MICHAEL R. PENCE, Governor
STATE OF INDIANA

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

EMERGENCY MEDICAL SERVICES

COMMISSION MEETING MINUTES

DATE:	**October 17, 2014**	
LOCATION:	**Fishers Town Hall** **One Municipal Drive** **Fishers, IN 46038**	
MEMBERS PRESENT:	John Zartman	(Training Institution)
	Charles Valentine	(Municipal Fire)
	Myron Mackey	(EMTs)
	Terri Hamilton	(Volunteer EMS)
	Mike Garvey	(Indiana State EMS Director)
	Michael Lockard	(General Public)
	Melanie Jane Craigin	(Hospital EMS)
	G. Lee Turpen II	(Private Ambulance)
	Darin Hoggatt	(Paramedics)
	Stephen Champion	(Medical Doctor)
	Sue Dunham	(Emergency Nurses)
MEMBERS ABSENT:	Michael Olinger	(Trauma Physicians)
OTHERS PRESENT:	Field Staff (Robin Stump, Don Watson, Steve Gressmire and Elizabeth Westfall), Candice Hilton, and members of the EMS Community.	

CALL TO ORDER AND ROLL CALL

Meeting called to order at 10:00pm by Chairman Lee Turpen.

Candice Hilton called roll and announced quorum. Commissioner Mackey recognized the Paramedic students from Community Hospital who were in attendance. Chairman Turpen called for the observation of a moment of silence in remembrance for Craig Brittingham from Gibson County. Commissioner Sue Dunham arrived at 10:08am.

HONORARY CERTIFICATION

An honorary Paramedic certification was requested for Daniel Alvey. Mr. Alvey is retiring from EMS. Director Michael Garvey read the letter of recommendation into record. (see attachment #1).

A motion was made by Commissioner Mackey to approve the honorary EMT certification for Mr. Alvey. The motion was seconded by Commissioner Lockard. The motion passed.

An honorary Paramedic certification was requested for Legal Counsel Mara Snyder in recognition of her work with the EMS Commission. Ms. Snyder will be retiring from IDHS at the end of the year. Mr. Snyder has served as legal counsel for the EMS Commission since 1992 assisting with rule making and giving legal advice.

A motion was made by Commissioner Zartman to approve the honorary certification for Ms. Snyder. The motion was seconded by Commissioner Hoggatt. The motion passed.

ADOPTION OF MINUTES

A motion was made by Commissioner Mackey to table the August 20, 2014 regular meeting minutes until the December meeting. The motion was seconded by Commissioner Hamilton. The motion passed.

A motion as made by Commissioner Mackey to adopt the Executive Session meeting minutes from August 20, 2014. The motion was seconded by Commissioner Zartman. The motion was passed.

INDIANA DEPARTMENT OF HEALTH

a. Trauma Registry (see attachment #2)
    a. Ms. Katie Gatz gave an overview of the data submitted to the Commission members. Commissioner Mackey opened discussion regarding the mileage data element. Commissioner Lockard also opened discussion regarding the data dictionary and getting it updated. The Commission asked for the help of the Health Department to update the data dictionary for EMS.
b. Chairman Turpen asked about the Owensboro Hospital's application for ACS "in verification" process. Ms. Candice Hilton stated that IDHS had the application and the copy was ready for ISDH to pick up.
c. Mr. Art Logsdon ASC "in verification" process is in the process of being updated. The Health Department will have further information for the Commission at the December meeting. The Trauma Committee will have a meeting on November 14, 2014 at 10am at the Indiana Department of Health.

EMS FOR CHILDREN REPORT (EMSC)

Mrs. Gretchen Huffman reported out for EMSC regarding the data collected from their surveys for EMS and hospital emergency rooms that were completed last year (see attachment #3). There was some discussion on several points from the survey.

TECHNICAL ADVISORY COMMITTEE (TAC)

Chairman of the TAC Mr. Leon Bell reported regarding recommendation for approval by the Commission.

1. Section 4 of the Primary Instructor manual (see attachment #4)

A motion was made by Commissioner Zartman to accept the TAC recommendations and approve Section 4 of the Primary Instructor manual. The motion was seconded by Commissioner Hamilton. The motion passed.

2. Mr. Bell brought the EVOC, Criminal Background checks, and drug and alcohol screening recommendations back to the Commission. After extensive discussion regarding timelines, level distinctions, and various other points the following motions were made (see attachment for TAC recommendations #5). State EMS Director Garvey stated for clarification that the responsibility for completing the background checks and drug screens will be on the shoulders of the Training Institutions not the EMS State staff. Fiscal impact statements will need to be made for the rule to pass through legislation.

A motion was made by Commissioner Zartman to accept the TAC's EVOC recommendation. The motion was seconded by Commissioner Valentine. The motion passed.

A motion was made by Commissioner Zartman to accept the TAC's recommendations regarding the criminal background checks and make it part of the application process into all EMS classes for acceptance into the program. The background check needs to be completed within 90 days of the application to the class. The motion was seconded by Commissioner Lockard. The motion passed.

A motion was made by Commissioner Zartman to accept the TAC's recommendations regarding the drug screen and alcohol screenings and make it part of the application process into all EMS classes for acceptance into the program. The motion was seconded by Commissioner Champion. The motion passed.

INDIANA EMERGENCY MEDICAL SERVICES ASSOCIATION (IEMSA)

Mr. George Schulp reported for IEMSA. Mr. Schulp announced the new web site for IEMSA www.Indianaems.net . Mr. Schulp also stated that there is a link for Ebola recommendations from the CDC on their web site. Mr. Schulp announced that IEMSA will have a booth at the World EMS Expo in Nashville, Tennessee anyone that would like to send information on available positions within their organization can send the information to IEMSA and they will place the information at their booth at the expo. They would like to try to attract new employees to Indiana. Mr. Schulp also announced that the Indiana EMS memorial is still moving forward.

Chairman Turpen called for a break at 10:59am

Chairman Turpen reconvened the meeting at 11:13am

PERSONNEL WAIVER REQUESTS

The following requested a waiver of 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. Robert Duckworth is requesting a waiver for more time to complete the written exam for primary instructor certification. Mr. Duckworth is requesting an additional 45 days to complete the testing process. Per the course information the course ended on July 26, 2013 so his one year was up on July 26, 2014. Mr. Duckworth states that's he contacted several Ivy Tech's but because of finals, testing spots were held for Ivy Tech students.

Robert Duckworth PI

A motion was made by Commissioner Valentine to approve Mr. Duckworth's waiver request for a 45 day extension. The motion was seconded by Commissioner Craigin. The motion passed.

The following requested a waiver of 836 IAC 4-4-1 General certification provisions Authority: IC 16-31-2-7 Affected: IC 16-31-3 (e) Emergency medical technicians shall comply with the following: (1) An emergency medical technician shall not perform procedures for which the emergency medical technician has not been specifically trained: (A) in the Indiana basic emergency medical technician curriculum; and (B) that have not been approved by the commission as being within the scope and responsibility of the emergency medical technician. The following individuals are requesting a waiver to use the Morgan lens while working at the United States Steel facility.

William Sheets , Brian Wagner, Chris Lundy, Co Juan Bradley, Todd Christian, Michael Meinert, James White Sr., David Semplinski, Jason Bogue, Jason Builta, Michael Moskalick, Leslie Simpson, Bradley Elias, George Wright Jr., Boe Jones, Matthew Pepelea, William Slosser, Andrew Pike, Dennis Hill, David Snell, Aaron West, Jason Kimbrough, David Marek, Jonathan Young, Roy Burgess, Andrew Svitko, Wilfred Ortiz, Gary Elliott, Sheryl Hayes, John Blumer, Alexis Banks Betsacon, Korey Duvall, Kaitlyn Dick, Kenneth Moore, Jeremy Wright, James Zube, Daniel Vasilak, Joseph Rimback, Ronald Patterson, Gregory Smith, Darrell Bolin, Ray Kane, Brett Zaiko, Ryan Samanas, Hector Sandoval, Erik Jacobson, Sonny Otano, Christopher Brady, Austin Haynes, Michael Poch, Pamela Baros, Kevin Kraus, Philip Mulroe, Kevin Nowaczyk, Jeffrey Duca, Jon Cooke II, Darleen Stewart, Jonathon Stewart, Christopher Plewniak, Brian Kishel, Brandon Piggee, Scott Mann, Matthew Adams, Donald Obert, Douglas Olson, Gary Peterson, Russell Jorgensen, Heleena Jackson, Jose Rodriguez

A motion was made by Commissioner Mackey to allow the use of the Morgan lens for the above listed individuals while working at the US Steel facility. The motion was seconded by Commissioner Hoggatt. The motion passed.

The following requested a waiver of Emergency Rule LSA Document #12-393(E) Section 49 (f) Advanced emergency medical technicians shall: (1) not perform a procedure for which the advanced emergency medical technician has not been specifically trained: (A) in the Indiana emergency medical technician basic and the Indiana advanced emergency medical technician curriculums; or (B) that has not been approved by the commission as being within the scope and responsibility of

the advanced emergency medical technician; The following individuals are requesting a waiver to use the Morgan lens, CPAP and the following medications while working at the United States Steel facility: Cyanokit, Epinephrine 1:10,000, Toradol, Zogran ODT, Atrovent: Staff recommends approval.

Jeff Szostek, Kevin Stumpe, Deborah Petersen, Nicholas Gillund, Ryan Balko, Robert Engelhardt, Ediz Null, Melanie Bales

Discussion followed the reading of the waiver regarding the need of the waiver and which drugs are allowed and which ones were not allowed for AEMTs to administer.

A motion was made by Commissioner Zartman to approve the waiver for the Cyanokits and the Morgan Lens due to the need within the industrial setting. The motion was seconded by Commissioner Mackey. More discussion followed the motion. Mr. Joe Sheets, EMS Director of US Steel spoke to the Commission in regards to their need for the waivers. Commissioner Zartman retracted his motion and Commissioner Mackey retracted his second of the motion.

A motion was made by Commissioner Zartman to table the waiver request until the next Commission meeting in December. The motion was seconded by Commissioner Mackey. The motion passed.

Later in the meeting during the discussion for the US Steel provider waiver the Commission decided to approve the Morgan lens for the Advance EMTs at US Steel. A motion was made by Commissioner Zartman to approve the use of the Morgan Lens for the following individuals Jeff Szostek, Kevin Stumpe, Deborah Petersen, Nicholas Gillund, Ryan Balko, Robert Engelhardt, Ediz Null, and Melanie Bales. The motion was seconded by Commissioner Valentine. The motion passed.

PROVIDER WAIVER REQUESTS

The following requested a waiver of 836 IAC 2-2-1 General requirements for paramedic provider organizations (g) Each paramedic provider organization shall do the following: (1) Maintain an adequate number of trained personnel and emergency response vehicles to provide continuous, twenty-four (24) hour advanced life support services. Switzerland County EMS is requesting a Staffing Waiver 836 IAC 2-2-1 (g) to maintain 24 hour coverage. The county has cut their funding significantly and they may have days not covered by ALS personnel. They feel it only makes since to provide ALS coverage part-time than not at all.

Switzerland County EMS

A motion was made by Commissioner Mackey to approve the waiver with the stipulation that Switzerland County report each occurrence to their district manager and that they report what they are doing to add trained personnel to become compliant with the rule every 6 months for the two year waiver. The motion was seconded by Commissioner Zartman. The motion passed.

The following requested a waiver of 836 IAC 2-7.2-1 General requirements for emergency medical technician-intermediate provider organizations Authority: IC 16-31-2-7; IC 16-31-3-14; IC 16-31-3-14.5; IC 16-31-3-20 Affected: IC 4-21.5; IC 16-31-3; IC 16-41-10 (f)(2) Maintain an adequate number of trained personnel and emergency response vehicles to provide continuous, twenty-four

(24) hour advanced life support services. Anderson Twp VFD is requesting a Staffing Waiver 836 IAC 2-7.2-1 to maintain 24 hour coverage. The FD has one ADV EMT on duty but don't always have an EMT. They have firefighters that will drive for the Adv EMT and have been trained in CPR. They also will be starting an EMT Course in October to try and get more EMT's on the department. Staff recommends approval with the stipulation of reporting to the agency the following: 6 month update of action plan e-mail to area district manager each time this occurs

Anderson Township VFD

A motion was made by Commissioner Zartman to approve this waiver with the staff recommended stipulation. The motion was seconded by Commissioner Hamilton. The motion passed.

The following requested a waiver of 836 IAC 2-7.2-3 Emergency medical technician-intermediate provider organization operating procedures 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 (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. (D) Medications limited to, if approved by the medical director, the following: (i) Acetylsalicylic acid (aspirin). (ii) Adenosine. (iii) Atropine sulfate. (iv) Bronchodilator (beta 2 agonists): (AA) suggested commonly administered medications: (aa) albuterol; (bb) ipratropium; (cc) isoetharine; (dd) metaproterenol; (ee) salmeterol; (ff) terbutaline; and (gg) triamcinolone; and (BB) commonly administered adjunctive medications to bronchodilator therapy: (aa) dexamethasone; and (bb) methylprednisolone. (v) Dextrose. (vi) Diazepam. (vii) Epinephrine (1:1,000). (viii) Epinephrine (1:10,000). (ix) Vasopressin. (x) Furosemide. (xi) Lidocaine hydrochloride, two percent (2%). (xii) Amiodarone hydrochloride. (xiii) Morphine sulfate. (xiv) Naloxone. (xv) Nitroglycerin. Milan Rescue 30 is requesting a waiver of the equipment and medications in 836 IAC 2-7.2-3 in the Intermediate rules. Milan Rescue 30 has new ADV EMTs and are moving to the ALS level. Currently our rules do not have ADV EMT so the provider needs to follow the rules at the intermediate level.

Milan Rescue 30

A motion was made by Commissioner Valentine to approve this waiver. The motion was seconded by Commissioner Hamilton. The motion passed.

The following requested a waiver of 836 IAC 2-7.2-1 General requirements for emergency medical technician-intermediate provider organizations Authority: IC 16-31-2-7; IC 16-31-3-14; IC 16-31-3-14.5; IC 16-31-3-20 Affected: IC 4-21.5; IC 16-31-3; IC 16-41-10 (f)(2) Maintain an adequate number of trained personnel and emergency response vehicles to provide continuous, twenty-four (24) hour advanced life support services. Milan Rescue 30 is requesting a Staffing Waiver 836 IAC 2-7.2-1 to maintain 24 hour coverage. They currently have several staff member in an ADV EMT class. Staff recommends: APPROVAL - with the stipulation of reporting to the agency the following: 6 month update e-mail to area district manager each time this occurs

Milan Rescue 30

A motion was made by Commissioner Valentine to approve the waiver with the staff recommended stipulations. The motion was seconded by Commissioner Zartman. The motion passed.

The following requested a waiver of 836 IAC 2-7.2-3 Emergency medical technician-intermediate provider organization operating procedures 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 (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. (D) Medications limited to, if approved by the medical director, the following: (i) Acetylsalicylic acid (aspirin). (ii) Adenosine. (iii) Atropine sulfate. (iv) Bronchodilator (beta 2 agonists): (AA) suggested commonly administered medications: (aa) albuterol; (bb) ipratropium; (cc) isoetharine; (dd) metaproterenol; (ee) salmeterol; (ff) terbutaline; and (gg) triamcinolone; and (BB) commonly administered adjunctive medications to bronchodilator therapy: (aa) dexamethasone; and (bb) methylprednisolone. (v) Dextrose. (vi) Diazepam. (vii) Epinephrine (1:1,000). (viii) Epinephrine (1:10,000). (ix) Vasopressin. (x) Furosemide. (xi) Lidocaine hydrochloride, two percent (2%). (xii) Amiodarone hydrochloride. (xiii) Morphine sulfate. (xiv) Naloxone. (xv) Nitroglycerin. United States Steel is requesting a waiver of the equipment and medications in 836 IAC 2-7.2-3 in the Intermediate rules. United States Steel has new ADV EMTs. Currently our rules do not have ADV EMT so the provider needs to follow the rules at the intermediate level. Staff Recommends: Approval

US Steel

A motion was made by Commissioner Hoggatt to table the waiver until the next meeting. The motion was seconded by Commissioner Zartman. The motion passed.

The following requested a waiver of 836 IAC 2-7.2-3 Emergency medical technician-intermediate provider organization operating procedures 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 d) The emergency medical technician-intermediate provider organization shall ensure the following: (1) That stocking and administration of supplies and medications are limited to the Indiana emergency medical technician-intermediate curriculum. Procedures performed by the emergency medical technician-intermediate are also limited to the Indiana emergency medical technician-intermediate curriculum. United States Steel is requesting a waiver of adding CPAP, Cyanokit, Epinephrine 1:10,000, Toradol, Zofran and Atrovent. This is a renewal of a waiver granted in January 2013. Staff recommends: Approval

US Steel

A motion was made by Commissioner Zartman to table the waiver until the next meeting. The motion was seconded by Commissioner Hoggatt. The motion passed.

The following requested a waiver of 836 IAC 1-1-8 Operating procedures Authority: IC 16-31-2-7; IC 16-31-3-14; IC 16-31-3-14.5; IC 16-31-3-20 Affected: IC 4-21.5; IC 16-31-3 (g) An emergency medical service provider organization shall not engage in the provision of advanced life support unless the: (1) emergency medical service provider organization is certified under 836 IAC 2; and (2) vehicle meets the requirements of 836 IAC 2. United States Steel is requesting a waiver of adding to

the EMT's and ADV EMT's the use of Morgan lens. This is a renewal of a waiver. Staff recommends: Approval

US Steel

A motion was made by Commissioner Hoggatt to table the waiver until the next meeting. The motion was seconded by Commissioner Zartman. The motion passed.

The following requested a waiver of 836 IAC 3-3-5 836 IAC 3-3-5 Staffing Authority: IC 16-31-2-7; IC 16-31-3-20 Affected: IC 4-21.5-1; IC 16-31-3-14 Sec. 5. (a) Each certified fixed-wing ambulance while transporting an emergency patient shall be staffed by no less than three (3) people and include the following requirements: (1) The first person shall be a properly certified pilot who shall complete an orientation program covering flight and air-medical operations as prescribed by the air-medical director. (2) The second person shall be an Indiana certified paramedic or registered nurse or a physician. Air Methods-Kentucky is requesting a Staffing Waiver 836 IAC 3-3-5 (2) because the staffing is for the specialty team inter-facility transports into and out of Kosairs Children's Hospital and not always do they have personnel certified in Indiana. Staff recommends:

Air Methods-Kentucky

A motion was made by Commissioner Valentine to approve the waiver. The motion was seconded by Commissioner Lockard. The motion passed.

The following requested a waiver of 836 IAC 3-3-6 Equipment list Authority: IC 16-31-2-7; IC 16-31-3-20 Affected: IC 16-31-3-20 Sec. 6. (a) The advanced life support fixed-wing air ambulance service provider organization shall ensure that the following basic life support and advanced life support equipment is available on board each aircraft and is appropriate for the age and medical condition of the patient to be transported at the time of transport: (1) Portable or fixed suction apparatus, capable of a minimum vacuum of three hundred (300) millimeters of mercury, equipped with wide-bore tubing and other rigid and soft pharyngeal suction tips. (2) Oropharyngeal airways (adult, child, and infant sizes). (3) Nasopharyngeal airways (small, 20-24 french; medium, 26-30 french; large, 30 french or greater). (4) 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: (A) Adult. (B) Child. (C) Infant (mask only). (D) Neonatal (mask only). (5) Portable oxygen equipment of at least three hundred (300) liters capacity (D size cylinder) with yoke, medical regulator, pressure gauge, and nondependent flowmeter. (6) Oxygen delivery device shall include the following: (A) High concentration devices, two (2) each, in adult, child, and infant sizes. (B) Low concentration devices, two (2) in adult size. (7) Blood pressure manometer, one (1) each in the following cuff sizes: (A) Large adult. (B) Adult. (C) Child. (8) Stethoscope in adult size. (9) Wound care supplies to include the following: (A) Sterile gauze pads four (4) inches by four (4) inches. (B) Airtight dressing. (C) Bandage shears. (D) Adhesive tape, two (2) rolls. (10) Rigid extrication collars, two (2) each capable of the following sizes: (A) Pediatric. (B) Small. (C) Medium. (D) Large. (11) Portable defibrillator with self-contained cardiac monitor and ECG strip writer and equipped with defibrillation pads or paddles, appropriate for both adult and pediatric defibrillation, that will not interfere with the aircraft's electrical and radio system. (12) Endotracheal intubation devices, including the following equipment: (A) Laryngoscopes with spare batteries and bulbs. (B) Laryngoscope blades (adult and pediatric, curved

and straight). (C) Disposable endotracheal tubes, a minimum of two (2) each, sterile packaged, in sizes 3, 4, 5, 6, 7, 8, and 9 millimeters inside diameter. (13) Medications, intravenous fluids, administration sets, syringes, and needles will be specified by the air-medical director identifying types and quantities. (b) Additional equipment and supplies approved by the supervising hospital shall be identified by the fixed-wing air ambulance service provider organization air-medical director and reported in writing to the agency for initial certification and recertification. (c) All drugs shall be supplied by the supervising hospital, or by written arrangement with a supervising hospital, on an even exchange basis. Lost, stolen, or misused drugs shall only be replaced on order of the advanced life support fixed-wing air ambulance service provider organization medical director. All medications and advanced life support equipment are to be supplied by order of the medical director. Accountability for distribution, storage, ownership, and security of medications is subject to applicable requirements as determined by the medical director, pharmacist, and the United States Department of Justice Drug Enforcement Administration. Air Methods-Kentucky is requesting a waiver of 836 IAC 3-3-6 of all the adult size equipment. This service only does neonatal and pediatric transports. They are also including adult medications. Staff Recommends:

Air Methods- Kentucky

A motion was made by Commissioner Valentine to approve this waiver. The motion was seconded by Commissioner Zartman. The motion passed.

The following requested a waiver of 836 IAC 1-1-5 Reports and records Authority: IC 16-31-2-7; IC 16-31-3-14; IC 16-31-3-14.5; IC 16-31-3-20 Affected: IC 4-21.5; IC 16-31-3 Air Methods-Kentucky is requesting a waiver of 836 IAC 1-1-5 in regards to data collection of the runs specifically associated with the fixed wing aircraft as these are always Kentucky based runs. Staff Recommends:

Air Methods-Kentucky

A motion was made by Commissioner Lockard to approve this waiver. The motion was seconded by Commissioner Valentine. The motion passed.

OLD BUSINESS

1. Study for EMTs performing blood glucose checks. Mrs. Stephanie Freeman asked the Commission for approval of the study for EMTs to perform blood glucose checks in the field. This request is coming back to the Commission after Mrs. Freeman received permission from the IRL to conduct the study with patients.

A motion was made by Commissioner Hoggatt to approve the study. The motion was seconded by Commissioner Zartman. Commissioner Champion asked that the spelling error on page 3 item 2 be corrected. The motion was passed for a 1 year study commencing on October 17, 2014.

2. Approval of the narcan training program.

A motion was made by Commissioner Valentine to approve both Dr. Kauffman's training for EMS personnel and Dr. O'Donell for Law Enforcement personnel. The motion was seconded by Commissioner Mackey. The motion passed.

NEW BUSINESS

1. Administrative Law Judge designation

A motion to authorize Justin Forkner to server as administrative law judge for the Emergency Medical Services Commission, including, without limitation, the authority to: 1. Assume all pending administrative cases before the Commission with ultimate authority for these actions resting with the Commission: 2. Act as administrative law judge for all new cases to come before the Commission with the ultimate authority for these actions resting with the Commission: 3. Hear and rule upon petitions for stays of enforcement as the ultimate authority for the Commission; and 4. Hear and decide appeals to Emergency Orders issued with respect to one or more violations of the Commission statutes or rules as ultimate authority for the Commission was made by Commissioner Valentine. The motion was seconded by Commissioner Zartman. The motion passed.

2. Paramedic ultrasound Project. Doctors Mike Welsh and Pat Rupenthal presented information to the Commission. The project is through Point of Care and Ultra sound certification. Dr. Rupenthal works for Wayne Township Fire department and Pont of Care. This program includes powerpoint lectures and quizzes and two day hands on section for the certification. The use of the ultra sound machines in EMS will make is possible for better patient care and quicker activation of trauma and or surgical teams quicker if needed. Dr. Rupenthal showed one of the portable ultra sound machines in its case to the Commission members. Director Garvey asked the doctors if anyone was using the ultra sound machine in use today within EMS. The doctors said that there are not currently any machines in use. Chairman Turpen commented that some of the bigger conferences such as the National Association of Medical doctors would be a good place to present the ultra sound machines.

No action required, none taken.

ADMINSTRATIVE PROCEEDINGS

1. **Administrative Orders Issued**
    a. **Personnel Orders**
        i. **One Year Probation**

Order No. 0054-2014 Sean M. Baker

No action required, none taken

Order No. 0058-2014 Wesley Scott James Isaacs

No action required, none taken

Order No. 0052-2014 Richard Lucas Sr.

No action required, none taken

Order No. 0053-2014 Sara E. Scott

No action required, none taken

Order No. 0057-2014 Simon Silva

No action required, none taken

ii. **2 Year Probations**

Order No. 0056-2014 Jonathan J. Kestle

No action required, none taken

Order No. 0051-2014 John J. Reiff

No action required, none taken

2. **Non-Final Orders filed in a timely manner**
    a. Dylan Romandine

A motion was made by Commissioner Lockard to affirm the non-final order. The motion was seconded by Commissioner Hoggatt. The motion passed.

