

**Proposed Rule**  
LSA Document #18-201

DIGEST

Amends [836 IAC 1-1-5](#) to require the collection and next day reporting of updated (NEMSIS Version 3) data elements by all emergency medical services provider organizations. Effective 30 days after filing with the Publisher.

[IC 4-22-2.1-5 Statement Concerning Rules Affecting Small Businesses](#)

[836 IAC 1-1-5](#)

SECTION 1. [836 IAC 1-1-5](#) IS AMENDED TO READ AS FOLLOWS:

[836 IAC 1-1-5 Reports and records](#)

**Authority:** [IC 16-31-2-7](#); [IC 16-31-3](#)

**Affected:** [IC 4-21.5](#); [IC 16-31-3](#)

Sec. 5. ~~(a) All emergency medical service provider organizations shall comply with this section.~~

~~(b)~~ **(a)** All emergency medical service provider organizations shall participate in the emergency medical service system review by collecting and reporting data elements **for all emergency medical service provider organization runs**. The elements shall be submitted to the agency by the ~~fifteenth~~ **11:59 p.m.** of the ~~day~~ **day** following ~~month~~ **the completion of the run** by electronic format ~~or submitted on disk in the format and manner~~ specified by the commission. The data elements prescribed by the commission are the following National Emergency Medical Service Information System (NEMSIS) ~~created by the National Association of EMS Directors in partnership with the federal National Highway Traffic Safety Administration~~ **Version 3** data elements:

- ~~(1) EMS agency number.~~
- ~~(2) EMS agency state.~~
- ~~(3) EMS agency county.~~
- ~~(4) Level of service, for example, paramedic, ALS, BLS, etc.~~
- ~~(5) Organizational type, for example, county, hospital, fire department, etc.~~
- ~~(6) Organization status, for example, volunteer, paid, combination.~~
- ~~(7) Statistical year (current calendar year).~~
- ~~(8) Total service area (in square miles).~~
- ~~(9) Total service area population.~~
- ~~(10) 911 call volume per year.~~
- ~~(11) EMS dispatch volume per year.~~
- ~~(12) EMS transport per year.~~
- ~~(13) EMS patient contact volume per year.~~
- ~~(14) EMS agency time zone.~~
- ~~(15) National provider identifier (assigned by the National Plan and Provider Enumeration System).~~
- ~~(16) Agency contact zip code.~~
- ~~(17) Patient care report number.~~
- ~~(18) Software creator, that is, company name.~~
- ~~(19) Software name.~~
- ~~(20) Software version.~~
- ~~(21) EMS agency number (in patient record field).~~
- ~~(22) Incident number.~~
- ~~(23) EMS unit (vehicle) response number, that is, vehicle number.~~
- ~~(24) Type of service requested.~~
- ~~(25) Primary role of the unit.~~
- ~~(26) Type of dispatch delay.~~
- ~~(27) Type of response delay.~~
- ~~(28) Type of scene delay.~~
- ~~(29) Type of transport delay.~~
- ~~(30) Type of turn-around delay.~~

