



Eric Holcomb, Governor
STATE OF INDIANA

Indiana Department of Homeland Security
302 West Washington Street
Indianapolis, IN 46204

**EMERGENCY MEDICAL SERVICES
COMMISSION MEETING MINUTES**

DATE: March 24, 2017

TIME: 10:00am

LOCATION: Columbus City Hall
Columbus, Indiana

MEMBERS PRESENT:	G. Lee Turpen II	(Private Ambulance)
	Darin Hoggatt	(Paramedics)
	John Zartman	(Training Institution)
	Myron Mackey	(EMTs)
	Mike Garvey	(Indiana State EMS Director)
	Terri Hamilton	(Volunteer EMS)
	Sara Brown	(Trauma Physician)
	Charles Valentine	(Municipal Fire)
	Matthew McCullough	(Volunteer Fire and EMS)
	Elizabeth Westfall	Proxy (Dir of Preparedness and Training)
	Andrew Bowman	(RN)
	Melanie Jane Craig	(Hospital EMS)
	Steve Champion	(Medical Doctor)
Members Not Present:	Brandon Wood	(Dir of Preparedness and Training)

OTHERS PRESENT: Field Staff, Robin Stump, Tony Pagano, EMS Field Staff, and members of the EMS Community.

CALL TO ORDER AND ROLL CALL

Meeting called to order at 10:00am by Chairman Lee Turpen. Ms. Robin Stump called roll and announced quorum.

ACKNOWLEDGE OF PARAMEDIC STUDENTS

Chairman Turpen ask for any paramedic students in the audience and acknowledge them for their hard work and commitment.

ADOPTION OF MINUTES

- a. Adoption of minutes from the January 20, 2017 session.

A motion was made by Commissioner Zartman to approve minutes. The motion was seconded by Commissioner Mackey. The motion passed.

National Collaborative for Bio-Preparedness

Debbie Durham and Crissy Howard presented their mission which is to enable information sharing and response collaboration between federal, state, local, and private sector partners that have public health and bio preparedness interests. The purpose is to collect data for syndromic surveillance. Director Garvey also stated that the state is working on securing a data use agreement with sharing data with NCBP.

2017 LEGISLATIVE

Director Garvey commented on four bills that are currently going thru.

House bill 1145 requires the state to develop a stroke care systems. It would require the EMS Commission to develop triage and transportation protocols for EMS providers when taking care of stroke patients. It would also require IN State Dept of Health to verify stroke centers in the state of Indiana.

Senate bill 119 require the EMS Commission to develop standards for air ambulance dispatch and transportation and also puts another position on the EMS Commission. Also adds line of duty death benefits.

House bill 1424 deals with motor vehicle medical information program. (Yellow dot program) This bill has not passed through the house yet.

House bill 1430 deal with suicide assessment and prevention training. It would require the EMS Commission to adopt a suicide training assessment that all EMS personnel would have to complete.

TELAMON VIVITROL PROJECT

Sunny Lu Williams presented a presentation on a Private Public Partnership in the form of a joint venture supporting mobile paramedic resources in the community to combat the opioid epidemic. Ms. Williams presented that in Indiana for every 100 people there are 109 prescriptions. The proposed model that they have worked on is working with paramedics to support a SOBER (Statewide Opioid Blocker and Education Resource) initiative. The goal behind the vivitrol project is a private public partnership in the form of a joint venture between multiple state agencies, multiple county jail and county drug court organizations in supporting a reduction in opioid epidemic through leveraging of paramedics as first responders. They will begin pilot study in Hamilton County very soon and it will start with drug court participants

INDIANA DEPARTMENT OF HEALTH

Mrs. Katie Hokonson presented the following:

4th annual Medical Directors Conference April 28, 2017

3rd annual injury prevention conference on May 15, 2017

Injury prevention app for smart phone

February Trauma care committee had 1 year review

Terre Haute Regional – Level 2

St. Anthony Crown Point – Level 3

Reid Health – Level 3

ISDH spoke about a project they did last year to have local health department request naloxone kits. Last year they ask for proposals from local health departments to request naloxone kits and gave out the following– 20 local health depts getting over 3,400 kits. This year they will also send out 2,100 kits to 22 local health departments.

