



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 18, 2013

**10:00 A.M.**

**LOCATION:** Fishers Town Hall  
1 Municipal Drive  
Fishers, IN 46038

**MEMBERS PRESENT:** John Zartman (Training Institution)  
Charles Valentine (Municipal Fire)  
G. Lee Turpen II (Private Ambulance)  
Myron Mackey (EMTs)  
Terri Hamilton (Volunteer EMS)  
Mike Garvey (Indiana State EMS Director)  
Darin Hoggatt (Paramedics)  
Michael Lockard (General Public)  
Ed Gordon (Volunteer Fire EMS)  
Melanie Jane Craigin (Hospital EMS)  
Stephen Champion (Medical Doctor)

**MEMBERS ABSENT:** Michael Olinger (Trauma Physicians)  
Sue Dunham (Emergency Nurses)

**OTHERS PRESENT:** Elizabeth Fiato, Field Staff (Robin Stump, Don Watson, Steve Gressmire, Jenna Rossio, and Jason Smith), Judge Gary Bippus, IDHS Staff, and members of the EMS Community



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## CALL TO ORDER AND ROLL CALL

Meeting called to order at 10:02 a.m. Candice Hilton called roll and announced quorum. Chairman Turpen led all present in the Pledge of Allegiance.

**No action was needed by the Commission. No action was taken.**

## ADOPTION OF MINUTES

**A motion was made by Commissioner Mackey to adopt the minutes of the August 16, 2013 meeting with the following minor correction under the TAC section it is stated that the TAC is moving their meetings from the 3<sup>rd</sup> Tuesday to the 2<sup>nd</sup> Tuesday it should read “from the 2<sup>nd</sup> Tuesday of the month to the 1<sup>st</sup> Tuesday of the month. The motion was seconded by Commissioner Zartman. Motion passed. Director Mike Garvey and Chairman Lee Turpen thanked EMS Chief Steve Davidson for hosting the EMS Commission meeting.**

Commissioner Mackey recognized the paramedic class from Community Hospital.

## EMS STATE DIRECTOR'S REPORT

Director Garvey gave an update on the reorganization that has been taking place within IDHS. He announced that Emergency Medical Services has been moved under Fire and Building Safety Division which is managed by Fire Marshal Greeson. This means that all of the public safety services are all under one division. EMS now has five dedicated field staff personnel that will be available to EMS providers around the state. Director Garvey stated that the EMS state office will be more responsive to our responders needs around the state. Director Garvey announced that personnel from the EMS office will start holding forums around the state to be able to hear about issues and concerns from around the state. Director Garvey also announced that anyone that would like to host an EMS Commission meeting, that has a PA system, plenty of parking, and enough space to accommodate the Commission meeting to email with himself or Candice Hilton to give your information and let us know that you would like to host a meeting. Director Garvey thanked Fishers and the Fire Chief for hosting the Commission meeting. Director Garvey thanked all of the providers that participated in the state level exercise “Tipton Twister” in September. Director Garvey stated that the EMS office would attempt to keep the EMS community updated regarding legislation that involves EMS. If anyone hears of any legislation that is going through contact the EMS office and let us know so we can support it or speak against it if we need to. Director Garvey spoke about the Fire Summit regarding the State Fire Academy. There was discussion about how EMS can take advantage of the Fire academy as an enhancement to training that already exists in the state.

## Data Registry

Director Garvey announced that Indiana is a “green” state with NEMSIS as of October 18, 2013. Indiana Department of Homeland Security is submitting to NEMSIS. The portal for submitting data for provider organizations is opened and working so please send in your data. If you have issues with the process of submitting your data please contact Gary Robison. The xsd file will be posted to the website.

Commissioner Lockard reported out regarding the Data Collections Sub-Committee. Commissioner Lockard stated that the title of the committee will be changed from the Data Collection Sub-Committee to Data Quality and Collection Sub Committee.

**A motion was made by Commissioner Mackey to adopt the meeting minutes from the Data Sub-committee. The motion was seconded by Commissioner Gordon. The motion passed. The minutes were adopted.**

Commissioner Lockard gave the following recommendations from the Sub-Committee:

The sub-committee that by January 1, 2014 all EMS provider organizations that are required to send only xml files using the NEMSIS version 2.2.1, 83 data elements.

**A motion was made by Commissioner Lockard to adopt the sub-committee recommendation. The motion was seconded by Commissioner Champion. The motion was approved. After some discussion Commissioner Lockard made a motion to resend his motion to approve the sub-committee recommendation. Commissioner Valentine seconded the motion. The motion passed to resend the adoption of the recommendation.**

The sub-committee will need to come to the December Commission meeting with recommendations concerning the data dictionary in order for it to make it into the "pool" for legislation at their next session.

Commissioner Lockard asked Mr. Gary Robison how many runs were being reported in the fmh.net format and how many runs are reporting in the xml format. Mr. Robison responded that there are 6,000 reported in the fmh.net format and 200 in the xml format. Discussion followed regarding the data dictionary.

## **STAFF REPORT**

### **Field Staff**

Ms. Robin Stump reported that the field staff is back and ready. Ms. Stump introduced the field staff members Jason Smith is southwest Indiana, Steve Gressmire is Northwest Indiana, Jenna Rossio is Southeast Indiana, and Don Watson is Northeast Indiana. Director Garvey stated that there will be an increase in ambulance inspections.

### **Training Report**

Mrs. Elizabeth Fiato reported the following information:

Reported out that the EMS Education working group has been working on State Representative manual and that they are almost complete. Mrs. Fiato also mentioned the EMS for Children survey. At the time of the meeting there were still outstanding surveys that needed to be completed. Mrs. Fiato also reported out that the Indiana Fire Chiefs Association EMS section had volunteered to work on the additional testing for the AEMT level.

Mr. Josh Kreigh is now handling all matters concerning EMS testing and training. If you have any problems or need any assistance, please contact Josh at [jkreigh@dhs.in.gov](mailto:jkreigh@dhs.in.gov).

We are offering several courses in the upcoming months for a variety of different audiences. The Law Enforcement Trauma Care Course, or LETT-C, is for Law Enforcement, Corrections, Parole, and other officers to train them on care under fire with a focus on self aid and buddy aid. These courses are being offered by the EMS office free of charge to any officer who is interested.

Next is the Tactical Emergency Casualty Care Course that is open to all EMS personnel, physicians, nurses, techs, EMAs, ect that wish to receive training on live saving tactics and situational awareness. There will be two levels offered; level two will only be available to those who have successfully completed level one. See the state training calendar for dates and locations.

On July 1, 2014, the current Basic Advanced and Intermediate certifications will be retired. These certifications will cease to exist, and if candidates have not taken a bridge course to the next highest level, their certification will fall back to the next lowest level. This initiative is driven by state legislation and took effect on July 1, 2012.

Bridge courses are currently being offered throughout the state. Candidates can go to the following link that shows all upcoming approved Indiana EMS courses that are being offered to find available courses <https://myoracle.in.gov/hs/training/public/calendar.do> . Basic-Advanced EMTs can bridge up to the new Advance EMT level and Intermediate EMTs can bridge up to the Paramedic level.

Basic Advanced EMTs and Intermediates must have started a bridge course by June 30, 2014 in order to qualify for the certification bridge. NO new bridge courses will be allowed to begin after June 30, 2014. Any student taking a bridge course that is not finished by July 1, 2014 will be allowed to continue and finish that course, but that student's certification will fall back to the next lowest level until he/she successfully passes all certification testing to get them to their next highest level. If you have any questions, please do not hesitate to contact our office.

The following statistics were finally obtained from the National Registry of EMTs. While we are currently unable to differentiate between bridge students and full course AEMT students, we can provide the following data overall. Of the 57 students who have taken the exam, 26 have passed. That is an Indiana passing rate of 46%. The National average for the NREMT AEMT test is only 60%. 73 exam attempts have been made. Each AEMT exam attempt is \$100, for a current total cost to Indiana AEMTs of \$7300.

Areas where students are passing are in EMS Operations 55% passing and Cardiology at 42% passing. The lowest passing sections are in Airway with 18% passing, trauma with 32% passing, and medical with only 15% of students passing.

We have several concerns. First, if only 60% of AEMT students across the country are passing this exam, then we are not offering very high odds that our own students will pass.

Next, this is an expensive exam for the cohort of candidates who are challenging this test. I would like to put it into perspective. According to the Bureau of Labor Statistics, the Median annual wages for EMTs and Paramedics is approximately \$30,000 per year. A single person would take home about \$24,000 per year, or \$2000 per month. Consider the following common expenses: rent at \$500 per month, utilities at \$300 per month, fuel at \$200 per month, groceries at \$200 per month, a car/student loan/credit card payment at \$300 per month, and car insurance at \$100 per month for a total monthly cost of \$1600. A SINGLE person has \$400 to take home. Factor in children and that take home amount becomes non-existent. We are pretty much guaranteeing that these AEMT candidates will have to take this exam more than once. Please consider whether it is fair or conscionable to have these candidates dole out a quarter or more of their usable wages for an exam with such poor odds of passing.

We don't have a solution but several points we would like to consider. In our attempt to discuss the issue with National Registry, the response from Ms. Lisa Bragg was that it is not surprising that the statistics are that low as it is a new test. She did not have a solution as it is considered an industry issue not an exam issue. Another call awaiting reply from PR rep Heidi Erb as Ms. Bragg suggested she may have more information.

Discussion followed regarding opinions of why test scores are so low. The National Registry exam is geared more towards critical thinking. Commissioner Zartman urged instructors to teach to the standard. There was discussion on ways to help those students that are struggling with the EMT BA to AEMT bridge courses, how primary instructors need to be better educated to the new standards. It was also stated that there are EMT Basic Advance personnel that feel like they are being forced into bridging up to the AEMT level. There is also a feeling that some of the issue is due to some students haven't been in a classroom in a long time.

The Commission stated they wanted to discuss the issue with National Registry.

Ms. Fiato presented the packet of information that was reviewed by the Medical Directors from the EMS Commission and Technical Advisory Committee regarding the AEMT additional curriculum. Commissioner Zartman requested that staff find out where the students took their training, if the students passed or failed the exam, so we could find out if the failure rates are more concentrated with a particular training institution, and try to figure out if we can determine why they failed.

Chairman Turpen called for a short break to discuss the draft curriculum with a few key people at 11:31 am.

Chairman Turpen called the meeting back to order at 11:49 am.

**A motion was made by Commissioner Valentine to table the draft curriculum to give the Commission time to review it. The motion was seconded by Commissioner Champion. Commissioner Zartman recommended the curriculum be sent to the TAC for review.**

Commissioner Zartman made a motion to resend the first motion. The motion was seconded by Commissioner Valentine. The motion passed.

A motion was made by Commissioner Mackey to adopt the additional curriculum for the AEMT. The motion was seconded by Commissioner Zartman. The motion passed.

Individual Certification Report- See attachment #2. Submitted for informational purposes.

Provider Certification Report- See attachment #3. Submitted for informational purposes. Chairman Turpen requested that a column be added to the report to include new services since the last Commission meeting.

### EMS PERSONNEL WAIVER REQUEST

The following requested a waiver of Rule 4. Certification of Emergency Medical Technicians 836 IAC 4-4-1 General certification provisions: Authority: IC 16-31-2-7 Affected: IC 16-31-3 Sec. 1. (a) Applicants for original certification as an emergency medical technician shall meet the following requirements: (1) be a minimum of eighteen (18) years of age. (2) Successfully complete the Indiana basic emergency medical technician training course as approved by the commission and administered by a certified training institution. (3) Pass the emergency medical technician written and practical skills examinations as set forth and approved by the commission. (b) The applicant shall apply for certification on forms provided by the agency postmarked within one (1) year of the date that the course was concluded as shown on the course report. Mr. Bernard Broadway was unable to complete his EMT-B test within the allotted one (1) year period prior to course completion. His one year deadline was May 2, 2013. He has taken the written EMT test once, and he is requesting an extension to take the exam again. He is requesting a waiver of 836 IAC 4-4-1 (b) due to personal hardships. Staff recommends approval. Staff recommends a 3 month extension to complete testing.

Bernard Broadway Jr.

EMT

A motion was made by Commissioner Valentine to accept staff recommendation and grant a 3 month extension. The motion was seconded by Commissioner Zartman. The motion passed.

The following requested a waiver of Rule 4: Certification of Emergency Medical Technicians 836 IAC 4-4-3 Certification Based upon Reciprocity Authority: IC 16-31-2-7 Affected: IC 16-31-3-8; IC 16-31-3-10 Sec. 3. (a) To obtain certification based upon reciprocity, an individual shall be a minimum of eighteen (18) years of age and meet one (1) of the following requirements: (1) Be a person who: (A) possesses a valid certificate or license as an emergency medical technician from another state; and (B) successfully completes the written and practical skills certification examinations as prescribed by the commission. (2) Be a person who: (A) while serving in the military of the United States, successfully completed a course of training and study equivalent to the material contained in the Indiana basic emergency medical technician training course; and (B) successfully completes the written and practical skills certification examinations prescribed by the commission. (3) Be a person who: (A) holds a valid unlimited license to practice medicine in Indiana; and (B) successfully completes the written and practical skills certification examinations prescribed by the commission. (4) Be a person who: (A) successfully completed a course of training and study equivalent to the material contained in the Indiana basic emergency medical technician training course; and (B) successfully completes the written and practical skills certification examinations prescribed by the commission. (5) Be a person who: (A) holds a current emergency medical technician registration from the National Registry; and (B) has completed a course equivalent to the Indiana approved curriculum. (b) Any nonresident of Indiana who possesses a certificate or license as an emergency medical technician that is

valid in another state, or a valid registration issued by the National Registry, upon affiliation with an Indiana certified provider organization may apply to the agency for temporary certification as an emergency medical technician. Upon receipt of a valid application and verification of valid status by the agency, the agency may issue temporary certification, which shall be valid for the duration of the applicant's current certificate or license or for a period not to exceed six (6) months from the date that the reciprocity request is approved by the agency, whichever period of time is shorter. A person receiving temporary certification may apply for full certification using the procedure required in section 1 of this rule. Mr. Charles Brown is requesting a three (3) month extension on his temporary EMT-B certification. Mr. Brown has recently moved to Indiana from Alaska, and he has not been able to complete an EMT-B class. His EMT-B certification expired on 9/12/2013. He is requesting the extension in order to complete an EMT-B class in January 2014. Mr. Brown will not be able to work at his current employer without the extension. Alaska certification expires 12-31-2014. Mr. Brown is requesting a waiver of IAC 836 4-4-3 (b). Staff recommends approval. Staff recommends a 3 month extension to complete testing.