STAFF REPORTS

A. Field Staff Report (see attachment #6)
    a. Ms. Robin Stump announced Mr. Tony Pegano's return to IDHS as training coordinator in the EMS office. Ms. Stump noted that Mr. Jason Smith has been assisting Indiana State Department of Health with Mass Fatality classes. Ms. Stump announced that field staff has been helping in the EMS office during this period of short staff. Ms. Stump also stated that most of the investigations have been closed out. Ms. Stump also talked about a spreadsheet that staff has a started to track waivers for providers.
B. Certifications report (see attachment #7)
C. Training Report (see attachment #8)
    a. Ms. Elizabeth Westfall announced that everything is moving forward with the psychometrician. Ms. Westfall also reported out on the overall numbers for National Registry testing for the AEMT and Paramedic levels. Commissioner Mackey asked why is Indiana not using the National Registry for the EMT test and Director Garvey stated is was because of the cost. After some discussion regarding the pros and cons of going to National Registry testing for all levels except EMR by Chairman's direction a sub group was formed to look at the issue. The sub group will consist of Commissioner Zartman, Chairman Turpen, and Director Mike Garvey assign a staff member to the group. Ms. Westfall also asked if the Red Cross CPR program could be recognized as well as the AHA. A comparison has been made by the Red Cross (included in the attachment).

STATE EMS DIRECTOR'S REPORT

State EMS Director Mike Garvey welcomed Mr. Tony Pagano back to IDHS. Director Garvey also reported that the Tactical EMS program is being worked on and that they will be bringing recommendation to the December Commission meeting. Director Garvey reported that funding has been identified for the state rep program and the program should be back up and running within the next couple of months. Director Garvey mentioned Ebola and that the Health Department and IDHS has had its first meeting regarding standard operating procedures. There may be short webinar being worked on and there should be more information coming soon. Director Garvey noted that the December Commission meeting has been changed to December 12th at Brownsburg Fire Department because the Mobile Integrated Health Care Summit has been tentatively rescheduled for December 19th in Fishers or Carmel this will be to look at Community Paramedicine programs for the state. More information will be coming soon. Director Garvey stated that the strategic plan is still being worked on and that we are going to invite the National Traffic Highway Safety Administration to do a state assessment. The National Traffic Highway Safety department will be contacting stakeholders for information and opinions.

CHAIRMAN'S REPORT AND DIRECTION

Chairman Turpen stated he was happy to hear that the Tactical EMS group meeting and moving forward. Chairman Turpen also stated that there are two really good conferences coming up that he encourages people to attend. In January the National Association of EMS Physician's meeting and then at the end of February the Consortium of Medical Directors state of the Sciences meeting in Dallas, Texas. Chairman Turpen reviewed the assignments from today's meeting, the formation of the National Registry testing group and the tabled waivers for US Steel which are waiting additional information.

NEXT MEETING

Brownsburg Fire Territory
470 E. Northfield Drive
Brownsburg, IN 46112
December 12, 2014 at 10am

ADJOURNMENT

A motion was made by Commissioner Hamilton to adjourn the meeting. The meeting was adjourned at 1:24p.m.

Approved _____

G. Lee Turpen II, Chairman

Attachment #1

To whom it may concern,

I am writing this letter to request a Lifetime Honorary Paramedic Certification for my ambulance service's director Daniel Alvey, to honor him in his retirement at the end of this year after many years of service. He is deserving of this honor for many reasons. He was in the original paramedic class in Evansville, Indiana back in the 70's and has been serving his community ever since. He has worked in the city of Evansville and Gibson County as a street paramedic and in supervisory rolls. He has dedicated his whole life to the service of others and his community where he lives and serves. Prior to getting into EMS he was a Corpsman in the Navy. He is currently the Director at Gibson County EMS and has been since 2000 when the service went paramedic. His direction and leadership has been instrumental in molding and shaping us the premier service we are today. He has not only helped shape me into the paramedic I am, but he has also helped shape and mold countless others that he has lead or worked with through his many years of service. If anyone is deserving of this great honor it is Dan. You will never find a more selfless person out there. Every year he donates countless hours and resources to bettering the community, be it through the Salvation Army or other outreaches within our community. He is a fair and caring supervisor. He is honestly one of the best supervisor's I have ever worked for and he will truly be missed when he retires. I hope you take my letter into consideration and grant him this honor he so justly deserves as a thank you for everything he has done for me, the community, and the EMS past, present, and future.

Thank you,

Joshua Wickert AS/NRP/IN-PI/Education Coordinator-Training Officer Gibson County EMS

Attachment #2

Indiana Trauma Registry Pre-hospital Data Report

Report for September 2014

This report from the Indiana State Department of Health (ISDH) EMS registry includes 200,912 runs from 136 pre-hospital providers during the time frame from September 22, 2013 through September 21, 2014. This report also focuses on several sub-populations in this time frame:

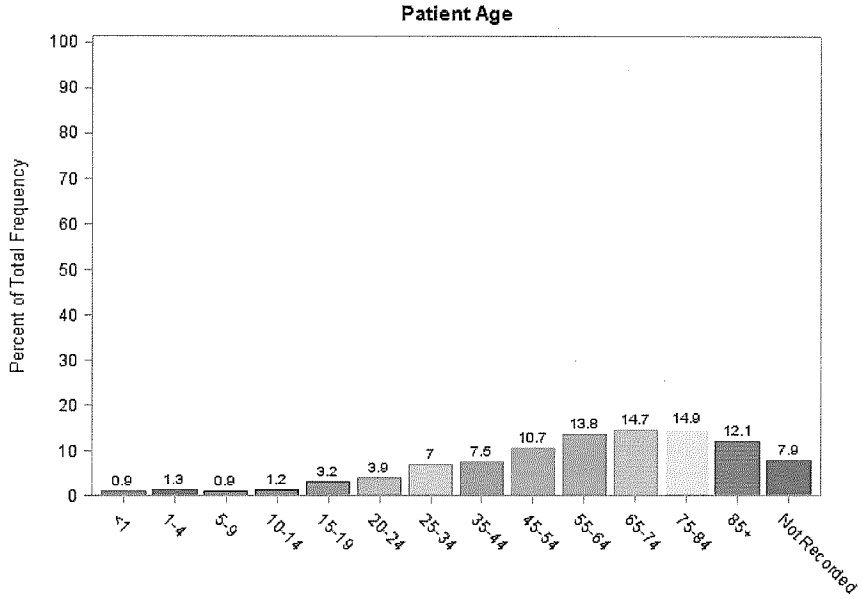
1. 10,417 chest pain incidents where chest pain was the complaint reported by dispatch or the provider's primary or secondary impression was chest pain/ discomfort.
2. 16,668 incidents where the 12 lead ECG procedure was performed.

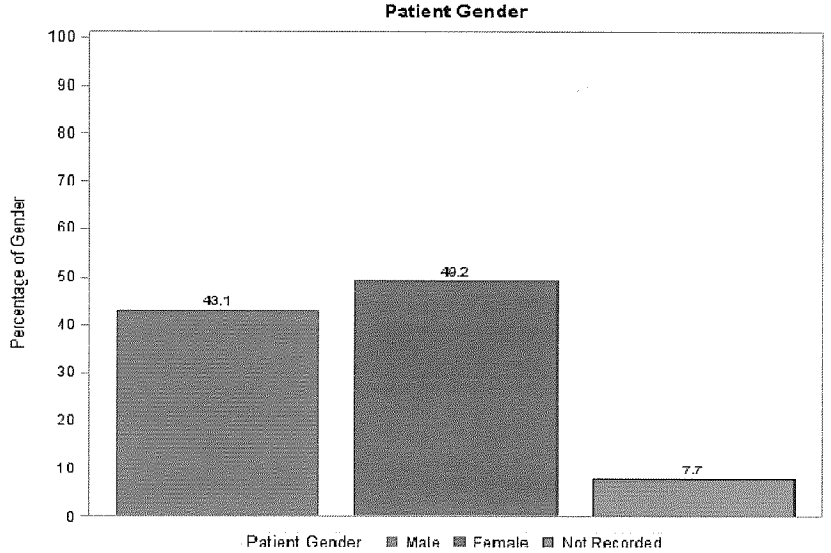
Lastly, 23,250 incidents were reported to the ISDH Indiana Trauma Registry from the same time period (September 22, 2013 through September 21, 2014) and were included to provide data on the injury severity score (ISS) by public health preparedness district.

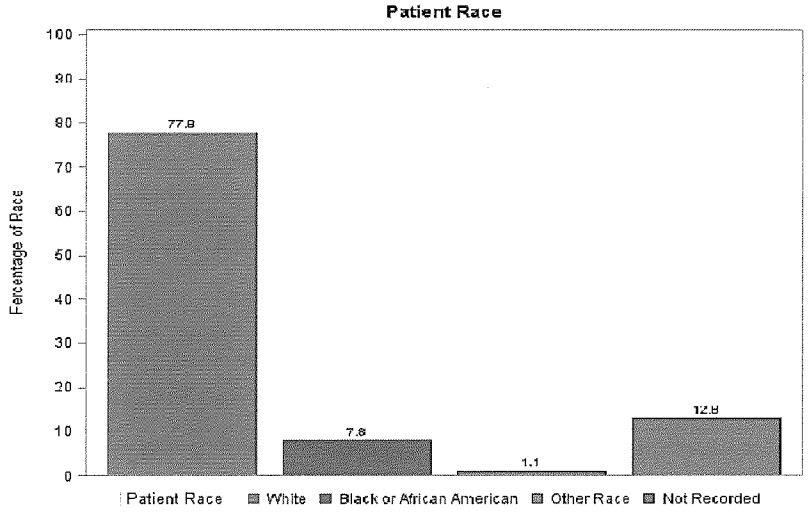
At a previous EMS Commission meeting, it was requested that prior aid data be provided, specifically to know if aspirin (ASA) was given before the EMS arrived on the scene in cases of chest pain. Additionally, it was requested that medical history of aspirin allergy be provided for incidents of chest pain. Approximately 0.44% of chest pain cases were reported to have allergies to aspirin (25 cases). Please note that the medication allergies data element is a National Emergency Medical Services Information System (NEMSIS) gold element which is not required by either the Indiana Department of Homeland Security (IDHS) or ISDH Pre-hospital registries.

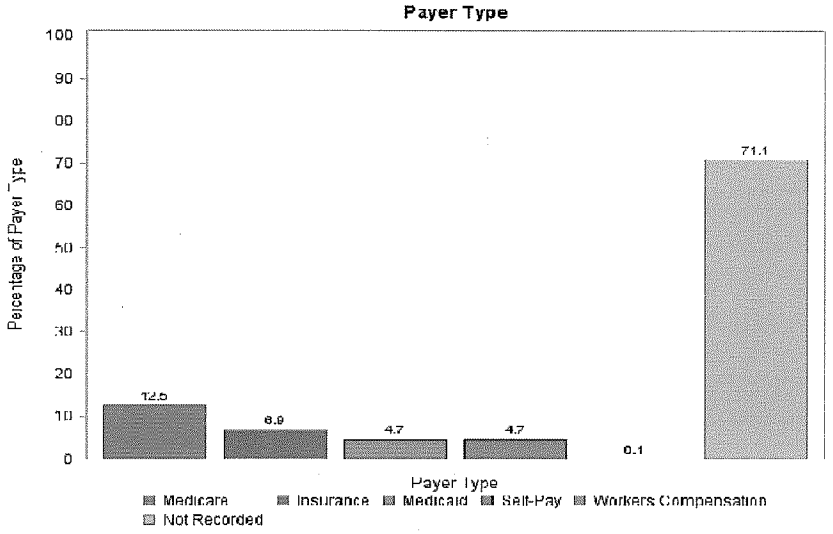
Indiana State
Department of Health

Indiana Trauma Registry Pre-Hospital Data Report
9/22/2013—9/21/2014
136 Total Providers Reporting 200,912 Incidents



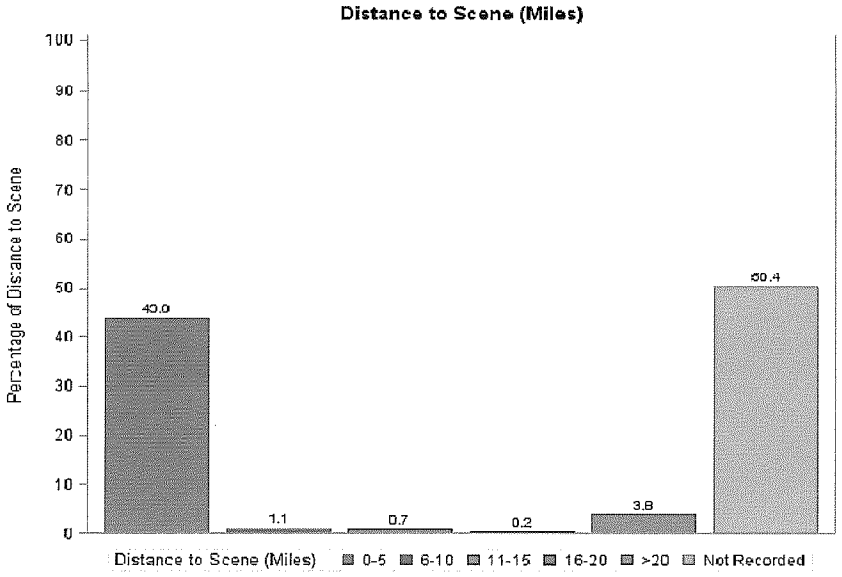


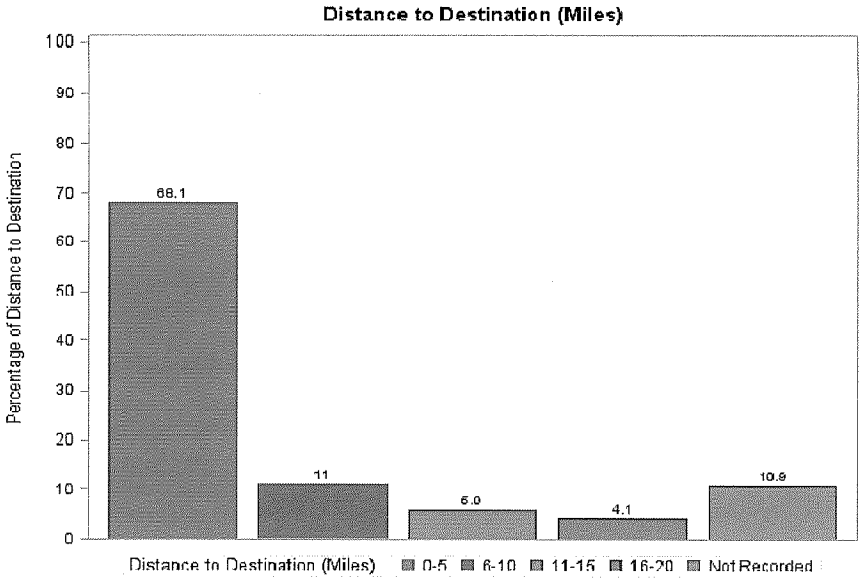


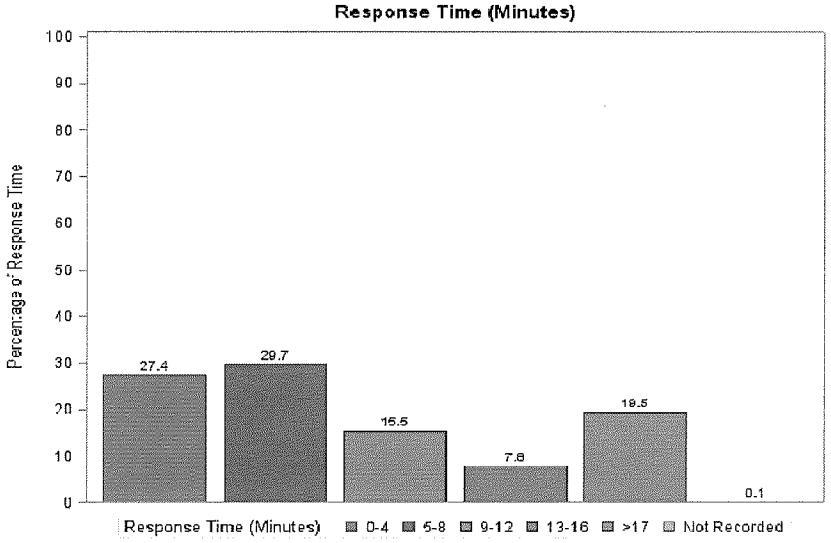


<1% Race: Asian, Native Hawaiian, American Indian/Alaskan Native

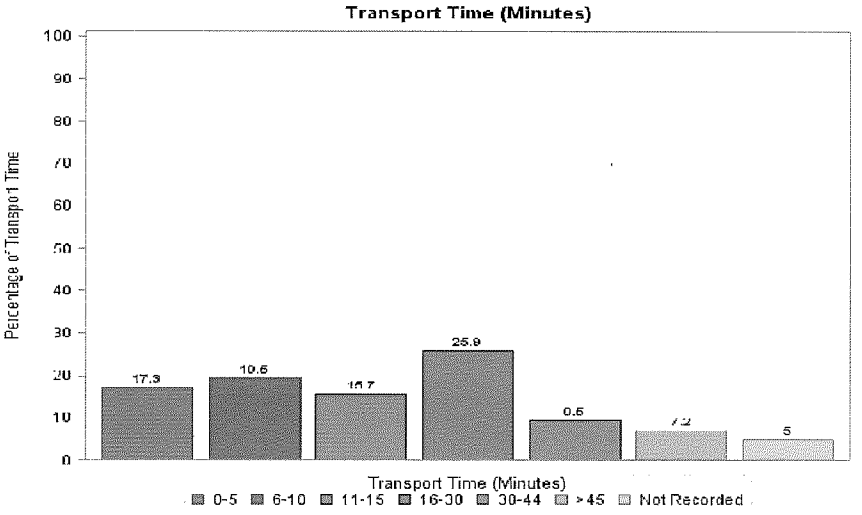
Indiana Trauma Registry Pre-Hospital Data Report
9/22/2013—9/21/2014
136 Total Providers Reporting 200,912 Incidents





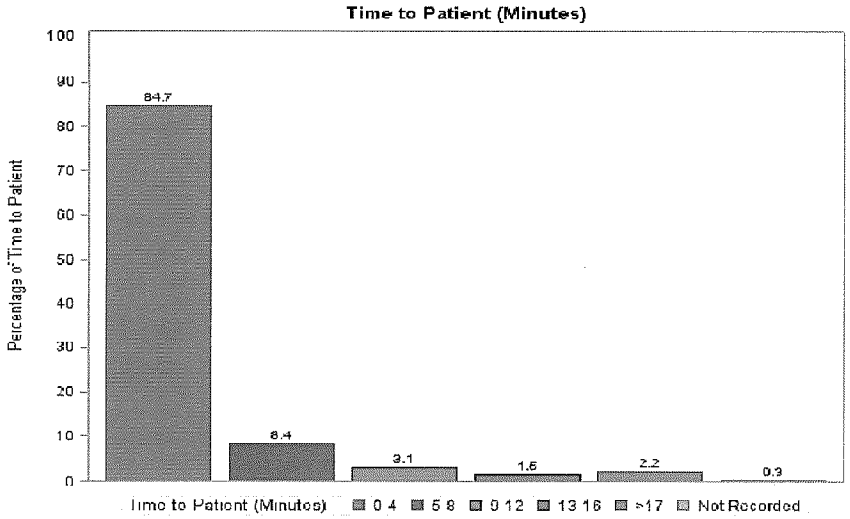


Response Time: Difference in Time from Dispatch to Arrival on Scene

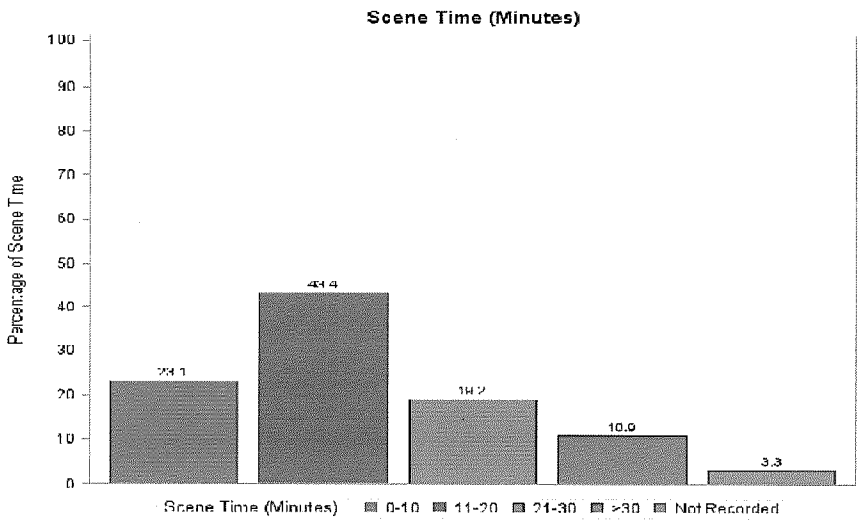


Transport Time: Difference in Time from Departure from Scene to Arrival At Destination

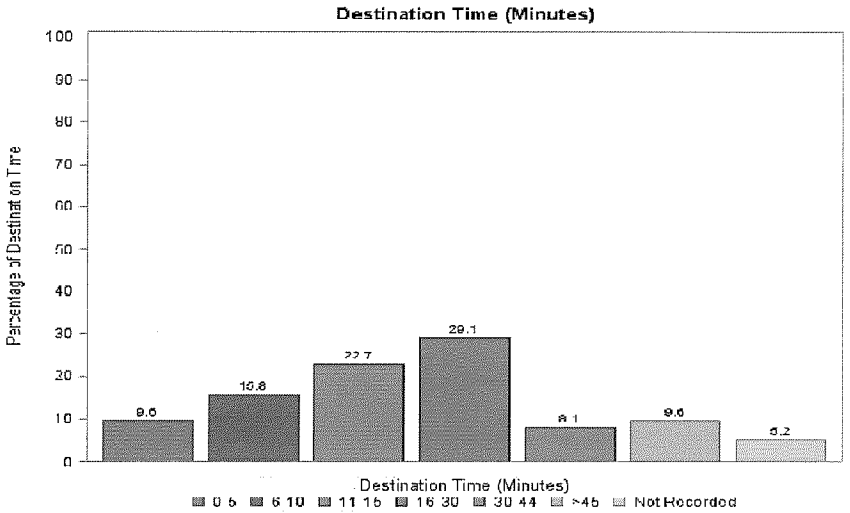
Indiana Trauma Registry Pre-Hospital Data Report
9/22/2013—9/21/2014
136 Total Providers Reporting 200,912 Incidents



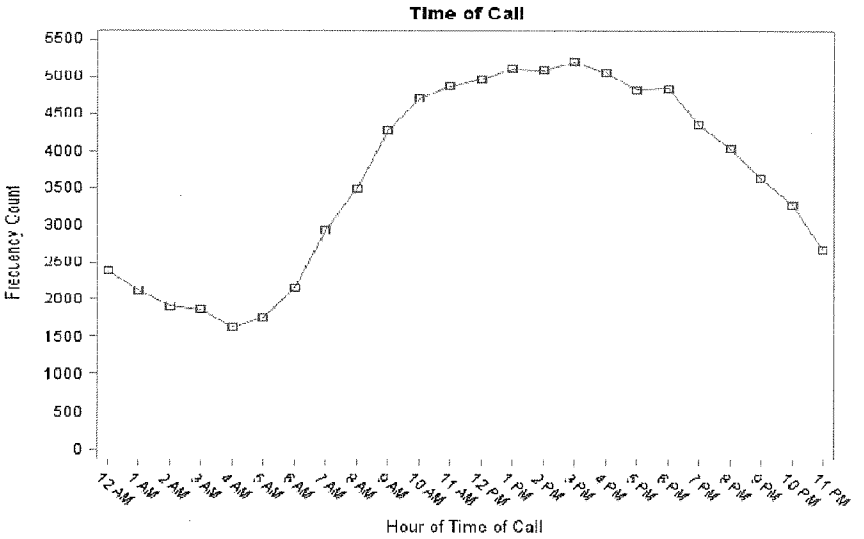
Time to Patient: Difference in Time from Arrival at Scene



Scene Time: Difference in Time from Arrival at Scene



Destination Time: Difference in Time from Arrival at Destination to Unit Back in Service



Time of Call Not Recorded for 113,740 Incidents

Indiana Trauma Registry Pre-Hospital Data Report
9/22/2013—9/21/2014
136 Total Providers Reporting 200,912 Incidents