EMS FOR CHILDREN (EMSC)

Ms. Margo Knefelkamp reported the following:

TEEX Peds course – 73 people registered. 2 spots open

Nominations for the EMS Hero Award are being accepted

EMSCsurveys.org – Portal open March 1, 2017, 367 Indiana EMS agencies are being ask to submit survey. 106 providers have submitted.

DATA COLLECTION

Mike Lockard presented information on data collection. The agency needs to update the rules for data collection. 836 IAC 1-1-5 currently requires all providers to submit data by the 15 of the following month either electronic or formatted disk. To be able to look at trends data needs to be submitted sooner rather than the following month time frame. Mike proposed that the rule be changed to submit data at a minimum of every 4 hours. Mike stated that if providers are currently using the Image Trend software data is coming in real time. For providers that are using a vendor with web services they can have those vendors set up to submit at that time. Director Garvey wanted to make sure that everyone was clear on promulgation process and there will be time for public input. Chairman Turpen stated that AMR would have a huge financial impact for AMR to report every 4 hours.

A motion was made by Commissioner Valentine to send data collection to the TAC and for them to have a proposal at the next Commission meeting. The motion was seconded by Hoggatt, motion was approved.

TECHNICAL ADVISORY COMMITTEE (TAC)

Chairman of the TAC Leon Bell presented the following:

TAC wants to make a motion regarding rules, that the rules require training institutions at all levels to submit outcome data to the state. (pass rates, graduation and retention rates)

TAC reminded the Commission about continuing education requirements and inactive status of paramedics. The NR inactive status does not require a rule change.

TAC talked about the testing for PI students. With NR having an assessment test TAC is proposing that we drop the pre EMT test for the PI process. If an institution wants to test a PI student prior to entering course, the institution could require the student to complete the assessment test.

Motion to drop the Pre EMT test made by Commissioner Mackey – no second motion failed.

Commission Valentine stated the previous discussion regarding the pre PI test that the Commission has voted prior that the passing rate was now at 80% but the assessment test with the NR is a pass/fail. Commission Zartman requested that the EMS Commission look at that further and bring back the information during a future Commission meeting.

Motion to take the pre PI test was made by Commission Zartman and seconded by Commission Valentine. Motion passed. *Please revisit on the tape?? I am not sure what happened here myself??*

INDIANA EMERGENCY MEDICAL SERVICES ASSOCIATION (IEMSA)

Nathaniel Metz presented the following:

Legislative breakfast was held at the Indiana State House. Members had great conversation with members of the house and senate and Nate commented that we are doing a terrible job of educating. Action points that the association would like to do is working on a series of videos. (recruitment, public education and call for action)

Association also met with the Governor.

HIP 2.0 extension – IEMSA submitted a public comment. Non-emergency medical transport benefit, does not necessarily mean a non-emergency ambulance transport.

The Association also met with FSSA Director Mr. Mosier and was going to ask for a waiver for community paramedicine – FSSA is working with them and don't think they need a waiver. They also talked about the use of a broker for Anthem and IndyWise – If the trip does not come through the broker the provider may not be getting paid but the broker is getting paid. The FSSA Director did not realize this and was going to look into it. Also, discussed the definition of emergency in the rules, the 50 mile preauthorizing rule, SET transports, and Medicaid reimbursement rates. There was discussion regard Medicaid reimbursement rates that have not gone up in many years.

Next meetings 4th Friday of every other month

May 5th – Fort Wayne

June 23- voting positions elections - Indianapolis

August 25 – West Lafayette

Oct 27 - Vincennes

December 22 - TBD

Working with Lifesource for a pilot study – EMS provider's access into Indiana health information exchange.

EMS EDUCATION WORKING GROUP

Mr. Jeffrey Quinn reported the following:

Jeff Quinn is Chairman, George Schulp is the Co-Chair, Jana Szostek is the Secretary

Updated practical exam skills sheets will be going at soon.