Charles M. BrownEMT

**A motion was made by Commissioner Zartman to accept staff recommendation of a 3 month extension to complete testing. The motion was seconded by Commissioner Valentine. The motion passed.**

The following requested a waiver of Rule 4: Certification of Emergency Medical Technicians 836 IAC 4-4-3 Certification Based upon Reciprocity Authority: IC 16-31-2-7 Affected: IC 16-31-3-8; IC 16-31-3-10 Sec. 3. (a) To obtain certification based upon reciprocity, an individual shall be a minimum of eighteen (18) years of age and meet one (1) of the following requirements: (1) Be a person who: (A) possesses a valid certificate or license as an emergency medical technician from another state; and (B) successfully completes the written and practical skills certification examinations as prescribed by the commission. (2) Be a person who: (A) while serving in the military of the United States, successfully completed a course of training and study equivalent to the material contained in the Indiana basic emergency medical technician training course; and (B) successfully completes the written and practical skills certification examinations prescribed by the commission. (3) Be a person who: (A) holds a valid unlimited license to practice medicine in Indiana; and (B) successfully completes the written and practical skills certification examinations prescribed by the commission. (4) Be a person who: (A) successfully completed a course of training and study equivalent to the material contained in the Indiana basic emergency medical technician training course; and (B) successfully completes the written and practical skills certification examinations prescribed by the commission. (5) Be a person who: (A) holds a current emergency medical technician registration from the National Registry; and (B) has completed a course equivalent to the Indiana approved curriculum. (b) Any nonresident of Indiana who possesses a certificate or license as an emergency medical technician that is valid in another state, or a valid registration issued by the National Registry, upon affiliation with an Indiana certified provider organization may apply to the agency for temporary certification as an emergency medical technician. Upon receipt of a valid application and verification of valid status by the agency, the agency may issue temporary certification, which shall be valid for the duration of the applicant's current certificate or license or for a period not to exceed six (6) months from the date that the reciprocity request is approved by the agency, whichever period of time is shorter. A person receiving temporary certification may apply for full certification using the procedure required in section 1 of this rule. Mr. Mark Fesco is requesting a six (6) month extension of his temporary EMT-B certification. Mr. Fesco is asking for the extension in order to allow him time to find skills closer to his home while allowing him to retain his current employment. His

temporary EMT-B certification expires on October 18, 2013. Mr. Fesco is requesting a waiver of IAC 836 4-4-3 (b). Staff recommends approval. Staff recommends a 3 month extension to complete testing.

Mark J. Fesco EMT

**A motion was made by Commissioner Macky to accept staff recommendation and approve a 3 month extension. The motion was seconded by Commissioner Zartman. The motion passed.**

The following requested a waiver of SECTION 47. (a) A registered nurse may challenge the advanced emergency medical technician course if he or she meets the following requirements: (1) be a registered nurse in Indiana. (2) Be an Indiana certified emergency medical technician. (3) Be able to document one (1) year of experience in an emergency department or as a flight nurse with an air ambulance service. (4) Hold an advanced cardiac life support certification. (5) hold either an American Heart Association or American Red Cross health care provider card or equivalent. (6) Be able to meet prerequisites required by the commission, the advanced emergency medical technician curriculum, and the local training institution course. (b) For successful completion of the advanced emergency medical technician training course, a registered nurse must meet all of the requirements set forth by the training institution for all students or meet the prerequisites as described in subsection (a) and the following: (1) May earn credit by written examination for individual modules of the advanced emergency medical technician course. (2) Test out of a module to be completed prior to the beginning of that module by completing: (A) the written examination with a passing score; and (B) the practical skills examination with a passing score. Failure of any module exam will require the students to participate in the entire module. (3) Successfully complete the advanced emergency medical technician program comprehensive final examination. (4) Demonstrate skill proficiency by completing the advanced emergency medical technician level skills with course proficiency. (5) May earn credit of clinical hours by review of the student's past experience in the clinical areas. (6) Complete all field internship and required hospital clinical hours. (7) Pass the advanced emergency medical technician written and practical skills examinations as approved by the commission. (8) Meet general certification requirements in SECTION 49 of this document. Ms. Rachel Ganter is requesting a petition to challenge the AEMT written and practical exams. Ms. Ganter is requesting to substitute her RN education for the bridge course. Ms. Ganter is currently licensed as an RN, and she has valid ACLS, CPR, EMT-B, and EMT-A certifications. Ms. Ganter is also an active member of a paramedic provider. Ms. Ganter fulfills the above requirements except for the one (1) year experience in an emergency department or as a flight nurse with an air ambulance service. Ms. Ganter is requesting to waive Section 47. Staff recommends approval to allow Ms. Ganter to challenge the Advanced EMT exam.

Rachel Ganter RN and EMT Basic Advanced

**A motion was made by Commissioner Zartman to accept staff recommendation to approve Ms. Ganter to take the AEMT exam based on her training and experience with the stipulation that Ms. Ganter share her test results (pass/fail) with IDHS to report back to the Commission. The motion was seconded by Commissioner Gordon. The motion passed.**

The following request a waiver of Rule 4: Certification of Emergency Medical Technicians 836 IAC 4-4-3 Certification Based upon Reciprocity Authority: IC 16-31-2-7 Affected: IC 16-31-3-8; IC 16-31-3-10 Sec. 3. (a) To obtain certification based upon reciprocity, an individual shall be a minimum of eighteen (18) years of age and meet one (1) of the following requirements: (1) Be a person who: (A) possesses a valid certificate or license as an emergency medical technician from another state; and (B) successfully completes the written and practical skills certification examinations as prescribed by the commission. (2) Be a person who: (A) while serving in the military of the United States, successfully completed a course of training and study equivalent to the material contained in the Indiana basic emergency medical technician training course; and

(B) successfully completes the written and practical skills certification examinations prescribed by the commission. (3) Be a person who: (A) holds a valid unlimited license to practice medicine in Indiana; and (B) successfully completes the written and practical skills certification examinations prescribed by the commission. (4) Be a person who: (A) successfully completed a course of training and study equivalent to the material contained in the Indiana basic emergency medical technician training course; and (B) successfully completes the written and practical skills certification examinations prescribed by the commission. (5) Be a person who: (A) holds a current emergency medical technician registration from the National Registry; and (B) has completed a course equivalent to the Indiana approved curriculum. (b) Any nonresident of Indiana who possesses a certificate or license as an emergency medical technician that is valid in another state, or a valid registration issued by the National Registry, upon affiliation with an Indiana certified provider organization may apply to the agency for temporary certification as an emergency medical technician. Upon receipt of a valid application and verification of valid status by the agency, the agency may issue temporary certification, which shall be valid for the duration of the applicant's current certificate or license or for a period not to exceed six (6) months from the date that the reciprocity request is approved by the agency, whichever period of time is shorter. A person receiving temporary certification may apply for full certification using the procedure required in section 1 of this rule Mr. Richard Koeniger is requesting a three (3) month extension for his temporary EMT-B certification. His temporary certification expired on September 11, 2013 in order to complete the practical and written exams. His Ohio certification expires 7-6-14. Mr. Koeninger is requesting to waive 836 IAC 4-4-3 (b). Staff recommends a 3 month extension to complete testing.

Richard F. Koeniger      EMT

**A motion was made by Commissioner Hoggatt to accept staff recommendation and approve a 3 month extension. The motion was seconded by Commissioner Zartman. The motion passed.**

The following requested a waiver of Rule 4: Certification of Emergency Medical Technicians 836 IAC 4-4-3 Certification Based upon Reciprocity Authority: IC 16-31-2-7 Affected: IC 16-31-3-8; IC 16-31-3-10 Sec. 3. (a) To obtain certification based upon reciprocity, an individual shall be a minimum of eighteen (18) years of age and meet one (1) of the following requirements: (1) Be a person who: (A) possesses a valid certificate or license as an emergency medical technician from another state; and (B) successfully completes the written and practical skills certification examinations as prescribed by the commission. (2) Be a person who: (A) while serving in the military of the United States, successfully completed a course of training and study equivalent to the material contained in the Indiana basic emergency medical technician training course; and (B) successfully completes the written and practical skills certification examinations prescribed by the commission. (3) Be a person who: (A) holds a valid unlimited license to practice medicine in Indiana; and (B) successfully completes the written and practical skills certification examinations prescribed by the commission. (4) Be a person who: (A) successfully completed a course of training and study equivalent to the material contained in the Indiana basic emergency medical technician training course; and (B) successfully completes the written and practical skills certification examinations prescribed by the commission. (5) Be a person who: (A) holds a current emergency medical technician registration from the National Registry; and (B) has completed a course equivalent to the Indiana approved curriculum. (b) Any nonresident of Indiana who possesses a certificate or license as an emergency medical technician that is valid in another state, or a valid registration issued by the National Registry, upon affiliation with an Indiana certified provider organization may apply to the agency for temporary certification as an emergency medical

technician. Upon receipt of a valid application and verification of valid status by the agency, the agency may issue temporary certification, which shall be valid for the duration of the applicant's current certificate or license or for a period not to exceed six (6) months from the date that the reciprocity request is approved by the agency, whichever period of time is shorter. A person receiving temporary certification may apply for full certification using the procedure required in section 1 of this rule. Mr. Lester is asking for a six (6) month extension on his temporary EMT-B certification to allow for testing. Mr. Lester is requesting more time due to active military orders in July and September of 2013. His temporary certification expires on November 6, 2013, and his National Registry EMT-B certification is valid through March 31, 2015. Mr. Lester is requesting to waive 836 IAC 4-4-3 (b). Staff recommends approval for a 6 month extension.

Derwin Gerald Lester II

EMT

**A motion was made by Commissioner Valentine to accept staff recommendation for a six (6) month extension. The motion was seconded by Commissioner Hamilton. The motion passed.**

The following requested a waiver of Rule 4: Certification of Emergency Medical Technicians 836 IAC 4-4-3 Certification Based upon Reciprocity Authority: IC 16-31-2-7 Affected: IC 16-31-3-8; IC 16-31-3-10 Sec. 3. (a) To obtain certification based upon reciprocity, an individual shall be a minimum of eighteen (18) years of age and meet one (1) of the following requirements: (1) Be a person who: (A) possesses a valid certificate or license as an emergency medical technician from another state; and (B) successfully completes the written and practical skills certification examinations as prescribed by the commission. (2) Be a person who: (A) while serving in the military of the United States, successfully completed a course of training and study equivalent to the material contained in the Indiana basic emergency medical technician training course; and (B) successfully completes the written and practical skills certification examinations prescribed by the commission. (3) Be a person who: (A) holds a valid unlimited license to practice medicine in Indiana; and (B) successfully completes the written and practical skills certification examinations prescribed by the commission. (4) Be a person who: (A) successfully completed a course of training and study equivalent to the material contained in the Indiana basic emergency medical technician training course; and (B) successfully completes the written and practical skills certification examinations prescribed by the commission. (5) Be a person who: (A) holds a current emergency medical technician registration from the National Registry; and (B) has completed a course equivalent to the Indiana approved curriculum. (b) Any nonresident of Indiana who possesses a certificate or license as an emergency medical technician that is valid in another state, or a valid registration issued by the National Registry, upon affiliation with an Indiana certified provider organization may apply to the agency for temporary certification as an emergency medical technician. Upon receipt of a valid application and verification of valid status by the agency, the agency may issue temporary certification, which shall be valid for the duration of the applicant's current certificate or license or for a period not to exceed six (6) months from the date that the reciprocity request is approved by the agency, whichever period of time is shorter. A person receiving temporary certification may apply for full certification using the procedure required in section 1 of this rule. Ms. Stoltman is requesting a three (3) month extension of her temporary EMT-B certification. Ms. Stoltman recently moved from Alaska and has been unable to complete the written and practical exams. Ms. Stoltman is currently completing an Indiana refresher course. Ms. Stoltman's EMS-B temporary certification expires on October 18, 2013. Ms. Stoltman is requesting to waive 836 IAC 4-4-3 (b). Staff recommends a 3 month extension to complete testing.

Margaret Stoltman

EMT

**A motion was made by Commissioner Zartman to accept the staff recommendation of a three (3) month extension. The motion was seconded by Commissioner Lockard. The motion passed.**

**Commissioner Mackey asked that staff clarify the section on the waiver form that asks for “title” he asked that it be changed to ask for the person’s certification level.**

The following requested a waiver of Rule 4: Certification of Emergency Medical Technicians 836 IAC 4-4-3 Certification Based upon Reciprocity Authority: IC 16-31-2-7 Affected: IC 16-31-3-8; IC 16-31-3-10 Sec. 3. (a) To obtain certification based upon reciprocity, an individual shall be a minimum of eighteen (18) years of age and meet one (1) of the following requirements: (1) Be a person who: (A) possesses a valid certificate or license as an emergency medical technician from another state; and (B) successfully completes the written and practical skills certification examinations as prescribed by the commission. (2) Be a person who: (A) while serving in the military of the United States, successfully completed a course of training and study equivalent to the material contained in the Indiana basic emergency medical technician training course; and (B) successfully completes the written and practical skills certification examinations prescribed by the commission. (3) Be a person who: (A) holds a valid unlimited license to practice medicine in Indiana; and (B) successfully completes the written and practical skills certification examinations prescribed by the commission. (4) Be a person who: (A) successfully completed a course of training and study equivalent to the material contained in the Indiana basic emergency medical technician training course; and (B) successfully completes the written and practical skills certification examinations prescribed by the commission. (5) Be a person who: (A) holds a current emergency medical technician registration from the National Registry; and (B) has completed a course equivalent to the Indiana approved curriculum. (b) Any nonresident of Indiana who possesses a certificate or license as an emergency medical technician that is valid in another state, or a valid registration issued by the National Registry, upon affiliation with an Indiana certified provider organization may apply to the agency for temporary certification as an emergency medical technician. Upon receipt of a valid application and verification of valid status by the agency, the agency may issue temporary certification, which shall be valid for the duration of the applicant's current certificate or license or for a period not to exceed six (6) months from the date that the reciprocity request is approved by the agency, whichever period of time is shorter. A person receiving temporary certification may apply for full certification using the procedure required in section 1 of this rule. Mr. Switzer is requesting an extension of his temporary EMT-B certification. His temporary certification expired on August 12, 2013. Mr. Switzer is requesting an extension to complete testing which he was unable to complete due to being on active military duty. Mr. Switzer is requesting a waiver for 836 IAC 4-4-3 (b). Staff recommends a 3 month extension to complete testing.

