FINDINGS AND ORDER OF THE
INDIANA DEPARTMENT OF HOMELAND SECURITY

OPERATIONAL GUIDELINES AND WAIVERS ADDRESSING COVID-19 RESURGENCE
GENERAL WAIVER ORDER #5

TO: ALL CERTIFIED OR LICENSED EMS INDIVIDUALS
ALL EMS PROVIDER ORGANIZATIONS
ALL TRAINING INSTITUTIONS & OFFICIALS
ALL EMS MEDICAL DIRECTORS

ORDER NUMBER: W0059-2021

Pursuant to the authority of Indiana Code § 4-21.5-3-6 and Indiana Code § 16-31-3-5, the Indiana Department of Homeland Security (Department) enters this Findings and Order in response to the Public Health Emergency of the Coronavirus Covid-19 and regarding the operational rules for the certification held by or being issued to Indiana EMS provider organizations.

The Public Health Emergency of the coronavirus Covid-19 has created potential challenges for the emergency services providers and educators of Indiana. This Order clarifies what blanket educational waivers are being issued generally. More specific waiver requests may be submitted for consideration as needed.

I. FINDINGS

Upon review of all of the information available to staff and after consultation with several EMS providers, the staff of the EMS section of the Indiana Department of Homeland Security finds that:
The circumstances of the Public Health Emergency demonstrate that (1) compliance with the rule will impose an undue hardship on the Applicant; and (2) either:

(A) noncompliance with the rule; or
(B) compliance with an alternative requirement approved by the Indiana Department of Homeland Security;
will not jeopardize the quality of patient care.

Due to the resurgence in coronavirus COVID-19, there has been increased demand on EMS organizations but also increased staffing challenges and other operational challenges.

II.
ORDER

Based upon the Findings set forth above, the Department Orders the following:

OPERATIONS

1. **EMResource:** All EMS provider organizations should have an EMResource log in to track their status or ALL the fields daily. Initially, the focus was on PPE but there are fields on staffing, ambulance availability, etc. that are greatly helpful to us and often other provider organizations that may be providing mutual aid to your area. This tool is crucial for an overview of what resources are needed for EMS and for IDHS and IDOH planning purposes. If your provider organization is not currently utilizing EMResource, please contact your EMS District Manager for assistance in registering and using the system. Note that hospitals are being directed to update new information on diversion status as well.

2. **EMTs PERFORMING COVID VACCINATIONS:** EMTs continue to be able to administer COVID vaccinations pursuant to a continuation of the Governor’s Executive Order #20-51 which is being renewed monthly at this point but has been requested to continue by IDHS.

3. **DISPATCH SCREENING:** EMS provider organizations are encouraged to work with their Medical Directors and their dispatch centers to develop 911 screening policies. The dispatch protocols are within the discretion of the dispatch Medical Director and are not regulated by the EMS rules. Provider organizations may work with their Medical Director to determine priority of calls within their system. If a EMD type system is used, typically a priority system would prioritize by urgency beginning with Delta (ALS hot response), Charlie (ALS cold response), Beta (BLS hot response), Alpha (BLS cold response and then Omega (referral or alternate care response).
4. **ALTERATION OF MEDICAL PROTOCOLS**: EMS provider organizations may alter their medical protocols by order of their Medical Director. This may be modifying existing medical protocol or via a specified protocol specifically addressing suspected coronavirus Covid-19. A Medical Director approved protocol may also delineate appropriate alternate means of transport in consideration of IDOH and CDC guidelines. A Medical Director may also designate alternate transport destinations or downgrading of patients (for instance, if the Medical Director approves, an isolated administration of Zofran could be downgraded to a BLS transport during the Public Health Emergency). Any protocol modifications should be reported to the appropriate district EMS District Manager.

5. **EXPIRED MEDICATION USAGE**: 836 IAC 1-1-8(c)(2) and 836 IAC 2-2-3(4) are waived in that medications and equipment with expiration dates may be utilized after the specified expiration date IF 1) the shortage is a result of the Public Health Emergency; and/or 2) the use of the expired medication or equipment has been recommended by the CDC, FDA, or other regulatory body.

6. **ALTERNATE FORMS OF TRANSPORT**: 836 1-2-1(c) which provides that "an emergency patient shall only be transported in a certified ambulance" is waived IF 1) there are not sufficient ambulances available for transport as a result of the Public Health Emergency without creating a significant delay in response/transport time; and 2) the provider organization Medical Director or local Department of Health has approved alternate transport methods other than ambulance transport/or non-critical patients. **Note that this applies to BLS transports only.** 836 IAC 2-2-3 prohibits any paramedic provider organization from transporting a patient receiving ALS care in any vehicle other than a certified ambulance and remains in effect.