Going to be working on best practices with training institutions. Compiling information on what is working well for those institutions that have good performance and work with those institutions that are not performing as well.

Currently working on how do they make the Ed Working group bigger and better.

Next meeting will be April 27th at FDIC in the 500 ballroom.

The site for the Indiana Education Working group is <http://ieewg.org/>

PERSONNEL WAIVER REQUESTS

Jarred Rankin 2193-6132

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

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.

(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

Mr. Rankin is requesting a waiver to allow his NAEMSE Primary Instructor Level 1 course and certification to account for his training and to waive testing.

Staff recommends: Deny as the Commission has already approved the course as being equivalent but has previously required applicant to complete all testing and internship.

A motion was made by Commissioner Zartman to approve staff recommendation to deny. The motion was seconded by Commissioner Champion and Commissioner McCullough abstained. The motion was passed.

Williams Thomas Lundy III 1579-5886

836 IAC 4-4-1 General certification provisions

Sec. 1. (a) Applicants for original certification as an emergency medical technician shall meet the following requirements:

- (1) Be a minimum of eighteen (18) years of age.
- (2) Successfully complete the Indiana basic emergency medical technician training course as approved by the commission and administered by a certified training institution.
- (3) Pass the emergency medical technician written and practical skills examinations as set forth and approved by the commission.

Mr. Lundy is requesting a waiver to be certified at the age of 17. Mr. Lundy completed his course on May 19, 2016. His one year to be certified as an EMT will expire on May 19, 2017. William will not turn 18 until June 30, 2017.

**Practical exam completed on June 11, 2016
Written exam completed on February 3, 2017**

Staff recommends: Approval

A motion was made by Commissioner Valentine to approve staff recommendation and was seconded by Commissioner Hamilton. The motion passed.

Commissioner Hoggatt commended Mr. Lundy on the completeness and professionalism of his waiver packet.

PROVIDER WAIVER REQUESTS

Fort Wayne Fire Department

Rule 14. Advanced Life Support Nontransport Vehicles; Standards and Certification

836 IAC 2-14-1 General certification provisions

Authority: IC 16-31-2-7

Affected: IC 16-31-3

Sec. 1. (a) This rule is applicable to all advanced life support nontransport vehicles eligible for certification.

(b) All advanced life support nontransport vehicles shall be in full compliance with the minimum specifications and certification requirements established in this rule.

836 IAC 2-14-2 Application for certification

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

Affected: IC 16-31-3-2; IC 16-31-3-8

Sec. 2. (a) Application for advanced life support nontransport vehicle certification shall be made by the provider organization

on such forms as provided by the agency and shall comply with the following requirements:

(1) An applicant shall complete and submit the required forms to the agency with the following information:

(A) Name and address of provider organization.

(B) Vehicle information including:

(i) make;

(ii) model;

(iii) year; and

(iv) vehicle identification number.

(2) Each advanced life support nontransport vehicle for which certification is requested shall be made available for inspection by the agency with its equipment as required by this article or 836 IAC 1 prior to approval for certification.

(b) Upon approval, a certificate shall be issued to the advanced life support nontransport vehicle provider organization for each advanced life support nontransport vehicle.

(c) The certificate:

(1) expires on the date appearing in the expiration date section of the certificate; and

(2) shall be prominently displayed within the advanced life support nontransport vehicle driver compartment.

(d) Except as provided in subsection (e), a provider organization shall not operate an advanced life support nontransport vehicle on any public way in Indiana if the advanced life support nontransport vehicle:

(1) is not in full compliance with the advanced life support nontransport vehicle certification requirements established in this article; and

(2) does not have a certificate issued under IC 16-31.

(e) A provider organization may operate, for a period not to exceed sixty (60) consecutive days, a noncertified advanced life support nontransport vehicle if the noncertified advanced life support nontransport vehicle is used to replace a certified advanced life support nontransport vehicle that has been taken out of service providing the following:

(1) The replacement advanced life support nontransport vehicle shall meet all certification requirements.