Robert T. Switzer EMT

**A motion was made by Commissioner Valentine to accept staff recommendation of a three (3) month extension. The motion was seconded by Commissioner Gordon. The motion passed.**

The following request a waiver for 836 IAC 4-4-2: Application for original certification or certification renewal. Sec. 2. (a) Application for emergency medical technician certification shall be made on forms provided by the agency. Applicants shall complete the required forms and submit the forms to the agency. The application shall include the following: (d) To renew a certification, a certified emergency medical technician shall submit a report of continuing education every two (2) years that meets or exceeds the minimum requirement to take and report forty (40) hours of continuing education according to the following: (1) Participate in a minimum of thirty-four (34) hours of any combination of: (A) lectures; (B) critiques; (C) skills proficiency examinations; (D) continuing education courses; or (E) teaching sessions; that review subject matter presented in the Indiana basic emergency medical technician curriculum. (2) Participate in a minimum of six (6) hours of audit and review. (3) Participate in any update course as required by the

commission. (4) Successfully complete a proficiency evaluation that tests the skills presented in the Indiana basic emergency medical technician curriculum. (e) If a properly completed renewal application is submitted within one hundred twenty (120) calendar days after the expiration of the certification, together with the required documentation to show that the applicant has completed all required continuing education within the two (2) years prior to the expiration of the certification, and a fifty dollar (\$50) reapplication fee, the certification will be reinstated on the date that the commission staff determines that the required application, documentation, and reapplication fee have been properly submitted. The expiration date will be two (2) years from the expiration of the previous, expired certification. (f) Notwithstanding any other provisions of this article, a person also certified as an emergency medical technician-basic advanced, emergency medical technician-intermediate, or paramedic under IC 16-31 may substitute the required continuing education credits for those of subsection (d). (g) An individual who fails to comply with the continuing education requirements described in this article shall not exercise any of the rights and privileges of an emergency medical technician and shall cease from providing the services authorized by an emergency medical technician certification as of the date of expiration of the current certificate. (h) An individual wanting to reacquire a certification shall: (1) complete an emergency medical technician recertification training course as approved by the commission; and (2) successfully complete the state written and practical skills examinations as set forth and approved by the commission. If the individual fails either certification examination, the person must retake an Indiana basic emergency medical technician training course. Ms. Yaden is requesting a two (2) month extension of her EMT-B certification in order to obtain the required in-service hours. Ms. Yaden is requesting this extension due to health hardships. Ms. Yaden's EMT-B certification expired on September 30, 2013. Ms. Yaden is requesting to waive 836 IAC 4-4-2. Staff recommends denial. Ms. Yaden is able to retest based upon her past certification.

Chrissa O Yaden EMT

**Ms Yaden requested her waiver be pulled from the agenda.**

**Director Garvey commented that we seem to be seeing a sharp increase in requests to extend their reciprocity temporary certification. The staff plans on coming to the December Commission meeting with language to tighten up the reciprocity rule to keep individuals from just continually applying for reciprocity and never gaining full Indiana certification.**

#### **EMS PROVIDER WAIVER REQUEST**

The following requested a waiver for SECTION 17. (a) This SECTION supersedes 836 IAC 2-7.2-4. (b) An applicant may apply for and obtain provisional certification as an emergency medical technician-intermediate provider organization for the purpose of pre hospital training of emergency medical technician-intermediate or advanced emergency medical technician students when in the presence of a preceptor approved by the commission in accordance with this section. (c) A provisional certification may only be issued to a certified ambulance service provider organization. (d) The applicant shall submit a fully completed application for provisional certification on forms provided by the agency. (e) The provisional certification may only be issued: (1) after the applicant has demonstrated to the satisfaction of the director that the ambulance to be used for such training is certified and meets the requirements of this article; and (2) if the ambulance service provider organization has and shall maintain an adequate number of emergency medical technician-intermediate or advanced emergency medical technician students, preceptors, and ambulances to provide continuous twenty-four (24) hour advanced life support service. Aurora Emergency Rescue, Inc. is requesting a waiver for 24/7 ALS coverage. Aurora Emergency Rescue, Inc. is currently certified as an EMT-BA organization, but will be required to provide 24/7 ALS coverage under the new EMT-Advanced rule. Currently, Aurora Emergency Rescue uses paid staff during the hours of 5 AM to 9 PM and uses volunteers during the remaining hours. Aurora Emergency Rescue, Inc. is actively working toward providing coverage for the remaining hours by trying to procure funding to send eight (8) active EMT-BA personnel complete the EMT-A bridge course in November 2013. Lawrenceburg

EMS is currently serving as the immediate back-up support; therefore, citizens will not be with ALS care. Aurora Emergency Rescue, Inc. is requesting a waiver to the 24/7 rule until the required personnel are able to complete the EMT-A bridge course in early 2014. Aurora Emergency Rescue, Inc. is requesting to waive Section 17 (a) which supersedes 836 IAC 2-7.2-4. Staff recommends approval based upon the approved Alcoa EMS waiver from August, 2013.

Aurora Emergency Rescue, Inc.

**A motion was made by Commissioner Valentine to accept staff recommendation. The motion was seconded by Commissioner Gordon. The motion passed.**

The following requested a waiver of SECTION 17. (a) This SECTION supersedes 836 IAC 2-7.2-4. (b) An applicant may apply for and obtain provisional certification as an emergency medical technician-intermediate provider organization for the purpose of pre hospital training of emergency medical technician-intermediate or advanced emergency medical technician students when in the presence of a preceptor approved by the commission in accordance with this section. (c) A provisional certification may only be issued to a certified ambulance service provider organization. (d) The applicant shall submit a fully completed application for provisional certification on forms provided by the agency. (e) The provisional certification may only be issued: (1) after the applicant has demonstrated to the satisfaction of the director that the ambulance to be used for such training is certified and meets the requirements of this article; and (2) if the ambulance service provider organization has and shall maintain an adequate number of emergency medical technician-intermediate or advanced emergency medical technician students, preceptors, and ambulances to provide continuous twenty-four (24) hour advanced life support service. Bright Volunteer Fire Department is requesting a waiver for 24/7 ALS coverage. Bright is a volunteer fire department who cannot guarantee that they will always have an ALS response. Staff recommends approval based upon the approved Alcoa EMS waiver from August, 2013.

Bright Volunteer Fire Co. Inc.

**A motion was made by Commissioner Gordon to accept staff recommendation. The motion was seconded by Commissioner Valentine. The motion passed.**

The following SECTION 17. (a) This SECTION supersedes 836 IAC 2-7.2-4. (b) An applicant may apply for and obtain provisional certification as an emergency medical technician-intermediate provider organization for the purpose of pre hospital training of emergency medical technician-intermediate or advanced emergency medical technician students when in the presence of a preceptor approved by the commission in accordance with this section. (c) A provisional certification may only be issued to a certified ambulance service provider organization. (d) The applicant shall submit a fully completed application for provisional certification on forms provided by the agency. (e) The provisional certification may only be issued: (1) after the applicant has demonstrated to the satisfaction of the director that the ambulance to be used for such training is certified and meets the requirements of this article; and (2) if the ambulance service provider organization has and shall maintain an adequate number of emergency medical technician-intermediate or advanced emergency medical technician students, preceptors, and ambulances to provide continuous twenty-four (24) hour advanced life support service. Moores Hill Sparta Twp Volunteer Fire and EMS is requesting a waiver for 24/7 ALS coverage. Currently, Moores Hill Sparta Twp. Volunteer Fire and EMS is a volunteer organization certified as an EMT-Basic Advanced provider. Under the new EMT-A rule, the agency will be required to provide 24/7 ALS coverage. Moores Hill Sparta Twp Volunteer Fire and EMS is requesting a waiver for the 24/7 ALS coverage until the required personnel are about to complete the EMT-A bridge course. Moores Hill Sparta Twp. Volunteer Fire and EMS is requesting to waive Section 17 (b) which supersedes 836 IAC 2-7.2-4. Staff recommends approval based upon the approved Alcoa EMS waiver from August, 2013.

Moores Hill Sparta Twp Volunteer Fire and EMS

**A motion was made by Commissioner Hoggatt to accept staff approval. The motion was seconded by Commissioner Valentine. The motion passed.**

The following requested a waiver of Rule 2: General Requirements for paramedic provider organizations 836 IAC 2-2-1 (g) (1) (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. (2) Notify the commission in writing within thirty (30) days of assigning any individual to perform the duties and responsibilities required of a paramedic. Mooresville Fire Department is requesting to waive the 24/7 ALS coverage rule. Mooresville Fire Department requests to provide secondary ALS service to their area with a part-time paramedic program. Brown Twp. Fire Dept. already provides the primary ALS coverage for the area, and Mooresville Fire Dept. is requesting to supplement the current services offered in the area. Mooresville Fire Department is staffed with six (6) personnel per shift and would be able to provide coverage for 60% of the time. Mooresville Fire Dept. anticipates becoming a 24/7 ALS provider within the next two (2) years. Mooresville Fire Dept. is requesting to waive 836 IAC 2-2-1 (g) (1). Staff recommends approval based upon the approved Alcoa EMS waiver from August, 2013.

Mooresville Fire Department

**A motion was made by Commissioner Valentine to accept staff recommendation. The motion was seconded by Commissioner Gordon. The motion passed.**

The following requested a waiver of SECTION 17. (a) This SECTION supersedes 836 IAC 2-7.2-4. (b) An applicant may apply for and obtain provisional certification as an emergency medical technician-intermediate provider organization for the purpose of pre hospital training of emergency medical technician-intermediate or advanced emergency medical technician students when in the presence of a preceptor approved by the commission in accordance with this section. (c) A provisional certification may only be issued to a certified ambulance service provider organization. (d) The applicant shall submit a fully completed application for provisional certification on forms provided by the agency. (e) The provisional certification may only be issued: (1) after the applicant has demonstrated to the satisfaction of the director that the ambulance to be used for such training is certified and meets the requirements of this article; and (2) if the ambulance service provider organization has and shall maintain an adequate number of emergency medical technician-intermediate or advanced emergency medical technician students, preceptors, and ambulances to provide continuous twenty-four (24) hour advanced life support service. Ohio County Rescue Service, Inc. is requesting a waiver for 24/7 ALS coverage. Ohio County Rescue Service, Inc. is a volunteer organization currently certified as an EMT-BA organization, but will be required to provide 24/7 ALS coverage under the new EMT-Advanced rule. Due to lack of run volume and funding, Ohio County Rescue Service Inc. is requesting a waiver for the 24/7 ALS coverage because it would cause undue hardship to the service. Ohio County Rescue is working to increase staffing for the 24/7 ALS coverage. Volunteers currently staff from 10 PM to 6 AM, and intercepts will be called as needed during this time. Ohio County Rescue Service, Inc. is requesting to waive Section 17 (a) which supersedes 836 IAC 2-7.2-4. Staff recommends approval based upon the approved Alcoa EMS waiver from August, 2013.

Ohio County Rescue Service

**A motion was made by Commissioner Gordon to accept staff recommendation. The motion was seconded by Commissioner Hoggatt. The motion passed.**

The following requested a waiver of Rule 2: General Requirements for paramedic provider organizations 836 IAC 2-2-1 (g) (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. (2) Notify the commission in writing within thirty (30) days of assigning any individual to perform the duties and responsibilities required of a paramedic. This notification shall be signed by the provider organization and medical director of the provider organization. (h) A paramedic ambulance service provider organization must be able to provide a paramedic level response. For the purpose of this subsection, "paramedic response" consists of the following: (1) A paramedic. (2) An emergency medical technician or higher. (3) An ambulance in compliance with the requirements of section 3(e) of this rule. (4) During transport of the patient, the following are the minimum staffing requirements: (A) If paramedic level advanced life support treatment techniques have been initiated or are needed: (i) the ambulance must be staffed by at least a paramedic and an emergency medical technician; and (ii) a paramedic shall be in the patient compartment. (B) If an emergency medical technician-intermediate level advanced life support treatment techniques have been initiated or are needed: (i) the ambulance must be staffed by at least an emergency medical technician-intermediate and an emergency medical technician; and (ii) an emergency medical technician-intermediate shall be in the patient compartment. (C) If advanced life support treatment techniques have not been initiated and are not needed: (i) the ambulance must be staffed by at least an emergency medical technician; and (ii) an emergency medical technician shall be in the patient compartment. Pike County EMS is requesting to waive the staffing requirements for back-up trucks that are available for back-up runs, to be staffed with a paramedic in the patient compartment and a trained EMR driver or EMT. Due to increase in call volume, Pike County EMS requests to waive 836 IAC 2-2-1 (g) in the event that the first-out vehicles are already busy and the second-out trucks must respond. Staff recommends approval based upon past waiver to Gibson County March 2013.

Pike County EMS

**A motion was made by Commissioner Valentine to accept staff recommendation. The motion was seconded by Commissioner Lockard. The motion passed.**

The following requested a waiver of Rule 2: General Requirements for emergency medical technician-intermediate provider organizations IAC 2-7.2-1 (f) (2) 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 (1) Maintain a communications system that shall be available twenty-four (24) hours a day between the emergency medical technician-intermediate provider organization and the emergency department, or equivalent, of the supervising hospital using UHF (ultrahigh frequency) and cellular voice communications. The communications system shall be licensed by the Federal Communications Commission. (2) Maintain an adequate number of trained personnel and emergency response vehicles to provide continuous, twenty-four (24) hour advanced life support services Sunman Area Life Squad is requesting to waive the 24/7 ALS coverage rule. Sunman Area Life Squad is mainly comprised of volunteers certified as EMT-B and EMT-A and would like to operate as advanced when EMT-A personnel are available and as basic when EMT-A personnel are not available. Staff recommends approval based upon the approved Alcoa EMS waiver from August, 2013.

Sunman Area Life Squad

**A motion was made by Commissioner Gordon to accept staff recommendation. The motion was seconded by Commissioner Hoggatt. The motion passed.**

## **ADMINISTRATIVE PROCEEDINGS**

### **Orders Issued**

#### **a. Personnel Orders**

##### **a. 1 Year Probations**

Order No. 0080-2013 Derrick L. Woodfield

No action required, none taken

Order No. 0082-2013 Seth Moore

No action required, none taken

Order No. 0081-2013 Amber N. Wheat

No action required, none taken

Order No. 0101-2013 Brian M. Wilmouth

##### **b. 2 Year Probations**

Order No. 0071-2013 James Justin Bonner

No action required, none taken

Order No. 0074-2013 Joseph Sourley

No action required, none taken

Order No. 0091-2013 Jarrod M. Perriguet

No action required, none taken

Order No. 0090-2013 Jermaine S. Todd

No action required, none taken

Order No. 0097-2013 Scott A. DeMoss

No action required, none taken

Order No. 0096-2013 Jack Gentis

No action required, none taken

Order No. 0073-2013 Quentin D. Bengue

No action required, none taken

Order No. 0100-2013 Tori Banks

No action required, none taken

Order No. 0105-2013 Ronald J. Goedde

No action required, none taken

Order No. 0103-2013 Eric J. Moore

No action required, none take

Order No. 0104-2013 Jared D. Miller

No action required, none taken

**c. Suspension**

Order No. 0079-2013 David G. Kaufman

No action required, none taken

Order No. 0093-2013 Lisa M. Shuler

No action required, none taken

Order No. 0094-2013 Jonathan M. Kanema

No action required, none taken

Order No. 0095-2013 Jeremy West

No action required, none taken

**d. Denial**

Order No. 0092-2013 Stephen Alan Reed

No action required, none taken

Order No. 0085-2013 Robert E. Huffman

No action required, none taken

Order No. 0083-2013 Zachary T. Orth

No action required, none taken

Order No. 0084-2013 Andre B. Lewis

No action required, none taken

Order No. 0086-2013 James Delgado Jr.