7. **EMS EQUIPMENT**: Emergency care equipment for BLS ambulance (836 IAC 1-3-5), BLS non-transport vehicles (836 IAC 1-11-4), AEMT ambulance (Emergency Rule, LSA Document #12-393(E), SECTION 6), Paramedic ambulance (836 IAC 2-2-3), and ALS non-transport vehicles (836 IAC 2-14-5) is modified as follows:

   a. Consumables that become unavailable due to any supply shortages related to the Public Health Emergency are waived from compliance at the minimum stocking level.
   b. Personal Protection Equipment (PPE) that become unavailable due to any supply shortages related to the Public Health Emergency are waived from compliance at the minimum stocking level. Providers should follow current guidance from IDOH and CDC about when to use PPE, the re-use of PPE, and the utilization of expired PPE items.
   c. Providers continue to have the opportunity to add additional equipment beyond the minimal standards (including items to address the response to the
Public Health Emergency) so long as the equipment is within the scope of practice of the certification level of the ambulance or vehicle and that the medical director & provider organization have both approved and provided training for staff on use.

8. **24/7 ALS COVERAGE:** 836 IAC 2-2-1(g) which requires paramedic provider organizations to provide continuous 24-hour ALS coverage is waived IF there is not sufficient staffing due to the Public Health Emergency impacting staffing. If 24-hour coverage cannot be provided then, the provider organization shall notify the local or affected dispatch center(s) and the IDHS EMS District Manager(s) for the impacted district(s). Note this should be a temporary, short-term period not a lengthy one.

9. **ALS CREW CONFIGURATIONS:** 836 IAC 2-2-1 (h) which requires an EMT or higher accompany a paramedic for a "paramedic response" and then, if ALS techniques have been initiated, there be an EMT or higher on the transporting ambulance with the paramedic is waived IF 1) there is a staffing shortage as a result of the Public Health Emergency and 2) the provider organization Medical Director has approved the alternate staffing arrangement. Note that alternate staffing by utilization of emergency medical responders (EMR) in place of an EMT is preferred. Similarly, the requirement for an AEMT response (836 IAC 2-7.2-1(g)) of EMT or higher co-staffing for both an "AEMT response" and an AEMT transport are waived IF 1) there is a staffing shortage because of the Public Health Emergency and 2) the provider organization Medical Director has approved the alternate staffing arrangement.

10. **ALS TRANSFER STAFFING:** 836 IAC 2-2-1 which provides the minimum staffing for a "paramedic response" or ALS response is WAIVED in the following:
   a. If a certified EMS person is on the ambulance (including operating the ambulance), then a Registered Nurse, licensed physician or licensed physician's assistant may substitute a paramedic for providing patient care for an ALS patient when the transport is an interfacility transfer AND
      i. There is a staffing shortage or demand surge related to the public health emergency; and
      ii. The substituting healthcare professional has received an overview of the ambulance safety procedures, operations, and equipment availability & location.
   b. If this WAIVER needs to be utilized, provider organizations should track usage on a waiver tracking tool form and submitted to the organization's assigned EMS District Manager no less than every quarter (90 days).
CERTIFICATIONS

11. While COVID-19 is challenging operational aspects, training and education opportunities remain available including on-line offerings. Guidelines for continuing education, including on-line offerings, can be found at https://www.in.gov/dhs/ems/individual-certifications/. No certification expiration dates are being extended and waivers are unlikely to be granted relating to certification expiration deadlines.

EDUCATION

12. **PSYCHOMOTOR EXAMINATION:** All EMR and EMT psychomotor examinations are permitted to continue but must conform with the social distancing and masking requirements created by state or local law/emergency health orders.

13. **CLINICAL EDUCATION:** Currently, neither IDHS nor the EMS Commission have the ability to waive “educational requirements” by Statute. A challenge area has been clinical education due to access. While IDHS nor the Commission may waive a requirement, there is not prohibition against a substitution for a requirement. The base requirements are clinical experience hours and clinical patient contacts. During the public health emergency, IDHS will accept:

   a. For hospital clinical experience/hours, a training institution may approve a substitution at another type of facility such as ECF or clinic or even substitute with additional ambulance clinical experience.

   b. For “patient contacts” there is a strong preference for live patient interaction since the term patient is used. However, the local training institution and its medical director can define patient contacts for their program. If there is high fidelity simulation that may be acceptable for some patient contacts, etc. for successful course completion, EMTs must have 10 “patient contacts.”

III.

EFFECTIVE DATE OF FINDINGS AND ORDER

This Order is effective immediately and will expire when the public health emergency issued by the Governor expires. This Order may also be rescinded by further Order.

SO ORDERED.

By: Kraig Kinney, Director and Counsel
Emergency Medical Services
Indiana Department of Homeland Security

[Handwritten Signature]

Date: August 31, 2021