- (31) EMS unit call sign, that is, radio number.
- (32) Response mode to scene.
- (33) Complaint reported by dispatch.
- (34) EMD performed.
- (35) EMD card number.
- (36) Crew member ID (public safety identification number assigned by the Indiana department of homeland security).
- (37) Incident on onset date and time, that is, the date and time the injury occurred or the symptoms or problem started.
- (38) PSAP call date and time, for example, when call came into 911.
- (39) Unit notified by dispatch date and time.
- (40) Unit en route date and time.
- (41) Unit arrived on scene date and time.
- (42) Unit arrived at patient date and time.
- (43) Unit left scene date and time.
- (44) Patient arrived at destination date and time.
- (45) Unit back in service date and time.
- (46) Unit canceled date and time.
- (47) Unit back at home location date and time.
- (48) Patient last name.
- (49) Patient's home zip code.
- (50) Gender.
- (51) Race.
- (52) Ethnicity.
- (53) Age.
- (54) Age units, for example, hours, days, months, or years.
- (55) Date of birth (mmddyyyy).
- (56) Primary method of payment.
- (57) CMS service level.
- (58) Condition code number.
- (59) Number of patients at scene.
- (60) Mass casualty incident (yes or no).
- (61) Incident location type, for example, work, residence, retail establishment.
- (62) Scene zone number (Indiana homeland security district number).
- (63) Incident county.
- (64) Incident state of Indiana.
- (65) Incident zip code.
- (66) Prior aid, that is, aid rendered prior to arrival of unit.
- (67) Prior aid performed by.
- (68) Outcome of prior aid.
- (69) Possible injury.
- (70) Chief complaint.
- (71) Chief complaint anatomic location.
- (72) Chief complaint organ system.
- (73) Primary symptom.
- (74) Other associated symptoms.
- (75) Providers primary impression.
- (76) Providers secondary impression.
- (77) Cause of injury.
- (78) Intent of the injury, for example, self-inflicted.
- (79) Mechanism of injury.
- (80) Use of occupant safety equipment.
- (81) Cardiac arrest.
- (82) Cardiac arrest etiology.
- (83) Resuscitation attempted.
- (84) Barriers to patient care.
- (85) Medical and surgical history.
- (86) Alcohol and drug use indicators.
- (87) Medication given.
- (88) Procedure.
- (89) Number of procedure attempts.

- ~~(90) Procedure successful.~~
- ~~(91) Procedure complication.~~
- ~~(92) Destination/transferred to, name.~~
- ~~(93) Destination/transferred to, code.~~
- ~~(94) Destination zip code.~~
- ~~(95) Destination zone code (Indiana homeland security district number).~~
- ~~(96) Incident/patient disposition.~~
- ~~(97) Transport mode from scene.~~
- ~~(98) Reason for choosing destination.~~
- ~~(99) Type of destination.~~
- ~~(100) Emergency department disposition.~~
- ~~(101) Hospital disposition.~~
- ~~(102) Research survey field.~~
- ~~(103) Medication complication.~~
- (1) Emergency medical services (EMS) agency unique state identification (ID) (dAgency.01).**
- (2) EMS agency number (dAgency.02).**
- (3) EMS agency name (dAgency.03).**
- (4) EMS agency state (dAgency.04).**
- (5) EMS agency service area states (dAgency.05).**
- (6) EMS agency service area counties (dAgency.06).**
- (7) EMS agency census tracts (dAgency.07).**
- (8) EMS agency service area ZIP codes (dAgency.08).**
- (9) Primary type of service (dAgency.09).**
- (10) Other types of service (dAgency.10).**
- (11) Level of service (dAgency.11).**
- (12) Organization status (dAgency.12).**
- (13) Organizational type (dAgency.13).**
- (14) EMS agency organizational tax status (dAgency.14).**
- (15) Statistical calendar year (dAgency.15).**
- (16) Total primary service area size (dAgency.16).**
- (17) Total service area population (dAgency.17).**
- (18) 911 EMS call center volume per year (dAgency.18).**
- (19) EMS dispatch volume per year (dAgency.19).**
- (20) EMS patient transport volume per year (dAgency.20).**
- (21) EMS patient contact volume per year (dAgency.21).**
- (22) National provider identifier (dAgency.25).**
- (23) Fire department ID number (dAgency.26).**
- (24) State associated with the certification/licensure levels (dConfiguration.01).**
- (25) State certification/licensure levels (dConfiguration.02).**
- (26) Procedures permitted by the state (dConfiguration.03).**
- (27) Medications permitted by the state (dConfiguration.04).**
- (28) Protocols permitted by the state (dConfiguration.05).**
- (29) EMS certification levels permitted to perform each procedure (dConfiguration.06).**
- (30) EMS agency procedures (dConfiguration.07).**
- (31) EMS certification levels permitted to administer each medication (dConfiguration.08).**
- (32) EMS agency medications (dConfiguration.09).**
- (33) EMS agency protocols (dConfiguration.10).**
- (34) EMS agency specialty service capability (dConfiguration.11).**
- (35) Emergency medical dispatch (EMD) provided to EMS agency service area (dConfiguration.13).**
- (36) Patient monitoring capabilities (dConfiguration.15).**
- (37) Crew call sign (dConfiguration.16).**
- (38) EMS personnel's state's licensure ID number (dPersonnel.23).**
- (39) EMS personnel's state EMS certification licensure level (dPersonnel.24).**
- (40) Indications for invasive airway (eAirway.01).**
- (41) Date and time airway device placement confirmation (eAirway.02).**
- (42) Airway device being confirmed (eAirway.03).**
- (43) Airway device placement confirmed method (eAirway.04).**
- (44) Type of individual confirming airway device placement (eAirway.06).**
- (45) Crew member ID (eAirway.07).**
- (46) Airway complications encountered (eAirway.08).**
- (47) Suspected reasons for failed airway procedure (eAirway.09).**