No action required, none taken

Order No. 0087-2013 Nick W. White

No action required, none taken

Order No. 0089-2013 Matthew D. Sims

No action required, none taken

Order No. 0088-2013 Michael Taylor

No action required, none taken

Order No. 0102-2013 James Schurman

No action required, none taken

### Appeals filed in a timely manner

1. James Schurman

A motion was made by Commissioner Valentine to grant the appeal of the above listed individual. The motion was seconded by Commissioner Zartman. The motion passed.

### TRAUMA SYSTEM UPDATE

Ms. Katie Gatz reported out for the Indiana State Health Department. Ms. Gatz reported that ISHD attended the SIM cell conference in Nashville where they heard a lot of discussion regarding EMS data reporting. Ms. Gatz stated that they have heard from Indiana Department of Homeland Security that Indiana needed more trauma centers during the trauma triage and transport rule deliberations. Ms. Gatz reported that the Health Department has done several things to get more trauma centers including introducing the ACS verification in process program. Ball Memorial has been approved and two more hospitals are in the wings. The Health Department held an all day course to show hospitals how to become trauma centers. Fifty six Indiana hospitals attended the course. At the last trauma registry meeting the issue of providers not leaving the run sheets at the hospitals was discussed. Director Garvey was given a list of providers that are not complying. Directory Garvey is scheduled to give an update at the Department of Health's next trauma registry meeting. Ms. Gatz provided reports to the Commission and commented on the reports (see attachment #4). Chairman Turpen asked if there was any way to exclude patients with an aspirin allergy and also if the reports can be made provider specific. Ms. Gatz stated that provider specific data is being prepared to be sent to the reporting provider.

### EMS FOR CHILDREN

Ms. Gretchen Huffman reported on the progress of the EMS for Children's survey. At the time of this meeting, they still needed 60 more agencies to make the survey statistically significant. Ms. Huffman has emailed, mailed letters, and called all the agencies not able to be reached by other methods. Ms. Huffman asked that the Commission members assist by contacting any providers that they may have contact information. Ms. Huffman stated that the survey is to help them assess the need for pediatric equipment and education for pediatric care.

### TECHNICAL ADVISORY COMMITTEE see attachment #5

Mr. Leon Bell, Chairman of the Technical Advisory Committee, presented the following recommendation to the Commission for consideration from their September 3, 2013 meeting:

The TAC recommends to the Commission the adaption of the following motion, "A Training Institution must set a standard attendance policy for any hybrid course based upon faculty recommendations as part of the application approval process, just as they do now for other programs."

A motion was made by Commissioner Valentine to adopt the recommendation from the TAC. The motion was seconded by Commissioner Lockard. Mrs. Fiato asked for clarification on how the EMS office would determine what is acceptable for an absence policy. Commissioner Zartman stated that the original intent of the request to the TAC was to have a standardized attendance policy to insure students were getting what they needed. Chairman Turpen stated that this would open up the possibility of someone applying for a

hybrid course but actually conduct a completely online course. Discussion followed concerning the reason for the need to have a standard attendance policy in place. Commissioner Zartman stated the recommendation from the TAC is a good start. Chairman Turpen stated that maybe the solution is to have a policy for a hybrid/online course. Mr. Bell stated he would take the assignment back to the TAC for further review. Mr. Bell stated that the TAC would have a recommendation ready for the December EMS Commission meeting.

Mr. Bell spoke about the TAC requesting the Commission staff to create a survey to be sent out to provider organizations and training institutions. The TAC has not received data back for review at this time. Mr. Bell stated the TAC was not ready to make recommendation on the other assignment they have received there will be recommendations for the December EMS Commission meeting.

Mr. Bell requested that the issue of EMR's using EPI pens be sent to the TAC for review.

**A motion was made by Commissioner Zartman to send the review of EMR's using EPI pens to the TAC. The motion was seconded by Commissioner Hoggatt. The motion was passed.**

Mr. Bell requested that the issue of psychomotor competences be given to the TAC for review.

**A motion was made by Commissioner Zartman to send the psychomotor competences to the TAC. The motion was seconded by Commissioner Gordon. The motion passed.**

#### **Indiana Emergency Medical Services Association**

Mr. Faril Ward stated that the Association will try to keep the EMS Commission informed about the activities of the association. The association has a new web site that will debut the week after this meeting. Mr. Ward invites everyone to visit their new web site at [www.indianaems.net](http://www.indianaems.net). Mr. Ward reported that at the associations meeting there was a proposal for IEMSA to record the EMS Commission meeting and post it on the web site and also that the continuing education hours can be counted for watching the meetings. IEMSA is asking for permission/blessing to start this process. Director Garvey stated that he had been thinking about the possibility of live streaming the EMS Commission meeting like the Fire Board currently does with success. Director Garvey stated this was something that we will look into and discuss further at the December meeting. IEMSA will hold their 2 convention in May 1- 2, 2014 centering around three tracks, education, clinical for street use, and a track for leadership and management skills. Mr. Ward also reported that at the last Commission meeting IEMSA asked about sponsoring public announcements for EMS. Those announcements are on track and will be previewed at the May convention then released on TV and radio for EMS appreciation week. Mr. Ward stated that IEMSA believes that not all legislators understand EMS issues so IEMSA is going to start sending all the legislators a news letter every month. Commissioner Lockard asked that the news letter also be sent to the EMS Commission members.

#### **OLD BUSINESS**

Mr. Michael Haisley reported back for Salem Township EMS in accordance with their waiver stipulation. Salem Township has made some process in hiring more employees to be able to meet the 24/7 hour rule. Commissioner Mackey stated that if the Commission was going to require one provider organization to report then we should make them all report. Commissioner Zartman stated that it would be a good idea to have all of the provider organizations to report. Discussion followed as to the merits of tracking and the reporting of the progress of becoming compliant with the rule when this type of waiver has been granted.

**A motion was made by Commissioner Zartman to have all of the provider organizations except for the Pike and Mooresville waiver to report in writing every six months to show what steps have been taken to achieve 24/7 coverage. The motion was seconded by Commissioner Lockard. The motion passed.**

Chairman Turpen opened the floor for discussion to the Commission. Chairman Turpen read the non-rule policy for the record. An automatic transport ventilator shall be:

1. Only allow adjustment of rate, tidal volume and inspiratory time (for adult vs child settings)
2. Must have an automatic pressure control mechanism to prevent high airway pressure (IE: pop off valve, spring, ect.)

Any ventilator not meeting the above requirements shall be considered a multiple feature ventilator, and its use shall be considered specialty care transport at the paramedic level.

Interfaculty transport of a patient requiring a multiple feature ventilator shall be conducted with the use of a multiple feature ventilator, unless in the opinion of the transferring physician waiting for this equipment to arrive would create an unreasonable risk of harm to the patient.

Discussion followed. Legal counsel is will tweak the language and bring the non-rule policy back to the next meeting.

**A motion was made by Commissioner Valentine to table the non-rule policy. The motion was seconded by Commissioner Zartman. The motion passed.**

#### **NEW BUSINESS**

Honorary certifications-

Kimi Clute was requested due to an illness that makes it impossible for Ms. Clute to continue working in the EMS field.

**A motion was made by Commissioner Valentine to approve the honorary certification. The motion was seconded by Commissioner Hamilton. The motion was approved.**

John McCurtain is retiring from EMS.

**A motion was made by Commissioner Zartman to approve the honorary certification. The motion was seconded by Commissioner Gordon. The motion passed.**

Juvenile Fire Setters-letter submitted for informational purposes only. (see attachment #6)

#### **CHAIRMAN'S REPORT**

Chairman Turpen noted the passing of Mike Smith one of the biggest EMS educators in the Nation. This is a true loss to EMS nationwide. Chairman Turpen spoke at the SIM cell conference. He stated there was a lot of good information obtained at the conference. Chairman Turpen announced the upcoming EAGLES conference and mentioned the IEMSA conference on May 1 and 2, 2014. Chairman Turpen also mentioned the Deaconess Trauma conference coming up in Evansville.

#### **ASSIGNMENTS**

1. Past Assignments
  - a. Communications Sub-committee report (see attachment #7)

Mr. Jason Smith explained that the communications sub committee was formed to look at interoperability communication between services during exercises, disasters, ect. Mr. Don West commented further on the issue of interoperability communications issues. Both Mr. Smith and Mr. West referred to the issues that were identified during deployment for Hurricane Sandy. The committee requested that the Commission not approve anymore waivers for communications. Discussion followed concerning rule requirements, surveys that have been conducted and the use of IHERN and other communication methods.

**A motion was made by Commissioner Gordon to have the sub-committee continue looking into the issues regarding interoperability communication. The motion was seconded by Commissioner Zartman. The motion passed.**

- b. Narcotics Sub Committee report (see attachment #8)

Commissioner Zartman reported out on the sub-committee meeting.

- c. Recertification Survey

At this time the survey is in process of being completed.

- d. Administrative Order Hearing- Mr. Christopher Blaisuis

**A motion was made by Commissioner Zartman to affirm the administrative order that was issued. The motion was seconded by Commissioner Lockard. The motion passed.**

2. New Assignments

- a. Staff to revise waiver request form
- b. TAC to review EMR's use of Epi pens
- c. TAC to review psychomotor competences

**GENERAL INFORMATION**

The next EMS Commission meeting will be held on December 20, 2013 location TBA.

**A motion was made by Commissioner Lockard to adjourn the meeting. The motion was seconded by Commissioner Valentine. The motion passed. The meeting was adjourned at 1:02p.m.**

Approved \_\_\_\_\_



G. Lee Turpen II, Chairman

# Attachment #2



EMS - EVOC	44	EMS - EVOC	13	EMS - EVOC	89	EMS - EVOC	92
EVOC INSTRUCTOR	5	EVOC INSTRUCTOR	0	EVOC INSTRUCTOR	1	EVOC INSTRUCTOR	7
ADVANCED EMT		ADVANCED EMT		ADVANCED EMT	0	ADVANCED EMT	5
EMT - BA	43	EMT - BA	58	EMT - BA	52	EMT - BA	13
EMT-BASIC	574	EMT-BASIC	523	EMT-BASIC	492	EMT	268
EMT-INTERMEDIATE	0	EMT-INTERMEDIATE	7	EMT-INTERMEDIATE		EMT-INTERMEDIATE	
PARAMEDIC	119	PARAMEDIC	92	PARAMEDIC	111	PARAMEDIC	79
EMT-PI	11	EMT-PI	12	EMT-PI	4	EMT-PI	13
EXTRICATION	0	EXTRICATION	0	EXTRICATION	0	EXTRICATION	0
FIRST RESPONDER	158	FIRST RESPONDER	199	FIRST RESPONDER	144	EMR	124
<b>Totals</b>	<b>954</b>	<b>904</b>	<b>893</b>	<b>601</b>			

1st Qtr 2011	Count	2nd Qtr 2011	Count	3rd Qtr 2011	Count	4th Qtr 2011	Count
EMS - EVOC	120	EMS - EVOC	40	EMS - EVOC	127	EMS - EVOC	73
EVOC INSTRUCTOR	8	EVOC INSTRUCTOR	3	EVOC INSTRUCTOR	11	EVOC INSTRUCTOR	6
EMT - BA	50	EMT - BA	51	EMT - BA	56	EMT - ADVANCED	46
EMT-BASIC	652	EMT-BASIC	781	EMT-BASIC	516	EMT-BASIC	341
EMT-INTERMEDIATE	4	EMT-INTERMEDIATE	3	EMT-INTERMEDIATE	4	EMT-INTERMEDIATE	3
PARAMEDIC	79	PARAMEDIC	135	PARAMEDIC	94	PARAMEDIC	87
EMT-PI	4	EMT-PI	2	EMT-PI	7	EMT-PI	6
EXTRICATION	0	EXTRICATION	0	EXTRICATION	30	EXTRICATION	7
FIRST RESPONDER	168	FIRST RESPONDER	250	FIRST RESPONDER	145	FIRST RESPONDER	165
<b>Totals</b>	<b>1085</b>		<b>1265</b>		<b>990</b>		<b>734</b>

1st Qtr 2010	2nd Qtr 2010	3rd Qtr 2010	4th Qtr 2010	Count
EMS - EVOC	124	166	240	107
EVOC INSTRUCTOR	1	1	0	5
EMT - BA	41	35	51	47
EMT-BASIC	801	767	841	400
EMT-INTERMEDIATE	4	5	4	7
PARAMEDIC	121	123	95	83
EMT-PI	9	15	3	5
EXTRICATION	20	10	12	0
FIRST RESPONDER	230	274	131	105
<b>Totals</b>	<b>1351</b>	<b>1396</b>	<b>1377</b>	<b>759</b>

1st Qtr 2009	2nd Qtr 2009	3rd Qtr 2009	4th Qtr 2009	Count
EMS - EVOC	47	163	82	331
EVOC INSTRUCTOR	4	0	0	0
EMT - BA	74	23	70	55
EMT-BASIC	738	514	856	570
EMT-INTERMEDIATE	7	5	6	13
PARAMEDIC	135	91	93	83
EMT-PI	14	10	15	14
EXTRICATION	0	47	0	1
FIRST RESPONDER	178	268	239	247
<b>Totals</b>	<b>1197</b>	<b>1121</b>	<b>1361</b>	<b>1314</b>

Certs Due for Re-N	12/31/2013	Expired 06/30/2013
EMS - EVOC	328	83
EVOC INSTRUCTOR	8	0
EMT - BA	135	56
EMT-BASIC	1259	602
EMT-INTERMEDIATE	19	5
PARAMEDIC	352	46
EMT-PI	36	9
EMR	456	324
<b>Totals</b>	<b>2593</b>	<b>1125</b>

Number of People Failed to Recertify Past the 120 day time frame

987

Number of New People Certified Last Quarter

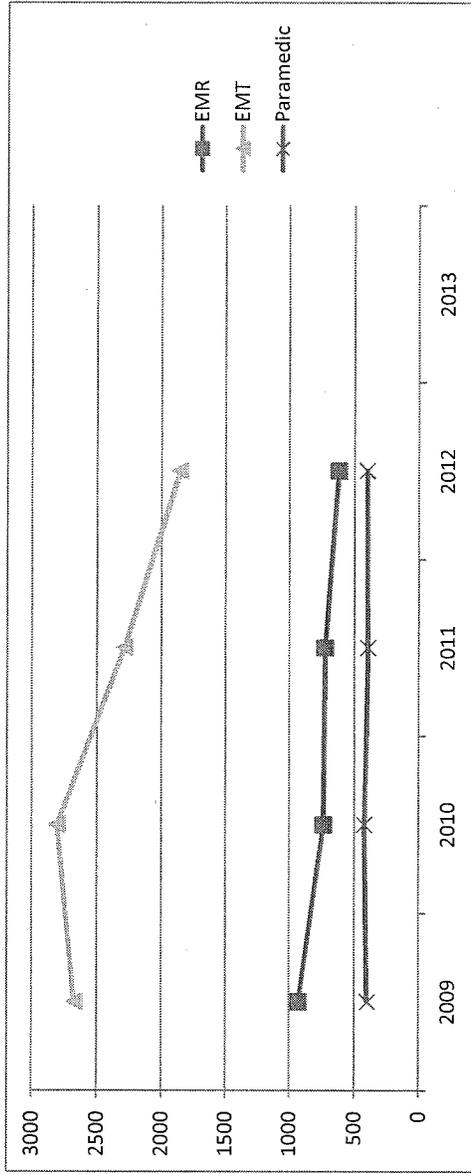
780

Net gain/Loss of:

-207

# Trending Graph

Year	2009	2010	2011	2012	2013
EMR	932	740	728	625	
EMT	2678	2809	2290	1857	
Paramedic	402	422	395	401	



# Attachment #3

## Emergency Medical Services Provider Certification Report

Date : October 15, 2013

October 18, 2013

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 18, 2013** Commission meeting, the following report of agencies who have meet the requirements for certification as Emergency Medical Service Providers and their vehicles.