(2) The provider organization shall notify the agency in writing within seventy-two (72) hours of the time the replacement advanced life support nontransport vehicle is placed in service. The written notice shall identify the following:

(A) The replacement date.

(B) The certification number of the replaced advanced life support nontransport vehicle.

(C) The:

(i) vehicle identification number; and

(ii) make and type;

of the replacement advanced life support nontransport vehicle.

Upon receipt of the notification, a temporary certificate shall be issued effective the date the certified advanced life support nontransport vehicle was replaced. Temporary certification shall not exceed sixty (60) days from the date that the replacement ambulance is placed in service and, upon return to service of the certified ambulance, the use of the replacement vehicle shall cease.

(Indiana Emergency Medical Services Commission; 836 IAC 2-14-2; filed Jun 30, 2000, 4:18 p.m.: 23 IR 2742; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3547; filed Jul 31, 2007, 10:01 a.m.: 20070829-IR-836060011FRA; readopted filed Jul 29, 2010, 8:07 a.m.: 20100825-IR-836100267RFA)

836 IAC 2-14-3 Advanced life support nontransport vehicle specifications

Authority: IC 16-31-2-7

Affected: IC 16-31-3

Sec. 3. (a) All advanced life support nontransport vehicles shall meet or exceed the following minimum performance characteristics:

- (1) The vehicle engine shall be an internal combustion, liquid-cooled engine that meets advanced life support nontransport vehicle chassis manufacturer's standard horsepower/displacement requirements.
- (2) The fully loaded vehicle shall be capable of a sustained speed of at least sixty-five (65) miles per hour over dry, level, or hard-surfaced roads.
- (3) The steering system shall be the manufacturer's recommended design and be power assisted.
- (4) Tires shall meet the manufacturer's standards for the gross vehicle weight of the vehicle. No tire shall display exposed tire cord or have tread depth less than two thirty-seconds (2/32) on back tires and four thirty-seconds (4/32) on front tires spaced equally around the tire and with no visible defects. Retread tires shall not be used on advanced life support nontransport vehicles.

(b) All advanced life support nontransport vehicles shall meet or exceed the following minimum specifications for electrical systems:

- (1) The electrical generating system shall consist of a one hundred five (105) ampere alternator minimum.
- (2) Lighting shall be designed and located so that no glare is reflected from surrounding areas to the driver's eyes or line of vision, from instrument panel, switch panel, or other areas that may require illumination while the vehicle is in motion.
- (3) Each advanced life support nontransport vehicle shall have an audible backup warning device that is activated when the advanced life support nontransport vehicle is shifted into reverse.

(c) All advanced life support nontransport vehicles shall meet the following requirements for external identification:

- (1) Warning lights of red or red and white, at the discretion of the owner, and shall conform with Indiana law. All lights on vehicle shall be in working condition.
- (2) Each advanced life support nontransport vehicle shall display the four (4) numbers of the commission-assigned advanced life support nontransport vehicle certification number. The four (4) numbers, in sequence, shall be placed on each side of the advanced life support nontransport vehicle on the right and left front fenders and on the rear portion of the vehicle. Each number shall be in block letters not less than three (3) inches in height. These numbers shall be displayed in color contrasting, reflective material. The numbers shall be placed on the vehicle within seven (7) days of the receipt of the advanced life support nontransport vehicle certificate. The numbers shall be removed or permanently covered by the provider organization when the advanced life support nontransport vehicle is permanently removed from service by the provider organization.

(3) A commission-certified vehicle sticker shall be displayed on all certified advanced life support nontransport vehicles.

(d) All windows shall be intact. The vehicle shall have windshield wipers in working condition.

(e) Dual, firmly secured, vibrationless rear-view mirrors, one (1) mounted on the left side of the vehicle and one (1) mounted on the right side, shall be included.

(f) The driver compartment, at a minimum, shall be equipped with appropriate passenger restraints that are installed in all seating facilities for the driver and the passenger.