- (48) Cardiac arrest (eArrest.01).
- (49) Cardiac arrest etiology (eArrest.02).
- (50) Resuscitation attempted by EMS (eArrest.03).
- (51) Arrest witnessed by (eArrest.04).
- (52) Cardiopulmonary resuscitation (CPR) care provided prior to EMS arrival (eArrest.05).
- (53) Who provided CPR prior to EMS arrival (eArrest.06).
- (54) Automated external defibrillator (AED) use prior to EMS arrival (eArrest.07).
- (55) Who used AED prior to EMS arrival (eArrest.08).
- (56) Type of CPR provided (eArrest.09).
- (57) First monitored arrest rhythm of the patient (eArrest.11).
- (58) Any return of spontaneous circulation (eArrest.12).
- (59) Date/time of cardiac arrest (eArrest.14).
- (60) Date/time resuscitation discontinued (eArrest.15).
- (61) Reason CPR/resuscitation discontinued (eArrest.16).
- (62) Cardiac rhythm on arrival at destination (eArrest.17).
- (63) End of EMS cardiac arrest event (eArrest.18).
- (64) Crew member ID (eCrew.01).
- (65) Crew member level (eCrew.02).
- (66) Crew member response role (eCrew.03).
- (67) Complaint reported by dispatch (eDispatch.01).
- (68) EMD performed (eDispatch.02).
- (69) Destination transferred to, name (eDisposition.01).
- (70) Destination transferred to, code (eDisposition.02).
- (71) Destination state (eDisposition.05).
- (72) Destination county (eDisposition.06).
- (73) Destination ZIP code (eDisposition.07).
- (74) Number of patients transported in this EMS unit (eDisposition.11).
- (75) Incident/patient disposition (eDisposition.12).
- (76) EMS transport method (eDisposition.16).
- (77) Transport mode from scene (eDisposition.17).
- (78) Additional transport mode descriptors (eDisposition.18).
- (79) Final patient acuity (eDisposition.19).
- (80) Reason for choosing destination (eDisposition.20).
- (81) Type of destination (eDisposition.21).
- (82) Hospital inpatient destination (eDisposition.22).
- (83) Hospital capability (eDisposition.23).
- (84) Destination team prearrival alert or activation (eDisposition.24).
- (85) Date/time of destination prearrival alert or activation (eDisposition.25).
- (86) Estimated body weight in kilograms (eExam.01).
- (87) Barriers to patient care (eHistory.01).
- (88) Advance directives (eHistory.05).
- (89) Medication allergies (eHistory.06).
- (90) Alcohol/drug use indicators (eHistory.17).
- (91) Cause of injury (eInjury.01).
- (92) Mechanism of injury (eInjury.02).
- (93) Trauma center criteria (eInjury.03).
- (94) Vehicular, pedestrian, or other injury risk factor (eInjury.04).
- (95) Main area of the vehicle impacted by the collision (eInjury.05).
- (96) Location of patient in vehicle (eInjury.06).
- (97) Use of occupant safety equipment (eInjury.07).
- (98) Airbag deployment (eInjury.08).
- (99) Height of fall (feet) (eInjury.09).
- (100) Date/time medication administered (eMedications.01).
- (101) Medication administered prior to this unit's EMS care (eMedications.02).
- (102) Medication given (eMedications.03).
- (103) Medication administered route (eMedications.04).
- (104) Medication dosage (eMedications.05).
- (105) Medication dosage units (eMedications.06).
- (106) Response to medication (eMedications.07).
- (107) Medication complication (eMedications.08).
- (108) Medication crew (healthcare professionals) ID (eMedications.09).