<u>Provider Level</u>	<u>Counts</u>
Rescue Squad Organization	5
Basic Life Support Non-Transport	415
Ambulance Service Provider	101
EMT Basic-Advanced Organization	33
EMT Basic-Advanced Organization non-transport	21
EMT Intermediate Organization	2
EMT Intermediate Organization non-transport	0
Paramedic Organization	186
Paramedic Organization non-transport	8
Rotorcraft Air Ambulance	13
Fixed Wing Air Ambulance	3
<b>Total Count:</b>	<b>787</b>

# Attachment #4

# Attachment #5



MICHAEL R. PENCE, Governor  
STATE OF INDIANA

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

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

DATE: September 3, 2013 10:00 a.m.

LOCATION: Noblesville Fire Department, Station 77  
15251 Olio Road  
Noblesville, IN 46060

PRESENT: Leon Bell, Chairman, ALS Training Institute  
Sherry Fetters, Vice Chairman, EMS Chief Executive Officer  
Jessica Lawley, ALS Training Program Director  
Sara Brown, EMS Medical Director  
Jaren Kilian,  
Faril Ward, EMS Chief of Operating Officer  
Michael McNutt, BLS Training Program Director  
Elizabeth Weinstein, EMS for Children

NOT PRESENT: Tina Butt, First Responder Training Director  
Charles Ford, EMS Chief Executive Officer  
Michael Gamble, Emergency Department Director  
Edward Bartkus, EMS Medical Director

OTHERS PRESENT: Myron Mackey, EMS Commissioner  
John Zartman, EMS Commissioner  
Elizabeth Fiato, Mike Garvey EMS State Director, IDHS Staff,  
other IDHS Staff and members of the EMS Community



- A) Meeting called to order at 10:01 a.m. by Vice Chairwoman Sherry Fetter.
- B) Quorum present
- C) Adoption of minutes:  
**A motion was made by Mr. Jaren Killian to accept the minutes from the July 9<sup>th</sup> meeting as written. The motion was seconded by Mr. Faril Ward. The motion passed unanimously.**
- D) Public Comment:  
None
- E) Commission Report:  
a. Discussed the Witt report and some of the possible changes within IDHS
- F) Assignments  
a. Old  
i. Completed
  1. I-99 bridge course Evansville- all members present agreed that this assignment has been completed
  2. Trauma Protocols- all members present agreed that this assignment has been completed-Commission voted on and passed the trauma protocols
  3. National Standard Education Curriculum- all members present agreed that this assignment has been completed-Commission voted and passed to accept the National Education standard.
  4. Discuss and research EMS testing in the state of Indiana-all members present agreed that this assignment has been completed. Research was completed and a recommendation was sent to the Commission.
  5. Classification of EMT-BA- BLS vs. ALS- all members present agreed that this assignment has been completed-Commission voted and passed for EMT-BA to be classified as ALS.
  6. Create a bridge course for EMT-BA to Advanced EMT-all members present agreed that this assignment has been completed- Commission approved a core curriculum for the bridge course.
  7. Review the skill sheets for EMT that the Indiana Fire Chief's Association revised.-all members present agreed that this assignment has been completed- Commission voted to accept the new skill sheets for EMT.
  8. Research if the Advanced EMT ability to read an EKG effects patient outcomes-all members present that this assignment has been completed.
  9. Morgan Lens at the EMT level- all members present agreed that this assignment has been completed- TAC recommended against use and Commission voted and accepted TAC recommendation.
  10. Adams County Hospital hybrid course monitoring-Mr. Leon Bell was monitoring the course- all members present agreed that this assignment has been completed-Mr. Bell gave a report to the Commission at the June 2013 meeting.

11. Primary Instructor rule review- all members present agreed that this assignment has been completed-TAC sent recommendations to the Commission. The Commission voted and approved TAC recommendations.
  12. Review rule changes needed for new certification levels if legislation does not pass all needed support for the new levels-all members present agreed that this assignment has been completed. The Rule passed.
- ii. Unknown if Complete or Incomplete
1. The Indiana Fire Chiefs Association submitted a letter. Chairman directed the TAC to look into this (January 2011)-all members present agreed more research was needed-Commissioner Myron Mackey stated he would search his packet from the 2011 meeting and attempt to locate the above mentioned letter.
  2. Prioritization of the EMS vision for the future document

**A motion was made by Chairman Leon Bell to request clarification on the status of the executive summary and the attended data. Also ask for guidance from the Commission as to how the TAC is to proceed with problem. The motion was seconded by Mrs. Jessica Lawley. The motion passed.**

iii. Incomplete

1. Analysis of full AEMT course at Vincennes University  
After discussion the TAC asked that IDHS staff pull the NREMT exam results for all of the AEMT students that have test so far as well as the NREMT exam results for Paramedics.
2. Templates for hybrid course from EMR to Paramedic level-after some discussion it was determined this would be assigned to the education sub-committee.
3. EVOC training- after some discussion it was determined that the TAC is waiting on survey to be sent out by IDHS and legal opinion. The operations sub-committee was assigned to write up the survey questions as this meeting.
4. Background checks-after some discussion it was determined that the TAC is waiting on survey to be sent out by IDHS and legal opinion. The operations sub-committee was assigned to write up the survey questions as this meeting. Vice Chairman Fetters request staff to get legal opinion by the next TAC meeting.
5. Drug and alcohol screens- after some discussion it was determined that the TAC is waiting on survey to be sent out by IDHS and legal opinion. The operations sub-committee was assigned to write up the survey questions as this meeting. Vice Chairman Fetters request staff to get legal opinion by the next TAC meeting.
6. Pediatric equipment (pediatric pulse ox meter, length based resuscitation tape, and McGill's forceps) to the required equipment list and would also like to see two additional hours be added to continuing education- after some discussion it was determined that the TAC made a recommendation regarding the addition of the

pediatric equipment to the Commission. The Commission voted on and accepted the TAC recommendation. The continuing education piece was assigned at this meeting to the education sub-committee for the EMR-AEMT levels.

**After discussion the members of the TAC agreed that it is important that the communication between the Commission and the TAC be formalized. The TAC is requesting that when the EMS Commission requests that the TAC address an issue that the TAC assignment tool be utilized and forwarded to the TAC. It was agreed this will help formalize the process and allow for better tracking of tasks. TAC members suggest that is come from Chairman Turpen.**

- iv. New (Assigned August 16, 2013)
  1. Attendance standard for all levels in regards to hybrid/on-line courses-this was assigned to the Education sub-committee
- v. Psychomotor process for paramedic level-Airway requirement-after some discussion this was assigned to the education sub-committee.
- vi. AEMT curriculum-Medical Directors to review-the medical directors that were present along with Mrs. Elizabeth Fiato were getting together during the break out session to discuss.
- vii. Discuss proposal for strategic plan for rule review
  1. Please discuss the methodology for bringing together appropriate SMEs to review and re-write Title 836- Operational sub-committee was assigned to handle the renew and re-writes of title 836.
  2. Develop plan and timeline to address project (strategic plan)- EMS State Director Mike Garvey stated that IDHS would take care of coming up with the strategic plan for rewriting the rules of Title 836
- viii. Training Institutions self reporting- after discussion this was assigned to the education sub-committee.
- ix. Discussion on Military course analysis-after discussion this was assigned to the operations sub-committee.

**Break out session for sub-committee work at 11:55am  
Chairman Bell reconvened the meeting at 1:20pm**

Dr. Elizabeth Weinstein reported that the group made some major changes to the document and that Mrs. Fiato will email the revised recommendation to the rest of the Medical Directors that are on the TAC. After they all review the recommendation will be taken to the Commission at their October 18, 2013 meeting.

Mrs. Jessica Lawley and Mr. Michael McNutt reported out for the education sub-committee. The education sub-committee made the following recommendation regarding the hybrid template including the attendance standard:

Hybrid application

TI to submit with course application

- Percentage of hours and the actual number of hours that are in class, instructor lecture

- What are the attendance requirements?
- Percentage of hours that are lab (skills)
  - What are the attendance requirements?
- Percentage of hours that are on-line
  - What are the attendance requirements?
    - How is attendance verified
  - How are the online modules sequenced in the curriculum to enhance and optimize the student learning experience
- How is competency verification achieved?
  - Cognitive
    - In-class
    - On-line (if applicable)
  - Psychomotor
  - Affective

On-line content should correspond to the sequence of the in class sessions, and the on-line content should be presented to the student (with attendance verified) prior to said in class session.

The education sub-committee felt that each Training Institution should set their own standards regarding attendance just as they do now for other programs. When a Training Institution applies for a hybrid course they must define those parameters noted above with the application.

**A motion was made by Vice Chairwoman Sherry Feters to accept the report as presented and this is to be converted onto the tool to be sent to the Commission. The motion was seconded Mr. Jaren Killian. The motion passed unanimously.**

Mrs. Jessica Lawley presented the report on the airway management. The following is the recommendation presented:

From CoAEMSP Standards Interpretations

“For airway management: Each student must demonstrate competency in airway management. The program sets the required minimums approved by the Medical Director and Advisory Committee as described above. For example, the paramedic student should be successful in a combination of live intubations, high definition simulations, low fidelity simulations, and cadaver labs in all age brackets. High definition simulation, defined by SIM Man, Meti Man, etc., is highly recommended but optional. Low fidelity simulation is defined by traditional simulation heads, such as Laredal, etc. Paramedic students should have exposure to diverse environments, including but not limited to hospital units (e.g., operating rooms, emergency departments, intensive care units), ambulatory centers, and out of hospital settings (e.g., ambulance, field, home) and laboratories (floor, varied noise levels, varied lighting conditions). The paramedic student should have no fewer than **fifty (50) attempts** at airway management across all age levels, with a **90% success rate utilizing endotracheal intubation models in their last ten (10) attempts**. The paramedic student needs to be **100% successful in the management of their last twenty (20) attempts at airway management**. The majority of airway attempts should be emphasized with live intubations, realistic simulation labs, or both. As with all other required skills, terminal competency needs to be validated by the program medical director’s signature.”

Mediums to perform airway management skills:

- Intubation heads
- High definition simulators (Meti-Man, etc)
- Cadavers
- Live patients in the hospital and field setting

Airway management skills, as may be defined by the TI, to include any of the below:

- Oropharyngeal and nasopharyngeal airways
- Non-visualized airways
- Oxygen administration via oxygen delivery devices
- CPAP
- Endotracheal intubation
- Cricothyrotomy
- Needle thoracentesis
- Suctioning techniques

After some discussions and changes being made the following is the final recommendation:

From CoAEMSP Standards Interpretations

“For airway management: Each student must demonstrate competency in airway management. The program sets the required minimums approved by the Medical Director and Advisory Committee as described above. For example, the paramedic student should be successful in a combination of live intubations, high definition simulations, low fidelity simulations, and cadaver labs in all age brackets. High definition simulation, defined by SIM Man, Meti Man, etc., is highly recommended but optional. Low fidelity simulation is defined by traditional simulation heads, such as Laredal, etc. Paramedic students should have exposure to diverse environments, including but not limited to hospital units (e.g., operating rooms, emergency departments, intensive care units), ambulatory centers, and out of hospital settings (e.g., ambulance, field, home) and laboratories (floor, varied noise levels, varied lighting conditions). The paramedic student should have no fewer than **fifty (50) attempts** at airway management across all age levels, with a **90% success rate utilizing endotracheal intubation models in their last ten (10) attempts**. The paramedic student needs to be **100% successful in the management of their last twenty (20) attempts at airway management**. The majority of airway attempts should be emphasized with live intubations, realistic simulation labs, or both. As with all other required skills, terminal competency needs to be validated by the program medical director’s signature.”