(g) All advanced life support nontransport vehicles shall meet or exceed the following minimum communication standards:

(1) All radios used in emergency medical services vehicles for the purpose of dispatch or tactical communications shall demonstrate and maintain the ability to provide a voice communications linkage, during transmission, with the emergency medical service provider organization's associated base station within the area the emergency medical service provider organization normally serves or proposes to serve.

(2) Radio equipment used in emergency medical services vehicles shall be appropriately licensed through the Federal Communications Commission. The maximum power of the transmitter shall be no more than the minimum required for technical operation commensurate with the size of the area to be served and local conditions that affect radio transmission and reception.

(3) All emergency medical services vehicles shall be equipped with two-way radios that shall have one (1) channel or talkgroup used primarily for dispatch and tactical communications.

(4) All nontransport vehicles shall maintain a communication 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) voice communications. The communications system shall be licensed by the Federal Communications Commission.

(5) Type and number of sirens shall be at the discretion of the advanced life support nontransport vehicle provider organization and shall conform to Indiana law.

(h) All advanced life support nontransport vehicles shall provide an adequate system for heating and window defrosting of the driver compartment.

(i) Each provider organization shall ensure that rigid sanitation procedures are in effect at all times. The following sanitation standards apply to all vehicles used for the purpose of providing advanced life support services:

(1) The equipment within the vehicle shall be clean and maintained in good working order at all times.

(2) Compartments shall be provided within the vehicle for medical supplies and equipment storage.

(3) 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.

(Indiana Emergency Medical Services Commission; 836 IAC 2-14-3; filed Jun 30, 2000, 4:18 p.m.: 23 IR 2743; filed Jun 11, 2004,

1:30 p.m.: 27 IR 3548; readopted filed Jul 29, 2010, 8:07 a.m.: 20100825-IR-836100267RFA)

836 IAC 2-14-4 Advanced life support nontransport vehicle rescue equipment

Authority: IC 16-31-2-7

Affected: IC 16-31-3

Sec. 4. Advanced life support nontransport vehicles shall carry the following assembled and readily accessible minimum rescue equipment:

(1) 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 they are readily accessible.

(2) Equipment for release from entrapment or confinement, including the following:

- (A) One (1) hammer, four (4) pound, fifteen (15) inch handle (hammer weight and length are minimums).
 - (B) One (1) wrecking bar, twenty-four (24) inch combination tool minimum.
 - (C) One (1) self-contained portable light source.
- (Indiana Emergency Medical Services Commission; 836 IAC 2-14-4; filed Jun 30, 2000, 4:18 p.m.: 23 IR 2744; readopted filed Nov 30, 2006, 9:17 a.m.: 20061213-IR-836060486RFA; readopted filed Jul 29, 2010, 8:07 a.m.: 20100825-IR-836100267RFA)*

836 IAC 2-14-5 Advanced life support nontransport vehicle emergency care equipment

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

Sec. 5. Each advanced life support nontransport vehicle shall wrap, properly store, and handle all the single-service implements to be 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:

(1) Respiratory and resuscitation equipment as follows:

(A) Portable suction apparatus, capable of a minimum vacuum of three hundred (300) millimeters mercury, equipped with two (2) each of the following:

(i) wide-bore tubings;

(ii) rigid catheters;

(iii) soft pharyngeal suction tips in child size; and

(iv) soft pharyngeal suction tips in adult size.

(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) 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:

(i) Adult.

(ii) Child.

(iii) Infant.

(iv) Neonatal (mask only).

(D) Oropharyngeal airways, two (2) each of adult, child, and infant.

(E) One (1) pocket mask with one-way valve.

(F) Portable oxygen equipment of at least three hundred (300) liters capacity (D size cylinder) with:

(i) yoke;

(ii) medical regulator;

(iii) pressure gauge; and

(iv) nondependent flowmeter.

(G) Oxygen delivery devices shall include the following:

(i) High concentration devices, two (2) each, adult, child, and infant.

(ii) Low concentration devices, two (2) each, adult.