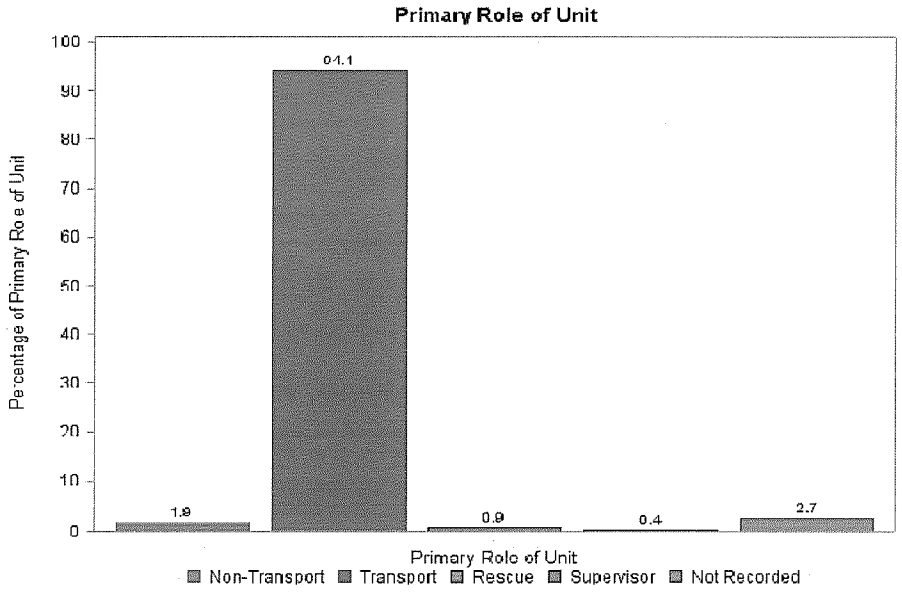
Average Run Mileage

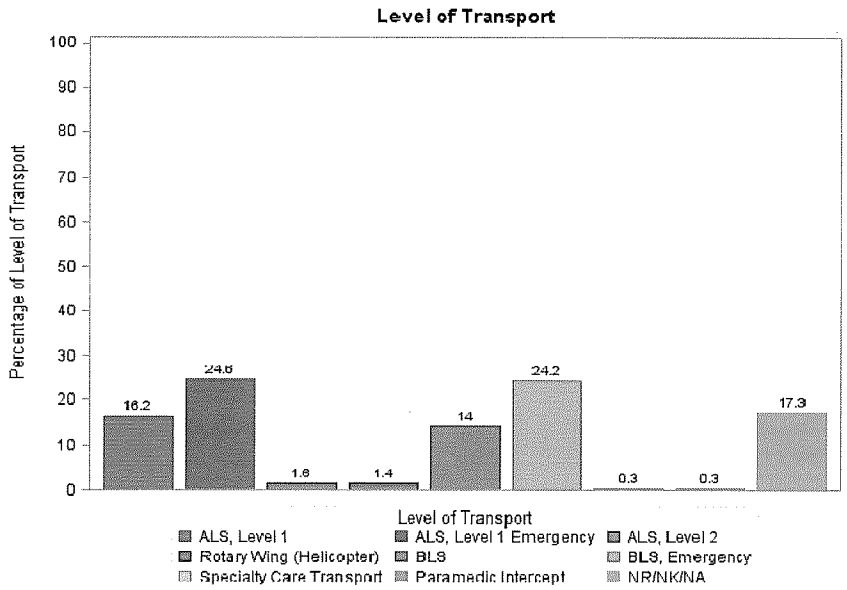
Obs	Destination	Miles
1	Mileage to Scene	4.0
2	Mileage to Destination	3.8
3	Mileage to Ending	2.4

Total Mileage 10.2

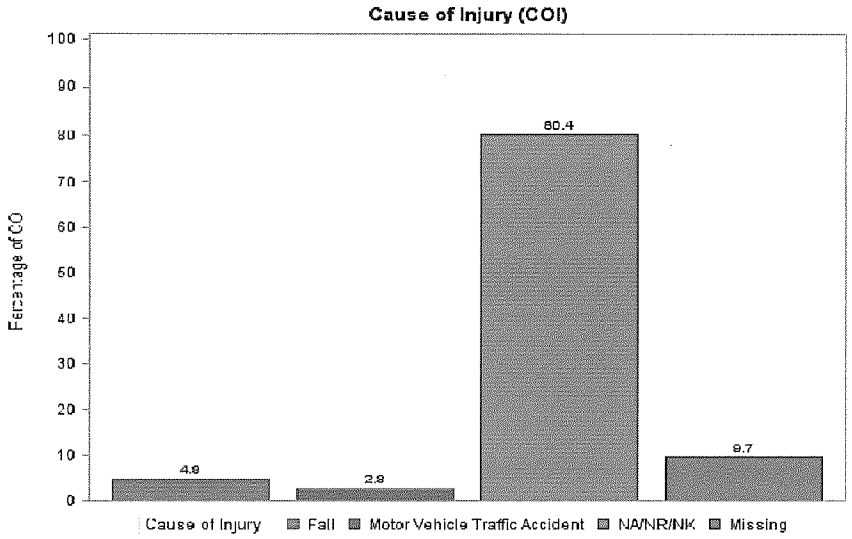
Average Run Time

Obs	Destination	Minutes
1	Time to Scene	11.96
2	Time to Patient	2.83
3	Time at Scene	18.34
4	Time to Destination	18.77
5	Back in Service	21.35
6	Total Run Time	67.89

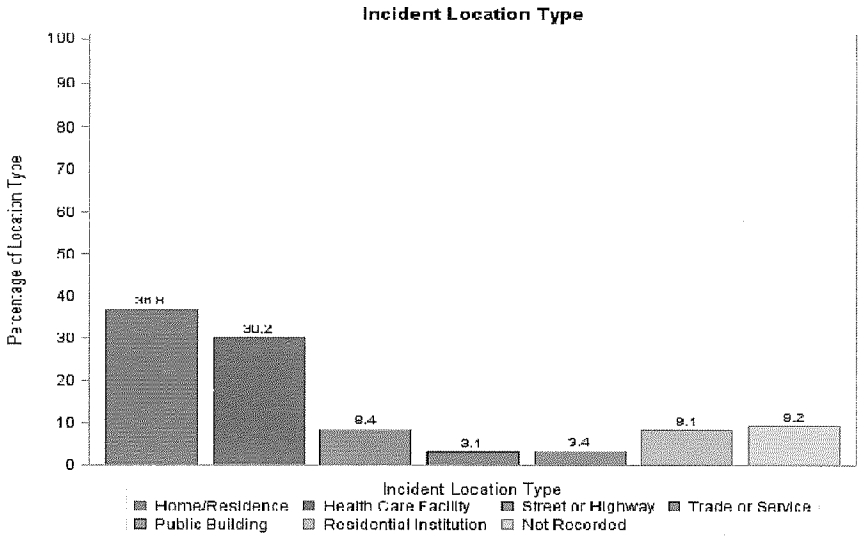




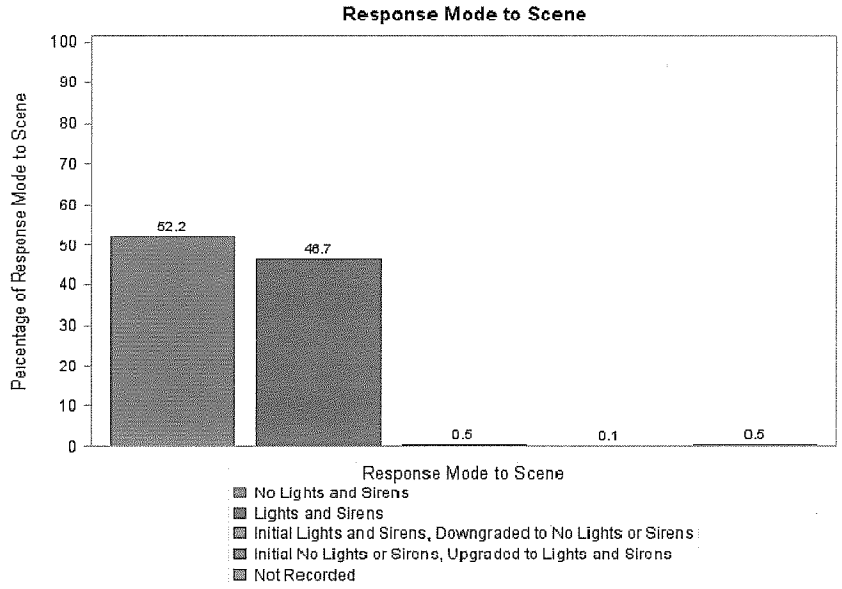
Indiana Trauma Registry Pre-Hospital Data Report
9/22/2013—9/21/2014
136 Total Providers Reporting 200,912 Incidents

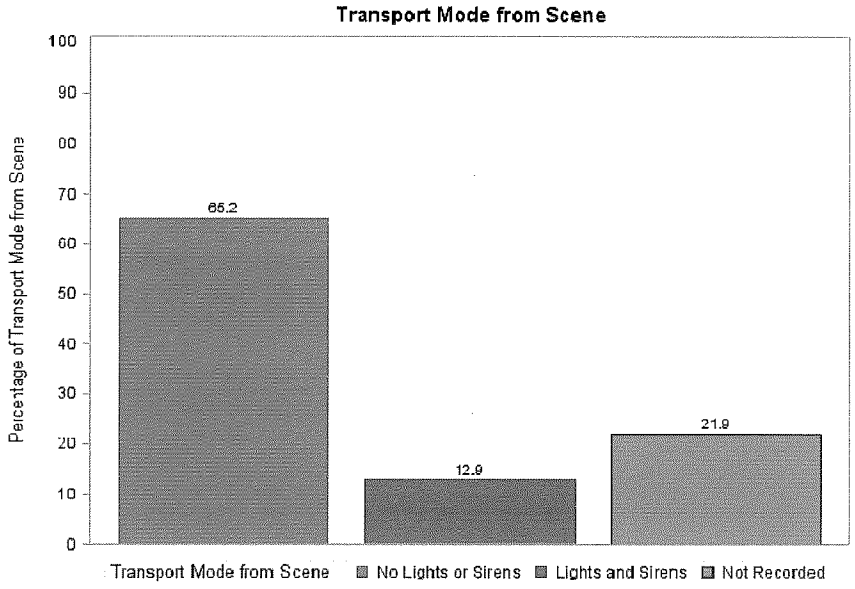


Cause of Injury <1.5% not listed (40 variables)

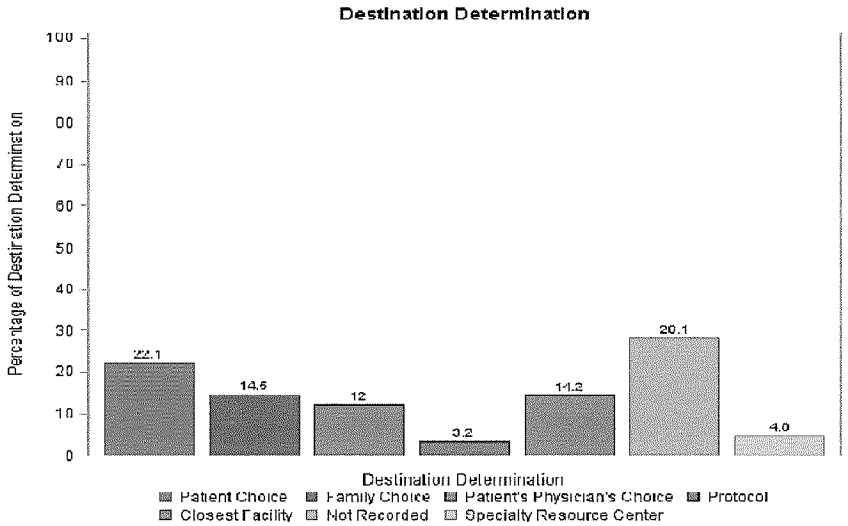


Incident Location Type <1% not listed (4 variables)

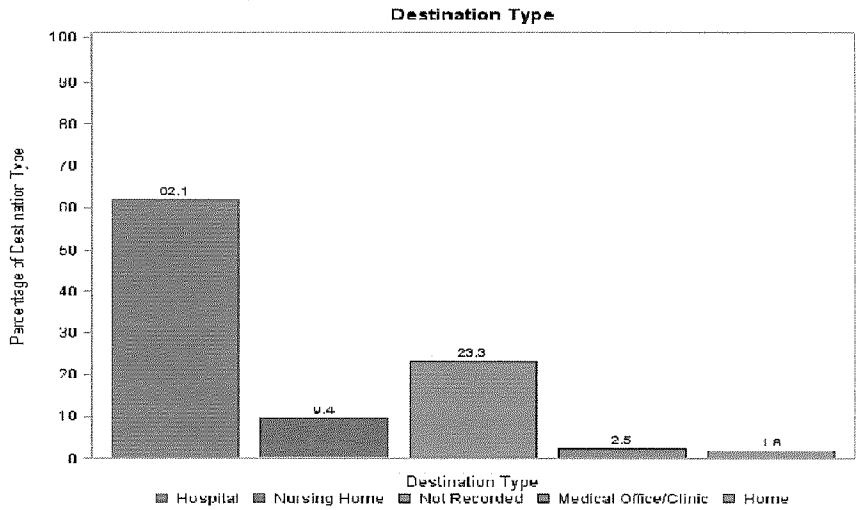




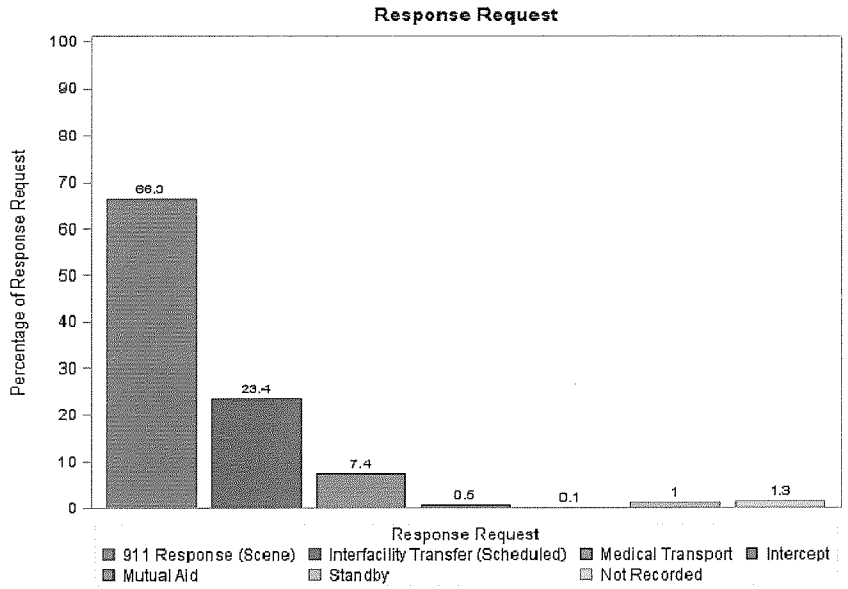
Indiana Trauma Registry Pre-Hospital Data Report
9/22/2013—9/21/2014
136 Total Providers Reporting 200,912 Incidents

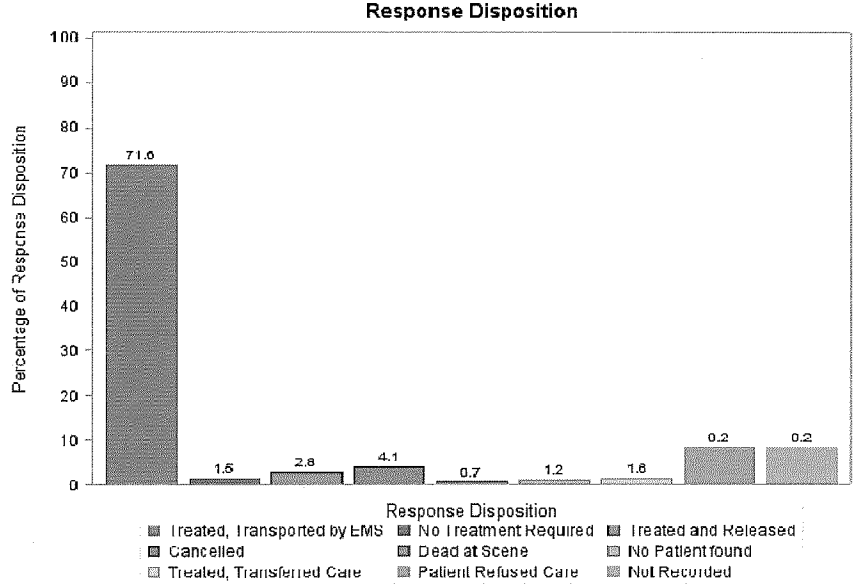


Destination Determinations <1% not listed (5 variables)

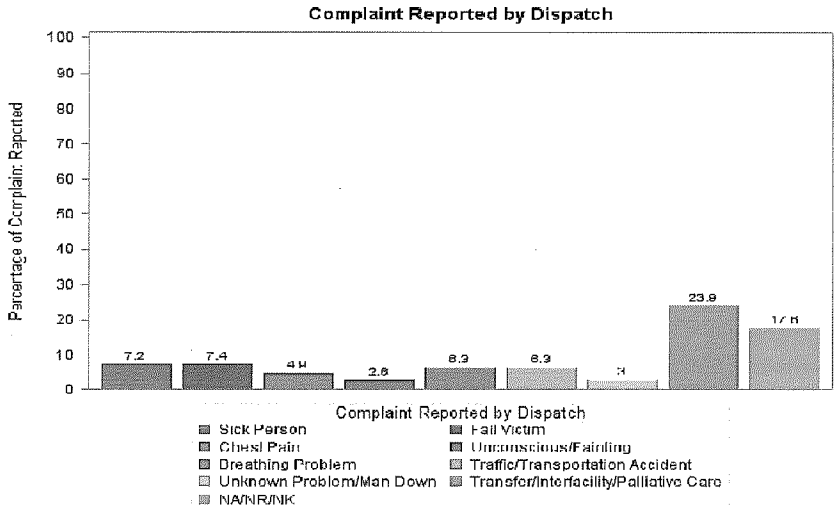


<1% Destination Type: EMS Responder (Ground), Other Morgue, Other EMS Resonder (Air), Police/Jail

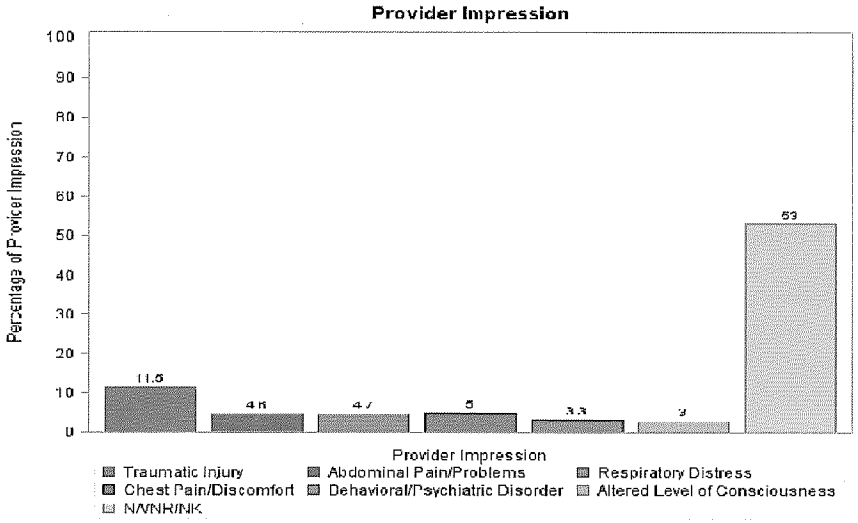




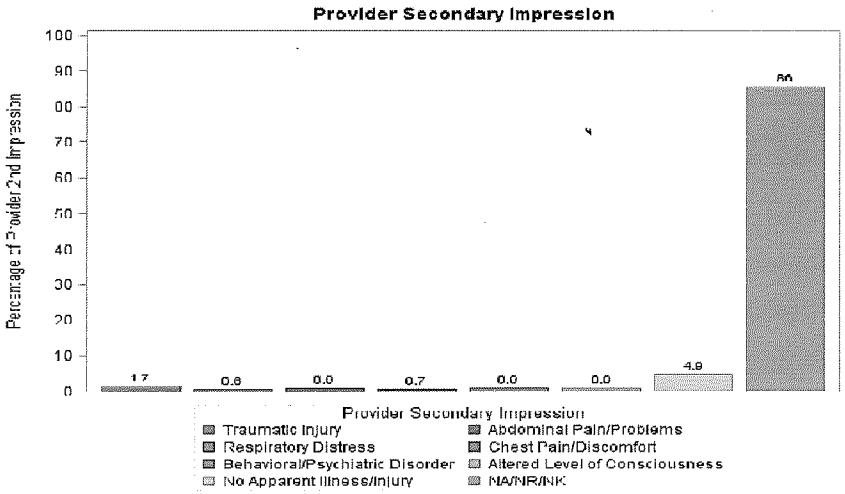
Indiana Trauma Registry Pre-Hospital Data Report
9/22/2013—9/21/2014
136 Total Providers Reporting 200,912 Incidents



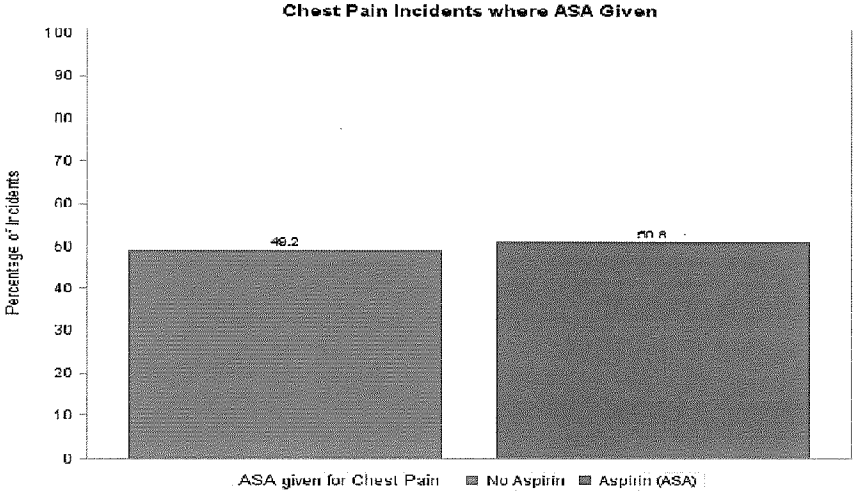
Complaints <2.5% not listed (10 variables)



Primary Impressions <2.5% not listed, 26 variables

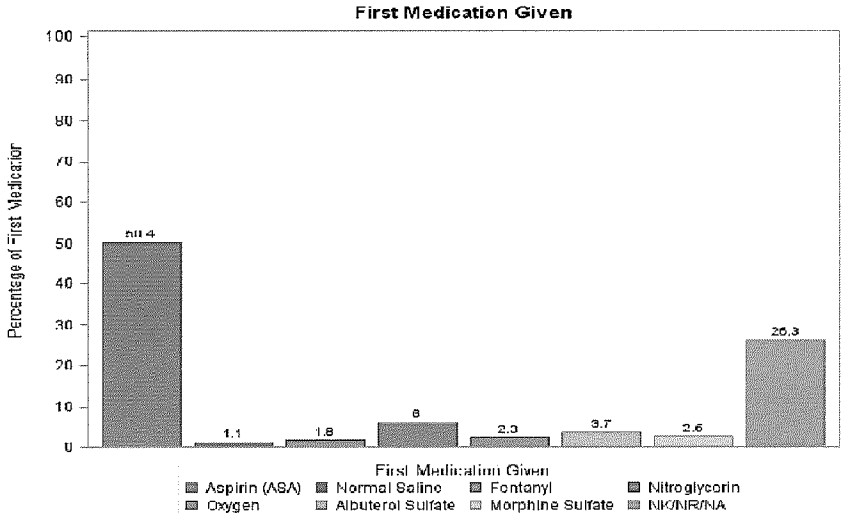


<0.5% P.I.: Pain, Seizure, Other, Stroke/CVA, Syncope/Fainting, Poisoning/Drug Ingestion, Cardiac Rhythm Disturbance, Diabetic Symptoms

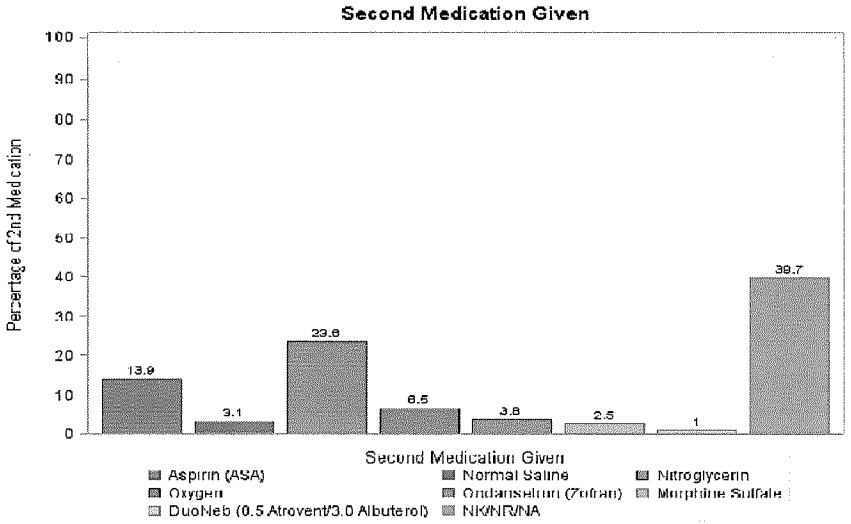


Chest Pain Incidents where ASA was Given (2013-YTD). Chest Pain as complaint report by dispatch or the provider's primary or secondary impression; N=43,154

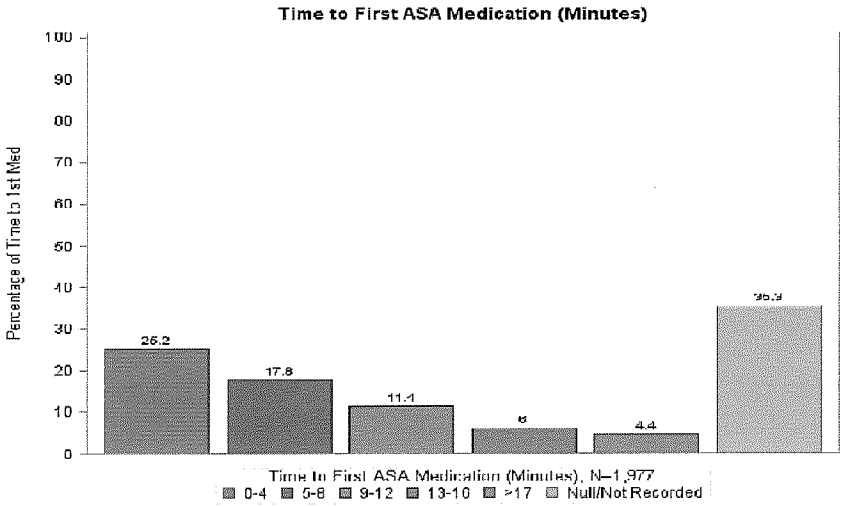
Indiana Trauma Registry Pre-Hospital Data Report
9/22/2013—9/21/2014
136 Total Providers Reporting 200,912 Incidents