Mediums to perform airway management skills:

- Intubation heads
- High definition simulators (Meti-Man, etc)
- Cadavers
- Live patients in the hospital and field setting

Airway management skills, as may be defined by the TI, to include, but not limited to, any of the below:

- Oropharyngeal and nasopharyngeal airways
- Non-visualized airways
- Oxygen administration via oxygen delivery devices
- CPAP/BiPAP
- Endotracheal intubation
- Cricothyrotomy
- Needle thoracentesis
- Suctioning techniques
- Techniques for manually opening the airway
- Manual ventilation
- Mechanical ventilation
- Nebulized medication administration

**A motion was made by Mr. Jaren Killian to accept the final recommendation and that it be put into the tool to be presented to the Commission. The motion was seconded by Vice Chairwoman Sherry Fetters. The motion passed unanimously.**

Mrs. Jessica Lawley and Mr. Michael McNutt presented the recommendation for continuing education hours for EMR, EMT, and AEMT levels:

**Recommended Continuing Education Hours for Certification Renewal**

Topic	EMR- 16 hours total (12 NR)	EMT- (24 NR) 40 hours total
Preparatory	1	1
Airway	2	2
Patient Assessment	2	3
Circulation	3	0
Illness/injury	3	0
Childbirth/children	1	2
Medical/behavioral	X	4
Trauma	X	4
Audit and Review	x	6
Elective	4	18 (8 NR)

AEMT

Topic	Hours 72 total (same as NR)
Airway, Breathing, Cardiology	12
Medical	6
Trauma	5
OB/pediatrics	12
Operations	1
Audit and Review	10
Elective	26***
The twenty-six hours (26) of electives shall follow the parameters outlined to the right, as based on National Registry guidelines	18 hours in one topic
	16 hours from ABLIS; ACLS; AMLS; BTLS; ITLS; NALS; PALS; PEPP; PHTLS; PPC; teaching EMS courses
	12 hours teaching CPR, EMD, emergency driving
	18 hours from college related courses
	18 distance learning

After some discussion and a few revisions the following is the final recommendation:  
 Recommended Continuing Education Hours for Certification Renewal

Topic	EMR- 16 hours total (12 NR)	EMT- (24 NR) 40 hours total
Preparatory	1	1
Airway	2	2
Patient Assessment	2	3
Circulation	3	0
Illness/injury	3	0
Childbirth/children	1	2

Medical/behavioral	X	4
Trauma	X	4
Audit and Review	x	6 (if affiliated)
Elective	4	18 (8 NR) (24 if not affiliated)

AEMT

Topic	Hours 72 total (same as NR)
Airway, Breathing, Cardiology	12
Medical	6
Trauma	5
OB/pediatrics	12
Operations	1
Audit and Review	10
Elective	26***
***The twenty-six hours (26) of electives shall pertain to the EMT and/or AEMT curriculum	

**A motion was made by Mr. Jaren Killian to accept the final recommendation to be put into the tool and presented to the Commission. The motion was seconded by Vice Chairwoman Sherry Fetters. The motion passed unanimously. Chairman Leon Bell is going to request at the October 18<sup>th</sup> EMS Commission meeting that the Commission refer the psychomotor continuing education requirements be sent to the TAC for review.**

Mrs. Jessica Lawley presented the following recommendation in regards to Training Institution self-reporting:

TI IDHS/public Reporting

Training Institutions should report the follow data to IDHS for publication on the state website every two years for the preceding two year cycle for each Paramedic and AEMT classes with their TI renewal:

- Total class enrollment
- Number of drops/fails
- Number of students passing program

- Number of students passing NR written exam by 3<sup>rd</sup> attempt
- Number of student pass NR written exam by 6<sup>th</sup> attempt

After some discussion and revisions the following is the final recommendation:

#### TI IDHS/public Reporting

Training Institutions shall report the follow data to IDHS for publication on the state website every two years for the preceding two year cycle for each Paramedic and AEMT classes with their TI renewal:

- Total class enrollment
- Number of non-academic drops
- Number of fails
- Number of students passing program
- Number of students passing NR written exam by 3<sup>rd</sup> attempt
- Number of student pass NR written exam by 6<sup>th</sup> attempt

It was felt by the sub-committee that this information was already being reported and should be public information. It was the assessment of the TAC that few consumers would probably utilize this information to choose a Training Institution. Generally it was felt that it would have the same effect as hospitals whom are now required to publish their data, they strive to improve

**A motion was made by Mr. Jaren Killian to accept the final recommendation to be put into the tool and presented to the Commission. The motion was seconded by Mr. Faril Ward. The motion passed unanimously. Chairman Leon Bell gave Commission staff to research how EMR and EMT testing data can be gathered and report back to the TAC at their next meeting in November.**

Vice Chairwoman Sherry Feters presented the operation sub-committee recommendations.

Vice Chairwoman Sherry Feters presented the proposed survey questions in regards to the EVOC survey to be sent out by IDHS staff. The following are the questions presented:

#### Survey Questions:

##### EVOC – Going to agencies

1. Who requires motor vehicle background checks during the pre-employment screening?
  - a. The agency
  - b. The agency's insurance carrier
  - c. All the above
  - d. None of the above
2. Does your organization have a formal emergency vehicle driver training program?
3. If yes, what program do you use? (Check all that apply)
  - a. State EVOC (Emergency Vehicle Operation Course) program
  - b. CEVO (Certified Emergency Vehicle Operations) program

- c. Agency developed program
  - d. Other \_\_\_\_\_
4. If yes, do you require all employees complete the program?
  5. If yes, is there a timeline for completion of the program?
  6. If yes, do you require a didactic and practical application?
  7. Is your program required by your insurance carrier?
  8. If not required by insurance, do you receive a discounted insurance rate for maintaining a program?
  9. Do you require continuing education/annual review of the emergency vehicle driver training program?
  10. If an employee is involved in an incident while driving an emergency vehicle (emergency or non-emergency driving), do you require the employee repeat or refresh the emergency vehicle driver training program?

**A motion was made by Mr. Michael McNutt to accept the survey questions and send them to IDHS staff to be put into survey monkey then distributed. The motion was seconded by Dr. Sara Brown. The motion passed unanimously.**

Vice Chairwoman Sherry Fetters presented the following for Training Institutions in regards to background checks and drug and alcohol tests:

#### Going to Training Institutions

1. Does your training institution do a criminal background check on students?
2. If yes, please check all that apply:
  - a. Indiana State Police limited criminal background
  - b. Indiana statewide from another source
  - c. Nationwide source
  - d. Child offender registry
  - e. Federal Healthcare exclusion database
  - f. Other \_\_\_\_\_
3. Does your training institution require a drug and alcohol screening?
  - a. Yes
  - b. No
4. If yes, when is the drug and alcohol screening performed?(Check all that apply)
  - a. Prior to admission into class
  - b. Prior to first day of clinical
  - c. Annually
  - d. Upon reasonable suspicion
  - e. Random
  - f. Other \_\_\_\_\_
5. How is the drug and alcohol screening performed?(Check all that apply)
  - a. Internally

- b. Externally
  - c. Externally to confirm a failure of internal testing
6. Do you perform the OSHA 1910 respirator fit testing?
- a. Yes
  - b. No
7. Who incurs the cost of drug and alcohol screening, criminal background, and respirator fit testing?
- a. Student pays all costs in the tuition
  - b. Student pays costs as item is completed (separate from tuition)
  - c. Training Institution
  - d. Student's agency of employment/volunteer agency
8. What is the cost of the drug and alcohol screening?
- a. \$0-\$50
  - b. \$51-\$100
  - c. \$101-\$150
  - d. \$151 plus
9. What is the cost of the criminal background?
- a. \$0-\$50
  - b. \$51-\$100
  - c. \$101-\$150
  - d. \$151 plus
10. What is the cost of the respirator fit testing?
- a. \$0-\$50
  - b. \$51-\$100
  - c. \$101-\$150
  - d. \$151 plus

**A motion was made by Mr. Michael McNutt to accept the survey questions and send them to IDHS staff to be put into survey monkey then distributed. The motion was seconded by Mrs. Jessica Lawley. The motion passed unanimously.**

Vice Chairwoman Sherry Feters presented the following for Provider organizations in regards to drug and alcohol testing:

#### Going to Agencies

1. Describe your agency. (Candice add the types)
  - a.
  - b.
2. Does your agency do a criminal background check on prospective employees?
3. If yes, please check all that apply:
  - a. Indiana State Police limited criminal background
  - b. Indiana statewide from another source

- c. Nationwide source
  - d. Child offender registry
  - e. Federal Healthcare exclusion database
  - f. Other \_\_\_\_\_
4. Does your agency require a drug and alcohol screening?
  5. If yes, when is the drug and alcohol screening performed?(Check all that apply)
    - a. After the offer of employment
    - b. Prior to the first day
    - c. Annually
    - d. Upon reasonable suspicion
    - e. Randomly
    - f. Other \_\_\_\_\_
  6. How is the drug and alcohol screening performed? (Check all that apply)
    - a. Internally
    - b. Externally
    - c. Externally to confirm a failure of internal testing
  7. What is the cost of the drug and alcohol screening?
    - a. \$0-\$50
    - b. \$51-\$100
    - c. \$101-\$150
    - d. \$151 plus
  8. What is the cost of the criminal background?
    - a. \$0-\$50
    - b. \$51-\$100
    - c. \$101-\$150
    - d. \$151 plus
  9. What is the cost of the respirator fit testing?
    - a. \$0-\$50
    - b. \$51-\$100
    - c. \$101-\$150
    - d. \$151 plus
  10. Do you perform the OSHA 1910 respirator fit testing?
  11. Do you perform annual respirator fit testing?

**A motion was made by Mrs. Jessica Lawley accept the survey questions and send them to IDHS staff to be put into survey monkey then distributed. The motion was seconded by Mr. Michael McNutt. The motion passed unanimously. Candice Hilton was asked to add provider types as already defined in the IDHS data base to the surveys. Chairman Leon Bell directed that the surveys be left opened for three weeks. IEMS, Fire Chiefs Association, IDHS field staff, EMS State Director Mike Garvey, TAC members, and EMS Commission members will all help push out the surveys.**

Chairman Leon Bell opened discussion regarding the AEMT provider level. After discussion and some proposed changes Chairman Leon Bell sent the recommendation back to the operations sub-committee for work on the revisions. Some concern was expressed regarding the time line in waiting to get this passed and sent to the Commission. After some more discussion Chairman Leon Bell sent the recommendation back to the operations sub-committee for work on the revision to be presented at the November TAC meeting with recommendations to go to the EMS Commission at their December meeting.

Mrs. Jessica Lawley asked that the TAC look at a possible student bill of rights and a code of conduct. She is going to email out a link of an example of these items for everyone's review for discussion at the November TAC meeting.

Chairman Leon Bell requested that the TEMS and POST items on the agenda be moved to the November agenda for discussion.

**A motion was made by Mr. Jaren Killian to adjourn the meeting. The motion was seconded by Mrs. Jessica Lawley. The motion passed. The meeting was adjourned at 2:40pm.**

Approved \_\_\_\_\_  
Leon Bell, Chairman

## TAC Assignments:

### Completed:

1. Study the new bridge course under the new curriculum being held at IVY Tech Evansville. (I-99)
  - Report given to TAC on the final pass/fail of the pilot course
2. Trauma Protocols
  - Trauma/Triage Rule voted and passed
3. National Standard Curriculum recommendations.
  - NES adopted
4. Commissioner Archer made a motion that the TAC with staff assistance investigate the administration of EMS certification exams, including requirements and cost of creating and administering educationally valid certification exams by the state, by multi-state consortium, and by the NREMT, with the following data elements to be included: the requirements of developing educationally valid test banks, the cost to the state for developing and maintaining the test banks and the fiscal impact to EMS certification candidates for all three alternatives. This report should be presented to the Commission at the September 2011 Commission meeting.
  - Cost investigated and discussed, 2011
5. Randy Seals asked the Commission if the definition of the EMT Basic Advanced should be classified as BLS or ALS. The commission and audience discussed the possibility and ramifications of each classification status BLS and ALS for EMT-BA The commission referred this subject to the TAC.
  - Voted to be classified ALS
6. Chairman Miller directed that the creation of the bridge course curriculum for the EMT Basic advance to advance EMT be sent to the TAC Committee for development.
  - Core requirements created, later revised and voted on by EMS Commission
7. The Indiana Fire Chief's Association (IFCA) presented updated EMT Psychomotor Examination (aka Skill) Sheets. The IFCA reviewed and revised the skills sheets as part of a standard review and also to incorporate the National Education Standards (NES) as well as new American Heart Association CPR recommendations for 2010.
  - Reviewed and voted on by the EMS Commission
8. The new Advanced level does not allow the certified individual to read an EKG. Ms. Fiato suggested that the Commission refer this to the Technical Advisory Committee (TAC) for research to see how or if the Advanced EMT ability to read an EKG effects patient outcomes.
  - Discussed from 2012-2013, Commission adopted at June 2013 meeting.
9. Morgan Lens at the EMT level
  - TAC reviewed and Commission adopted recommendation (against use)

10. Adams County Hospital hybrid course monitoring
  - Leon Bell in consultation process with Adams County
11. Primary Instructor rule review
  - Presented and approved (slight modification to be discussed at September meeting)
12. Commissioner Archer made a motion that a formula transition plan be developed by the TAC with assistance from staff, that takes into account legislative and rule changes that will be required a fiscal impact study a plan to educate training institutions and primary instructors and an alternative plan to modify existing certification levels in the event that the legislature does not pass needed legislation to support these new certification levels.
  - Rule passed

ii. Unknown if Complete or Incomplete

1. The Indiana Fire Chiefs Association submitted a letter. Chairman directed the TAC to look into this (January 2011)
  - Unknown progress
2. Chairman Miller assigned the TAC to work with staff to complete the prioritization of the EMS vision for the future document.
  - Unknown progress

iii. Incomplete

1. Elizabeth Westfall presented, on behalf of Vincennes University, a request to hold an Advanced EMT course. Commissioner Zartman made a motion to approve the course. The motion was seconded by Commissioner Mackey. The motion passed. Chairman Miller directed the
  - TAC to analyze the course progress and test results from both the Vincennes and St. Mary Medical center courses.
  - NREMT examination results 2012
2. Templates for hybrid course from EMR to Paramedic level
  - Unknown progress
3. EVOC training
  - Unknown progress
4. Background checks
  - Unknown progress
5. Drug and alcohol screens
  - Unknown progress
6. Pediatric equipment (pediatric pulse ox meter, length based resuscitation tape, and McGill's forceps) to the required equipment list and would also like to see two additional hours be added to continuing education.
  - Voted and accepted by Commission
    - Ask about the implementation at the next meeting (rules have not been re-written and how to enforce)
  - Continuing Ed hours and curriculum proposal??

b. New (Assigned August 16, 2013)

- i. Attendance standard for all levels

1. For online courses
- ii. Psychomotor process for paramedic level
  1. Airway requirement
- iii. AEMT curriculum-Medical Directors to review
  1. Allow Physicians time to discuss in sub-group (if needed) the proposed additional AEMT curriculum and testing process
  2. Propose changes/additions/recommendations
- iv. Discuss proposal for strategic plan for rule review
  1. Please discuss the methodology for bringing together appropriate SMEs to review and re-write Title 836
  2. Develop plan and timeline to address project (strategic plan)
- v. Training Institutions self reporting
  1. Drop rates
  2. Pass rates
  3. Enrollment
- vi. Discussion on Military course analysis
  1. How to determine by military classification general levels of reciprocity

# TECHNICAL ADVISORY COMMITTEE – TASK SUMMARY

## INDIANA STATE E.M.S. COMMISSION

### TASK INFORMATION

Date Assigned: 09/03/2013

Assigned to: C TAC

Job Task:

Commission Staff:

Review Period: 2013

### ASSIGNMENT REVIEW - GUIDELINES - GOALS

5. Drug and alcohol screens- after some discussion it was determined that the TAC is waiting on survey to be sent out by IDHS and legal opinion. The operations sub-committee was assigned to write up the survey questions as this meeting.

Vice Chairman Fetters request staff to get legal opinion by the next TAC meeting.

### TAC RECOMMENDATION

### LIMITATIONS – CHALLENGES – FISCAL IMPACT

Questions have been written and submitted to staff. Awaiting staff report and legal opinion regarding background checks at our November meeting.

### FORMAL MOTION

No motion at this time. In progress

### 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:**

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

COMMENTS:

DRAFT

# TECHNICAL ADVISORY COMMITTEE – TASK SUMMARY

## INDIANA STATE E.M.S. COMMISSION

### TASK INFORMATION

Date Assigned: 09/03/2013

Assigned to: TAC

Job Task:

Commission Staff:

Review Period: 2013

### ASSIGNMENT REVIEW - GUIDELINES - GOALS

4. Background checks-after some discussion it was determined that the TAC is waiting on survey to be sent out by IDHS and legal opinion. The operations sub-committee was assigned to write up the survey questions as this meeting.