(H) Nasopharyngeal airways, two (2) each of the following with water soluble lubricant:

(i) Small (20-24 french).

(ii) Medium (26-30 french).

- (iii) Large (31 french or greater).
 - (I) Bulb syringe individually packaged in addition to obstetrics kit.
 - (J) Nonvisualized airway minimum of two (2) with water soluble lubricant.
 - (K) Portable defibrillator with self-contained cardiac monitor and ECG strip writer and equipped with defibrillation pads or paddles appropriate for adult and pediatric defibrillation.
 - (2) Wound care supplies as follows:
 - (A) Airtight dressings, four (4), for open chest wounds.
 - (B) Assorted bandaging supplies for the care of soft tissue injuries.
 - (3) Patient stabilization equipment as follows:
 - (A) Upper and lower extremity splinting devices, two (2) each.
 - (B) Rigid extrication collar, two (2) each capable of the following sizes:
 - (i) Pediatric.
 - (ii) Small.
 - (iii) Medium.
 - (iv) Large.
 - (4) Personal protection/universal precautions equipment, minimum of one (1) each, including the following:
 - (A) Gowns.
 - (B) Face masks and shields.
 - (C) Gloves.
 - (D) Biohazard bags.
 - (E) Antimicrobial hand cleaner.
 - (5) Miscellaneous items as follows:
 - (A) Obstetrical kit, sterile, one (1).
 - (B) Blood pressure manometer, one (1) each in the following cuff sizes:
 - (i) Large adult.
 - (ii) Adult.
 - (iii) Pediatric.
 - (C) Stethoscopes, one (1) each in the following sizes:
 - (i) Adult.
 - (ii) Pediatric.
 - (D) Sharps collector, one (1) being a minimum of seven (7) inches in height.
 - (E) Intravenous fluids and administration supplies approved by the medical director.
 - (6) A current copy of advanced life support protocols shall be maintained on board the advanced life support nontransport vehicle at all times.
 - (7) A copy of the medication list, including quantities and concentrations approved by the medical director.
 - (8) Medications if approved by medical director, and solely for use by individuals with a certification as an emergency medical technician or higher, are as follows:
 - (A) Baby aspirin, eighty-one (81) milligrams each.
 - (B) Activated charcoal.
 - (C) Instant glucose.
 - (D) Epinephrine auto-injector or auto-injectors.
 - (9) Intermediate services shall also carry medications as approved by the medical director not to exceed the items listed in 836 IAC 2-7.2-3(d)(2)(D).
- (Indiana Emergency Medical Services Commission; 836 IAC 2-14-5; filed Jun 30, 2000, 4:18 p.m.: 23 IR 2744; filed Feb 20, 2003, 8:00 a.m.: 26 IR 2357; filed Jun 11, 2004, 1:30 p.m.: 27 IR 3549; filed Jul*

Fort Wayne Fire Department is requesting a waiver of their ALS non-transport vehicles. They are wanting to certify all 25 pieces of apparatus. They currently has all BLS required equipment on each vehicle but would not have the required IV supplies and ALS medications for each vehicle. They are asking for the waiver to move a few sets of the ALS equipment to the apparatus that the paramedic is assigned to on that day.

Staff recommends: Abstain

Randy Samuels commented that the department as 2 full time paramedic engine companies and the other 22 paramedics get moved around. The ALS equipment will be moved around to where the paramedics are assigned that day.

Commission Zartman ask about a time line for getting more equipment and personnel. Randy stated that over the next year they will be purchasing more equipment and have an additional 10 personnel in paramedic course now. The will be starting another 10 in paramedic class next year. Randy also stated that the department will not be carrying any controlled substances.

A motion was made by Commissioner Mackey to approve the waiver for one year, the motion was seconded by Commission Valentine. Commissioner Zartman and Hamilton abstained from the vote. The motion passed.

AMR Evansville

836 IAC 2-2-1 General requirements for paramedic provider organizations

(h) A paramedic ambulance service provider organization must be able to provide a paramedic level response. For the purpose of this subsection, "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 section 3(e) of this rule.