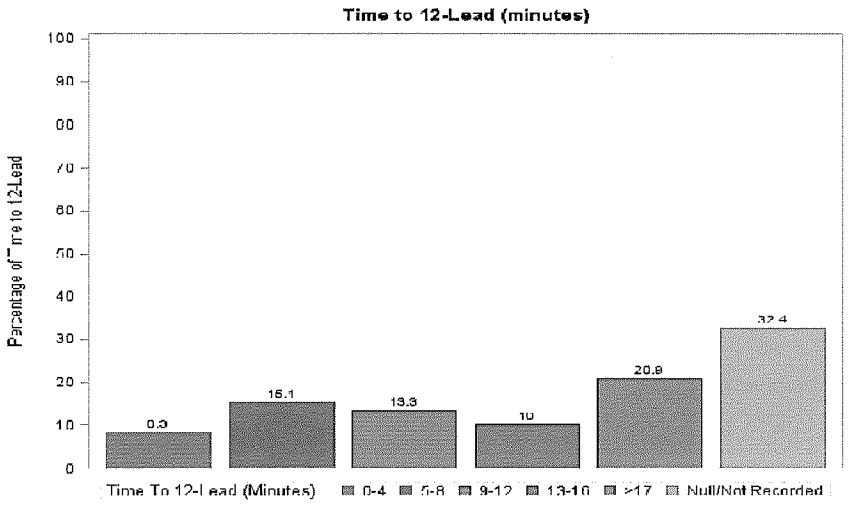
First Medications <0.5% not listed (39 variables)



Second Medications <1% not listed (51 variables)



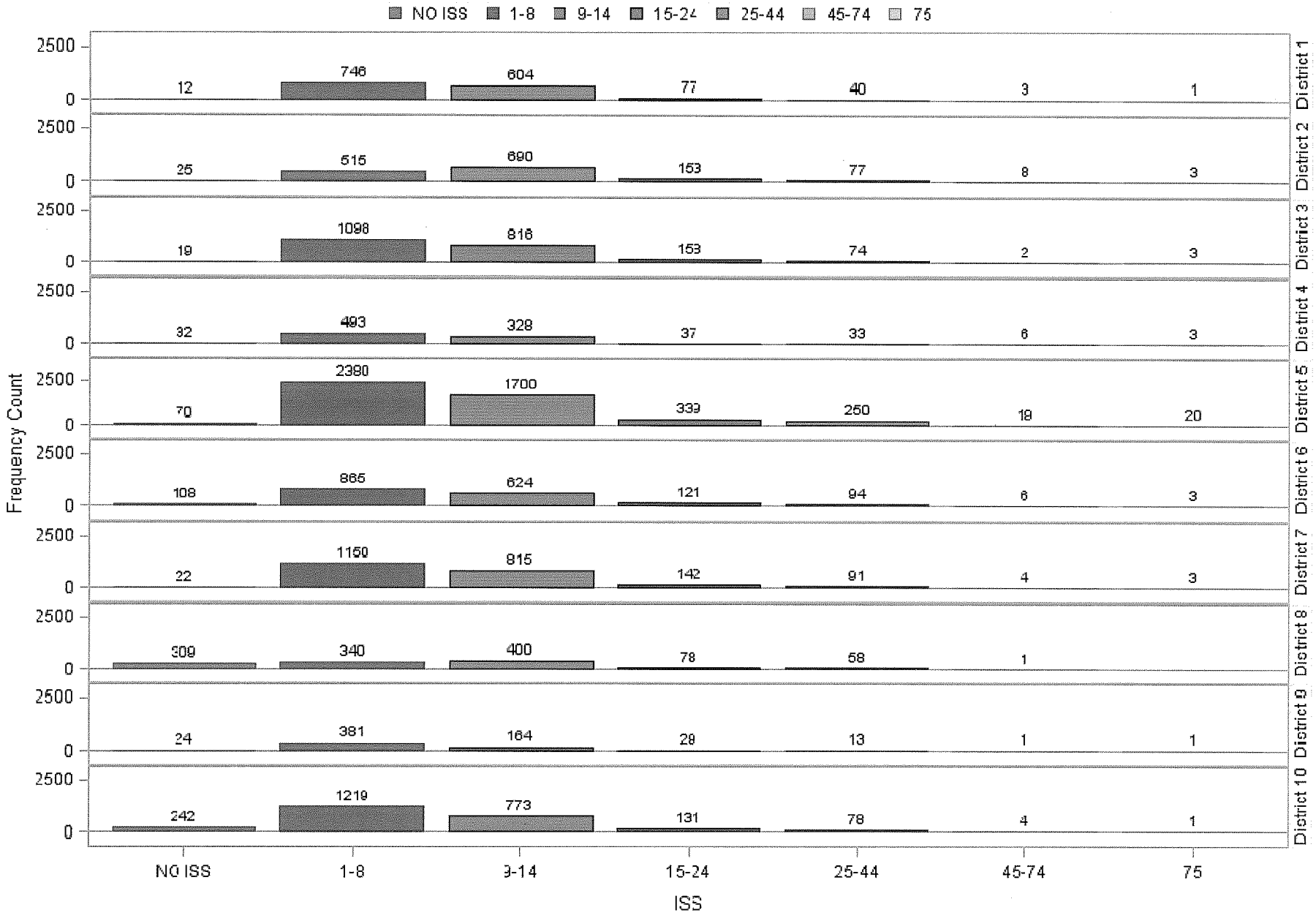
Time to 1st Med: Time from Arrived at Patient to First Medication (Aspirin[ASA]) Administered for Chest Pain



Time to 12-Lead: Time from Arrived at Patient to Time 12 Lead ECG Procedure Performed; N=16,668.

Indiana Trauma Registry- September 22, 2013 - September 21, 2014 23,250 Incidents

Injury Severity Score By Public Health Preparedness Districts



Attachment #3

During 2013-14, 48 states, the District of Columbia, and 5 territories participated in an EMS for Children (EMSC) assessment for three federal, Emergency Medical Services (EMS)-related performance measures about **pediatric** medical direction and equipment.

Indiana had **283*** responses from EMS agencies and achieved a response rate of **82.3%**. Nationally, over 8,000 EMS agencies responded; a response rate of: 83.1%.

If you would like more information please do not hesitate to contact:

Gretchen Huffman, EMT-P, RN

EMSC Program Manager ghuffman@iupui.edu

*** This number may include IHS or Military EMS agencies; however these agencies have been removed from the numbers below for comparability to previous years.*

Online Medical Direction:

	INDIANA	NATIONAL
Online Medical Direction Available to Give Medical Advice When Treating a Pediatric Patient:		
BLS Agencies	85.7%	90.1%
ALS Agencies	93.5%	89.5%

Offline Medical Direction:

	INDIANA	NATIONAL
Have Adopted Pediatric Protocols:		
BLS Agencies	97.0%	93.0%
ALS Agencies	100.0%	98.7%
Protocols Available When Treating a Pediatric Patient:		
BLS Agencies	86.6%	72.0%
ALS Agencies	100.0%	93.5%

Pediatric Equipment:

	INDIANA	NATIONAL
Percent of Transporting Vehicles that have ALL Nationally Recommended Pediatric Equipment:**		
BLS Vehicles	12.5%	25.3%
ALS Vehicles	39.6%	37.7%
Average % of Nationally Recommended Pediatric Equipment Carried by Transporting Vehicles:		
BLS Vehicles	91.4%	91.8%
ALS Vehicles	96.5%	95.5%

Some Interesting Results/Findings from the Data:

Least Carried BLS Equipment Items

*BVM for neonates, pulse oximeters, AED with peds capability, & pediatric suction catheters

Least Carried ALS Equipment Items

*Meconium aspirator, magill forceps, pulse oximeters, end tidal CO2 detection, BVM neonate, & ETT 2.5-4.5

National recommendations differ from Indiana Statutes.

When Applicable, Intermediate Life Support (ILS) agencies and vehicles were aggregated with Basic Life Support (BLS).

"Equipment for Ambulances," a Policy Resource Education Paper, by the American College of Surgeons Committee on Trauma, American College of Emergency Physicians, National Association of EMS Physicians, Pediatric Equipment Guidelines Committee—Emergency Medical Services for Children (EMSC) Partnership for Children Stakeholder Group, and the American Academy of Pediatrics (2009).

This report was developed in partnership with the National Emergency Medical Services for Children Data Analysis Resource Center; funded in part by cooperative agreement #U03MC00008.

Improving the Quality of Emergency Care for Children

[hospital]
c/o [name]
[city], [state] [zip]

Dear [name]:

The Indiana Emergency Medical Services for Children (EMSC) Program conducted a survey of prehospital services using a statistical sampling of Indiana EMS agencies. The purpose of the survey was to help define gaps in pediatric care so that together we can improve health outcomes for Indiana's children.

According to NEMSIS data, only about 10% of all EMS responses nationally are for pediatric patients. Due to the relative rarity of pediatric-related responses, EMS providers may feel increased stress when dealing with pediatric patients at the scene of an emergency. Having protocols available on **all** vehicles ensures that providers have a resource available to them from dispatch through patient transport to a definitive care facility should they need it. Our assessment showed that most Indiana agencies *have adopted pediatric protocols*, which is a big step towards optimizing pediatric outcomes. We did find that protocols *were not available on 13.4% of BLS* vehicles in Indiana; therefore ***we recommend you check to make sure all your vehicles have protocols available.*** Indiana regulation mandates that all state EMS agencies have written protocols readily available on emergency calls. Please make sure there is a paper or electronic copy of the protocols on ALL of your ground vehicles. You can download the state requirements at: http://www.state.in.us/legislative/iac/title836.html. Please also feel free to contact EMSC if your agency needs assistance with pediatric protocols.

Having appropriate pediatric equipment is essential to providing optimal care to children. We surveyed agencies regarding the availability of nationally recommended pediatric equipment on their vehicles. Both our BLS and our ALS agencies carry the vast majority of recommended equipment (91.4% and 96.5% respectively.) However some of the equipment that we do not carry can be life saving. The most common missing equipment on ALS and BLS vehicles were pulse oximeters, BVM for neonates, AED with pediatric capability, pediatric suction catheters, meconium aspirators, Magill forceps, end-tidal CO2 detectors and half-size endotracheal tubes (2.5,3.5 and 4.5) If your agency is in need of pediatric equipment please feel free to contact EMSC to discuss resources and strategies.

We appreciate your support of the Indiana EMSC Program and thank you for taking the time to complete the survey and allow us the opportunity to assist you in any way we can. Please contact us if you have any questions.

Sincerely,

Gretchen Huffman, EMT-P, RN, MBA
Indiana EMSC Program Manager
317-417-2171
ghuffman@iupui.edu

Elizabeth Weinstein, MD
Indiana EMSC Program Director

www.indianaemsc.org

Connect with us on at Indiana EMSC

Connect with us on at IndianaEMSC

enc.

Attachment #4

IV. EMS Student/Candidate Guide: EMT

This resource is designed to guide students or candidates as they prepare for the Indiana Psychomotor and Cognitive Exams. These are the principles which are to be used in the preparation for testing. This document also includes information on remediation and processing of a candidates' certification.

A. Cognitive (Written) Exam Instructions

After a successful course completion of an EMT course and the instructor has submitted a completed Report of Training to IDHS, the candidate will be eligible to register to take the cognitive exam.

Contact an approved testing center in order to schedule your exam. A list of exam sites and contact information can be found at the link below.

Approved Testing Centers
(http://www.in.gov/dhs/files/Workforce_Certification_Centers_2013_IDHS.pdf)

Candidates cannot take the exam until the Report of Training has been processed. According to IAC 836 4-2-4-b the instructor has up to fifteen (15) days to submit this report to our agency.

The candidate will be eligible to register to take the cognitive exam after 16 days following successful completion of EMT course.

B. Psychomotor (Practical) Exam Instructions

Current Version of skill sheets
EMT Skill Sheets
(https://forms.in.gov/Download.aspx?id=9249)

*Includes the What You Need To Know as an Indiana EMT Psychomotor Exam Candidate Document

The random psychomotor skill that is to be tested will be randomly chosen at the beginning of the psychomotor exam for all candidates.

If a candidate fails the random skill station, then the candidate will retest the same random skill station.

Required Stations & Times

EMT	*Skill to be Tested*	*Maximum Time Limit*	*Number of Staff Needed*
Station 1:	Patient Assessment Management - Trauma	10 minutes	Evaluator, Patient
Station 2:	Patient Assessment Management - Medical	10 minutes	Evaluator, Patient
Station 3:	Cardiac Arrest Management/AED	10 minutes	Evaluator, Assistant
Station 4:	BLS Airway Management	10 minutes	Evaluator
Station 5:	Spinal Immobilization-Supine	10 minutes	Evaluator, Assistant, Patient

Station 6:	Spinal Immobilization - Seated Patient	10 minutes	Evaluator, Assistant, Patient
Station 7:		One Random Basic Skill listed below:	

Long Bone Injury Immobilization	5 minutes	Evaluator, Patient
Joint Injury Immobilization	5 minutes	Evaluator, Patient
Traction Splint Immobilization	10 minutes	Evaluator, Patient
Bleeding Control/Shock Management	10 minutes	Evaluator, Patient (real or hard shell mannequin)
Oxygen Preparation and Application	5 minutes	Evaluator

C. Stations for Candidates

The following are instructions to be read to the candidate during the psychomotor testing. This is for informational purposes only.

Trauma

This station is designed to test your ability to perform a patient assessment of a victim of multi-system trauma and "voice" treats all conditions and injuries discovered. You must conduct your assessment as you would in the field including communicating with your patient. You may remove the patient's clothing down to shorts or swimsuit if you feel it is necessary. As you conduct your assessment, you should state everything you are assessing. Clinical information not obtainable by visual or physical inspection will be given to you after you demonstrate how you would normally gain that information. You may assume that you have two EMTs working with you and that they are correctly carrying out the verbal treatments you indicate. You have (10) ten minutes to complete this station.

Do you have any questions?

Sample Trauma Scenario

The following is an example of an acceptable scenario for this station; however, you will use one of the pre-approved scenarios supplied by IDHS.

TRAUMA SITUATION – PATIENT ASSESSMENT/MANAGEMENT

Mechanism of Injury

You are called to the scene of a motor vehicle crash where you find a victim who was thrown from the car. You find severe damage to the front end of the car. The victim is found lying in a field 30 feet from the upright car.

The patient will present with the following injuries. All injuries will be moulaged. Each examiner should program the patient to respond appropriately throughout the assessment and assure the victim has read the —Instructions to Simulated Trauma Victim that have been provided.

Unresponsive
Left side flail chest
Decreased breath sounds, left side
Cool, clammy skin; no distal pulses

Distended abdomen
Pupils equal
Neck veins flat
Pelvis stable
Open injury of the left femur with capillary bleeding
Vital Signs:
Initial: B/P 72/60, P140, RR 26
Upon recheck: B/P 64/48, P 138, RR 44

Medical

This station is designed to test your ability to perform patient assessment of a patient with a chief complaint of a medical nature and "voice" treat all conditions discovered. You must conduct your assessment as you would in the field including communicating with your patient. As you conduct your assessment, you should state everything you are assessing. Clinical information not obtainable by visual or physical inspection will be given to you after you demonstrate how you would normally gain that information. You may assume that you have two (2) EMT's working with you and that they are correctly carrying out the verbal treatments you indicate. You have (10) ten minutes to complete this station. Do you have any questions?
Sample Medical Scenarios

RESPIRATORY
You arrive at a home and find an elderly male patient who is receiving oxygen through a nasal cannula. The patient is 65 years old and appears overweight. He is sitting in a chair in a —tripod position. You see rapid respirations and there is cyanosis around his lips, fingers and capillary beds.

INITIAL ASSESSMENT Chief Complaint:	—I'm having hard time breathing and I need to go to the hospital.
Apparent Life Threats:	Respiratory compromise.
Level of Responsiveness:	Patient is only able to speak in short sentences interrupted by coughing.
Airway:	Patent
Breathing:	28 and deep, through pursed lips
Circulation:	No bleeding, pulse rate 120 and strong. There is cyanosis around the lips, fingers and capillary beds
Transport Decision:	Immediate transport

FOCUSED HISTORY AND PHYSICAL EXAMINATION

Onset	—I've had emphysema for the past ten years, but my breathing has been getting worse the past couple of days.
Provokes	—Whenever I go up or down steps, it gets really bad.
Quality	—I don't have any pain; I'm just worried because it is so hard to breath. I can't seem to catch my breath

Radiate	—I don't have any pain.
Severity	—I can't stop coughing. I think I'm dying.
Time	—I woke up about three hours ago. I haven't been able to breathe right since then.
Interventions	—I turned up the flow of my oxygen about an hour ago.
Allergies	Penicillin and bee stings
Medications	Oxygen and a hand held inhaler
Past Medical History	Treated for emphysema for past 10 years
Last Meal	—I ate breakfast this morning.
Events Leading to Illness	—I got worse a couple of days ago. The day it got really cold and rained all day. Today, I've just felt bad since I got out of bed.
Focused physical examination	Auscultate breath sounds.
Vitals	RR 28, P 120, BP 140/88

CARDIAC

You arrive on the scene where a 57 year old man is complaining of chest pain. He is pale and sweaty.

INITIAL ASSESSMENT

Chief Complaint:	—My chest really hurts. I have angina but this pain is worse than any I have ever felt before.
Apparent Life Threats:	Cardiac compromise
Level of Responsiveness:	Awake and alert
Airway:	Patent
Breathing:	24 and shallow
Circulation:	No bleeding, pulse rate 124 and weak, skin cool and clammy.
Transport Decision:	Immediate transport

FOCUSED HISTORY AND PHYSICAL EXAMINATION

Onset	—The pain woke me up from my afternoon nap
Provokes	—It hurts really bad and nothing I do makes the pain go away.
Quality	—It started out like indigestion but has gotten a lot worse. It feels like a big weight is pressing against my chest. It makes it hard to breath.
Radiate	—My shoulders and jaws started hurting about ten minutes before you got here, but the worse pain is in the middle of my chest. That's why I called you.
Severity	—This is the worst pain I have ever felt. I can't stand it.
Time	—I've had this pain for about an hour, but it

	seems like days.
Interventions	—I took my nitroglycerin about 15 minutes ago but it didn't make any difference. Nitro always worked before. Am I having a heart attack?
Allergies	None
Medications	Nitroglycerin
Past Medical History	Diagnosed with angina two years ago
Last Meal	—I had soup and a sandwich about three hours ago.
Events Leading to Illness	—I was just sleeping when the pain woke me up.
Focused physical examination	Assessment baseline vital signs.
Vitals	RR 24, P 124, BP 144/92

Cardiac Arrest Management/AED

This station is designed to test your ability to manage a pre-hospital cardiac arrest by integrating CPR skills, defibrillation, airway adjuncts and patient/scene management skills. There will be an assistant in this station. The assistant will only do as you instruct him/her. You will be dispatched to an unconscious patient at a factory. A first responder will be present and performing CPR. You must immediately establish control of the scene and begin management of the situation. You will have, and be expected to use an automated external defibrillator. At the appropriate time, the patient's airway must be controlled and you must ventilate or direct the ventilation of the patient using adjunctive equipment. You may use any of the supplies available in this room.

You have ten (10) minutes to complete this station.

Do you have any questions?

BLS/Airway Management

This station requires the proper integration by the candidate of his/her assessment skills, time management skills, evaluation skills, and various device insertion skills to successfully complete this station. This station is designed to test your ability to assess initial responsiveness, assess and manage an airway utilizing appropriate techniques, ventilate a patient using a bag-valve-mask, and inserting a non visualized airway.

As you enter the station, you will find an apparent unresponsive patient. There are no bystanders and artificial ventilation has not been initiated. Patient management required for completion of this station is complete airway management, proper ventilatory support with the bag-valve-mask, and the proper insertion of the non-visualized airway. You must initially ventilate the patient for a minimum of 30 seconds. You will be evaluated on the appropriateness of ventilator volumes.

I will then inform you that a second rescuer has arrived to assist you with ventilations. Medical control will then advise you to provide the patient with a secured airway by using the non visualized airway. You may use only the equipment available in this room. You will have ten (10) minutes to complete this station.

Do you have any questions?

Spinal Immobilization Seated

This station is designed to test your ability to provide spinal immobilization on a patient using a half-spine immobilization device. You and an EMT assistant arrive on the scene of an automobile crash. The scene is safe and there is only one patient. The assistant EMT has completed the initial assessment and no critical condition requiring intervention was found. For the purpose of this station, the patient's vital signs remain stable. You are required to treat the specific, isolated problem of an unstable spine using a half-spine immobilization device. You are responsible for the direction and subsequent actions of the EMT assistant. Transferring and immobilizing the patient to the long backboard should be accomplished verbally. You have (10) ten minutes to complete this station.

Do you have any questions?

Spinal Immobilization Supine

This station is designed to test your ability to provide spinal immobilization on a patient using a long spine immobilization device. You arrive on the scene with an EMT assistant. The assistant has completed the scene size-up as well as the initial assessment and no critical condition was found which would require intervention. For the purpose of this testing station, the patient's vital signs remain stable. You are required to treat the specific problem of an unstable spine using a long spine immobilization device. When moving the patient to the device, you should use the help of the assistant EMT and the evaluator. The assistant should control the head and secure the cervical spine of the patient while you and the evaluator move the patient to the immobilization device. You are responsible for proper direction of the assistant. You may use any equipment available in this room. You have ten (10) minutes to complete this station.

Do you have any questions?

Splinting Long Bone

This station is designed to test your ability to properly immobilize a closed, non-angulated long bone injury. You are required to treat only the specific, isolated injury to the extremity. The scene size-up and initial assessment have been completed and during the focused assessment a closed, non-angulated injury of the _____ (radius, ulna, tibia, fibula, humerus) was detected. Ongoing assessment of the patient's airway, breathing, and central circulation is not necessary. You may use any equipment available in this room. You have (5) five minutes to complete this station.

Do you have any questions?

Splinting Joint

This station is designed to test your ability to properly immobilize a non-complicated joint injury. You are required to treat only the specific, isolated injury. The scene size-up and initial assessment have been accomplished on the victim and during the focused assessment a _____ (elbow, knee, ankle, shoulder) injury was detected. Ongoing assessment of the patient's airway, breathing and central circulation is not necessary. You may use any equipment available in this room. You have (5) five minutes to complete this station.

Do you have any questions?

Traction Splint

This station is designed to test your ability to properly immobilize a mid-shaft femur injury with a traction splint. You will have an EMT assistant to help you in the application of the device by applying manual traction when directed to do so. You are required to treat only the specific, isolated injury to the femur. The scene size-up and initial assessment have been accomplished on the victim and during the focused assessment a mid-shaft femur deformity was detected. Ongoing assessment of the patient's airway, breathing, and central circulation is not necessary. You may use any equipment available in this room. You have (10) ten minutes to complete this station.

Do you have any questions?

Bleeding Control/Shock

This station is designed to test your ability to control hemorrhage. This is a scenario based testing station. As you progress through the scenario, you will be given various signs and symptoms appropriate for the patient's condition. You will be required to manage the patient based on these signs and symptoms. A scenario will be read aloud to you and you will be given an opportunity to ask clarifying questions about the scenario, however, you will not receive answers to any questions about the actual steps of the procedures to be performed. You may use any of the supplies and equipment available in this room. You have (10) ten minutes to complete this station. Do you have any questions?

Oxygen Preparation and Application

This station is designed to test your ability to correctly assemble the equipment needed to administer supplemental oxygen in the pre-hospital setting. This is an isolated skills test. You will be required to assemble an oxygen tank and a regulator and administer oxygen to a patient using a non-rebreather mask. At this point you will be instructed to discontinue oxygen administration by the non-rebreather mask and start oxygen administration using a nasal cannula because the patient cannot tolerate the mask. Once you have initiated oxygen administration using a nasal cannula, you will be instructed to discontinue oxygen administration completely. You may use only the equipment available in this room. You have five (5) minutes to complete this station.

Do you have any questions?

D. Candidate Remediation
   - If you have a student who needs to be remediated for either failing the State Cognitive Exam or the State Psychomotor Exam:
   - Complete remediation according to the mandatory hours for the State Cognitive Exam (see remediation form for hourly requirements) or the needed skill(s) for the State Psychomotor Exam.

