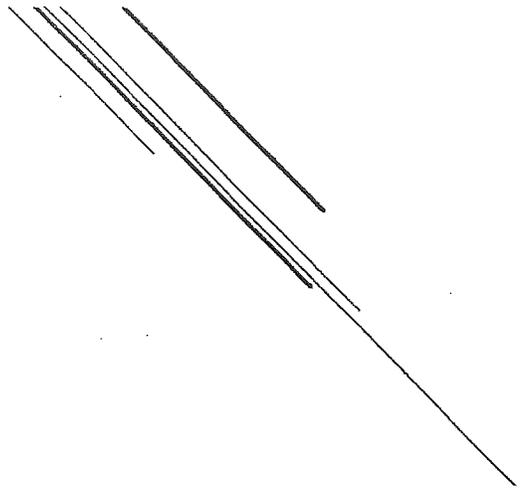
 SHAKING	 SWEATING	 ANXIOUS	 DIZZINESS	 HUNGER
 FAST HEARTBEAT IMPAIRED VISION	 WEAKNESS FATIGUE	 HEADACHE	 IRRITABLE	

CASE #2



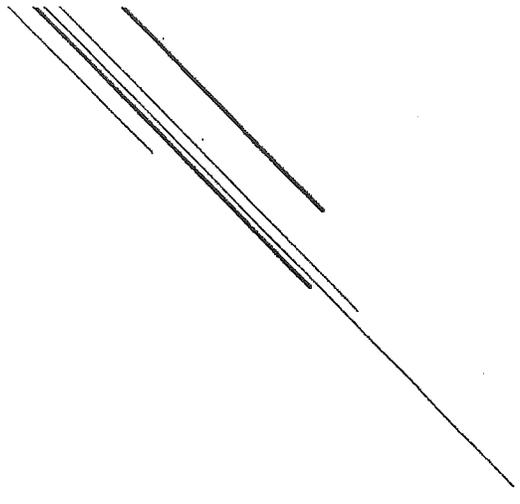
- ▶ Call for unconscious subject at a business
- ▶ 22 year old male
- ▶ Supine on floor unresponsive
- ▶ Vomitus on floor beside him and around his mouth
- ▶ Breathing on his own with strong pulse
- ▶ No medic alert tag

CASE #2

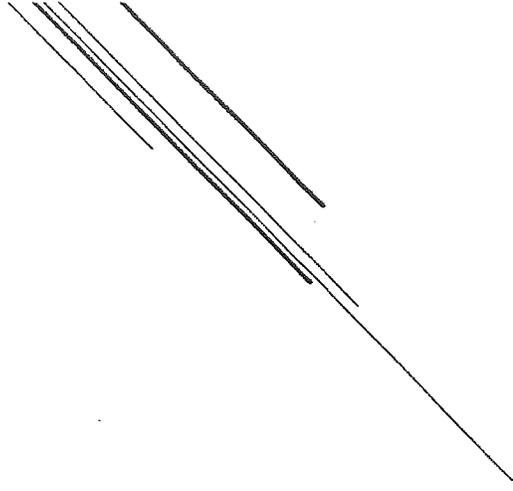


▶ Blood glucose reading of "Lo"