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- (109) Role/type of person administering medication (eMedications.10).
  - (110) Patient care report narrative (eNarrative.01).
  - (111) Personal protective equipment used (eOther.03).
  - (112) Suspected EMS work related exposure, injury, or death (eOther.05).
  - (113) Crew member completing this report (eOther.08).
  - (114) Emergency department disposition (eOutcome.01).
  - (115) Hospital disposition (eOutcome.02).
  - (116) Last name (ePatient.02).
  - (117) First name (ePatient.03).
  - (118) Middle initial/name (ePatient.04).
  - (119) Patient's home address (ePatient.05).
  - (120) Patient's home city (ePatient.06).
  - (121) Patient's home county (ePatient.07).
  - (122) Patient's home state (ePatient.08).
  - (123) Patient's home ZIP code (ePatient.09).
  - (124) Gender (ePatient.13).
  - (125) Race (ePatient.14).
  - (126) Age (ePatient.15).
  - (127) Age units (ePatient.16).
  - (128) Date of birth (ePatient.17).
  - (129) Primary method of payment (ePayment.01).
  - (130) Closest relative/guardian last name (ePayment.23).
  - (131) Closest relative/guardian first name (ePayment.24).
  - (132) Centers for Medicare and Medicaid Services (CMS) service level (ePayment.50).
  - (133) Date/time procedure performed (eProcedures.01).
  - (134) Procedure performed prior to this unit's EMS care (eProcedures.02).
  - (135) Procedure (eProcedures.03).
  - (136) Number of procedure attempts (eProcedures.05).
  - (137) Procedure successful (eProcedures.06).
  - (138) Procedure complication (eProcedures.07).
  - (139) Response to procedure (eProcedures.08).
  - (140) Procedure crew members ID (eProcedures.09).
  - (141) Role/type of person performing the procedure (eProcedures.10).
  - (142) Protocols used (eProtocols.01).
  - (143) Protocol age category (eProtocols.02).
  - (144) Patient care report number (eRecord.01).
  - (145) Software creator (eRecord.02).
  - (146) Software name (eRecord.03).
  - (147) Software version (eRecord.04).
  - (148) EMS agency number (eResponse.01).
  - (149) Incident number (eResponse.03).
  - (150) EMS response number (eResponse.04).
  - (151) Type of service requested (eResponse.05).
  - (152) Primary role of the unit (eResponse.07).
  - (153) Type of dispatch delay (eResponse.08).
  - (154) Type of response delay (eResponse.09).
  - (155) Type of scene delay (eResponse.10).
  - (156) Type of transport delay (eResponse.11).
  - (157) Type of turnaround delay (eResponse.12).
  - (158) EMS vehicle (unit) number (eResponse.13).
  - (159) EMS unit call sign (eResponse.14).
  - (160) Level of care of this unit (eResponse.15).
  - (161) Response mode to scene (eResponse.23).
  - (162) Additional response mode descriptors (eResponse.24).
  - (163) First EMS unit on scene (eScene.01).
  - (164) Other EMS or public safety agencies at scene (eScene.02).
  - (165) Type of other service at scene (eScene.04).
  - (166) Date/time initial responder arrived on scene (eScene.05).
  - (167) Number of patients at scene (eScene.06).
  - (168) Mass casualty incident (eScene.07).
  - (169) Triage classification for mild cognitive impairment (MCI) patient (eScene.08).