Cognitive Remediation Form
(http://www.in.gov/dhs/files/54414.pdf)

EMT Psychomotor Remediation Form
(https://forms.in.gov/Download.aspx?id=9382)

EMR Remediation Form
(https://forms.in.gov/Download.aspx?id=9344)

- All remediation must be completed by a **Primary Instructor**

Cognitive Exam Remediation Required Hours
EMR 6 Hours
EMT 24 Hours
AEMT 24 Hours

- Fill out the remediation form in its entirety including necessary signatures
- Submit the remediation form by any of the following manners:
    - US Mail, Federal Express, or UPS **(Highly recommend sending via Certified mail with delivery confirmation)**
    - Email to certCourseApps@dhs.in.gov
    - Fax to 317-233-0497
- Candidate will be mailed a letter allowing retest

E. Processing Information
- Once testing is entirely completed and submitted to the state (both Cognitive and Psychomotor testing), it may take up to 4 weeks to become certified.
- If a candidate has ever been charged or convicted of a crime as an adult other than a minor traffic violation:
    - they must report this to the agency on the appropriate form.
    - their application will be reviewed on a case by case basis.
    - the candidate will receive communication from the agency regarding their certification status.
- Fail letters are the only letters that will be issued to candidates regarding testing results.
    - The agency will NOT give test results out over the phone
    - The agency can verify whether or not a candidate is missing any requirements for certification
- When a candidate is awarded certification they will receive their initial certification by US mail.

V. EMS Student/Candidate Guide: EMR

This resource is designed to guide students or candidates as they prepare for the Indiana Psychomotor and Cognitive Exams. These are the principals which are to be used in the preparation for testing. This document also includes information on remediation and processing of a candidates certification.

A. Cognitive (Written) Exam Instructions

After a successful course completion of an EMR course and the instructor has submitted a completed Report of Training to IDHS, the candidate will be eligible to register to take the cognitive exam.

Contact an approved testing center in order to schedule your exam. A list of exam sites and contact information can be found at the link below. Contact your instructor for additional testing site information.

Approved Testing Centers
(http://www.in.gov/dhs/files/Workforce_Certification_Centers_2013_IDHS.pdf)

Candidates cannot take the exam at Ivy Tech locations until the Report of Training has been processed. According to IAC 836 4-2-4-b the instructor has up to fifteen (15) days to submit this report to our agency.

The candidate will be eligible to register to take the cognitive exam after 16 days following successful completion of EMT course.

B. Psychomotor (Practical) Exam Instructions

Current Version of skill sheets
EMR Skill Sheets
(https://forms.in.gov/Download.aspx?id=9764)

*Includes the What You Need To Know as an Indiana EMR Psychomotor Exam Candidate Document

Random Station
The random psychomotor skill that is to be tested will be randomly chosen at the beginning of the psychomotor exam for all candidates.

If a candidate fails the random skills station, then the candidate will retest the same random skills station.

Required Stations & Times

EMR	*Skill to be Tested*	*Maximum Time Limit*	*Number of Staff Needed*
Station 1:	Patient Assessment	10 minutes	Evaluator, Patient

	Management - Trauma		
Station 2:	Patient Assessment Management - Medical	10 minutes	Evaluator, Patient
Station 3:	Cardiac Arrest Management/AED	10 minutes	Evaluator, Assistant
Station 4:	Spinal Immobilization-Supine	10 minutes	Evaluator, Assistant, Patient
Station 5:		One Random Basic Skill listed below:	

Long Bone Injury Immobilization	5 minutes	Evaluator, Patient
Bleeding Control/Shock Management	10 minutes	Evaluator, Patient
Ventilation and Airway Management of the Apneic Patient	5 minutes	Evaluator
Oxygen Preparation and Application	5 minutes	Evaluator

C. Stations for Candidates

The following are instructions to be read to the candidate during the psychomotor testing. This is for informational purposes only.

Trauma

This station is designed to test your ability to perform a patient assessment of a victim of multi-system trauma and "voice" treats all conditions and injuries discovered. You must conduct your assessment as you would in the field including communicating with your patient. You may remove the patient's clothing down to shorts or swimsuit if you feel it is necessary. As you conduct your assessment, you should state everything you are assessing. Clinical information not obtainable by visual or physical inspection will be given to you after you demonstrate how you would normally gain that information. You may assume that you have two EMTs working with you and that they are correctly carrying out the verbal treatments you indicate. You have (10) ten minutes to complete this station.

Do you have any questions?

Sample Trauma Scenario

The following is an example of an acceptable scenario for this station; however, you will use one of the pre-approved scenarios supplied by IDHS.

TRAUMA SITUATION – PATIENT ASSESSMENT/MANAGEMENT

Mechanism of Injury

You are called to the scene of a motor vehicle crash where you find a victim who was thrown from the car. You find severe damage to the front end of the car. The victim is found lying in a field 30 feet from the upright car.

The patient will present with the following injuries. All injuries will be moulaged. Each examiner should program the patient to respond appropriately throughout the assessment and assure the victim has read the —Instructions to Simulated Trauma Victim that have been provided.

Unresponsive
Left side flail chest
Decreased breath sounds, left side
Cool, clammy skin; no distal pulses
Distended abdomen
Pupils equal
Neck veins flat
Pelvis stable
Open injury of the left femur with capillary bleeding
Vital Signs:
Initial: B/P 72/60, P140, RR 26
Upon recheck: B/P 64/48, P 138, RR 44

Medical

This station is designed to test your ability to perform patient assessment of a patient with a chief complaint of a medical nature and "voice" treat all conditions discovered. You must conduct your assessment as you would in the field including communicating with your patient. As you conduct your assessment, you should state everything you are assessing. Clinical information not obtainable by visual or physical inspection will be given to you after you demonstrate how you would normally gain that information. You may assume that you have two (2) EMT's working with you and that they are correctly carrying out the verbal treatments you indicate. You have (10) ten minutes to complete this station. Do you have any questions?
Sample Medical Scenarios

RESPIRATORY
You arrive at a home and find an elderly male patient who is receiving oxygen through a nasal cannula. The patient is 65 years old and appears overweight. He is sitting in a chair in a —tripod position. You see rapid respirations and there is cyanosis around his lips, fingers and capillary beds.

INITIAL ASSESSMENT Chief Complaint:	—I'm having hard time breathing and I need to go to the hospital.
Apparent Life Threats:	Respiratory compromise.
Level of Responsiveness:	Patient is only able to speak in short sentences interrupted by coughing.
Airway:	Patent
Breathing:	28 and deep, through pursed lips
Circulation:	No bleeding, pulse rate 120 and strong. There is cyanosis around the lips, fingers and capillary beds
Transport Decision:	Immediate transport

FOCUSED HISTORY AND PHYSICAL EXAMINATION

Onset	—I've had emphysema for the past ten years, but

	my breathing has been getting worse the past couple of days.
Provokes	—Whenever I go up or down steps, it gets really bad.
Quality	—I don't have any pain; I'm just worried because it is so hard to breath. I can't seem to catch my breath
Radiate	—I don't have any pain.
Severity	—I can't stop coughing. I think I'm dying.
Time	—I woke up about three hours ago. I haven't been able to breathe right since then.
Interventions	—I turned up the flow of my oxygen about an hour ago.
Allergies	Penicillin and bee stings
Medications	Oxygen and a hand held inhaler
Past Medical History	Treated for emphysema for past 10 years
Last Meal	—I ate breakfast this morning.
Events Leading to Illness	—I got worse a couple of days ago. The day it got really cold and rained all day. Today, I've just felt bad since I got out of bed.
Focused physical examination	Auscultate breath sounds.
Vitals	RR 28, P 120, BP 140/88

CARDIAC

You arrive on the scene where a 57 year old man is complaining of chest pain. He is pale and sweaty.

INITIAL ASSESSMENT

Chief Complaint:	—My chest really hurts. I have angina but this pain is worse than any I have ever felt before.
Apparent Life Threats:	Cardiac compromise
Level of Responsiveness:	Awake and alert
Airway:	Patent
Breathing:	24 and shallow
Circulation:	No bleeding, pulse rate 124 and weak, skin cool and clammy.
Transport Decision:	Immediate transport

FOCUSED HISTORY AND PHYSICAL EXAMINATION

Onset	—The pain woke me up from my afternoon nap
Provokes	—It hurts really bad and nothing I do makes the pain go away.
Quality	—It started out like indigestion but has gotten a lot worse. It feels like a big weight is pressing against my chest. It makes it hard to breath.
Radiate	—My shoulders and jaws started hurting about ten

	minutes before you got here, but the worse pain is in the middle of my chest. That's why I called you.
Severity	—This is the worst pain I have ever felt. I can't stand it.
Time	—I've had this pain for about an hour, but it seems like days.
Interventions	—I took my nitroglycerin about 15 minutes ago but it didn't make any difference. Nitro always worked before. Am I having a heart attack?
Allergies	None
Medications	Nitroglycerin
Past Medical History	Diagnosed with angina two years ago
Last Meal	—I had soup and a sandwich about three hours ago.
Events Leading to Illness	—I was just sleeping when the pain woke me up.
Focused physical examination	Assessment baseline vital signs.
Vitals	RR 24, P 124, BP 144/92

Cardiac Arrest Management/AED

This station is designed to test your ability to manage a pre-hospital cardiac arrest by integrating CPR skills, defibrillation, airway adjuncts and patient/scene management skills. There will be an assistant in this station. The assistant will only do as you instruct him/her. You will be dispatched to an unconscious patient at a factory. A first responder will be present and performing CPR. You must immediately establish control of the scene and begin management of the situation. You will have, and be expected to use an automated external defibrillator. At the appropriate time, the patient's airway must be controlled and you must ventilate or direct the ventilation of the patient using adjunctive equipment. You may use any of the supplies available in this room.

You have ten (10) minutes to complete this station.

Do you have any questions?

Spinal Immobilization Supine

This station is designed to test your ability to provide spinal immobilization on a patient using a long spine immobilization device. You arrive on the scene with an EMT assistant. The assistant has completed the scene size-up as well as the initial assessment and no critical condition was found which would require intervention. For the purpose of this testing station, the patient's vital signs remain stable. You are required to treat the specific problem of an unstable spine using a long spine immobilization device. When moving the patient to the device, you should use the help of the assistant EMT and the evaluator. The assistant should control the head and secure the cervical spine of the patient while you and the evaluator move the patient to the immobilization device. You are responsible for proper direction of the assistant. You may use any equipment available in this room. You have ten (10) minutes to complete this station.

Do you have any questions?

Splinting Long Bone

This station is designed to test your ability to properly immobilize a closed, non-angulated long bone injury. You are required to treat only the specific, isolated injury to the extremity. The scene size-up and initial assessment have been completed and during the focused assessment a closed, non-angulated injury of the _____ (radius, ulna, tibia, fibula, humerus) was detected. Ongoing assessment of the patient's airway, breathing, and central circulation is not necessary. You may use any equipment available in this room. You have (5) five minutes to complete this station. Do you have any questions?

Bleeding Control/Shock

This station is designed to test your ability to control hemorrhage. This is a scenario based testing station. As you progress through the scenario, you will be given various signs and symptoms appropriate for the patient's condition. You will be required to manage the patient based on these signs and symptoms. A scenario will be read aloud to you and you will be given an opportunity to ask clarifying questions about the scenario, however, you will not receive answers to any questions about the actual steps of the procedures to be performed. You may use any of the supplies and equipment available in this room. You have (10) ten minutes to complete this station.

Do you have any questions?

Ventilation and Airway Management for Apneic Patient

This station is designed to test your ability to effectively ventilate a patient with supplemental oxygen using a bag valve mask technique. The patient management required is suctioning of the patient, placement of an oral adjunct and ventilatory support using a bag valve mask technique with supplemental oxygen. You must ventilate the patient for at least 30 seconds. You will be evaluated on the appropriateness of ventilatory volumes. You may use any equipment available in this room. You have five (5) minutes to complete this station.

Do you have any questions?

Oxygen Preparation and Application

This station is designed to test your ability to correctly assemble the equipment needed to administer supplemental oxygen in the pre-hospital setting. This is an isolated skills test. You will be required to assemble an oxygen tank and a regulator and administer oxygen to a patient using a non-rebreather mask. At this point you will be instructed to discontinue oxygen administration by the non-rebreather mask and start oxygen administration using a nasal cannula because the patient cannot tolerate the mask. Once you have initiated oxygen administration using a nasal cannula, you will be instructed to discontinue oxygen administration completely. You may use only the equipment available in this room. You have five (5) minutes to complete this station.

Do you have any questions?

D. Candidate Remediation
   - If you have a student who needs to be remediated for either failing the State Cognitive Exam or the State Psychomotor Exam:

- Complete remediation according to the mandatory hours for the State Cognitive Exam (see remediation form for hourly requirements) or the needed skill(s) for the State Psychomotor Exam.

Cognitive Remediation Form
(http://www.in.gov/dhs/files/54414.pdf)

EMT Psychomotor Remediation Form
(https://forms.in.gov/Download.aspx?id=9382)

EMR Remediation Form
(https://forms.in.gov/Download.aspx?id=9344)

- All remediation must be completed by a **Primary Instructor**

Cognitive Exam Remediation Required Hours
EMR 6 Hours
EMT 24 Hours
AEMT 24 Hours

- Fill out the remediation form in its entirety including necessary signatures
- Submit the remediation form by any of the following manners:
    - US Mail, Federal Express, or UPS (**Highly recommend sending via Certified mail with delivery confirmation)**
    - Email to certCourseApps@dhs.in.gov
    - Fax to 317-233-0497
- Candidate will be mailed a letter allowing retest

E. Processing Information
- Once testing is entirely completed and submitted to the state (both Cognitive and Psychomotor testing), it may take up to 4 weeks to become certified.
- If a candidate has ever been charged or convicted of a crime as an adult other than a minor traffic violation:
    - they must report this to the agency on the appropriate form.
    - their application will be reviewed on a case by case basis.
    - the candidate will receive communication from the agency regarding their certification status.
- Fail letters are the only letters that will be issued to candidates regarding testing results.
    - The agency will NOT give test results out over the phone
    - The agency can verify whether or not a candidate is missing any requirements for certification
- When a candidate is awarded certification they will receive their initial certification by US mail.

Attachment #5

From the June 26, 2012 EMS Commission meeting minutes

Mr. Gary Robison did not have numbers to report at this meeting. There was some discussion about the software that is used and when the switch over to National EMS Information System (NEMSIS) will happen.

Commissioner Zartman offered a motion to mandate that the data registry sub-committee meet with in the next thirty (30) days and by the next Commission meeting in September have a one (1) page executive summary with strict recommendations with timelines. The motion was seconded by Commissioner Craigin. The motion passed.

TECHNICAL ADVISORY COMMITTEE

Mr. Leon Bell brought back to the EMS Commission members the three recommendations that the TAC had proposed at the last EMS Commission meeting concerning EVOC training course, drug/alcohol testing, and criminal back ground checks. After reviewing these three recommendations at the last TAC Committee meeting the recommendations for the drug/alcohol testing and the criminal background checks remain the same. The following is the revised recommendation for the EVOC Training Course:

Any person within the first twelve (12) months of affiliation with a certified EMS provider organization who maybe regularly assigned to operate an emergency vehicle must complete, or provide evidence of completion of, an emergency vehicle operation course.

Legal Counsel Snyder inquired if it was the wishes of the Commission to make the above recommendation a requirement if so there would need to be a fiscal impact statement written. Some discussion followed. The EMS Commission also would like staff or the TAC Committee to do a survey of all certified service provider organizations to find out what insurance driven courses are available.

Commissioner Mackey offered a motion to table all three issues until the next Commission meeting in September. The motion was seconded by Commissioner Zartman. The motion passed.

Mr. Bell also reported that sub-committees have been formed and started working on the new issues that the Commission assigned to the TAC at the last EMS Commission meeting but at this time did not have any recommendations.

Trauma System Update

IV. EMS Student/Candidate Guide: EMT

This resource is designed to guide students or candidates as they prepare for the Indiana Psychomotor and Cognitive Exams. These are the principles which are to be used in the preparation for testing. This document also includes information on remediation and processing of a candidates' certification.

A. Cognitive (Written) Exam Instructions

After a successful course completion of an EMT course and the instructor has submitted a completed Report of Training to IDHS, the candidate will be eligible to register to take the cognitive exam.

Contact an approved testing center in order to schedule your exam. A list of exam sites and contact information can be found at the link below.

Approved Testing Centers
(http://www.in.gov/dhs/files/Workforce_Certification_Centers_2013_IDHS.pdf)

Candidates cannot take the exam until the Report of Training has been processed. According to IAC 836 4-2-4-b the instructor has up to fifteen (15) days to submit this report to our agency.

The candidate will be eligible to register to take the cognitive exam after 16 days following successful completion of EMT course.

B. Psychomotor (Practical) Exam Instructions

Current Version of skill sheets
EMT Skill Sheets
(https://forms.in.gov/Download.aspx?id=9249)

*Includes the What You Need To Know as an Indiana EMT Psychomotor Exam Candidate Document

The random psychomotor skill that is to be tested will be randomly chosen at the beginning of the psychomotor exam for all candidates.

If a candidate fails the random skill station, then the candidate will retest the same random skill station.

Required Stations & Times

EMT	*Skill to be Tested*	*Maximum Time Limit*	*Number of Staff Needed*
Station 1:	Patient Assessment Management - Trauma	10 minutes	Evaluator, Patient
Station 2:	Patient Assessment Management - Medical	10 minutes	Evaluator, Patient
Station 3:	Cardiac Arrest Management/AED	10 minutes	Evaluator, Assistant
Station 4:	BLS Airway Management	10 minutes	Evaluator
Station 5:	Spinal Immobilization-Supine	10 minutes	Evaluator, Assistant, Patient

Station 6:	Spinal Immobilization - Seated Patient	10 minutes	Evaluator, Assistant, Patient
Station 7:		One Random Basic Skill listed below:	

Long Bone Injury Immobilization	5 minutes	Evaluator, Patient
Joint Injury Immobilization	5 minutes	Evaluator, Patient
Traction Splint Immobilization	10 minutes	Evaluator, Patient
Bleeding Control/Shock Management	10 minutes	Evaluator, Patient (real or hard shell mannequin)
Oxygen Preparation and Application	5 minutes	Evaluator

C. Stations for Candidates

The following are instructions to be read to the candidate during the psychomotor testing. This is for informational purposes only.

Trauma

This station is designed to test your ability to perform a patient assessment of a victim of multi-system trauma and "voice" treats all conditions and injuries discovered. You must conduct your assessment as you would in the field including communicating with your patient. You may remove the patient's clothing down to shorts or swimsuit if you feel it is necessary. As you conduct your assessment, you should state everything you are assessing. Clinical information not obtainable by visual or physical inspection will be given to you after you demonstrate how you would normally gain that information. You may assume that you have two EMTs working with you and that they are correctly carrying out the verbal treatments you indicate. You have (10) ten minutes to complete this station.

Do you have any questions?

Sample Trauma Scenario

The following is an example of an acceptable scenario for this station; however, you will use one of the pre-approved scenarios supplied by IDHS.

TRAUMA SITUATION – PATIENT ASSESSMENT/MANAGEMENT

Mechanism of Injury

You are called to the scene of a motor vehicle crash where you find a victim who was thrown from the car. You find severe damage to the front end of the car. The victim is found lying in a field 30 feet from the upright car.

The patient will present with the following injuries. All injuries will be moulaged. Each examiner should program the patient to respond appropriately throughout the assessment and assure the victim has read the —Instructions to Simulated Trauma Victim that have been provided.

Unresponsive
Left side flail chest
Decreased breath sounds, left side
Cool, clammy skin; no distal pulses

Distended abdomen
Pupils equal
Neck veins flat
Pelvis stable
Open injury of the left femur with capillary bleeding
Vital Signs:
Initial: B/P 72/60, P140, RR 26
Upon recheck: B/P 64/48, P 138, RR 44

Medical

This station is designed to test your ability to perform patient assessment of a patient with a chief complaint of a medical nature and "voice" treat all conditions discovered. You must conduct your assessment as you would in the field including communicating with your patient. As you conduct your assessment, you should state everything you are assessing. Clinical information not obtainable by visual or physical inspection will be given to you after you demonstrate how you would normally gain that information. You may assume that you have two (2) EMT's working with you and that they are correctly carrying out the verbal treatments you indicate. You have (10) ten minutes to complete this station. Do you have any questions?
Sample Medical Scenarios

RESPIRATORY
You arrive at a home and find an elderly male patient who is receiving oxygen through a nasal cannula. The patient is 65 years old and appears overweight. He is sitting in a chair in a —tripod position. You see rapid respirations and there is cyanosis around his lips, fingers and capillary beds.

INITIAL ASSESSMENT Chief Complaint:	—I'm having hard time breathing and I need to go to the hospital.
Apparent Life Threats:	Respiratory compromise.
Level of Responsiveness:	Patient is only able to speak in short sentences interrupted by coughing.
Airway:	Patent
Breathing:	28 and deep, through pursed lips
Circulation:	No bleeding, pulse rate 120 and strong. There is cyanosis around the lips, fingers and capillary beds
Transport Decision:	Immediate transport

FOCUSED HISTORY AND PHYSICAL EXAMINATION

Onset	—I've had emphysema for the past ten years, but my breathing has been getting worse the past couple of days.
Provokes	—Whenever I go up or down steps, it gets really bad.
Quality	—I don't have any pain; I'm just worried because it is so hard to breath. I can't seem to catch my breath

Radiate	—I don't have any pain.
Severity	—I can't stop coughing. I think I'm dying.
Time	—I woke up about three hours ago. I haven't been able to breathe right since then.
Interventions	—I turned up the flow of my oxygen about an hour ago.
Allergies	Penicillin and bee stings
Medications	Oxygen and a hand held inhaler
Past Medical History	Treated for emphysema for past 10 years
Last Meal	—I ate breakfast this morning.
Events Leading to Illness	—I got worse a couple of days ago. The day it got really cold and rained all day. Today, I've just felt bad since I got out of bed.
Focused physical examination	Auscultate breath sounds.
Vitals	RR 28, P 120, BP 140/88

CARDIAC

You arrive on the scene where a 57 year old man is complaining of chest pain. He is pale and sweaty.

INITIAL ASSESSMENT

Chief Complaint:	—My chest really hurts. I have angina but this pain is worse than any I have ever felt before.
Apparent Life Threats:	Cardiac compromise
Level of Responsiveness:	Awake and alert
Airway:	Patent
Breathing:	24 and shallow
Circulation:	No bleeding, pulse rate 124 and weak, skin cool and clammy.
Transport Decision:	Immediate transport

FOCUSED HISTORY AND PHYSICAL EXAMINATION

Onset	—The pain woke me up from my afternoon nap
Provokes	—It hurts really bad and nothing I do makes the pain go away.
Quality	—It started out like indigestion but has gotten a lot worse. It feels like a big weight is pressing against my chest. It makes it hard to breath.
Radiate	—My shoulders and jaws started hurting about ten minutes before you got here, but the worse pain is in the middle of my chest. That's why I called you.
Severity	—This is the worst pain I have ever felt. I can't stand it.
Time	—I've had this pain for about an hour, but it

	seems like days.
Interventions	—I took my nitroglycerin about 15 minutes ago but it didn't make any difference. Nitro always worked before. Am I having a heart attack?
Allergies	None
Medications	Nitroglycerin
Past Medical History	Diagnosed with angina two years ago
Last Meal	—I had soup and a sandwich about three hours ago.
Events Leading to Illness	—I was just sleeping when the pain woke me up.
Focused physical examination	Assessment baseline vital signs.
Vitals	RR 24, P 124, BP 144/92

Cardiac Arrest Management/AED

This station is designed to test your ability to manage a pre-hospital cardiac arrest by integrating CPR skills, defibrillation, airway adjuncts and patient/scene management skills. There will be an assistant in this station. The assistant will only do as you instruct him/her. You will be dispatched to an unconscious patient at a factory. A first responder will be present and performing CPR. You must immediately establish control of the scene and begin management of the situation. You will have, and be expected to use an automated external defibrillator. At the appropriate time, the patient's airway must be controlled and you must ventilate or direct the ventilation of the patient using adjunctive equipment. You may use any of the supplies available in this room.

You have ten (10) minutes to complete this station.

Do you have any questions?

BLS/Airway Management

This station requires the proper integration by the candidate of his/her assessment skills, time management skills, evaluation skills, and various device insertion skills to successfully complete this station. This station is designed to test your ability to assess initial responsiveness, assess and manage an airway utilizing appropriate techniques, ventilate a patient using a bag-valve-mask, and inserting a non visualized airway.

As you enter the station, you will find an apparent unresponsive patient. There are no bystanders and artificial ventilation has not been initiated. Patient management required for completion of this station is complete airway management, proper ventilatory support with the bag-valve-mask, and the proper insertion of the non-visualized airway. You must initially ventilate the patient for a minimum of 30 seconds. You will be evaluated on the appropriateness of ventilator volumes.

I will then inform you that a second rescuer has arrived to assist you with ventilations. Medical control will then advise you to provide the patient with a secured airway by using the non visualized airway. You may use only the equipment available in this room. You will have ten (10) minutes to complete this station.

Do you have any questions?

Spinal Immobilization Seated

This station is designed to test your ability to provide spinal immobilization on a patient using a half-spine immobilization device. You and an EMT assistant arrive on the scene of an automobile crash. The scene is safe and there is only one patient. The assistant EMT has completed the initial assessment and no critical condition requiring intervention was found. For the purpose of this station, the patient's vital signs remain stable. You are required to treat the specific, isolated problem of an unstable spine using a half-spine immobilization device. You are responsible for the direction and subsequent actions of the EMT assistant. Transferring and immobilizing the patient to the long backboard should be accomplished verbally. You have (10) ten minutes to complete this station.

Do you have any questions?

Spinal Immobilization Supine

This station is designed to test your ability to provide spinal immobilization on a patient using a long spine immobilization device. You arrive on the scene with an EMT assistant. The assistant has completed the scene size-up as well as the initial assessment and no critical condition was found which would require intervention. For the purpose of this testing station, the patient's vital signs remain stable. You are required to treat the specific problem of an unstable spine using a long spine immobilization device. When moving the patient to the device, you should use the help of the assistant EMT and the evaluator. The assistant should control the head and secure the cervical spine of the patient while you and the evaluator move the patient to the immobilization device. You are responsible for proper direction of the assistant. You may use any equipment available in this room. You have ten (10) minutes to complete this station.