Vice Chairman Fetters requested staff to get legal opinion by the next TAC meeting

### TAC RECOMMENDATION

### LIMITATIONS – CHALLENGES – FISCAL IMPACT

Questions have been written and submitted to staff for inclusion in a survey to be sent from the IDHS office. Awaiting staff report and legal opinion regarding background checks at our November meeting.

### FORMAL MOTION

No motion at this time. In progress

### 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.*

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Chairman, TAC Committee

Date

---

Vice-Chairman, TAC Committee

Date

**EMS COMMISSION – RECOMMENDATION - ACTION**

**Commission Actions:**                      **Date:**

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

COMMENTS:

REF

# TECHNICAL ADVISORY COMMITTEE – TASK SUMMARY

## INDIANA STATE E.M.S. COMMISSION

### TASK INFORMATION

Date Assigned: 09/03/2013

Assigned to: TAC

Job Task:

Commission Staff:

Review Period: 2013

### ASSIGNMENT REVIEW - GUIDELINES - GOALS

1. EVOC training- after some discussion it was determined that the TAC is waiting on survey to be sent out by IDHS and legal opinion. The operations sub-committee was assigned to write up the survey questions as this meeting.

### TAC RECOMMENDATION

### LIMITATIONS – CHALLENGES – FISCAL IMPACT

Questions have been written and submitted to staff for inclusion in a survey to be sent from the IDHS office. Awaiting staff report at our November meeting.

### FORMAL MOTION

No motion at this time. In progress

### 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:**

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

COMMENTS:

REF

# TECHNICAL ADVISORY COMMITTEE – TASK SUMMARY

## INDIANA STATE E.M.S. COMMISSION

### TASK INFORMATION

Date Assigned:  
February 5, 2013

Assigned to: TAC

Job Task:

Commission Staff:

Review Period: February 5, 2013

### ASSIGNMENT REVIEW - GUIDELINES - GOALS

#### 1. Analysis of full AEMT course at Vincennes University

After discussion the TAC asked that IDHS staff pull the NREMT exam results for all of the AEMT students that have test so far as well as the NREMT exam results for Paramedics

### TAC RECOMMENDATION

### LIMITATIONS – CHALLENGES – FISCAL IMPACT

Awaiting staff report at our November meeting.

### FORMAL MOTION

No motion at this time. In progress

### 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.

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Chairman, TAC Committee

Date

---

Vice-Chairman, TAC Committee

Date

**EMS COMMISSION – RECOMMENDATION - ACTION**

**Commission Actions:**

**Date:**

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

COMMENTS:

DRAFT

# TECHNICAL ADVISORY COMMITTEE – TASK SUMMARY

## INDIANA STATE E.M.S. COMMISSION

### TASK INFORMATION

Date Assigned: September 3, 2013 Assigned to TAC  
Job Task: Review Epi-pens  
Commission Staff:  
Review Period: 2013

### ASSIGNMENT REVIEW - GUIDELINES - GOALS

At the last Commission meeting a referral from the Commission was made to the TAC to determine The status of Projects .Unknown if Complete or Incomplete

1. The Indiana Fire Chiefs Association submitted a letter. Chairman directed the TAC to look into this (January 2011)-all members present agreed more research was needed-Commissioner Myron Mackey stated he would search his packet from the 2011 meeting and attempt to locate the above mentioned letter.

The enclosed email exchange is between Mark Mangrum a member of the Education work group and Val Urello from Indiana AHA.

### TAC RECOMMENDATION

From: Val Urello [mailto:Val.Urello@immediatecare.biz]  
Sent: Monday, October 07, 2013 4:47 PM  
To: Mark Mangrum  
Subject: RE: Epi-Pen

Mark,  
Below is the information from the AHA National Office concerning this issue;

" In this situation, the AHA does not have a standing on who can and can not use an epi pen. The AHA indicates how to assist a person to administer the epi pen and it is coming from educating the layperson in this information. For credentialed, licensed, or registered individuals in the healthcare, they have to work with their scope of practice and credentialing agent on whether they can or can not use an epi pen." Hope this helps!

Let me know if you need any other assistance.

Val

Val Urello  
Chief Operating Officer  
Immediate Care Center - Schererville  
(219) 769-1362

CONFIDENTIALITY NOTICE - October 7, 2013

The information contained in or attached to this message is confidential and intended only for the use of the individuals listed above. If you are not the intended recipient, you are notified that any disclosure, copying or distribution of this document is not permitted. Please delete the document and notify the sender immediately if you have received this message in error.

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From: Mark Mangrum [mailto:Mark.Mangrum@indianapolisems.org]  
Sent: Thursday, October 03, 2013 3:29 PM  
To: Val Urello  
Cc: Leon Bell; 'lbell1@iupui.edu'  
Subject: Epi-Pen

Val,

I am sending you this questions since you are the National Faculty Member for the State of Indiana for AHA BLS.

Do you have any information about the use of the Epi-Pen in the state of Indiana? I know that the state does not allow Emergency Medical Responder level of EMS Certification to use them. What is the standing from the AHA?

This question was brought up since it is taught in the AHA First Aid course but I am not really clear about the use in the state of Indiana from my above comment.

In the past I had asked a regional faculty member and she had said to teach the Epi-pen but let the participants know that they are being taught to use it but not authorized to use it. Is this still the standing on that?

I had asked this question of another AHA contact 1 month ago tomorrow and have not heard back so I thought I would give you a try.

Is there someone else that I should this type of question to?

Thanks for any help you can give me!

Mark

Mark Mangrum  
EMS Educator  
Indianapolis EMS  
Department of Public Safety  
3930 Georgetown Road  
Indianapolis, Indiana 46254

## LIMITATIONS – CHALLENGES – FISCAL IMPACT

None

## FORMAL MOTION

The TAC makes no recommendation at this time. It is the request of the Chair that the Commission send to the TAC for discussion the use of Epi-pens in the EMR course.

**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:**

- 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: 09-03-2013

Assigned to: C TAC

Job Task:

Commission Staff:

Review Period:

### ASSIGNMENT REVIEW - GUIDELINES - GOALS

vi. AEMT curriculum-Medical Directors to review-the medical directors that were present along with Mrs. Elizabeth Fiato were getting together during the break out session to discuss.

### TAC RECOMMENDATION

Dr. Elizabeth Weinstein reported that the group made some major changes to the document and that Ms. Fiato will email the revised recommendation to the rest of the Medical Directors that are on the TAC. After they review all the input from the subject matter experts, they will make a recommendation to the TAC to be taken to the next Commission meeting in December.

### LIMITATIONS – CHALLENGES – FISCAL IMPACT

### FORMAL MOTION

No motion at this time. In progress

### 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:**

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

COMMENTS:

DAF

# TECHNICAL ADVISORY COMMITTEE – TASK SUMMARY

## INDIANA STATE E.M.S. COMMISSION

### TASK INFORMATION

Date Assigned: Sept ember 3, 2013

Assigned to: TAC

Job Task:

Commission Staff:

Review Period: 2013

### ASSIGNMENT REVIEW - GUIDELINES - GOALS

- iv. New (Assigned August 16, 2013)
  - 1. Attendance standard for all levels in regards to hybrid/on-line courses-this was assigned to the Education sub-committee

### TAC RECOMMENDATION

The education sub-committee felt that each Training Institution should set their own standards regarding attendance just as they do now for other programs. When a Training Institution applies for a hybrid course they must define those parameters noted above with the application.

### LIMITATIONS – CHALLENGES – FISCAL IMPACT

**The TAC does not believe there is a fiscal impact or any anticipated limitations or challenges**

### FORMAL MOTION

The TAC recommends to the Commission the adaption of the following motion, “A Training Institution must set a standard attendance policy for any hybrid course based upon faculty recommendations as part of the application approval process, just as they do now for other programs.

### 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.*

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Chairman, TAC Committee

Date

---

Vice-Chairman, TAC Committee

Date

**EMS COMMISSION – RECOMMENDATION - ACTION**

**Commission Actions:**            **Date:**

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

COMMENTS:

REF

# TECHNICAL ADVISORY COMMITTEE – TASK SUMMARY

## INDIANA STATE E.M.S. COMMISSION

### TASK INFORMATION

Date Assigned: 09/03/2013

Assigned to: TAC

Job Task:

Commission Staff:

Review Period: 2013

### ASSIGNMENT REVIEW - GUIDELINES - GOALS

New (Assigned August 16, 2013)

- v. Psychomotor process for paramedic level-Airway requirement-after some discussion this was assigned to the education sub-committee.
- vii. Discuss proposal for strategic plan for rule review
  - 1. Please discuss the methodology for bringing together appropriate SMEs to review and re-write Title 836- Operational sub-committee was assigned to handle the renew and re-writes of title 836.
  - 2. Develop plan and timeline to address project (strategic plan)- EMS State Director Mike Garvey stated that IDHS would take care of coming up with the strategic plan for rewriting the rules of Title 836
- viii. Training Institutions self reporting- after discussion this was assigned to the education sub-committee.
- ix. Discussion on Military course analysis-after discussion this was assigned to the operations sub-committee.

### TAC RECOMMENDATION

### LIMITATIONS – CHALLENGES – FISCAL IMPACT

### FORMAL MOTION

No motion at this time. In progress

### 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:**

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

COMMENTS:

DRAFT

# TECHNICAL ADVISORY COMMITTEE – TASK SUMMARY

## INDIANA STATE E.M.S. COMMISSION

### TASK INFORMATION

Date Assigned: 09/03/20132

Assigned to: C TAC

Job Task:

Commission Staff:

Review Period: 2013

### ASSIGNMENT REVIEW - GUIDELINES - GOALS

- A) Pediatric equipment (pediatric pulse ox meter, length based resuscitation tape, and McGill's forceps) to the required equipment list and would also like to see two additional hours be added to continuing education- after some discussion it was determined that the TAC made a recommendation regarding the addition of the pediatric equipment to the Commission. The Commission voted on and accepted the TAC recommendation.
- B) The continuing education piece was assigned at this meeting to the education sub-committee for the EMR-AEMT levels.

### TAC RECOMMENDATION

### LIMITATIONS – CHALLENGES – FISCAL IMPACT

This is part of the continuing education task summary

### FORMAL MOTION

No motion at this time. In progress

### 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.*

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Chairman, TAC Committee

Date

---

Vice-Chairman, TAC Committee

Date

**EMS COMMISSION – RECOMMENDATION - ACTION**

**Commission Actions:**

**Date:**

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

COMMENTS:

DRAFT

# TECHNICAL ADVISORY COMMITTEE – TASK SUMMARY

## INDIANA STATE E.M.S. COMMISSION

### TASK INFORMATION

Date Assigned: 08/16/2013 Commission meeting  
09/03/2013 TAC meeting Assigned to: TAC Chairman – Mr. Bell  
Job Task: Drafting reporting requirements  
for EMS programs  
Commission Staff:  
Review Period:

### ASSIGNMENT REVIEW - GUIDELINES - GOALS

This task was assigned to the TAC at the August 16, 2013 EMS Commission meeting for review and suggestion, and assigned to the TAC “Educator” sub-committee on September 3, 2013.

### TAC RECOMMENDATION

The TAC Education Sub-committee drafted a recommendation regarding data reported by the Training Institute to IDHS for public record.

### LIMITATIONS – CHALLENGES – FISCAL IMPACT

The TAC does not believe there is a fiscal impact or any anticipated limitations or challenges.

### FORMAL MOTION

TAC makes a motion that:

1. The EMS Commission approve the proposed Training Institute Data Reporting requirements as listed in the attachment.

### ADDITIONAL COMMENTS

Discussion in the group lead to the decision that only the student data from Paramedic and Advanced EMT classes be reported, as neither IDHS nor the Training Institute has the current ability to track graduates from EMR and EMT class regarding testing attempts and subsequent certification. The data for Paramedic and AEMT students is available through the National Registry to the Training Institution Program Director.

Reference attached form “Proposed Training Institute Data Reporting from TAC.”

**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:**

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

COMMENTS:

# Technical Advisory Committee for the EMS Commission

Training Institute Data Reporting to IDHS for Public Record

Education Sub-Committee of TAC

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## Training Institute Data Reporting to IDHS for Public Record

Training Institutions should report the follow data to IDHS for publication on the state website every two years. The data is to be submitted with the Training Institution renewal form, and the data will be for the preceding two year cycle for Paramedic and Advanced EMT classes.

1. Total class enrollment
2. Number of drops/fails
3. Number of students passing program
4. Number of students passing NR written exam by 3<sup>rd</sup> attempt
5. Number of student pass NR written exam by 6<sup>th</sup> attempt

DRAFT



# TECHNICAL ADVISORY COMMITTEE – TASK SUMMARY

## INDIANA STATE E.M.S. COMMISSION

### TASK INFORMATION

Date Assigned: 08/16/2013 Commission meeting  
09/03/2013 TAC meeting Assigned to: TAC Chairman – Mr. Bell  
Job Task: Clarification on Airway Management  
Commission Staff:  
Review Period:

### ASSIGNMENT REVIEW - GUIDELINES - GOALS

This task was assigned to the TAC at the August 16, 2013 EMS Commission meeting for review and suggestion, and assigned to the TAC “Educator” sub-committee on September 3, 2013.

### TAC RECOMMENDATION

The TAC Education Sub-committee drafted a clarification document based upon the Committee on Accreditation of Education Programs for the Emergency Medical Services Professions (CoAEMSP) Standards and Guidelines Interpretations.  
<http://coaemsp.org/Standards.htm>

### LIMITATIONS – CHALLENGES – FISCAL IMPACT

The TAC does not believe there is a fiscal impact or any anticipated limitations or challenges.

### FORMAL MOTION

TAC makes a motion that:

1. The EMS Commission approve the proposed Clarification on Airway Management document as listed in the attachment.

### ADDITIONAL COMMENTS

Reference attached form “Proposed Clarification on Airway Management from TAC.”