CASE #2 TREATMENT

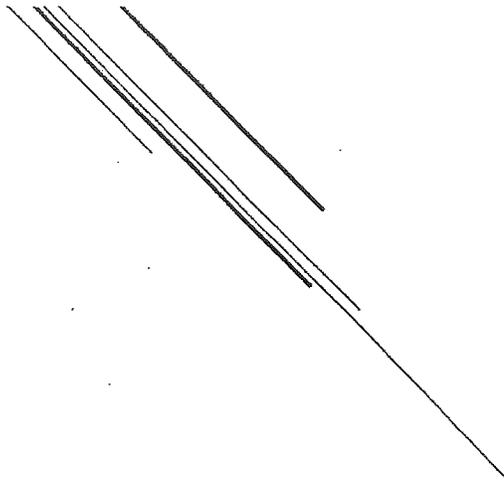


CASE #3



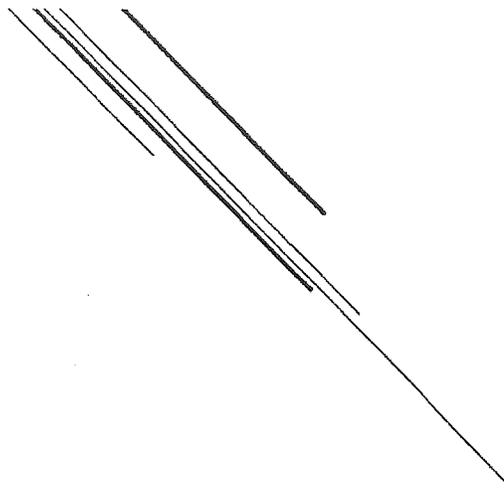
- ▶ MVC
- ▶ Elderly patient driver
- ▶ Single vehicle off the road against a tree
- ▶ Unresponsive but no signs of injury to patient
- ▶ Vitals stable

CASE #3

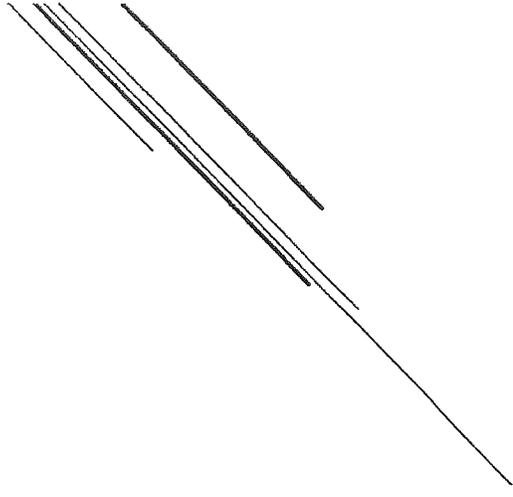


▶ Blood glucose reading of 22

CASE #3 TREATMENT

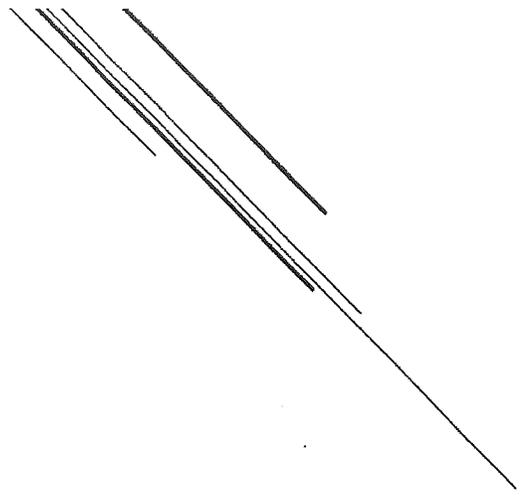


CASE #4



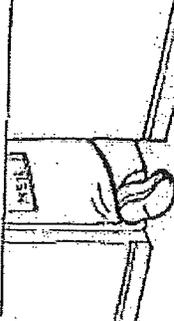
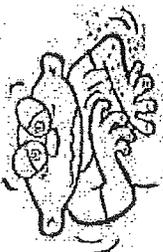
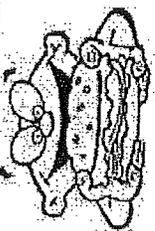
- ▶ Unresponsive diabetic at home
- ▶ 77 year old female
- ▶ Breathing shallow
- ▶ Skin warm and dry
- ▶ Vitals normal
- ▶ Ate today but unknown if she took insulin

CASE #4



▶ Blood glucose "Hi"

CASE #4 TREATMENT

Symptoms		
 FREQUENT URINATION	 DRY SKIN	 EXTREME THIRST
 BLURRED VISION	 DROWSINESS	 HUNGER  NAUSEA