(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 and an emergency medical technician; and

(ii) an emergency medical technician-intermediate 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.

- (i) 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.

AMR Evansville is requesting a renewal waiver to allow the patient compartment to be staffed by hospital personnel during a neonatal with isolette transport. The hospital sends the required personnel with the patient being transported and the ambulance will still have the EMT driving the ambulance.

Staff recommends: Approval

Chairman Turpen abstained from this vote. A motion was made by Commissioner Zartman to approve the staff recommendation. The motion was seconded by Commissioner Bowman. The motion passed.

Owen County EMS

836 IAC 2-2-1 General requirements for paramedic provider organizations

(h) A paramedic ambulance service provider organization must be able to provide a paramedic level response. For the purpose of this subsection, "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 section 3(e) of this rule.
- (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 and an emergency medical technician; and
 - (ii) an emergency medical technician-intermediate 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.

- (i) 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.

Owen County EMS is requesting a waiver to allow them to utilize a backup ambulance to be staffed with a paramedic and a non-certified driver. They are regularly staffed with a paramedic and EMT and this would only be when all regularly staff vehicles are out on runs and they have another run come in and a paramedic available.

Staff recommends: Approve – based on previous commission action.
6 month update
e-mail EMS District Manager

A motion was made by Commissioner Zartman to approve the staff recommendation. The motion was seconded by Commissioner Valentine. The motion passed.

OLD BUSINESS

a. Advanced EMT Testing Status

Director Garvey stated that the staff is still putting the information out regarding the change in the ADV EMT skills. A letter from the Chairman went to all providers utilizing ADV EMT's.

b. NCCP/Continuing education standards – John Zartman

John presented that the recommendation is to accept the NCCP requirements.
To Accept the "NCCP" requirements at listed below for the EMT, Advanced EMT and Paramedic:
EMR: No Changes - Will remain as a Indiana Recertification process ONLY!

EMT: 40 HRS 20 National/10 Local & State/10 Individual
Must obtain a minimum of six (6) Hrs of A&R in a 2 year period - To be listed in "Individual" category.
Must obtain/meet any/all, EMS Provider and or Supervising Hospital Educational Requirements as well. (Local & State) category.)
Must obtain all State Mandated In-service requirements in addition to the above listed requirements as approved by the Commission.
To be listed in the "State & Local" category.

AEMT: 50 HRS 25 National/12.5 Local & State/12.5 Individual
Must obtain a minimum of ten (10) Hrs of A&R in a 2 year period - To be listed in "Individual" category.
Must obtain/meet any/all, EMS Provider and or Supervising Hospital Educational Requirements as well. (Local & State) category.)
Must obtain all State Mandated In-service requirements in addition to the above listed requirements as approved by the Commission.
To be listed in the "State & Local" category.

Paramedic: 60 HRS 30 National/15 Local & State/15 Individual
Must obtain a minimum of twelve (12) Hrs of A&R in a 2 year period - To be listed in "Individual" category.
Must obtain/meet any/all, EMS Provider and or Supervising Hospital Educational Requirements as well. (Local & State) category.)
Must obtain all State Mandated In-service requirements in addition to the above listed requirements as approved by the Commission.
To be listed in the "State & Local" category.

**** Non-Affiliated and/Inactive/or Non-Practicing individuals are not required to obtain Audit and Reviews. However, they MUST meet additional educational hours to equal to and/or exceed the NES requirements.**

**** If the individual recertifies with NREMT, IDHS will accept the NREMT recertification with verification of their updated card and notification on official departmental letterhead, from their "Affiliated EMS Provider" of Audit and Review mandatory's signed by the departments "Medical Director"!**

Commission Zartman made a motion that the in-service requirements listed above be accepted for Indiana. Commission Hoggatt second the motion. The motion passed.