- (170) Incident location type (eScene.09).
- (171) Incident city (eScene.17).
- (172) Incident state (eScene.18).
- (173) Incident ZIP code (eScene.19).
- (174) Incident county (eScene.21).
- (175) Date/time of symptom onset (eSituation.01).
- (176) Possible injury (eSituation.02).
- (177) Complaint type (eSituation.03).
- (178) Complaint (eSituation.04).
- (179) Duration of complaint (eSituation.05).
- (180) Time units of duration of complaint (eSituation.06).
- (181) Chief complaint anatomic location (eSituation.07).
- (182) Chief complaint organ system (eSituation.08).
- (183) Primary symptom (eSituation.09).
- (184) Other associated symptoms (eSituation.10).
- (185) Provider's primary impression (eSituation.11).
- (186) Provider's secondary impressions (eSituation.12).
- (187) Initial patient acuity (eSituation.13).
- (188) Public safety answering point (PSAP) call date/time (eTimes.01).
- (189) Dispatch notified date/time (eTimes.02).
- (190) Unit notified by dispatch date/time (eTimes.03).
- (191) Unit en route date/time (eTimes.05).
- (192) Unit arrived on scene date/time (eTimes.06).
- (193) Arrived at patient date/time (eTimes.07).
- (194) Transfer of EMS patient care date/time (eTimes.08).
- (195) Unit left scene date/time (eTimes.09).
- (196) Patient arrived at destination date/time (eTimes.11).
- (197) Destination patient transfer of care date/time (eTimes.12).
- (198) Unit back in service date/time (eTimes.13).
- (199) Unit canceled date/time (eTimes.14).
- (200) Date/time vital signs taken (eVitals.01).
- (201) Obtained prior to this unit's EMS care (eVitals.02).
- (202) Cardiac rhythm / electrocardiography (ECG) (eVitals.03).
- (203) ECG type (eVitals.04).
- (204) Method of ECG interpretation (eVitals.05).
- (205) Systolic blood pressure (eVitals.06).
- (206) Diastolic blood pressure (eVitals.07).
- (207) Method of blood pressure measurement (eVitals.08).
- (208) Heart rate (eVitals.10).
- (209) Pulse oximetry (eVitals.12).
- (210) Respiratory rate (eVitals.14).
- (211) End tidal carbon dioxide (ETCO2) (eVitals.16).
- (212) Blood glucose level (eVitals.18).
- (213) Glasgow coma score-eye (eVitals.19).
- (214) Glasgow coma score-verbal (eVitals.20).
- (215) Glasgow coma score-motor (eVitals.21).
- (216) Glasgow coma score-qualifier (eVitals.22).
- (217) Total Glasgow coma score (eVitals.23).
- (218) Temperature (eVitals.24).
- (219) Level of responsiveness (AVPU) (eVitals.26).
- (220) Pain scale score (eVitals.27).
- (221) Stroke scale score (eVitals.29).
- (222) Stroke scale type (eVitals.30).
- (223) Reperfusion checklist (eVitals.31).

Basic life support nontransport provider organizations that are paid or volunteer fire departments that render fire prevention or fire protection services to a political subdivision are not required to submit data under this rule.

(e) (b) Each emergency medical services provider organization shall retain all records required by this title for a minimum of three (3) years, except for the following records that shall be retained for a minimum of seven (7) years:

- (1) Audit and review records.
- (2) ~~Run~~ **Patient care** reports.
- (3) Training records.
- (4) Maintenance records.

~~(d)~~ **(c)** An emergency medical service provider organization that has any certified vehicles involved in any traffic accident investigated by a law enforcement agency shall report that accident to the agency within ten (10) working days on a form provided by the agency.

~~(e)~~ **(d)** Each provider organization, except basic life support nontransport provider organization, shall maintain accurate records concerning the assessment, treatment, or transportation of each emergency patient, including a ~~run~~ **patient care** report form in an electronic or written format as prescribed by the commission as follows:

(1) A ~~run~~ **patient care** report form shall include, at a minimum, the following:

- (A) Name.
- (B) Identification number.
- (C) Age.
- (D) Sex.
- (E) Date of birth.
- (F) Race.
- (G) Address, including ZIP code.
- (H) Location of incident.
- (I) Chief complaint.
- (J) History, including the following:
  - (i) Current medical condition and medications.
  - (ii) Past pertinent medical conditions and allergies.
- (K) Physical examination section.
- (L) Treatment given section.
- (M) Vital signs, including the following:
  - (i) Blood pressure.
  - (ii) Pulse.
  - (iii) Respirations.
  - (iv) Level of consciousness.
  - (v) Skin temperature and color.
  - (vi) Pupillary reactions.
  - (vii) Ability to move.
  - (viii) Presence or absence of breath sounds.
  - (ix) The time of observation and a notation of the quality for each vital sign.
- (N) Responsible guardian.
- (O) Hospital destination.
- (P) Radio contact via UHF or VHF.
- (Q) Name of patient attendants, including emergency medical service certification numbers and signatures.
- (R) Vehicle certification number.
- (S) Safety equipment used by patient.
- (T) Date of service.
- (U) Service delivery times, including the following:
  - (i) Time of receipt of call.
  - (ii) Time dispatched.
  - (iii) Time arrived on scene.
  - (iv) Time of departure from scene.
  - (v) Time arrived at hospital.
  - (vi) Time departed from hospital.
  - (vii) Time vehicle available for next response.
  - (viii) Time vehicle returned to station.

(2) The ~~run~~ **patient care** report form shall be designed in a manner to provide space for narrative notation of additional medical information.

(3) A copy of the completed ~~run~~ **patient care** report form shall be provided to the receiving facility when the patient is delivered unless it is not feasible; however, the form shall be provided to the receiving facility not later than twenty-four (24) hours after the patient is delivered.

(4) When a patient has signed a statement for refusal of treatment or transportation services, or both, that signed statement shall be maintained as part of the ~~run~~ **patient care** documentation.

(f) (e) Each basic life support nontransport provider organization shall maintain, in a manner prescribed by the commission, accurate records, including a ~~run~~ **patient care** report form, concerning the assessment and treatment of each emergency patient as follows:

(1) A ~~run~~ **patient care** report form shall be required by all basic life support nontransport provider organizations, including, at a minimum, the following:

- (A) Name.
- (B) Identification number.
- (C) Age.
- (D) Sex.
- (E) Race.
- (F) Physician of the patient.
- (G) Date of birth.
- (H) Address, including ZIP code.
- (I) Location of incident.
- (J) Chief complaint.
- (K) History, including the following:
  - (i) Current medical condition and medications.
  - (ii) Past pertinent medical conditions and allergies.
- (L) Physical examination section.
- (M) Treatment given section.
- (N) Vital signs, including the following:
  - (i) Pulse.
  - (ii) Blood pressure.
  - (iii) Respirations.
  - (iv) Level of consciousness.
  - (v) Skin temperature and color.
  - (vi) Pupillary reactions.
  - (vii) Ability to move.
  - (viii) Presence or absence of breath sounds.
  - (ix) The time of observation and a notation of the quality for each vital sign.
- (O) Responsible guardian.
- (P) Name of patient attendants, including emergency medical services certification numbers and signatures.
- (Q) Vehicle emergency medical services certification number.
- (R) Responding service delivery times, including the following:
  - (i) Time of receipt of call.
  - (ii) Time dispatched.
  - (iii) Time arrived on scene.
  - (iv) Time of patient released to transporting emergency medical services.
  - (v) Time vehicle available for next response.
- (S) Date of service.
- (T) Safety equipment used by patient.

(2) The report form shall provide space for narrative description of the situation and the care rendered by the nontransport unit.

(3) A signed statement for refusal of treatment or transportation services, or both, shall be maintained as part of the ~~run~~ **patient care** documentation.

*(Indiana Emergency Medical Services Commission; [836 IAC 1-1-5](#); filed Jun 11, 2004, 1:30 p.m.: 27 IR 3512; filed Jul 31, 2007, 10:01 a.m.: [20070829-IR-836060011FRA](#); filed Oct 6, 2009, 4:19 p.m.: [20091104-IR-836080879FRA](#); readopted filed Jul 29, 2010, 8:07 a.m.: [20100825-IR-836100267RFA](#); readopted filed Oct 31, 2016, 1:48 p.m.: [20161130-IR-836160328RFA](#))*

### [Notice of Public Hearing](#)

Posted: 10/17/2018 by Legislative Services Agency  
An [html](#) version of this document.