Do you have any questions?

Splinting Long Bone

This station is designed to test your ability to properly immobilize a closed, non-angulated long bone injury. You are required to treat only the specific, isolated injury to the extremity. The scene size-up and initial assessment have been completed and during the focused assessment a closed, non-angulated injury of the _____ (radius, ulna, tibia, fibula, humerus) was detected. Ongoing assessment of the patient's airway, breathing, and central circulation is not necessary. You may use any equipment available in this room. You have (5) five minutes to complete this station.

Do you have any questions?

Splinting Joint

This station is designed to test your ability to properly immobilize a non-complicated joint injury. You are required to treat only the specific, isolated injury. The scene size-up and initial assessment have been accomplished on the victim and during the focused assessment a _____ (elbow, knee, ankle, shoulder) injury was detected. Ongoing assessment of the patient's airway, breathing and central circulation is not necessary. You may use any equipment available in this room. You have (5) five minutes to complete this station.

Do you have any questions?

Traction Splint

This station is designed to test your ability to properly immobilize a mid-shaft femur injury with a traction splint. You will have an EMT assistant to help you in the application of the device by applying manual traction when directed to do so. You are required to treat only the specific, isolated injury to the femur. The scene size-up and initial assessment have been accomplished on the victim and during the focused assessment a mid-shaft femur deformity was detected. Ongoing assessment of the patient's airway, breathing, and central circulation is not necessary. You may use any equipment available in this room. You have (10) ten minutes to complete this station.

Do you have any questions?

Bleeding Control/Shock

This station is designed to test your ability to control hemorrhage. This is a scenario based testing station. As you progress through the scenario, you will be given various signs and symptoms appropriate for the patient's condition. You will be required to manage the patient based on these signs and symptoms. A scenario will be read aloud to you and you will be given an opportunity to ask clarifying questions about the scenario, however, you will not receive answers to any questions about the actual steps of the procedures to be performed. You may use any of the supplies and equipment available in this room. You have (10) ten minutes to complete this station. Do you have any questions?

Oxygen Preparation and Application

This station is designed to test your ability to correctly assemble the equipment needed to administer supplemental oxygen in the pre-hospital setting. This is an isolated skills test. You will be required to assemble an oxygen tank and a regulator and administer oxygen to a patient using a non-rebreather mask. At this point you will be instructed to discontinue oxygen administration by the non-rebreather mask and start oxygen administration using a nasal cannula because the patient cannot tolerate the mask. Once you have initiated oxygen administration using a nasal cannula, you will be instructed to discontinue oxygen administration completely. You may use only the equipment available in this room. You have five (5) minutes to complete this station.

Do you have any questions?

D. Candidate Remediation
   - If you have a student who needs to be remediated for either failing the State Cognitive Exam or the State Psychomotor Exam:
   - Complete remediation according to the mandatory hours for the State Cognitive Exam (see remediation form for hourly requirements) or the needed skill(s) for the State Psychomotor Exam.

Cognitive Remediation Form
(http://www.in.gov/dhs/files/54414.pdf)

EMT Psychomotor Remediation Form
(https://forms.in.gov/Download.aspx?id=9382)

EMR Remediation Form
(https://forms.in.gov/Download.aspx?id=9344)

- All remediation must be completed by a **Primary Instructor**

Cognitive Exam Remediation Required Hours
EMR 6 Hours
EMT 24 Hours
AEMT 24 Hours

- Fill out the remediation form in its entirety including necessary signatures
- Submit the remediation form by any of the following manners:
    - US Mail, Federal Express, or UPS (**Highly recommend sending via Certified mail with delivery confirmation)**
    - Email to certCourseApps@dhs.in.gov
    - Fax to 317-233-0497
- Candidate will be mailed a letter allowing retest

E. Processing Information
- Once testing is entirely completed and submitted to the state (both Cognitive and Psychomotor testing), it may take up to 4 weeks to become certified.
- If a candidate has ever been charged or convicted of a crime as an adult other than a minor traffic violation:
    - they must report this to the agency on the appropriate form.
    - their application will be reviewed on a case by case basis.
    - the candidate will receive communication from the agency regarding their certification status.
- Fail letters are the only letters that will be issued to candidates regarding testing results.
    - The agency will NOT give test results out over the phone
    - The agency can verify whether or not a candidate is missing any requirements for certification
- When a candidate is awarded certification they will receive their initial certification by US mail.

V. EMS Student/Candidate Guide: EMR

This resource is designed to guide students or candidates as they prepare for the Indiana Psychomotor and Cognitive Exams. These are the principals which are to be used in the preparation for testing. This document also includes information on remediation and processing of a candidates certification.

A. Cognitive (Written) Exam Instructions

After a successful course completion of an EMR course and the instructor has submitted a completed Report of Training to IDHS, the candidate will be eligible to register to take the cognitive exam.

Contact an approved testing center in order to schedule your exam. A list of exam sites and contact information can be found at the link below. Contact your instructor for additional testing site information.

Approved Testing Centers
(http://www.in.gov/dhs/files/Workforce_Certification_Centers_2013_IDHS.pdf)

Candidates cannot take the exam at Ivy Tech locations until the Report of Training has been processed. According to IAC 836 4-2-4-b the instructor has up to fifteen (15) days to submit this report to our agency.

The candidate will be eligible to register to take the cognitive exam after 16 days following successful completion of EMT course.

B. Psychomotor (Practical) Exam Instructions

Current Version of skill sheets
EMR Skill Sheets
(https://forms.in.gov/Download.aspx?id=9764)

*Includes the What You Need To Know as an Indiana EMR Psychomotor Exam Candidate Document

Random Station
The random psychomotor skill that is to be tested will be randomly chosen at the beginning of the psychomotor exam for all candidates.

If a candidate fails the random skills station, then the candidate will retest the same random skills station.

Required Stations & Times

EMR	*Skill to be Tested*	*Maximum Time Limit*	*Number of Staff Needed*
Station 1:	Patient Assessment	10 minutes	Evaluator, Patient

Station 2:	Management - Trauma Patient Assessment	10 minutes	Evaluator, Patient
Station 3:	Management - Medical Cardiac Arrest Management/AED	10 minutes	Evaluator, Assistant
Station 4:	Spinal Immobilization-Supine	10 minutes	Evaluator, Assistant, Patient
Station 5:		One Random Basic Skill listed below:	

Long Bone Injury Immobilization	5 minutes	Evaluator, Patient
Bleeding Control/Shock Management	10 minutes	Evaluator, Patient
Ventilation and Airway Management of the Apneic Patient	5 minutes	Evaluator
Oxygen Preparation and Application	5 minutes	Evaluator

C. Stations for Candidates

The following are instructions to be read to the candidate during the psychomotor testing. This is for informational purposes only.

Trauma

This station is designed to test your ability to perform a patient assessment of a victim of multi-system trauma and "voice" treats all conditions and injuries discovered. You must conduct your assessment as you would in the field including communicating with your patient. You may remove the patient's clothing down to shorts or swimsuit if you feel it is necessary. As you conduct your assessment, you should state everything you are assessing. Clinical information not obtainable by visual or physical inspection will be given to you after you demonstrate how you would normally gain that information. You may assume that you have two EMTs working with you and that they are correctly carrying out the verbal treatments you indicate. You have (10) ten minutes to complete this station.

Do you have any questions?

Sample Trauma Scenario

The following is an example of an acceptable scenario for this station; however, you will use one of the pre-approved scenarios supplied by IDHS.

TRAUMA SITUATION – PATIENT ASSESSMENT/MANAGEMENT

Mechanism of Injury

You are called to the scene of a motor vehicle crash where you find a victim who was thrown from the car. You find severe damage to the front end of the car. The victim is found lying in a field 30 feet from the upright car.

The patient will present with the following injuries. All injuries will be moulaged. Each examiner should program the patient to respond appropriately throughout the assessment and assure the victim has read the —Instructions to Simulated Trauma Victim that have been provided.

Unresponsive
Left side flail chest
Decreased breath sounds, left side
Cool, clammy skin; no distal pulses
Distended abdomen
Pupils equal
Neck veins flat
Pelvis stable
Open injury of the left femur with capillary bleeding
Vital Signs:
Initial: B/P 72/60, P140, RR 26
Upon recheck: B/P 64/48, P 138, RR 44

Medical

This station is designed to test your ability to perform patient assessment of a patient with a chief complaint of a medical nature and "voice" treat all conditions discovered. You must conduct your assessment as you would in the field including communicating with your patient. As you conduct your assessment, you should state everything you are assessing. Clinical information not obtainable by visual or physical inspection will be given to you after you demonstrate how you would normally gain that information. You may assume that you have two (2) EMT's working with you and that they are correctly carrying out the verbal treatments you indicate. You have (10) ten minutes to complete this station. Do you have any questions?
Sample Medical Scenarios

RESPIRATORY
You arrive at a home and find an elderly male patient who is receiving oxygen through a nasal cannula. The patient is 65 years old and appears overweight. He is sitting in a chair in a —tripod position. You see rapid respirations and there is cyanosis around his lips, fingers and capillary beds.

INITIAL ASSESSMENT Chief Complaint:	—I'm having hard time breathing and I need to go to the hospital.
Apparent Life Threats:	Respiratory compromise.
Level of Responsiveness:	Patient is only able to speak in short sentences interrupted by coughing.
Airway:	Patent
Breathing:	28 and deep, through pursed lips
Circulation:	No bleeding, pulse rate 120 and strong. There is cyanosis around the lips, fingers and capillary beds
Transport Decision:	Immediate transport

FOCUSED HISTORY AND PHYSICAL EXAMINATION

Onset	—I've had emphysema for the past ten years, but

	my breathing has been getting worse the past couple of days.
Provokes	—Whenever I go up or down steps, it gets really bad.
Quality	—I don't have any pain; I'm just worried because it is so hard to breath. I can't seem to catch my breath
Radiate	—I don't have any pain.
Severity	—I can't stop coughing. I think I'm dying.
Time	—I woke up about three hours ago. I haven't been able to breathe right since then.
Interventions	—I turned up the flow of my oxygen about an hour ago.
Allergies	Penicillin and bee stings
Medications	Oxygen and a hand held inhaler
Past Medical History	Treated for emphysema for past 10 years
Last Meal	—I ate breakfast this morning.
Events Leading to Illness	—I got worse a couple of days ago. The day it got really cold and rained all day. Today, I've just felt bad since I got out of bed.
Focused physical examination	Auscultate breath sounds.
Vitals	RR 28, P 120, BP 140/88

CARDIAC

You arrive on the scene where a 57 year old man is complaining of chest pain. He is pale and sweaty.

INITIAL ASSESSMENT

Chief Complaint:	—My chest really hurts. I have angina but this pain is worse than any I have ever felt before.
Apparent Life Threats:	Cardiac compromise
Level of Responsiveness:	Awake and alert
Airway:	Patent
Breathing:	24 and shallow
Circulation:	No bleeding, pulse rate 124 and weak, skin cool and clammy.
Transport Decision:	Immediate transport

FOCUSED HISTORY AND PHYSICAL EXAMINATION

Onset	—The pain woke me up from my afternoon nap
Provokes	—It hurts really bad and nothing I do makes the pain go away.
Quality	—It started out like indigestion but has gotten a lot worse. It feels like a big weight is pressing against my chest. It makes it hard to breath.
Radiate	—My shoulders and jaws started hurting about ten

	minutes before you got here, but the worse pain is in the middle of my chest. That's why I called you.
Severity	—This is the worst pain I have ever felt. I can't stand it.
Time	—I've had this pain for about an hour, but it seems like days.
Interventions	—I took my nitroglycerin about 15 minutes ago but it didn't make any difference. Nitro always worked before. Am I having a heart attack?
Allergies	None
Medications	Nitroglycerin
Past Medical History	Diagnosed with angina two years ago
Last Meal	—I had soup and a sandwich about three hours ago.
Events Leading to Illness	—I was just sleeping when the pain woke me up.
Focused physical examination	Assessment baseline vital signs.
Vitals	RR 24, P 124, BP 144/92

Cardiac Arrest Management/AED

This station is designed to test your ability to manage a pre-hospital cardiac arrest by integrating CPR skills, defibrillation, airway adjuncts and patient/scene management skills. There will be an assistant in this station. The assistant will only do as you instruct him/her. You will be dispatched to an unconscious patient at a factory. A first responder will be present and performing CPR. You must immediately establish control of the scene and begin management of the situation. You will have, and be expected to use an automated external defibrillator. At the appropriate time, the patient's airway must be controlled and you must ventilate or direct the ventilation of the patient using adjunctive equipment. You may use any of the supplies available in this room.

You have ten (10) minutes to complete this station.

Do you have any questions?

Spinal Immobilization Supine

This station is designed to test your ability to provide spinal immobilization on a patient using a long spine immobilization device. You arrive on the scene with an EMT assistant. The assistant has completed the scene size-up as well as the initial assessment and no critical condition was found which would require intervention. For the purpose of this testing station, the patient's vital signs remain stable. You are required to treat the specific problem of an unstable spine using a long spine immobilization device. When moving the patient to the device, you should use the help of the assistant EMT and the evaluator. The assistant should control the head and secure the cervical spine of the patient while you and the evaluator move the patient to the immobilization device. You are responsible for proper direction of the assistant. You may use any equipment available in this room. You have ten (10) minutes to complete this station.

Do you have any questions?

Splinting Long Bone

This station is designed to test your ability to properly immobilize a closed, non-angulated long bone injury. You are required to treat only the specific, isolated injury to the extremity. The scene size-up and initial assessment have been completed and during the focused assessment a closed, non-angulated injury of the _____ (radius, ulna, tibia, fibula, humerus) was detected. Ongoing assessment of the patient's airway, breathing, and central circulation is not necessary. You may use any equipment available in this room. You have (5) five minutes to complete this station. Do you have any questions?

Bleeding Control/Shock

This station is designed to test your ability to control hemorrhage. This is a scenario based testing station. As you progress through the scenario, you will be given various signs and symptoms appropriate for the patient's condition. You will be required to manage the patient based on these signs and symptoms. A scenario will be read aloud to you and you will be given an opportunity to ask clarifying questions about the scenario, however, you will not receive answers to any questions about the actual steps of the procedures to be performed. You may use any of the supplies and equipment available in this room. You have (10) ten minutes to complete this station.

Do you have any questions?

Ventilation and Airway Management for Apneic Patient

This station is designed to test your ability to effectively ventilate a patient with supplemental oxygen using a bag valve mask technique. The patient management required is suctioning of the patient, placement of an oral adjunct and ventilatory support using a bag valve mask technique with supplemental oxygen. You must ventilate the patient for at least 30 seconds. You will be evaluated on the appropriateness of ventilatory volumes. You may use any equipment available in this room. You have five (5) minutes to complete this station.

Do you have any questions?

Oxygen Preparation and Application

This station is designed to test your ability to correctly assemble the equipment needed to administer supplemental oxygen in the pre-hospital setting. This is an isolated skills test. You will be required to assemble an oxygen tank and a regulator and administer oxygen to a patient using a non-rebreather mask. At this point you will be instructed to discontinue oxygen administration by the non-rebreather mask and start oxygen administration using a nasal cannula because the patient cannot tolerate the mask. Once you have initiated oxygen administration using a nasal cannula, you will be instructed to discontinue oxygen administration completely. You may use only the equipment available in this room. You have five (5) minutes to complete this station.

Do you have any questions?

D. Candidate Remediation
   - If you have a student who needs to be remediated for either failing the State Cognitive Exam or the State Psychomotor Exam:

- Complete remediation according to the mandatory hours for the State Cognitive Exam (see remediation form for hourly requirements) or the needed skill(s) for the State Psychomotor Exam.

Cognitive Remediation Form
(http://www.in.gov/dhs/files/54414.pdf)

EMT Psychomotor Remediation Form
(https://forms.in.gov/Download.aspx?id=9382)

EMR Remediation Form
(https://forms.in.gov/Download.aspx?id=9344)

- All remediation must be completed by a **Primary Instructor**

Cognitive Exam Remediation Required Hours
EMR 6 Hours
EMT 24 Hours
AEMT 24 Hours

- Fill out the remediation form in its entirety including necessary signatures
- Submit the remediation form by any of the following manners:
    - US Mail, Federal Express, or UPS **(Highly recommend sending via Certified mail with delivery confirmation)**
    - Email to certCourseApps@dhs.in.gov
    - Fax to 317-233-0497
- Candidate will be mailed a letter allowing retest

E. Processing Information
- Once testing is entirely completed and submitted to the state (both Cognitive and Psychomotor testing), it may take up to 4 weeks to become certified.
- If a candidate has ever been charged or convicted of a crime as an adult other than a minor traffic violation:
    - they must report this to the agency on the appropriate form.
    - their application will be reviewed on a case by case basis.
    - the candidate will receive communication from the agency regarding their certification status.
- Fail letters are the only letters that will be issued to candidates regarding testing results.
    - The agency will NOT give test results out over the phone
    - The agency can verify whether or not a candidate is missing any requirements for certification
- When a candidate is awarded certification they will receive their initial certification by US mail.

From the May 18, 2012 EMS Commission meeting minutes

EMS students. There was discussion on all three topics and some concerns were raised. Chairman Miller recommended that all three topics, EVOC training, the background checks, and also the drug and alcohol testing be sent back to the TAC for the committee to vet the issues then come back to the Commission with their findings and recommendations.

The formal motions are as follows:

EVOC Training Course:

Within the first (12) months of affiliation with an EMS provider organization, any person who may drive an EMS emergency vehicle must complete, or provide evidence of completion of, an emergency vehicle operations course. This EVOC curriculum must have didactic and actual driving components.

Background Checks:

In the ninety (90) days prior to the first planned patient contact (via out-of-hospital EMS observation, field internship, or clinical rotation), the EMS educational program student must complete a background criminal history check arranged by the EMS educational program. This background criminal history check must provide a dataset which meets or exceeds the US Government minimum requirement for sanction screening as set forth in the DHHS-OIG's Compliance Program Guidance:

- Criminal History Investigation (seven years)
- Sexual Offender Registry/Predator Registry
- Social Security Number Verification
- Positive Identification National Locator with Previous Address
- Maiden/AKA Name Search
- Medicare/Medicaid Sanctioned, Excluding Individuals Report
- Office of Research Integrity (ORI) Search
- Office of Regulatory Affairs (ORA) Serach
- FDA Debarment Check
- National Wants and Warrants Submission
- Investigative Application Review (by Licensed Investigation)
- Misconduct Registry Search
- Executive Order 13224 Terrorism Sanctions Regulations
- Search of Healthcare Employment Verification Network (HEVN)
- National Healthcare Data Bank (NHDB) Sanction Report-which includes a Sanctions Check search to verify applicant's name(s) against Federal and State agencies.

Drug and Alcohol testing:

In the ninety (90) days prior to the first planned patient contact (via out-of-hospital EMS observation, field internship, or clinical rotation), the EMS educational program student must undergo drug and alcohol screening arranged by the EMS educational program. At a minimum, this screening must include assessment for the presence of common opiates, benzodiazepines, tetrahydrocannabinal (THC), cocaine, amphetamines, phencyclidine and ethanol or their common metabolites.

Commissioner Mackey made a motion to accept the recommendations of the TAC on all three issues. The motion was seconded by Commissioner Olinger.

Commissioner Mackey made a motion to table all three issues until the next Commission meeting on June 26, 2012. The motion was seconded by Commissioner Olinger. The motion passed.

Trauma System Update

Mr. Art Logsdon gave a presentation and announced a summer trauma listening tour. The purpose of the tour is to address any concerns about the Indiana State trauma rule. The following dates were given for the tour:

Stop 1: District 10 Monday June 4th 4pm-8pm

Facility: Evansville Vanderburgh Central Library

200 SE Martin Luther King Jr. BLVD.

Evansville, IN 47713

Stop 2: District 7 June 20th

Facility: Landsbaum Center for Health Education

1433 North 6 ½ Street

Terre Haute, IN 47807

Stop 3: District 1 June 28th

Facility: Woodland Park in Portage

2100 Willowcreek

Portage, IN 46368

TECHNICAL ADVISORY COMMITTEE – TASK SUMMARY

INDIANA STATE E.M.S. COMMISSION

TASK INFORMATION

Date Assigned:	March 2011	Assigned to:	TAC Chairman – Mr. Bell
Job Task:	Criminal Background Checks		
Commission Staff:	Bruce Bare		
Review Period:	March 2011-June 2012		

ASSIGNMENT REVIEW - GUIDELINES - GOALS

- Issue/Rationale: EMS practitioners, by virtue of their certification, have unsupervised, intimate, physical and emotional contact with patients at a time of maximum physical and emotional vulnerability, as well as unsupervised access to personal property. In this capacity, they are placed in a position of the highest public trust, even above that granted to other public safety professionals and most other health care providers. While police officers require warrants to enter private property, and are subject to substantial oversight when engaging in "strip searches" or other intrusive practices, EMTs are afforded free access to the homes and intimate body parts of patients who are extremely vulnerable, and who may be unable to defend or protect themselves, voice objections to particular actions, or provide accurate accounts of events at a later time. This access to patients begins during the educational programs. (*Adapted from the National Registry of EMT's "Felony Conviction Policy."*)

- Currently, statutes proscribe certain behaviors as being inconsistent with an individual who could be entrusted to serve the public as an EMS provider:

- IC 16-31-3-14 Disciplinary sanctions; rescind certificate; deny certification; physical or mental examination; convictions; appeals; investigation; consistency of sanctions; approval to surrender certificate
    - (f) Except as provided under subsection (a), subsection (g), and section 14.5 of this chapter, a certificate may not be denied, revoked, or suspended because the applicant or certificate holder has been convicted of an offense. The acts from which the applicant's or certificate holder's conviction resulted may be considered as to whether the applicant or certificate holder should be entrusted to serve the public in a specific capacity.
    - (a) A person holding a certificate issued under this article must comply with the applicable standards and rules established under this article. A certificate holder is subject to disciplinary sanctions under subsection (b) if the department of homeland security determines that the certificate holder:
        - (5) is convicted of a crime, if the act that resulted in the conviction has a direct bearing on determining if the certificate holder should be entrusted to provide emergency medical services;
    - (g) The department of homeland security may deny, suspend, or revoke a certificate issued under this article if the individual who holds or is applying for

the certificate is convicted of any of the following:

- (1) Possession of cocaine or a narcotic drug under IC 35-48-4-6.
- (2) Possession of methamphetamine under IC 35-48-4-6.1.
- (3) Possession of a controlled substance under IC 35-48-4-7(a).
- (4) Fraudulently obtaining a controlled substance under IC 35-48-4-7(b).
- (5) Manufacture of paraphernalia as a Class D felony under IC 35-48-4-8.1(b).
- (6) Dealing in paraphernalia as a Class D felony under IC 35-48-4-8.5(b).
- (7) Possession of paraphernalia as a Class D felony under IC 35-48-4-8.3(b).
- (8) Possession of marijuana, hash oil, hashish, salvia, or a synthetic cannabinoid as a Class D felony under IC 35-48-4-11.
- (9) Maintaining a common nuisance under IC 35-48-4-13.
- (10) An offense relating to registration, labeling, and prescription forms under IC 35-48-4-14.
- (11) Conspiracy under IC 35-41-5-2 to commit an offense listed in subdivisions (1) through (10).
- (12) Attempt under IC 35-41-5-1 to commit an offense listed in subdivisions (1) through (10).
- (13) An offense in any other jurisdiction in which the elements of the offense for which the conviction was entered are substantially similar to the elements of an offense described by subdivisions (1) through (12).

- Sec. 14.5. The department of homeland security may issue an order under IC 4-21.5-3-6 to deny an applicant's request for certification or permanently revoke a certificate under procedures provided by section 14 of this chapter if the individual who holds the certificate issued under this title is convicted of any of the following:
  - (1) Dealing in or manufacturing cocaine or a narcotic drug under IC 35-48-4-1.
  - (2) Dealing in methamphetamine under IC 35-48-4-1.1.
  - (3) Dealing in a schedule I, II, or III controlled substance under IC 35-48-4-2.
  - (4) Dealing in a schedule IV controlled substance under IC 35-48-4-3.
  - (5) Dealing in a schedule V controlled substance under IC 35-48-4-4.
  - (6) Dealing in a substance represented to be a controlled substance under IC 35-48-4-4.5.
  - (7) Knowingly or intentionally manufacturing, advertising, distributing, or possessing with intent to manufacture, advertise, or distribute a substance represented to be a controlled substance under IC 35-48-4-4.6.

- (8) Dealing in a counterfeit substance under IC 35-48-4-5.
- (9) Dealing in marijuana, hash oil, hashish, salvia, or a synthetic cannabinoid under IC 35-48-4-10(b).
- (10) Conspiracy under IC 35-41-5-2 to commit an offense listed in subdivisions (1) through (9).
- (11) Attempt under IC 35-41-5-1 to commit an offense listed in subdivisions (1) through (9).
- (12) A crime of violence (as defined in IC 35-50-1-2(a)).
    - (1) Murder (IC 35-42-1-1).
    - (2) Attempted murder (IC 35-41-5-1).
    - (3) Voluntary manslaughter (IC 35-42-1-3).
    - (4) Involuntary manslaughter (IC 35-42-1-4).
    - (5) Reckless homicide (IC 35-42-1-5).
    - (6) Aggravated battery (IC 35-42-2-1.5).
    - (7) Kidnapping (IC 35-42-3-2).
    - (8) Rape (IC 35-42-4-1).
    - (9) Criminal deviate conduct (IC 35-42-4-2).
    - (10) Child molesting (IC 35-42-4-3).
    - (11) Sexual misconduct with a minor as a Class A felony under IC 35-42-4-9(a)(2) or a Class B felony under IC 35-42-4-9(b)(2).
    - (12) Robbery as a Class A felony or a Class B felony (IC 35-42-5-1).
    - (13) Burglary as a Class A felony or a Class B felony (IC 35-43-2-1).
    - (14) Operating a motor vehicle while intoxicated causing death (IC 9-30-5-5).
    - (15) Operating a motor vehicle while intoxicated causing serious bodily injury to another person (IC 9-30-5-4).
    - (16) Resisting law enforcement as a felony (IC 35-44-3-3).
- (13) An offense in any other jurisdiction in which the elements of the offense for which the conviction was entered are substantially similar to the elements of an offense described under subdivisions (1) through (12).