**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.*

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Chairman, TAC Committee

Date

---

Vice-Chairman, TAC Committee

Date

**EMS COMMISSION – RECOMMENDATION - ACTION**

**Commission Actions:**

**Date:**

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

COMMENTS:

# Technical Advisory Committee for the EMS Commission

Training Institute Data Reporting to IDHS for Public Record

Education Sub-Committee of TAC

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## Clarification on Airway Management

**Background from CoAEMSP Standards Interpretations:** "For airway management: Each student must demonstrate competency in airway management. The program sets the required minimums approved by the Medical Director and Advisory Committee as described above. For example, the paramedic student should be successful in a combination of live intubations, high definition simulations, low fidelity simulations, and cadaver labs in all age brackets. High definition simulation, defined by SIM Man, Meti Man, etc., is highly recommended but optional. Low fidelity simulation is defined by traditional simulation heads, such as Laerdal, etc. Paramedic students should have exposure to diverse environments, including but not limited to hospital units (e.g., operating rooms, emergency departments, intensive care units), ambulatory centers, and out of hospital settings (e.g., ambulance, field, home) and laboratories (floor, varied noise levels, varied lighting conditions). The paramedic student should have no fewer than **fifty (50) attempts** at airway management across all age levels, with a **90% success rate utilizing endotracheal intubation models in their last ten (10) attempts**. The paramedic student needs to be **100% successful in the management of their last twenty (20) attempts at airway management**. The majority of airway attempts should be emphasized with live intubations, realistic simulation labs, or both. As with all other required skills, terminal competency needs to be validated by the program medical director's signature."

### Interpretation and Clarification:

Mediums to perform airway management skills:

- Cadavers
- High definition simulators (Meti-Man, etc)
- Low-fidelity simulation (Intubation heads)
- Live patients in the hospital and field setting

Airway management skills, as may be defined by the TI, to include, but not limited to, any of the below:

- CPAP/BiPAP
- Cricothyrotomy
- Endotracheal intubation
- Manual and or mechanical ventilation
- Nebulized medication administration
- Needle thoracentesis
- Non-visualized airways
- Oropharyngeal and nasopharyngeal airways
- Oxygen administration via oxygen delivery devices
- Suctioning techniques
- Techniques for manually opening the airway

# TECHNICAL ADVISORY COMMITTEE – TASK SUMMARY

## INDIANA STATE E.M.S. COMMISSION

### TASK INFORMATION

Date Assigned: 08/16/2013 Commission meeting  
09/03/2013 TAC meeting Assigned to: TAC Chairman – Mr. Bell  
Job Task: Drafting application for hybrid  
EMS programs  
Commission Staff:  
Review Period:

### ASSIGNMENT REVIEW - GUIDELINES - GOALS

This task was assigned to the TAC at the August 16, 2013 EMS Commission meeting for review and suggestion, and assigned to the TAC “Educator” sub-committee on September 3, 2013.

### TAC RECOMMENDATION

The TAC Education Sub-committee drafted a proposed application process for Training Institutions that intend to teach a hybrid EMS course. This new application process is similar to current EMS course approval requirements, however, it additionally addresses components specific to a hybrid program that are not addressed in the current EMS course application.

### LIMITATIONS – CHALLENGES – FISCAL IMPACT

The TAC does not believe there is a fiscal impact. IDHS staff is currently using a similar process and checklist for course approval, however, the current process is not clearly address components relating to a hybrid EMS course. The TAC does not believe there will be any expected limitations or challenges.

### FORMAL MOTION

TAC makes a motion that:

1. The EMS Commission approve the proposed EMS Hybrid Course Application Process.

### ADDITIONAL COMMENTS

Reference attached form “Proposed EMS Hybrid Course Application Process from TAC.”

**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.*

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Chairman, TAC Committee

Date

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Vice-Chairman, TAC Committee

Date

**EMS COMMISSION – RECOMMENDATION - ACTION**

**Commission Actions:**

**Date:**

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

COMMENTS:

# Technical Advisory Committee for the EMS Commission

EMS Hybrid Course Application Process

Education Sub-Committee of TAC

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## EMS Hybrid Course Application Process

The Training Institution shall submit the following information in addition to the current EMS course application requirements:

1. Percentage of hours and the actual number of hours that are in class, instructor lecture
  - 1A. What are the attendance requirements?
2. Percentage of hours that are lab (skills)
  - 2A. What are the attendance requirements?
3. Percentage of hours that are completed on-line
  - 3A. What are the attendance requirements?
    - 3A1. How attendance is verified
  - 3B. How the online modules sequenced in the curriculum to enhance and optimize the student learning experience
4. How is competency verification achieved?
  - 4A. Cognitive
    - 4A1. In-class
    - 4A2. On-line (if applicable)
  - 4B. Affective
  - 4C. Psychomotor

On-line content should correspond to the sequence of the in class sessions, and the on-line content should be presented to the student (with attendance verified) prior to said in class session.

# Technical Advisory Committee for the EMS Commission

Revision of Continuing Education Didactic Requirements

Education Sub-Committee of TAC

## Continuing Education Hours for Certification Renewal

The following charts depict a comparison of all levels with both current didactic requirements and newly proposed didactic requirements.

Current requirements:

Topic	EMR- 16 hours (12 NR)	EMT- 40 hours (24 NR)	AEMT	Paramedic-72 hours (72 NR)
Preparatory				X (not required at this level)
Airway	4 hours in "defibrillation and airway management"			X (not required at this level)
Airway, Breathing, Cardiology				16
Patient Assessment				X (not required at this level)
Circulation		34 hours "of any combination of lectures, critiques, skills proficiency exams, continuing education or teaching sessions consistent with the EMT-Basic curricula."		X (not required at this level)
Illness/Injury				X (not required at this level)
Childbirth/children	16 hours "of any combination of lectures, critiques, skills proficiency examination, or audit and review, which reviews subject matter presented within the approved EMR curriculum."			X (not required at this level)
Medical				8
Medical/behavioral				X (not required at this level)
OB/pediatrics				16
Trauma				6
Operations				2
Audit and Review		6 (if affiliated)		12
Elective		6 (only if not affiliated)		12
<b>Total:</b>	20	40		72

**Specific continuing education requirements for this level have not yet been established**

# Technical Advisory Committee for the EMS Commission

Revision of Continuing Education Didactic Requirements

Education Sub-Committee of TAC

## Proposed requirements (please note no change to Paramedic requirements):

Topic	EMR- 16 hours (12 NR)	EMT- 40 hours (24 NR)	AEMT- 72 hours (72 NR)	Paramedic-72 hours (72 NR)
Preparatory	1	1	X (not required at this level)	X (not required at this level)
Airway	2	2	X (not required at this level)	X (not required at this level)
Airway, Breathing, Cardiology	X (not required at this level)	X (not required at this level)	12	16
Patient Assessment	2	3	X (not required at this level)	X (not required at this level)
Circulation	3	X (not required at this level)	X (not required at this level)	X (not required at this level)
Illness/Injury	3	X (not required at this level)	X (not required at this level)	X (not required at this level)
Childbirth/children	1	2	X (not required at this level)	X (not required at this level)
Medical	X (not required at this level)	X (not required at this level)	6	8
Medical/behavioral	X (not required at this level)	4	X (not required at this level)	X (not required at this level)
OB/pediatrics	X (not required at this level)	X (not required at this level)	12	16
Trauma	X (not required at this level)	4	5	6
Operations	X (not required at this level)	X (not required at this level)	1	2
Audit and Review	X (not required at this level)	6 (if affiliated)	10	12
Elective	4	18 (24 total hours if not affiliated)	26* (These hours shall pertain to the EMT and/or AEMT curriculum *)	12
<b>Total:</b>	<b>16</b>	<b>40</b>	<b>72</b>	<b>72</b>

# Attachment #6



**INVESTIGATION DIVISION**  
402 West Washington Street  
Room E241  
Indianapolis, Indiana 46204

October 7, 2013

Several years ago the State Fire Marshal's office had a Juvenile Fire Setters Program which included a very useful resource manual. We are trying to get that program started back up and need your help.

We know many of you already have programs in your county/jurisdiction and we would like to set up a meeting to hear about those programs, which in turn will help us make the state wide program better.

The meeting is scheduled for November 19, 2013 at 9:00 at the Indiana Government Center South, Conference Room A.

Please RSVP to Pam Bright at 317-232-6632 or [pbright@dhs.in.gov](mailto:pbright@dhs.in.gov) with your contact information.

Thank you in advance for your help.

*Robert W. Dean*

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# Attachment #7



MICHAEL R. PENCE, Governor  
STATE OF INDIANA

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

October 12, 2013

TO: Indiana EMS Commission

FROM: Jason Smith, EMS Field Coordinator  
IDHS – OSFM

SUBJECT: Communications Working Group Meeting – October 2, 2013

The Communications Working Group met on October 2<sup>nd</sup>, via conference call. The meeting began with the following reports from group members:

- Joe O’Parka – EMS provider report – Mr. O’Parka surveyed a number of different EMS providers across the state and found that there is a wide variety of communications systems in place, both for providers’ dispatch and tactical communications, and for communications with hospitals. Providers are using VHF, UHF, 800 MHz, etc. In his work with other states, and research of other states communications plans, most other states have a single common frequency for disaster communications.
- Erin Kellam (ISDH) – Hospital communications report – Ms. Kellam reported that out of 134 participating hospitals surveyed, she had received approximately a 5% response. Those that had responded advised that they have a functioning IHERN radio, it’s turned on, and staff has been trained in its use. All respondents also advised that there was confusion regarding tones (tone coded squelch) and what was open vs. closed. Ms. Kellam also advised the hospital would welcome training. There was discussion regarding ASPR grant dollars and tying those to requirements for communications. There was also discussion regarding the federal requirements for narrowbanding of the radio spectrum, including that which includes IHERN, and whether or not the hospitals were clear and have complied.

Discussion then moved to feedback gleaned from the recent Statewide Full Scale Exercise. All EMS vehicles were surveyed and all vehicles participating in the exercise were equipped with IHERN. The use of IHERN was well received in the hospital, and for purposes of the exercise there were times when the radio was their only means of communications. Liz Fiato spoke regarding the integration of communications, via IHERN, with the hospital, field EMS units, and the Incident Command Post (ICP). There was discussion made regarding the varying standards, and who can and who does currently use IHERN.



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It was suggested that a channel with 'open' CTCSS tone (no tone programmed) be utilized for disaster operations. There was also discussion made regarding the reassignment of CTCSS tones for hospital facilities across the state, due to a greater number of them now being available. A recommendation was made for the channel programmed without toned squelch ('open') to be named as VMED 28, since that is the nomenclature for the frequency with National Interoperability. Channels programmed with specific CTCSS tones should be labeled as "IHERN", etc. Discussion was made again on adding national interoperability frequencies, as appropriate, with VMED28 as a priority for VHF systems (and other interop frequencies for respective radio systems). Discussion was made regarding costs for radio reprogramming, for changing of CTCSS tones, as well as adding national interoperability frequencies.

Suggestions from the working group for moving forward...

- Make training available, across various platforms, from several agencies/organizations for radio usage
- Creation of a communications best practices document specific for EMS – including considerations made for EMS (and associated organizations) within statewide communications plan
- Invoke discussion with the EMS Commission regarding enforcement of current rules, and potential amendments to current rules

# Attachment #8



MICHAEL R. PENCE, Governor  
STATE OF INDIANA

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

## EMERGENCY MEDICAL SERVICES

### EMSC NARCOTICS Subcommittee Work Group

#### Minutes

**DATE:** October 6, 2013

**TIME:** 1:58 P.M.

**LOCATION:** Indiana Government Center South Building  
302 West Washington Street Conference Room 17  
Indianapolis, IN 46221

#### INDIVIDUALS PRESENT:

Commissioner, John Zartman - Chairman, State EMS Director-Mike Garvey, Commissioner, Chuck Valentine, Robin Stump, Don Watson, Candice Hilton, Al Verbish, Dr. Michael Gamble- TAC member, Leon Bell-TAC Chairman, two representatives from DEA.

**MEMBERS INVITED, NOT PRESENT:** Dr. Sara Brown-TAC member.

Meeting called to order at 1:58 pm by Commissioner John Zartman and a brief history of a needs assessment was presented. Mr. Zartman stated that this committee was form by the recommendation of the EMS Commission to review current process, rules, regulations, and the lack of consistency among EMS providers in the use, storage and purchasing of narcotics.

Introductions were made around the room. Commissioner Zartman started off by asking if there were any other stake holders that should be invited that were not at this first meeting. It was suggested that the following groups be invited to the next meeting: 1- a representative from Lilly or a drug manufacture, 2- a hospital representative that makes the operating procedures for in house

narcotics distribution, 3- a representative from a hospital that works with distribution to an outside service providers. Commissioner Valentine volunteered to contact Dr. Kauffman, which serves as the Decatur Fire Department's EMS Medical Director, 4- a representative from the Indiana Ambulance Association.

The representatives from the DEA forwarded a copy of the DEA Practitioner's Manuel to Commissioner Zartman for reference material. Commissioner Zartman distributed copies to those in attendance for review. There have been, what seem to be a major increase in incidents of narcotic abuse in EMS over the last year, so in response to this increase the EMS Commission has voted to form this sub-committee/working group to review current practice, help tighten up regulations and better define the current rules. The rule currently reads that "all scheduled drugs have to be in a locked container within a locked compartment and that all drug storage has to be approved in writing by the EMS Medical Director".

The definition for locked container is different among staff so that needs to be better defined. No one ALS ambulance service seems to do the same processes in ordering, distributing, holding, or accountability. The representative from the DEA stated that they divide security into two categories, one is for non-practitioner like drug manufacturers and distributors who have to have huge storage vaults and security systems in place, the other is for practitioners for which the DEA looks to the states to set the standard for security. Security regulations need to be tightened up within the Indiana State rules.

Commissioner Zartman stated that the "Goal is to protect our EMS Medical Directors and to bring an organized system into play so that every ALS provider can meet DEA, State, Local rules, and to assure security and administration." These physicians are putting their livelihood on the line by allowing us the privilege to purchase these narcotics on their license and we need to assure they are protected from misuse.

Discussion followed regarding different security measures that exist now within the state of Indiana and the chain of command or the lack of chain of command in some cases. The DEA representatives are going to forward to Commissioner

Zartman the forms they use for chain of command, forms for reverse custody for destroying narcotics, and CFR on how to destroy narcotics. The DEA representatives are also going to send the web address to Commissioner Zartman that will track what law enforcement is pickup around the US, they also stated that they would check with other agencies to see if there are any other states with a system that works really well. They will send the contact information for that state so we can talk to them for ideas, as well as sending the CFR for storage of narcotics on boats as this seems to fit our classification on mobile storage. They also suggested possibly using self sealing bags to put the narcotics in so it has to be cut opened to take anything out of them.

The following are points of discussion and items that need to be looked at:

1. Better define what is a double lock
2. Develop procedures for purchase, quality control, and waste
3. Develop procedures for chain of command
4. Standardize processes to assure QA events, reporting, notifications
5. Other items that may be identified from this committee

The DEA stated that they are willing to offer assistance when needed. The committee will continue to work on the assignments, form additional membership stakeholders, form additional working groups to finalize the overall needs assessment, produce a working document to develop an action plan for any changes and submit to the EMS Commission for consideration and process.

The next meeting will be held on **November 12, 2013 at 2:00 pm** at the Government Center South Building, room to be announced.

The meeting was adjourned at 3:55p.m.

Respectfully Submitted,

*John R. Zartman,*

EMS Commission Member  
Subcommittee Chairman