- c. National Registry Implementation Briefings – Robin Stump**
Robin gave an update regarding the primary instructors that have attended the briefings.
554 Total Primary Instructors
389 have attended a briefing
78 currently signed up for an upcoming briefing
87 yet to sign up
- d. Tables Business – None**
- e. On-going Studies - None**

NEW BUSINESS

- a. No new business**

Sub-Committee report

Run report group

Mike Lockard reported that the committee has not met.

ADMINISTRATIVE PROCEEDINGS

- 1. Administrative Orders Issued**
 - a. Personnel Orders**
 - i. Renewal of Emergency Order**
Order Number 0092-2016 Adam Michael Selbee
No Action taken
 - ii. Probationary Orders**
Order Number 0096-2016 Brown, William
Order Number 0101-2016 Compestine, Jennifer

Order Number 0098-2016 Cooper, Morgan Elaine

Order Number 0095-2016 Davis, Jeffrey L

Order Number 0063-2016 Foster, Kelsey L

Order Number 0099-2016 Joyce, Kenneth

Order Number 0094-2016 Patton, Andrew

No action taken

STAFF REPORTS

- A. Data Report – Mr. Lockard gave report that we are in the final stages of the implementation phase of the Image Trend product for NEMSIS 3.4.0 and have completed elements list programing and are finalizing the run validations rules. The validation rules assures that the data elements are compliant with the NEMSIS standard. If the run does not meet then the provider will get a report back showing what runs do not meet the validation rule. The run is not completed until all validation rules are met. What if a provider submits the runs and they are not completed, how are we going to assist the providers to learn what that process will be? Just submitting the run no longer meets the rules if all required elements are not being submitted. Chairman stated that their provider cannot get to the completed run until all mandatory fields are required. There are some programs that the provider can turn some of those fields off. Mike commented that we will select providers to start testing the validation rules. WE are going from 87 elements to 225. Mike ask about getting vital signs. What is going to be required for vital signs? There are times that the patient will not allow or you can't get vitals but the NEMSIS requires vitals. There is an option in NEMSIS for vital signs for unable to obtain.

Chairman sent to the TAC the discussion of vital signs and what is going to be required.

- B. Operations Report – Ms. Robin Stump reported that we still are waiting on many provider renewals and that providers need to submit those in a more timely manner as we cannot get new certificates back in time for those providers to submit their new certification to Medicare/Medicaid. She also reported that we had 58 people the moulage training and it was very well received and we will try and get another course back next year. It was also reported that starting April 1, 2017 we are moving to registration in Acadis for all emergency management classes. EMS and Fire registration will be coming later.
- C. Certifications report – (see attachment) – No Questions
- D. Training Report – Mr. Pagano reviewed pass rates and we are at the national average for the Paramedic 3rd and 6th attempts. At the basic level we have improved a small amount to the national average. At the ADV EMT rage we are 20 points below the national average. Primary instructors must teach the national education standards.

STATE EMS MEDICAL DIRECTOR'S REPORT - Dr. Olinger April 28th is the medical director's conference.

STATE EMS DIRECTOR'S REPORT - Director Garvey reported that Candice will hopefully be back mid-April and would like to thank the staff for helping out. He thanked the city of Columbus and Jim Pridgen for allowing us to use the room. He reminded everyone that we have one vacancy on the EMS

Commission for the public representative. We will keep track of legislation going through and report on it. He also thanks Nate Metz and the Association for offering to help the agency with providers reporting data collection.

CHAIRMAN'S REPORT AND DIRECTION- Chairman Turpen commented about the national meetings. He stated that EMS has shifted on making decision in a vacuum and are now collecting, managing, analyzing and making decision on data.

NEXT MEETING

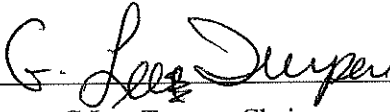

May 12, 2017 at 10am

Crawfordsville City Hall

300 E. Pike Street, Crawfordsville, IN

ADJOURNMENT

A motion was made by Commissioner Valentine to adjourn the meeting. The motion was seconded by Commissioner Zartman. The motion passed. The meeting was adjourned at 12:52pm.

Approved  
G Lee Turpen, Chairman