- Currently, certificate/license candidates are evaluated for fitness at the end of their educational programs. This is frustrating for the candidates because they have been through an entire educational program, only to find out that they are not eligible for certification/licensure. In addition, these candidates have had free access to the homes and intimate body parts of patients who are extremely vulnerable, and who may be unable to defend or protect themselves, voice objections to particular actions, or provide accurate accounts of events at a later time.

- It would seem prudent to have a background check performed on EMS education candidates to ensure that they are able to function in a patient care capacity. The earlier this determination can be made, the earlier that students can be counseled regarding their ability to perform and/or be certified/licensed in this profession.

- A number of vendors provide these types of background checks, with costs typically in the $58-75 range.

- Each EMS educational program will have in place a policy regarding counseling students regarding their eligibility for certification on the basis of the results of the background criminal history. A model for the certification eligibility information can be found on the National Registry of EMT's website entitled "Felony Conviction Policy" and could be modified to specifically include Indiana's proscribed acts. The TAC would design a model policy for adoption.

TAC RECOMMENDATION

- Recommendation: In the ninety (90) days prior to the first planned patient contact (via out-of-hospital EMS observation, field internship, or clinical rotation), the EMS educational program student must complete a background criminal history check arranged by the EMS educational program. This background criminal history check must provide a dataset which meets or exceeds the U.S. Government minimum requirement for sanction screening as set forth in the DHHS-OIG's Compliance Program Guidance:
    - Criminal History Investigation (seven years)
    - Sexual Offender Registry / Predator Registry
    - Social Security Number Verification
    - Positive Identification National Locator with Previous Address
    - Maiden/AKA Name Search
    - Medicare / Medicaid Sanctioned, Excluded Individuals Report
    - Office of Research Integrity (ORI) Search
    - Office of Regulatory Affairs (ORA) Search
    - FDA Debarment Check
    - National Wants & Warrants Submission
    - Investigative Application Review (by Licensed Investigator)

- Misconduct Registry Search
- Executive Order 13224 Terrorism Sanctions Regulations
- Search of Healthcare Employment Verification Network. (HEVN)
- National Healthcare Data Bank (NHDB) Sanction Report - which includes a *Sanction Check* search to verify applicant's name(s) against the following database:

  - **Federal Agencies:**
    - Department of Health and Human Services (DHHS), Office of Inspector General (OIG), List of Excluded Individuals and Entities (LEIE)
    - General Services Administration (GSA), Excluded Parties Listing System (EPLS) or those Excluded from Federal Procurement, No-Procurement and Reciprocal Programs
    - Department of Health and Human Services (DHHS), Public Health Service (PHS), Office of Research Integrity (ORI), Administrative Actions Listing
    - Food and Drug Administration (FDA), Office of Regulatory Affairs (ORA), Debarment List, and the Disqualified, Restricted and Assurances List for Clinical Investigators
    - Department of Commerce, Bureau of Industry and Security, Denied Persons List
    - Department of Health and Human Services (DHHS), Health Resources and Services Administration (HRSA), Health Education Assistance Loan (HEAL), List of Defaulted Borrowers
    - Department of Treasury, Office of Foreign Assets Control, Specially Designated Nationals (SDN) and Blocked Persons List (Terrorists)
    - And the following "Most Wanted" Lists: (a) Federal Bureau of Investigation (FBI) Ten Most Wanted Fugitives, (b) FBI Most Wanted Terrorist List, (c) Drug Enforcement Administration (DEA) Most Wanted, (d) Bureau of Alcohol, Tobacco and Firearms (ATF) Most Wanted, (e) U.S. Marshall Service Most Wanted, (f) Department of Homeland Security, Immigration and Customs Enforcement (ICE) Most Wanted.
  - **State Agencies:**
    - All State Agencies Reporting to the Office of Inspector General (OIG) of the Department of Health and Human Services (DHHS) and to the National Healthcare Data Bank (NHDB)

LIMITATIONS – CHALLENGES – FISCAL IMPACT

We are unsure of the fiscal impact due to the difference in charges throughout the state. The TAC believes that by offering the bridge program it would be the least fiscal impact on individuals and providers.

FORMAL MOTION

- Recommendation: In the ninety (90) days prior to the first planned patient contact (via out-of-hospital EMS observation, field internship, or clinical rotation), the EMS educational program student must complete a background criminal history check arranged by the EMS educational program. This background criminal history check must provide a dataset which meets or exceeds the U.S. Government minimum requirement for sanction screening as set forth in the DHHS-OIG's Compliance Program Guidance:
    - Criminal History Investigation (seven years)
    - Sexual Offender Registry / Predator Registry
    - Social Security Number Verification
    - Positive Identification National Locator with Previous Address
    - Maiden/AKA Name Search
    - Medicare / Medicaid Sanctioned, Excluded Individuals Report
    - Office of Research Integrity (ORI) Search
    - Office of Regulatory Affairs (ORA) Search
    - FDA Debarment Check
    - National Wants & Warrants Submission
    - Investigative Application Review (by Licensed Investigator)
    - Misconduct Registry Search
    - Executive Order 13224 Terrorism Sanctions Regulations
    - Search of Healthcare Employment Verification Network. (HEVN)
    - National Healthcare Data Bank (NHDB) Sanction Report - which includes a *Sanction Check* search to verify applicant's name(s) against the following database:
        - **Federal Agencies:**
            - Department of Health and Human Services (DHHS), Office of

Inspector General (OIG), List of Excluded Individuals and Entities (LEIE)

- General Services Administration (GSA), Excluded Parties Listing System (EPLS) or those Excluded from Federal Procurement, No-Procurement and Reciprocal Programs
- Department of Health and Human Services (DHHS), Public Health Service (PHS), Office of Research Integrity (ORI), Administrative Actions Listing
- Food and Drug Administration (FDA), Office of Regulatory Affairs (ORA), Debarment List, and the Disqualified, Restricted and Assurances List for Clinical Investigators
- Department of Commerce, Bureau of Industry and Security, Denied Persons List
- Department of Health and Human Services (DHHS), Health Resources and Services Administration (HRSA), Health Education Assistance Loan (HEAL), List of Defaulted Borrowers
- Department of Treasury, Office of Foreign Assets Control, Specially Designated Nationals (SDN) and Blocked Persons List (Terrorists)
- And the following "Most Wanted" Lists: (a) Federal Bureau of Investigation (FBI) Ten Most Wanted Fugitives, (b) FBI Most Wanted Terrorist List, (c) Drug Enforcement Administration (DEA) Most Wanted, (d) Bureau of Alcohol, Tobacco and Firearms (ATF) Most Wanted, (e) U.S. Marshall Service Most Wanted, (f) Department of Homeland Security, Immigration and Customs Enforcement (ICE) Most Wanted.

- **State Agencies:**
  - All State Agencies Reporting to the Office of Inspector General (OIG) of the Department of Health and Human Services (DHHS) and to the National Healthcare Data Bank (NHDB)

ADDITIONAL COMMENTS

VERIFICATION OF REVIEW AND SUBMISSION

By signing this document, the (TAC) Technical Advisory Committee formally submits to the Indiana State EMS Commission the above proposed recommendations for review, consideration, and implementation. We acknowledge receipt of review, and submit this document for consideration to the Indiana EMS Commission on the date listed below.

Chairman, TAC Committee *Date*

Vice-Chairman, TAC Committee *Date*

EMS COMMISSION – RECOMMENDATION - ACTION

Commission Actions: **Date: March 16, 2012**

- ☐ Approved, as listed.
- ☐ Approved, with changes listed below.
- ☐ Re-assigned for future recommendation.
- ☐ Rejected
- ☐ Other

COMMENTS:

TECHNICAL ADVISORY COMMITTEE – TASK SUMMARY

INDIANA STATE E.M.S. COMMISSION

TASK INFORMATION

Date Assigned:	March 2011	Assigned to:	TAC Chairman – Mr. Bell
Job Task:	Drugs and Alcohol		
Commission Staff:	Bruce Bare		
Review Period:	March 2011-June 2012		

ASSIGNMENT REVIEW - GUIDELINES - GOALS

- Issue/Rationale: To reduce medical error and to promote patient safety, adoption of drug and alcohol screening for EMS personnel at the earliest stages of their education is warranted. These types of rules have been in place for more than ten years for "safety-sensitive employees" covered under the Federal Motor Carrier Safety Administration, the testing is readily available, and published policies regarding handling of positive results have withstood challenges.

- Midwest Toxicology Services is one of the largest vendors, and has 78 collection sites around the state as well as ~8 mobile collection vehicles on the road at any given time. They charge $61 for a basic urine drug of abuse screen and $25-35 for an alcohol breath test, with a $1-7 collection fee if the affiliated occupation care sites are used for collection. (Nicole Buckner, 269-3013).

- Each EMS educational program will have in place a policy regarding drug and alcohol use and how the results of the drug and alcohol screening tests will be handled. A model for this can be found in the August 17, 2001 Federal Register Publication "Final Rule Controlled Substances and Alcohol Use and Testing." The TAC would design a model policy for adoption.

- Issue/Rationale: EMS practitioners, by virtue of their certification, have unsupervised, intimate, physical and emotional contact with patients at a time of maximum physical and emotional vulnerability, as well as unsupervised access to personal property. In this capacity, they are placed in a position of the highest public trust, even above that granted to other public safety professionals and most other health care providers. While police officers require warrants to enter private property, and are subject to substantial oversight when engaging in "strip searches" or other intrusive practices, EMTs are afforded free access to the homes and intimate body parts of patients who are extremely vulnerable, and who may be unable to defend or protect themselves, voice objections to particular actions, or provide accurate accounts of events at a later time. This access to patients begins during the educational programs. (*Adapted from the National Registry of EMT's "Felony Conviction Policy."*)

- Currently, statutes proscribe certain behaviors as being inconsistent with an individual who could be entrusted to serve the public as an EMS provider:

- IC 16-31-3-14 Disciplinary sanctions; rescind certificate; deny certification; physical

or mental examination; convictions; appeals; investigation; consistency of sanctions; approval to surrender certificate

- (f) Except as provided under subsection (a), subsection (g), and section 14.5 of this chapter, a certificate may not be denied, revoked, or suspended because the applicant or certificate holder has been convicted of an offense. The acts from which the applicant's or certificate holder's conviction resulted may be considered as to whether the applicant or certificate holder should be entrusted to serve the public in a specific capacity.
- (a) A person holding a certificate issued under this article must comply with the applicable standards and rules established under this article. A certificate holder is subject to disciplinary sanctions under subsection (b) if the department of homeland security determines that the certificate holder:
  - (5) is convicted of a crime, if the act that resulted in the conviction has a direct bearing on determining if the certificate holder should be entrusted to provide emergency medical services;
- (g) The department of homeland security may deny, suspend, or revoke a certificate issued under this article if the individual who holds or is applying for the certificate is convicted of any of the following:
  - (1) Possession of cocaine or a narcotic drug under IC 35-48-4-6.
  - (2) Possession of methamphetamine under IC 35-48-4-6.1.
  - (3) Possession of a controlled substance under IC 35-48-4-7(a).
  - (4) Fraudulently obtaining a controlled substance under IC 35-48-4-7(b).
  - (5) Manufacture of paraphernalia as a Class D felony under IC 35-48-4-8.1(b).
  - (6) Dealing in paraphernalia as a Class D felony under IC 35-48-4-8.5(b).
  - (7) Possession of paraphernalia as a Class D felony under IC 35-48-4-8.3(b).
  - (8) Possession of marijuana, hash oil, hashish, salvia, or a synthetic cannabinoid as a Class D felony under IC 35-48-4-11.
  - (9) Maintaining a common nuisance under IC 35-48-4-13.
  - (10) An offense relating to registration, labeling, and prescription forms under IC 35-48-4-14.
  - (11) Conspiracy under IC 35-41-5-2 to commit an offense listed in subdivisions (1) through (10).
  - (12) Attempt under IC 35-41-5-1 to commit an offense listed in subdivisions (1) through (10).
  - (13) An offense in any other jurisdiction in which the elements of the offense for which the conviction was entered are substantially similar to the elements of an offense described by subdivisions (1) through (12).
- Sec. 14.5. The department of homeland security may issue an order under IC

4-21.5-3-6 to deny an applicant's request for certification or permanently revoke a certificate under procedures provided by section 14 of this chapter if the individual who holds the certificate issued under this title is convicted of any of the following:

- (1) Dealing in or manufacturing cocaine or a narcotic drug under IC 35-48-4-1.
- (2) Dealing in methamphetamine under IC 35-48-4-1.1.
- (3) Dealing in a schedule I, II, or III controlled substance under IC 35-48-4-2.
- (4) Dealing in a schedule IV controlled substance under IC 35-48-4-3.
- (5) Dealing in a schedule V controlled substance under IC 35-48-4-4.
- (6) Dealing in a substance represented to be a controlled substance under IC 35-48-4-4.5.
- (7) Knowingly or intentionally manufacturing, advertising, distributing, or possessing with intent to manufacture, advertise, or distribute a substance represented to be a controlled substance under IC 35-48-4-4.6.
- (8) Dealing in a counterfeit substance under IC 35-48-4-5.
- (9) Dealing in marijuana, hash oil, hashish, salvia, or a synthetic cannabinoid under IC 35-48-4-10(b).
- (10) Conspiracy under IC 35-41-5-2 to commit an offense listed in subdivisions (1) through (9).
- (11) Attempt under IC 35-41-5-1 to commit an offense listed in subdivisions (1) through (9).
- (12) A crime of violence (as defined in IC 35-50-1-2(a)).
    - (1) Murder (IC 35-42-1-1).
    - (2) Attempted murder (IC 35-41-5-1).
    - (3) Voluntary manslaughter (IC 35-42-1-3).
    - (4) Involuntary manslaughter (IC 35-42-1-4).
    - (5) Reckless homicide (IC 35-42-1-5).
    - (6) Aggravated battery (IC 35-42-2-1.5).
    - (7) Kidnapping (IC 35-42-3-2).
    - (8) Rape (IC 35-42-4-1).
    - (9) Criminal deviate conduct (IC 35-42-4-2).
    - (10) Child molesting (IC 35-42-4-3).
    - (11) Sexual misconduct with a minor as a Class A felony under IC 35-42-4-9(a)(2) or a Class B felony under IC 35-42-4-9(b)(2).
    - (12) Robbery as a Class A felony or a Class B felony (IC 35-42-5-1).
    - (13) Burglary as a Class A felony or a Class B felony (IC 35-43-2-1).
    - (14) Operating a motor vehicle while intoxicated causing death

(IC 9-30-5-5).

- (15) Operating a motor vehicle while intoxicated causing serious bodily injury to another person (IC 9-30-5-4).
- (16) Resisting law enforcement as a felony (IC 35-44-3-3).

- (13) An offense in any other jurisdiction in which the elements of the offense for which the conviction was entered are substantially similar to the elements of an offense described under subdivisions (1) through (12).

- Currently, certificate/license candidates are evaluated for fitness at the end of their educational programs. This is frustrating for the candidates because they have been through an entire educational program, only to find out that they are not eligible for certification/licensure. In addition, these candidates have had free access to the homes and intimate body parts of patients who are extremely vulnerable, and who may be unable to defend or protect themselves, voice objections to particular actions, or provide accurate accounts of events at a later time.

- It would seem prudent to have a background check performed on EMS education candidates to ensure that they are able to function in a patient care capacity. The earlier this determination can be made, the earlier that students can be counseled regarding their ability to perform and/or be certified/licensed in this profession.

- A number of vendors provide these types of background checks, with costs typically in the $58-75 range.

- Each EMS educational program will have in place a policy regarding counseling students regarding their eligibility for certification on the basis of the results of the background criminal history. A model for the certification eligibility information can be found on the National Registry of EMT's website entitled "Felony Conviction Policy" and could be modified to specifically include Indiana's proscribed acts. The TAC would design a model policy for adoption.

TAC RECOMMENDATION

- Recommendation: In the ninety (90) days prior to the first planned patient contact (via out-of-hospital EMS observation, field internship, or clinical rotation), the EMS educational program student must undergo drug and alcohol screening arranged by the EMS educational program. At a minimum, this screening must include assessment for the presence of common opiates, benzodiazepines, tetrahydrocannabinol (THC), cocaine, amphetamines, phencyclidine and ethanol or their common metabolites.

LIMITATIONS – CHALLENGES – FISCAL IMPACT

We are unsure of the fiscal impact due to the difference in charges throughout the state. The TAC believes that by offering the bridge program it would be the least fiscal impact on individuals and providers.

FORMAL MOTION

- Recommendation: In the ninety (90) days prior to the first planned patient contact (via out-of-hospital EMS observation, field internship, or clinical rotation), the EMS educational program student must complete a background criminal history check arranged by the EMS educational program. This background criminal history check must provide a dataset which meets or exceeds the U.S. Government minimum requirement for sanction screening as set forth in the DHHS-OIG's Compliance Program Guidance:
    - Criminal History Investigation (seven years)
    - Sexual Offender Registry / Predator Registry
    - Social Security Number Verification
    - Positive Identification National Locator with Previous Address
    - Maiden/AKA Name Search
    - Medicare / Medicaid Sanctioned, Excluded Individuals Report
    - Office of Research Integrity (ORI) Search
    - Office of Regulatory Affairs (ORA) Search
    - FDA Debarment Check
    - National Wants & Warrants Submission
    - Investigative Application Review (by Licensed Investigator)
    - Misconduct Registry Search
    - Executive Order 13224 Terrorism Sanctions Regulations
    - Search of Healthcare Employment Verification Network. (HEVN)
    - National Healthcare Data Bank (NHDB) Sanction Report - which includes a *Sanction Check* search to verify applicant's name(s) against the following database:
        - **Federal Agencies:**

- Department of Health and Human Services (DHHS), Office of Inspector General (OIG), List of Excluded Individuals and Entities (LEIE)
- General Services Administration (GSA), Excluded Parties Listing System (EPLS) or those Excluded from Federal Procurement, No-Procurement and Reciprocal Programs
- Department of Health and Human Services (DHHS), Public Health Service (PHS), Office of Research Integrity (ORI), Administrative Actions Listing
- Food and Drug Administration (FDA), Office of Regulatory Affairs (ORA), Debarment List, and the Disqualified, Restricted and Assurances List for Clinical Investigators
- Department of Commerce, Bureau of Industry and Security, Denied Persons List
- Department of Health and Human Services (DHHS), Health Resources and Services Administration (HRSA), Health Education Assistance Loan (HEAL), List of Defaulted Borrowers
- Department of Treasury, Office of Foreign Assets Control, Specially Designated Nationals (SDN) and Blocked Persons List (Terrorists)
- And the following "Most Wanted" Lists: (a) Federal Bureau of Investigation (FBI) Ten Most Wanted Fugitives, (b) FBI Most Wanted Terrorist List, (c) Drug Enforcement Administration (DEA) Most Wanted, (d) Bureau of Alcohol, Tobacco and Firearms (ATF) Most Wanted, (e) U.S. Marshall Service Most Wanted, (f) Department of Homeland Security, Immigration and Customs Enforcement (ICE) Most Wanted.

- **State Agencies:**
  - All State Agencies Reporting to the Office of Inspector General (OIG) of the Department of Health and Human Services (DHHS) and to the National Healthcare Data Bank (NHDB)

ADDITIONAL COMMENTS

VERIFICATION OF REVIEW AND SUBMISSION

By signing this document, the (TAC) Technical Advisory Committee formally submits to the Indiana State EMS Commission the above proposed recommendations for review, consideration, and implementation. We acknowledge receipt of review, and submit this document for consideration to the Indiana EMS Commission on the date listed below.

Chairman, TAC Committee *Date*

Vice-Chairman, TAC Committee *Date*

EMS COMMISSION – RECOMMENDATION - ACTION

Commission Actions: **Date: March 16, 2012**

- ☐ Approved, as listed.
- ☐ Approved, with changes listed below.
- ☐ Re-assigned for future recommendation.
- ☐ Rejected
- ☐ Other

COMMENTS:

Attachment #6

Org. or Person Name	Commission Mtg. Date	Commission Decision	NOTES
Spencer County EMS	14-Feb-2014	Renewal	Staffing level waiver approved. Operate at the AEMT level approved.
Spencer County EMS	14-Feb-2014	Renewal	Driver only onboard ALS Ambulance
Spencer County EMS	14-Feb-2014	Renewal	Renewal of waiver allowing EMT-I additional drugs.
Aurora Emergency Rescue, INC.	25-Apr-2014	Approve	Intermediate waiver to allow AEMT level.
Dillsboro Emergency Unit	25-Apr-2014	Approve	24 hour coverage waiver, must report to IDHS every 6 months
Greendale Emergency Medical Service	25-Apr-2014	Approve	Intermediate waiver to allow AEMT level.
Huntertown Fire Department	25-Apr-2014	Approve	Intermediate waiver to allow AEMT level.
New Washington Volunteer Fire Departme	25-Apr-2014	Approve	24 hour coverage waiver, must report to IDHS every 6 months
Perry County EMS	25-Apr-2014	Approve	Driver only onboard ALS Ambulance
Southern Ripley County Emergency Life Sq	25-Apr-2014	Approve	24 hour coverage waiver, must report to IDHS every 6 months
Sunman Area Life Squad	25-Apr-2014	Approve	Intermediate waiver to allow AEMT level.
Moores Hill-Sparta Township	20-Jun-2014	Approve	Intermediate waiver to allow AEMT level.
Bright VFD/EMS	20-Jun-2014	Approve	Intermediate waiver to allow AEMT level.
Walkerton/ Lincoln	20-Jun-2014	Approve	Intermediate waiver to allow AEMT level.
Culver EMS	20-Jun-2014	Approve	Intermediate waiver to allow AEMT level.
Southern Ripley County	20-Jun-2014	Approve	Intermediate waiver to allow AEMT level.
Warren Township	20-Jun-2014	Approve	24 hour coverage waiver, must report to IDHS every 6 months
Batesville EMS	20-Jun-2014	Approve	24 hour coverage waiver, must report to IDHS every 6 months
Southwest Central Fire	20-Jun-2014	Approve	24 hour coverage waiver, must report to IDHS every 6 months
Vincennes City Fire Department	20-Jun-2014	Approve	24 hour coverage waiver, must report to IDHS every 6 months
MUTC Fire Department	20-Jun-2014	Approve	24 hour coverage waiver, must report to IDHS every 6 months
Lake County STAR Team	20-Jun-2014	Renewal	ALS Non-Transport identification
Concord Township Fire Department	20-Jun-2014	Approve	Driver only onboard ALS Ambulance
Gibson County EMS	20-Jun-2014	Deny	Additional skills to AEMT cirriculum
Northeast Allen County Fire & EMS	20-Jun-2014	Approve	24 hour coverage waiver, must report to IDHS every 6 months
Aboite Township Fire Department	20-Aug-2014	Approve	Intermediate waiver to allow AEMT level.
Carlisle Lions Community Ambulance Servi	20-Aug-2014	Approve	24 hour coverage waiver, must report to IDHS every 6 months
Georgetown Fire Protection District	20-Aug-2014	Approve	24 hour coverage waiver, must report to IDHS every 6 months
Thunderbird Fire Department	20-Aug-2014	Approve	24 hour coverage waiver, must report to IDHS every 6 months
Vermillion County EMS	20-Aug-2014	Approve	24 hour coverage waiver, must report to IDHS every 6 months
Anderson Township Fire Department	20-Aug-2014	Approve	24 hour coverage waiver, must report to IDHS every 6 months

Gibson County EMS	20-Aug-2014	Approve	Driver only onboard ALS Ambulance, Report to IDHS EMS DM each incident.
Sullivan City Fire Department	20-Aug-2014	Approve	Driver only onboard ALS Ambulance, Report to IDHS EMS DM each incident/ Provide det
Switzerland County Ambulance Service	20-Aug-2014	Approve	Driver only onboard ALS Ambulance, Report to IDHS EMS DM each incident/ Provide det
Prompt Ambulance, INC.	20-Aug-2014	Renewal	Driver only onboard a SCT ambulance.

Attachment #7

EMS COMMISSION CERTIFICATION REPORT

Compiled: October 16, 2014

CERTIFICATIONS (10/16/2014)	Total # of Certs	Highest Lvl. Cert
EMS - PARAMEDIC	4178	4178
EMS - ADVACNED EMT	396	365
EMS - EMT	19156	14613
EMS - EMR	5240	4994
EMT - PI	505	N/A
TOTAL:	29475	24150

Q1 - 2014	Count
EMS - PARAMEDIC	68
EMT - INTERMEDIATE	0
EMS - ADVACNED EMT *(new)*	44
EMT - BASIC ADVANCED	0
EMS - EMT	171
EMS - EMR	88
EMT - PI	7
TOTAL:	378

Q2 - 2014	Count
EMS - PARAMEDIC	127
EMT - INTERMEDIATE	0
EMS - ADVACNED EMT *(new)*	80
EMT - BASIC ADVANCED	0
EMS - EMT	475
EMS - EMR	197
EMT - PI	2
TOTAL:	881

Q3 - 2014	Count
EMS - PARAMEDIC	97
-	-
EMS - ADVACNED EMT	232
-	-
EMS - EMT	468
EMS - EMR	66
EMT - PI	11
TOTAL:	874

Q4 - 2014	Count
EMS - PARAMEDIC	0
-	-
EMS - ADVACNED EMT	0
-	-
EMS - EMT	0
EMS - EMR	0
EMT - PI	0
TOTAL:	0

Q1 - 2013	Count
EMS - PARAMEDIC	97
EMT - INTERMEDIATE	2
EMS - ADVACNED EMT *(new)*	0
EMT - BASIC ADVANCED	18
EMS - EMT	372
EMS - EMR	198
EMT - PI	8
TOTAL:	695

Q2 - 2013	Count
EMS - PARAMEDIC	24
EMT - INTERMEDIATE	2
EMS - ADVACNED EMT *(new)*	2
EMT - BASIC ADVANCED	14
EMS - EMT	525
EMS - EMR	209
EMT - PI	3
TOTAL:	779

Q3 - 2013	Count
EMS - PARAMEDIC	76
EMT - INTERMEDIATE	1
EMS - ADVACNED EMT *(new)*	11
EMT - BASIC ADVANCED	1
EMS - EMT	464
EMS - EMR	93
EMT - PI	15
TOTAL:	661

Q4 - 2013	Count
EMS - PARAMEDIC	74
EMT - INTERMEDIATE	0
EMS - ADVACNED EMT *(new)*	15
EMT - BASIC ADVANCED	0
EMS - EMT	391
EMS - EMR	226
EMT - PI	6
TOTAL:	712

Q1 - 2012	Count
EMS - PARAMEDIC	119
EMT - INTERMEDIATE	0
EMS - ADVACNED EMT *(new)*	0
EMT - BASIC ADVANCED	43
EMS - EMT	574
EMS - EMR	158
EMT - PI	11
TOTAL:	905

Q2 - 2012	Count
EMS - PARAMEDIC	92
EMT - INTERMEDIATE	7
EMS - ADVACNED EMT *(new)*	0
EMT - BASIC ADVANCED	58
EMS - EMT	523
EMS - EMR	199
EMT - PI	12
TOTAL:	891

Q3 - 2012	Count
EMS - PARAMEDIC	111
EMT - INTERMEDIATE	0
EMS - ADVACNED EMT *(new)*	0
EMT - BASIC ADVANCED	52
EMS - EMT	492
EMS - EMR	144
EMT - PI	4
TOTAL:	803

Q4 - 2012	Count
EMS - PARAMEDIC	79
EMT - INTERMEDIATE	0
EMS - ADVACNED EMT *(new)*	0
EMT - BASIC ADVANCED	13
EMS - EMT	268
EMS - EMR	124
EMT - PI	13
TOTAL:	497

Emergency Medical Services
Provider Certification Report

Date : October 10, 2014 **October 17, 2014**

In compliance with the Rules and Regulations for the operation and administration of Emergency Medical Services, this report is respectfully submit to the Commission at the **October 17, 2014** Commission meeting, the following report of agencies who have meet the requirements for certification as Emergency Medical Service Providers and their vehicles.

Provider Level	Counts
Rescue Squad Organization	4
Basic Life Support Non-Transport	429
Ambulance Service Provider	99
EMT Basic-Advanced Organization	21
EMT Basic-Advanced Organization non-transport	19
EMT Intermediate Organization	13
EMT Intermediate Organization non-transport	0
Paramedic Organization	191
Paramedic Organization non-transport	11
Rotorcraft Air Ambulance	13
Fixed Wing Air Ambulance	3
Total Count:	803

New Providers Since 20-AUG-14

ABOITE TOWNSHIP VOLUNTEER FIRE DEPT.	**Intermediate Certification: 08/27/2014**

Emergency Medical Services
Provider Certification Report

Date : October 10, 2014 **October 17, 2014**

In compliance with the Rules and Regulations for the operation and administration of Emergency Medical Services, this report is respectfully submit to the Commission at the **October 17, 2014** Commission meeting, the following report of agencies who have meet the requirements for certification as Emergency Medical Service Providers and their vehicles.

Community EMS Inc.	**Basic Certification: 10/01/2014**
Community EMS Inc.	**Paramedic Certification: 10/01/2014**
GREENDALE EMERGENCY MEDICAL SERVICE	**Intermediate Certification: 10/30/2014**
SUNMAN AREA LIFE SQUAD INC	**Intermediate Certification: 09/23/2014**

Attachment #8

Training Report

Oct 17th, 2014

Items to be addressed

1. National Registry Report
2. Training Institutions Numbers
    a. 106 Active Indiana
    b. 23 Active; 1 Inactive CAAHEP
    c. Comparison Study

CAAHEP COMPARISON IN, IL, KY, MI,OH		
	ACCREDITED	LETTER OF REVIEW
ILLINOIS	12	23
INDIANA	24	1
KENTUCKY	3	7
MICHIGAN	6	25
OHIO	13	24

3. ~~Manual Addition~~ TAC will present
4. EVOC Update
5. Red Cross Proposal

American Heart Association®

American Red Cross

American Heart Association and American Red Cross
CPR Training and Education Joint Statement

The American Heart Association (AHA) and the American Red Cross are dedicated to saving more lives from cardiac arrest through public awareness, educational programs that train more people in CPR and advocating for continued and increased funding of CPR and resuscitation science. Both the American Heart Association and American Red Cross CPR educational programs are congruent with the recommendations in the *2010 International Consensus on Cardiopulmonary Resuscitation (CPR) and Emergency Cardiovascular Care (ECC) Science With Treatment Recommendations*, the most current and comprehensive review of published resuscitation literature.

As national and international leaders in CPR education, the AHA and the Red Cross are releasing a joint statement to reinforce that both organizations' CPR educational programs are scientifically valid and reflect the most current science. Although both programs are based on the most current resuscitation science, there are slight variations in the approaches used for assessing victims and treating cardiac arrest in children and other special circumstances such as drowning. The approaches and assessments vary depending on the level of experience of potential rescuers and the type of victims they may encounter.

- The AHA and the Red Cross develop their own CPR guidelines and educational materials. Both organizations develop guidelines and training materials that are scientifically valid, so that all students receive training and education that is based on the most current science.
- On the basis of evidence of improved outcomes, both the AHA and the Red Cross stress the importance of the Chain of Survival, which includes early recognition of cardiac arrest, early activation of emergency response, early CPR, rapid defibrillation, effective advanced life support, and integrated post-cardiac arrest care.
- The AHA and the Red Cross agree that the appropriate approach to *assessment* is best described by the sequence Airway, Breathing, and Circulation (A-B-C).
  - The Red Cross and the AHA recognize the need to modify the approach when teaching assessment depending on the competency of the providers being trained and the injuries and illnesses they may encounter.
  - The AHA teaches lay rescuers to look for unresponsiveness and the absence of normal breathing as signs of cardiac arrest. Healthcare providers are taught to also check for a pulse for up to 10 seconds and use the A-B-C sequence in their primary assessments.
  - The Red Cross teaches rescuers to open the airway, check for breathing, and to also use unresponsiveness and the absence of normal breathing as signs of cardiac arrest. Professional rescuers and healthcare workers are also taught to check for a pulse for up to 10 seconds to determine if the victim is in cardiac arrest. For rescuers who may encounter a diverse set of injuries and illnesses, this approach allows them to recognize and address all threats to life.
- The AHA and the Red Cross agree that for the adult cardiac arrest victim, early and effective chest compressions improve outcome. Therefore, in the adult cardiac arrest victim, once cardiac arrest is recognized, CPR must first begin with compressions and then breaths. In order for students to remember the correct sequence of steps for CPR, the mnemonic C-A-B (Chest compressions, Airway, Breathing) should be the universal approach to the *performance* of CPR.

- Both the AHA and the Red Cross pediatric CPR educational programs are based on the most current resuscitation science; however, because of the differences in the scope of training programs, target audiences, and the types of victims encountered by trained rescuers and providers, the educational approaches vary.
    - The Red Cross teaches students to provide 2 breaths to pediatric and drowning victims before beginning the C-A-B CPR sequence.
    - The AHA teaches a universal approach to the performance of CPR for anyone who suffers cardiac arrest.
    - The Red Cross and the AHA both acknowledge that, while different, both approaches are scientifically valid and congruent with the 2010 International Consensus on CPR and ECC Science with Treatment Recommendations.

The AHA and the Red Cross share a common vision to improve outcomes after cardiac arrest by providing education and supporting the continued and increased funding of CPR and resuscitation research.

EMT Pass/Fail Report

Report Type: State Report (IN)
Registration Level: EMT-Basic / EMT
Course Completion Date: 1/1/2013 to 12/31/2013
Training Program: All

Attempted The Exam	First Attempt Pass	Cumulative Pass Within 3 Attempts	Cumulative Pass Within 6 Attempts	Failed All 6 Attempts	Eligible For Retest	Did Not Complete Within 2 Years
183	68% (124 / 183)	77% (140 / 183)	77% (140 / 183)	0% (0 / 183)	23% (43 / 183)	0% (0 / 183)

Report Type: State Report (IN)
Registration Level: EMT-Basic / EMT
Course Completion Date: 1/1/2014 to 10/1/2014
Training Program: All

Attempted The Exam	First Attempt Pass	Cumulative Pass Within 3 Attempts	Cumulative Pass Within 6 Attempts	Failed All 6 Attempts	Eligible For Retest	Did Not Complete Within 2 Years
95	77% (73 / 95)	83% (79 / 95)	83% (79 / 95)	0% (0 / 95)	17% (16 / 95)	0% (0 / 95)

Report Type: National Report
Registration Level: EMT-Basic / EMT
Course Completion Date: 1st Quarter 2014 to 4th Quarter 2014
Training Program: All

Attempted The Exam	First Attempt Pass	Cumulative Pass Within 3 Attempts	Cumulative Pass Within 6 Attempts	Failed All 6 Attempts	Eligible For Retest	Did Not Complete Within 2 Years
40698	72% (29376 / 40698)	79% (32141 / 40698)	79% (32160 / 40698)	0% (5 / 40698)	21% (8533 / 40698)	0% (0 / 40698)

AEMT Pass/Fail Report

Report Type: State Report (IN)
Registration Level: Advanced EMT (AEMT)
Course Completion Date: 1/1/2013 to 12/31/2013
Training Program: All

Attempted The Exam	First Attempt Pass	Cumulative Pass Within 3 Attempts	Cumulative Pass Within 6 Attempts	Failed All 6 Attempts	Eligible For Retest	Did Not Complete Within 2 Years
267	51% (137 / 267)	67% (178 / 267)	68% (181 / 267)	0% (1 / 267)	32% (85 / 267)	0% (0 / 267)

Report Type: State Report (IN)
Registration Level: Advanced EMT (AEMT)
Course Completion Date: 1/1/2014 to 10/1/2014
Training Program: All

Attempted The Exam	First Attempt Pass	Cumulative Pass Within 3 Attempts	Cumulative Pass Within 6 Attempts	Failed All 6 Attempts	Eligible For Retest	Did Not Complete Within 2 Years
145	54% (78 / 145)	63% (91 / 145)	63% (91 / 145)	0% (0 / 145)	37% (54 / 145)	0% (0 / 145)

Report Type: National Report
Registration Level: Advanced EMT (AEMT)
Course Completion Date: 1st Quarter 2014 to 4th Quarter 2014
Training Program: All

Attempted The Exam	First Attempt Pass	Cumulative Pass Within 3 Attempts	Cumulative Pass Within 6 Attempts	Failed All 6 Attempts	Eligible For Retest	Did Not Complete Within 2 Years
2210	60% (1335 / 2210)	71% (1568 / 2210)	71% (1569 / 2210)	0% (0 / 2210)	29% (641 / 2210)	0% (0 / 2210)

Paramedic Pass/Fail Report

Report Type: State Report (IN)
Registration Level: EMT-Paramedic / Paramedic
Course Completion Date: 1/1/2013 to 12/31/2013
Training Program: All

Attempted The Exam	First Attempt Pass	Cumulative Pass Within 3 Attempts	Cumulative Pass Within 6 Attempts	Failed All 6 Attempts	Eligible For Retest	Did Not Complete Within 2 Years
315	67% (210 / 315)	83% (261 / 315)	84% (266 / 315)	1% (2 / 315)	15% (47 / 315)	0% (0 / 315)

Report Type: State Report (IN)
Registration Level: EMT-Paramedic / Paramedic
Course Completion Date: 1/1/2014 to 10/1/2014
Training Program: All

Attempted The Exam	First Attempt Pass	Cumulative Pass Within 3 Attempts	Cumulative Pass Within 6 Attempts	Failed All 6 Attempts	Eligible For Retest	Did Not Complete Within 2 Years
203	66% (134 / 203)	78% (158 / 203)	78% (158 / 203)	0% (0 / 203)	22% (45 / 203)	0% (0 / 203)

Report Type: National Report
Registration Level: EMT-Paramedic / Paramedic
Course Completion Date: 1st Quarter 2014 to 4th Quarter 2014
Training Program: All

Attempted The Exam	First Attempt Pass	Cumulative Pass Within 3 Attempts	Cumulative Pass Within 6 Attempts	Failed All 6 Attempts	Eligible For Retest	Did Not Complete Within 2 Years
6107	77% (4723 / 6107)	85% (5209 / 6107)	85% (5212 / 6107)	0% (0 / 6107)	15% (895 / 6107)	0% (0 / 6107)

AEMT Program Pass/Fail Report

Registration Level: Advanced EMT (AEMT)
Course Completion Date: 1/1/2013 to 10/1/2014

Program Name	Program Code	Attempted The Exam	First Attempt Pass	Cumulative Pass Within 3 Attempts	Cumulative Pass Within 6 Attempts	Failed All 6 Attempts	Eligible For Retest	Did Not Complete Within 2 Years
Adams Memorial Hospital	IN-4201	9	89% (8 / 9)	89% (8 / 9)	89% (8 / 9)	0% (0 / 9)	11% (1 / 9)	0% (0 / 9)
Alliance EMS	IN-5293	12	75% (9 / 12)	75% (9 / 12)	75% (9 / 12)	0% (0 / 12)	25% (3 / 12)	0% (0 / 12)
Ball Memorial Hospital	IN-4369	22	50% (11 / 22)	59% (13 / 22)	59% (13 / 22)	0% (0 / 22)	41% (9 / 22)	0% (0 / 22)
Columbus Regional Hospital	IN-4355	8	50% (4 / 8)	50% (4 / 8)	50% (4 / 8)	0% (0 / 8)	50% (4 / 8)	0% (0 / 8)
Deaconess Hospital	IN-4516	13	62% (8 / 13)	92% (12 / 13)	92% (12 / 13)	0% (0 / 13)	8% (1 / 13)	0% (0 / 13)
Dearborn County Hospital	IN-4065	11	55% (6 / 11)	55% (6 / 11)	55% (6 / 11)	0% (0 / 11)	45% (5 / 11)	0% (0 / 11)
Harrison County Hospital EMS	IN-4336	10	80% (8 / 10)	80% (8 / 10)	80% (8 / 10)	0% (0 / 10)	20% (2 / 10)	0% (0 / 10)
Indiana University Health Goshen Hospital	IN-4162	10	40% (4 / 10)	50% (5 / 10)	50% (5 / 10)	0% (0 / 10)	50% (5 / 10)	0% (0 / 10)
Ivy Tech Community College	IN-4864	1	0% (0 / 1)	100% (1 / 1)	100% (1 / 1)	0% (0 / 1)	0% (0 / 1)	0% (0 / 1)
Ivy Tech Community College Northeast	IN-4169	5	100% (5 / 5)	100% (5 / 5)	100% (5 / 5)	0% (0 / 5)	0% (0 / 5)	0% (0 / 5)
Ivy Tech Community College Richmond	IN-4501	1	0% (0 / 1)	0% (0 / 1)	0% (0 / 1)	0% (0 / 1)	100% (1 / 1)	0% (0 / 1)
Ivy Tech Community College-Evansville	IN-4141	1	100% (1 / 1)	100% (1 / 1)	100% (1 / 1)	0% (0 / 1)	0% (0 / 1)	0% (0 / 1)
Ivy Tech South Bend	IN-4070	29	41% (12 / 29)	69% (20 / 29)	69% (20 / 29)	0% (0 / 29)	31% (9 / 29)	0% (0 / 29)
Jennings County Training Institution	IN-5281	18	39% (7 / 18)	44% (8 / 18)	44% (8 / 18)	0% (0 / 18)	56% (10 / 18)	0% (0 / 18)
Kings Daughters Hospital EMS	IN-5473	7	43% (3 / 7)	57% (4 / 7)	57% (4 / 7)	0% (0 / 7)	43% (3 / 7)	0% (0 / 7)
Margaret Mary	IN-	2	50%	100%	100%	0%	0%	0%

Community Hospital	4084		(1 / 2)	(2 / 2)	(2 / 2)	(0 / 2)	(0 / 2)	(0 / 2)
Memorial Hospital	IN-4157	49	51% (25 / 49)	63% (31 / 49)	65% (32 / 49)	0% (0 / 49)	35% (17 / 49)	0% (0 / 49)
Memorial Hospital/Jasper	IN-5271	6	33% (2 / 6)	50% (3 / 6)	50% (3 / 6)	0% (0 / 6)	50% (3 / 6)	0% (0 / 6)
Methodist Hospitals	IN-4072	3	100% (3 / 3)	100% (3 / 3)	100% (3 / 3)	0% (0 / 3)	0% (0 / 3)	0% (0 / 3)
North Webster Tippecanoe Township EMS Ed	IN-5311	34	53% (18 / 34)	65% (22 / 34)	65% (22 / 34)	0% (0 / 34)	35% (12 / 34)	0% (0 / 34)
Parkview Huntington Hospital EMS	IN-5269	59	59% (35 / 59)	78% (46 / 59)	80% (47 / 59)	2% (1 / 59)	19% (11 / 59)	0% (0 / 59)
Parkview Regional Medical Center	IN-5296	16	63% (10 / 16)	88% (14 / 16)	88% (14 / 16)	0% (0 / 16)	13% (2 / 16)	0% (0 / 16)
Pelham Training	IN-4668	12	17% (2 / 12)	33% (4 / 12)	33% (4 / 12)	0% (0 / 12)	67% (8 / 12)	0% (0 / 12)
Prompt Ambulance Central	IN-5138	9	100% (9 / 9)	100% (9 / 9)	100% (9 / 9)	0% (0 / 9)	0% (0 / 9)	0% (0 / 9)
Pulaski County EMS Training Institute	IN-5027	1	0% (0 / 1)	0% (0 / 1)	0% (0 / 1)	0% (0 / 1)	100% (1 / 1)	0% (0 / 1)
Scott County EMS	IN-4078	10	50% (5 / 10)	70% (7 / 10)	70% (7 / 10)	0% (0 / 10)	30% (3 / 10)	0% (0 / 10)
St Joseph's Regional Med Ctr-Plymouth	IN-5001	5	20% (1 / 5)	60% (3 / 5)	60% (3 / 5)	0% (0 / 5)	40% (2 / 5)	0% (0 / 5)
St Mary Medical Center/Hobart	IN-4943	12	42% (5 / 12)	42% (5 / 12)	42% (5 / 12)	0% (0 / 12)	58% (7 / 12)	0% (0 / 12)
Sullivan County Community Hospital	IN-5193	3	33% (1 / 3)	33% (1 / 3)	33% (1 / 3)	0% (0 / 3)	67% (2 / 3)	0% (0 / 3)
Switzerland County EMS Inc.	IN-4145	8	25% (2 / 8)	50% (4 / 8)	50% (4 / 8)	0% (0 / 8)	50% (4 / 8)	0% (0 / 8)
Terre Haute Regional Hospital	IN-4152	7	14% (1 / 7)	29% (2 / 7)	29% (2 / 7)	0% (0 / 7)	71% (5 / 7)	0% (0 / 7)
Tri County Ambulance	IN-4644	14	50% (7 / 14)	50% (7 / 14)	57% (8 / 14)	0% (0 / 14)	43% (6 / 14)	0% (0 / 14)
Yellow Ambulance Training Bureau	IN-4085	5	40% (2 / 5)	40% (2 / 5)	40% (2 / 5)	0% (0 / 5)	60% (3 / 5)	0% (0 / 5)

Paramedic Program Pass/Fail Report

Registration Level: EMT-Paramedic / Paramedic
Course Completion Date: 1/1/2013 to 10/1/2014

Program Name	Program Code	Attempted The Exam	First Attempt Pass	Cumulative Pass Within 3 Attempts	Cumulative Pass Within 6 Attempts	Failed All 6 Attempts	Eligible For Retest	Did Not Complete Within 2 Years
Adams Memorial Hospital	IN-4201	15	53% (8 / 15)	87% (13 / 15)	87% (13 / 15)	0% (0 / 15)	13% (2 / 15)	0% (0 / 15)
Community Health Network EMS	IN-4063	37	70% (26 / 37)	86% (32 / 37)	86% (32 / 37)	0% (0 / 37)	14% (5 / 37)	0% (0 / 37)
Elkhart General Hospital	IN-4067	27	56% (15 / 27)	70% (19 / 27)	70% (19 / 27)	0% (0 / 27)	30% (8 / 27)	0% (0 / 27)
Franciscan Saint Anthony Health Crown Point	IN-4079	25	32% (8 / 25)	76% (19 / 25)	80% (20 / 25)	0% (0 / 25)	20% (5 / 25)	0% (0 / 25)
Franciscan St Elizabeth Health	IN-4068	5	60% (3 / 5)	100% (5 / 5)	100% (5 / 5)	0% (0 / 5)	0% (0 / 5)	0% (0 / 5)
Hendricks Regional Health	IN-4380	13	92% (12 / 13)	100% (13 / 13)	100% (13 / 13)	0% (0 / 13)	0% (0 / 13)	0% (0 / 13)
Indiana University Health	IN-4062	11	100% (11 / 11)	100% (11 / 11)	100% (11 / 11)	0% (0 / 11)	0% (0 / 11)	0% (0 / 11)
Indiana University Health Goshen Hospital	IN-4162	5	40% (2 / 5)	100% (5 / 5)	100% (5 / 5)	0% (0 / 5)	0% (0 / 5)	0% (0 / 5)
Ivy Tech Bloomington	IN-4071	12	58% (7 / 12)	67% (8 / 12)	67% (8 / 12)	0% (0 / 12)	33% (4 / 12)	0% (0 / 12)
Ivy Tech Community College - Madison	IN-4542	11	82% (9 / 11)	91% (10 / 11)	91% (10 / 11)	0% (0 / 11)	9% (1 / 11)	0% (0 / 11)
Ivy Tech Community College Columbus	IN-4073	26	81% (21 / 26)	96% (25 / 26)	96% (25 / 26)	0% (0 / 26)	4% (1 / 26)	0% (0 / 26)
Ivy Tech Community College	IN-4169	14	43% (6 / 14)	57% (8 / 14)	64% (9 / 14)	0% (0 / 14)	36% (5 / 14)	0% (0 / 14)

Northeast								
Ivy Tech Community College Richmond	IN-4501	4	50% (2 / 4)	75% (3 / 4)	75% (3 / 4)	0% (0 / 4)	25% (1 / 4)	0% (0 / 4)
Ivy Tech Community College Terre Haute	IN-4612	27	37% (10 / 27)	44% (12 / 27)	44% (12 / 27)	0% (0 / 27)	56% (15 / 27)	0% (0 / 27)
Ivy Tech Community College-Evansville	IN-4141	24	46% (11 / 24)	71% (17 / 24)	75% (18 / 24)	0% (0 / 24)	25% (6 / 24)	0% (0 / 24)
Ivy Tech Community College-Kokomo	IN-4362	19	63% (12 / 19)	79% (15 / 19)	84% (16 / 19)	0% (0 / 19)	16% (3 / 19)	0% (0 / 19)
Ivy Tech South Bend	IN-4070	26	50% (13 / 26)	58% (15 / 26)	58% (15 / 26)	0% (0 / 26)	42% (11 / 26)	0% (0 / 26)
Methodist Hospitals	IN-4072	12	50% (6 / 12)	75% (9 / 12)	75% (9 / 12)	0% (0 / 12)	25% (3 / 12)	0% (0 / 12)
Pelham Training	IN-4668	106	75% (79 / 106)	83% (88 / 106)	84% (89 / 106)	2% (2 / 106)	14% (15 / 106)	0% (0 / 106)
St Francis Hospital	IN-4080	6	100% (6 / 6)	100% (6 / 6)	100% (6 / 6)	0% (0 / 6)	0% (0 / 6)	0% (0 / 6)
St Mary Medical Center/Hobart	IN-4943	11	64% (7 / 11)	91% (10 / 11)	91% (10 / 11)	0% (0 / 11)	9% (1 / 11)	0% (0 / 11)
St Vincent Hospital	IN-4081	24	100% (24 / 24)	100% (24 / 24)	100% (24 / 24)	0% (0 / 24)	0% (0 / 24)	0% (0 / 24)
Vincennes University	IN-4153	22	64% (14 / 22)	77% (17 / 22)	77% (17 / 22)	0% (0 / 22)	23% (5 / 22)	0% (0 / 22)
Wishard Health Services	IN-4083	36	89% (32 / 36)	97% (35 / 36)	97% (35 / 36)	0% (0 / 36)	3% (1 / 36)	0% (0 / 36)